2022 AMERICAN COMMUNITY SURVEY CONTENT TEST

	Respondent	Person 2	Person 3	Person 4	Person 5	Person 6
1a. Let's create a list of everyone, including people not related to you, living or staying at this address.						
What is your name?	First name (or initial):	First name (or initial): 				
(What is the name of the next person living or staying here?)						
Make sure to include the respondent if he/she is staying there.						
The following questions are to make sure everyone is included.	Additional Person 1:	Additional Person 2:	Additional Person 3:	Additional Person 4:	Additional Person 5:	Additional Person 6:
The people you have listed so far areRead 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? 	□□No additional perso	ons				
Do not include overnight or weekend guests who have a residence somewhere else.						
List additional names to the right.						

Participant ID #: |___|__|__|__|___|___

- I

Copy names from 1a and 1b.	Respondent:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
The following questions are to make sure everyone we have listed should be included in this survey.						
I have ◆ Read all names.	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No
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 	Additional Person 1:	Additional Person 2:	Additional Person 3:	Additional Person 4:	Additional Person 5:	Additional Person 6:
 MARK "Yes" for: (1) children in shared custody who are not currently staying at 						
 (1) chiral chiral chiral castody who are not cartenaly staying at the sample address, regardless of the length of stay; (2) persons who are away NOW for more than two months^ 	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No
 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. 						

Participant ID #: |___|__|__|__|__|__|__|

 Copy names from 1a and 1b, but OMIT anyone with a "Yes" response to 1c. I have listed 	Respondent:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
 Read all remaining names. 		□□Yes □□No	Yes No	Yes No	□□Yes □□No	□□Yes □□No
1d. Are any of these people staying here for a short visit or for an overnight stay?	Additional Person 1:	Additional Person 2:	Additional Person 3:	Additional Person 4:	Additional Person 5:	Additional Person 6:
 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. 	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No

Participant ID #:

Copy names with a "Yes" response to 1d.	Respondent:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
I have listed						
Read names with a "Yes" response to 1d.	□□Yes	□□Yes	□□Yes	□□Yes	□□Yes	□□Yes
1e. Are you/Is <name> staying here for MORE than two months^?</name>	□□No	□ □ □ No	No	No	No	No
 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; 	Additional Person 1:	Additional Person 2:	Additional Person 3:	Additional Person 4:	Additional Person 5:	Additional Person 6:
(3) commuter workers who stay at the sample address to be closer to work	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No
 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. 						
 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:

Participant ID #: |___|__|

Ask as topic-based, that is, ask question for each person before moving to next question.	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
 Use flash card for relationships. 		— —	Opposite-sex husbard/sife/	□□Opposite-sex husband/wife/	□□Opposite-sex husband/wife/	□□Opposite-sex husband/wife/
2a. Of the people you named, who owns or rents this place?		spouse	husband/wife/ spouse	spouse	spouse	spouse
Fill in response as Householder. When listing non- householders as Persons 2-6, maintain order established in		Opposite-sex unmarried partner Same-sex husband/wife/	<pre>□□Opposite-sex unmarried partner □□Same-sex husband/wife/</pre>	<pre>□□Opposite-sex unmarried partner □□Same-sex husband/wife/</pre>	UDpposite-sex unmarried partner USame-sex husband/wife/	UDpposite-sex unmarried partner USame-sex husband/wife/
final roster.		spouse □□Same-sex	spouse	spouse □□Same-sex	spouse □□Same-sex	spouse □□Same-sex unmarried
2b. Using this list on my screen, how is <name>/are you related to <fill "you"="" <br="" householder="" if="" is="" respondent="">HOUSEHOLDER NAME>?</fill></name>		unmarried partner DBiological Son/Daughter Adopted	unmarried partner DBiological Son/Daughter Adopted	unmarried partner DBiological Son/Daughter Adopted	unmarried partner Biological Son/Daughter Adopted	partner DBiological Son/Daughter Adopted
Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse		Son/Daughter Stepson/ Stepdaughter	Son/Daughter Stepson/ Stepdaughter	Son/Daughter Stepson/ Stepdaughter	Son/Daughter Stepson/ Stepdaughter	Son/Daughter Stepson/ Stepdaughter
Same-sex unmarried partner Biological son or daughter Adopted son or daughter		Brother/Sister Father/Mother Grandchild Parent-in-law Son/daughter-law	Brother/Sister Father/Mother Grandchild Parent-in-law Son/daughter-law	Image: Brother/Sister Image: Brother/Mother Image: Brother/Mother Image: Brother/Sister Image: Brother/Sister <td< td=""><td>Image: Brother/Sister Image: Brother/Mother Image: Brother Image: Brother</td><td>Image: Brother/Sister Image: Brother/Mother Image: Brother/Mother Image: Brother/Brother/Brother Image: Brother/Brother/Brother/Brother Image: Brother/Brother/Brother/Brother Image: Brother/Brother/Brother Image: Brother/Brother/Brother Image: Brother/Brother/Brother Image: Brother/Brother/Brother Image: Brother/Brother Image: Brother/Brother Image: Brother/Brother Image: Brother/Brother Image: Brother Image: Brother</td></td<>	Image: Brother/Sister Image: Brother/Mother Image: Brother	Image: Brother/Sister Image: Brother/Mother Image: Brother/Mother Image: Brother/Brother/Brother Image: Brother/Brother/Brother/Brother Image: Brother/Brother/Brother/Brother Image: Brother/Brother/Brother Image: Brother/Brother/Brother Image: Brother/Brother/Brother Image: Brother/Brother/Brother Image: Brother/Brother Image: Brother/Brother Image: Brother/Brother Image: Brother/Brother Image: Brother Image: Brother
Stepson or stepdaughter Brother or sister Father or mother Grandchild		Other relative Roommate/ Housemate	Other relative Roommate/ Housemate	Other relative CRoommate/ Housemate	Comparison of the second seco	Other relative Commate/ Housemate
Parent-in-law Son-in-law or daughter-in-law Other relative		<pre>[]]Foster child []]Other nonrelative</pre>	<pre>[] Foster child [] Other nonrelative</pre>	<pre>[] Foster child [] Other nonrelative</pre>	<pre>[]Foster child []Other nonrelative</pre>	<pre>[][Foster child [][Other nonrelative</pre>
Roommate or housemate Foster child						
Other nonrelative						
✤ UNRELATED HOUSEHOLD CHECK:	1					
IS ENTIRE HOUSEHOLD UNRELATED (relationships for ALL ho Yes	ousehold members a	are " Roomer/Boarder"," I	Housemate/Roommate'	'," Foster child", or " C	ther non-relative") ?	

