



United States[®]
Census
Bureau

The American Community Survey

Start Here

You have two ways to respond:



Respond online today at:
<https://respond.census.gov/acs>

OR



Complete this form and mail it
back as soon as possible.

Your response is required by law.

The American Community Survey is conducted by the U.S. Census Bureau. This survey is one of only a few surveys for which all recipients are required by law to respond. The U.S. Census Bureau is required by law to protect your information.



If you need help or have questions about completing this form, please call 1-800-354-7271.

Telephone Device for the Deaf (TDD):
Call 1-800-582-8330.

¿NECESITA AYUDA? Llame sin cargo alguno al **1-877-833-5625.**

For more information about the American Community Survey, visit our website at:
<https://www.census.gov/acs>



Please print the name and telephone number of the person who is filling out this form. We will only contact you if needed for official Census Bureau business.

Last Name

First Name

MI

Area Code + Number



How many people, including yourself, are living or staying at this address?

- **INCLUDE** everyone living or staying here, even if they are not related to you.
- **INCLUDE** children, related or unrelated, such as babies, grandchildren, or foster children.
- **INCLUDE** anyone else staying here now, such as roommates and other families who have no other place to stay.
- **DO NOT INCLUDE** anyone who is living somewhere else, such as a college student living away or someone in the Armed Forces on deployment.

Number of people



Fill out pages 2 – 7 for everyone, including yourself, who is living or staying at this address. Then complete the rest of the form.



Person 1

(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

→ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**

→ **Please print today's date.**

Month	Day	Year

1 What is Person 1's name?

Last Name *(Please print)*

First Name

MI

2 How is this person related to Person 1?

Person 1

3 What is Person 1's sex? Mark (X) ONE box.

Male

Female

4 What is Person 1's age and what is Person 1's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years)

Month

Day

Year of birth

5 Is Person 1 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↴

6 What is Person 1's race?

Mark (X) one or more boxes **AND** print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴

- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴

- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

- | | | |
|---|--|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian – <i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↴ | <input type="checkbox"/> Other Pacific Islander – <i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↴ | |

- Some other race – *Print race or origin.* ↴



Person 2

1 What is Person 2's name?

Last Name *(Please print)*

First Name

MI

2 How is this person related to Person 1?

Mark (X) ONE box.

- 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

3 What is Person 2's sex? Mark (X) ONE box.

- Male Female

4 What is Person 2's age and what is Person 2's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years)	Month	Day	Year of birth
<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 60px; height: 30px;" type="text"/>

→ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**

5 Is Person 2 of Hispanic, Latino, or Spanish origin?

- No**, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↴

6 What is Person 2's race?

Mark (X) one or more boxes **AND** print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴
 - Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴
 - American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴
- | | | |
|---|--|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian – <i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↴ | <input type="checkbox"/> Other Pacific Islander – <i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↴ | |

- Some other race – *Print race or origin.* ↴



Person 3

1 What is Person 3's name?

Last Name *(Please print)*

First Name

MI

2 How is this person related to Person 1?

Mark (X) ONE box.

- 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

3 What is Person 3's sex? Mark (X) ONE box.

- Male
- Female

4 What is Person 3's age and what is Person 3's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years)	Month	Day	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

→ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**

5 Is Person 3 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 3's race?

Mark (X) one or more boxes AND print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*
- Chinese
- Vietnamese
- Native Hawaiian
- Filipino
- Korean
- Samoan
- Asian Indian
- Japanese
- Chamorro
- Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*
- Some other race – *Print race or origin.*



Person 4

1 What is Person 4's name?

Last Name *(Please print)*

First Name

MI

2 How is this person related to Person 1?

Mark (X) ONE box.

- 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

3 What is Person 4's sex? Mark (X) ONE box.

- Male Female

4 What is Person 4's age and what is Person 4's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years)

Month

Day

Year of birth

→ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**

5 Is Person 4 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↴

6 What is Person 4's race?

Mark (X) one or more boxes AND print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴
- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴
- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴
- Chinese Vietnamese Native Hawaiian
- Filipino Korean Samoan
- Asian Indian Japanese Chamorro
- Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.* ↴
- Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.* ↴

- Some other race – *Print race or origin.* ↴



Person 5

1 What is Person 5's name?

Last Name *(Please print)*

First Name

MI

2 How is this person related to Person 1?

Mark (X) ONE box.

