**2022 AMERICAN COMMUNITY SURVEY CONTENT TEST**

|  | **Respondent** | **Person 2** | **Person 3** | **Person 4** | **Person 5** | **Person 6** |
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| **1a. Let’s create a list of everyone, including people not related to you, living or staying at this address.**  **What is your name?**  (**What is the name of the next person living or staying here?**)   * Make sure to include the respondent if he/she is staying there. | First name (or initial):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First name (or initial):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First name (or initial):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First name (or initial):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First name (or initial):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First name (or initial):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The following questions are to make sure everyone is included.**  **The people you have listed so far are…**   * Read all names.   **1b. Other than these people, is there anyone else staying here such as…**   * + **Babies**   + **Grandchildren**   + **Foster children**   + **Any other children, related or unrelated to you**   + **Roommates**   + **People or families who have no other place to stay?** * Do not include overnight or weekend guests who have a residence somewhere else. * List additional names to the right. | Additional Person 1:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| No additional persons | | | | | |

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| * Copy names from 1a and 1b.   **The following questions are to make sure everyone we have listed should be included in this survey.**  **I have…**   * Read all names.   **1c. Do any of these people live somewhere else now, such as a college student or someone in the Armed Forces on deployment?**   * MARK “No” for:   (1) children in boarding school or summer camp   * MARK “Yes” for:   (1) children in shared custody who are not currently staying at  the sample address, regardless of the length of stay;  (2) persons who are away NOW for more than two months^  ^ - The two-month period is not anchored by a specific  reference date, but can encompass the two months prior to  the interview or the two months following the interview  date. | Respondent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |
| Additional Person 1:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |

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| * Copy names from 1a and 1b, but OMIT anyone with a “Yes” response to 1c.   **I have listed…**   * Read all remaining names.   **1d. Are any of these people staying here for a short visit or for an overnight stay?**   * MARK “No” for:   (1) children in shared custody who are currently staying at the  sample address, regardless of where they usually stay;  (2) commuter workers who stay in some other residence closer  to work when their family residence is the sample address.   * MARK “Yes” for:   (1) Commuter workers who stay at the sample address to be closer to work;  (2) Persons who have some other residence. | Respondent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |
| Additional Person 1:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | Additional Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |

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| * Copy names with a “Yes” response to 1d.   **I have listed…**   * Read names with a “Yes” response to 1d.   **1e. Are you/Is <Name> staying here for MORE than two months^?**   * MARK “Yes”:   (1) persons who are staying MORE than two months^;  (2) children in shared custody who are currently staying at the  sample address, regardless of where they usually stay;  (3) commuter workers who stay at the sample address to be  closer to work    ^ - The two-month period is not anchored by a specific  reference date, but can encompass the two months prior to  the interview or the two months following the interview  date. | Respondent:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |
| Additional Person 1:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Additional Person 2:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Additional Person 3:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Additional Person 4:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Additional Person 5:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No | | Additional Person 6:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No |
