2022 AMERICAN COMMUNITY SURVEY CONTENT TEST

	Respondent	**Person 2**	**Person 3**	**Person 4**	**Person 5**	**Person 6**
1. Let's create a list of everyone living or staying at this address, even if they are not related to you. **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 here.	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. **1b. Other than the people you have already mentioned, are there any children living or staying here, such as babies, grandchildren, or foster children? These children could be related or unrelated to you.**	Additional Person 1: _____	Additional Person 2: _____	Additional Person 3: _____	Additional Person 4: _____	Additional Person 5: _____	Additional Person 6: _____
1c. Other than the people you have already mentioned, is there anyone else staying here, such as roommates and other people or families who have no other place to stay?	Additional Person 7: _____	Additional Person 8: _____	Additional Person 9: _____	Additional Person 10: _____	Additional Person 11: _____	Additional Person 12: _____
❖ Do not include overnight or weekend guests who have a residence somewhere else.	☐ No additional persons					

❖ Copy names from 1a, 1b, and 1c. **I have listed…** ❖ Read all names. **1d. Do any of these people live somewhere else, such as a college student or someone in the Armed Forces on deployment?**	Respondent: _____ ⬜⬜Yes ⬜⬜No	Person 2: _____ ⬜⬜Yes ⬜⬜No	Person 3: _____ ⬜⬜Yes ⬜⬜No	Person 4: _____ ⬜⬜Yes ⬜⬜No	Person 5: _____ ⬜⬜Yes ⬜⬜No	Person 6: _____ ⬜⬜Yes ⬜⬜No
❖ 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^	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
^ - 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.	Additional Person 7: _____ ⬜⬜Yes ⬜⬜No	Additional Person 8: _____ ⬜⬜Yes ⬜⬜No	Additional Person 9: _____ ⬜⬜Yes ⬜⬜No	Additional Person 10: _____ ⬜⬜Yes ⬜⬜No	Additional Person 11: _____ ⬜⬜Yes ⬜⬜No	Additional Person 12: _____ ⬜⬜Yes ⬜⬜No

❖ Copy names from 1a, 1b and 1c, but OMIT anyone with a "Yes" response to 1d. **I have listed…** ❖ Read all remaining names. **1e. Are any of these people staying here for a short time?** ❖ 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.	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
❖ MARK "Yes" for: 　(1) commuter workers who stay at the sample address to be closer to work; 　(2) persons who have some other residence.	Additional Person 7: _____ ☐☐Yes ☐☐No	Additional Person 8: _____ ☐☐Yes ☐☐No	Additional Person 9: _____ ☐☐Yes ☐☐No	Additional Person 10: _____ ☐☐Yes ☐☐No	Additional Person 11: _____ ☐☐Yes ☐☐No	Additional Person 12: _____ ☐☐Yes ☐☐No

	Respondent:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
❖ Copy names with a "Yes" response to 1e. **I have listed…** ❖ Read names with a "Yes" response to 1e. **1f. Are you/Is \<Name\> staying here for MORE than two months^?** <u>MARK "Yes":</u> (1) persons who are staying MORE than two months^	_____ ☐☐Yes ☐☐No	_____ ☐☐Yes ☐☐No	_____ ☐☐Yes ☐☐No	_____ ☐☐Yes ☐☐No	_____ ☐☐Yes ☐☐No	_____ ☐☐Yes ☐☐No
(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	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
^ - 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.	Additional Person 7: _____ ☐☐Yes ☐☐No	Additional Person 8: _____ ☐☐Yes ☐☐No	Additional Person 9: _____ ☐☐Yes ☐☐No	Additional Person 10: _____ ☐☐Yes ☐☐No	Additional Person 11: _____ ☐☐Yes ☐☐No	Additional Person 12: _____ ☐☐Yes ☐☐No
❖ Generate the final roster using the first 1-6 names remaining in the order they were mentioned. - Copy names from 1a, 1b, and 1c. - OMIT anyone with a "Yes" response to 1d. - OMIT anyone with a "No" response to 1f.	**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: _____ ☐

