

Collection Materials

- A American Community Survey Household (HU) First Mailing:
- ACS-13(L)(2020)(02-11-2019), ACS Introductory Letter
 - ACS-34IM(2020)(11-27-2018), Internet Response Instruction Card
 - ACS-9(2020)(2-5-2019), Multilingual Brochure
 - ACS-46IM(2020)(12-11-2018), ACS Stateside Outgoing Envelope
- B American Community Survey Internet Screen Capture Guide:
- ACS-400C(January 2019), ACS Internet Data Collection Instrument Screen Capture Guide
- C American Community Survey Household (HU) Second Mailing:
- ACS-20L(2020)(02-11-2019) ACS HU Reminder Letter (Pressure-seal mailer)
- D American Community Survey HU Third Mailing:
- ACS-14L(2020)(02-11-2019), ACS Follow-Up Letter
 - ACS-1(2020)(02-11-2019), ACS Stateside Questionnaire
 - 6385-47(2020)(12-12-2018), Business Reply Envelope
 - ACS-46(2020)(12-18-2018), ACS Outgoing Envelope Stateside Replacement Mailing
- E American Community Survey HU Fourth Mailing:
- ACS-29(2020)(2-11-2019), ACS Reminder Postcard
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- ACS-23(L)(2020)(2-11-2019), ACS Additional Mailing Letter (Pressure-seal mailer)
- G American Community Survey HU Spanish Mailing Package:
- ACS-13L(SP)(2020)(2-12-2019), ACS Spanish Introductory Letter
 - ACS-1(SP)(2019)(02-08-2018), ACS Stateside Questionnaire in Spanish
 - ACS -14L(SP)(2020)(2-12-2019), ACS Spanish Follow-Up Letter
 - 6385-47(2020)(12-12-2018), Business Reply Envelope
 - ACS-29(SP)(2020) (2-5-2019), ACS Spanish Reminder Postcard
 - ACS-23(SP)(2020) (2-5-2019), ACS Bilingual Additional Mailing Postcard
 - ACS-46(SP)(2020) (12-17-2018), Stateside Spanish Outgoing Envelope

H Puerto Rico Community Survey HU Mailing Forms:

- ACS-12(L)PR(2020)(2-6-2019), PRCS Bilingual Prenotice Letter
- ACS-40PR(2020)(1-29-2019), Prenotice Envelope
- ACS-13(L)PR(2020)(2-6-2019), PRCS Bilingual Introductory Letter
- ACS-10SMPR(2020)(02-31-2019), PRCS Bilingual Frequently Asked Questions Brochure
- ACS-1PR(SP)(2019)(02-07-18), PRCS Spanish Questionnaire in Spanish
- 6385-47(2020)(12-12-2018), Business Reply Envelope
- ACS-20PR(2020)(2-12-2019), PRCS Bilingual Reminder Postcard
- ACS-14(L)PR(2020)(2-6-2019), PRCS Bilingual Follow-Up Letter
- ACS-23PR(2020) (2-5-2019), PRCS Bilingual Additional Mailing Postcard
- ACS-46PR(2020) (12-31-2018), PRCS Outgoing Envelope

I Puerto Rico Community Survey HU Mailing Forms in English:

- ACS-13(L)PR(2020)(2-6-2019), PRCS Bilingual Introductory Letter
- ACS-10SMPR(2020)(02-31-2019), PRCS Bilingual Frequently Asked Questions Brochure
- ACS-1(2020)PR(1-31-2019), PRCS Questionnaire in English
- 6385-47(2020)(12-12-2018), Business Reply Envelope
- ACS-14(L)PR(2020)(2-6-2019), PRCS Bilingual Follow-Up Letter
- ACS-46PR(2020) (12-31-2018), PRCS Outgoing Envelope

The U.S. Census Bureau is conducting the American Community Survey

In a few days you will receive an American Community Survey questionnaire in the mail. Because you are living in the United States, you are required by law to respond to this survey. If you have questions about the form, please call us toll-free at 1-800-354-7271.

What is the American Community Survey?

The American Community Survey is an important survey conducted by the Census Bureau. It is designed to give communities current information about its people and housing. In order to make well-informed decisions, a community needs accurate and reliable information. By responding to this survey, you are helping your community to get this kind of information.

Will my answers to this survey be kept confidential?

Yes. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

La Oficina del Censo de los Estados Unidos está realizando la Encuesta sobre la Comunidad Estadounidense

En unos días, recibirá por correo un cuestionario de la Encuesta sobre la Comunidad Estadounidense. Como usted está viviendo en los Estados Unidos, la ley exige que usted responda a esta encuesta. Si tiene preguntas sobre el cuestionario, llámenos al 1-877-833-5625 para hablar con uno de nuestros empleados que habla español. La llamada es gratis. El empleado podrá contestar sus preguntas o usted podrá completar la encuesta por teléfono.

¿Qué es la Encuesta sobre la Comunidad Estadounidense?

La Encuesta sobre la Comunidad Estadounidense es una encuesta importante realizada por la Oficina del Censo de los Estados Unidos. Está diseñada para brindar información actual a las comunidades sobre las personas y las viviendas. Para poder tomar buenas decisiones, una comunidad necesita información precisa y confiable. Al responder a esta encuesta, usted está ayudando a su comunidad a obtener este tipo de información.

¿Serán confidenciales mis respuestas a esta encuesta?

Sí. La Oficina del Censo de los EE.UU. está obligada por ley a mantener confidencial su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

Important Information From the U.S. Census Bureau

Información Importante de la Oficina del Censo de los Estados Unidos

美国人口普查局重要通知

Thông tin quan trọng từ Văn phòng Thống kê Dân số Hoa Kỳ

Важная информация от Бюро переписи населения США

미국 인구조사국에서 전해드리는 중요한 정보



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ACS-9 (2020)

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美国人口普查局正在进行美国社区问卷调查

您将在几天内收到一份邮寄的美国社区问卷调查。由于您目前居住在美国，因此根据法律规定，您必须答复此问卷调查。这个调查问卷只有英文版。请拨打我们的免费电话：**1-800-638-5945**，我们将有会说中文的工作人员回答您的问题，或者您能够在电话上用中文回答调查的问题。

什么是美国社区问卷调查？

美国社区问卷调查由美国人口普查局主持，是一项重要的调查。目的是为了向各个社区提供有关居民和住房方面的最新信息。一个社区要做出明智的决策，需要真实准确的信息。您答复此问卷调查，就是在帮助您所在社区获取这样的信息。

我对这次调查的回答，人口普查局是否会保密？

是的。根据法律规定，美国人口普查局将对您的信息保密。人口普查局不得以可识别您的身份的方式公开发布您的回复。依据2015年联邦增强网络安全法案，通过监察传输您资料的系统，来确保您个人资料受到保护，避免网络安全风险。

Văn phòng Thống kê Dân số Hoa Kỳ đang thực hiện cuộc Khảo sát Cộng đồng tại Mỹ.

Trong một vài ngày nữa quý vị sẽ nhận được bản câu hỏi Khảo sát Cộng đồng tại Mỹ qua thư tín. Vì quý vị đang sống ở Hoa Kỳ, nên luật bắt buộc quý vị phải trả lời cuộc khảo sát này. Nếu quý vị có thắc mắc về mẫu đơn, xin gọi chúng tôi theo số điện thoại miễn phí 1-877-221-9436. Bản câu hỏi khảo sát chỉ có bằng tiếng Anh.

Cuộc Khảo sát Cộng đồng tại Mỹ là gì?

Cuộc Khảo sát Cộng đồng tại Mỹ là một cuộc khảo sát quan trọng được Văn phòng Thống kê Dân số Hoa Kỳ thực hiện. Nó được thiết kế để cung cấp cho cộng đồng thông tin hiện tại về người dân và nhà cửa. Nhằm có được những quyết định thức thời có ích lợi trực tiếp cho những nhu cầu của cộng đồng quý vị, những thông tin cần được chính xác và đáng tin cậy. Bằng cách trả lời cuộc khảo sát này, quý vị đang giúp cộng đồng mình lấy được loại thông tin này.

Liệu các câu trả lời khảo sát của tôi có được giữ bí mật không?

Có. Cục Thống Kê Dân Số Hoa Kỳ được pháp luật yêu cầu bảo mật thông tin của quý vị. Cục Thống kê không được phép công bố công khai các phản hồi của quý vị theo cách có thể nhận diện quý vị. Theo Luật Tăng Cường An Ninh Mạng của Liên Bang 2015, số liệu của quý vị sẽ được bảo vệ để tránh khỏi các nguy cơ về an ninh mạng qua cách kiểm duyệt các hệ thống chuyển số liệu của quý vị.

Бюро переписи населения проводит Анкетирование населения США по месту жительства

Через несколько дней Вы получите по почте анкету Анкетирование населения США по месту жительства. Так как Вы проживаете в США, Вы обязаны в соответствии с законом дать ответы на вопросы данного исследования. Анкета составлена только на английском языке. Позвоните по бесплатному номеру 1-866-225-2297, и Вам ответит русскоговорящий сотрудник. Вы сможете получить ответы на Ваши вопросы и Вам помогут заполнить анкету по телефону.

Что представляет собой Анкетирование населения США по месту жительства?

Анкетирование населения США по месту жительства – это важнейшее исследование, проводимое Бюро переписи населения США. Его цель – обеспечить общество актуальной информацией о населении и жилищных условиях. Для принятия обоснованных решений на местах необходимо иметь точную и достоверную информацию. Отвечая на вопросы данного исследования, Вы помогаете своему району получить такую информацию.

Будет ли сохранена конфиденциальность моих ответов?

Да. По закону Бюро переписи населения США обязано соблюдать конфиденциальность ваших данных. Ему запрещено публично разглашать Ваши ответы таким образом, чтобы по ним можно было установить Вашу личность. Защиту Ваших данных от кибер-рисков регулирует федеральный закон «О повышении кибербезопасности» от 2015 года, в соответствии с которым регулярно проводится проверка систем передачи данных.

미국 인구조사국에서는 미국 지역사회조사를 실시하고 있습니다.

며칠 안으로 미국 지역사회조사 설문지를 우편으로 받으실 것 입니다. 미국에 사시는 모든 분은 법에 의해 이 설문에 응답하셔야 합니다. 설문지는 영어로만 되어있습니다. 한국어로 설문을 작성하고 싶으시거나 질문이 있으시면, 무료전화 **1-800-772-6728**로 전화를 주십시오. 한국어 담당직원과

미국 지역사회조사는 무엇인가요?

미국 지역사회조사는 미국 인구조사국에서 시행하는 중요한 설문조사입니다. 이 설문조사는 지역사회 주민들과 주택에 관한 최근 정보를 알려드리고자 계획되었습니다. 지역사회가 정보에 기초한 합리적인 결정을 내리기 위해서 정확하고 믿을 수 있는 정보가 필요합니다. 귀하의 설문응답은 지역사회가 이런 정보를 수집하는 데 도움을 줍니다.

설문조사에 대한 답변은 보호됩니까?

네. 미국 인구조사국은 법에 따라 귀하의 정보를 비밀로 유지해야 할 의무가 있습니다. 미국 인구조사국은 귀하가 응답한 정보를 귀하의 신상을 알 수 있는 형태로 일반에 공개할 수 없으며, 2015년 연방 사이버보안강화법에 따라, 귀하의 데이터는 데이터 전송 시스템의 철저한 검사를 통해 사이버 보안의 위협으로부터 보호됩니다.



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U.S. Census Bureau

Washington, DC 20233

Office of the Director

A message from the Director of the U.S. Census Bureau:

Your address has been randomly selected by the U.S. Census Bureau to participate in the **American Community Survey**. The Census Bureau conducts this survey each year to give our country an up-to-date picture of how we live – including our education, housing, and jobs.

Communities across the country rely on information from this survey to decide where important services are needed, including:

- Improving roads and reducing traffic
- Building schools
- Planning for the health care needs of the elderly

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

Your response is required by U.S. law.

Because your household has been asked to participate on behalf of your community, it is vital that you complete this survey to help meet critical needs in your area.

If you are unable to complete the survey online, we will send you a paper questionnaire in a few weeks. The Census Bureau is using the internet to collect this information to conserve natural resources, save taxpayers' money, and process data more efficiently.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you in advance for your prompt response.

Sincerely,

Steven D. Dillingham

Enclosures

American Community Survey data help determine the annual distribution of more than **\$675 billion** in federal funds **to communities nationwide**.

Will my response be confidential?

Yes. The U.S. Census Bureau is required by law to protect this information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. We are conducting this survey under the authority of Title 13, United States Code, Sections 141 and 193. Federal law protects your privacy and keeps your answers confidential (Title 13, United States Code, Section 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Am I required to fill out the survey?

Yes. Your response to this survey is required by law (Title 13, U.S. Code, Sections 141, 193, and 221). Title 13, as changed by Title 18, imposes a penalty for not responding. As a randomly selected representative of your community, you are the voice of your neighbors and peers. To create an accurate picture of your community, it is critical that you respond.

How will the Census Bureau use the information I provide?

By law, the Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States.

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.



American Community Survey

Go to <https://respond.census.gov/acs> to complete the American Community Survey online.

*(Vea el otro lado
para español.)*

IMPORTANT: You will need information from the address label on this card to log in. If you need help or have questions about the American Community Survey, call the toll-free number 1-800-354-7271.



American Community Survey

Vaya a <https://respond.census.gov/acs> para completar la Encuesta sobre la Comunidad Estadounidense por Internet en español.

ATENCIÓN: Necesitará información que aparece en la etiqueta en el otro lado de esta tarjeta para iniciar la sesión. Si usted necesita ayuda para llenar la encuesta o tiene preguntas acerca de la Encuesta sobre la Comunidad Estadounidense, llame sin cargo al 1-877-833-5625.

See other side for English.



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National Processing Center

1201 E. 10th St.

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The American Community Survey

**YOUR RESPONSE IS
REQUIRED BY LAW**

OPEN IMMEDIATELY



ACS-400C

January 2019

American Community Survey

Internet Data Collection Instrument Screen Capture Guide
2019

How to Use This Guide

This document contains copies of screens respondents will see in the ACS Internet Questionnaire¹. You can use this guide as a reference when talking to respondents.

On the next page, you will see a table of contents that contains links rather than page numbers. Because you will be using this guide on your computer, this format will allow you to use **Ctrl + Click** on a page name and navigate directly to that page. Most of the screen capture names are the same as the page names in the instrument. Respondents can provide the page names to you from the URL in the address bar of their browsers. For example, the question for the type of unit at the sample address (e.g., mobile home, single family home detached from any other homes, etc.) is “typeofunit” in the Internet questionnaire. If respondents are on this screen, the address bar will display, “https://respond.census.gov/acs/typeofunit.”

Some screens may change text and appearance depending on the situation or makeup of the household. For example, the “pselect” screen asks respondents to choose the person for whom they will answer questions next. If only one person remains on the roster, the text displays differently than if multiple names are available. A second screen capture for the “pselect” screen reads “pselect (one person left on roster).”

Note: in the 2016 data collection year a mobile optimized view was introduced for the Internet Data Collection instrument. If respondents are viewing the online instrument via a mobile device the screen layout will appear different based upon screen size. In addition, navigation buttons containing “Previous” and “Next” are replaced with forward and backward arrows. Instructions, FAQs and Save and Logout text are removed and replaced with links on the right-hand side of the header. Questions with a large amount of text will not be displayed on one screen and users will have to scroll to view the entire questions text.


¹ This screen capture guide does not contain any Title 13 data or other personally identifiable information (PII). All data are fictitious and any resemblance to actual data is coincidental.

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login	yearbuilt	tenure edit message	whatlanguage	worklocal	ssi
return login	whenmovedin	monthrent	englishprof	transporttowork	ssiamt
address	acres	meals	residencelastyear	numberofriders	publicasst
later2 (wrong address)	agrsales	propvalue	addresslastyear	timeleftforwork	publicasstamt
liveu	rooms	taxes	insurance	mintowork	retirement
live	facilities	propinsurance	premium	fiftymoreweeks	retirementamt
business	telephone	mortgage	deaf	weeksworked	otherincome
thankyoubusiness	compuse	mortgageamt	deaf help	hoursworked	otherincomeamt
thankyoubusiness	netaccess	mortgagetax	difficultyconcent	layoff	totalincome
pin	netsub	mortgageinsurance	difficultywalk	tempabsent	vrifyincome
resp_name	vehicles	2ndmortgage	difficultydress	recalltowork	estincome
roster_a	heatingfuel	2ndmortgageamt	difficultyerrand	activelookforwork	presummary
roster_b	elecpay	mobilehometax	marriedstatus	couldwork	summary
add_1	elecamt	hunitstatus (if vacant)	pmarried	lastworked	housing (review and edit)
roster_c	elecinc	pselect (first time viewing)	widow	employeetype	person (review and edit)
add_2	gasuse	pselect (subsequent viewing, with more than one person remaining)	divorce	employer	change answer from review and edit
away_now	gaspay		numberofmarriages	militaryemployer	new item on review and edit
remove_one	gasamt		yearofmarriage	typeofbusiness	save
another_home	gasinc	pselect (one person left on roster)	birth	businessclass	welcomeback
another_home_who	waterpay	placeofbirth	grandchildrenhome	typeofwork	security
more_than_2	wateramt	citizenship	grandchildrenhome help	duties	instructions
roster_check	waterinc	citizenship (placeofbirth left blank)	grandparentsresp	wages	FAQs
roster_check (no one on roster)	ofueluse	yearofentry	lengthofresp	wagesamt	contactus
ref_per	ofuelpay	attendschool	veteranstat	wagesamt edit message	finalize
relationship	ofuelamt	whatgrade	periodofservice	selfemp	completed
sex	ofuelinc	highestlevel	vadisability	selfempamt	document_accessibility
dateofbirth	foodstamps	fieldofdegree	disabilityrate	interest	privacy
Hispanic	condo	ancestry	worklastweek	interestamt	
race	condofee	language	worklastweek edit message	socialsecurity	
typeofunit	condofeeamt		anywork	socialsecurityamt	
	tenure				

[Return to Top](#)

login



American Community Survey


U.S. Department of Commerce | Economic and Statistics Administration

Welcome to the American Community Survey. You will need the materials we mailed to you to start the survey.

The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

[Para completar en español, oprima aquí.](#)

Please Log In



Example
User ID

➔ Enter the 10-digit User ID found below the barcode on the materials we mailed to you.

User ID: -

The Census Bureau estimates that, for the average household, this survey will take 40 minutes to complete, including the time for reviewing the instructions and answers. You may email comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to: Paperwork@census.gov. Use "Paperwork Project 0607-0810" as the subject. Or you may send comments to: Paperwork Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD - 3K138, Washington, D.C. 20233.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. The 8-digit number appears in the left side of the green bar at the bottom of the survey screen.


U.S. Census Bureau Notice and Consent Warning

You are accessing a United States Government computer network. Any information you enter into this system is confidential. It may be used by the Census Bureau for statistical purposes and to improve the website. If you want to know more about the use of this system, and how your privacy is protected, visit our online privacy webpage at <https://www.census.gov/about/policies/privacy/privacy-policy.html>.

Use of this system indicates your consent to collection, monitoring, recording, and use of the information that you provide for any lawful government purpose. So that our website remains safe and available for its intended use, network traffic is monitored to identify unauthorized attempts to access, upload, change information, or otherwise cause damage to the web service. Use of the government computer network for unauthorized purposes is a violation of Federal law and can be punished with fines or imprisonment (PUBLIC LAW 99-474).

return login

The URL address name respondents see is still “login” as the previous screen name. This screen asks for a PIN when users left the survey previously and are coming back to access their account.



American Community Survey


U.S. Department of Commerce | Economic and Statistics Administration

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[Para completar en español, oprima aquí.](#)

Please Log In



ACS 999 999 999 99 999 9999 99
SEQ999-99999

TO THE RESIDENT OF:
101 Main Street
Anytown, MD 20000

➔ Enter the 10-digit User ID found below the barcode on the materials we mailed to you.

User ID: -

➔ Enter the 4-digit PIN we gave you.

PIN:

[Click here if you do not know your PIN.](#)

The Census Bureau estimates that, for the average household, this survey will take 40 minutes to complete, including the time for reviewing the instructions and answers. You may email comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden, to: Paperwork@census.gov. Use "Paperwork Project 0607-0810" as the subject. Or you may send comments to: Paperwork Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD - 3K138, Washington, D.C. 20233.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. The 8-digit number appears in the left side of the green bar at the bottom of the survey screen.


U.S. Census Bureau Notice and Consent Warning

You are accessing a United States Government computer network. Any information you enter into this system is confidential. It may be used by the Census Bureau for statistical purposes and to improve the website. If you want to know more about the use of this system, and how your privacy is protected, visit our online privacy webpage at <https://www.census.gov/about/policies/privacy/privacy-policy.html>.

Use of this system indicates your consent to collection, monitoring, recording, and use of the information that you provide for any lawful government purpose. So that our website remains safe and available for its intended use, network traffic is monitored to identify unauthorized attempts to access, upload, change information, or otherwise cause damage to the web service. Use of the government computer network for unauthorized purposes is a violation of Federal law and can be punished with fines or imprisonment (PUBLIC LAW 99-474).

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address



American Community Survey

[Instructions](#)

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➔ Are you completing the American Community Survey for:

1723 RAINBOW DR
ANYTOWN, MD 55555 ?

Yes

No

Next ➔


[Contact Us](#)

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[Security](#)

later2 (wrong address)



American Community Survey

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 **The Census Bureau needs to collect information about:**

1723 RAINBOW DR
ANYTOWN, MD 55555

Because you indicated that you are not completing the American Community Survey for that address, we do not need any further information at this time. You do not have to return the questionnaire to the Census Bureau.

In case we have to contact you at a later date to gather more information, please enter your name and telephone number below.

Thank you.