| * Generate the final roster using the first 1-6 names remaining in the order they were mentioned:   - Copy names from 1a and 1b  - OMIT anyone with a “Yes” response to 1c.  - OMIT anyone with a “No” response to 1e. | **Respondent:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Person 2:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Person 3:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Person 4:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Person 5:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Person 6:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| * Ask as topic-based, that is, ask question for each person before moving to next question. * Use flash card for relationships.   **2a. Of the people you named, who owns or rents this place?**   * Fill in response as Householder. When listing non-householders as Persons 2-6, maintain order established in final roster.   **2b.*****Using this list on my screen,* how is <NAME>/are you related to <FILL “YOU” IF RESPONDENT IS HOUSEHOLDER / HOUSEHOLDER NAME>?**  Opposite-sex husband/wife/spouse  Opposite-sex unmarried partner  Same-sex husband/wife/spouse  Same-sex unmarried partner  Biological son or daughter  Adopted son or daughter  Stepson or stepdaughter  Brother or sister  Father or mother  Grandchild  Parent-in-law  Son-in-law or daughter-in-law  Other relative  Roommate or housemate  Foster child  Other nonrelative | **Householder:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Person 2:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Opposite-sex husband/wife/ spouse  Opposite-sex unmarried partner  Same-sex husband/wife/ spouse  Same-sex unmarried partner  Biological Son/Daughter  Adopted Son/Daughter   Stepson/ Stepdaughter  Brother/Sister  Father/Mother  Grandchild  Parent-in-law  Son/daughter-law  Other relative  Roommate/ Housemate  Foster child  Other nonrelative | | **Person 3:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Opposite-sex husband/wife/ spouse  Opposite-sex unmarried partner  Same-sex husband/wife/ spouse  Same-sex unmarried partner  Biological Son/Daughter  Adopted Son/Daughter   Stepson/ Stepdaughter  Brother/Sister  Father/Mother  Grandchild  Parent-in-law  Son/daughter-law  Other relative  Roommate/ Housemate  Foster child  Other nonrelative | | **Person 4:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Opposite-sex husband/wife/ spouse  Opposite-sex unmarried partner  Same-sex husband/wife/ spouse  Same-sex unmarried partner  Biological Son/Daughter  Adopted Son/Daughter   Stepson/ Stepdaughter  Brother/Sister  Father/Mother  Grandchild  Parent-in-law  Son/daughter-law  Other relative  Roommate/ Housemate  Foster child  Other nonrelative | | **Person 5:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Opposite-sex husband/wife/ spouse  Opposite-sex unmarried partner  Same-sex husband/wife/ spouse  Same-sex unmarried partner  Biological Son/Daughter  Adopted Son/Daughter   Stepson/ Stepdaughter  Brother/Sister  Father/Mother  Grandchild  Parent-in-law  Son/daughter-law  Other relative  Roommate/ Housemate  Foster child  Other nonrelative | | **Person 6:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Opposite-sex husband/wife/ spouse  Opposite-sex unmarried partner  Same-sex husband/wife/ spouse  Same-sex unmarried partner  Biological Son/Daughter  Adopted Son/Daughter   Stepson/ Stepdaughter  Brother/Sister  Father/Mother  Grandchild  Parent-in-law  Son/daughter-law  Other relative  Roommate/ Housemate  Foster child  Other nonrelative | |
| * UNRELATED HOUSEHOLD CHECK: * IS ENTIRE HOUSEHOLD UNRELATED (relationships for ALL household members are “ Roomer/Boarder”,” Housemate/Roommate”,” Foster child”, or “ Other non-relative“) ?    Yes   No | | | | | | | | | | | |
| * Ask or verify:   **3.** **Are you/Is <FILL HOUSEHOLDER>/Is <FILL OTHER NAME> male or female?** | **Householder:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Male   Female | **Person 2:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Male   Female | | **Person 3:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Male   Female | | **Person 4:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Male   Female | | **Person 5:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Male   Female | | **Person 6:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   Male   Female | |
| **4a.** **What is your/<FILL HOUSEHOLDER’s>/<FILL OTHER NAME’s> date of birth?**   * Enter birth month. * Enter birth day. * Enter birth year (Enter 4 digits - ex: 1964). | Birth Month: \_\_\_\_\_\_\_  Birth Day: \_\_\_\_\_\_\_\_\_  Birth Year: \_\_\_\_\_\_\_\_ | Birth Month: \_\_\_\_\_\_\_  Birth Day: \_\_\_\_\_\_\_\_\_  Birth Year: \_\_\_\_\_\_\_\_ | | Birth Month: \_\_\_\_\_\_\_  Birth Day: \_\_\_\_\_\_\_\_\_  Birth Year: \_\_\_\_\_\_\_\_ | | Birth Month: \_\_\_\_\_\_\_  Birth Day: \_\_\_\_\_\_\_\_\_  Birth Year: \_\_\_\_\_\_\_\_ | | Birth Month: \_\_\_\_\_\_\_  Birth Day: \_\_\_\_\_\_\_\_\_  Birth Year: \_\_\_\_\_\_\_\_ | | Birth Month: \_\_\_\_\_\_\_  Birth Day: \_\_\_\_\_\_\_\_\_  Birth Year: \_\_\_\_\_\_\_\_ | |
| **4b. Would you say you are/<Name> is <FILL AGE>?**  (If no: **What is your best estimate of your/<NAME’s> age?**)   * Make sure the respondent gives the age in completed years as of today. Do not round the age up if the person was close to having a birthday. If the exact age is not known, an estimate will do. Do not enter age in months. For babies less than 1 year old, enter 0 as the age. |  Yes   No: \_\_\_\_\_\_\_\_\_\_\_ |  Yes   No: \_\_\_\_\_\_\_\_\_\_\_ | |  Yes   No: \_\_\_\_\_\_\_\_\_\_\_ | |  Yes   No: \_\_\_\_\_\_\_\_\_\_\_ | |  Yes   No: \_\_\_\_\_\_\_\_\_\_\_ | |  Yes   No: \_\_\_\_\_\_\_\_\_\_\_ | |

