





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



<p>❖ Ask as topic-based, that is, ask question for each person before moving to next question.</p> <p>❖ Use flash card for relationships.</p> <p><b>2a. Of the people you named, who owns or rents this place?</b></p> <p>❖ Fill in response as Householder. When listing non-householders as Persons 2-6, maintain order established in final roster.</p> <p><b>2b. Using this list on my screen, how is &lt;NAME&gt;/are you related to &lt;FILL “YOU” IF RESPONDENT IS HOUSEHOLDER / HOUSEHOLDER NAME&gt;?</b></p> <p>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</p>	<p><b>Householder:</b></p> <hr/>	<p><b>Person 2:</b></p> <hr/> <p><input type="checkbox"/> Opposite-sex husband/wife/spouse  <input type="checkbox"/> Opposite-sex unmarried partner  <input type="checkbox"/> Same-sex husband/wife/spouse  <input type="checkbox"/> Same-sex unmarried partner  <input type="checkbox"/> Biological Son/Daughter  <input type="checkbox"/> Adopted Son/Daughter  <input type="checkbox"/> Stepson/Stepdaughter  <input type="checkbox"/> Brother/Sister  <input type="checkbox"/> Father/Mother  <input type="checkbox"/> Grandchild  <input type="checkbox"/> Parent-in-law  <input type="checkbox"/> Son/daughter-law  <input type="checkbox"/> Other relative  <input type="checkbox"/> Roommate/Housemate  <input type="checkbox"/> Foster child  <input type="checkbox"/> Other nonrelative</p>	<p><b>Person 3:</b></p> <hr/> <p><input type="checkbox"/> Opposite-sex husband/wife/spouse  <input type="checkbox"/> Opposite-sex unmarried partner  <input type="checkbox"/> Same-sex husband/wife/spouse  <input type="checkbox"/> Same-sex unmarried partner  <input type="checkbox"/> Biological Son/Daughter  <input type="checkbox"/> Adopted Son/Daughter  <input type="checkbox"/> Stepson/Stepdaughter  <input type="checkbox"/> Brother/Sister  <input type="checkbox"/> Father/Mother  <input type="checkbox"/> Grandchild  <input type="checkbox"/> Parent-in-law  <input type="checkbox"/> Son/daughter-law  <input type="checkbox"/> Other relative  <input type="checkbox"/> Roommate/Housemate  <input type="checkbox"/> Foster child  <input type="checkbox"/> Other nonrelative</p>	<p><b>Person 4:</b></p> <hr/> <p><input type="checkbox"/> Opposite-sex husband/wife/spouse  <input type="checkbox"/> Opposite-sex unmarried partner  <input type="checkbox"/> Same-sex husband/wife/spouse  <input type="checkbox"/> Same-sex unmarried partner  <input type="checkbox"/> Biological Son/Daughter  <input type="checkbox"/> Adopted Son/Daughter  <input type="checkbox"/> Stepson/Stepdaughter  <input type="checkbox"/> Brother/Sister  <input type="checkbox"/> Father/Mother  <input type="checkbox"/> Grandchild  <input type="checkbox"/> Parent-in-law  <input type="checkbox"/> Son/daughter-law  <input type="checkbox"/> Other relative  <input type="checkbox"/> Roommate/Housemate  <input type="checkbox"/> Foster child  <input type="checkbox"/> Other nonrelative</p>	<p><b>Person 5:</b></p> <hr/> <p><input type="checkbox"/> Opposite-sex husband/wife/spouse  <input type="checkbox"/> Opposite-sex unmarried partner  <input type="checkbox"/> Same-sex husband/wife/spouse  <input type="checkbox"/> Same-sex unmarried partner  <input type="checkbox"/> Biological Son/Daughter  <input type="checkbox"/> Adopted Son/Daughter  <input type="checkbox"/> Stepson/Stepdaughter  <input type="checkbox"/> Brother/Sister  <input type="checkbox"/> Father/Mother  <input type="checkbox"/> Grandchild  <input type="checkbox"/> Parent-in-law  <input type="checkbox"/> Son/daughter-law  <input type="checkbox"/> Other relative  <input type="checkbox"/> Roommate/Housemate  <input type="checkbox"/> Foster child  <input type="checkbox"/> Other nonrelative</p>	<p><b>Person 6:</b></p> <hr/> <p><input type="checkbox"/> Opposite-sex husband/wife/spouse  <input type="checkbox"/> Opposite-sex unmarried partner  <input type="checkbox"/> Same-sex husband/wife/spouse  <input type="checkbox"/> Same-sex unmarried partner  <input type="checkbox"/> Biological Son/Daughter  <input type="checkbox"/> Adopted Son/Daughter  <input type="checkbox"/> Stepson/Stepdaughter  <input type="checkbox"/> Brother/Sister  <input type="checkbox"/> Father/Mother  <input type="checkbox"/> Grandchild  <input type="checkbox"/> Parent-in-law  <input type="checkbox"/> Son/daughter-law  <input type="checkbox"/> Other relative  <input type="checkbox"/> Roommate/Housemate  <input type="checkbox"/> Foster child  <input type="checkbox"/> Other nonrelative</p>
<p>❖ UNRELATED HOUSEHOLD CHECK:</p> <p>❖ IS ENTIRE HOUSEHOLD UNRELATED (relationships for ALL household members are “ Roomer/Boarder”,” Housemate/Roommate”,” Foster child”, or “ Other non-relative“)?</p> <p>Yes</p> <p>No</p>						