First Name MI Last Name

Telephone Number

() - -

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liveu

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American Community Survey

[Instructions](#)

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[Save and Log Out](#)

Do YOU live or stay at:

[\(Help\)](#)

1723 RAINBOW DR
ANYTOWN, MD 55555 ?

Yes

No

◀ Previous

Next ▶

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liveu help

Help



Help

Select "Yes" if you:

- Have been staying at the address for more than two months
- Intend to be at the address for more than two months, but have been there less time than that as of the current date
- Have no other PERMANENT place to stay AND are living or staying there
- Are staying at the address even for a short time
- Are away from the address, but do not plan to be away for more than two months

Close Help

live

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Does anyone live or stay at:

[\(Help\)](#)

2383 GARFIELD ST
ANYTOWN, MD 55555 ?

Yes

No

◀ Previous

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live help**Help****Help**

Select "Yes" if:

- Anyone has been staying at the address for more than two months
- Anyone intends to be at the address for more than two months, but has been there less time than that as of the current date
- Anyone lives or stays at the address such as a caretaker or live-in employee
- Someone who has no other PERMANENT place to stay is living or staying there
- Anyone is staying at the address even for a short time
- Someone is away from the address, but does not plan to be away for more than two months

Close Help

business

American Community Survey

[Instructions](#)[FAQs](#)[Save and Log Out](#)

Is the following address a business?

2383 GARFIELD ST
ANYTOWN, MD 55555

Yes

No

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thankyoubusiness



American Community Survey

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➔ Because you said
2383 GARFIELD ST
ANYTOWN, MD 55555

is a business, you do not need to complete the American Community Survey at this time. You do not have to return the questionnaire to the Census Bureau.

In case we have to contact you at a later date to gather more information, please enter your name and telephone number below.

Thank you. ([Help](#))

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone Number

() - -

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thankyoubusiness help

Help



Why We Ask?

We ask for names in case we need to contact someone to ask about incomplete or missing information. The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Close Help

pin



American Community Survey

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- ➔ Please make note of the PIN below.
- ➔ It will allow you to log back into the survey if the session times out or you need to stop and come back later. The session will time out if left idle for more than 15 minutes. This survey will take approximately 40 minutes to complete.

PIN: 8814

- ➔ Please select a security question to answer. If you forget your PIN, you will be asked to provide this answer to re-enter the survey.

Security Question:

Please select a verification question.




Answer:

Next ➔

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recovery (pin reset)




American Community Survey

U.S. Department of Commerce | Economic and Statistics Administration

 Please provide the answer to the following security question to reset your PIN and return to your survey.


What color was your first car?
(Not case-sensitive)
Answer:

If you do not know the answer to your security question, please call 1-800-354-7271 for assistance.

Next 

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resp_name



American Community Survey

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➔ **What is your name and your telephone number?** We will only contact you if needed for official Census Bureau business.
[\(Help\)](#)

First Name MI Last Name

Telephone Number

() - -

[Next >](#)

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resp_name help**Help****Why We Ask?**


We ask for a respondent's name and contact information in case we need to contact someone to ask about incomplete or missing survey information.

Help

- The U.S. Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.
- Providing a name helps eliminate confusion as you proceed through the survey to know about whom questions are being asked.
- The Census Bureau will only use the phone number you provide for official business. You may be asked to participate in other Census Bureau surveys.

Close Help

resp_name edit message (1)



American Community Survey

[Instructions](#)

[FAQs](#)

[Save and Log Out](#)

! • Please answer this important question.

- If you are uncomfortable providing your name, please provide a nickname.
- Please enter a 10-digit phone number.

➔ **What is your name and your telephone number?** We will only contact you if needed for official Census Bureau business.

[\(Help\)](#)

First Name

MI

Last Name

Telephone Number

() - -

Next ➔


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resp_name edit message (2)



American Community Survey

[Instructions](#) | [FAQs](#) | [Save and Log Out](#)

 Please enter a 10-digit phone number.

 **What is your name and your telephone number?** We will only contact you if needed for official Census Bureau business.
[\(Help\)](#)

First Name MI Last Name


Telephone Number

() - -

[Next >](#)

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resp_name edit message (3)



American Community Survey

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! • Please answer this important question.
• If you are uncomfortable providing your name, please provide a nickname.

➔ What is your name and your telephone number? We will only contact you if needed for official Census Bureau business.
[\(Help\)](#)

First Name MI Last Name

Telephone Number

() - -

[Next ➔](#)

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roster_a



American Community Survey

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The following questions are about everyone who is living or staying at 2383 GARFIELD ST.

First, create a list of people. Enter one person on each line. Leave any extra lines blank. Enter names until you have listed everyone who lives or stays there, then click Next. ([Help](#))

First Name

MI

Last Name

[Click here to add more people](#)

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roster_a help

Help



Why We Ask?

We request names of everyone living in the household to make it easier for you to keep track of each person's information when completing the survey.

Help

Create a list of everyone who is living or staying at this address. You can list up to 20 people.


Do Include yourself and everyone else who is living or staying there.

Do NOT Include anyone who lives separately from you in the same building/structure if they have direct access from the outside or through a common hall.

If a person has a suffix on their name, such as "Jr." or "Sr." enter it into the last name field.

Close Help

roster_b




American Community Survey

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 The following questions are to make sure this list is as complete as possible.

Other than the people listed below, does ANYONE ELSE live or stay there? ([Help](#))

For example, roommates, foster children, boarders, or live-in employees.

Sample Person
Another Person

Yes
 No

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roster_b help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help


This question is asked to make sure you included all the people living or staying there. The examples presented in the question are some types of people that are often forgotten. Consider these, and other, types of people.

Select "Yes" to report more people, who live or stay there, that you have not yet listed.

Select "No" if you have already reported everyone who lives or stays there.

Close Help

add_1



American Community Survey

[Instructions](#) | [FAQs](#) | [Save and Log Out](#)

➔ The following questions are to make sure this list is as complete as possible. Other than the people listed below, does **ANYONE ELSE** live or stay there? ([Help](#))

For example, roommates, foster children, boarders, or live-in employees.

Sample Person
Another Person

Yes
 No

➔ Enter the names and then click **Next**. Do not include anyone already on the list above. ([Help](#))

First Name	MI	Last Name
<input type="text" value="First Name 1"/>	<input type="text" value="MI"/>	<input type="text" value="Last Name 1"/>
<input type="text" value="First Name 2"/>	<input type="text" value="MI"/>	<input type="text" value="Last Name 2"/>
<input type="text" value="First Name 3"/>	<input type="text" value="MI"/>	<input type="text" value="Last Name 3"/>

[Click here to add more people](#)

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add_1 help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Continue creating a list of everyone who is living or staying at this address. The names you report here will be added to the list of people you have already provided.

Close Help

roster_c



American Community Survey

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➔ Other than the people listed below, is there ANYONE ELSE staying there even for a short time? ([Help](#))

For example, a friend or relative. Do not include overnight or weekend guests who have a residence somewhere else.

Sample Person

Another Person

Third Person

Yes

No

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roster_c help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help


Select "Yes" to report more people you have not listed yet. Consider:

- Anyone who is staying there even for a short time, even if you are unsure whether that person should be included
- Anyone whose length of stay is uncertain, for example, a friend that is staying there while going through a personal crisis
- Anyone who has no permanent place to stay

Select "No" if you have already reported everyone who is staying there. You do not need to consider anyone who is **ONLY** staying overnight or for the weekend **AND** has a residence somewhere else.

Close Help

add_2



American Community Survey

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→ Other than the people listed below, is there ANYONE ELSE staying there even for a short time? [\(Help\)](#)
For example, a friend or relative. Do not include overnight or weekend guests who have a residence somewhere else.

Sample Person
Another Person
Third Person

Yes
 No

→ Enter the names and then click Next. Do not include anyone already on the list above. [\(Help\)](#)

First Name	MI	Last Name
<input type="text" value="First Name 1"/>	<input type="text" value="MI"/>	<input type="text" value="Last Name 1"/>
<input type="text" value="First Name 2"/>	<input type="text" value="MI"/>	<input type="text" value="Last Name 2"/>
<input type="text" value="First Name 3"/>	<input type="text" value="MI"/>	<input type="text" value="Last Name 3"/>

[Click here to add more people](#)

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add_2 help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Continue creating a list of everyone who is living or staying at this address. The names you report here will be added to the list of people you have already provided.

Do Include:


- Anyone who is staying there even for a short time, even if you are unsure whether that person should be included
- Anyone whose length of stay is uncertain, for example, a friend that is staying there while going through a personal crisis
- Anyone who has no permanent place to stay

Do NOT Include:

- Anyone who is only staying overnight or for the weekend AND has a residence somewhere else


Close Help

away_now



American Community Survey

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 **Are any of these people listed below away NOW for more than two months, like a college student living away at school or a member of the armed forces personnel living away? [\(Help\)](#)**

Sample Person
Another Person
Third Person

Yes
 No

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away_now help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Selecting "Yes" will take you to another screen where you can select which people are away now for more than two months.

By "away now for more than two months," we mean that a person:

- Has already been away for more than two months
- Is planning to be away for more than two months, but has been away only a short amount of time so far

Select "Yes" if anyone on this list:


- Is a college student and is living away at school for more than two months, either in on-campus or off-campus housing
- Is in the armed forces and is living away for more than two months, for example someone who is living in the barracks or who is deployed overseas
- Is away now for more than two months for any other reason, for example someone who is in jail or living in a rehabilitation facility, nursing home, or traveling in a circus

Select "No" if:

- Everyone on this list is there now
- The people who are away now do NOT plan to be away for more than two months
- The only people staying away now for more than two months are children in boarding school or summer camp

Close Help

remove_one



American Community Survey

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➔ Select the name(s) of anyone who is away NOW for more than two months. ([Help](#))

- Sample Person
- Another Person
- Third Person
- No one on this list is away NOW for more than two months

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remove_one help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

By "away now for more than two months," we mean that a person:

- Has already been away for more than two months
- Is planning to be away for more than two months, but has been away only a short amount of time so far

Do Select anyone who is:


- A college student and is living away at school for more than two months, either in on-campus or off-campus housing
- In the armed forces and is living away for more than two months, for example someone who is living in the barracks or who is deployed overseas
- Away now for more than two months for any other reason, for example someone who is in jail or living in a rehabilitation facility, nursing home, or traveling in a circus

Do NOT Select anyone who is:

- There now
- Away now, but who is not planning to be away for more than two months
- A child in boarding school or summer camp, even if he or she is away now for more than two months

Close Help

another_home



American Community Survey

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➔ Do any of these people listed below have some other place where they usually stay? ([Help](#))

Sample Person
Another Person
Third Person

Yes
 No

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another_home help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Selecting "Yes" will take you to another screen where you can select which people have another place where they usually stay.

Select "Yes" if anyone on this list:

- Is a child in shared custody
- Stays at another residence part of the time to be closer to work
- Has another place to stay or live, like a vacation or seasonal home
- Has another place to stay or live for any other reason

Select "No" if:

- No one on this list has another place to live or stay
- The only person who has another place to stay is a child in boarding school or summer camp

Close Help

another_home_who



American Community Survey

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 **Select the name(s) of anyone who has another place where they usually stay. ([Help](#))**

- Sample Person
- Another Person
- Third Person
- No one on this list has another place where they usually stay

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another_home_who help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Select the names of anyone who has another place to live or stay.

Do Select:

- College students on this list who are living away at school for more than two months, either in on-campus or off-campus housing
- Armed forces personnel who are living away for more than two months, for example someone who is living in the barracks or who is deployed overseas
- Children in shared custody who are NOT staying there right now
- Anyone who stays somewhere else part of the week to be closer to work if this address IS the place that is closer to work
- Anyone who has another place to stay or live, like a vacation or seasonal home
- Anyone who has another place to stay or live for any other reason


Do NOT Select:

- People on this list if they live there and have no other place where they live or stay
- Children in shared custody who ARE staying there right now
- Children who live at boarding school or summer camp
- Anyone who stays somewhere else part of the week to be closer to work if this address is NOT the place that is closer to work

Close Help

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more_than_2



American Community Survey

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➔ Is Sample Person staying at 2383 GARFIELD ST for MORE than two months? ([Help](#))

Yes

No

[← Previous](#) [Next →](#)

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more_than_2 help

Help



Why We Ask?

We ask a series of specific questions about who lives or stays at an address to make sure everyone is included in the list and the list is complete based on the Census Bureau's definition of "live or stay."

Help

Please determine whether this person is staying there for MORE than two months. If they have been there, or intend to be there, for more than two months then select "Yes".

Select "Yes" if this person:

- Has been there for more than two months
- Intends to be there for more than two months, but has been there less time than that as of today

Also, select "Yes" if this person has not been there for more than 2 months BUT:

- Lives away to be closer to work and this is the place where he or she lives when he or she is NOT at work
- Is a boarding school student or a child in summer camp
- Is a child in shared custody and IS staying there now

Select "No" if this person:

- Has not stayed there, and does not intend to stay there, for more than two months

Also, select "No" if this person:


- Lives away to be closer to work and this is the place where he or she lives when he or she IS at work
- Is a child in shared custody and is NOT staying there now

This question helps the Census Bureau determine which people will be asked additional questions for this survey.

Close Help


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roster_check



American Community Survey

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 Thank you for your answers so far. The rest of the survey will only ask about the following people: [\(Help\)](#)

- Sample Person
- Another Person
- Third Person

Click Next to continue.

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roster_check help

Help



Why We Ask?

This screen allows the respondent to review the list of people living or staying at an address to make sure it is correct based on the Census Bureau's definition.

Help


These are the people who we need to collect data for today.

Some of the people you told us about in previous questions might not have been eligible for this survey. Those people will no longer appear in the list of people you created.

The rest of the survey questions will only ask about the people on this final list. In addition, the survey will also collect information about the housing unit where these people live.


Close Help

roster_check (no one on roster)



American Community Survey

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 Since no one is staying here for more than two months, you will not be asked any further questions about the people staying in this unit. However, you will be asked some basic questions about the housing unit.

Click Next to continue.

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ref_per



American Community Survey

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➔ **Of the people listed, who owns or rents this place?** *If the person who owns or pays rent on this place does NOT live here, choose any adult living or staying here.*

Sample Person

Another Person

Third Person

[Next ➔](#)

Where You Are

- Basic Info
- Housing Questions
- Person Info

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relationship



American Community Survey

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2 How is Another Person related to Sample Person? Another Person is Sample Person's ... [\(Help\)](#)

- 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

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Next →

Where You Are

Basic Info

Housing Questions

Person Info

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relationship help

Help



Why We Ask?

We ask about the relationship of each person in a household to the person who owns or rents the home -- the householder. This allows the creation of estimates about families, households, and other groups, and to present other estimates.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing needs of different types of households (number of people, couples, families, roommates, etc.). State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to plan federal programs designed to help families, including Temporary Assistance for Needy Families (TANF).

Examples of Other Uses

- State and local agencies use this information to plan programs to aid families and children, and provide funds and services for single parents, low-income families, older people living alone, etc.
- Advocacy groups use this information to advocate for policies that benefit single parents, working parents, grandparents caring for grandchildren, and other groups.

Help

Category:	Definition:
Opposite-sex unmarried partner	Is in an intimate relationship with the householder, such as a boyfriend or girlfriend.
Same-sex unmarried partner	Is in an intimate relationship with the householder, such as a boyfriend or girlfriend.
Other relative	Related by birth, marriage, or adoption, but NOT one of the options listed- for example, niece or nephew. If a foster child is related to the householder, include in the appropriate relative category, such as grandchild, or include in the "Other relative" category.
Foster child	Under the age of 21 AND involved in the formal foster care system
Other nonrelative	Not related AND not one of the options listed

Close Help

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relationship edit message

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! Please answer this important question.

2
How is Another Person related to Sample Person? Another Person is Sample Person's ... [\(Help\)](#)

- 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

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sex



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3 What is Sample Person's sex? [\(Help\)](#)

Male
 Female

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Where You Are

- Basic Info
- Housing Questions
- Person Info

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sex help

Help



Why We Ask?

We ask about a person's sex to create statistics about men and women and to present other estimates, such as occupation, by sex. These statistics are used to understand the needs and characteristics of each group and to monitor against discrimination.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.
- Used to investigate whether there are differences for men and women in education, employment, home ownership, health, income and many other areas of interest to policymakers.

Examples of Other Uses

- State and local agencies use these statistics to understand the needs of men and women in their community over time.
- Researchers and advocacy groups use these statistics to understand current and future challenges and to advocate for policies that benefit their groups.

Help

Select one response to indicate this person's biological sex.

Close Help

sex edit message



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Please answer this important question.

3 What is Sample Person's sex? ([Help](#))

Male

Female

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Date of birth

Question Wording

What is (name)'s date of birth and what is (name)'s age? ([Help](#))

Verify or enter correct age. For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Age (in years)

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4 What is Sample Person's date of birth and what is Sample Person's age? ([Help](#))

Verify or enter correct age. Please report babies as age 0 when the child is less than 1 year old.

Age (in years)

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dateofbirth help

Age

Enter the person's age. If you do not know the exact age, please estimate. For babies less than 1 year old, do not enter the age in months. Enter 0 as the age.

Help



Why We Ask?

We ask questions about a person's age and date of birth to create statistics about different age groups, and to present other estimates by age group. Age statistics are used in planning and evaluating government programs and policies that provide funds or services for specific age groups, such as children, working-age adults, women of childbearing age, or the older population. These statistics are also used to monitor against age discrimination in government programs and in society.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Required to enforce against age discrimination in education, employment, voting, financial assistance, and housing.
- Used to plan programs and forecast future needs for programs that serve the elderly, including housing assistance programs.

Examples of Other Uses

- State and local agencies use these statistics to understand population changes, and the needs of a community over time.
- Researchers and advocacy groups use statistics about specific age groups (children, college students, working men and women, workers nearing retirement, older people, etc.) to understand current and future challenges and to advocate for policies that benefit their groups.

Help

This question consists of two parts: the first part asks for the date of birth, and the second part asks for the age of the person.

Date of Birth

- If you know the date of birth, enter it. The person's age will be automatically calculated.
- If you do not know the exact date of birth, enter as much as you know.
- If you do not know the date of birth at all, leave it blank and fill in the person's age.

Age

Enter the person's age. If you do not know the exact age, please estimate. For babies who are not yet one year old, enter "0."

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! Please provide a complete date of birth. If you do not know it, provide what you know or leave it blank. Then enter or confirm age in the age box.

4 What is Sample Person's date of birth and what is Sample Person's age? [\(Help\)](#)

Verify or enter correct age. Please report babies as age 0 when the child is less than 1 year old.

Age (in years)

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dateofbirth edit message (2)

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! Please enter an age between 0 and 125. If you do not know the exact age, provide an estimate.

4 What is Sample Person's date of birth and what is Sample Person's age? [\(Help\)](#)

Verify or enter correct age. Please report babies as age 0 when the child is less than 1 year old.

Age (in years)

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Hispanic

Response options


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 - Enter, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.



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5 Is Sample Person of Hispanic, Latino, or Spanish origin? [\(Help\)](#)

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 - *Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

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hispanic help

Text above the "Click here to collapse additional text"

We ask a question about whether a person is of Hispanic, Latino, or Spanish origin to create statistics about this ethnic group.

Local, state, tribal, and federal programs use these data, and they are critical factors in the basic research behind numerous policies, particularly for civil rights. Data on the Hispanic and non-Hispanic populations are used in planning and funding government programs that provide funds or services for specific groups.

These data are also used to evaluate government programs and policies to ensure that they fairly and equitably serve the needs of the Hispanic population and to monitor compliance with antidiscrimination laws, regulations, and policies.

Examples of Federal Uses

- Establish and evaluate the guidelines for federal affirmative action plans under the Federal Equal Opportunity Recruitment Program.
- Monitor compliance with the Voting Rights Act and enforce bilingual election requirements.
- Monitor and enforce equal employment opportunities under the Civil Rights Act of 1964.
- Identify segments of the population who may not be getting needed medical services under the Public Health Service Act.
- Allocate funds to school districts for bilingual services under the Bilingual Education Act.

Examples of other uses

- The National Science Foundation uses these data to provide information on the Hispanic population in the science and engineering workforce.
- Several federal agencies use these data to investigate whether housing or transportation improvements have unintended consequences for the Hispanic population.
- Data on the Hispanic population are used with age and language data to address language and cultural diversity needs in health care plans for the older population.

Help text

Please answer BOTH the question about Hispanic origin AND the question about race. For this survey, Hispanic origin is not a race.

An individual's response is based upon self-identification. People may choose one or more response categories to represent their identity or identities. The categories included in the questionnaire generally reflect social definitions recognized in this country, and do not attempt to define groups biologically, anthropologically, or genetically.

"Hispanic, Latino, or Spanish origin" includes all individuals who identify with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South American, and other Spanish cultures. Examples of these groups include, but are not limited to, Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, and Colombian. "Hispanic, Latino or Spanish origin" also includes groups such as Guatemalan, Honduran, Spaniard, Ecuadorian, Peruvian, Venezuelan, etc.

If a person is not of Hispanic, Latino, or Spanish origin, answer "No, not of Hispanic, Latino, or Spanish origin".

If a person selects the "Another Hispanic, Latino, or Spanish origin" box, enter the name of the specific group(s) in the space provided.

Why We Ask?

We ask whether someone is of Hispanic, Latino, or Spanish origin to create statistics about this ethnic group. These statistics are used in planning and evaluating government programs and policies to ensure they fairly serve the needs of each community and to monitor against discrimination in these programs and in society.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.
- Used to investigate whether there are differences between Hispanics and non-Hispanics in education, employment, home ownership, health, income and many other areas of interest to policymakers.

Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities.
- Researchers and advocacy groups use the data to examine the size and characteristics of Hispanic groups over time.

Help	
If:	Then:
Not of Hispanic, Latino, or Spanish origin	Select "No, not of Hispanic, Latino, or Spanish origin"
Mexican, Mexican American, or Chicano	Select "Yes, Mexican, Mexican Am., Chicano"
Puerto Rican	Select "Yes, Puerto Rican"
Cuban	Select "Yes, Cuban"
Another Hispanic, Latino, or Spanish origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on	Select "Yes, another Hispanic, Latino, or Spanish origin" AND enter the name of the specific origin

Close Help

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! Please answer this important question.