- 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

3 What is Person 5's sex? Mark (X) ONE box.

- Male Female

4 What is Person 5's age and what is Person 5's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years)

Month

Day

Year of birth

→ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.**

5 Is Person 5 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↴

6 What is Person 5's race?

Mark (X) one or more boxes AND print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴
- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴
- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴
- Chinese Vietnamese Native Hawaiian
- Filipino Korean Samoan
- Asian Indian Japanese Chamorro
- Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.* ↴
- Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.* ↴

- Some other race – *Print race or origin.* ↴



➔ **If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12.** *We may call you for more information about them.* ↗

Person 6Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)

Person 7Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)

Person 8Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)

Person 9Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)

Person 10Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)

Person 11Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)

Person 12Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)



Housing

➔ Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.

1 Which best describes this building?
Include all apartments, flats, etc., even if vacant.

- 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.

2 About when was this building first built?

- 2000 or later – Specify year →
-
- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

3 When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?

Month Year

A Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.

4 How many acres is this house or mobile home on?

- Less than 1 acre → SKIP to question 6a
- 1 to 9.9 acres
- 10 or more acres

5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?

- None
- \$1 to \$999
- \$1,000 to \$2,499
- \$2,500 to \$4,999
- \$5,000 to \$9,999
- \$10,000 or more

6 a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.

- INCLUDE bedrooms, kitchens, etc.
- EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

Number of rooms

b. How many of these rooms are bedrooms?

Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".

Number of bedrooms

7 Does this house, apartment, or mobile home have –

- | | Yes | No |
|--------------------------------|--------------------------|--------------------------|
| a. hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a sink with a faucet? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a stove or range? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. a refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> |



Housing (continued)

8 What is the MAIN type of sewage disposal for this house, apartment, or mobile home?

- Public sewer
- Septic system or cesspool
- Other type of sewage disposal

9 Can you or any member of this household both make and receive phone calls when at this house, apartment, or mobile home?

Include calls using cell phones, land lines, or other phone devices.

- Yes
- No

10 At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Desktop or laptop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tablet or other portable wireless computer | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Some other type of computer
Specify ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

11 At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?

- Yes, by paying a cell phone company or Internet service provider
- Yes, without paying a cell phone company or Internet service provider → SKIP to question 13
- No access to the Internet at this house, apartment, or mobile home → SKIP to question 13

12 Do you or any member of this household have access to the Internet using a –

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. cellular data plan for a smartphone or other mobile device? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. satellite Internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. dial-up Internet service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. some other service?
Specify service ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

13 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

14 Are any of the following types of electric vehicles kept at home for use by members of this household?

a. A plug-in electric vehicle?

- Yes
- No

b. Another type of electric vehicle?

- Yes
- No

15 Which fuel is used MOST for heating this house, apartment, or mobile home?

- Natural gas: from underground pipes serving the neighborhood
- Gas: propane, butane, etc.
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used

16 Does this house, apartment, or mobile home use solar panels that generate electricity?

- Yes
- No



Person 1

- ➔ Please copy the name of Person 1 from page 2, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

In the United States – *Print name of state.*

Outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc.*

- 8 Is this person a citizen of the United States?

Yes, born in the United States → *SKIP to question 10a*

Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

Yes, born abroad of U.S. citizen parent or parents

Yes, U.S. citizen by naturalization – *Print year of naturalization* ↗

No, not a U.S. citizen

- 9 When did this person come to live in the United States? *If this person came to live in the United States more than once, print latest year.*

Year

- 10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? *Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*

No, has not attended in the last 3 months → *SKIP to question 11*

Yes, public school, public college

Yes, private school, private college, home school

- b. What grade or level was this person attending? *Mark (X) ONE box.*

Nursery school, preschool

Kindergarten

Grade 1 through 12 – *Specify grade 1 – 12* ↗

College undergraduate years (freshman to senior)