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| * Complete all parts of question 5 (A-C) for each person before moving on to the next person.   5a. Are you/Is <NAME> of Hispanic, Latino, or Spanish origin?   * If response is “Yes, of Hispanic, Latino, or Spanish origin,” ask Question 5b. If not, check appropriate box and move to next person. | **Householder:**    No, not of Hispanic, Latino, or Spanish origin  Yes, of Hispanic, Latino, or Spanish origin | **Person 2:**    No, not of Hispanic, Latino, or Spanish origin  Yes, of Hispanic, Latino, or Spanish origin | **Person 3:**    No, not of Hispanic, Latino, or Spanish origin  Yes, of Hispanic, Latino, or Spanish origin | **Person 4:**    No, not of Hispanic, Latino, or Spanish origin  Yes, of Hispanic, Latino, or Spanish origin | **Person 5:**    No, not of Hispanic, Latino, or Spanish origin  Yes, of Hispanic, Latino, or Spanish origin | **Person 6:**    No, not of Hispanic, Latino, or Spanish origin  Yes, of Hispanic, Latino, or Spanish origin |
| **5b.** **Are you/Is <NAME> Mexican, Mexican American, or Chicano; Puerto Rican; Cuban; or of some other Hispanic, Latino, or Spanish Origin?**  If response is “Yes, another Hispanic, Latino, or Spanish origin,” ask Question 5c. Otherwise, check appropriate box and move to next person.  **5c. What is that origin or origins? For example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.?**  Enter the group(s) provided by the respondent in the “Yes, another Hispanic, Latino, or Spanish origin” write-in box. | Yes, Mexican, Mexican American, or Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes, Mexican, Mexican American, or Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes, Mexican, Mexican American, or Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes, Mexican, Mexican American, or Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes, Mexican, Mexican American, or Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes, Mexican, Mexican American, or Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, another Hispanic, Latino, or Spanish origin(s):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| * Complete all parts of Question 6 (A-G) for each person before moving on to the next person. * Flashcard: “RACE”   **6a.** ***Using this list,* choose one or more races.**  **Are you/Is <NAME> White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, or Some other race?** | **Householder:**    White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Some other race | **Person 2:**    White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Some other race | **Person 3:**    White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Some other race | **Person 4:**    White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Some other race | **Person 5:**    White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Some other race | **Person 6:**    White  Black or African American  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  Some other race |
| 6a\_SKIP  If person has a response of “White” to Question 6a, ask Question 6b for that person.  Otherwise, SKIP to 6b\_SKIP. | | | | | | |
| **6b.** **What is your/<NAME’s> White origin or origins? For example, German, Irish, English, Italian, Lebanese, Egyptian, etc.**  Enter the group(s) provided by the respondent in the corresponding write-in box in this row. |  |  |  |  |  |  |
| 6b\_SKIP  If person has a response of “Black or African American” to Question 6a, ask Question 6c for that person.  Otherwise, SKIP to 6c\_SKIP. | | | | | | |
| **6c.** **What is your/<NAME’s> Black or African American origin or origins? For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.**  Enter the group(s) provided by the respondent in the corresponding write-in box in this row. | **Householder:**    Origin(s):   | **Person 2:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Origin(s):   | **Person 3:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Origin(s):   | **Person 4:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Origin(s):   | **Person 5:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Origin(s):   | **Person 6:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Origin(s):   |
| 6c\_SKIP  If person has a response of “American Indian or Alaska Native” to Question 6a, ask Question 6d for that person.  Otherwise, SKIP to 6d\_SKIP. | | | | | | |
| **6d. What is your/<NAME’s> American Indian or Alaska Native enrolled or principal tribe or tribes? For example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.**  Enter the group(s) provided by the respondent in the corresponding write-in box in this row. | **Householder:**    Tribe(s):   | **Person 2:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Tribe(s):   | **Person 3:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    Tribe(s):   | **Person 4:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    Tribe(s):   | **Person 5:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    Tribe(s):   | **Person 6:**    Tribe(s):   |
| 6d\_SKIP  If person has a response of “Asian” to Question 6a, ask Question 6e for that person.  Otherwise, SKIP to 6e\_SKIP. | | | | | | |