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

<p>❖ Complete all parts of Question 6 (A-G) for each person before moving on to the next person.</p> <p>❖ Flashcard: “RACE”</p> <p><b>6a. Using this list, choose one or more races.</b></p> <p><b>Are you/Is &lt;NAME&gt; White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, or Some other race?</b></p>	<p><b>Householder:</b>                  □□□□□□□□□□□□□□                  □□</p> <p>□□ White</p> <p>□□ Black or African American</p> <p>□□ American Indian or Alaska Native</p> <p>□□ Asian</p> <p>□□ Native Hawaiian or Other Pacific Islander</p> <p>□□ Some other race</p>	<p><b>Person 2:</b>                  □□□□□□□□□□□□□□                  □□</p> <p>□□ White</p> <p>□□ Black or African American</p> <p>□□ American Indian or Alaska Native</p> <p>□□ Asian</p> <p>□□ Native Hawaiian or Other Pacific Islander</p> <p>□□ Some other race</p>	<p><b>Person 3:</b>                  □□□□□□□□□□□□□□                  □□</p> <p>□□ White</p> <p>□□ Black or African American</p> <p>□□ American Indian or Alaska Native</p> <p>□□ Asian</p> <p>□□ Native Hawaiian or Other Pacific Islander</p> <p>□□ Some other race</p>	<p><b>Person 4:</b>                  □□□□□□□□□□□□□□                  □□</p> <p>□□ White</p> <p>□□ Black or African American</p> <p>□□ American Indian or Alaska Native</p> <p>□□ Asian</p> <p>□□ Native Hawaiian or Other Pacific Islander</p> <p>□□ Some other race</p>	<p><b>Person 5:</b>                  □□□□□□□□□□□□□□                  □□</p> <p>□□ White</p> <p>□□ Black or African American</p> <p>□□ American Indian or Alaska Native</p> <p>□□ Asian</p> <p>□□ Native Hawaiian or Other Pacific Islander</p> <p>□□ Some other race</p>	<p><b>Person 6:</b>                  □□□□□□□□□□□□□□                  □□</p> <p>□□ White</p> <p>□□ Black or African American</p> <p>□□ American Indian or Alaska Native</p> <p>□□ Asian</p> <p>□□ Native Hawaiian or Other Pacific Islander</p> <p>□□ Some other race</p>
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**6a\_SKIP**

❖ If person has a response of “White” to Question 6a, ask Question 6b for that person.

❖ Otherwise, SKIP to 6b\_SKIP.

<p><b>6b. What is your/&lt;NAME’s&gt; White origin or origins? For example, German, Irish, English, Italian, Lebanese, Egyptian, etc.</b></p> <p>❖ Enter the group(s) provided by the respondent in the corresponding write-in box in this row.</p>	□□□□□□□□□□□□□□ □□□	□□□□□□□□□□□□□□ □□□	□□□□□□□□□□□□□□ □□□	□□□□□□□□□□□□□□ □□□	□□□□□□□□□□□□□□ □□□	□□□□□□□□□□□□□□ □□□
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**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.