	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
❖ 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.	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐No, not of Hispanic, Latino, or Spanish origin ☐☐Yes, of Hispanic, Latino, or Spanish origin	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐No, not of Hispanic, Latino, or Spanish origin ☐☐Yes, of Hispanic, Latino, or Spanish origin	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐No, not of Hispanic, Latino, or Spanish origin ☐☐Yes, of Hispanic, Latino, or Spanish origin	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐No, not of Hispanic, Latino, or Spanish origin ☐☐Yes, of Hispanic, Latino, or Spanish origin	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐No, not of Hispanic, Latino, or Spanish origin ☐☐Yes, of Hispanic, Latino, or Spanish origin	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐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): _____

	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
❖ 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?**	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐White ☐☐Black or African American ☐☐American Indian or Alaska Native ☐☐Asian ☐☐Native Hawaiian or Other Pacific Islander ☐☐Some other race	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐White ☐☐Black or African American ☐☐American Indian or Alaska Native ☐☐Asian ☐☐Native Hawaiian or Other Pacific Islander ☐☐Some other race	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐White ☐☐Black or African American ☐☐American Indian or Alaska Native ☐☐Asian ☐☐Native Hawaiian or Other Pacific Islander ☐☐Some other race	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐White ☐☐Black or African American ☐☐American Indian or Alaska Native ☐☐Asian ☐☐Native Hawaiian or Other Pacific Islander ☐☐Some other race	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐White ☐☐Black or African American ☐☐American Indian or Alaska Native ☐☐Asian ☐☐Native Hawaiian or Other Pacific Islander ☐☐Some other race	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐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 housing questions.

Now I am going to ask about this place… ❖ Use flashcard for building types. **7. *Using this list,* which best describes this building?** ❖ Self-propelling RVs or motorhomes should be included in the category "Boat, RV, van, etc." Towable RVs, such as travel trailers or fifth-wheel trailers, should be included in the category "Mobile home." A mobile home A one-family house detached from any other house A one-family house attached to one or more houses A building with 2 apartments A building with 3 or 4 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments A building with 20 to 49 apartments A building with 50 or more apartments Boat, RV, van, etc.	☐☐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.
8. About when was this <FILL BUILDING TYPE> first built? ❖ If the building was built in the year 2000 or later, enter the specific year. **2000 or later_____** **1990-1999** **1980-1989** **1970-1979** **1960-1969** **1950-1959** **1940-1949** **1939 or earlier**	☐☐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>?	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>… **On less than 1 acre,** **Between 1 and 9.9 acres,** **or 10 or more acres?**	☐☐Less than 1 acre ☐☐Between 1 and 9.9 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** **No**	☐☐Yes ☐☐No

11a_SKIP
- ❖ If response is "No," SKIP to Question 12a.
- ❖ Otherwise, go to Question 11b.

11b. How much were the sales? **$1 - $999** **$1,000 - $2,499** **$2,500 - $4,999** **$5,000 - $9,999** **$10,000 or more**	☐ $1 - $999 ☐ $1,000 - $2,499 ☐ $2,500 - $4,999 ☐ $5,000 - $9,999 ☐ $10,000 or more
The next questions are about the number and kinds of rooms at this place. 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 counting bathrooms, porches, balconies, foyers, halls or unfinished basements?** ❖ INCLUDE bedrooms, kitchens, etc.	Number of rooms: _____
12b. How many of the rooms would you list as bedrooms if this <FILL BUILDING TYPE> were for sale or rent?	Number of bedrooms: _____
13a. Does this <FILL BUILDING TYPE> have hot and cold running water?	☐ Yes ☐ No
13b. Does this <FILL BUILDING TYPE> have a bathtub or shower?	☐ Yes ☐ No
13c. Does this <FILL BUILDING TYPE> have a sink with a faucet?	☐ Yes ☐ No

13d. Does this <FILL BUILDING TYPE> have a stove or range?	☐☐Yes ☐☐No
13e. Does this <FILL BUILDING TYPE> have a refrigerator?	☐☐Yes ☐☐No
14a. Is this <FILL BUILDING TYPE> connected to a public sewer? **Yes** **No**	☐☐Yes ☐☐No

14a_SKIP 　❖ If response is "Yes," SKIP to Question 15. 　❖ Otherwise, go to Question 14b.