No

Participant ID #: |___|__|__|__|__|__|__|

Ask or verify:	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
3. Are you/Is <fill householder="">/Is <fill other<br="">NAME> male or female?</fill></fill>	Male] Female	Male] Female] Male] Female	Male] Female	Male] Female] Male] Female
4a. What is your/ <fill householder's="">/<fill other<br="">NAME's> date of birth?</fill></fill>	Birth Month:		Birth Month:	Birth Month:	Birth Month:	Birth Month:
Enter birth month.Enter birth day.	Birth Day: Birth Year:					
Enter birth year (Enter 4 digits - ex: 1964).						
4b. Would you say you are/ <name> is <fill age="">?</fill></name>	🛛 Yes					
(If no: What is your best estimate of your/ <name's> age?)</name's>	[] No:					
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.						

Participant ID #: |___|__|__|__|___|____

Complete all parts of question 5 (A-C) for each person before moving on to the next person.	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
		00000000000000000000000000000000000000	00000000000000000000000000000000000000	00000000000000000000000000000000000000		
5a. Are you/Is <name> of Hispanic, Latino, or Spanish origin?</name>	□□No, not of Hispanic, Latino, or	□□No, not of Hispanic, Latino, or	□□No, not of Hispanic, Latino, or	□□No, not of Hispanic, Latino, or	□□No, not of Hispanic, Latino, or	□□No, not of Hispanic, Latino, or
 If response is "Yes, of Hispanic, Latino, or Spanish origin," ask Question 5b. If not, check appropriate box and move to next person. 	Spanish origin	Spanish origin	Spanish origin	Spanish origin	Spanish origin	Spanish origin
	Latino, or Spanish origin	Latino, or Spanish origin	Latino, or Spanish origin	Latino, or Spanish origin	Latino, or Spanish origin	Latino, or Spanish origin
5b. Are you/Is <name> Mexican, Mexican American, or</name>						
Chicano; Puerto Rican; Cuban; or of some other Hispanic, Latino, or Spanish Origin?	☐☐Yes, Mexican, Mexican American, or Chicano	□□Yes, Mexican, Mexican American, or Chicano	□□Yes, Mexican, Mexican American, or Chicano	□□Yes, Mexican, Mexican American, or Chicano	☐☐Yes, Mexican, Mexican American, or Chicano	☐☐Yes, Mexican, Mexican American, or Chicano
 If response is "Yes, another Hispanic, Latino, or Spanish origin," ask Question 5c. Otherwise, check appropriate box and move to 	□□Yes, Puerto Rican	Image: Second state Image: Second stat <	□□Yes, Puerto Rican	Image: Second state Image: Second stat <	□□Yes, Puerto Rican	Ull'Yes, Puerto Rican
next person.	□□Yes, Cuban	□□Yes, Cuban	□□Yes, Cuban	□□Yes, Cuban	□□Yes, Cuban	□□Yes, Cuban
5c. What is that origin or origins? For example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.?	[][Yes, another Hispanic, Latino, or Spanish origin(s):	<pre>[]]Yes, another Hispanic, Latino, or Spanish origin(s):</pre>	☐☐Yes, another Hispanic, Latino, or Spanish origin(s):	☐☐Yes, another Hispanic, Latino, or Spanish origin(s):	[][Yes, another Hispanic, Latino, or Spanish origin(s):	☐☐Yes, another Hispanic, Latino, or Spanish origin(s):
Enter the group(s) provided by the respondent in the "Yes, another Hispanic, Latino, or Spanish origin" write-in box.						

Participant ID #:				
raiticipalit ID #.	 	 	 	

Complete all parts of Question 6 (A-G) for each person before moving on to the next person.	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
Flashcard: "RACE"	□□White	□□White	□□White	□□White	□□White	□□White
6a. Using this list, choose one or more races.	□□Black or African American	□□Black or African American	□□Black or African American	□□Black or African American	□□Black or African American	□□Black or African American
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?</name>	□□American Indian or Alaska Native	☐☐American Indian or Alaska Native	□□American Indian or Alaska Native	□□American Indian or Alaska Native	□□American Indian or Alaska Native	☐☐American Indian or Alaska Native
	□□Asian	□□Asian	□□Asian	□]]Asian	□□Asian	□□Asian
	□□Native Hawaiian or Other Pacific Islander	DNative Hawaiian or Other Pacific Islander	[]]Native Hawaiian or Other Pacific Islander	[]]Native Hawaiian or Other Pacific Islander	[]]Native Hawaiian or Other Pacific Islander	DNative Hawaiian or Other Pacific Islander
	Some other race	□□Some other race	□□Some other race	□□Some other race	Some other race	Some other race
 6a_SKIP If person has a response of "White" to Question 6a, ask Question Otherwise, SKIP to 6b_SKIP. 	on 6b for that person.					
 6b. What is your/<name's> White origin or origins? For example, German, Irish, English, Italian, Lebanese, Egyptian, etc.</name's> 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 Qu Otherwise, SKIP to 6c_SKIP. 	estion 6a, ask Question	n 6c for that person.	1	1	1	1

• Otherwise, SKIP to 6c_SKIP.