Graduate or professional school beyond a bachelor's degree *(for example: MA or PhD program, or medical or law school)*

- 11 What is the highest grade of school or degree this person has COMPLETED? *If currently enrolled, select the previous grade or highest degree received.* *Mark (X) ONE box.*

LESS THAN GRADE 1

Less than grade 1

GRADE 1 THROUGH GRADE 12

Grade 1 through 11 – *Specify grade 1 – 11* ↗

12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree *(for example: AA, AS)*

Bachelor's degree *(for example: BA, BS)*

AFTER BACHELOR'S DEGREE

Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*

Professional degree beyond a bachelor's degree *(for example: MD, DDS, DVM, LLB, JD)*

Doctorate degree *(for example: PhD, EdD)*



Person 1 (continued)

F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

12 This question focuses on this person's **BACHELOR'S DEGREE**. Please print below the specific major(s) of any **BACHELOR'S DEGREES** this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

13 What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 a. Does this person speak a language other than English at home?

- Yes
 No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
 Well
 Not well
 Not at all

15 a. Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old → SKIP to question 16
 Yes, this house → SKIP to question 16
 No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16

- No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?
 Address (Number and street name)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

16 Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.

Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer, union, or professional association (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 1 (continued)

G Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17 a. Is there a premium for this plan?** A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?**

- Yes
 No

- 18 a. Does this person have difficulty seeing, even if wearing glasses?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- b. Does this person have difficulty hearing, even if using a hearing aid?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

H Answer question 19a – d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.

- 19 a. Does this person have difficulty walking or climbing stairs?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- b. Does this person have difficulty remembering or concentrating?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- c. Does this person have difficulty bathing or dressing?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

I Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.

- 20 Does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- 21 What is this person's marital status?**

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J** on the next page



Person 1 (continued)

22 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

23 How many times has this person been married?

- Once
- Two times
- Three or more times

24 In what year did this person last get married?

Year

J Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
- No

26 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
- No → SKIP to question 27

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
- No → SKIP to question 27

c. How long has this grandparent been responsible for these grandchildren? *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years

27 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- Never served in the military → SKIP to question 30a
- Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
- Now on active duty
- On active duty in the past, but not now

28 When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- May 1975 to July 1990
- Vietnam era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

29 a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
- No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher



Person 1 (continued)

- 30 a. LAST WEEK, did this person work for pay at a job (or business)?**

- Yes → SKIP to question 31
 No – Did not work (or retired)

- b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?**

- Yes
 No → SKIP to question 36a

- 31 At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.**

- a. Address (Number and street name)**

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

- b. Name of city, town, or post office**

- c. Is the work location inside the limits of that city or town?**

- Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxi or ride-hailing services |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 39b |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

- K** Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

- 33 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour : Minute a.m.
 p.m.

- 35 How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

- L** Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39b.

- 36 a. LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 36c
 No

- b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
 No → SKIP to question 37

- c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

- Yes → SKIP to question 38
 No



Person 1 (continued)

- 37** During the **LAST 4 WEEKS**, has this person been **ACTIVELY** looking for work?

- Yes
 No → *SKIP* to question 39

- 38** **LAST WEEK**, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

- 39** a. When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago
 Over 5 years ago or never worked → *SKIP* to question 43

- b. In 2019, did this person work at a job or business at any time, even for a few days?

- Yes
 No → *SKIP* to question 42

- 40** During the weeks that this person **WORKED** in 2019, how many **HOURS** did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 41** a. In 2019, did this person work **EVERY** week?
Include all jobs and count paid vacation, paid sick leave, and military service as work.

- Yes → *SKIP* to question 42
 No

- b. Of the **52 weeks** in 2019, how many **WEEKS** did this person work for at least one day?
Include all jobs, paid time off, and weeks when this person only worked for a few hours.

Weeks

- M** Answer questions 42a – f if this person worked in the past 5 years. Otherwise, *SKIP* to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

- a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) *ONE* box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
 Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
 State government (including state colleges/universities)
 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

- b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

- c. 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)

- d. Was this mainly – Mark (X) *ONE* box.

- manufacturing?
 wholesale trade?
 retail trade?
 other (agriculture, construction, service, government, etc.)?