5 Is Sample Person of Hispanic, Latino, or Spanish origin? [\(Help\)](#)

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 - *Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

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5 Is Sample Person of Hispanic, Latino, or Spanish origin? [\(Help\)](#)

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 - *Enter origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.*

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Race

Question text

What is <NAME>'s race? (Help)

*Select one or more boxes **AND** enter origins. For this survey, Hispanic origins are not races.*

Response options

White — Enter, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.


Black or African Am. — Enter, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.

American Indian or Alaska Native — Enter 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
 - Filipino
 - Asian Indian
 - Vietnamese
 - Korean
 - Japanese
 - Other Asian — Enter, for example, Pakistani, Cambodian, Hmong, etc.
-

- Native Hawaiian
 - Samoan
 - Chamorro
 - Other Pacific Islander — Enter, for example, Tongan, Fijian, Marshallese, etc.
-

Some other race — Enter race or origin.



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6 What is Sample Person's race? *Select one or more boxes. For this survey, Hispanic origins are not races.* [\(Help\)](#)

- White
- Black or African Am.
- American Indian or Alaska Native - *Enter name of enrolled or principal tribe.*
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian - *Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander - *Enter race, for example, Fijian, Tongan, and so on.*
- Some other race - *Enter race.*

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race help

[Text above the "Click here to collapse additional text"](#)

We ask a question about a person's race to create statistics about race and to present other estimates by race groups.

Local, state, tribal, and federal programs use these data, and they are critical factors in the basic research behind numerous policies, particularly for civil rights. Race data are used in planning and funding government programs that provide funds or services for specific groups.

These data are also used to evaluate government programs and policies to ensure that they fairly and equitably serve the needs of all racial groups and to monitor compliance with antidiscrimination laws, regulations, and policies.

Examples of Federal Uses

- Establish and evaluate the guidelines for federal affirmative action plans under the Federal Equal Opportunity Recruitment Program.
- Monitor compliance with the Voting Rights Act and enforce bilingual election requirements.
- Monitor and enforce equal employment opportunities under the Civil Rights Act of 1964.
- Identify segments of the population who may not be getting needed medical services under the Public Health Service Act.
- Allocate funds to school districts for bilingual services under the Bilingual Education Act.

Help text

- Please answer BOTH the question about Hispanic origin AND the question about race. For this survey, Hispanic origins are not races.
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
- The concept of race, as used by the Census Bureau, reflects self-identification by individuals according to the race or races with which they identify. The federal government treats Hispanic origin and race as separate and distinct concepts.
- You may select one or more races.
- If you select the "White" box, enter the name of the specific White origin(s) in the space provided (for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.).
- If you select the "Black or African Am." box, enter the name of the specific Black or African American origins(s) in the space provided (for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.).
- If you select the "American Indian or Alaska Native" box, enter the name of the person's enrolled or principal tribe(s) in the space provided (for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.).
- If you select the "Other Asian" box, enter the name of the specific Asian origin(s) in the space provided (for example, Pakistani, Cambodian, Hmong, etc.).
- If you select the "Other Pacific Islander" box, enter the name of the specific Pacific Islander origins(s) in the space provided (for example, Tongan, Fijian, Marshallese, etc.).
- If you select the "Some other race" box, enter the name of the specific group(s) in the space provided.

Why We Ask?

We ask about a person's race to create statistics about these race groups and to present other estimates by race group. These statistics are used in planning and evaluating government programs and policies to ensure they fairly serve the needs of each community and to monitor against discrimination in these programs and in society.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.
- Used to investigate whether there are race differences in education, employment, home ownership, health, income and many other areas of interest to policymakers.

Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities over time.
- Advocacy groups use statistics about specific race groups to understand current and future challenges and to advocate for policies that benefit their groups.


Help

- Please answer BOTH the question about Hispanic origin AND the question about race. For this survey, Hispanic origins are not races.
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
- The concept of race, as used by the Census Bureau, reflects self-identification by individuals according to the race or races with which they identify. The federal government treats Hispanic origin and race as separate and distinct concepts.
- You may select one or more races.
- If you select the "American Indian or Alaska Native" box, enter the name of the person's enrolled or principal tribe(s) in the space provided (for example, Navajo Nation, Blackfeet Tribe, Muscogee (Creek) Nation, Mayan, Doyon, Native Village of Barrow Inupiat Traditional Government, and so on).
- If you select the "Other Asian" box, enter the name of the specific Asian group(s) in the space provided (for example, Pakistani, Cambodian, Hmong, Thai, Laotian, Bangladeshi, and so on).
- If you select the "Other Pacific Islander" box, enter the name of the specific Pacific Islander group(s) in the space provided (for example, Tongan, Fijian, Marshallese, Palauan, Tahitian, Papua New Guinean, and so on).
- If you select the "Some other race" box, enter the name of the specific group(s) in the space provided.

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race edit message



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Please answer this important question.

6 What is **Sample Person's race**? *Select one or more boxes. For this survey, Hispanic origins are not races. [\(Help\)](#)*

White

Black or African Am.

American Indian or Alaska Native - *Enter name of enrolled or principal tribe.*

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian - *Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Enter race, for example, Fijian, Tongan, and so on.*

Some other race - *Enter race.*

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race arrow and highlighting



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6 What is Sample Person's race? *Select one or more boxes. For this survey, Hispanic origins are not races.* [\(Help\)](#)

White

Black or African Am.

American Indian or Alaska Native - *Enter name of enrolled or principal tribe.*

→

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian - *Enter race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*

→

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander - *Enter race, for example, Fijian, Tongan, and so on.*

→

Some other race - *Enter race.*

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typeofunit


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➔ Please answer the following questions about the house, apartment, or mobile home at:

2383 GARFIELD ST
ANYTOWN, MD 55555

1 Which best describes this building? *Include all apartments, flats, etc., even if vacant.* [\(Help\)](#)

- 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.

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typeofunit help

Help



Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.


Help

- Provide clearly and specifically a description of the kind of work the person does.
- If possible, avoid single words such as: nurse, manager, or engineer.
- Enter descriptions like the following:
 - Registered nurse
 - Human resources manager
 - Industrial engineer
- If trainee, apprentice, or helper, then include in this description

Close Help

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! Please answer this important question.

➔ Please answer the following questions about the house, apartment, or mobile home at:

2383 GARFIELD ST
ANYTOWN, MD 5555

1 Which best describes this building? *Include all apartments, flats, etc., even if vacant.* [\(Help\)](#)

- 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.

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yearbuilt



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2 About when was this building first built? [\(Help\)](#)

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

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yearbuilt help

Help



Why We Ask?

We ask about when a building was built and when a person moved into that home to produce statistics about housing availability, understand changes in the age of homes, and measure neighborhood stability.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to understand the age of the existing housing stock. State and Local governments receiving certain grants are required by law to describe housing needs.
- Used to fund low-income housing assistance in a fair and equitable manner.

Examples of Other Uses


- State and local agencies use these statistics to determine the housing needs of people in the community.
- Advocacy groups use this information to educate the public about health hazards in older housing, such as lead.

Help

- For building → select year original construction was completed, NOT remodeling, additions or conversions
- Boat → select manufactured model year
- Mobile home → select manufactured model year
- If year is not known → provide estimate

Close Help

yearbuilt arrow and highlighting



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2 About when was this building first built? [\(Help\)](#)

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

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! Please enter a year between 2000 and 2018.

2 About when was this building first built? ([Help](#))

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

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whenmovedin



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3 When did Sample Person move into this unit? ([Help](#))

MM

YYYY

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Help



Why We Ask?

We ask about when a building was built and when a person moved into that home to produce statistics about housing availability, understand changes in the age of homes, and measure neighborhood stability.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to understand the age of the existing housing stock. State and Local governments receiving certain grants are required by law to describe housing needs.
- Used to fund low-income housing assistance in a fair and equitable manner.

Examples of Other Uses

- State and local agencies use these statistics to determine the housing needs of people in the community.
- Advocacy groups use this information to educate the public about health hazards in older housing, such as lead.

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! Please provide a month between 01 and 12.
Please enter a year between year unit built and 2018.

3 When did Sample Person move into this unit? [\(Help\)](#)

MM

YYYY

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acres



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4 How many acres is this unit on? ([Help](#))

Less than 1 acre

1 to 9.9 acres

10 or more acres

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acres help

Help



Why We Ask?

We ask about the acreage and agricultural sales of a property to create statistics about agricultural properties, and to better understand statistics about home value.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to determine Qualified Census Tracts and Difficult Development Areas for the Low Income Housing Tax Credits (LIHTC) program and to determine state allocations of credit ceilings.
- Used to support agricultural research on the development and improvement of rural home and rural life and maximizing the contribution of agriculture to the welfare of consumers.

Examples of Other Uses


- State and local agencies use these statistics to understand lot sizes, housing density, zoning, and property values.
- Developers may use this information to improve areas with desirable lot sizes.

Help

- Only include land someone in this household owns or rents
- Include adjoining land someone in this household rents for the household's use

Close Help

agrsales



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5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property? ([Help](#))

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

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agrsales help**Help****Why We Ask?**

We ask about the acreage and agricultural sales of a property to create statistics about agricultural properties, and to better understand statistics about home value.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to determine Qualified Census Tracts and Difficult Development Areas for the Low Income Housing Tax Credits (LIHTC) program and to determine state allocations of credit ceilings.
- Used to support agricultural research on the development and improvement of rural home and rural life and maximizing the contribution of agriculture to the welfare of consumers.

Examples of Other Uses

- State and local agencies use these statistics to understand lot sizes, housing density, zoning, and property values.
- Developers may use this information to improve areas with desirable lot sizes.

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rooms



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6 a. How many **separate rooms** are in this unit? *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 unit were for sale or rent. If this is an efficiency/studio apartment, enter "0".* [\(Help\)](#)

Number of bedrooms

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rooms help

Help



Why We Ask?

We ask questions about the type of building, units in the structure, and number of rooms and bedrooms to create statistics to help analyze the availability of housing, understand changes in the size and structure of homes, evaluate overcrowding, and plan emergency services.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to determine demand for senior rental housing.
- Used to calculate emergency allocations of funds for the Low Income Home Energy Assistance Program.

Examples of Other Uses


- State and local agencies use these statistics to determine the housing needs of people in the community.
- Officials use this information to identify home structures in disaster-prone areas during emergency planning and preparation.

Help

Include all rooms intended to be used as bedrooms even if used for other purposes

Close Help

facilities



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7 Does this unit have —
([Help](#))

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

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Why We Ask?

We ask questions about the presence of hot and cold running water, a bathtub or shower, a sink with a faucet, a stove or range, a refrigerator, and telephone service to create statistics about indicators of housing quality, and to help identify areas eligible for housing assistance, rehabilitation loans, and other programs that help people access and afford decent, safe, and sanitary housing. Public health officials may also use this information to locate areas in danger of ground water contamination and waterborne diseases.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to define substandard housing. State and Local governments receiving certain grants are required by law to describe housing needs, including substandard housing (defined as the lack of complete kitchen or bathroom facilities).
- (Telephone service) required to measure extent of universal access to telephone service, including access for elderly consumers.

Examples of Other Uses

- State and local agencies use these statistics to identify poor quality housing by measuring the lack of facilities.
- Developers and aid groups may use this information to improve areas with substandard housing, while advocacy groups may use this information to educate the public about potential water-related environmental and health hazards.

Help

Hot and cold running water: Even if unit has hot water only part of the time → select "Yes"

Sink with a faucet: If sink is inside the house, apartment or mobile home AND the water can be turned on and off with a faucet → select "Yes"

Stove or range: Portable cooking equipment, including microwaves, hot plates, or camp stoves, is NOT considered a stove or range

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telephone

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8 Can you or any member of this household both make and receive phone calls when at **this unit?** *Include calls using cell phones, land lines, or other phone devices.*
[\(Help\)](#)

Yes

No

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telephone help

Help



Why We Ask?


We ask questions about telephone service because federal and local governments need this information to assess the level of need among elderly, low-income, and handicapped households. These measure the extent of universal access to telephone service including 911 services.

Help

If:	Then select:
<ul style="list-style-type: none"> A telephone/land line in working order, AND Someone in this house, apartment, or mobile home can both make AND receive calls 	Yes
<ul style="list-style-type: none"> Someone in this house, apartment, or mobile home has a cell phone, smartphone, or any other type of phone that can both make AND receive calls 	Yes
<ul style="list-style-type: none"> Service disconnected to all such devices 	No

Close Help

compuse



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9 At this unit, do you or any member of this household own or use any of the following types of computers? ([Help](#))

	Yes	No
a. Desktop or laptop	<input type="radio"/>	<input type="radio"/>
b. Smartphone	<input type="radio"/>	<input type="radio"/>
c. Tablet or other portable wireless computer	<input type="radio"/>	<input type="radio"/>
d. Some other type of computer — <i>Specify</i>	<input type="radio"/>	<input type="radio"/>

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compose help

Help



Why We Ask?

We ask about computer ownership, Internet access, and Internet connection types to measure the nationwide development of broadband networks and to inform those working to decrease barriers to broadband access.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to evaluate national broadband access and adoption rates, with specific focus on underserved areas.
- Before distributing important public health or safety information, agencies can make informed decisions about digital outreach methods.

Examples of Other Uses

- State and local agencies can evaluate broadband access in both urban and rural communities.
- Local governments, non-profit organizations, and businesses can maximize the potential of computers and the internet by better understanding the digital characteristics of their communities.


Help

- **Do NOT** include devices such as:
 - Portable book readers
 - Internet movie players
 - Portable gaming devices
 - Other devices with limited computing capabilities

Close Help

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compose arrow and highlighting



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9 At this unit, do you or any member of this household own or use any of the following types of computers? ([Help](#))

	Yes	No
a. Desktop or laptop	<input type="radio"/>	<input type="radio"/>
b. Smartphone	<input type="radio"/>	<input type="radio"/>
c. Tablet or other portable wireless computer	<input type="radio"/>	<input type="radio"/>
d. Some other type of computer — <i>Specify</i>	<input checked="" type="radio"/>	<input type="radio"/>

→

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netaccess



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10 At this unit, do you or any member of this household have access to the Internet? ([Help](#))

Yes, by paying a cell phone company or Internet service provider

Yes, without paying a cell phone company or Internet service provider

No access to the internet at this unit

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netaccess help

Help

**Why We Ask?**

We ask about computer ownership, Internet access, and Internet connection types to measure the nationwide development of broadband networks and to inform those working to decrease barriers to broadband access.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to evaluate national broadband access and adoption rates, with specific focus on underserved areas.
- Before distributing important public health or safety information, agencies can make informed decisions about digital outreach methods.

Examples of Other Uses

- State and local agencies can evaluate broadband access in both urban and rural communities.
- Local governments, non-profit organizations, and businesses can maximize the potential of computers and the internet by better understanding the digital characteristics of their communities.


Help

If:	Then select:
Access to Internet includes: <ul style="list-style-type: none"> • Any service that any member of the household obtains directly through a contract agreement with an Internet service provider, OR • Through payments to a landlord, the government, or someone else 	Yes, by paying a cell phone company or Internet service provider. If this service is currently not available due to non-payment or being out of contract, do not select this choice.
Access to the Internet does NOT require: <ul style="list-style-type: none"> • An account, OR • A contract agreement 	Yes, without paying a cell phone company or Internet service provider. This includes connections offered freely through a city, town, or institution.

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netsub



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11 Do you or any member of this household have access to the Internet using a —
([Help](#))

	Yes	No
a. Cellular data plan for a smartphone or other mobile device?	<input type="radio"/>	<input type="radio"/>
b. Broadband (high speed) Internet service, such as cable, fiber optic, or DSL service installed in this unit?	<input type="radio"/>	<input type="radio"/>
c. Satellite Internet service installed in this unit?	<input type="radio"/>	<input type="radio"/>
d. Dial-up Internet service installed in this unit?	<input type="radio"/>	<input type="radio"/>
e. Some other service? <i>Specify service</i>	<input type="radio"/>	<input type="radio"/>
<input style="width: 100%; height: 20px;" type="text"/>		

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netsub help

Help



Why We Ask?

We ask about computer ownership, Internet access, and Internet connection types to measure the nationwide development of broadband networks and to inform those working to decrease barriers to broadband access.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to evaluate national broadband access and adoption rates, with specific focus on underserved areas.
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Examples of Other Uses

- State and local agencies can evaluate broadband access in both urban and rural communities.
- Local governments, non-profit organizations, and businesses can maximize the potential of computers and the internet by better understanding the digital characteristics of their communities.


Help

Category:	Definition:
Cellular data plan for a smartphone or other mobile device	<ul style="list-style-type: none"> • regular or prepaid contract with a mobile phone service provider • includes access to Internet services such as e-mail, web access, social networks, or streaming audio or video.
Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household	<ul style="list-style-type: none"> • usually involves a modem which provides a wired connection or wireless signal within the house, apartment or mobile home.
Satellite Internet service installed in this household	<ul style="list-style-type: none"> • usually involves a modem which provides a wired connection or wireless signal within the house, apartment or mobile home • broadband signal comes through a satellite dish
Dial-up Internet service installed in this household	<ul style="list-style-type: none"> • type of Internet service that uses a regular telephone line to connect to the Internet.

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11 Do you or any member of this household have access to the Internet using a —
([Help](#))

	Yes	No
a. Cellular data plan for a smartphone or other mobile device?	<input type="radio"/>	<input type="radio"/>
b. Broadband (high speed) Internet service, such as cable, fiber optic, or DSL service installed in this unit?	<input type="radio"/>	<input type="radio"/>
c. Satellite Internet service installed in this unit?	<input type="radio"/>	<input type="radio"/>
d. Dial-up Internet service installed in this unit?	<input type="radio"/>	<input type="radio"/>
e. Some other service? <i>Specify service</i>	<input checked="" type="radio"/>	<input type="radio"/>

→

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vehicles

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12 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? ([Help](#))

None

1

2

3

4

5

6 or more

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vehicles help

Help

**Why We Ask?**

We ask about the vehicles available to people to produce statistics about vehicle access. These statistics, along with the place of work and journey to work questions, provide information about commuting, road congestion, and access to transportation in emergencies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in mass transportation and metropolitan planning to ensure compliance with the Clean Air Act.
- Used to summarize the conditions and performance of the nation's highways, bridges, and transit.

Examples of Other Uses

- State and local agencies use these statistics to estimate clearance times for regional evacuations.
- Local transportation planners use these statistics to determine which types of transportation people are dependent on; i.e. do people bike or take public transportation by choice?


Help

If:	Then:
Company cars, vans or SUVs -- such as police cars or taxicabs <ul style="list-style-type: none"> • Regularly kept at home AND • Used by household for nonbusiness purposes 	Include in count
Company trucks one-ton (2,000 pounds) capacity or less <ul style="list-style-type: none"> • Regularly kept at home AND • Used by household for nonbusiness purposes 	Include in count
Cars or trucks permanently out of working order	Do NOT include in count
Motorcycles	Do NOT include in count
Recreational vehicles	Do NOT include in count

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heatingfuel



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13 Which FUEL is used MOST for heating this unit? [\(Help\)](#)

- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used

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heatingfuel help

Help

**Why We Ask?**

We ask about home heating fuel to create statistics about home energy use. These statistics help to understand community air quality and energy needs, forecast future energy demand, analyze the fuels available to community residents, and plan and fund programs that help low-income residents afford to heat their homes.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in the Low Income Home Energy Assistance Program (LIHEAP) to determine income-eligible households by heating fuel type.
- Used to research and report on the relationships among different development patterns (including housing and travel information) and public health and pollution.

Examples of Other Uses

- State and local agencies use this information to estimate energy consumption, improve energy efficiency in their communities, decrease air pollution, and develop affordable housing.
- Nonprofits use this information to encourage policies that decrease air pollution.

Help

Category:	Definition/examples:
Solar energy	A system that collects, stores, and distributes heat from sun
Other fuel	Include fuel not listed separately, such as: <ul style="list-style-type: none"> • Purchased steam • Fuel briquettes • Waste material

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elecpay



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14 a. Does anyone in this household pay for electricity? *Select "Yes" if electricity and gas are billed together.* [\(Help\)](#)

Yes

No

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elecpay help

Help ×

Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.


Help

If:	Then select:
Someone at this address pays for electricity in addition to rent	Yes
Someone at this address pays for electricity in addition to condo fees	Yes
Electricity included in rent or condo fees	No

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elecamt


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14 a. Does anyone in this household pay for electricity? *Select "Yes" if electricity and gas are billed together. (Help)*

Yes
 No

➔ **LAST MONTH, what was the cost of electricity for this unit?** *If electricity and gas are billed together, enter the combined amount here. (Help)*

Last month's cost — *Dollars*

\$	Amount	.00
----	--------	-----

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elecamt help**Help****Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

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- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- If you don't know the electricity costs → estimate
- Report amount even if bill is unpaid or paid by someone else
- If bill includes another apartment or business → estimate amount for this house or apartment only

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elecinc



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14 a. Does anyone in this household pay for electricity? *Select "Yes" if electricity and gas are billed together.* [\(Help\)](#)

Yes

No

→ Are the electricity costs included in the rent or condominium fee or is there no charge for electricity? [\(Help\)](#)

Included in rent or condominium fee

No charge for electricity

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Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

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Examples of Federal Uses


- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

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14 b. Does this household use gas? ([Help](#))

Yes

No

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Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

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Examples of Federal Uses


- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

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gaspay



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14 b. Does anyone in this household pay for gas? Select "No" if gas and electricity are billed together and you included the gas payment in the electricity question. [\(Help\)](#)

Yes
 No

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gaspay help**Help****Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.