Participant ID #:						

6c. What is your/ <name's> Black or African American origin or origins? For example, African American, Jamaican, Haitian, Nigerian Ethiopian Semali etc</name's>	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:			
 Nigerian, Ethiopian, Somali, etc. Enter the group(s) provided by the respondent in the corresponding write-in box in this row. 	Origin(s):	Origin(s):	Origin(s):	Origin(s):	Origin(s):	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</name's>	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:			
Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.	Tribe(s):	Tribe(s):	☐ Tribe(s):	Tribe(s):	Tribe(s):	Tribe(s):			
Enter the group(s) provided by the respondent in the corresponding write-in box in this row.		00000000000000000000000000000000000000	00000000000000000000000000000000000000	00000000000000 0000	00000000000000000000000000000000000000	00000000000000000000000000000000000000			
 6d_SKIP If person has a response of "Asian" to Question 6a, ask Question Otherwise, SKIP to 6e_SKIP. 	on 6e for that person.								
6e. You may choose one or more Asian groups. Are you/Is <name> Chinese, Filipino, Asian Indian, Vietnamese, Korean,</name>	□□Chinese	[]Chinese	[]Chinese	[]Chinese	[]Chinese]]Chinese			
Japanese, or of some other Asian origin?	□□Filipino	□□Filipino	□[]Filipino	□□Filipino	□[]Filipino	□[]Filipino			
If Chinese, Filipino, Asian Indian, Vietnamese, Korean, or Japanese, check the appropriate box.	□□Asian Indian	□□Asian Indian	□□Asian Indian	□□Asian Indian	□□Asian Indian	□□Asian Indian			
If response is "Other Asian," ask Question 6f. Otherwise, check	□ □ Vietnamese	□□Vietnamese	□□ Vietnamese	□□Vietnamese	□□Vietnamese	□□Vietnamese			
appropriate box and move to next person.	□□Korean	□□Korean	∏ Korean	∏∏Korean	∏ Korean	∏]Korean			
6f. What is that origin or origins? For example, Pakistani,	□□]Japanese	□□Japanese	□□Japanese	□□Japanese	□□Japanese	□□Japanese			
Cambodian, Hmong, etc.?	□□Other Asian:	□□Other Asian:	□□Other Asian:	□□Other Asian:	□□Other Asian:	□□Other Asian:			
Enter the group(s) provided in the corresponding Other Asian write-in space in this row.									

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?</name>	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
If Native Hawaiian, Samoan, or Chamorro, check the appropriate box.	□□Native Hawaiian]]Native Hawaiian]]Native Hawaiian	DNative Hawaiian]]Native Hawaiian]]Native Hawaiian
 If response is "Other Pacific Islander," ask Question 6h. Otherwise, check appropriate box and move to next person. 	□ Samoan	□□Samoan	□□Samoan	□□Samoan	□□Samoan	□□Samoan
Otherwise, check appropriate box and move to next person.	[]Chamorro	[]Chamorro	[]Chamorro	[]Chamorro	[]Chamorro	[]Chamorro
6h. What is that origin or origins? For example, Tongan, Fijian, Marshallese, etc.?	□□Other Pacific Islander:	Dother Pacific Islander:	DOther Pacific Islander:	DOther Pacific Islander:	Dother Pacific Islander:	□□Other Pacific Islander:
Enter the group(s) provided in the corresponding Other Pacific Islander write-in space in this row.						
6h_SKIP						
 If person has a response of "Some Other Race" to Question 6 Otherwise, SKIP to 6i_SKIP. 	6a, ask Question 6i for	that person.				
6i. What is your/ <name's> other race or origin?</name's>						
Enter the group(s) provided by the respondent in the corresponding write-in box in this row.	00000000000000000000000000000000000000	00000000000000000000000000000000000000	00000000000000000000000000000000000000	00000000000000000000000000000000000000	00000000000000000000000000000000000000	00000000000000000000000000000000000000
 6i_SKIP After asking race questions for all persons on roster, continue with 	h housing questions.					

Participant ID #: |____|__|__|__|__|

Mobile home
One-family house detached from any other house
One-family house attached to one or more houses
Building with 2 apartments
□□Building with 3 or 4 apartments
□□Building with 5 to 9 apartments
□□Building with 10 to 19 apartments
□□Building with 20 to 49 apartments
Building with 50 or more apartments
□□Boat, RV, van, etc.
[]]2000 or later: Enter year built:
□□1990-1999
□□1980-1989
□□1970-1979
□□1960-1969
□□1950-1959
□□1940-1949
□□1939 or earlier

9a. In what year did you/ <fill householder=""> move into this <fill BUILDING TYPE>?</fill </fill>	Year:
9b. In what month was that?	Month:
 9b_SKIP If building type is a HOUSE or a MOBILE HOME, ask Questions 10 and 11. Otherwise, SKIP to Question 12a. 	
10. Is this <fill building="" type=""></fill>	Ess than 1 acre
On less than 1 acre, Between 1 and 9.9 acres,	Between 1 and 9.9 acres
or 10 or more acres?	10 or more acres
 10_SKIP If response is "Less than 1 acre," SKIP to Question 12a. Otherwise, go to Question 11a. 	
11a. IN THE PAST 12 MONTHS, were there any sales of agricultural products from this property?	□□Yes
Yes	□□No
No	
 11a_SKIP If response is "No," SKIP to Question 12a. Otherwise, go to Question 11b. 	