Person 2

- ➔ Please copy the name of Person 2 from page 3, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

- In the United States – Print name of state.

- Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

- 8 Is this person a citizen of the United States?

- Yes, born in the United States → SKIP to question 10a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization ↴

- No, not a U.S. citizen

- 9 When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year.

Year

- 10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended in the last 3 months → SKIP to question 11
- Yes, public school, public college
- Yes, private school, private college, home school

- b. What grade or level was this person attending? Mark (X) ONE box.

- Nursery school, preschool
- Kindergarten
- Grade 1 through 12 – Specify grade 1 – 12 ↴
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

- 11 What is the highest grade of school or degree this person has COMPLETED? If currently enrolled, select the previous grade or highest degree received. Mark (X) ONE box.

LESS THAN GRADE 1

- Less than grade 1

GRADE 1 THROUGH GRADE 12

- Grade 1 through 11 – Specify grade 1 – 11 ↴

- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)



Person 2 (continued)

F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

12 This question focuses on this person's **BACHELOR'S DEGREE**. Please print below the specific major(s) of any **BACHELOR'S DEGREES** this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

13 What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 a. Does this person speak a language other than English at home?

- Yes
- No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

15 a. Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old → SKIP to question 16
- Yes, this house → SKIP to question 16
- No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16

- No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?
Address (Number and street name)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

16 Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.

Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer, union, or professional association (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 2 (continued)

G Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17 a. Is there a premium for this plan?** A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?**

- Yes
 No

- 18 a. Does this person have difficulty seeing, even if wearing glasses?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- b. Does this person have difficulty hearing, even if using a hearing aid?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

H Answer question 19a – d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.

- 19 a. Does this person have difficulty walking or climbing stairs?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- b. Does this person have difficulty remembering or concentrating?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- c. Does this person have difficulty bathing or dressing?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

I Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.

- 20 Does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- 21 What is this person's marital status?**

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J** on the next page



Person 2 (continued)

22 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

23 How many times has this person been married?

- Once
- Two times
- Three or more times

24 In what year did this person last get married?

Year

J Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
- No

26 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
- No → SKIP to question 27

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
- No → SKIP to question 27

c. How long has this grandparent been responsible for these grandchildren? *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years

27 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- Never served in the military → SKIP to question 30a
- Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
- Now on active duty
- On active duty in the past, but not now

28 When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- May 1975 to July 1990
- Vietnam era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

29 a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
- No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher



Person 2 (continued)

- 30 a. LAST WEEK, did this person work for pay at a job (or business)?**

- Yes → SKIP to question 31
 No – Did not work (or retired)

- b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?**

- Yes
 No → SKIP to question 36a

- 31 At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.**

- a. Address (Number and street name)**

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

- b. Name of city, town, or post office**

- c. Is the work location inside the limits of that city or town?**

- Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxi or ride-hailing services |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 39b |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

- K** Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

- 33 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour Minute a.m.
 p.m.

 :

- 35 How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

- L** Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39b.

- 36 a. LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 36c
 No

- b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
 No → SKIP to question 37

- c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

- Yes → SKIP to question 38
 No



Person 2 (continued)

- 37** During the **LAST 4 WEEKS**, has this person been **ACTIVELY** looking for work?

- Yes
 No → *SKIP* to question 39

- 38** **LAST WEEK**, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

- 39** a. When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago
 Over 5 years ago or never worked → *SKIP* to question 43

- b. In 2019, did this person work at a job or business at any time, even for a few days?

- Yes
 No → *SKIP* to question 42

- 40** During the weeks that this person **WORKED** in 2019, how many **HOURS** did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 41** a. In 2019, did this person work **EVERY** week?
Include all jobs and count paid vacation, paid sick leave, and military service as work.

- Yes → *SKIP* to question 42
 No

- b. Of the **52 weeks** in 2019, how many **WEEKS** did this person work for at least one day?
Include all jobs, paid time off, and weeks when this person only worked for a few hours.

Weeks

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, *SKIP* to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

- a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) *ONE* box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
 Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
 State government (including state colleges/universities)
 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

- b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

- c. 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)

- d. Was this mainly – Mark (X) *ONE* box.