Help

If:	Then select:
Someone at this address pays for gas in addition to rent	Yes
Someone at this address pays for gas in addition to condo fees	Yes
Gas included in rent or condo fees	No

Close Help

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gasamt


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14 **b. Does anyone in this household pay for gas?** *Select "No" if gas and electricity are billed together and you included the gas payment in the electricity question. [\(Help\)](#)*

Yes

No

➔ **LAST MONTH, what was the cost of gas for this unit?** [\(Help\)](#)

Last Month's Cost — *Dollars*

\$	Amount	.00
----	--------	-----

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Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

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Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses


- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- If you don't know the gas costs → estimate
- Report amount even if bill is unpaid or paid by someone else
- If bill includes another apartment or business → estimate amount for this house or apartment only

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gasinc


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14 **b. Does anyone in this household pay for gas?** *Select "No" if gas and electricity are billed together and you included the gas payment in the electricity question. [\(Help\)](#)*

Yes

No

→ **Are the gas costs included in the rent or condominium fee, or included in the electricity payment, or is there no charge for gas?** [\(Help\)](#)

Included in rent or condominium fee

Included with electricity payment

No charge for gas

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Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
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Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

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waterpay



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14 c. Does anyone in this household pay for water and sewer? ([Help](#))

- Yes
- No

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waterpay help**Help****Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
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Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.


Help

If:	Then select:
Someone at this address pays for water and sewer in addition to rent	Yes
Someone at this address pays for water and sewer in addition to condo fees	Yes
Water and sewer included in rent or condo fees	No

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14 c. Does anyone in this household pay for water and sewer? [\(Help\)](#)

Yes

No

➔ **IN THE PAST 12 MONTHS, what was the cost of water and sewer for this unit?** *If you have lived there less than 12 months, estimate the cost.* [\(Help\)](#)

Past 12 months' cost — *Dollars*

\$	Amount	.00
----	--------	-----

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Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.


Help

- If everyone has lived there less than 1 year → estimate cost for PAST 12 months
- If you don't know water and sewer costs → estimate
- Report amount even if bill is unpaid or paid by someone else
- If bill includes another apartment or business → estimate amount for this house or apartment only

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waterinc



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14 c. Does anyone in this household pay for water and sewer? [\(Help\)](#)

Yes

No

➔ Are the water and sewer costs included in the rent or condominium fee or is there no charge for water and sewer? [\(Help\)](#)

Included in rent or condominium fee

No charge for water and sewer

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Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

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14 d. Does this household use other fuels like oil, coal, kerosene, wood, or any other fuel?
[\(Help\)](#)

Yes
 No

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ofueluse help

Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses


- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

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- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

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ofuelpay



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14 d. Does anyone in this household pay for other fuels like oil, coal, kerosene, wood, or any other fuel? [\(Help\)](#)

Yes
 No

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Why We Ask?

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Help

If:	Then select:
Someone at this address pays for other fuels in addition to rent	Yes
Someone at this address pays for other fuels in addition to condo fees	Yes
Other fuels included in rent or condo fees	No

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14 d. Does anyone in this household pay for other fuels like oil, coal, kerosene, wood, or any other fuel? [\(Help\)](#)

Yes

No

➔ **IN THE PAST 12 MONTHS, what was the cost of other fuels like oil, coal, kerosene, wood, or any other fuel for this unit?** *If you have lived there less than 12 months, estimate the cost.* [\(Help\)](#)

Past 12 months' cost — Dollars

\$	Amount	.00
----	--------	-----

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Why We Ask?

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- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- If everyone has lived there less than 1 year → estimate cost for PAST 12 months
- If you don't know the other fuel costs → estimate
- Report amount even if bill is unpaid or paid by someone else
- If bill includes another apartment or business → estimate amount for this house or apartment only

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14 d. Does anyone in this household pay for other fuels like oil, coal, kerosene, wood, or any other fuel? [\(Help\)](#)

Yes

No

➔ Are the costs of the other fuels like oil, coal, kerosene, wood, or any other fuel included in the rent or condominium fee, or is there no charge for other fuels? [\(Help\)](#)

Included in rent or condominium fee

No charge for other fuels

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ofuelinc help**Help****Why We Ask?**

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foodstamps



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15 IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamps Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

[\(Help\)](#)
 Yes

 No

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foodstamps help

Help ×

Why We Ask?

We ask about food stamps/Supplemental Nutrition Assistance Program (SNAP) to understand and forecast participation in food assistance programs. In 2008, the food stamp program was renamed SNAP, but the question uses both program names to minimize confusion.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to streamline administration of the National School Lunch Program and School Breakfast Program by replacing administrative paperwork with ACS estimates of students eligible for free and reduced-price meals.
- Used in the Supplemental Nutrition Assistance Program (SNAP) to calculate the annual Program Access Index (PAI), a measure used to award bonuses to States for strong performance in SNAP administration.

Examples of Other Uses

- State and local agencies use these statistics to assess state food assistance needs and performance, participation rates for eligible families and individuals, and to determine gaps in services and programs.
- Faith-based and other nonprofit organizations use information about food assistance needs to determine where food banks, food kitchens, and other programs could be beneficial, and how their needs can be met with additional resources and services.

Help

- On October 1, 2008, the federal Food Stamp Program was renamed SNAP (Supplemental Nutrition Assistance Program).
 - Although most states have SNAP in their program name, some states may also have their own specific name for the program.

Alabama	Food Assistance Program/SNAP
Arizona	Nutrition Assistance Program/SNAP
California	CalFresh/Food Stamp Program/SNAP
Colorado	Food Assistance Program/SNAP
Delaware	Food Supplement Benefit Program/SNAP
Florida	Food Assistance Program/SNAP/SUNCAP
Iowa	Food Assistance Program/SNAP
Kansas	Food Assistance Program/SNAP
Maine	Food Supplement Program/SNAP
Maryland	Food Supplement Program/SNAP
Michigan	Food Assistance Program/SNAP
Minnesota	Food Support or FS Program/SNAP
New Jersey	NJ SNAP
North Carolina	Food & Nutrition Services/SNAP
Ohio	Food Assistance/SNAP
Vermont	3SquaresVT/Vermont Express/SNAP
Washington	Basic Food Program/SNAP
Wisconsin	FoodShare Program/SNAP
- If you or any member of this household received benefits from the government to buy food for your family using a benefit card → select "Yes"

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condo



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16 Is this mobile home part of a condominium? [\(Help\)](#)

- Yes
- No

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condo help**Help****Why We Ask?**

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[- Click Here to Collapse Additional Text](#)

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Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.


Help

If:	Then select:
Unit is individually owned in a building or development with jointly owned common areas (lobbies or hallways)	Yes
Cooperative	No

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condofee



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16 **Is there a condominium fee?** *For renters, select "Yes" only if you pay the condominium fee in addition to your rent. Otherwise, select "No".* [\(Help\)](#)

Yes

No

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Why We Ask?

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- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- The purpose of a condominium fee is to improve and maintain common areas
- Condo fees are normally assessed by owner's association
- If fee is unpaid or paid by someone else → select "Yes"

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condofeeamt


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16 **Is there a condominium fee?** *For renters, select "Yes" only if you pay the condominium fee in addition to your rent. Otherwise, select "No".* [\(Help\)](#)

Yes
 No

➔ **What is the monthly condominium fee?** [\(Help\)](#)

Monthly amount — *Dollars*

\$	Amount	.00
----	--------	-----

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condofeeamt help**Help****Why We Ask?**

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- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

If condo fee is paid:	To convert to monthly amount:
By day	Multiply amount by 30
By week	Multiply amount by 4
Every other week	Multiply amount by 2
4 times a year	Divide amount by 3
2 times a year	Divide amount by 6
Once a year	Divide amount by 12

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tenure



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17 Is this mobile home —
[\(Help\)](#)

- Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent?

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tenure help

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x

Why We Ask?

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, property owners and renters, and provide and fund housing assistance programs.

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Examples of Federal Uses

- Used to describe the balance of owners and renters. State and Local governments receiving certain grants are required by law to use this information.
- Used to identify rental distribution of housing units used to determine Fair Market Rents (FMRs).

Examples of Other Uses

- States and counties use these statistics to understand changes in local housing markets, ensure residents have affordable housing options, qualify for assistance and grant programs designed for property owners and renters, and reduce the tax revenue losses from vacant or abandoned properties.
- Businesses and mortgage lenders use these statistics to guide future operations.


Help

If:	Then select:
Mortgage on house/apartment/mobile home	Owned by you or someone in this household with a mortgage or loan. Include home equity loans
Contract to purchase on house/apartment/mobile home	Owned by you or someone in this household with a mortgage or loan. Include home equity loans
No mortgage or other debt on house/apartment/mobile home	Owned by you or someone in this household free and clear (without a mortgage or loan)
Land rented and mortgage on house/apartment/mobile home	Owned by you or someone in this household with a mortgage or loan. Include home equity loans
Land rented and no mortgage or other debt on house/apartment/mobile home	Owned by you or someone in this household free and clear (without a mortgage or loan)
Mortgage on land with no installment loan on mobile home	Owned by you or someone in this household with a mortgage or loan. Include home equity loans
Rent paid by people not living in unit	Rented
Rent paid by federal, state or local government	Rented
Rent paid to owner living in separate house/apartment/mobile home on the same property	Rented
Rent not paid to owner living in separate house/apartment/mobile home on the same property	Occupied without payment of rent
Owned by people not living in unit but who allow other people to occupy it without charge	Occupied without payment of rent
House/apartment provided as part of wages or salary	Occupied without payment of rent
Caretaker's or janitor's house/apartment for which no rent is paid	Occupied without payment of rent
Parsonage for which no rent is paid	Occupied without payment of rent
Tenant farmer or sharecropper house/apartment for which no rent is paid	Occupied without payment of rent
Military housing	Occupied without payment of rent

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! Please answer this important question.

17 Is this mobile home —
[\(Help\)](#)

- Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent?

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monthrent



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18 a. What is the monthly rent for this unit? ([Help](#))

Monthly amount — *Dollars*

\$	<input type="text" value="Amount"/>	.00
----	-------------------------------------	-----

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monthrent help

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Why We Ask?

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, protect owners and renters, and provide and fund housing assistance programs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the balance of owners and renters. State and Local governments receiving certain grants are required by law to use this information.
- Used to identify rental distribution of housing units used to determine Fair Market Rents (FMRs).

Examples of Other Uses

- States and counties use these statistics to understand changes in local housing markets, ensure residents have affordable housing options, qualify for assistance and grant programs designed to protect owners and renters, and reduce the tax revenue losses from vacant or abandoned properties.
- Businesses and mortgage lenders use these statistics to guide future operations.

Help

Do include:

- Rent agreed to or contracted for, even if unpaid or paid by someone else

Do NOT include:


- Any subsidy amount which may be paid by a local housing authority or other agency

If rent is paid:	To convert to monthly amount:
By day	Multiply amount by 30
By week	Multiply amount by 4
Every other week	Multiply amount by 2
4 times a year	Divide amount by 3
2 times a year	Divide amount by 6
Once a year	Divide amount by 12

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meals



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18 b. Does the monthly rent include any meals? ([Help](#))

Yes

No

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meals help

Help

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[- Click Here to Collapse Additional Text](#)

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Help

If:	Then select:
Meals are included in monthly rent payment	Yes
Meals or meal plan are contracted in order to live in house, apartment, or mobile home	Yes

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propvalue



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19 About how much do you think this unit would sell for if it were for sale? ([Help](#))

Amount - *Dollars*

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Help

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Help


Enter best estimate of how much the property would sell for if it was on the market

If:	Then include:
House	<ul style="list-style-type: none"> • Value of house AND • Value of land it is on AND • Value of any other structure on same property
House on rented land	<ul style="list-style-type: none"> • Combined value of house and land
Condominium unit or cooperative	<ul style="list-style-type: none"> • Value of condominium AND • Value of share of common elements
An apartment in a non-condominium, multi-unit building, including duplexes, with other apartments in the same building, all of which you own	<ul style="list-style-type: none"> • Value of building AND • Value of land it is on AND • Value of any additional buildings on the same plot
Mobile home	<ul style="list-style-type: none"> • Value of mobile home AND • Value of land
Mobile home on rented land	<ul style="list-style-type: none"> • Value of mobile home

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taxes



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20 What are the annual real estate taxes on THIS property? ([Help](#))

Annual amount - *Dollars*

\$	Amount	.00
----	--------	-----

OR

None

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Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

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Help

- Report taxes for all taxing jurisdictions, including:
 - City or town
 - County
 - State
 - School district
- Report taxes even if:
 - Included in mortgage payments
 - Not yet paid
 - Paid by someone else
 - Delinquent
- Do NOT report taxes:
 - Past due from previous years
 - Not deductible as a real estate tax for income tax purposes

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propinsurance



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21 What is the annual payment for fire, hazard, and flood insurance on THIS property?

[\(Help\)](#)

Annual amount - *Dollars*

\$	Amount	.00
----	--------	-----

OR

None

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Help

- Premiums paid other than yearly → convert to yearly basis
- Even if no payment made during past year → enter yearly amount

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mortgage


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22 a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property? ([Help](#))

Yes, mortgage, deed of trust, or similar debt
 Yes, contract to purchase
 No

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Mortgages include all types of loans secured by real estate, including reverse mortgages.

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Please answer this important question.

22 a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property? ([Help](#))

Yes, mortgage, deed of trust, or similar debt

Yes, contract to purchase

No


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22 b. How much is the regular monthly mortgage payment on THIS property? *Include payment only on FIRST mortgage or contract to purchase. If no regular payment required, enter "0".*

[\(Help\)](#)

Monthly amount — Dollars

\$	Amount	.00
----	--------	-----

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Why We Ask?

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- [Click Here to Collapse Additional Text](#)

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Help


- Enter monthly amount, even if unpaid or paid by someone else
- Enter zero for no regular payment required or for reverse mortgages
- Include payments on:
 - First mortgage
 - Contracts to purchase
 - Mobile home - Installment loans
- Do NOT include payments on:
 - Second mortgages
 - Junior mortgages
 - Home equity loans
 - Mobile home - Personal property taxes, site rent, registration fees, or license fees on mobile home and site

If mortgage is paid:	To convert to monthly amount:
By week	Multiply amount by 4
Every other week	Multiply amount by 2
4 times a year	Divide amount by 3
2 times a year	Divide amount by 6


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mortgageamt edit message


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 Please provide your best estimate.

22 b. How much is the regular monthly mortgage payment on **THIS** property? *Include payment only on FIRST mortgage or contract to purchase. If no regular payment required, enter "0".*
[\(Help\)](#)

Monthly amount — *Dollars*

\$	Amount	.00
----	--------	-----

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22 c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property? ([Help](#))

Yes, taxes included in mortgage payment

No, taxes paid separately or taxes not required

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Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

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mortgageinsurance



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22 d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property? ([Help](#))

- Yes, insurance included in mortgage payment
- No, insurance paid separately or no insurance

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Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses


- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
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Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

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2ndmortgage


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23 a. Do you or any member of this household have a second mortgage or a home equity loan on **THIS** property? ([Help](#))

Yes, home equity loan

Yes, second mortgage

Yes, second mortgage and home equity loan

No

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Help



Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses


- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- Second Mortgage or home equity loan → indicates all loans secured by real estate
- To have a second mortgage, a person must have a first mortgage
- To have a home equity loan a person may or may not have another mortgage

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2ndmortgageamt


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23 b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on **THIS** property? *If no regular payment required, enter "0".* [\(Help\)](#)

Monthly amount — *Dollars*

\$

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Why We Ask?

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses

- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.


Help

- Enter monthly amount, even if unpaid or paid by someone else
- Include payments on second mortgages, junior mortgages, and home equity loans

If mortgage is paid:	To convert to monthly amount:
By week	Multiply amount by 4
Every other week	Multiply amount by 2
4 times a year	Divide amount by 3
2 times a year	Divide amount by 6

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mobilehometax



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24 What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? *Exclude real estate taxes.* [\(Help\)](#)

Annual Costs — *Dollars*

\$	Amount	.00
----	--------	-----

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**Why We Ask?**

We ask about the use and cost of common utilities, any applicable condominium fees, taxes, utilities, mortgages and home loans as part of the cost of homeownership. When combined with income, selected monthly owner costs help federal planners measure housing affordability and excessive shelter costs.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the housing cost burden. State and Local governments receiving certain grants are required by law to use this information.
- Used in many programs that seek to assess poverty, and determine eligibility for housing assistance programs, including the need for housing assistance for elderly, low-income households.

Examples of Other Uses


- States and local agencies use this information to estimate residential costs of energy consumption, improve energy efficiency in their communities, and develop affordable housing.
- Researchers use these statistics to investigate the costs of replacing conventional home heating fuels (including electricity) with renewable energy alternatives.

Help

- Enter total annual amount, even if it is unpaid or paid by someone else
- Report total amount even if paid in two or more installments
- If you do not know the exact cost → estimate
- Include:
 - Personal property taxes
 - Land or site rent
 - Registration fees
 - License fees
- Do NOT include:
 - Real estate taxes

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hunitstatus (if vacant)


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➔ Is this unit - [\(Help\)](#)

- For rent?
- Rented, not occupied
- For sale only?
- Sold, not occupied?
- For seasonal, recreational, or occasional use?
- Other vacant?

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hunitstatus help

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Why We Ask?

We ask about whether a home is owned or rented, and the amount of the monthly rent or how much the home and property are worth to produce statistics about tenure, rent and home value. These statistics are used to analyze whether adequate housing is affordable for residents, protect owners and renters, and provide and fund housing assistance programs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to describe the balance of owners and renters. State and Local governments receiving certain grants are required by law to use this information.
- Used to identify rental distribution of housing units used to determine Fair Market Rents (FMRs).

Examples of Other Uses

- States and counties use these statistics to understand changes in local housing markets, ensure residents have affordable housing options, qualify for assistance and grant programs designed to protect owners and renters, and reduce the tax revenue losses from vacant or abandoned properties.
- Businesses and mortgage lenders use these statistics to guide future operations.

Help

If unit is:	Then select:
• For rent OR for sale at the same time	For rent
• Paid or agreed upon, BUT the renter has not yet moved in	Rented, not occupied
• In cooperatives AND the individual units are offered "For sale only" • In condominium projects AND the individual units are offered "For sale only"	For sale only
• Recently sold, BUT new owner has not yet moved in	Sold, not occupied
• Used OR intended for use in certain seasons or for weekend or other occasional use throughout the year, including: <ul style="list-style-type: none"> • Units used for summer or winter sports or recreation, such as beach cottages and hunting cabins • Quarters for such workers as herders and loggers. • An interval ownership units, sometimes called shared ownership or time-sharing condominiums	For seasonal, recreational, or occasional use
• Intended for occupancy by migratory workers employed in farm work during the crop season • Held for settlement of an estate • Held off market for personal reasons, such as: <ul style="list-style-type: none"> • The owner has not yet decided whether or not the unit will be torn down • The owner is remodeling or repairing the unit AND will not make it available for rent or sale until the work is completed • Held for the occupancy of a caretaker or janitor • Temporarily used for storage of excess house furniture • Has renters who moved during the month although rent has been paid to the end of the month	Other vacant

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pselect (first time viewing)

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➔ The next questions are about each person in the household. Select a name to begin answering questions about that person. Please answer as many questions as you can.

You will be able to review or change your answers at the end of the survey.

Sample Person

Another Person

Third Person

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pselect (subsequent viewing, with more than one person remaining)


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➔ The information you provided for has been saved.

Select another name to begin answering questions about that person. Please answer as many questions as you can.

You will be able to review or change your answers at the end of the survey.

Another Person

Third Person

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pselect (one person left on roster)


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➔ The information you provided for has been saved.

The next questions are about **Third Person**. Please answer as many questions as you can.

You will be able to review or change your answers at the end of the survey.

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placeofbirth

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➔ The following series of questions refer to Sample Person.

7 Where was Sample Person born? [\(Help\)](#)

In the United States - *Select name of state.*

Select Name ▼

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

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placeofbirth help

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Why We Ask?

We ask about place of birth, citizenship, and year of entry to provide statistics about citizens and the foreign-born population. These statistics are essential for agencies and policy makers setting and evaluating immigration policies and laws, understanding the experience of different immigrant groups, and monitoring against discrimination. These statistics are also used to tailor services to accommodate cultural differences.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.
- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.

Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities over time.
- Researchers and advocacy groups use the data to examine the size and characteristics of the native and foreign-born populations over time.

Help

If:	Then:
Born in Washington, DC	<ul style="list-style-type: none"> • Select "In the United States" AND • Enter "District of Columbia"
Country boundaries at time of birth different than country boundaries now	Enter name of country using current country boundaries. For example, specify: <ul style="list-style-type: none"> • Czech Republic or Slovakia • North or South Korea
Born on Caribbean island	Specify particular country or island in the Caribbean. For example, specify: <ul style="list-style-type: none"> • Jamaica not West Indies

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➔ The following series of questions refer to Sample Person.

7 Where was Sample Person born? ([Help](#))

In the United States - *Select name of state.*

➔ ▼

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

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➔ The following series of questions refer to Sample Person.

7 Where was Sample Person born? [\(Help\)](#)

In the United States - *Select name of state.*

Select Name

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

➔

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! Please answer this important question.

➔ The following series of questions refer to Sample Person.

7 Where was Sample Person born? ([Help](#))

In the United States - *Select name of state.*

Select Name ▼

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

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
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 Please select this person's state of birth.


 The following series of questions refer to Sample Person.

7 Where was Sample Person born? [\(Help\)](#)

In the United States - *Select name of state.*



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


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 Please specify this person's country of birth.


 The following series of questions refer to Sample Person.

7 Where was Sample Person born? [\(Help\)](#)

In the United States - *Select name of state.*

Select Name ▼

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



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citizenship



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8 Is Sample Person a citizen of the United States? ([Help](#))

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 - Enter year of naturalization

No, not a U.S. citizen

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citizenship help

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Why We Ask?

We ask about place of birth, citizenship, and year of entry to provide statistics about citizens and the foreign-born population. These statistics are essential for agencies and policy makers setting and evaluating immigration policies and laws, understanding the experience of different immigrant groups, and monitoring against discrimination. These statistics are also used to tailor services to accommodate cultural differences.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.
- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.

Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities over time.
- Researchers and advocacy groups use the data to examine the size and characteristics of the native and foreign-born populations over time.