14b. Is it connected to a septic system or cesspool? **Yes** **No**	☐☐Yes ☐☐No
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 lines, or other phone devices. **Yes** **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?	☐☐Yes ☐☐No

16b. At this **\<FILL BUILDING TYPE>, Do you or any member of this household own or use a smartphone?**	☐☐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?**	☐☐Yes ☐☐No
16d. At this **\<FILL BUILDING TYPE>, Do you or any member of this household own or use some other type of computer?**	☐☐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**	☐☐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**	☐☐Yes ☐☐No

18_SKIP
   ❖ If response to Question 18 is "No," SKIP to Question 20.
   ❖ Otherwise, go to Question 19a.	

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 ☐☐No☐
19b. Do you or any member of this household have access to the Internet using a broadband or high speed Internet service such as cable, fiber optic, or DSL service installed in this <FILL BUILDING TYPE>**?**	☐☐Yes ☐☐No☐
19c. Do you or any member of this household have access to the Internet using a satellite Internet service installed in this <FILL BUILDING TYPE>**?**	☐☐Yes ☐☐No☐
19d. Do you or any member of this household have access to the Internet using a dial-up Internet service installed in this <FILL BUILDING TYPE>**?**	☐☐Yes ☐☐No☐

19e. Do you or any member of this household have access to the Internet using some other service?	☐☐Yes ☐☐No☐
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 for use by members of this household? (If a business vehicle is available for personal use, it should be included.) **None** **1** **2** **3** **4** **5** **6 or more**	☐☐None ☐☐1 ☐☐2 ☐☐3 ☐☐4 ☐☐5 ☐☐6 or more

21. At this <FILL BUILDING TYPE>, do you or any member of this household own or lease any of the following types of electric vehicles?
 	
 ❖ Read one at a time:
 	
A plug-in electric vehicle?
A hybrid electric vehicle?
	Plug-in electric vehicle:
	  Yes
	  No
	
	Hybrid electric vehicle:
	  Yes
	  No

22a. To heat this <FILL BUILDING TYPE>, which fuel do you use MOST— **Gas,** **Electricity,** **Fuel oil or kerosene,** **Coal or coke,** **Wood,** **Solar energy,** **or Some other fuel?**	☐☐Gas ☐☐Electricity ☐☐Fuel oil or kerosene ☐☐Coal or coke ☐☐Wood ☐☐Solar energy ☐ Some other fuel ☐☐No fuel used

22a_SKIP
- ❖ If response to 22a is "Gas," go to Question 22b.
- ❖ Otherwise, SKIP to Question 23.

22b. Is it natural gas used from underground pipes serving the neighborhood? **Yes** **No**	☐☐Yes ☐☐No

22b_SKIP
- ❖ If response to Question 22b is "Yes," SKIP to Question 23.
- ❖ Otherwise, go to Question 22c.

22c. Is it bottled or tank gas, such as propane or butane? **Yes** **No**	☐☐Yes ☐☐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?** (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.) ❖ 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**	☐☐Yes ☐☐No	☐ ☐☐Yes ☐☐No	☐ ☐☐Yes ☐☐No	☐ ☐☐Yes ☐☐No	☐ ☐☐Yes ☐☐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?						
23b. LAST WEEK, did you/<NAME> **do ANY work for pay, even for as little as one hour?** **Yes** **No**	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐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.	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? (If ^you/<NAME>^ worked at more than one address or location, give the address or location where ^you/<NAME>^ worked most LAST WEEK. 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, 2nd Ave. and 4th St.)	Location: _____ _____ _____ _____	Location: _____ _____ _____ _____ ⬜	Location: _____ _____ _____ _____	Location: _____ _____ _____ _____	Location: _____ _____ _____ _____	Location: _____ _____ _____ _____
24b. What is the city, town or post office?	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
24c. Is the work location inside the limits of <FILL 24b RESPONSE>? **Yes** **No**	⬜⬜Yes ⬜⬜No	⬜⬜Yes ⬜⬜No	⬜⬜Yes ⬜⬜No	⬜⬜Yes ⬜⬜No	⬜⬜Yes ⬜⬜No	⬜⬜Yes ⬜⬜No
24d. What is the county?	⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜ ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜	⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜ ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜	⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜ ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜	⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜ ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜	⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜ ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜	⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜ ⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜⬜

	Householder: _____	Person 2: _____	Person 3: _____	Person 4: _____	Person 5: _____	Person 6: _____
24e. What is the state? ❖ 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. **25. *Using this list,* LAST WEEK, how did you/\<NAME> USUALLY get to work?** (If ^you/\<NAME>^ usually used more than one method of transportation during the trip, report the one used for most of the distance.) Car, truck, or van Bus Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Ride-hailing services (including taxi) Motorcycle Bicycle Walked Worked from home Other Method	☐☐Car, truck, or van ☐☐Bus ☐☐Subway or elevated rail ☐☐Long-distance train or commuter rail ☐☐Light rail, streetcar, or trolley ☐☐Ferryboat ☐ Ride-hailing services (including taxi) ☐☐Motorcycle ☐☐Bicycle ☐☐Walked ☐☐Worked from home ☐☐Other Method	☐☐Car, truck, or van ☐☐Bus ☐☐Subway or elevated rail ☐☐Long-distance train or commuter rail ☐☐Light rail, streetcar, or trolley ☐☐Ferryboat ☐ Ride-hailing services (including taxi) ☐☐Motorcycle ☐☐Bicycle ☐☐Walked ☐☐Worked from home ☐☐Other Method	☐☐Car, truck, or van ☐☐Bus ☐☐Subway or elevated rail ☐☐Long-distance train or commuter rail ☐☐Light rail, streetcar, or trolley ☐☐Ferryboat ☐ Ride-hailing services (including taxi) ☐☐Motorcycle ☐☐Bicycle ☐☐Walked ☐☐Worked from home ☐☐Other Method	☐☐Car, truck, or van ☐☐Bus ☐☐Subway or elevated rail ☐☐Long-distance train or commuter rail ☐☐Light rail, streetcar, or trolley ☐☐Ferryboat ☐ Ride-hailing services (including taxi) ☐☐Motorcycle ☐☐Bicycle ☐☐Walked ☐☐Worked from home ☐☐Other Method	☐☐Car, truck, or van ☐☐Bus ☐☐Subway or elevated rail ☐☐Long-distance train or commuter rail ☐☐Light rail, streetcar, or trolley ☐☐Ferryboat ☐ Ride-hailing services (including taxi) ☐☐Motorcycle ☐☐Bicycle ☐☐Walked ☐☐Worked from home ☐☐Other Method	☐☐Car, truck, or van ☐☐Bus ☐☐Subway or elevated rail ☐☐Long-distance train or commuter rail ☐☐Light rail, streetcar, or trolley ☐☐Ferryboat ☐ Ride-hailing services (including taxi) ☐☐Motorcycle ☐☐Bicycle ☐☐Walked ☐☐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?	Householder: _____ Number of People: ☐☐☐☐☐☐☐☐☐☐☐☐	Person 2: _____ Number of People: ☐☐☐☐☐☐☐☐☐☐☐☐	Person 3: _____ Number of People: ☐☐☐☐☐☐☐☐☐☐☐☐	Person 4: _____ Number of People: ☐☐☐☐☐☐☐☐☐☐☐☐	Person 5: _____ Number of People: ☐☐☐☐☐☐☐☐☐☐☐☐	Person 6: _____ Number of People: ☐☐☐☐☐☐☐☐☐☐☐☐
27. LAST WEEK, what time did your/<NAME's> trip to work usually begin – (what hour)? (How many minutes past that hour?) (Was that AM or PM?)	Hour : Minute ___:___ ☐☐AM ☐☐PM	Hour : Minute ___:___ ☐☐AM ☐☐PM	Hour : Minute ___:___ ☐☐AM ☐☐PM	Hour : Minute ___:___ ☐☐AM ☐☐PM	Hour : Minute ___:___ ☐☐AM ☐☐PM	Hour : Minute ___:___ ☐☐AM ☐☐PM
28. LAST WEEK, how many minutes did it usually take you/<NAME> to get from home to work? ❖ Enter a ONE-WAY commute time for the person's usual DAILY commute from home to work last week.	Minutes: _____	Minutes: _____	Minutes: _____	Minutes: _____	Minutes: _____	Minutes: _____