- manufacturing?
 wholesale trade?
 retail trade?
 other (agriculture, construction, service, government, etc.)?



Person 3

- ➔ Please copy the name of Person 3 from page 4, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

- In the United States – *Print name of state.*

- Outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc.*

- 8 Is this person a citizen of the United States?

- Yes, born in the United States → *SKIP to question 10a*
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – *Print year of naturalization* ↗

- No, not a U.S. citizen

- 9 When did this person come to live in the United States? *If this person came to live in the United States more than once, print latest year.*

Year

- 10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? *Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*

- No, has not attended in the last 3 months → *SKIP to question 11*
- Yes, public school, public college
- Yes, private school, private college, home school

- b. What grade or level was this person attending? *Mark (X) ONE box.*

- Nursery school, preschool
- Kindergarten
- Grade 1 through 12 – *Specify grade 1 – 12* ↗
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree *(for example: MA or PhD program, or medical or law school)*

- 11 What is the highest grade of school or degree this person has COMPLETED? *If currently enrolled, select the previous grade or highest degree received.* *Mark (X) ONE box.*

LESS THAN GRADE 1

- Less than grade 1

GRADE 1 THROUGH GRADE 12

- Grade 1 through 11 – *Specify grade 1 – 11* ↗

- 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree *(for example: AA, AS)*
- Bachelor's degree *(for example: BA, BS)*

AFTER BACHELOR'S DEGREE

- Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*
- Professional degree beyond a bachelor's degree *(for example: MD, DDS, DVM, LLB, JD)*
- Doctorate degree *(for example: PhD, EdD)*



Person 3 (continued)

F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

12 This question focuses on this person's **BACHELOR'S DEGREE**. Please print below the specific major(s) of any **BACHELOR'S DEGREES** this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

13 What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 a. Does this person speak a language other than English at home?

- Yes
 No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
 Well
 Not well
 Not at all

15 a. Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old → SKIP to question 16
 Yes, this house → SKIP to question 16
 No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16

- No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?
 Address (Number and street name)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

16 Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.

Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer, union, or professional association (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 3 (continued)

G Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17 a. Is there a premium for this plan?** A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?**

- Yes
 No

- 18 a. Does this person have difficulty seeing, even if wearing glasses?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- b. Does this person have difficulty hearing, even if using a hearing aid?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

H Answer question 19a – d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.

- 19 a. Does this person have difficulty walking or climbing stairs?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- b. Does this person have difficulty remembering or concentrating?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- c. Does this person have difficulty bathing or dressing?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

I Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.

- 20 Does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- 21 What is this person's marital status?**

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J** on the next page



Person 3 (continued)

22 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

23 How many times has this person been married?

- Once
- Two times
- Three or more times

24 In what year did this person last get married?

Year

J Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
- No

26 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
- No → SKIP to question 27

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
- No → SKIP to question 27

c. How long has this grandparent been responsible for these grandchildren? *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years

27 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- Never served in the military → SKIP to question 30a
- Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
- Now on active duty
- On active duty in the past, but not now

28 When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- May 1975 to July 1990
- Vietnam era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

29 a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
- No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher



Person 3 (continued)

- 30 a. LAST WEEK, did this person work for pay at a job (or business)?**

- Yes → SKIP to question 31
- No – Did not work (or retired)

- b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?**

- Yes
- No → SKIP to question 36a

- 31 At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.**

- a. Address (Number and street name)**

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

- b. Name of city, town, or post office**

- c. Is the work location inside the limits of that city or town?**

- Yes
- No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxi or ride-hailing services |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 39b |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

- K** Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

- 33 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour : Minute a.m.
 p.m.

- 35 How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

- L** Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39b.

- 36 a. LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 36c
- No

- b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
- No → SKIP to question 37

- c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

- Yes → SKIP to question 38
- No



Person 3 (continued)

- 37** During the **LAST 4 WEEKS**, has this person been **ACTIVELY** looking for work?