Help

If:	Then select:
Born in United States (50 states and District of Columbia)	Yes, born in the United States
Born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
<ul style="list-style-type: none"> • Born outside United States, AND • Had at least one parent who was U.S. citizen at time of person's birth 	Yes, born abroad of U.S. citizen parent or parents
<ul style="list-style-type: none"> • Born at sea, AND • Had at least one parent who was U.S. citizen at time of person's birth 	Yes, born abroad of U.S. citizen parent or parents
<ul style="list-style-type: none"> • Born outside United States, AND • Completed naturalization process, AND • Now United States citizen 	Yes, U.S. citizen by naturalization, AND enter year naturalization was completed
<ul style="list-style-type: none"> • Legal Permanent Residents (LPRs) • "Green card" holders • Other non-naturalized immigrants • Visitors to U.S. 	No, not a U.S. citizen

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citizenship arrow and highlighting



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8 Is Sample Person a citizen of the United States? [\(Help\)](#)

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 - Enter year of naturalization

➔

No, not a U.S. citizen

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! You entered a year in the future. Please check your answer.

8 Is Sample Person a citizen of the United States? [\(Help\)](#)

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 - Enter year of naturalization

➔

No, not a U.S. citizen


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citizenship (placeofbirth left blank)


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8 Is Another Person a citizen of the United States? ([Help](#))

Yes, born in the United States

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 - Enter year of naturalization

No, not a U.S. citizen

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yearofentry



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9 When did Sample Person come to live in the United States? *If Sample Person came to live in the United States more than once, enter the latest year.* ([Help](#))

YYYY

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Why We Ask?

We ask about place of birth, citizenship, and year of entry to provide statistics about citizens and the foreign-born population. These statistics are essential for agencies and policy makers setting and evaluating immigration policies and laws, understanding the experience of different immigrant groups, and monitoring against discrimination. These statistics are also used to tailor services to accommodate cultural differences.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

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ⓘ You entered a year in the future. Please check your answer.

24 In what year did Sample Person last get married? [\(Help\)](#)

YYYY

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attendschool



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10 a. At any time **IN THE LAST 3 MONTHS**, has **Sample 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. [\(Help\)](#)

No, has not attended in the last 3 months
 Yes, public school, public college
 Yes, private school, private college, home school

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attendschool help**Help****Why We Ask?**

We ask about whether a person is attending school or college to create statistics about school enrollment. These statistics are used to analyze the characteristics and needs of school-age children and to understand the continuing education needs of adults.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in education by state and local governments, including ensuring appropriate action to assist English language learners in overcoming language barriers, and monitoring desegregation.
- Used to provide funds to states based on the number of adults without a diploma.

Examples of Other Uses


- Colleges, universities, and businesses may use this information to bridge gaps between the education of people who need jobs and the requirements of employers.

Help

Category:	Definition:
Public School	Supported and controlled primarily by local, county, state or federal government
Private school	Supported and controlled primarily by religious organization or other private group
Home school	Parental guided education outside of public or private school for grades 1-12

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whatgrade



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10 b. What grade or level was Sample Person attending? [\(Help\)](#)

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)*

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Why We Ask?

We ask about whether a person is attending school or college to create statistics about school enrollment. These statistics are used to analyze the characteristics and needs of school-age children and to understand the continuing education needs of adults.

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Examples of Federal Uses

- Used to enforce against discrimination in education by state and local governments, including ensuring appropriate action to assist English language learners in overcoming language barriers, and monitoring desegregation.
- Used to provide funds to states based on the number of adults without a diploma.

Examples of Other Uses


- Colleges, universities, and businesses may use this information to bridge gaps between the education of people who need jobs and the requirements of employers.

Help

- Only record grades that the person attended in the LAST 3 MONTHS
- If this is currently a summer month → do NOT record grades the person will attend in the future

Close Help

whatgrade arrow and highlighting



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10 b. What grade or level was Sample Person attending? ([Help](#))

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*)

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! Please specify a grade between 01 and 12.

10 b. What grade or level was Sample Person attending? ([Help](#))

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)*

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highestlevel

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11 What is the highest degree or level of school Sample Person has COMPLETED? *If currently enrolled, select the previous grade or highest degree received. (Help)*

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery School

Kindergarten

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)*

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**Why We Ask?**

We ask about the highest degree or level of school a person has completed, and the field of any Bachelor's degree, to produce statistics about educational attainment. These statistics are used to measure changes in education over time, evaluate the educational attainment of the workforce, and to identify the educational and training needs of adults.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment, recognizing that some occupations have educational qualifications.
- Used to enforce against discrimination in education by state and local governments, including ensuring appropriate action to assist English language learners, and monitoring desegregation.

Examples of Other Uses

- Researchers use this information to investigate changes in educational attainment over time, and how it is related to other factors such as parents' education and health.

Help


- Select highest grade or level of schooling person has **COMPLETED** or **highest degree** received
- School completed in foreign or ungraded school → report equivalent level of schooling in regular American school system
- No college courses completed for credit → select highest level completed below college level

Category:	Definition:
General Education Development (GED) or alternative credential	The person did not receive a regular high school diploma, BUT Completed high school by receiving a GED or other formal recognition of high school completion from a school or government authority
Some college credit, but less than 1 year of college credit	The person has NOT completed enough college credit to be counted as a sophomore
Professional degree beyond a bachelor's degree	Do NOT include: <ul style="list-style-type: none"> • Certificates or diplomas for training in specific trades or occupations, such as computer and electronics technology, medical assistant, or cosmetology • Post-bachelor's certificates that are related to occupational training, such as teaching, accounting, or engineering

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11 What is the highest degree or level of school Sample Person has COMPLETED? *If currently enrolled, select the previous grade or highest degree received. (Help)*

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery School

Kindergarten

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)*

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i Please specify a grade between 01 and 11.

11 What is the highest degree or level of school Sample Person has COMPLETED? *If currently enrolled, select the previous grade or highest degree received.* [\(Help\)](#)

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery School

Kindergarten

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)*

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12 This question focuses on Sample Person's BACHELOR'S DEGREE. Please enter the specific major(s) of any BACHELOR'S DEGREES Sample Person has received. *(For example: chemical engineering, elementary teacher education, organizational psychology)*
[\(Help\)](#)

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Why We Ask?

We ask about the highest degree or level of school a person has completed, and the field of any Bachelor's degree, to produce statistics about educational attainment. These statistics are used to measure changes in education over time, evaluate the educational attainment of the workforce, and to identify the educational and training needs of adults.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment, recognizing that some occupations have educational qualifications.
- Used to enforce against discrimination in education by state and local governments, including ensuring appropriate action to assist English language learners, and monitoring desegregation.

Examples of Other Uses

- Researchers use this information to investigate changes in educational attainment over time, and how it is related to other factors such as parents' education and health.

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More than one bachelor's degree or major → enter names of specific majors for all bachelor's degrees

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13 What is Sample Person's ancestry or ethnic origin? [\(Help\)](#)

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

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Why We Ask?

We ask about a person's ancestry to understand the ethnic origins of the population. These statistics are needed to measure the characteristics of ethnic groups and to tailor services to accommodate cultural differences.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in education, employment, voting, financial assistance, and housing.
- Used to investigate whether there are differences by ancestry in education, employment, home ownership, health, income and many other areas of interest to policymakers.

Examples of Other Uses

- State and local agencies use these statistics to understand the needs of all the groups in their communities.
- Researchers and advocacy groups use the data to examine the size and characteristics of ancestry groups over time.


Help

- Ancestry refers to the person's ethnic origin or descent, "roots," or heritage
- Ancestry may also refer to the country of birth of the person or the person's parents or ancestors before their arrival in the U.S.
- Do NOT report a religious group as person's ancestry
- A person may report two ancestry groups (for example: German, Irish)
- Answer for **ALL** persons, regardless of race, Hispanic origin, or place of birth.

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14 a. Does Sample Person speak a language other than English at home? ([Help](#))

Yes
 No

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14 a. Does Sample Person speak a language other than English at home? [\(Help\)](#)

Yes
 No

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14 a. Does Sample Person speak a language other than English at home? ([Help](#))

Yes

No

b. What is this language? ([Help](#))

For example: Korean, Italian, Spanish, Vietnamese

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Why We Ask?

We ask questions about whether a person speaks a language other than English at home, what language they speak, and how well they speak English, to create statistics about language. These statistics help the federal government understand how well people in each community speak English, and plan programs for adults and children who do not speak English well. This information is also used to ensure that information about public health, law, regulations, voting, and safety is communicated in languages that community members understand.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to report the housing needs of minorities, including non-native English speakers. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used in the enforcement responsibilities under the Voting Rights Act's bilingual requirements, to determine who is eligible to vote, and in court cases.

Examples of Other Uses

- State and local agencies use these statistics to provide translation services and information about voting, emergency planning, law enforcement, etc. in languages that residents understand.
- Public health officials use this information to determine whether there could be language or cultural barriers to obtaining health care.

Help

If:	Then:
<ul style="list-style-type: none"> • The person speaks more than one non-English language, AND • Cannot determine which is spoken more often 	Report language first learned to speak

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14 c. How well does Sample Person speak English? ([Help](#))

Very well
 Well
 Not well
 Not at all

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Why We Ask?

We ask questions about whether a person speaks a language other than English at home, what language they speak, and how well they speak English, to create statistics about language. These statistics help the federal government understand how well people in each community speak English, and plan programs for adults and children who do not speak English well. This information is also used to ensure that information about public health, law, regulations, voting, and safety is communicated in languages that community members understand.

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Examples of Federal Uses


- Used to report the housing needs of minorities, including non-native English speakers. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
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- Public health officials use this information to determine whether there could be language or cultural barriers to obtaining health care.

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15 a. Did Sample Person live in this house 1 year ago? [\(Help\)](#)

Yes, this house

No, outside the United States and Puerto Rico - *Enter name of foreign country, or U.S. Virgin Islands, Guam, etc., below.*

No, different house in the United States or Puerto Rico

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**Why We Ask?**

We ask questions about whether a person moved in the last year, and where he or she lived one year ago to create statistics about where people are moving (among countries, and within the United States). These statistics help federal agencies understand the effects of immigration and migration in both urban and rural areas.

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Examples of Federal Uses

- Used to produce estimates of international migration.
- Used to provide funds to States with unusually large refugee populations and high refugee concentrations.

Examples of Other Uses

- State and local agencies use these statistics to estimate residential turnover in their communities and to forecast population changes.
- These statistics are used to plan programs, services, and infrastructure for new residents when there is a trend in people arriving, or to plan programs that attract new residents or employers when there is a trend in people leaving.

Help

If the person:	Then:
Did not live in United States or Puerto Rico one year ago	<ul style="list-style-type: none"> • Select "No, outside the United States and Puerto Rico" AND • Enter the name of the foreign country, or U.S. Virgin Islands, Guam, etc., where the person lived <ul style="list-style-type: none"> • Be specific when entering name of foreign country. For example: <ul style="list-style-type: none"> • Czech Republic or Slovakia (not Czechoslovakia) • North or South Korea (not Korea) • Specify particular country or island in Caribbean. <ul style="list-style-type: none"> • For example, Jamaica (not West Indies)

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15 a. Did Sample Person live in this house 1 year ago? [\(Help\)](#)

Yes, this house

No, outside the United States and Puerto Rico - *Enter name of foreign country, or U.S. Virgin Islands, Guam, etc., below.*

➔

No, different house in the United States or Puerto Rico

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! Please specify the foreign country where this person lived last year.

15 a. Did Sample Person live in this house 1 year ago? [\(Help\)](#)

Yes, this house

No, outside the United States and Puerto Rico - *Enter name of foreign country, or U.S. Virgin Islands, Guam, etc., below.*

➔

No, different house in the United States or Puerto Rico

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15 b. Where did Sample Person live 1 year ago? ([Help](#))

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

Select Name
▼

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**Why We Ask?**

We ask questions about whether a person moved in the last year, and where he or she lived one year ago to create statistics about where people are moving (among countries, and within the United States). These statistics help federal agencies understand the effects of immigration and migration in both urban and rural areas.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to produce estimates of international migration.
- Used to provide funds to States with unusually large refugee populations and high refugee concentrations.

Examples of Other Uses

- State and local agencies use these statistics to estimate residential turnover in their communities and to forecast population changes.
- These statistics are used to plan programs, services, and infrastructure for new residents when there is a trend in people arriving, or to plan programs that attract new residents or employers when there is a trend in people leaving.

Help**Include:**

- House or structure number;
- Street name;
- Street type (for example, St., Road, Ave.);
- Street direction (if a direction such as "North" is part of the address).
 - For example, enter 1239 Main St. or 1239 Main St., N.W., not just 1239 Main.

Address:

If:	Then:
Lived in Puerto Rico	Address should also include name of development or condominium
Only known address is a post office box	<ul style="list-style-type: none"> • Do NOT give a post office box number • Give description of residence location. For example, enter: <ul style="list-style-type: none"> • Name of the building where the person lived • Nearest intersection • Name of military base or installation • Nearest street where residence located


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

If:	Then:
Lived in Louisiana	Enter parish name
Lived in Alaska	Enter borough or census area name, if known
Lived in New York City AND county name is not known	Enter borough name
Lived in independent city (not in any county)	Leave blank
Lived in Washington, D.C.	Leave blank

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16 Is Sample Person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans?

Select "Yes" or "No" for EACH type of coverage in items a - h. [\(Help\)](#)

	Yes	No
a. Insurance through a current or former employer or union of Sample Person or another family member	<input type="radio"/>	<input type="radio"/>
b. Insurance purchased directly from an insurance company by Sample Person or another family member	<input type="radio"/>	<input type="radio"/>
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="radio"/>	<input type="radio"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="radio"/>	<input type="radio"/>
e. TRICARE or other military health care	<input type="radio"/>	<input type="radio"/>
f. VA (enrolled for VA health care)	<input type="radio"/>	<input type="radio"/>
g. Indian Health Service	<input type="radio"/>	<input type="radio"/>
h. Any other type of health insurance or health coverage plan - <i>Specify</i>	<input type="radio"/>	<input type="radio"/>

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Why We Ask?

We ask questions about health insurance to create statistics about the percentage of the population covered by health insurance, and the sources of their health insurance. These statistics help federal agencies better understand health insurance coverage, state and local health insurance needs, and to help federal agencies accurately distribute resources and plan programs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to identify vulnerable populations that might have limited health care access, poor health quality, and poor health outcomes.
- Used in the Marketplace, Medicaid, and Children's Health Insurance Program (CHIP) to target efforts to enroll eligible people and provide Navigator funding.
- Used to project the demand for VA extended health care services.

Examples of Other Uses

- State and local agencies use these statistics to understand gaps in community services, and to plan services for everyone, including the uninsured.
- Researchers use these statistics to understand the effect of health care policies, and to understand who is covered by health insurance and the sources of their insurance.

Help

Do NOT include:

- Plans that cover only one type of health care (such as dental plans)
- Plans that only cover a person in case of an accident or disability

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16 Is Sample Person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans?

Select "Yes" or "No" for EACH type of coverage in items a - h. [\(Help\)](#)

	Yes	No
a. Insurance through a current or former employer or union of Sample Person or another family member	<input type="radio"/>	<input type="radio"/>
b. Insurance purchased directly from an insurance company by Sample Person or another family member	<input type="radio"/>	<input type="radio"/>
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="radio"/>	<input type="radio"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="radio"/>	<input type="radio"/>
e. TRICARE or other military health care	<input type="radio"/>	<input type="radio"/>
f. VA (enrolled for VA health care)	<input type="radio"/>	<input type="radio"/>
g. Indian Health Service	<input type="radio"/>	<input type="radio"/>
h. Any other type of health insurance or health coverage plan - <i>Specify</i>	<input checked="" type="radio"/>	<input type="radio"/>

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! Please specify the other type of health insurance or health coverage plan this person receives.

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

Select "Yes" or "No" for EACH type of coverage in items a - h. [\(Help\)](#)

	Yes	No
a. Insurance through a current or former employer or union of Sample Person or another family member	<input type="radio"/>	<input type="radio"/>
b. Insurance purchased directly from an insurance company by Sample Person or another family member	<input type="radio"/>	<input type="radio"/>
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="radio"/>	<input type="radio"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="radio"/>	<input type="radio"/>
e. TRICARE or other military health care	<input type="radio"/>	<input type="radio"/>
f. VA (enrolled for VA health care)	<input type="radio"/>	<input type="radio"/>
g. Indian Health Service	<input type="radio"/>	<input type="radio"/>
h. Any other type of health insurance or health coverage plan - <i>Specify</i>	<input checked="" type="radio"/>	<input type="radio"/>

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- 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.* [\(Help\)](#)

 Yes

 No

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Help

If this person has more than one type of health insurance, answer this question while thinking about his/her primary health insurance.

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18 a. Is Sample Person deaf or does he or she have serious difficulty hearing? ([Help](#))

Yes

No

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Why We Ask?

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses


- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

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18 b. Is Sample Person blind or does he or she have serious difficulty seeing even when wearing glasses? ([Help](#))

Yes

No

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Why We Ask?

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

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Examples of Federal Uses


- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

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19 a. Because of a physical, mental, or emotional condition, does Sample Person have serious difficulty concentrating, remembering, or making decisions? ([Help](#))

Yes

No

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Why We Ask?

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

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Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

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19 b. Does Sample Person have serious difficulty walking or climbing stairs? [\(Help\)](#)

Yes

No

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Why We Ask?

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

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Examples of Federal Uses


- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

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19 c. Does Sample Person have difficulty dressing or bathing? ([Help](#))

Yes

No

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difficultydress help**Help****Why We Ask?**

We ask questions about a person's difficulty with specific daily tasks to produce disability statistics. These statistics are used by federal agencies to understand the population with disabilities, to monitor against discrimination, and to distribute funds, provide services, and develop programs for people with disabilities.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to report the housing needs of disabled persons. State and Local governments receiving grants from Community Development Block Grants program, HOME Investment Partnership Program, Emergency Solutions Grant and Housing Opportunities for Persons with AIDS programs, are required by law to report these needs.
- Used to enforce against discrimination in education and employment.
- Used to prepare and respond to disasters. Information about disability status, is used to estimate the size and nature of populations in a disaster-affected area and determine how best to respond to community needs.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

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difficultyerrand



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20 Because of a physical, mental, or emotional condition, does Sample Person have difficulty doing errands alone such as visiting a doctor's office or shopping? ([Help](#))

 Yes

 No

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Help



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Examples of Other Uses

- State and local agencies use these statistics to plan programs and services for the disabled population.
- Advocacy groups use this information to advocate for public policy that ensures the independence and inclusion of people with disabilities in society.

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marriedstatus


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21 What is Sample Person's marital status? ([Help](#))

Now married
 Widowed
 Divorced
 Separated
 Never married

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marriedstatus help**Help****Why We Ask?**

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

Help

If:	Then select:
• Spouse not living in the household for reason OTHER than separation	Now married
• Has received divorce decree	Divorced
• Only marriage was annulled	Never married

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pmarried



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22 a. In the PAST 12 MONTHS, did Sample Person get married? ([Help](#))

 Yes

 No

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Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses


- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

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widow



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22 b. In the PAST 12 MONTHS, did Sample Person become a widow/widower? ([Help](#))

Yes
 No

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Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses


- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

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divorce



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22 c. In the PAST 12 MONTHS, did Sample Person get divorced? ([Help](#))

Yes

No

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Why We Ask?

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[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

Help

Select "Yes" only if the person received a divorce decree in the PAST 12 MONTHS.

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23 How many times has Sample Person been married? ([Help](#))

Once

Two times

Three or more times

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Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

Help

Do not count marriages that ended in annulment.

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yearofmarriage


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24 In what year did Sample Person last get married? ([Help](#))

YYYY

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yearofmarriage help

Help



Why We Ask?

We ask about a person's marital status, changes in marital status in the past 12 months, and lifetime marital history to create estimates about marital status and marital history. These estimates are used to help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

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Examples of Federal Uses

- Used to project usage of programs with spousal benefits, including veterans' and social security programs.
- Used to understand the different types of families in need, in federal programs that benefit low-income families.

Examples of Other Uses


- State and local agencies use these statistics to determine what kinds of social services might be needed in local communities, such as support for older adults living without a spouse.
- Researchers use these statistics to understand marriage trends.

Help

Even if widowed, divorced, or separated → enter year last got married.

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yearofmarriage edit message


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! You entered a year in the future. Please check your answer.

24 In what year did Sample Person last get married? ([Help](#))

YYYY

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birth



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25 In the PAST 12 MONTHS, has Sample Person given birth to any children? ([Help](#))

Yes

No

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Why We Ask?

We ask whether a woman has given birth in the past 12 months to create fertility statistics. These statistics can be used to project the future size of the population, and to understand more about growing families.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to estimate current and future populations eligible for federal programs and services, such as health care.
- Used in programs that investigate poverty, families, and children's health.

Examples of Other Uses

- State and local agencies use these statistics, in combination with their vital statistics, to understand future demands on local education systems, health programs and services, etc.
- Businesses, especially in baby-related industries, use this information to estimate business markets for specific needs in different areas based on fertility rate, and to understand their markets.


Help

- Select "Yes" if the person has given birth in the PAST 12 MONTHS to at least one child born alive, even if the child died or no longer lives with the mother
- Do not consider miscarriages, or stillborn children, or any adopted, foster, or stepchildren

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grandchildrenhome

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26 a. Does Sample Person have any of his or her own grandchildren under the age of 18 living in this mobile home? ([Help](#))

Yes
 No

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grandchildrenhome help

Help



Why We Ask?

We ask questions about grandparents with primary responsibility for their grandchildren to create statistics about grandparent caregivers. While a variety of events may result in grandparents caring for their grandchildren, older Americans are often in different financial and health circumstances than those in middle-age. Estimates about these grandparents help many federal programs understand the needs of this group and design programs that assist both generations.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to provide performance measures for the administration of the Temporary Assistance for Needy Families (TANF) program.

Examples of Other Uses

- State and local agencies use these statistics to plan programs and services that benefit grandparent caregivers.
- Advocacy groups use this information to provide community support for grandparent caregivers.