<p><b>6c. What is your/&lt;NAME's&gt; Black or African American origin or origins? For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.</b></p> <p>❖ Enter the group(s) provided by the respondent in the corresponding write-in box in this row.</p>	<p><b>Householder:</b>                  □□□□□□□□□□□□□□                  □□□</p> <p>Origin(s):                  □□□□□□□□□□□□□□                  □□□</p>	<p><b>Person 2:</b>                  _____</p> <p>Origin(s):                  □□□□□□□□□□□□□□                  □□□</p>	<p><b>Person 3:</b>                  _____</p> <p>Origin(s):                  □□□□□□□□□□□□□□                  □□□</p>	<p><b>Person 4:</b>                  _____</p> <p>Origin(s):                  □□□□□□□□□□□□□□                  □□□□</p>	<p><b>Person 5:</b>                  _____</p> <p>Origin(s):                  □□□□□□□□□□□□□□                  □□□</p>	<p><b>Person 6:</b>                  _____</p> <p>Origin(s):                  □□□□□□□□□□□□□□                  □□□</p>
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**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.

<p><b>6d. What is your/&lt;NAME's&gt; 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.</b></p> <p>❖ Enter the group(s) provided by the respondent in the corresponding write-in box in this row.</p>	<p><b>Householder:</b>                  □□□□□□□□□□□□□□                  □□□</p> <p>Tribe(s):                  □□□□□□□□□□□□□□                  □□□</p>	<p><b>Person 2:</b>                  _____</p> <p>Tribe(s):                  □□□□□□□□□□□□□□                  □□□</p>	<p><b>Person 3:</b>                  _____</p> <p>Tribe(s):                  □□□□□□□□□□□□□□                  □□□</p>	<p><b>Person 4:</b>                  _____</p> <p>Tribe(s):                  □□□□□□□□□□□□□□                  □□□□</p>	<p><b>Person 5:</b>                  _____</p> <p>Tribe(s):                  □□□□□□□□□□□□□□                  □□□</p>	<p><b>Person 6:</b>                  □□□□□□□□□□□□□□                  □□□</p> <p>Tribe(s):                  □□□□□□□□□□□□□□                  □□□</p>
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**6d\_SKIP**

- ❖ If person has a response of “Asian” to Question 6a, ask Question 6e for that person.
- ❖ Otherwise, SKIP to 6e\_SKIP.