- Yes
 No → *SKIP* to question 39

- 38** **LAST WEEK**, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

- 39** a. When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago
 Over 5 years ago or never worked → *SKIP* to question 43

- b. In 2019, did this person work at a job or business at any time, even for a few days?

- Yes
 No → *SKIP* to question 42

- 40** During the weeks that this person **WORKED** in 2019, how many **HOURS** did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 41** a. In 2019, did this person work **EVERY** week?
Include all jobs and count paid vacation, paid sick leave, and military service as work.

- Yes → *SKIP* to question 42
 No

- b. Of the **52 weeks** in 2019, how many **WEEKS** did this person work for at least one day?
Include all jobs, paid time off, and weeks when this person only worked for a few hours.

Weeks

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, *SKIP* to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

- a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) *ONE* box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
 Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
 State government (including state colleges/universities)
 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

- b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

- c. 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)

- d. Was this mainly – Mark (X) *ONE* box.

- manufacturing?
 wholesale trade?
 retail trade?
 other (agriculture, construction, service, government, etc.)?



Person 4

➔ Please copy the name of Person 4 from page 5, then continue answering questions below.

Last Name

First Name

MI

7 Where was this person born?

In the United States – Print name of state.

Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

8 Is this person a citizen of the United States?

Yes, born in the United States → SKIP to question 10a

Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

Yes, born abroad of U.S. citizen parent or parents

Yes, U.S. citizen by naturalization – Print year of naturalization ↴

No, not a U.S. citizen

9 When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year.

Year

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

No, has not attended in the last 3 months → SKIP to question 11

Yes, public school, public college

Yes, private school, private college, home school

b. What grade or level was this person attending? Mark (X) ONE box.

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12 ↴

College undergraduate years (freshman to senior)

Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

11 What is the highest grade of school or degree this person has COMPLETED? If currently enrolled, select the previous grade or highest degree received. Mark (X) ONE box.

LESS THAN GRADE 1

Less than grade 1

GRADE 1 THROUGH GRADE 12

Grade 1 through 11 – Specify grade 1 – 11 ↴

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)



Person 4 (continued)

F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

12 This question focuses on this person's **BACHELOR'S DEGREE**. Please print below the specific major(s) of any **BACHELOR'S DEGREES** this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

13 What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 a. Does this person speak a language other than English at home?

- Yes
- No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

15 a. Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old → SKIP to question 16
- Yes, this house → SKIP to question 16
- No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16

- No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago? Address (Number and street name)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

16 Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.

Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer, union, or professional association (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 4 (continued)

G Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17 a. Is there a premium for this plan?** A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?**

- Yes
 No

- 18 a. Does this person have difficulty seeing, even if wearing glasses?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- b. Does this person have difficulty hearing, even if using a hearing aid?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

H Answer question 19a – d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.

- 19 a. Does this person have difficulty walking or climbing stairs?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- b. Does this person have difficulty remembering or concentrating?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- c. Does this person have difficulty bathing or dressing?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

I Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.

- 20 Does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- 21 What is this person's marital status?**

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J** on the next page



Person 4 (continued)

22 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

23 How many times has this person been married?

- Once
- Two times
- Three or more times

24 In what year did this person last get married?

Year

J Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
- No

26 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
- No → SKIP to question 27

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
- No → SKIP to question 27

c. How long has this grandparent been responsible for these grandchildren? *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years

27 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- Never served in the military → SKIP to question 30a
- Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
- Now on active duty
- On active duty in the past, but not now

28 When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- May 1975 to July 1990
- Vietnam era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

29 a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
- No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher



Person 4 (continued)

- 30 a. LAST WEEK, did this person work for pay at a job (or business)?**

- Yes → SKIP to question 31
 No – Did not work (or retired)

- b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?**

- Yes
 No → SKIP to question 36a

- 31 At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.**

- a. Address (Number and street name)**

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

- b. Name of city, town, or post office**

- c. Is the work location inside the limits of that city or town?**

- Yes
 No, outside the city/town limits

- d. Name of county**

- e. Name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxi or ride-hailing services |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 39b |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

- K** Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

- 33 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour Minute a.m.
 p.m.

 :

- 35 How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

- L** Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39b.