| **6e.** **You may choose one or more Asian groups. Are you/Is <NAME> Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, or of some other Asian origin?**  If Chinese, Filipino, Asian Indian, Vietnamese, Korean, or Japanese, check the appropriate box.  If response is “Other Asian,” ask Question 6f. Otherwise, check appropriate box and move to next person.  **6f. What is that origin or origins? For example, Pakistani, Cambodian, Hmong, etc.?**  Enter the group(s) provided in the corresponding Other Asian write-in space in this row. | Chinese  Filipino  Asian Indian  Vietnamese  Korean  Japanese  Other Asian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Chinese  Filipino  Asian Indian  Vietnamese  Korean  Japanese  Other Asian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Chinese  Filipino  Asian Indian  Vietnamese  Korean  Japanese  Other Asian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Chinese  Filipino  Asian Indian  Vietnamese  Korean  Japanese  Other Asian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Chinese  Filipino  Asian Indian  Vietnamese  Korean  Japanese  Other Asian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Chinese  Filipino  Asian Indian  Vietnamese  Korean  Japanese  Other Asian:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6f\_SKIP  If person has a response of “Native Hawaiian or Other Pacific Islander” to Question 6a, ask Question 6g for that person.  Otherwise, SKIP to 6g\_SKIP. | | | | | | |
| **6g.** **You may choose one or more Pacific Islander groups. Are you/Is <NAME> Native Hawaiian, Samoan, Chamorro, or of some other Pacific Islander origin?**  If Native Hawaiian, Samoan, or Chamorro, check the appropriate box.  If response is “Other Pacific Islander,” ask Question 6h. Otherwise, check appropriate box and move to next person.  **6h. What is that origin or origins? For example, Tongan, Fijian, Marshallese, etc.?**  Enter the group(s) provided in the corresponding Other Pacific Islander write-in space in this row. | **Householder:**    Native Hawaiian  Samoan  Chamorro  Other Pacific Islander:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Person 2:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Native Hawaiian  Samoan  Chamorro  Other Pacific Islander:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Person 3:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Native Hawaiian  Samoan  Chamorro  Other Pacific Islander:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Person 4:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Native Hawaiian  Samoan  Chamorro  Other Pacific Islander:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Person 5:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Native Hawaiian  Samoan  Chamorro  Other Pacific Islander:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Person 6:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Native Hawaiian  Samoan  Chamorro  Other Pacific Islander:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6h\_SKIP  If person has a response of “Some Other Race” to Question 6a, ask Question 6i for that person.  Otherwise, SKIP to 6i\_SKIP. | | | | | | |
| **6i. What is your/<NAME’s> other race or origin?**  Enter the group(s) provided by the respondent in the corresponding write-in box in this row. |  |  |  |  |  |  |
| 6i\_SKIP  After asking race questions for all persons on roster, continue with detailed person questions. | | | | | | |

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| **I will now be asking a series of questions about you/<NAME>.** **The next few questions deal with your/<NAME’s> place of birth and citizenship.** **7. Where were you/was <NAME> born?** **In the United States**  **Outside the United States**   * If person was born in the United States, ask: **In what state were you born?** * Enter the abbreviation for the person’s state of birth * If U.S. but state unknown, enter US |  In the United States  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Outside the United States |  In the United States  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Outside the United States |  In the United States  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Outside the United States |  In the United States  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Outside the United States |  In the United States  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Outside the United States |  In the United States  State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Outside the United States |
| **7\_SKIP**  * If person was born in the United States, SKIP to Question 13a. * Otherwise, go to Question 8. | | | | | | |
| **8. In what country were you/was <NAME> born?** | Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **9. Are you/Is <NAME> a citizen of the United States?** **Yes**  **No** |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |
| **9\_SKIP**  * If response is “Yes,” go to Question 10. * If response is “No,” SKIP to Question 12. | | | | | | |