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grandparentsresp



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26 b. Is Sample Person currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this mobile home? ([Help](#))

- Yes
- No

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[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

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Examples of Other Uses

- State and local agencies use these statistics to plan programs and services that benefit grandparent caregivers.
- Advocacy groups use this information to provide community support for grandparent caregivers.

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

[\(Help\)](#)

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

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lengthofresp help**Help****Why We Ask?**

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Examples of Federal Uses


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Examples of Other Uses

- State and local agencies use these statistics to plan programs and services that benefit grandparent caregivers.
- Advocacy groups use this information to provide community support for grandparent caregivers.

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veteranstat


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27 Has **Sample Person** ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? *Select ONE box.* [\(Help\)](#)

Never served in the military

Only on active duty for training in the Reserves or National Guard

Now on active duty

On active duty in the past, but not now

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veteranstat help

Help ×**Why We Ask?**

We ask about a person's military service to create estimates of veterans and their needs at the community level. Though the Department of Veterans' Affairs (VA) maintains veterans' records, ACS statistics are able to provide federal program planners, policy-makers and researchers with additional statistics about all veterans, regardless of whether they utilize VA services. Statistics about where veterans are moving throughout the country, their ages, and their VA service-connected disability rating status, help communities plan for future health care and nursing homes. Statistics about whether veterans are in school or working help plan and fund job training, and statistics about veterans' homes help improve the home loan guarantee program.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to estimate the number of nursing home and domiciliary beds necessary for VA extended care services to serve older veterans.
- Used to assess the eligible population for federal programs benefiting veterans, such as the VA Home Loan Guarantee program, the Post-9/11 GI Bill, health care and job training, and the effect of these programs on participants.

Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in a community.
- Businesses may use these estimates to understand potential employees or trainees.

Help

if:	Then select:
<ul style="list-style-type: none"> • Served in the military Reserves, or National Guard, AND called up for active duty other than for training • Served as a commissioned officer of the: <ul style="list-style-type: none"> • Public Health Service • National Oceanic and Atmospheric Administration • Coast and Geodetic Survey • Environmental Science Service Administration 	"Now on active duty." OR "On active duty in the past, but not now."
Civilian employee or volunteer for: <ul style="list-style-type: none"> • Red Cross • USO • Public Health Service • War or Defense Department 	"Never served in the military."
World War II Merchant Marine service	"On active duty in the past, but not now."
Merchant Marine service other than World War II	"Never served in the military" OR "Only on active duty for training in the Reserves or National Guard."

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28 When did Sample Person serve on active duty in the U.S. Armed Forces? *Select EACH period in which Sample Person served, even if just for part of the period.* [\(Help\)](#)

- 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

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vadisability



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29 a. Does Sample Person have a VA service-connected disability rating? ([Help](#))

- Yes (such as 0%, 10%, 20%, ..., 100%)
- No

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Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in a community.
- Businesses may use these estimates to understand potential employees or trainees.

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disabilityrate


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29 b. What is Sample Person's service-connected disability rating? ([Help](#))

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

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Examples of Federal Uses

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Examples of Other Uses

- State and local agencies use these statistics to determine what kinds of social services might be needed in a community.
- Businesses may use these estimates to understand potential employees or trainees.


Help

- Received service-connected disability rating of zero → select "0 percent"
- Do NOT select "0 percent" to indicate no rating

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30 a. LAST WEEK, did Sample Person work for pay at a job (or business)? [\(Help\)](#)

Yes

No - Did not work (or retired)

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Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

- Count as work → Select "Yes" if this person performed:
 - Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed)
 - Work in own business, professional practice, or farm
 - Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
 - Any part-time work including babysitting, paper routes, etc.
 - Active duty in the Armed Forces
- Do not count as work → Select "No" if this person's activities were limited to the following:
 - Housework or yard work at home
 - Unpaid volunteer work
 - School work done as a student
 - Work done as a resident or inmate of an institutional facility (like a nursing facility or correctional facility)

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Please answer this important question.

30 a. LAST WEEK, did Sample Person work for pay at a job (or business)? [\(Help\)](#)

Yes

No - Did not work (or retired)

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anywork


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30 b. LAST WEEK, did Sample Person do ANY work for pay, even for as little as one hour?
([Help](#))

Yes

No

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Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

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Help

- Count as work - Select "Yes" if this person performed:
 - Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed)
 - Work in own business, professional practice, or farm
 - Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
 - Any part-time work including babysitting, paper routes, etc.
 - Active duty in the Armed Forces
- Do not count as work - Select "No" if this person's activities were limited to the following:
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 - School work done as a student
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worklocal

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31 At what location did **Sample Person** work **LAST WEEK**? *If Sample Person worked at more than one location, enter where she worked most last week.* [\(Help\)](#)

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

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Why We Ask?

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in transportation planning to ensure compliance with various Federal regulations.
- Used to forecast an area's workforce size and density, predict peak travel demand on roads, bridges, and transit systems, and plan emergency response routes.
- Used to protect against employment discrimination through the Equal Employment Opportunity Act (EEO).
- The Office of Management and Budget's (OMB's) uses information about where people work to delineate the nation's metropolitan and micropolitan areas. These areas are used by Federal statistical agencies in collecting, tabulating, and publishing Federal statistics.

Examples of Other Uses

- State Departments of Transportation and regional planning agencies use commuting information for long range transportation planning and travel demand forecasting.
- Planning bodies use this information to address unmet transportation needs such as services for the physically disabled population and programs to promote a diverse set of travel options such as bicycling, walking, and transit.

Help

Include:

- Building or structure number;
- Street name;
- Street type (for example, St., Road, Ave.);
- Street direction (if direction such as "North" is part of the address);
 - For example, type 1239 N. Main St. or 1239 Main St., N.W., not just 1239 Main

If:	Then:
Only known address is post office box	<ul style="list-style-type: none"> • Do NOT give a post office box number • Enter description of work location, such as name of building or shopping center, nearest intersection, or nearest street
Worked at military installation or military base that has no street address	Enter name of military installation or base, AND enter description of work location, such as building number, building name, nearest street or intersection
Worked at several locations, but reported to same location each day to begin work	Enter street address of location reported
Worked at several locations, but did NOT report to same location each day to begin work	Enter address of location worked most of the time last week
Employer operates in more than one location, such as: <ul style="list-style-type: none"> • Grocery store chain • Public school system 	<ul style="list-style-type: none"> • Enter street address of location or branch where worked • If street address of a school is not known, enter name of school, AND description of location, such as nearest street or intersection
Person worked on a college or university campus AND street address of the workplace is not known	Enter name of building where worked, AND description of location, such as nearest street or intersection

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transporttowork



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32 How did Sample Person usually get to work LAST WEEK? *Select ONE box for the method of transportation used for most of the distance.* [\(Help\)](#)

- Car, truck, or van
- Bus
- Subway or elevated rail
- Long-distance train or commuter rail
- Light rail, streetcar, or trolley
- Ferryboat
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Worked from home
- Other method

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Why We Ask?

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

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- State Departments of Transportation and regional planning agencies use commuting information for long range transportation planning and travel demand forecasting.
- Planning bodies use this information to address unmet transportation needs such as services for the physically disabled population and programs to promote a diverse set of travel options such as bicycling, walking, and transit.

Help


- Worked on a farm where he or she lives → select "Worked from home"
- Worked in an office or shop in the person's own home → select "Worked from home"
- If different modes are used on different days → select mode used on most of the days

If person rode:	Then select:
<ul style="list-style-type: none"> • Company car • Limousine (private) • Mini-bus • Station wagon • Truck cab • Truck (light) of 1-ton capacity or less 	Car, truck, or van
<ul style="list-style-type: none"> • Light rail • Vehicles that operate on tracks or rails with overhead electrical wires 	Light rail, streetcar, or trolley
<ul style="list-style-type: none"> • Commuter train 	Long-distance train or commuter rail
<ul style="list-style-type: none"> • Cab • Limousines for which fare is charged (airport limousines) 	Taxicab
<ul style="list-style-type: none"> • Moped • Motor scooter • Similar motor-driven vehicle 	Motorcycle
<ul style="list-style-type: none"> • Bicycle or other vehicle that is pedaled 	Bicycle
<ul style="list-style-type: none"> • Airplane • All-Terrain Vehicle (ATV) • Boat (other than public ferry) • Dogsled • Helicopter • Horse (with or without buggy) • Inline skates • Limousine (for hire) • Motor home (large) • Motorized chair • Self-balancing electric vehicle • Skateboard • Snow machine/snowmobile • Truck (large) or truck rig 	Other method

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33 How many people, including Sample Person, usually rode to work in the car, truck, or van LAST WEEK? [\(Help\)](#)

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Why We Ask?

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Help

- If driven to work by someone who then drove back home or to a non-work destination → enter "1"
- Do NOT include persons who rode to school or some other non-work destination

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! You reported a very large number of riders. Please check your answer. Remember to include this person in the number of riders.

33 How many people, including Sample Person, usually rode to work in the car, truck, or van LAST WEEK? ([Help](#))

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timeleftforwork



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34 LAST WEEK, what time did Sample Person's trip to work usually begin? ([Help](#))

Hour

Minute

a.m.

p.m.

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Why We Ask?

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

[- Click Here to Collapse Additional Text](#)

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Help

- Between 12:00 o'clock midnight and 11:59 a.m. → select "a.m."
- Between 12:00 o'clock noon and 11:59 p.m. → select "p.m."

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! Please enter an hour between 00 and 23.

34 LAST WEEK, what time did Sample Person's trip to work usually begin? ([Help](#))

Hour: : Minute:

a.m.
 p.m.


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 Please enter minutes between 00 and 59.

34 LAST WEEK, what time did Sample Person's trip to work usually begin? ([Help](#))

Hour : Minute

a.m.
 p.m.

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mintowork



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35 How many minutes did it usually take Sample Person to get from home to work LAST WEEK? [\(Help\)](#)

Minutes

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Why We Ask?

We ask questions about where people work, how they get there, when they leave, and how long it takes, to create statistics about commuting, or a person's journey to work. This information is crucial for planning improvements to the Nation's transportation systems, such as roads, bridges, and transit networks.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in transportation planning to ensure compliance with various Federal regulations.
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Help

- Travel time is from door to door
- Enter one-way commute time for this person's usual daily commute
- Include time waiting for public transportation or picking up passengers in a carpool

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! You reported a very large number of minutes to work. Please check your answer. The number of minutes to work should be the average number of minutes it took from home to work for a one-way commute last week.

35 How many minutes did it usually take Sample Person to get from home to work LAST WEEK? [\(Help\)](#)

Minutes

330

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fiftymoreweeks

United States™ Census Bureau		American Community Survey	
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<p>40 a. During the PAST 12 MONTHS (52 weeks), did Sample Person work EVERY week? Count paid vacation, paid sick leave, and military service as work. (Help)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>← Previous Next →</p>			<p>Where You Are</p> <p>Basic Info</p> <p>Housing Questions</p> <p>Person Info</p> <ul style="list-style-type: none"> • Sample Person • Another Person • Third Person
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Why We Ask?

We ask about how many weeks a person worked in the last year, and how many hours he or she worked each week to produce statistics about full-time and part-time workers, as well as full-year and part-year workers. These statistics help federal agencies understand trends and differences in wages, benefits, work hours, and seasonal work.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to examine the labor force participation and income status of all service-connected (SC) veterans compared to non service-connected (NSC) veterans and non-veterans. This comparison is important to compensate and care for disabled veterans.
- Used to enforce against discrimination in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.

Examples of Other Uses

- State and local agencies use these statistics to identify the percentage of people employed full-time, and the percentage of residents who work in each community year-round.

Help

- Count every week in which the person did any work at all, even for an hour
- Count weeks this person was on paid vacation, paid sick leave, or military service
- Count weeks if this person performed:
 - Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed)
 - Work in own business, professional practice, or farm
 - Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
 - Any part-time work including babysitting, paper routes, etc.
 - Active duty in the Armed Forces
- Do NOT count weeks in which this person's activities were limited to the following:
 - Housework or yard work at home
 - Unpaid volunteer work
 - School work done as a student
 - Work done as a resident or inmate of an institution

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40 a. During the PAST 12 MONTHS (52 weeks), did Sample Person work EVERY week? Count paid vacation, paid sick leave, and military service as work. [\(Help\)](#)

Yes

No

40 b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did Sample Person work? Include paid time off and include weeks when Sample Person only worked for a few hours. [\(Help\)](#)

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Why We Ask?

We ask about how many weeks a person worked in the last year, and how many hours he or she worked each week to produce statistics about full-time and part-time workers, as well as full-year and part-year workers. These statistics help federal agencies understand trends and differences in wages, benefits, work hours, and seasonal work.

[- Click Here to Collapse Additional Text](#)

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Examples of Other Uses

- State and local agencies use these statistics to identify the percentage of people employed full-time, and the percentage of residents who work in each community year-round.

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hoursworked


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41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did Sample Person usually work each WEEK? ([Help](#))

Usual hours worked each WEEK

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Why We Ask?

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Examples of Other Uses

- State and local agencies use these statistics to identify the percentage of people employed full-time, and the percentage of residents who work in each community year-round.

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If hours worked each week varied considerably → enter approximate average number of hours worked each week

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! You reported a very large number of hours. Please check the number of hours this person worked last week.

41 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did Sample Person usually work each WEEK? ([Help](#))

Usual hours worked each WEEK

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layoff


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36 a. LAST WEEK, was Another Person on layoff from a job? ([Help](#))

Yes

No

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Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses


- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

- Waiting to be recalled to a job from which the person was temporarily separated for business-related reasons → select "Yes"

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tempabsent


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36 b. LAST WEEK, was Another Person TEMPORARILY absent from a job or business?
([Help](#))

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc.

No

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tempabsent help**Help****Why We Ask?**

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Examples of Other Uses

- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

Select "No" if the person:

- Works only during certain seasons
- Works only on a day-by-day basis when work is available

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recalltowork



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36 c. Has Another Person been informed that he will be recalled to work within the next 6 months OR been given a date to return to work? ([Help](#))

 Yes

 No

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recalltowork help**Help****Why We Ask?**

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

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Examples of Other Uses

- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help


Select "Yes" if the person was:

- Informed by employer, either formally or informally, that they will be recalled within next 6 months
- Given, formally or informally, specific date to return to work, even if that date is more than 6 months away

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activelookforwork



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37 During the LAST 4 WEEKS, has Another Person been ACTIVELY looking for work?
([Help](#))

Yes
 No

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Why We Ask?

We ask about whether a person worked last week, and if the answer is no, why they were not working, and whether they are looking for work to produce statistics about the labor force. These statistics about the employed, unemployed, and those out of the labor force help the federal government understand more about unemployment and the availability of workers, plan unemployment programs and services, and plan programs to grow employment over time.

[- Click Here to Collapse Additional Text](#)

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Examples of Other Uses

- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.

Help

Select "Yes" if the person tried to get a job or start a business or professional practice at any time in the last 4 weeks. For example:

- Registered at a public or private employment office
- Went to a job interview
- Placed or answered employment ads
- Did anything toward starting a business or professional practice

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couldwork

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38 LAST WEEK, could Another Person have started a job if offered one, or returned to work if recalled? ([Help](#))

Yes, could have gone to work

No, because of own temporary illness

No, because of all other reasons (in school, etc.)

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Why We Ask?

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Help

- If the person was expecting to report to a job within 30 days → select "Yes, could have gone to work"
- Select "No, because of own temporary illness" only if the person expects to be able to work within 30 days
- If the person could not have gone to work because he or she was going to school, taking care of children, etc. → select "No, because of all other reasons (in school, etc.)"

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39 When did Another Person last work, even for a few days? ([Help](#))

Within the past 12 months

1 to 5 years ago

Over 5 years ago or never worked

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Why We Ask?

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[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce nondiscrimination provisions in employment by private employers, employment agencies, and labor organizations. Used in federal affirmative employment programs, to identify under-representation in job categories, including veterans and people with disabilities.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- State and local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and to promote business opportunities.


Help

- Count as work if this person performed:
 - Work for someone else for wages, salary, piece rate, commission, tips, or payments "in kind" (for example, food or lodging received as payment for work performed)
 - Work in own business, professional practice, or farm
 - Any work in a family business or farm, paid (for any amount of time) or without pay (for 15 or more hours per week).
 - Any part-time work including babysitting, paper routes, etc.
 - Active duty in the Armed Forces
- Do NOT count as work if this person's activities were limited to the following:
 - Housework or yard work at home
 - Unpaid volunteer work
 - School work done as a student
 - Work done as a resident or inmate of an institution
- Select "Over 5 years ago or never worked" if the person:
 - Never worked at any kind of job or business, either full or part time, AND
 - Never worked, with or without pay, in a family business or farm, AND
 - Never served on active duty in Armed Forces

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! Please answer this important question.

39 When did Another Person last work, even for a few days? ([Help](#))

Within the past 12 months
 1 to 5 years ago
 Over 5 years ago or never worked

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<p>42 DESCRIPTION OF EMPLOYMENT</p> <p>The next series of questions is about the type of employment Sample Person had last week.</p> <p><i>If Sample Person had more than one job, describe the one at which the most hours were worked.</i></p> <p><i>If Sample Person did not work last week, describe the most recent employment in the past five years.</i></p> <p>a. Which one of the following best describes Sample Person's employment last week or the most recent employment in the past 5 years?</p> <p>(Help)</p> <p>PRIVATE SECTOR EMPLOYEE</p> <p><input type="radio"/> For-profit company or organization</p> <p><input type="radio"/> Non-profit organization (including tax-exempt and charitable organizations)</p> <p>GOVERNMENT EMPLOYEE</p> <p><input type="radio"/> Local government (for example: city or county school district)</p> <p><input type="radio"/> State government (including state colleges/universities)</p> <p><input type="radio"/> Active duty U.S. Armed Forces or Commissioned Corps</p> <p><input type="radio"/> Federal Government civilian employee</p> <p>SELF-EMPLOYED OR OTHER</p> <p><input type="radio"/> Owner of non-incorporated business, professional practice, or farm</p> <p><input type="radio"/> Owner of incorporated business, professional practice, or farm</p> <p><input type="radio"/> Worked without pay in a for-profit family business or farm for 15 hours or more per week</p> <p>← Previous Next →</p>			<p>Where You Are</p> <p>Basic Info</p> <p>Housing Questions</p> <p>Person Info</p> <ul style="list-style-type: none"> • Sample Person • Another Person • Third Person
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Why We Ask?

We ask about whether a person was a private employee, government employee, self-employed, or working without pay in a family business, to produce statistics about class of worker. These statistics are used to understand more about the type of ownership of employing organizations, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to support cooperative agricultural extension work.
- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories, including veterans and people with disabilities.

Examples of Other Uses

- State and local agencies use these statistics to identify the percentage of people employed full-time, and the percentage of residents who work in each community year-round.

Help

If worked for:	Then select:
<ul style="list-style-type: none"> • Department store • Restaurant • Automobile dealer • National investment firm 	For-profit company or organization
<ul style="list-style-type: none"> • Cooperative • Credit union • Mutual insurance company 	Non-profit organization (including tax exempt and charitable organizations)
<ul style="list-style-type: none"> • County-run community college • City-run public school • City-owned bus lines 	Local government (for example: city or county school district)
<ul style="list-style-type: none"> • State university • State police 	State government (including state colleges/universities)
<ul style="list-style-type: none"> • Armed Forces, regular service • U.S. Public Health Service or NOAA Commissioned Corps • Military Reserves AND called to service by military order (not weekend training) 	Active duty U.S. Armed Forces or Commissioned Corps
<ul style="list-style-type: none"> • Foreign government • United Nations 	Federal government civilian employee
<ul style="list-style-type: none"> • Profit or fees in his or her own business, farm, office, etc. • Sole proprietorships and partnerships, but the company is not incorporated 	Owner of non-incorporated business, professional practice, or farm
<ul style="list-style-type: none"> • Own business or organization which was a legal entity created by filing documents with the local secretary of state, commissioner of corporations, or similar official 	Owner of incorporated business, professional practice, or farm
<ul style="list-style-type: none"> • Worked on a farm or in a business operated by a relative. • This category only applies to workers in the family business or farm, not the owners. • The work does not include housework or yard work at home, caring for a family member, unpaid volunteer work or unpaid internships. • If the worker receives money, which is considered wages for work, do not assign this category. 	Worked without pay in a for-profit family business or farm for 15 hours or more per week

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42 b. What was the name of Sample Person's employer, business, or agency? [\(Help\)](#)

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Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.

Help

If worked for:	Then enter:
<ul style="list-style-type: none"> • Company • Business • Government agency 	Name of company, NOT name of person's supervisor
<ul style="list-style-type: none"> • Individual or business that had no company name 	Name of individual this person worked for
<ul style="list-style-type: none"> • His or her own un-named business 	"Self-employed"

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42 b. Which branch of the Armed Forces or Commissioned Corps did Sample Person work for? ([Help](#))

- U.S. Army
- U.S. Navy
- U.S. Air Force
- U.S. Marine Corps
- U.S. Coast Guard
- U.S. Public Health Service
- National Oceanic and Atmospheric Administration (NOAA)

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Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.

Help

- Do NOT include:
 - Persons elected to federal offices
 - Civilian employees of the Armed Forces
- Include ACTIVE DUTY members of:
 - U.S. Army
 - U.S. Navy
 - U.S. Air Force
 - U.S. Marine Corps
 - U.S. Coast Guard
 - U.S. Public Health Service
 - National Oceanic and Atmospheric Administration (NOAA)

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<p>42 c. What kind of business or industry was this? <i>Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)</i> (Help)</p> <input type="text"/>			<p>Where You Are</p> <p>Basic Info</p> <p>Housing Questions</p> <p>Person Info</p> <ul style="list-style-type: none"> • Sample Person • Another Person • Third Person
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Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.


Help

- Clearly and specifically describe what the business, industry, or individual employer does at the location where the person worked
- Enter what the main activity was, what products were made or sold, or what service was given.
- If more than one activity, describe only the major activity.
- Enter descriptions like the following:
 - Urgent care center
 - Certified public accounting firm
 - Office supplies manufacturing company

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42 d. Was this mainly — [\(Help\)](#)

manufacturing?

wholesale trade?

retail trade?

other (agriculture, construction, service, government, etc.)?