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? Yes No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No

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

29b. LAST WEEK, were you/was <NAME> TEMPORARILY absent from a job or business because of vacation, temporary illness, maternity leave, other family or personal reasons, bad weather, etc.? **Yes** **No**	Householder: _____ ☐☐Yes ☐☐No	Person 2: _____ ☐☐Yes ☐☐No	Person 3: _____ ☐☐Yes ☐☐No	Person 4: _____ ☐☐Yes ☐☐No	Person 5: _____ ☐☐Yes ☐☐No	Person 6: _____ ☐☐Yes ☐☐No

29b_SKIP
- ❖ If response is "Yes," SKIP to Question 32a.
- ❖ If response is "No," SKIP to Question 30.

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? **Yes** **No**	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No

29c_SKIP
- ❖ If response is "Yes," SKIP to Question 31a.
- ❖ Otherwise, go to Question 30.

30. During the LAST 4 WEEKS, have you/has <NAME> been ACTIVELY looking for work? **Yes** **No**	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No

30_SKIP
- ❖ If response is "No," SKIP to Question 32a.
- ❖ Otherwise, go to Question 31a.

	Householder: _____	Person 2: _____	Person 3: _____	Person 4: _____	Person 5: _____	Person 6: _____
❖ If response to Questions 29c is "Yes," read "or returned to work if recalled" fill in Question 31a. **31a. LAST WEEK, could you**/**\<NAME\>** **have started a job if offered one** **\<or returned to work if recalled\>?** **Yes** **No**	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No	☐☐Yes ☐☐No

31a_SKIP
  ❖ If response is "No," go to Question 31b.
  ❖ Otherwise, SKIP to Question 32a.						

31b. Why was that? **Own temporary illness** **Going to school or some other reason**	☐☐Own temporary illness ☐☐Going to school or some other reason	☐☐Own temporary illness ☐☐Going to school or some other reason	☐☐Own temporary illness ☐☐Going to school or some other reason	☐☐Own temporary illness ☐☐Going to school or some other reason	☐☐Own temporary illness ☐☐Going to school or some other reason	☐☐Own temporary illness ☐☐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**	☐☐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 ☐☐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 ☐☐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

32a_SKIP
  ❖ If response is "Over 5 years ago or never worked," SKIP to Question 36.
  ❖ 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?**	☐☐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?	Householder: _____ Usual hours worked each WEEK: _____	Person 2: _____ Usual hours worked each WEEK: _____	Person 3: _____ Usual hours worked each WEEK: _____	Person 4: _____ Usual hours worked each WEEK: _____	Person 5: _____ Usual hours worked each WEEK: _____	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. **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.	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.