- 36 a. LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 36c
 No

- b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
 No → SKIP to question 37

- c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

- Yes → SKIP to question 38
 No



Person 4 (continued)

- 37** During the **LAST 4 WEEKS**, has this person been **ACTIVELY** looking for work?

- Yes
 No → *SKIP* to question 39

- 38** **LAST WEEK**, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

- 39** a. When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago
 Over 5 years ago or never worked → *SKIP* to question 43

- b. In 2019, did this person work at a job or business at any time, even for a few days?

- Yes
 No → *SKIP* to question 42

- 40** During the weeks that this person **WORKED** in 2019, how many **HOURS** did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 41** a. In 2019, did this person work **EVERY** week?
Include all jobs and count paid vacation, paid sick leave, and military service as work.

- Yes → *SKIP* to question 42
 No

- b. Of the **52 weeks** in 2019, how many **WEEKS** did this person work for at least one day?
Include all jobs, paid time off, and weeks when this person only worked for a few hours.

Weeks

- M** Answer questions 42a – f if this person worked in the past 5 years. Otherwise, *SKIP* to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

- a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) *ONE* box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
 Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
 State government (including state colleges/universities)
 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

- b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

- c. 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)

- d. Was this mainly – Mark (X) *ONE* box.

- manufacturing?
 wholesale trade?
 retail trade?
 other (agriculture, construction, service, government, etc.)?



Person 5

- ➔ Please copy the name of Person 5 from page 6, then continue answering questions below.

Last Name

First Name

MI

- 7 Where was this person born?

In the United States – *Print name of state.*

Outside the United States – *Print name of foreign country, or Puerto Rico, Guam, etc.*

- 8 Is this person a citizen of the United States?

Yes, born in the United States → *SKIP to question 10a*

Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

Yes, born abroad of U.S. citizen parent or parents

Yes, U.S. citizen by naturalization – *Print year of naturalization* ↗

No, not a U.S. citizen

- 9 When did this person come to live in the United States? *If this person came to live in the United States more than once, print latest year.*

Year

- 10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? *Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*

No, has not attended in the last 3 months → *SKIP to question 11*

Yes, public school, public college

Yes, private school, private college, home school

- b. What grade or level was this person attending? *Mark (X) ONE box.*

Nursery school, preschool

Kindergarten

Grade 1 through 12 – *Specify grade 1 – 12* ↗

College undergraduate years (freshman to senior)

Graduate or professional school beyond a bachelor's degree *(for example: MA or PhD program, or medical or law school)*

- 11 What is the highest grade of school or degree this person has COMPLETED? *If currently enrolled, select the previous grade or highest degree received.* *Mark (X) ONE box.*

LESS THAN GRADE 1

Less than grade 1

GRADE 1 THROUGH GRADE 12

Grade 1 through 11 – *Specify grade 1 – 11* ↗

12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree *(for example: AA, AS)*

Bachelor's degree *(for example: BA, BS)*

AFTER BACHELOR'S DEGREE

Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*

Professional degree beyond a bachelor's degree *(for example: MD, DDS, DVM, LLB, JD)*

Doctorate degree *(for example: PhD, EdD)*



Person 5 (continued)

F Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.

12 This question focuses on this person's **BACHELOR'S DEGREE**. Please print below the specific major(s) of any **BACHELOR'S DEGREES** this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

13 What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

14 a. Does this person speak a language other than English at home?

- Yes
- No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

15 a. Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old → SKIP to question 16
- Yes, this house → SKIP to question 16
- No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16

- No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago? Address (Number and street name)

Name of city, town, or post office

Name of U.S. county or municipio in Puerto Rico

Name of U.S. state or Puerto Rico

ZIP Code

16 Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.

Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer, union, or professional association (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, HealthCare.gov, or a similar website (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 5 (continued)

G Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

- 17 a. Is there a premium for this plan?** A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.

- Yes
 No → SKIP to question 18a

- b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?**

- Yes
 No

- 18 a. Does this person have difficulty seeing, even if wearing glasses?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- b. Does this person have difficulty hearing, even if using a hearing aid?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

H Answer question 19a – d if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 48.