<p><b>6e. You may choose one or more Asian groups. Are you/Is &lt;NAME&gt; Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, or of some other Asian origin?</b></p> <p>❖ If Chinese, Filipino, Asian Indian, Vietnamese, Korean, or Japanese, check the appropriate box.</p> <p>❖ If response is “Other Asian,” ask Question 6f. Otherwise, check appropriate box and move to next person.</p> <p><b>6f. What is that origin or origins? For example, Pakistani, Cambodian, Hmong, etc.?</b></p> <p>❖ Enter the group(s) provided in the corresponding Other Asian write-in space in this row.</p>	<p>□□Chinese</p> <p>□□Filipino</p> <p>□□Asian Indian</p> <p>□□Vietnamese</p> <p>□□Korean</p> <p>□□Japanese</p> <p>□□Other Asian:                  _____</p>	<p>□□Chinese</p> <p>□□Filipino</p> <p>□□Asian Indian</p> <p>□□Vietnamese</p> <p>□□Korean</p> <p>□□Japanese</p> <p>□□Other Asian:                  _____</p>	<p>□□Chinese</p> <p>□□Filipino</p> <p>□□Asian Indian</p> <p>□□Vietnamese</p> <p>□□Korean</p> <p>□□Japanese</p> <p>□□Other Asian:                  _____</p>	<p>□□Chinese</p> <p>□□Filipino</p> <p>□□Asian Indian</p> <p>□□Vietnamese</p> <p>□□Korean</p> <p>□□Japanese</p> <p>□□Other Asian:                  _____</p>	<p>□□Chinese</p> <p>□□Filipino</p> <p>□□Asian Indian</p> <p>□□Vietnamese</p> <p>□□Korean</p> <p>□□Japanese</p> <p>□□Other Asian:                  _____</p>	<p>□□Chinese</p> <p>□□Filipino</p> <p>□□Asian Indian</p> <p>□□Vietnamese</p> <p>□□Korean</p> <p>□□Japanese</p> <p>□□Other Asian:                  _____</p>
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<p><b>24d. What is the county?</b></p>	<p>_____ _____ _____ _____</p>	<p>_____ _____ _____ _____</p>	<p>_____ _____ _____ _____</p>	<p>_____ _____ _____ _____</p>	<p>_____ _____ _____ _____</p>	<p>_____ _____ _____ _____</p>
<p><b>24e. What is the state?</b></p> <p>❖ If a foreign country, enter the name of the country.</p>	<p><b>Householder:</b></p> <hr/> <p>State: _____ _____ _____</p>	<p><b>Person 2:</b></p> <hr/> <p>State: _____ _____ _____</p>	<p><b>Person 3:</b></p> <hr/> <p>State: _____ _____ _____ _____</p>	<p><b>Person 4:</b></p> <hr/> <p>State: _____ _____ _____ _____</p>	<p><b>Person 5:</b></p> <hr/> <p>State: _____ _____ _____ _____</p>	<p><b>Person 6:</b></p> <hr/> <p>State: _____ _____ _____ _____</p>
<p><b>24f. What is the ZIP code?</b></p>	<p>_____ _____</p>	<p>_____ _____</p>	<p>_____ _____</p>	<p>_____ _____</p>	<p>_____ _____</p>	<p>_____ _____</p>
<p>❖ Use flashcard for transportation modes.</p> <p><b>25. Using this list, LAST WEEK, how did you/&lt;NAME&gt; USUALLY get to work?</b></p> <p>(If ^you/&lt;NAME&gt;^ usually used more than one method of transportation during the trip, report the one used for most of the distance.)</p> <p>Car, truck, or van Bus Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Taxi or ride-hailing services Motorcycle Bicycle Walked Worked from home Other Method</p>	<p><input type="checkbox"/> Car, truck, or van <input type="checkbox"/> Bus <input type="checkbox"/> Subway or elevated rail <input type="checkbox"/> Long-distance train or commuter rail <input type="checkbox"/> Light rail, streetcar, or trolley <input type="checkbox"/> Ferryboat <input type="checkbox"/> Taxi or ride-hailing services <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked <input type="checkbox"/> Worked from home <input type="checkbox"/> Other Method</p>	<p><input type="checkbox"/> Car, truck, or van <input type="checkbox"/> Bus <input type="checkbox"/> Subway or elevated rail <input type="checkbox"/> Long-distance train or commuter rail <input type="checkbox"/> Light rail, streetcar, or trolley <input type="checkbox"/> Ferryboat <input type="checkbox"/> Taxi or ride-hailing services <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked <input type="checkbox"/> Worked from home <input type="checkbox"/> Other Method</p>	<p><input type="checkbox"/> Car, truck, or van <input type="checkbox"/> Bus <input type="checkbox"/> Subway or elevated rail <input type="checkbox"/> Long-distance train or commuter rail <input type="checkbox"/> Light rail, streetcar, or trolley <input type="checkbox"/> Ferryboat <input type="checkbox"/> Taxi or ride-hailing services <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked <input type="checkbox"/> Worked from home <input type="checkbox"/> Other Method</p>	<p><input type="checkbox"/> Car, truck, or van <input type="checkbox"/> Bus <input type="checkbox"/> Subway or elevated rail <input type="checkbox"/> Long-distance train or commuter rail <input type="checkbox"/> Light rail, streetcar, or trolley <input type="checkbox"/> Ferryboat <input type="checkbox"/> Taxi or ride-hailing services <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked <input type="checkbox"/> Worked from home <input type="checkbox"/> Other Method</p>	<p><input type="checkbox"/> Car, truck, or van <input type="checkbox"/> Bus <input type="checkbox"/> Subway or elevated rail <input type="checkbox"/> Long-distance train or commuter rail <input type="checkbox"/> Light rail, streetcar, or trolley <input type="checkbox"/> Ferryboat <input type="checkbox"/> Taxi or ride-hailing services <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked <input type="checkbox"/> Worked from home <input type="checkbox"/> Other Method</p>	<p><input type="checkbox"/> Car, truck, or van <input type="checkbox"/> Bus <input type="checkbox"/> Subway or elevated rail <input type="checkbox"/> Long-distance train or commuter rail <input type="checkbox"/> Light rail, streetcar, or trolley <input type="checkbox"/> Ferryboat <input type="checkbox"/> Taxi or ride-hailing service <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked <input type="checkbox"/> Worked from home <input type="checkbox"/> Other Method</p>