Participant ID #: |____|___|___|___|___|___|

11b. How much were the sales?	
\$1 - \$999	□□\$1,000 - \$2,499
\$1,000 - \$2,499	□□\$2,500 - \$4,999
\$2,500 - \$4,999 \$5,000 - \$9,999	
\$10,000 or more	□□\$5,000 - \$9,999
	□□\$10,000 or more
The next questions are about the number and kinds of rooms at this place. Rooms	Number of rooms:
must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.	
12a. How many separate rooms are in this <fill building="" type=""> not</fill>	
counting bathrooms, porches, balconies, foyers, halls or unfinished basements?	
✤ INCLUDE bedrooms, kitchens, etc.	
12b. How many of the rooms would you list as bedrooms if this <fill BUILDING TYPE> were for sale or rent?</fill 	Number of bedrooms:
13a. Does this <fill building="" type=""> have hot and cold running water?</fill>	
The poles this still bollebing titles have not and cold running water:	□□Yes
13b. Does this <fill building="" type=""> have a bathtub or shower?</fill>	
	□□Yes
	□□No
13c. Does this <fill building="" type=""> have a sink with a faucet?</fill>	[][Yes
	□□No

13d. Does this <fill building="" type=""> have a stove or range?</fill>	□□Yes
	□□No
13e. Does this <fill building="" type=""> have a refrigerator?</fill>	□□Yes
	□□No
14. What is the MAIN type of sewage disposal for this <fill building="" type="">?</fill>	Public sewer
Dublic courses	□□Septic system or cesspool
Public sewer Septic system or cesspool, or Another type of sewage disposal	□□Another type of sewage disposal
15. Can you or any member of this household both make and receive phone calls when at this <fill building="" type="">? Include calls using cell phones, land</fill>	□□Yes
lines, or other phone devices.	□□No
Yes No	
16a. At this <fill building="" type="">, do you or any member of this household own or use a desktop or laptop-computer?</fill>	□□Yes
16b. At this <fill building="" type="">, Do you or any member of this household own or use a smartphone?</fill>	□□Yes
	□□No
16c. At this <fill building="" type="">, Do you or any member of this household own or use a tablet or other portable wireless computer?</fill>	□□Yes
	□□No

16d. At this <fill building="" type="">, Do you or any member of this household own or use some other type of computer?</fill>	□□Yes
	□□No
 16d_SKIP If response to Question 16d is "No," SKIP to Question 17. Otherwise, go to Question 16e. 	
16e. What is this other type of computer?	Other computer type:
17. At this <fill building="" type="">, do you or any member of this household have access to the Internet? Yes No</fill>	□□Yes □□No
 17_SKIP If response to Question 17 is "No," SKIP to Question 20. Otherwise, go to Question 18. 	
18. At this <fill building="" type="">, Do you or any member of this household pay a cell phone company or Internet service provider to access the Internet? Yes No</fill>	□□Yes □□No
 18_SKIP If response to Question 18 is "No," SKIP to Question 20. Otherwise, go to Question 19. 	

19a. Do you or any member of this household have access to the Internet using a cellular data plan for a smartphone or other mobile device?	□□Yes
centiar data plan for a smartphone or other mobile device?	□□No
19b. Do you or any member of this household have access to the Internet using a	[]]Yes
broadband or high speed Internet service such as cable, fiber optic, or DSL service installed in this <fill building="" type="">?</fill>	□□No
19c. Do you or any member of this household have access to the Internet using a	[]]Yes
satellite Internet service installed in this <fill building="" type="">?</fill>	□□No
19d. Do you or any member of this household have access to the Internet using a	□□Yes
dial-up Internet service installed in this <fill building="" type="">?</fill>	[][No
19e. Do you or any member of this household have access to the Internet using	
some other service?	□□Yes
19e_SKIP	
 If response to Question 19e is "No," SKIP to Question 20. Otherwise, go to Question 19f. 	
19f. What is this other type of Internet service?	Other Internet type:

20. How many cars, vans, and trucks of one-ton capacity or less are kept at home	Image: Image of the second
for use by members of this household?	
(If a business vehicle is available for personal use, it should be included.)	
None	
1 2	
3	
2 3 4 5	
6 or more	□□6 or more
21. Are any of the following types of electric vehicles kept at home for use by members of this household?	Plug-in electric vehicle:
members of this nousenoid?	□□Yes □□No
Read one at a time:	
	Another type of electric vehicle:
A plug-in electric vehicle? Another type of electric vehicle?	
22a. To heat this <fill building="" type="">, which fuel do you use MOST—</fill>	Gas
Gas,	Electricity
Electricity, Fuel oil or kerosene,	Fuel oil or kerosene
Coal or coke,	
Wood,	□□Coal or coke
Solar energy, or Some other fuel?	[][Wood
	□□Solar energy
	Some other fuel
	□□No fuel used