- 19 a. Does this person have difficulty walking or climbing stairs?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- b. Does this person have difficulty remembering or concentrating?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- c. Does this person have difficulty bathing or dressing?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- d. Using his or her usual language, does this person have difficulty communicating, for example, understanding or being understood?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

I Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 48.

- 20 Does this person have difficulty doing errands alone, such as visiting a doctor's office or shopping?**

- No difficulty
 Some difficulty
 A lot of difficulty
 Cannot do at all

- 21 What is this person's marital status?**

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J** on the next page



Person 5 (continued)

22 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

23 How many times has this person been married?

- Once
- Two times
- Three or more times

24 In what year did this person last get married?

Year

J Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 In the PAST 12 MONTHS, has this person given birth to any children?

- Yes
- No

26 a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
- No → SKIP to question 27

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
- No → SKIP to question 27

c. How long has this grandparent been responsible for these grandchildren? *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years

27 Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- Never served in the military → SKIP to question 30a
- Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
- Now on active duty
- On active duty in the past, but not now

28 When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- May 1975 to July 1990
- Vietnam era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

29 a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
- No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher



Person 5 (continued)

30 a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 31
- No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
- No → SKIP to question 36a

31 At what location did this person work LAST WEEK? *If this person worked at more than one location, print where he or she worked most last week.*

a. Address (Number and street name)

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

b. Name of city, town, or post office

c. Is the work location inside the limits of that city or town?

- Yes
- No, outside the city/town limits

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP Code

32 How did this person usually get to work LAST WEEK? *Mark (X) ONE box for the method of transportation used for most of the distance.*

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxi or ride-hailing services |
| <input type="checkbox"/> Bus | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Subway or elevated rail | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Light rail, streetcar, or trolley | <input type="checkbox"/> Worked from home → SKIP to question 39b |
| <input type="checkbox"/> Ferryboat | <input type="checkbox"/> Other method |

K Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

33 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

34 LAST WEEK, what time did this person's trip to work usually begin?

Hour : Minute a.m.
 p.m.

35 How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

L Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 39b.

36 a. LAST WEEK, was this person on layoff from a job?

- Yes → SKIP to question 36c
- No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
- No → SKIP to question 37

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 38
- No



Person 5 (continued)

- 37** During the **LAST 4 WEEKS**, has this person been **ACTIVELY** looking for work?

- Yes
 No → *SKIP* to question 39

- 38** **LAST WEEK**, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)

- 39** a. When did this person last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago
 Over 5 years ago or never worked → *SKIP* to question 43

- b. In 2019, did this person work at a job or business at any time, even for a few days?

- Yes
 No → *SKIP* to question 42

- 40** During the weeks that this person **WORKED** in 2019, how many **HOURS** did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 41** a. In 2019, did this person work **EVERY** week?
Include all jobs and count paid vacation, paid sick leave, and military service as work.

- Yes → *SKIP* to question 42
 No

- b. Of the 52 weeks in 2019, how many **WEEKS** did this person work for at least one day?
Include all jobs, paid time off, and weeks when this person only worked for a few hours.

Weeks

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, *SKIP* to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

- a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?

Mark (X) *ONE* box.

PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
 Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local government** (for example: city or county school district)
 State government (including state colleges/universities)
 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

- b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

- c. 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)

- d. Was this mainly – Mark (X) *ONE* box.

- manufacturing?
 wholesale trade?
 retail trade?
 other (agriculture, construction, service, government, etc.)?



**Page 47 is intentionally
left blank**



Mailing Instructions

→ Please make sure you have...

- listed all names and answered the questions on pages 2 – 7
- answered all Housing questions
- answered all Person questions for each person

→ Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

**U.S. Census Bureau
P.O. Box 5240
Jeffersonville, IN 47199-5240**

- make sure the barcode above your address shows in the window of the return envelope

**Thank you for participating in
the American Community Survey.**

For Census Bureau Use

POP

EDIT

PHONE

JIC1

JIC2

EDIT CLERK

TELEPHONE CLERK

JIC3

JIC4

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to aco.pra@census.gov; use "Paperwork Project" as the subject. Please **DO NOT RETURN** your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