<p>❖ Use flashcard for types of employment.</p> <p><b>The next series of questions is about the type of employment you/&lt;NAME&gt; had &lt;FILL: LAST WEEK or MOST RECENTLY in the past 5 years&gt;.</b></p> <p><b>If you/&lt;NAME&gt; had more than one job, describe the one at which the most hours were worked.</b></p> <p><b>35a. Let's start with the first question. Using this list, which one of the following best describes your/&lt;NAME's&gt; employment?</b></p>	<p><b>Householder:</b></p> <hr/> <p>PRIVATE SECTOR  <input type="checkbox"/> <input type="checkbox"/> For-profit company or organization  <input type="checkbox"/> <input type="checkbox"/> Non-profit organization</p> <p>GOVERNMENT  <input type="checkbox"/> <input type="checkbox"/> Local government  <input type="checkbox"/> <input type="checkbox"/> State government  <input type="checkbox"/> <input type="checkbox"/> Active duty U.S. Armed Forces or Commissioned Corps  <input type="checkbox"/> <input type="checkbox"/> Federal government civilian employee</p> <p>SELF-EMPLOYED OR OTHER  <input type="checkbox"/> <input type="checkbox"/> Owner of non-incorporated business, professional practice, or farm  <input type="checkbox"/> <input type="checkbox"/> Owner of incorporated business, professional practice, or farm  <input type="checkbox"/> <input type="checkbox"/> Worked <u>without pay</u> in a <u>for-profit</u> family business or farm for 15 hours or more per</p>	<p><b>Person 2:</b></p> <hr/> <p>PRIVATE SECTOR  <input type="checkbox"/> <input type="checkbox"/> For-profit company or organization  <input type="checkbox"/> <input type="checkbox"/> Non-profit organization</p> <p>GOVERNMENT  <input type="checkbox"/> <input type="checkbox"/> Local government  <input type="checkbox"/> <input type="checkbox"/> State government  <input type="checkbox"/> <input type="checkbox"/> Active duty U.S. Armed Forces or Commissioned Corps  <input type="checkbox"/> <input type="checkbox"/> Federal government civilian employee</p> <p>SELF-EMPLOYED OR OTHER  <input type="checkbox"/> <input type="checkbox"/> Owner of non-incorporated business, professional practice, or farm  <input type="checkbox"/> <input type="checkbox"/> Owner of incorporated business, professional practice, or farm  <input type="checkbox"/> <input type="checkbox"/> Worked <u>without pay</u> in a <u>for-profit</u> family business or farm for 15 hours or more per week</p>	<p><b>Person 3:</b></p> <hr/> <p>PRIVATE SECTOR  <input type="checkbox"/> <input type="checkbox"/> For-profit company or organization  <input type="checkbox"/> <input type="checkbox"/> Non-profit organization</p> <p>GOVERNMENT  <input type="checkbox"/> <input type="checkbox"/> Local government  <input type="checkbox"/> <input type="checkbox"/> State government  <input type="checkbox"/> <input type="checkbox"/> Active duty U.S. Armed Forces or Commissioned Corps  <input type="checkbox"/> <input type="checkbox"/> Federal government civilian employee</p> <p>SELF-EMPLOYED OR OTHER  <input type="checkbox"/> <input type="checkbox"/> Owner of non-incorporated business, professional practice, or farm  <input type="checkbox"/> <input type="checkbox"/> Owner of incorporated business, professional practice, or farm  <input type="checkbox"/> <input type="checkbox"/> Worked <u>without pay</u> in a <u>for-profit</u> family business or farm for 15 hours or more per week</p>	<p><b>Person 4:</b></p> <hr/> <p>PRIVATE SECTOR  <input type="checkbox"/> <input type="checkbox"/> For-profit company or organization  <input type="checkbox"/> <input type="checkbox"/> Non-profit organization</p> <p>GOVERNMENT  <input type="checkbox"/> <input type="checkbox"/> Local government  <input type="checkbox"/> <input type="checkbox"/> State government  <input type="checkbox"/> <input type="checkbox"/> Active duty U.S. Armed Forces or Commissioned Corps  <input type="checkbox"/> <input type="checkbox"/> Federal government civilian employee</p> <p>SELF-EMPLOYED OR OTHER  <input type="checkbox"/> <input type="checkbox"/> Owner of non-incorporated business, professional practice, or farm  <input type="checkbox"/> <input