Participant ID #:							
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 22a_SKIP If response to 21a is "Gas," go to Question 22b. Otherwise, SKIP to Question 23. 						
22b. Is it natural gas from underground pipes serving the neighborhood?	□□Yes					
Yes No	□□No					
 22b_SKIP If response to Question 22b is "Yes," SKIP to Question 23. Otherwise, go to Question 22c. 						
22c. Is it a gas such as propane or butane?	□□Yes					
Yes No	□□No					
Now, I am going to ask a series of questions about employment	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
23a. LAST WEEK, did you/ <name> work for pay at a job or business?</name>	Yes	□ □[]Yes	□ □[]Yes	□ □[]Yes	□ □[]Yes	□ □[]Yes
(Include any work even if ^you/ <name>^ worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or ^were/was^ on active duty in the Armed Forces.)</name>	□□No	□□No	□□No	□□No	□□No	[][No
If the person did not work all last week because he/she was on vacation from his/her job, record response as "No."						
Yes No						
 23a_SKIP If response is "Yes," SKIP to Question 24a. Otherwise, go to Question 23b. 	·		·			

23b. LAST WEEK, did you/ <name> do ANY work for pay, even for as little as one hour?</name>	□□Yes	[][Yes	□[]Yes	□□Yes	□□Yes	□□Yes
	□□No	□□No	□□No	□□No	□□No	□□No
Yes No						
 23b_SKIP If response is "No," SKIP to Question 29a. Otherwise, go to Question 24a. 						
The next few questions deal with where you/ <name> worked LAST WEEK and how you/<name> got there.</name></name>	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
24a. LAST WEEK, at what location did you/ <name> work? What is the address - number and street name?</name>	Location:	Location:	Location:	Location:	Location:	Location:
(If ^you/ <name>^ worked at more than one address or location, give the address or location where ^you/<name>^ worked most LAST WEEK.</name></name>						
If you do not know the exact street address, give a description of the location such as the building name or the nearest street or intersection.						
For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2 nd Ave. and 4th St.)						
24b. What is the city, town or post office?						
			-	—	_	—
24c. Is the work location inside the limits of <fill 24b="" response="">?</fill>	□□Yes	[][Yes	□□Yes	□□Yes	□□Yes	□□Yes
Yes No	□□No	□□No	□□No	□□No	□□No	□□No

24d. What is the county?		000000000000				
24e. What is the state?	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
If a foreign country, enter the name of the country.						
	State:	State:	State:	State:	State:	State:
24f. What is the ZIP code?						
 Use flashcard for transportation modes. 	Car, truck, or	Car, truck, or	Car, truck, or	Car, truck, or	Car, truck, or	Car, truck, or
1 I	van	van	van	van	van	van
25. Using this list, LAST WEEK, how did you/ <name> USUALLY get to work?</name>	Bus				Bus	
	Subway or elevated rail	Subway or elevated rail	Subway or elevated rail	Subway or elevated rail	Subway or elevated rail	Subway or elevated rail
(If ^you/ <name>^ usually used more than one method of transportation during</name>		□□Long-distance				
the trip, report the one used for most of the distance.)	train or	train or	train or	train or	train or	train or
	commuter rail	commuter rail	commuter rail	commuter rail	commuter rail	commuter rail
Car, truck, or van	Light rail,	□□Light rail,	□□Light rail,	□□Light rail,	□□Light rail,	Light rail,
Bus	streetcar, or trolley	streetcar, or trolley	streetcar, or trolley	streetcar, or trolley	streetcar, or trolley	streetcar, or trolley
Subway or elevated rail	☐ Ferryboat	☐ □ □ □ □ Ferryboat	☐ □ □ □ □ Ferryboat	□ Ferryboat	□□Ferryboat	☐ Ferryboat
Long-distance train or commuter rail	Taxi or ride-	Taxi or ride-	Taxi or ride-	Taxi or ride-	🛛 Taxi or ride-	Taxi or ride-
Light rail, streetcar, or trolley	hailing services	hailing services	hailing services	hailing services	hailing services	hailing service
Ferryboat	□□Motorcycle □□Bicycle	Motorcycle D Bicycle	Motorcycle D Bicycle	Motorcycle Bicycle	Motorcycle D Bicycle	Motorcycle D Ricycle
Taxi or ride-hailing services		□□Bicycle □□Walked	□□Bicycle □□Walked		□□Bicycle □□Walked	□□Bicycle □□Walked
Motorcycle	U Worked from	U Worked from	U Worked from	U Worked from	U Worked from	U Worked from
Bicycle	home	home	home	home	home	home
Walked	Other Method	Other Method	Other Method	Other Method	Other Method	Other Method
Worked from home						
Other Method						

25_SKIP

- If response is "Worked from home," SKIP to Question 32b.
 If response is "Car, truck, or van," go to Question 26.
 Otherwise, SKIP to Question 27.

26. LAST WEEK, how many people including yourself/<name> usually rode to work together?</name>	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
	Number of People: DDDDDDDDDD DDD	Number of People: DDDDDDDDDDD DDD	Number of People: DDDDDDDDDD DDD	Number of People: DDDDDDDDDD DDD	Number of People: DDDDDDDDDD DDD	Number of People: DDDDDDDDDD DDD
27. LAST WEEK, what time did your/ <name's> trip to work usually begin – (what hour)? (How many minutes past that hour?)</name's>	Hour : Minute : PM	Hour : Minute : PM	Hour : Minute : PM	Hour : Minute : PM	Hour : Minute : PM	Hour : Minute : PM
(Was that AM or PM?)						
28. LAST WEEK, how many minutes did it usually take you/ <name> to get from home to work?</name>	Minutes:	Minutes:	Minutes:	Minutes:	Minutes:	Minutes:
Enter a ONE-WAY commute time for the person's usual DAILY commute from home to work last week.						
 28_SKIP If person worked last week, SKIP to Question 32b. Otherwise, go to Question 29a. 						
29a. LAST WEEK, were you/was <name> on layoff from a job?</name>	[][Yes	[][Yes	□ □ Yes	□□Yes	[][Yes	□□Yes
Yes No	[][No	[][No	□□No	□□No	□□No	□□No

29a_SKIP

If response is "Yes," SKIP to Question 29c.
Otherwise, go to Question 29b.