❖ 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: _____ PRIVATE SECTOR ☐☐For-profit company or organization ☐☐Non-profit organization GOVERNMENT ☐☐Local government ☐☐State government ☐☐Active duty U.S. Armed Forces or Commissioned Corps ☐☐Federal government civilian employee SELF-EMPLOYED OR OTHER ☐☐Owner of non-incorporated business, professional practice, or farm ☐☐Owner of incorporated business, professional practice, or farm ☐☐Worked without pay in a for-profit family business or farm for 15 hours or more per week	Person 2: _____ PRIVATE SECTOR ☐☐For-profit company or organization ☐☐Non-profit organization GOVERNMENT ☐☐Local government ☐☐State government ☐☐Active duty U.S. Armed Forces or Commissioned Corps ☐☐Federal government civilian employee SELF-EMPLOYED OR OTHER ☐☐Owner of non-incorporated business, professional practice, or farm ☐☐Owner of incorporated business, professional practice, or farm ☐☐Worked without pay in a for-profit family business or farm for 15 hours or more per week	Person 3: _____ PRIVATE SECTOR ☐☐For-profit company or organization ☐☐Non-profit organization GOVERNMENT ☐☐Local government ☐☐State government ☐☐Active duty U.S. Armed Forces or Commissioned Corps ☐☐Federal government civilian employee SELF-EMPLOYED OR OTHER ☐☐Owner of non-incorporated business, professional practice, or farm ☐☐Owner of incorporated business, professional practice, or farm ☐☐Worked without pay in a for-profit family business or farm for 15 hours or more per week	Person 4: _____ PRIVATE SECTOR ☐☐For-profit company or organization ☐☐Non-profit organization GOVERNMENT ☐☐Local government ☐☐State government ☐☐Active duty U.S. Armed Forces or Commissioned Corps ☐☐Federal government civilian employee SELF-EMPLOYED OR OTHER ☐☐Owner of non-incorporated business, professional practice, or farm ☐☐Owner of incorporated business, professional practice, or farm ☐☐Worked without pay in a for-profit family business or farm for 15 hours or more per week	Person 5: _____ PRIVATE SECTOR ☐☐For-profit company or organization ☐☐Non-profit organization GOVERNMENT ☐☐Local government ☐☐State government ☐☐Active duty U.S. Armed Forces or Commissioned Corps ☐☐Federal government civilian employee SELF-EMPLOYED OR OTHER ☐☐Owner of non-incorporated business, professional practice, or farm ☐☐Owner of incorporated business, professional practice, or farm ☐☐Worked without pay in a for-profit family business or farm for 15 hours or more per week	Person 6: _____ PRIVATE SECTOR ☐☐For-profit company or organization ☐☐Non-profit organization GOVERNMENT ☐☐Local government ☐☐State government ☐☐Active duty U.S. Armed Forces or Commissioned Corps ☐☐Federal government civilian employee SELF-EMPLOYED OR OTHER ☐☐Owner of non-incorporated business, professional practice, or farm ☐☐Owner of incorporated business, professional practice, or farm ☐☐Worked without pay in a for-profit family business or farm for 15 hours or 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?	Householder: _____	Person 2: _____	Person 3: _____	Person 4: _____	Person 5: _____	Person 6: _____
	▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯ ▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯ ▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯	▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯ ▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯ ▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯	▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯ ▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯ ▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯	▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯ ▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯ ▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯	▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯ ▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯ ▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯	▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯ ▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯ ▯▯▯▯▯▯▯▯▯▯▯▯▯▯▯

35b_SKIP
- ❖ After asking Question 35b, SKIP to Question 35d.

35c. Which branch of the Armed Forces or Commissioned Corps did you/<NAME> work for?	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
	▯▯U.S. Army ▯▯U.S. Navy ▯▯U.S. Air Force ▯▯U.S. Marine Corps ▯▯U.S. Coast Guard ▯▯U.S. Public Health Service ▯▯National Oceanic and Atmospheric Administration (NOAA)	▯▯U.S. Army ▯▯U.S. Navy ▯▯U.S. Air Force ▯▯U.S. Marine Corps ▯▯U.S. Coast Guard ▯▯U.S. Public Health Service ▯▯National Oceanic and Atmospheric Administration (NOAA)	▯▯U.S. Army ▯▯U.S. Navy ▯▯U.S. Air Force ▯▯U.S. Marine Corps ▯▯U.S. Coast Guard ▯▯U.S. Public Health Service ▯▯National Oceanic and Atmospheric Administration (NOAA)	▯▯U.S. Army ▯▯U.S. Navy ▯▯U.S. Air Force ▯▯U.S. Marine Corps ▯▯U.S. Coast Guard ▯▯U.S. Public Health Service ▯▯National Oceanic and Atmospheric Administration (NOAA)	▯▯U.S. Army ▯▯U.S. Navy ▯▯U.S. Air Force ▯▯U.S. Marine Corps ▯▯U.S. Coast Guard ▯▯U.S. Public Health Service ▯▯National Oceanic and Atmospheric Administration (NOAA)	▯▯U.S. Army ▯▯U.S. Navy ▯▯U.S. Air Force ▯▯U.S. Marine Corps ▯▯U.S. Coast Guard ▯▯U.S. Public Health Service ▯▯National Oceanic and Atmospheric Administration (NOAA)

35c_SKIP
- ❖ After asking Question 35c, SKIP to Question 35f.