type="checkbox"/> Owner of incorporated business, professional practice, or farm  <input type="checkbox"/> <input type="checkbox"/> Worked <u>without pay</u> in a <u>for-profit</u> family business or farm for 15 hours or more per week</p>	<p><b>Person 5:</b></p> <hr/> <p>PRIVATE SECTOR  <input type="checkbox"/> <input type="checkbox"/> For-profit company or organization  <input type="checkbox"/> <input type="checkbox"/> Non-profit organization</p> <p>GOVERNMENT  <input type="checkbox"/> <input type="checkbox"/> Local government  <input type="checkbox"/> <input type="checkbox"/> State government  <input type="checkbox"/> <input type="checkbox"/> Active duty U.S. Armed Forces or Commissioned Corps  <input type="checkbox"/> <input type="checkbox"/> Federal government civilian employee</p> <p>SELF-EMPLOYED OR OTHER  <input type="checkbox"/> <input type="checkbox"/> Owner of non-incorporated business, professional practice, or farm  <input type="checkbox"/> <input type="checkbox"/> Owner of incorporated business, professional practice, or farm  <input type="checkbox"/> <input type="checkbox"/> Worked <u>without pay</u> in a <u>for-profit</u> family business or farm for 15 hours or more per week</p>	<p><b>Person 6:</b></p> <hr/> <p>PRIVATE SECTOR  <input type="checkbox"/> <input type="checkbox"/> For-profit company or organization  <input type="checkbox"/> <input type="checkbox"/> Non-profit organization</p> <p>GOVERNMENT  <input type="checkbox"/> <input type="checkbox"/> Local government  <input type="checkbox"/> <input type="checkbox"/> State government  <input type="checkbox"/> <input type="checkbox"/> Active duty U.S. Armed Forces or Commissioned Corps  <input type="checkbox"/> <input type="checkbox"/> Federal government civilian employee</p> <p>SELF-EMPLOYED OR OTHER  <input type="checkbox"/> <input type="checkbox"/> Owner of non-incorporated business, professional practice, or farm  <input type="checkbox"/> <input type="checkbox"/> Owner of incorporated business, professional practice, or farm  <input type="checkbox"/> <input type="checkbox"/> Worked <u>without pay</u> in a <u>for-profit</u> family business or farm for 15 hours or more per week</p>
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<p>❖ Complete Questions 36a – 36m for each person before moving onto the next person.</p> <p>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).</p> <p>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.</p> <p><b>36a. Did you/&lt;NAME&gt; receive any wages or salary in 2019?</b></p> <p><b>If yes: How much did you/&lt;NAME&gt; receive in wages and salary from all jobs before deductions for taxes, bonds, dues or other items?</b></p>	<p><b>Householder:</b></p> <p>_____</p>	<p><b>Person 2:</b></p> <p>_____</p>	<p><b>Person 3:</b></p> <p>_____</p>	<p><b>Person 4:</b></p> <p>_____</p>	<p><b>Person 5:</b></p> <p>_____</p>	<p><b>Person 6:</b></p> <p>_____</p>
<p><b>36b. Did you/&lt;NAME&gt; receive any commissions, bonuses, or tips in 2019?</b></p> <p><b>If yes: How much did you/&lt;NAME&gt; receive in tips, bonuses, or commissions from all jobs before deductions for taxes, bonds, dues, or other items?</b></p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>
<p><b>36c. Did you/&lt;NAME&gt; receive any self-employment income in 2019? Report income from own businesses (farm or non-farm) including proprietorships and partnerships.</b></p> <p><b>If yes: What was the amount? Report NET income after business expenses.</b></p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>
<p><b>36d. Did you/&lt;NAME&gt; receive any interest or dividends in 2019? Report even small amounts credited to an account.</b></p> <p><b>If yes: What was the amount?</b></p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>
<p><b>36e. Did you/&lt;NAME&gt; receive any net rental income in 2019? Net rental income is the total amount after expenses.</b></p> <p><b>If yes: What was the net amount?</b></p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes: \$ _____</p> <p><input type="checkbox"/> No</p>

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