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29b. LAST WEEK, were you/was <name> TEMPORARILY absent from a job or business because of vacation, temporary illness, maternity leave, other family</name>	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
or personal reasons, bad weather, etc.?	□□Yes	□□Yes	□□Yes	□□Yes	□□Yes	□□Yes
Yes No	□□No	□□No	□□No	□□No	□□No	□□No
 29b_SKIP If response is "Yes," SKIP to Question 32a. If response is "No," SKIP to Question 30. 		1	1			
29c. Have you/has <name> been informed that you/he or she will be recalled to work within the next 6 months OR been given a date to return to work?</name>	[][Yes	[][]Yes	[][Yes	□□Yes	□□Yes	[][Yes
Yes	□□No	□□No	□□No	□□No	□□No	□□No
No						
 29c_SKIP If response is "Yes," SKIP to Question 31a. Otherwise, go to Question 30. 		1	1	1	1	
30. During the LAST 4 WEEKS, have you/has <name> been ACTIVELY looking for work?</name>	□□Yes	□ □ Yes	□[]Yes	□□Yes	□□Yes	□□Yes
	□□No	□□No	□□No	□□No	□□No	□□No
Yes No						
 30_SKIP If response is "No," SKIP to Question 32a. Otherwise, go to Question 31a. 						

	Participant ID #:											
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If response to Questions 29c is "Yes," read "or returned to work if recalled" fill in Question 31a.	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
31a. LAST WEEK, could you/ <name> have started a job if offered one <or< th=""><th>□□Yes</th><th>□□Yes</th><th>□□Yes</th><th>□□Yes</th><th>□□Yes</th><th>□□Yes</th></or<></name>	□□Yes	□□Yes	□□Yes	□□Yes	□□Yes	□□Yes
returned to work if recalled>?	□□No	□□No	□□No	□□No	□□No	□□No
Yes No						
 31a_SKIP If response is "No," go to Question 31b. Otherwise, SKIP to Question 32a. 		1	1	1	1	
31b. Why was that? Own temporary illness	Dwn temporary illness	Dwn temporary illness	DWn temporary illness	DWn temporary illness	Dwn temporary illness	DWn temporary illness
Going to school or some other reason	Going to school or some other reason	Going to school or some other reason	Going to school or some other reason	Going to school or some other reason	Going to school or some other reason	Going to school or some other reason
32a. When did you/ <name> last work, even for a few days? Within the past 12 months 1 to 5 years ago Over 5 years ago or never worked</name>	Image: Within the past 12 months Image: past 12 months Image: past 12 months Image: past 12 months ago Image: past 12 months ago Image: past 12 months Image: past 12 months ago Image: past 12 months ago Image: past 12 months Image: past 12 months ago Image: past 12 months Image: past 12 months	Within the past 12 months 11 to 5 years ago Over 5 years ago or never worked	 Within the past 12 months 1 to 5 years ago Over 5 years ago or never worked 	 Within the past 12 months 1 to 5 years ago Over 5 years ago or never worked 	Within the past 12 months 11 to 5 years ago Over 5 years ago or never worked	 Within the past 12 months 1 to 5 years ago Over 5 years ago or never worked
 32a_SKIP If response is "Over 5 years ago or never worked," SKIP to Question 36a. Otherwise, go to Question 32b. 						
32b. In 2019, did you/ <name> work at a job or business at any time, even for a few days?</name>	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No
Yes No						

32b_SKIP
If response is "No," SKIP to Question 35a.
Otherwise, go to Question 33.

33. During the weeks that you/<name> WORKED in 2019, how many HOURS did you/<name> usually work each WEEK?</name></name>	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
	Usual hours worked each WEEK:					
34a. In 2019, did you/ <name> work EVERY week? Include all jobs and count paid vacation, paid sick leave, and military service as work.</name>	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No	□□Yes □□No
Yes No						
 34a_SKIP If response is "Yes," SKIP to Question 35a. Otherwise, go to Question 34b. 						
34b. Of the 52 weeks in 2019, how many WEEKS did you/ <name> work for at least one day? Include all jobs, paid time off, and weeks when you/<name> only worked for a few hours.</name></name>	Weeks:	Weeks:	Weeks:	Weeks:	Weeks:	Weeks:
 34b_SKIP If person worked in the past 5 years, go to Question 35a. Otherwise, SKIP to Question 36a. 	1					

Participant ID #: |_

Use flashcard for types of employment.

The next series of questions is about the type of employment you/<NAME> had <FILL: LAST WEEK or MOST RECENTLY in the past 5 years>.

If you/<NAME> had more than one job, describe the one at which the most hours were worked.

35a. Let's start with the first question. *Using this list,* which one of the following best describes your/<NAME's> employment?

Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
PRIVATE	PRIVATE	PRIVATE	PRIVATE	PRIVATE	PRIVATE
SECTOR	SECTOR	SECTOR	SECTOR	SECTOR	SECTOR
<u> ∏For-profit</u>	<u> ∏For-profit</u>	<u> For-profit</u>	<u> For-profit</u>	<u> For-profit</u>	<u> ∏For-profit</u>
company or					
organization	organization	organization	organization	organization	organization
<u>□</u> <u>Non-profit</u>	<u>□</u> <u>Non-profit</u>	<u>Non-profit</u>	<u>Non-profit</u>	<u>Non-profit</u>	<u>∏∏Non-profit</u>
organization	organization	organization	organization	organization	organization
GOVERNMENT	GOVERNMENT	GOVERNMENT	GOVERNMENT	GOVERNMENT	GOVERNMENT
\square Local	$\Box \Box Local$	$\Box \Box Local$	$\Box \Box Local$	$\Box \Box Local$	<u>[Local</u>
government	government	government	government	government	government
<u>State</u>	<u>□□State</u>	<u>□□State</u>	<u>State</u>	<u>State</u>	<u>□□State</u>
government	government	government	government	government	government
<u>Active duty</u>	<u>Active duty</u>	<u>Active duty</u>	□□ <u>Active duty</u>	Active duty	Active duty
U.S. Armed					
Forces or					
Commissioned	Commissioned	Commissioned	Commissioned	Commissioned	Commissioned
Corps	Corps	Corps	Corps	Corps	Corps
<u>∏∏Federal</u>	[][Federal]	<u>∏∏Federal</u>	∏∏Federal	<u>∏∏Federal</u>	<u>∏∏Federal</u>
government	government	government	government	government	government
civilian	civilian	civilian	civilian	civilian	civilian
employee	employee	employee	employee	employee	employee
1 5	1 5	1 5	1 0	1 5	1 5
SELF-	SELF-	SELF-	SELF-	SELF-	SELF-
EMPLOYED OR					
OTHER	OTHER	OTHER	OTHER	OTHER	OTHER
<u>Owner of non-</u>					
incorporated	incorporated	incorporated	incorporated	incorporated	<u>incorporated</u>
business,	business,	business,	business,	business,	business,
professional	professional	professional	professional	professional	professional
practice, or farm					
<u>Owner of</u>	Owner of				
incorporated	<u>incorporated</u>	incorporated	<u>incorporated</u>	<u>incorporated</u>	incorporated
business,	business,	business,	business,	business,	business,
professional	professional	professional	professional	professional	professional
practice, or farm					
Worked <u>without</u>	UWorked without	UWorked <u>without</u>	UWorked <u>without</u>	UWorked <u>without</u>	UWorked <u>without</u>
pay in a <u>for-</u>	pay in a <u>for-</u>	<u>pay</u> in a <u>for-</u>	<u>pay</u> in a <u>for-</u>	<u>pay</u> in a <u>for-</u>	<u>pay</u> in a <u>for-</u>
<u>profit</u> family					
business or farm for 15 hours or					
	more per week	more per week		more per week	
more per 26	more per week	more per week	more per week		more per week

35b_SKIP

- ★ If response is "Active duty U.S. Armed Forces or Commissioned Corps," SKIP to Question 35c.
- Otherwise, go to Question 35b.

35b. What was the name of your/ <name's> company, business or other employer?</name's>	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
employer:						
			00000000000000000000000000000000000000			
			00000000000000000000000000000000000000			
35b_SKIP	·	•			•	•
After asking Question 35b, SKIP to Question 35d.						
35c. Which branch of the Armed Forces or Commissioned Corps did	U.S. Army	U.S. Army	U.S. Army	U.S. Army	U.S. Army	U.S. Army
you/ <name> work for?</name>	□□U.S. Navy	□□U.S. Navy	□□U.S. Navy	□□U.S. Navy	□□U.S. Navy	□□U.S. Navy
	U.S. Air Force			U.S. Air Force	U.S. Air Force	U.S. Air Force
	U.S. Marine	U.S. Marine	□□U.S. Marine	U.S. Marine	□□U.S. Marine	U.S. Marine
	Corps	Corps	Corps	Corps	Corps	Corps
	U.S. Coast	U.S. Coast	U.S. Coast	U.S. Coast	U.S. Coast	U.S. Coast
	Guard	Guard	Guard	Guard	Guard	Guard
	U.S. Public	U.S. Public	U.S. Public	U.S. Public	U.S. Public	U.S. Public
	Health Service	Health Service	Health Service	Health Service	Health Service	Health Service
	□□National	□ □ National	National	□□National	□□National	□□National
	Oceanic and	Oceanic and	Oceanic and	Oceanic and	Oceanic and	Oceanic and
	Atmospheric	Atmospheric	Atmospheric	Atmospheric	Atmospheric	Atmospheric
	Administration	Administration	Administration	Administration	Administration	Administration
	(NOAA)	(NOAA)	(NOAA)	(NOAA)	(NOAA)	(NOAA)

35c_SKIP

◆ After asking Question 35c, SKIP to Question 35f.