| **10. Were you/Was <NAME> born abroad of U.S. citizen parent or parents, or did you/<NAME> become a citizen by naturalization?** **Born abroad of U.S. citizen parent or parents**  **Citizen by naturalization** |  Born abroad of U.S. citizen parent or parents   Citizen by naturalization |  Born abroad of U.S. citizen parent or parents   Citizen by naturalization |  Born abroad of U.S. citizen parent or parents   Citizen by naturalization |  Born abroad of U.S. citizen parent or parents   Citizen by naturalization |  Born abroad of U.S. citizen parent or parents   Citizen by naturalization |  Born abroad of U.S. citizen parent or parents   Citizen by naturalization |
| **11. In what year did you/<NAME> become a naturalized citizen of the United States?** |  |  |  |  |  |  |
| **12. When did you/<NAME> come to live in the United States? If you/<NAME> came to live in the United States more than once, give the latest year.** |  |  |  |  |  |  |
| **The next questions are about schooling and education.****13a. At any time IN THE LAST 3 MONTHS, have you/has <NAME> attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling that leads to a high school diploma or a college degree.** **Yes**  **No** |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |
| **13a\_SKIP**  * If response is “Yes,” go to Question 13b. * If response is “No,” SKIP to Question 14. | | | | | | |
| **13b. Was that a public school or college, a private school or college, or home****school?** **Public school or college**  **Private school or college or home school** |  Public school or college   Private school or college or home school |  Public school or college   Private school or college or home school |  Public school or college   Private school or college or home school |  Public school or college   Private school or college or home school |  Public school or college   Private school or college or home school |  Public school or college   Private school or college or home school |
| **13c. What grade or level were you/was <NAME> attending?** **Nursery school or preschool**  **Kindergarten**  **Grade 1**  **Grade 2**  **Grade 3**  **Grade 4**  **Grade 5**  **Grade 6**  **Grade 7**  **Grade 8**  **Grade 9**  **Grade 10**  **Grade 11**  **Grade 12**  **College undergraduate years, that is a college freshman to senior**  **Graduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school** | Nursery school or preschool  Kindergarten  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12  College undergraduate years, that is a college freshman to senior  Graduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school | Nursery school or preschool  Kindergarten  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12  College undergraduate years, that is a college freshman to senior  Graduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school | Nursery school or preschool  Kindergarten  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12  College undergraduate years, that is a college freshman to senior  Graduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school | Nursery school or preschool  Kindergarten  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12  College undergraduate years, that is a college freshman to senior  Graduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school | Nursery school or preschool  Kindergarten  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12  College undergraduate years, that is a college freshman to senior  Graduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school | Nursery school or preschool  Kindergarten  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12  College undergraduate years, that is a college freshman to senior  Graduate or professional school beyond a bachelor's degree, for example a Master's or PhD program or medical or law school |

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| * Complete Question 14 for each person before moving on to the next question. * Use flashcard for highest grade of school or degree completed.   **14. *Using this list,* what is the highest grade of school or degree you have/<NAME> has COMPLETED? If you are/<NAME> is currently enrolled, select the previous grade or highest degree received.**  Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5  Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college, no degree  Associate’s degree (for example: AA, AS)  Bachelor’s degree (for example: BA, BS)  Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)   * Do not read “Vocational and technical license.” | Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5   Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college, no degree  Associate’s degree  Bachelor’s degree  Master’s degree  Professional degree beyond a bachelor’s degree  Doctorate degree  Vocational and technical license | Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5   Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college, no degree  Associate’s degree  Bachelor’s degree  Master’s degree  Professional degree beyond a bachelor’s degree  Doctorate degree  Vocational and technical license | Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5   Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college, no degree  Associate’s degree  Bachelor’s degree  Master’s degree  Professional degree beyond a bachelor’s degree  Doctorate degree  Vocational and technical license | Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5   Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college, no degree  Associate’s degree  Bachelor’s degree  Master’s degree  Professional degree beyond a bachelor’s degree  Doctorate degree  Vocational and technical license | Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5   Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college, no degree  Associate’s degree  Bachelor’s degree  Master’s degree  Professional degree beyond a bachelor’s degree  Doctorate degree  Vocational and technical license | Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5   Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college, no degree  Associate’s degree  Bachelor’s degree  Master’s degree  Professional degree beyond a bachelor’s degree  Doctorate degree  Vocational and technical license |
| 14­\_SKIP   * If response to Question 14 ranges from “Less than grade 1” to “Grade 10” or is “Associate’s degree,” SKIP to Question 20. * If response to Question 13a is “No” and response to Question 14 is “Grade 11,” SKIP to Question 16. * If response to Question 13a is “Yes” and response to Question 14 is “Grade 11,” SKIP to Question 20. * If response to Question 14 is “Grade 12, no diploma” or “Regular high school diploma,” SKIP to Question 16. * If response to Question 14 is “GED or alternative credential,” SKIP to Question 17. * If response to Question 14 is “Some college credit, no degree,” SKIP to Question 18. * If response to Question 14 ranges from “Bachelor’s degree” to “Doctorate degree,” SKIP to Question 19. * If response to Question 14 is “Vocational or technical license,” go to Question 15. | | | | | | |
| 15. Other than the vocational or technical license, what is the highest grade of school or degree you have/<NAME> has completed? | Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5   Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college credit, no degree  Associate’s degree  Bachelor’s degree  Master’s degree  Professional degree beyond a bachelor’s degree  Doctorate degree | Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5   Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college credit, no degree  Associate’s degree  Bachelor’s degree  Master’s degree  Professional degree beyond a bachelor’s degree  Doctorate degree | Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5   Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college credit, no degree  Associate’s degree  Bachelor’s degree  Master’s degree  Professional degree beyond a bachelor’s degree  Doctorate degree | Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5   Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college credit, no degree  Associate’s degree  Bachelor’s degree  Master’s degree  Professional degree beyond a bachelor’s degree  Doctorate degree | Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5   Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college credit, no degree  Associate’s degree  Bachelor’s degree  Master’s degree  Professional degree beyond a bachelor’s degree  Doctorate degree | Less than grade 1  Grade 1  Grade 2  Grade 3  Grade 4  Grade 5   Grade 6  Grade 7  Grade 8  Grade 9  Grade 10  Grade 11  Grade 12, no diploma  Regular high school diploma  GED or alternative credential  Some college credit, no degree  Associate’s degree  Bachelor’s degree  Master’s degree  Professional degree beyond a bachelor’s degree  Doctorate degree |
| 15\_SKIP   * If response to Question 15 ranges from “Less than grade 1” to “Grade 10” or is “Associate’s degree,” SKIP to Question 20. * If response to Question 13a is “No” and response to Question 15 is “Grade 11,” go to Question 16. * If response to Question 13a is “Yes” and response to Question 15 is “Grade 11,” SKIP to Question 20. * If response to Question 14 is “Grade 12, no diploma” or “Regular high school diploma,” go to Question 16. * If response to Question 14 is “GED or alternative credential,” SKIP to Question 17. * If response to Question 14 is “Some college credit, no degree,” SKIP to Question 18. * If response to Question 14 ranges from “Bachelor’s degree” to “Doctorate degree,” SKIP to Question 19. | | | | | | |
| 16. Did you/<NAME> receive a high school diploma, a GED or alternative credential? | Regular high school diploma  GED or alternative credential  No diploma or GED | Regular high school diploma  GED or alternative credential  No diploma or GED | Regular high school diploma  GED or alternative credential  No diploma or GED | Regular high school diploma  GED or alternative credential  No diploma or GED | Regular high school diploma  GED or alternative credential  No diploma or GED | Regular high school diploma  GED or alternative credential  No diploma or GED |
| 16\_SKIP   * If response is “No diploma or GED,” SKIP to Question 20. * Otherwise, go to Question 17. | | | | | | |
| 17. Did you/<NAME> complete any college credit?  Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| 17\_SKIP   * If response is “No,” SKIP to Question 20. * Otherwise, go to Question 18. | | | | | | |