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**Why We Ask?**

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.


Help

If main industry activity was:	Then select:
<ul style="list-style-type: none"> • Making and processing of products, OR • Making, processing, and selling of products in large lots to other manufacturers, wholesalers, or retailers 	Manufacturing
<ul style="list-style-type: none"> • Buying of goods in large quantities from the manufacturer and selling the goods, usually in large volume, to other wholesalers or retailers, or industrial users 	Wholesale trade
<ul style="list-style-type: none"> • Selling of products to individual consumers or users 	Retail trade
<ul style="list-style-type: none"> • Other kinds of industries not previously mentioned, such as farms, construction firms, government offices, and services 	Other (agriculture, construction, service, government, etc.)

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42 e. What was **Sample Person's main occupation?** *(For example: 4th grade teacher, entry-level plumber)* [\(Help\)](#)

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Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.

Help

- Provide clearly and specifically a description of the kind of work the person does.
- If possible, avoid single words such as: nurse, manager, or engineer.
- Enter descriptions like the following:
 - Registered nurse
 - Human resources manager
 - Industrial engineer
- If trainee, apprentice, or helper, then include in this description

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42 f. Describe Sample Person's most important activities or duties. *(For example: instruct and evaluate students in math and create lesson plans, assemble and install pipe sections and review building plans for work details)* [\(Help\)](#)

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Why We Ask?

We ask about a person's employer, the kind of business or industry of that employer, the work a person was doing, and that person's most important duties at that job to produce industry and occupation statistics. These statistics are used to understand more about the labor force, to plan and measure education, employment, career development and job training programs, and to measure compliance with antidiscrimination policies.

- [Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used to enforce against discrimination in employment by private employers, government agencies, and labor organizations. Used in federal affirmative employment programs, to identify underrepresentation in job categories and specific occupations.
- Used to help make other federal surveys more accurate, including those that produce the nation's official labor market estimates.

Examples of Other Uses

- Used by Federal, State and local agencies to identify the demand of specific occupational categories by geographic areas.
- Used by companies to decide where to locate new plants, stores, or offices.


Help

- Provide clearly and specifically a description of the most important activities or duties performed
- Enter descriptions like the following:
 - Coordinate patient care and administer medications
 - Direct hiring policies and advise supervisors on employee relations matters
 - Design control systems to ensure product quality

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43 The next few questions are about Sample Person's income during the PAST 12 MONTHS.

For each type of income Sample Person received, give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person and select "No" for the other person.

a. Did Sample Person receive any wages, salary, commissions, bonuses, or tips during the PAST 12 MONTHS? ([Help](#))

Yes

No

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**Why We Ask?**

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

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Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.


Help

If person received:	Then select:
<ul style="list-style-type: none"> • Wages and salaries before deductions from ALL jobs • Tips • Commissions • Bonuses • Salary from incorporated businesses • Sick leave pay • Vacation pay • Director fees • Severance pay • Assistantships and teaching fellowships • Piece-rate • Military personnel: <ul style="list-style-type: none"> • Base pay • Cash housing and/or subsistence allowance • Flight pay • Uniform allotments • Reenlistment bonuses • Armed forces or national guard pay 	Yes

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! Please answer this important question.

43 The next few questions are about Sample Person's income during the PAST 12 MONTHS.

For each type of income Sample Person received, give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person and select "No" for the other person.

a. Did Sample Person receive any wages, salary, commissions, bonuses, or tips during the PAST 12 MONTHS? ([Help](#))

Yes

No

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- 43** The next few questions are about Sample Person's income during the PAST 12 MONTHS.

For each type of income Sample Person received, give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person and select "No" for the other person.

a. Did Sample Person receive any wages, salary, commissions, bonuses, or tips during the PAST 12 MONTHS? [\(Help\)](#)

- Yes
 No

- ➔ What was the amount?** Report amount from all jobs before any deductions for taxes, bonds, dues, or other items. [\(Help\)](#)

TOTAL AMOUNT for past 12 months

\$	Amount	.00
----	--------	-----

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Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.


Help

If person received:	Then:
<ul style="list-style-type: none"> • Wages and salaries before deductions from ALL jobs • Tips • Commissions • Bonuses • Salary from incorporated businesses • Sick leave pay • Vacation pay • Director fees • Severance pay • Assistantships and teaching fellowships • Piece-rate • Military personnel: <ul style="list-style-type: none"> • Base pay • Cash housing and/or subsistence allowance • Flight pay • Uniform allotments • Reenlistment bonuses • Armed forces or national guard pay 	Include in amount
<ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent • Lottery winnings taken in lump sum 	Do NOT include in amount

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43 The next few questions are about Sample Person's income during the PAST 12 MONTHS.

For each type of income Sample Person received, give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person and select "No" for the other person.

a. Did Sample Person receive any wages, salary, commissions, bonuses, or tips during the PAST 12 MONTHS? ([Help](#))

Yes

No

ⓘ Please give your best estimate.

➔ What was the amount? Report amount from all jobs before any deductions for taxes, bonds, dues, or other items. ([Help](#))

TOTAL AMOUNT for past 12 months

\$	Amount	.00
----	--------	-----

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43 b. Did Sample Person receive any self-employment income from her own nonfarm businesses or farm businesses, including proprietorships and partnerships, during the PAST 12 MONTHS? [\(Help\)](#)

Yes

No

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**Why We Ask?**

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

if:	Then select:
Nonfarm	<p>"Yes" if:</p> <ul style="list-style-type: none"> • Person received profit (or loss) from self-employment in sole proprietorships and partnerships <p>"No" if:</p> <ul style="list-style-type: none"> • Person received profit (or loss) from incorporated business
Farm	<p>"Yes" if:</p> <ul style="list-style-type: none"> • Person received amounts from land rented for shares • Person received profit (or loss) from self-employment in sole proprietorships and partnerships <p>"No" if:</p> <ul style="list-style-type: none"> • Person received amounts from land rented for cash • Person received profit (or loss) from incorporated business

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43 b. Did Sample Person receive any self-employment income from her own nonfarm businesses or farm businesses, including proprietorships and partnerships, during the PAST 12 MONTHS? ([Help](#))

 Yes

 No

➔ **What was the amount?** Report NET income after business expenses. If net income was a loss, enter the amount and select "Loss." ([Help](#))

TOTAL AMOUNT for past 12 months

\$.00

 Loss

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**Why We Ask?**

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

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Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

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- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Help

If income received jointly by household members:


- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

If:	Then:
Nonfarm	Include: <ul style="list-style-type: none"> • Profit or Loss (report <i>net</i> money income - gross receipts minus expenses) from self-employment in sole proprietorships and partnerships Exclude: <ul style="list-style-type: none"> • Profit (or loss) of incorporated businesses the person owns
Farm	Include: <ul style="list-style-type: none"> • Profit (or loss) from self-employment in sole proprietorships and partnerships • Amounts from land rented for shares Exclude: <ul style="list-style-type: none"> • Profit (or loss) of incorporated farm businesses the person owns • Amounts from land rented for cash

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<p>43 c. Did Sample Person receive any interest, dividends, net rental income, royalty income, or income from estates and trusts during the PAST 12 MONTHS? Report even small amounts credited to an account. (Help)</p>		Where You Are
<p><i>For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person and select "No" for the other person.</i></p>		Basic Info
<p><input type="radio"/> Yes <input type="radio"/> No</p>		Housing Questions
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Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

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Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.


Help

If person received:	Then select:
<ul style="list-style-type: none"> • Interest received or credited to: <ul style="list-style-type: none"> • Checking and saving accounts • Money market funds • Certificates of deposit (CDs) • Individual Retirement Accounts (IRAs) • KEOGHs • Government bonds • Dividends received, credited, or reinvested from ownership of stocks or mutual funds • Profit (or loss) from: <ul style="list-style-type: none"> • Royalties • Rental of land, buildings or real estate • Roomers or boarders • Regular payments from estate or trust fund 	Yes

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43 c. Did Sample Person receive any interest, dividends, net rental income, royalty income, or income from estates and trusts during the PAST 12 MONTHS? Report even small amounts credited to an account.

For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person and select "No" for the other person.

[\(Help\)](#)

Yes

No

➔ What was the amount?

If net income was a loss, enter the amount and select "Loss." [\(Help\)](#)

TOTAL AMOUNT for past 12 months

\$	Amount	.00
----	--------	-----

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<ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent • Lottery winnings taken in lump sum 	Do NOT include in amount

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43 d. Did Sample Person receive any Social Security or Railroad Retirement benefits during the PAST 12 MONTHS? [\(Help\)](#)

For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person and select "No" for the other person.

Yes
 No

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Help

If person received:	Then select:
<ul style="list-style-type: none"> • Before Medicare deductions: <ul style="list-style-type: none"> • Social Security • Railroad Retirement payments • Payments to retired persons • Payments to dependents of deceased insured workers • Payments to disabled workers 	Yes

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43 d. Did Sample Person receive any Social Security or Railroad Retirement benefits during the PAST 12 MONTHS? [\(Help\)](#)

For income received jointly, report the appropriate share for each person - or if that's not possible, report the whole amount for only one person and select "No" for the other person.

Yes
 No

➔ What was the amount? [\(Help\)](#)

TOTAL AMOUNT for past 12 months

\$	Amount	.00
----	--------	-----

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<ul style="list-style-type: none"> • Before Medicare deductions: <ul style="list-style-type: none"> • Social Security • Railroad Retirement payments • Payments to retired persons • Payments to dependents of deceased insured workers • Payments to disabled workers 	Include in amount
<ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent 	Do NOT include in amount

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43 e. Did Sample Person receive any Supplemental Security Income (SSI) payments during the PAST 12 MONTHS? ([Help](#))

- Yes
- No

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Help

If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then select:
<ul style="list-style-type: none"> • Supplemental Security Income (SSI) provided to: <ul style="list-style-type: none"> • Elderly • Blind • Disabled persons 	Yes

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43 e. Did Sample Person receive any Supplemental Security Income (SSI) payments during the PAST 12 MONTHS? [\(Help\)](#)

- Yes
- No

➔ What was the amount? [\(Help\)](#)

TOTAL AMOUNT for past 12 months

\$	Amount	.00
----	--------	-----

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<ul style="list-style-type: none"> • Supplemental Security Income (SSI) provided to: <ul style="list-style-type: none"> • Elderly • Blind • Disabled persons 	Include in amount
<ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent 	Do NOT include in amount

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43 f. Did Sample Person receive any public assistance or welfare payments from the state or local welfare office during the PAST 12 MONTHS? ([Help](#))

- Yes
- No

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**Why We Ask?**

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Help

If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then select:
• Cash public assistance or welfare payments from state or county welfare office	Yes

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43 f. Did Sample Person receive any public assistance or welfare payments from the state or local welfare office during the PAST 12 MONTHS? ([Help](#))

- Yes
- No

➔ What was the amount? ([Help](#))

TOTAL AMOUNT for past 12 months

\$	Amount	.00
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**Why We Ask?**

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Help

If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then:
<ul style="list-style-type: none"> • Public assistance or welfare payments received by check or electronic transfer from the state or local welfare office, even if received for only one month or less than a year • Benefits received on behalf of children (Temporary Assistance for Needy Families (TANF), Aid to Families with Dependent Children (AFDC), Aid to Dependent Children (ADC)) • Welfare to work, General Assistance, General Relief, Emergency Assistance, and Diversion Payments 	Include in the amount
<ul style="list-style-type: none"> • Supplemental Security Income (SSI) • Food assistance (such as food stamps and benefits from the Supplemental Nutrition Assistance Program, or SNAP) • Rental assistance • Educational assistance • Child care assistance • Transportation assistance • Assistance with heating or cooling costs or ANY other energy assistance (such as Low Income Home Energy Assistance Program, or LIHEAP) 	Do NOT include in amount

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43 g. Did Sample Person receive any survivor or disability income DURING THE PAST 12 MONTHS? [\(Help\)](#)

Yes

No

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- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
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Help


If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then select:
<ul style="list-style-type: none"> • Survivor or disability benefits from: <ul style="list-style-type: none"> • Companies or unions • Federal, state or local governments • U.S. military 	Yes

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43 g. Did Sample Person receive any survivor or disability income DURING THE PAST 12 MONTHS? [\(Help\)](#)

Yes
 No

➔ **What was the amount?** *Do not include Social Security.* [\(Help\)](#)

TOTAL AMOUNT for the past 12 months

\$

.00

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If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then:
<ul style="list-style-type: none"> • Survivor or disability benefits from: <ul style="list-style-type: none"> • Companies or unions • Federal, state or local governments • U.S. military 	Include in amount
<ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent • Lottery winnings taken in lump sum 	Do NOT include in amount

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h. Did Sample Person receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from retirement accounts such as 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement DURING THE PAST 12 MONTHS? [\(Help\)](#)

 Yes

 No

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Help

If income received jointly by household members:

- If possible, report appropriate share for each person
- If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then select:
<ul style="list-style-type: none"> • Pension or retirement income from: <ul style="list-style-type: none"> • Companies or unions • Federal, state or local governments • U.S. military • Regular income from: <ul style="list-style-type: none"> • Annuities • 401(k), 403(b), IRA, Roth IRA or KEOGH retirement plans 	Yes

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 Yes

 No

- ➔ What was the amount? Do not include Social Security. ([Help](#))

TOTAL AMOUNT for the past 12 months

\$.00

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- If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then:
<ul style="list-style-type: none"> • Pension or retirement income from: <ul style="list-style-type: none"> • Companies or unions • Federal, state or local governments • U.S. military • Regular income from: <ul style="list-style-type: none"> • Annuities • 401(k), 403(b), IRA, Roth IRA or KEOGH retirement plans 	Include in amount
<ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent • Lottery winnings taken in lump sum 	Do NOT include in amount

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- 43** i. Did Sample Person receive income on a **REGULAR** basis from any other sources such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support or alimony during the **PAST 12 MONTHS**? Do **NOT** include lump sum payments such as money from an inheritance or the sale of a home. [\(Help\)](#)

 Yes

 No

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- If not possible, report whole amount for one person AND select "No" for other person

If person received:	Then select:
<ul style="list-style-type: none"> • Veterans' (VA) disability compensation • Veterans' educational assistance payments (VEAP) • Unemployment compensation • Child Support • Alimony • Other regular payments, such as: <ul style="list-style-type: none"> • Armed Forces transfer payments • Assistance from private charities • Regular contributions from persons not living in the household 	Yes

Close Help

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otherincomeamt



American Community Survey

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43 i. Did Sample Person receive income on a **REGULAR** basis from any other sources such as **Veterans' Administration (VA) payments, unemployment compensation, child support or alimony during the PAST 12 MONTHS?** Do **NOT** include lump sum payments such as money from an inheritance or the sale of a home. [\(Help\)](#)

Yes
 No

➔ What was the amount? [\(Help\)](#)

TOTAL AMOUNT for past 12 months

\$

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Next ▶

Where You Are

- Basic Info
- Housing Questions
- Person Info**
- Sample Person
- Another Person
- Third Person

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Accessibility
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Security

otherincomeamt help

Help



Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.


Help

If person received:	Then:
<ul style="list-style-type: none"> • Veterans' (VA) disability compensation • Veterans' educational assistance payments (VEAP) • Unemployment compensation • Child Support • Alimony • Other regular payments, such as: <ul style="list-style-type: none"> • Armed Forces transfer payments • Assistance from private charities • Regular contributions from persons not living in the household 	Include in amount
<ul style="list-style-type: none"> • Refunds or rebates of any kind • Withdrawals from savings of any kind • Capital gains or losses from the sale of homes, shares of stock, etc. • Inheritances or insurance settlements • Any type of loan • Pay in-kind such as food, free rent • Lottery winnings taken in lump sum 	Do NOT include in amount

Close Help

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totalincome


American Community Survey

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- [Sample Person](#)
- [Another Person](#)
- [Third Person](#)

44 What was Sample Person's total income during the PAST 12 MONTHS? [\(Help\)](#)

If net income was a loss, enter the amount and select "Loss."

None

OR

TOTAL AMOUNT for past 12 months

\$

.00

Loss

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totalincome help

Help



Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.


Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

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vrfyincome


American Community Survey

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44 According to our calculations, Sample Person received \$90,000 from all income sources during the PAST 12 MONTHS. Is this correct? [\(Help\)](#)

Yes

No

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Next →

Where You Are

Basic Info

Housing Questions

Person Info

- Sample Person
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vrfyincome help**Help****Why We Ask?**

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses

- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Close Help[Return to Top](#)

Estincome

United States™
Census
Bureau
American Community Survey

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Where You Are

- Basic Info
- Housing Questions
- Person Info**
- Sample Person
- Another Person
- Third Person

44 What is your best estimate of the total income Sample Person received from all sources during the PAST 12 MONTHS? ([Help](#))

If net income was a loss, enter the amount and select "Loss."

TOTAL AMOUNT for past 12 months
Dollars

\$	Amount	.00
----	--------	-----

Loss

◀ Previous
Next ▶

Contact Us

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estincome help

Help



Why We Ask?

We ask questions about the funds a person receives from various sources to create statistics about income, earnings, and poverty. These estimates measure the economic well-being of the nation. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing and other assistance are distributed.

[- Click Here to Collapse Additional Text](#)

Examples of Federal Uses


- Used in formulas that provide funding to populations with the greatest need (such as children and seniors).
- Used to understand the characteristics of people living at or below the poverty line. These estimates are then used to set eligibility requirements for individuals, governments, and organizations seeking funding for education, housing assistance, health care, food assistance, legal services, and many other programs.

Examples of Other Uses

- States and counties use these statistics to identify local areas eligible for grants to stimulate economic recovery, run job-training programs, and define areas as empowerment or enterprise zones.
- States and counties also use this information to assist children in poverty, and to provide funds to counties and school districts for resources and services that improve the education of economically disadvantaged children.

Close Help

presummary



American Community Survey


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- ➔ You are almost done. You may choose to review and edit your answers by clicking REVIEW.
- ➔ To submit your answers and complete the American Community Survey without reviewing, click SUBMIT.

[Review](#) [Submit](#)

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summary



American Community Survey

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Summary



 Please click **Review Answers** below to view a list of your answers.
Then click **SUBMIT** to complete the American Community Survey.

Housing Questions	Review Answers
Person Info	
• Sample Person	Review Answers
• Another Person	Review Answers
• Third Person	Review Answers

[Submit](#)

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housing (review and edit)

United States [™] Census Bureau		American Community Survey	
Instructions	FAQs	Save and Log Out	
Review & Edit			
Answers to Housing Questions			
<p> To change a response, click on the underlined answer to return to that question.</p> <p> To complete an unanswered question, click on the underlined [BLANK] to return to that question.</p>			
Print for your records			
Building Type	One-family house detached		
Year Built	1990 to 1999		
Month/Year Sample Person Moved into building	02/1998		
Number of Acres	1 to 9.9 acres		
Agricultural Sales-past 12 months	None		
Number of Rooms	[BLANK]		
Number of Bedrooms	[BLANK]		
House has:			
a. hot and cold running water	[BLANK]		
b. a bathtub or shower	[BLANK]		
c. a sink with a faucet	[BLANK]		
d. a stove or range	[BLANK]		
e. a refrigerator	[BLANK]		
Telephone service	[BLANK]		
Computer use at this house:			
a. Desktop or laptop	[BLANK]		
b. Smartphone	[BLANK]		
c. Tablet or other portable wireless computer	[BLANK]		
d. Some other type of computer	No		
Internet Access	Yes, by paying service provider		
Internet subscription			
a. Cellular data plan for a smartphone or other mobile device	[BLANK]		
b. Broadband (high speed) internet service	[BLANK]		
c. Satellite internet service	[BLANK]		
d. Dial-up internet service	[BLANK]		
e. Some other service	No		
Number of vehicles	None		
Heating fuel used most	No fuel used		
Pay for electricity	No		
Electricity payment	No charge for electricity		
Use gas at this address	No		
Pay for water/sewer	No		
Water/sewer payment	No charge for water/sewer		
Use other fuels	No		
Received food stamps	No		
Part of a condominium	No		
Tenure	Owned with mortgage/loan		
Value of property	[BLANK]		
Annual real estate taxes	[BLANK]		
Annual fire/hazard/flood insurance	[BLANK]		
Mortgage/loan/rent to purchase	Mortgage/ deed/ other		
Monthly mortgage payment	[BLANK]		
Mortgage payment includes real estate tax	[BLANK]		
Mortgage payment includes insurance	[BLANK]		
Second/junior mortgage/ home equity loan	[BLANK]		
Monthly second mortgage	[BLANK]		
Return to Summary Screen			
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person (review and edit)

Review & Edit

Answers to Questions for Sample Person

To change a response, click on the underlined answer to return to that question.
 To complete an unanswered question, click on the underlined [BLANK] to return to that question.