Participant ID #: |___|__|__|___

35d. What kind of business or industry was this? Include the main activity,	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
product, or service provided at the location where employed. For example:						
elementary school, residential construction, or another kind of business.						
35e. Was this mainly –	□□Manufacturing	□□Manufacturing	<pre>[]]Manufacturing</pre>	Manufacturing	□□Manufacturing	☐ ☐ Manufacturing
	[][Wholesale	[][Wholesale	[][Wholesale	[][Wholesale	[][Wholesale	□ □ Wholesale
Manufacturing,	trade	trade	trade	trade	trade	trade
Wholesale trade,	Retail trade	Retail trade	Retail trade	[Retail trade	Retail trade	Retail trade
Retail trade,	□□Other	□□Other	□□Other	[]Other	Other	□□Other
or Some other kind of business?	(agriculture,	(agriculture,	(agriculture,	(agriculture,	(agriculture,	(agriculture,
	construction, service,	construction, service,	construction, service,	construction, service,	construction, service,	construction, service,
	government, etc.)	government, etc.)	government, etc.)	government, etc.)	government, etc.)	government, etc.)
	government, etc.)	government, etc.)	government, etc.)	government, etc.)	government, etc.)	government, etc.)
35f. What was your/ <name's> main occupation? For example: 4th grade</name's>						
teacher, entry-level plumber, or another occupation.						
25 z. Describe your (<name2) activities="" duties.="" example,<="" for="" important="" most="" or="" th=""><th></th><th><u> U</u> </th><th></th><th></th><th>\bigsqcup</th><th></th></name2)>		<u> U</u> 			$ \bigsqcup$	
35g. Describe your/ <name's> most important activities or duties. For example:</name's>						
I instruct and evaluate students and create lesson plans, assemble and install pipe						
sections and review building plans for work details, or other duties.						

Participant ID #:					
	_	-	·	-	-

 Complete Questions 36a – 36m for each person before moving onto the next person. 	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
The next few question are about all types of income, taxable and non-taxable, received in 2019 (from January 1, 2019 to December 31, 2019).						
For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and do not report the income for the other person.						
36a. Did you/ <name> receive any wages or salary in 2019?</name>						
If yes: How much did you/ <name> receive in wages and salary from all jobs before deductions for taxes, bonds, dues or other items?</name>	□□Yes: \$	Yes:	Yes: \$	Yes: \$	Yes: \$	□□Yes: \$
36b. Did you/ <name> receive any commissions, bonuses, or tips in 2019?</name>	□□No □□Yes: \$	□□No □□Yes: \$	□□No □□Yes: \$	□□No □□Yes: \$	No Yes: \$	No Yes: \$
If yes: How much did you/ <name> receive in tips, bonuses, or commissions from all jobs before deductions for taxes, bonds, dues, or other items?</name>	⊈No	 No	0	 [][]No	 [][]No	 [][]No
36c. Did you/ <name> receive any self-employment income in 2019? Report income from own businesses (farm or non-farm) including proprietorships and</name>	□□Yes: \$	□□Yes: \$	[][]Yes: \$	Yes:	Yes:	Yes:
partnerships. If yes: What was the amount? Report NET income after business expenses.	□□No	□□No	□□No	□□No	□□No	□□No
36d. Did you/ <name> receive any interest or dividends in 2019? Report even small amounts credited to an account.</name>	□□Yes: \$	Yes:	Yes: \$	Yes: \$	Yes:	Yes: \$
If yes: What was the amount?	[][No	□□No	□□No	□□No	□□No	[][]No
36e. Did you/ <name> receive any net rental income in 2019? Net rental income is the total amount after expenses.</name>	□□Yes: \$_	□□Yes: \$_	□□Yes: \$	Yes:	Yes:	Yes:
If yes: What was the net amount?	[]No	No		No	No	No

Participant ID #: |___|__|__|__|__|__|__|

36f. Did you/<name></name> receive any royalty income or income from estates and trusts in 2019?	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
If yes: What was the amount?	□□Yes: \$	□□Yes: \$	□□Yes: \$	□□Yes: \$	□□Yes: \$	□□Yes: \$
	□□No	□□No	□□No	□□No	□□No	□□No
36g. Did you/ <name> receive any Social Security or Railroad Retirement benefits in 2019?</name>	[][]Yes: \$	Yes: \$	Yes: \$	Yes: \$	Yes: \$	Yes: \$
If yes: What was the amount?	□□No	□□No	□□No	□□No	□□No	□□No
36h. Did you/ <name> receive any Supplemental Security Income (SSI) payments in 2019?</name>	□□Yes: \$	□□Yes: \$	¶_]Yes:	Yes:	□□Yes: \$	Yes: \$
If yes: What was the amount?	□□No	□□No	□□No	□□No	□□No	□□No
36i. Did you/ <name> receive public assistance or public welfare payments from the state or local welfare office in 2019?</name>	□□Yes: \$	□□Yes: \$	\$	Yes: \$\$	Yes: \$	[]]Yes: \$
If yes: What was the amount? Do not include SSI.	□□No	□□No	□□No	□□No	□□No	□□No
36j. Did you/<name> receive any survivor or disability income in 2019?</name>	□□Yes: \$	Yes:	\$	Yes:	Yes:	□□Yes: \$
If yes: What was the amount? Do not include Social Security.	□□No	□□No	[][]No	[][No	□□No	□□No
36k. Did you/ <name> receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from</name>	□□Yes:	∏∏Yes:	∏∏Yes:	∏∏Yes:	The second secon	∏∏Yes:
retirement accounts such as 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement in 2019?	\$ [][]No	\$ [][]No	\$ [][]No	\$ [][]No	\$ [][]No	\$ □□No
If yes: What was the amount? Do not include Social Security.						

Participant ID #:						

36L. Did you/ <name> receive income on a REGULAR basis from any other</name>	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
sources such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support, or alimony in 2019?	□□Yes: \$	□□Yes: \$	□□Yes: \$	□□Yes: \$	□□Yes: \$	□□Yes: \$
If yes: What was the amount from all sources? Do not include lump sum	Ψ	Φ	Ψ	Ψ	Φ	Ψ
payments such as money from an inheritance or sale of a home.	□□No	□□No	□□No	□□No	□□No	□□No
36m. What is the best estimate of the TOTAL income you/ <name> received from all sources in 2019?</name>	\$	\$	\$	\$	\$	\$