| 18. Did you/<NAME> complete 1 or more years of college credit?  Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| 18\_SKIP   * If Question 18 was asked, SKIP to Question 20. | | | | | | |
| **19. This question focuses on your/<NAME’s> BACHELOR’S DEGREE. What was the specific major or majors of any BACHELOR’S DEGREES you have/<NAME> has received? For example, chemical engineering, elementary teacher education or organizational psychology.**  * If this person has more than one major or Bachelor's degree, ask for all major fields. Separate with commas. |  |  |  |  |  |    |
| **20. What is your/<NAME’s> ancestry or ethnic origin?** (For example: Italian, Jamaican, African-American, Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian and so on.) |    |    |    |    |    |    |
| **21a. Do you/Does <NAME> speak a language other than English at home?****Yes****No** | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| **21a\_SKIP**  * If response is “No,” SKIP to Question 22a for that person. * Otherwise, go to Question 21b for that person | | | | | | |
| **21b. What is this language?**  **(For example: Korean, Italian, Spanish, Vietnamese)** |  |  |  |  |  |  |
| **21c. How well do you/does <NAME> speak English-****Very well,****Well,****Not well,****or Not at all?** | Very well  Well  Not well  Not at all | Very well  Well  Not well  Not at all | Very well  Well  Not well  Not at all | Very well  Well  Not well  Not at all | Very well  Well  Not well  Not at all | Very well  Well  Not well  Not at all |
| **22a. Did you/<NAME> live in this <FILL BUILDING TYPE> 1 year ago?** **Yes**  **No** | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| **22a\_SKIP**  * If response is “Yes,” SKIP to Question 23a. * Otherwise, go to Question 22b. | | | | | | |
| **22b. Did you/<NAME> live in-**  **the United States,**  **Puerto Rico,**  **or another country?** | United States  Puerto Rico  Another country | United States  Puerto Rico  Another country | United States  Puerto Rico  Another country | United States  Puerto Rico  Another country | United States  Puerto Rico  Another country | United States  Puerto Rico  Another country |
| **22b\_SKIP**   * If response is “United States” or “Puerto Rico,” SKIP to Question 22d. * Otherwise, go to Question 22c. | | | | | | |
| **22c. What was the foreign country?** | Foreign Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Foreign Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Foreign Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Foreign Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Foreign Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Foreign Country:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **22c\_SKIP**   * If response is “Puerto Rico,” go to Question 22d. * Otherwise, SKIP to Question 23a. | | | | | | |
| **22d. What was the street address?** | Last Street Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Street Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Street Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Street Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Street Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Street Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **22e. What was the city or town?** | Last City Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last City Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last City Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last City Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last City Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last City Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **22f. What was the county/<FILL “municipio” IF PUERTO RICO>?** | Last County:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last County:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last County:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last County:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last County:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last County:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **22f\_SKIP**   * If person lived in Puerto Rico, SKIP to Question 22h. * Otherwise, go to Question 22g. | | | | | | |
| **22g. What was the state?**   * Enter the state abbreviation. | Last State:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last State:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last State:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last State:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last State:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last State:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **22h. What was the ZIP Code?** | Last Zip Code:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Zip Code:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Zip Code:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Zip Code:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Zip Code:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Last Zip Code:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| * Complete Questions 23a – 24b for each person before moving on to the next person.   **I am now going to ask you some questions about your/<NAME’s> health insurance and health coverage. Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.**  **23a. Are you/Is <NAME> currently covered by health insurance through a current or former employer, union, or professional association of yours or another family member/<[him/her] or another family member>?**  **Yes**  **No** |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |
| **23b. Are you/Is <NAME> currently covered by Medicare, for people age 65 or older or people with certain disabilities?** **Yes**  **No** |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |
| **23c. Are you/Is <NAME> currently covered by Medicaid, the Children’s Health Insurance Program (CHIP) or any kind of government-assistance plan for those with low incomes or a disability?** **Yes**  **No** |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |
| **23d. Are you/Is <NAME> currently covered by health insurance purchased directly from an insurance company, through a State or Federal Marketplace, HealthCare.gov, or a similar website by you or another family member/<[him/her] or another family member>?** **Yes**  **No** |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |

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| **23e. Are you/Is <NAME> currently covered by TRICARE or other military health care?** **Yes**  **No** |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |
| **23f. Are you/Is <NAME> currently covered through the VA or enrolled for VA health care?** **Yes**  **No** |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |
| **23g. Are you/Is <NAME> currently covered through the Indian Health Service?** **Yes**  **No** |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |
| **23h. Are you/Is <NAME> currently covered by any other health insurance or health coverage plan?** **Yes**  **No** |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |
| **23h\_SKIP**  * If response was not “Yes” to any questions 23a through 23h, SKIP to Question 25a. * Otherwise, go to Question 24a. | | | | | | |
| **24a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.** **Yes**  **No** |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |
| **24a\_SKIP**  * If response is “No,” SKIP to Question 25a. * Otherwise, go to Question 24b. | | | | | | |
| **24b. Do you/does<NAME> or another family member receive a tax credit or subsidy based on family income to help pay the premium?** **Yes**  **No** |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |  Yes   No |
| * Complete all parts of Questions 25 (A-B), 26 (A-D), and 27 for each person before moving on to the next person.   **The next questions ask about difficulties you/<NAME> may have doing certain activities.**  **25a. Do you/does <NAME> have difficulty seeing, even if wearing glasses?**  **No difficulty**  **Some difficulty**  **A lot of difficulty**  **Cannot do at all** | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all |
| **25b. Do you/does <NAME> have difficulty hearing, even if using a hearing aid?** **No difficulty**  **Some difficulty**  **A lot of difficulty**  **Cannot do at all** | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all |
| 25b\_SKIP  If person is at least 5 years old, ask Questions 26a through 26d for that person.   * Otherwise, the interview is closed. | | | | | | |
| 26a. Do you/does <NAME> have difficulty walking or climbing stairs?  **No difficulty**  **Some difficulty**  **A lot of difficulty**  **Cannot do at all** | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all |
| 26b. Do you/does <NAME> have difficulty remembering or concentrating?  **No difficulty**  **Some difficulty**  **A lot of difficulty**  **Cannot do at all** | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all |
| 26c. Do you/does <NAME> have difficulty bathing or dressing?  **No difficulty**  **Some difficulty**  **A lot of difficulty**  **Cannot do at all** | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all |
| 26d. Using your/<his/her> usual language, do you/does <NAME> have difficulty communicating, for example understanding or being understood?  **No difficulty**  **Some difficulty**  **A lot of difficulty**  **Cannot do at all** | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all |
| 26d\_SKIP  If person is at least 15 years old, ask Question 27 for that person.   * Otherwise, move onto the next person. | | | | | | |

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| 27. Do you/does <NAME> have difficulty doing errands alone such as visiting a doctor’s office or shopping?  **No difficulty**  **Some difficulty**  **A lot of difficulty**  **Cannot do at all** | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all | No difficulty  Some difficulty  A lot of difficulty  Cannot do at all |
| 28. I will now be asking about your/<NAME’s> marital status.  Are you/Is <NAME>-  **Married,**  **Widowed,**  **Divorced,**  **Separated,**  **or Never married?** | Married  Widowed  Divorced  Separated  Never married | Married  Widowed  Divorced  Separated  Never married | Married  Widowed  Divorced  Separated  Never married | Married  Widowed  Divorced  Separated  Never married | Married  Widowed  Divorced  Separated  Never married | Married  Widowed  Divorced  Separated  Never married |