	Householder: _____	Person 2: _____	Person 3: _____	Person 4: _____	Person 5: _____	Person 6: _____
35d. What kind of business or industry was this? Include the main activity, 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,** **Wholesale trade,** **Retail trade,** **or Some other kind of business?**	□□Manufacturing □□Wholesale trade □□Retail trade □□Other (agriculture, construction, service, government, etc.)	□□Manufacturing □□Wholesale trade □□Retail trade □□Other (agriculture, construction, service, government, etc.)	□□Manufacturing □□Wholesale trade □□Retail trade □□Other (agriculture, construction, service, government, etc.)	□□Manufacturing □□Wholesale trade □□Retail trade □□Other (agriculture, construction, service, government, etc.)	□□Manufacturing □□Wholesale trade □□Retail trade □□Other (agriculture, construction, service, government, etc.)	□□Manufacturing □□Wholesale trade □□Retail trade □□Other (agriculture, construction, service, government, etc.)
35f. What was your/<NAME's> main occupation? For example: 4th grade teacher, entry-level plumber, or another occupation.	□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□	□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□	□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□	□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□	□□□□□□□□□□□□□□ □□□□□□□□□□□□□□ □□□□□□□□□□□□□□ □□□□□□□□□□□□□□ □□□□□□□□□□	□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□
35g. Describe your/<NAME's> most important activities or duties. For example: I instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details, or other duties.	□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□	□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□	□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□	□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□	□□□□□□□□□□□□□□ □□□□□□□□□□□□□□ □□□□□□□□□□□□□ □□□□□□□□□□□□□□ □□□□□□□□□□□□□□ □□□□□□□□□□□□□□	□□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□□ □□□□□□□□□□□□□□

❖ **Complete Questions 36a – 36m for each person before moving onto the next person.**

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.

	Householder: _____	Person 2: _____	Person 3: _____	Person 4: _____	Person 5: _____	Person 6: _____
36a. Did you/\<NAME\> receive any wages or salary in 2019? **If yes: How much did you receive in wages and salary from all jobs before deductions for taxes, bonds, dues or other items?**	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No
36b. Did you/\<NAME\> receive any commissions, bonuses, or tips in 2019? **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?**	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No
36c. Did you/\<NAME\> regularly receive any self-employment income in 2019, including work paid for in cash? Report income from own businesses (farm or non-farm) including proprietorships and partnerships. **If yes: What was the amount? Report NET income after business expenses.**	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No
36d. Did you/\<NAME\> receive any interest or dividends in 2019? Report even small amounts credited to an account. **If yes: What was the amount?**	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No
36e. Did you/\<NAME\> receive any net rental income in 2019? Net rental income is the total amount after expenses. **If yes: What was the net amount?**	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No

	Householder:	Person 2:	Person 3:	Person 4:	Person 5:	Person 6:
36f. Did you/<NAME> receive any royalty income or income from estates and trusts in 2019? **If yes: What was the amount?**	_____ ☐☐Yes: $_____ ☐☐No	_____ ☐☐Yes: $_____ ☐☐No	_____ ☐☐Yes: $_____ ☐☐No	_____ ☐☐Yes: $_____ ☐☐No	_____ ☐☐Yes: $_____ ☐☐No	_____ ☐☐Yes: $_____ ☐☐No
36g. Did you/<NAME> receive any Social Security or Railroad Retirement benefits in 2019? **If yes: What was the amount?**	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No
36h. Did you/<NAME> receive any Supplemental Security Income (SSI) payments in 2019? **If yes: What was the amount?**	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No
36i. Did you/<NAME> receive any financial assistance from the state or local welfare office in 2019? **If yes: What was the amount? Do NOT include non-cash benefits, such as energy or housing assistance, The Food Stamp Program, or SNAP.**	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No
36j. Did you/<NAME> receive any survivor or disability income in 2019? **If yes: What was the amount? Do not include Social Security.**	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐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 retirement accounts such as 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement in 2019? **If yes: What was the amount? Do not include Social Security.**	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No	☐☐Yes: $_____ ☐☐No

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