[Print for your records](#)

Sex	Female
Date of birth	01/01/1982
Age	35
Hispanic, Latino, or Spanish origin	Other Hispanic/Latino/Spanish
Race	American Indian or Alaska Native
	Other Asian
	Other Pacific Islander
	Some other race
Place of birth	Outside the United States Specify: [BLANK]
Citizenship	Naturalized U.S. citizen (210)
Year came to live in U.S.	2100
Attended school	Public school/college
Grade level attended	Graduate or professional school
Highest level of school completed	Bachelor's degree
Bachelor's degree major	[BLANK]
Ancestry	[BLANK]
Language other than English at home	[BLANK]
Language spoken	[BLANK]
How well in English spoken	[BLANK]
Residence one year ago	Different address in U.S./Puerto Rico
Address one year ago:	
Address (Number and Street Name)	[BLANK]
City, town, or post office	[BLANK]
U.S. county or municipio in Puerto Rico	[BLANK]
U.S. state or Puerto Rico	[BLANK]
Zip code	[BLANK]
Health insurance:	
a. through employment	[BLANK]
b. purchased directly from insurance company	[BLANK]
c. Medicare	[BLANK]
d. Medicaid/medical assistance	[BLANK]
e. TRICARE/other military health care	[BLANK]
f. VA	[BLANK]
g. Indian Health Service	[BLANK]
h. Other health insurance	Yes Specify: [BLANK]
Premium	[BLANK]
Deaf/difficulty hearing	[BLANK]
Diff/difficulty seeing	[BLANK]
Difficulty concentrating/remembering	[BLANK]
Difficulty walking/climbing stairs	[BLANK]
Difficulty dressing/bathing	[BLANK]
Difficulty doing errands alone	[BLANK]
Got married-last 12 months	[BLANK]
Got remarried-last 12 months	[BLANK]
Got divorced-last 12 months	[BLANK]
Number of times married	[BLANK]
Year last married	[BLANK]
Responsible for basic needs of grandchildren	Yes
How long responsible for grandchildren	[BLANK]
Serve on active duty	[BLANK]
When serve on active duty	[BLANK]
VA disability rating	[BLANK]
VA disability rating-percent	70 percent or higher
Work for pay-last week	[BLANK]
Any work for pay-last week	Yes
Where work-last week:	
Address (Number and Street Name)	[BLANK]
City, town, or post office	[BLANK]
Work location inside the limits of city or town	[BLANK]
Country	[BLANK]
U.S. state or foreign country	[BLANK]
Zip code	[BLANK]
Transportation to work-last week	Car, truck, or van
Number of rides	80
Time leave home for work-last week	[BLANK] 80 [BLANK]
Number of minutes to get to work	220
Worked every week-last 12 months	[BLANK]
Weeks worked	[BLANK]
Hours worked per week	160
Type of employee	Active duty member of U.S. Armed forces
Branch of armed forces	[BLANK]
Kind of business or industry	[BLANK]
Type of industry	[BLANK]
Kind of work	[BLANK]
Activity or Duty at Job	[BLANK]
Receive wages/salary/earnings/tips	Yes
Amount-from all jobs	\$10,000.00
Receive self-employment income	Yes
Amount	\$10,000.00
Receive interest, rental, royalty, asset/trust income	Yes
Amount	\$10,000.00
Receive Social Security, Railroad Retirement Income	Yes
Amount	\$10,000.00
Receive Supplemental Security Income (SSI)	Yes
Amount	\$10,000.00
Receive public assistance	Yes
Amount	\$10,000.00
Receive survivor or disability income	Yes
Amount	\$10,000.00
Receive pension or retirement income	Yes
Amount	\$10,000.00
Receive any other income	Yes
Amount	\$10,000.00
Total income-last 12 months	\$60,000.00

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change answer from review and edit



American Community Survey

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14 d. Does this household use other fuels like oil, coal, kerosene, wood, or any other fuel? ([Help](#))

Yes

No

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new item on review and edit

United States
Census
Bureau
American Community Survey

Instructions
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Save and Log Out

Review & Edit

Answers to Housing Questions

Additional information is needed. Please click the link on the highlighted row below to answer an additional question.

- To change a response, click on the underlined answer to return to that question.
- To complete an unanswered question, click on the underlined [BLANK] to return to that question.

[Print for your records](#)

Building Type	Mobile home
Year Built	2000 or later Specify Year: [BLANK]
Month/Year Sample Person Moved Into building	[BLANK]
Number of Acres	1 to 9.9 acres
Agricultural Sales-past 12 months	\$1 to \$999
Number of Rooms	[BLANK]
Number of Bedrooms	[BLANK]
Mobile home has:	
a. hot and cold running water	[BLANK]
b. a bathtub or shower	[BLANK]
c. a sink with a faucet	[BLANK]
d. a stove or range	[BLANK]
e. a refrigerator	[BLANK]
Telephone service	[BLANK]
Computer use at this mobile home:	
a. Desktop or laptop	[BLANK]
b. Smartphone	[BLANK]
c. Tablet or other portable wireless computer	[BLANK]
d. Some other type of computer	[BLANK]
Internet Access	Yes, by paying service provider
Internet subscription	
a. Cellular data plan for a smartphone or other mobile device	[BLANK]
b. Broadband (high speed) Internet service	[BLANK]
c. Satellite Internet service	[BLANK]
d. Dial-up Internet service	[BLANK]
e. Some other service	[BLANK]
Number of vehicles	1
Heating fuel used most	[BLANK]
Pay for electricity	[BLANK]
Electricity payment	[BLANK]
Use gas at this address	[BLANK]
Pay for water/sewer	[BLANK]
Water/sewer payment	[BLANK]
Use other fuels	Yes
Pay for other fuel	[BLANK]
Received food stamps	Yes
Part of a condominium	Yes
Pay condominium fee	Yes
Monthly condominium fee	[BLANK]
Tenure	Owned with mortgage/loan
Value of property	[BLANK]
Annual real estate taxes	[BLANK]
Annual fire/hazard/flood insurance	[BLANK]
Mortgage/contract to purchase	[BLANK]
Second/junior mortgage/ home equity loan	[BLANK]
Monthly second mortgage	[BLANK]
Annual mobile home taxes and fees	[BLANK]

Return to Summary Screen

Contact Us
Accessibility
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save



American Community Survey

U.S. Department of Commerce | Economic and Statistics Administration

- ➔ Your answers have been saved.
- ➔ Please return to complete the survey at <https://respond.census.gov/acs> as soon as possible with your User ID and PIN.

Your complete response is needed to make important decisions about your community, including where new schools, hospitals, and fire stations are needed.

Continue Survey

Exit Survey

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welcomeback




American Community Survey

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Thank you for returning to the survey.

When you click the Next button, you will be taken to the screen where you left off.

Next 

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security



American Community Survey

U.S. Department of Commerce | Economic and Statistics Administration

Data are Encrypted at all Times

Our secure servers use "HTTPS", Hypertext Transfer Protocol over Secure Socket Layer, to ensure the encrypted transmission of data between your browser and the U.S. Census Bureau. This means that instead of sending readable text over the Internet, both your browser and our server encode (scramble) all text using a security key. That way, personal data sent to your browser or data you send back are extremely difficult to decode in the unlikely event it was intercepted by an unauthorized party.

All browsers connecting to our secure server must use a minimum encryption key size of 128 bits. If you cannot connect to our secure server and you are using an older browser, please upgrade to a newer browser capable of using the required encryption key size. In addition to data being encrypted while transmitted, all data are strongly encrypted when stored on our servers (even if stored temporarily).

Third Party Identity Proofing

Our secure server uses a digital certificate (digital ID) issued by a trusted, third party Certificate Authority (CA) as proof of identity. The only way to be sure of a web site's authenticity is to view their digital ID. In this way, you can be assured that you are not being "spoofed" or tricked by an imposter. The digital ID will contain information such as:

The name of the organization that owns the web site (e.g., "U.S. Census Bureau")

The site's registered Internet name/address (e.g., "respond.census.gov")

The name of the Certification Authority under which the digital ID was issued (e.g., "VeriSign Trust Network")

The method for viewing a web site's Digital Certificate/ID varies depending on the web browser. (For example, Mozilla's Firefox will display a clickable locked padlock icon in the lower right corner of your screen when in secure mode, Microsoft Internet Explorer shows a clickable locked padlock icon in the menu bar.) Please see your browser's "help" information for instructions on how to verify a web site's identity.

instructions

Instructions for Completing this Survey



Navigation: Do NOT use the Forward or Back buttons on your browser to navigate from screen to screen. Use only the navigation buttons on the bottom of each screen.

Survey Time out: For your security, this survey will automatically time out after 15 minutes of inactivity. If you need to leave the survey for more than 15 minutes, please click "Save & Logout" on the survey menu bar so you may return to the survey at a later time.

Exiting/Returning to the Survey: If you need to leave the survey before you have fully completed it, you may click "Save & Logout" on the survey menu bar. When you return to the survey, you will begin at the same point where you left.

Saving your Answers: Your answers will be saved as you click "Next" and proceed through the survey.

Help with Survey Questions: If you need assistance on a specific survey question, use the "[\(Help\)](#)" link that appears with that question.

Submitting your Survey: You will be asked to submit your answers when you have completed the survey. If you also received an American Community Survey questionnaire in the mail, there is no need to mail it back once you have submitted your answers online.

Close Instructions

FAQs

FAQs

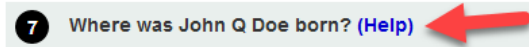


- [What is the American Community Survey?](#)

The American Community Survey collects information about population and housing characteristics for the nation, states, cities, counties, metropolitan areas, and communities on a continuous basis. It is a survey that is sent to a small percentage of our population on a rotating basis. Based on the American Community Survey, the Census Bureau can provide up-to-date data about our rapidly changing country more often than once every 10 years when the census is conducted.

- [How do I get help regarding the content of a question?](#)

Most questions have a Help link that is located directly after the end of the question. Look for the blue '(Help)' link. When you click this link another window will open that contains useful information regarding the question. In many cases this window also contains information regarding the purpose of having this question in the American Community Survey. Look for this information under the 'Why We Ask' header.



- [Do I have to mail back my questionnaire if I complete the American Community Survey online?](#)

No. Once you submit your completed survey online, the Census Bureau has received your information. You should not mail back the questionnaire.

- [For this survey, is it safe to provide my information over the Internet?](#)

Yes. For this survey, your information is encrypted at all times. Our secure servers use "HTTPS," Hypertext Transfer Protocol over Secure Socket Layer, to ensure the encrypted transmission of data between your browser and the U.S. Census Bureau. This means that instead of sending readable text over the Internet, both your browser and our server encode (scramble) all data using a security key. That way, personal data sent to your browser and data you send back is virtually impossible to decipher in the unlikely event it was intercepted by an unauthorized party. All browsers connecting to our secure server must use a minimum encryption key size of 128 bits. If you cannot connect to our secure server and you are using an older browser, please upgrade to a newer browser capable of using the required encryption key size. In addition to data being encrypted during transmission, all data are strongly encrypted when stored on the Census Bureau servers.

- [How can I be sure my information is really going to the Census Bureau and not some third party?](#)

Our secure server uses a digital certificate (digital ID) issued by a Certificate Authority (CA) as proof of identity. The only way to be sure of a web site's authenticity is to view their digital ID. The digital ID will contain information such as:

- The name of the organization that owns the web site (e.g., "U.S. Census Bureau")
- The site's registered Internet name/address (e.g., "respond.census.gov")
- The name of the Certification Authority under which the digital ID was issued (e.g., "VeriSign Trust Network")

The method for viewing a web site's Digital Certificate/ID varies depending on the web browser. Please see your browser's "help" information for instructions on how to verify a web site's identity.

- [Will the Census Bureau keep my information confidential?](#)

The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

- [How was I selected for the survey?](#)

The U.S. Census Bureau chose your address – not you personally – as part of a randomly selected sample. Your address was selected to represent a cross section of other households in your community.

- [How was I selected for the survey?](#)

The U.S. Census Bureau chose your address – not you personally – as part of a randomly selected sample. Your address was selected to represent a cross section of other households in your community.

- [How long will it take to complete the survey?](#)

For the average household, we estimate the American Community Survey will take about 40 minutes to complete, including the time for reviewing the instructions and answers. Since this is an estimate, it will not hold true for every household that receives the survey.

- [Do I have to answer the questions on the American Community Survey?](#)

Yes. Respondents are required to answer all questions on the American Community Survey (ACS) to the best of their ability. Response to the ACS is required by law (Section 221 of Title 13, Chapter 7, United States Code).

Your answers are very important because they represent the answers of many other similar households in your community. The data that you and others provide in response to this survey are required to manage or evaluate federal and state government programs.

- [How do I benefit by answering the American Community Survey?](#)

The American Community Survey provides up-to-date information for the nation, states, cities, counties, metropolitan areas, and communities. By responding to the American Community Survey, you are helping your community to establish goals, identify problems and solutions, and measure the performance of programs.

Communities need data about the well-being of children, families, and the elderly population to provide services to them. The data are also used to decide where to locate new highways, schools, hospitals, and community centers; to determine the goods and services its residents need; to show businesses that a town has the workforce the company needs; and in many other ways.

- [How will the Census Bureau use the information that I provide?](#)

By law, the Census Bureau can only use your responses to produce statistics. The Census Bureau is not permitted to publicly release your responses in a way that could identify this household. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. Your information will be used in combination with information from other households to help us assess how questions on the American Community Survey are understood and answered. The Census Bureau will use this information to improve the American Community Survey, ultimately resulting in even better data for your community and the nation.

- [What do I do if I don't know the answer to a question?](#)

Ask someone else in your household. They might know the answer. If no one knows or there is no one else in your household, give your best estimate.

- [Where can I find more information about the American Community Survey or get assistance?](#)

You may visit our Web site www.census.gov/acs/www or call 1-800-354-7271 if you need assistance or more information.

Close FAQs

contactus

Contact Us



If you need help or have questions, please call **1-800-354-7271** to speak with a Census Bureau representative. The telephone call is free. Representatives are available from 9 a.m. to 9 p.m. Monday through Saturday and noon to 9 p.m. on Sundays.

Telephone Device for the Deaf: Call 1-800-582-8330. The telephone call is free.

For more information about the American Community Survey, visit our web site <http://www.census.gov/acs>

Close Contact Us

finalize

American Community Survey

U.S. Department of Commerce | Economic and Statistics Administration

Thank you for completing the American Community Survey.
Your answers have been submitted to the U.S. Census Bureau.

(September 10, 2018 3:48 pm EST)

[Exit Survey](#)

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completed



American Community Survey

U.S. Department of Commerce | Economic and Statistics Administration

The American Community Survey has already been completed for this address. If you have any questions, please call 1-800-354-7271.

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document_accessibility

VI. Document Accessibility

The Census Bureau is committed to making online forms and other public documents on its Internet server accessible to all. Currently, we are reviewing our web sites and making modifications to those pages, which are not in compliance with the Americans with Disabilities Act. We use Hypertext Markup Language (HTML) to create pages that are generally accessible to persons using screen-reading devices, and we are careful in our construction of HTML documents to ensure maximum accessibility. We include alternate text describing graphics.

Many Census Bureau Internet documents are in ASCII or HTML formats. These documents are accessible to persons using screen-reading software. We also have a large number of documents in Adobe Acrobat PDF (Portable Document Format) files. Currently, many people using screen-reading devices cannot read documents in PDF format, specifically those that were created from a scanned hard copy.

Adobe Systems, Inc. is producing various products designed to make Adobe Acrobat documents accessible to persons using screen-reading software. Adobe's accessibility web pages describe their efforts.

To allow us to better serve those with visual disabilities who are having difficulty accessing PDF documents; you may contact us directly for further assistance at 301-763-INFO (4636), 800-923-8282, or by submitting a request at ask.census.gov.

VII. Third Party Web Sites and Applications

The Census Bureau has a presence on several social media/Web 2.0 platforms (Facebook, YouTube, Twitter and Flickr, and other third-party services) and clearly contain the Census Bureau's official logo. Each of these web sites provides the Census Bureau unique ways of sharing information. It also allows visitors with a way to communicate with the agency. Some may allow visitors to log in, create profiles and save information in those profiles. We do not collect any personally identifiable information about you through your use of these social media/Web 2.0 platforms. We may collect public information, such as user/screen name, city, state, and zip code of visitors to these web sites, and comments posted about the Census Bureau for statistical, research, and promotional purposes only. Further, the Census Bureau has no control over the third-party's use of this information and is not liable regarding the third-party's safeguarding your information. These web sites have their own privacy, security and accessibility policies.

The Census Bureau will also use a third-party web site or application (hosted service) to conduct customer satisfaction surveys and/or feedback forms. These surveys and/or feedback forms may collect your name and email address for processing purposes. The results from these surveys or forms are used to conduct primary research into the quality of the Census Bureau programs and products. The results collected will be used strictly for internal program management purposes to assess staff work, material design and development and to enhance planning efforts for current and future surveys and censuses. In addition, other third-party web sites or applications may be used to host Census Bureau data products to be used by the public. These web sites do not require the use of personally identifiable information or business identifiable information.

VIII. Security & Third Party Links


A. Security, Intrusion, and Detection

To ensure that computer service remains available to all users, this government IT system employs software programs to monitor network traffic to identify unauthorized attempts to upload or change information, or otherwise cause damage to our computer system. Web sites identified as representing an actual or potential security threat to Census Bureau information and/or information resources are blocked. Further, web sites that are known to violate Census Bureau, Department of Commerce, and/or Federal guidelines regarding access to certain types of web sites and/or content are blocked, for example:

- Web sites hosting malware/spam
- Web sites involved in the compromise of other government agencies
- Adult content web sites
- On-line storage and file sharing web sites
- Freeware/Shareware web sites
- Web sites attacking Census Bureau systems (attempting to identify and exploit vulnerabilities in Internet facing systems)
- Web sites scanning Census Bureau systems (attempting to identify Internet facing systems)

B. Links to Other Web Sites

Our web site contains links to other federal agencies, international agencies, and private organizations. Once you link to another web site, you are subject to the policies of the new web site.

Links to non-government websites are denoted by . Our linking to non-government web sites does not constitute an endorsement of any products, services or the information found on them.

IX. Contact Us

[Need more information about the Census Bureau's privacy and confidentiality](#)

privacy

TOPICS
Population, Economy

GEOGRAPHY
Maps, Products

LIBRARY
Infographics, Publications

DATA
Tools, Developers

SURVEYS/PROGRAMS
Respond, Survey Data

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Data Protection and Privacy

- [Data Stewardship](#)
- [Statistical Safeguards](#)
- [Privacy Impact Assessments \(PIA\)](#)
- [System of Records Notices \(SORN\)](#)
- [Online Privacy Policy](#)
- [Contact Us](#)

We are committed to handling your information responsibly. Your information is kept confidential. This commitment applies to the individuals, households, and businesses that answer our surveys, and to those browsing our website.



Survey Information

Are You in a Survey?

If you have received a survey, this site will help you verify that the survey came from us, understand and complete the form, and know how we protect your data.

Our Surveys & Programs

Our surveys provide periodic and comprehensive statistics about the nation. This data is critical for government programs, policies, and decision-making.

<p>ABOUT US</p> <ul style="list-style-type: none"> Are You in a Survey? FAQs Director's Corner Regional Offices 	<p>FIND DATA</p> <ul style="list-style-type: none"> QuickFacts American FactFinder 2010 Census Economic Census 	<p>BUSINESS & INDUSTRY</p> <ul style="list-style-type: none"> Help With Your Forms Economic Indicators Economic Census E-Stats 	<p>PEOPLE & HOUSEHOLDS</p> <ul style="list-style-type: none"> 2020 Census 2010 Census American Community Survey Income 	<p>SPECIAL TOPICS</p> <ul style="list-style-type: none"> Advisors, Centers and Research Programs Statistics in Schools Tribal Resources (AIAN) Emergency Preparedness 	<p>NEWSROOM</p> <ul style="list-style-type: none"> News Releases Release Schedule Facts for Features Stats for Stories
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Is this page helpful? X

Yes
 No

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United States®
Census
Bureau

U.S. Census Bureau

Washington, DC 20233

Office of the Director

A message from the Director of the U.S. Census Bureau:

A few days ago, you should have received instructions for completing the **American Community Survey** online. Local communities depend on information from this survey to decide where schools, highways, hospitals, and other important services are needed. If you have not already responded, please do so now.

Respond now at <https://respond.census.gov/acs>
Log in using this user ID:

If we do not receive your response online, we will mail a paper questionnaire to your address.

Your response to this survey is required by law.

Your response is critically important to your local community and your country. Responding promptly will prevent you from receiving additional reminder mailings, phone calls, or personal visits from Census Bureau interviewers.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you in advance for your prompt response.

Sincerely,

Steven D. Dillingham



United States[®]
Census
Bureau

U.S. Census Bureau
National Processing Center
1201 E 10th Street
Jeffersonville IN 47132

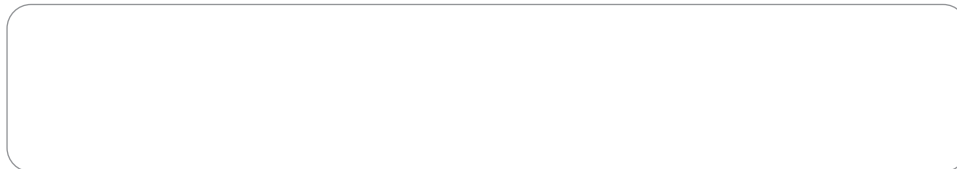
OFFICIAL BUSINESS
Penalty for Private Use \$300

PRESORTED
FIRST-CLASS MAIL
POSTAGE & FEES PAID
U.S. Census Bureau
Permit No. G-58



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

OFFICIAL BUSINESS
Penalty for Private Use \$300



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 16081 WASHINGTON DC

POSTAGE WILL BE PAID BY THE U.S. CENSUS BUREAU

DIRECTOR
U.S. CENSUS BUREAU
PO BOX 5240
JEFFERSONVILLE IN 47199-5240

Flap side



OFFICIAL BUSINESS
Penalty for Private Use \$300

9"



1-7/8"

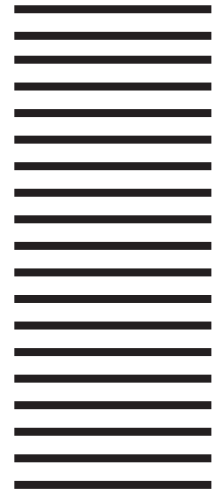
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

2"



5"

7/8"



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DIRECTOR
U.S. CENSUS BUREAU
PO BOX 5240
JEFFERSONVILLE IN 47199-5240

11-1/2"

8-3/4"

6-1/5"

Flap side





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 are living or staying at this address?

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people



Fill out pages 2, 3, 4, 5, 6, and 7 for everyone, including yourself, who is living or staying at this address for more than 2 months. 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

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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

→ **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.* ↴
- 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 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

→ **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.* ↴

- | | | |
|---|--|--|
| <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 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 6

Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)

Person 7

Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)

Person 8

Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)

Person 9

Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)

Person 10

Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)

Person 11

Last Name *(Please print)*

First Name

MI

Sex Male Female

Age (in years)

Person 12

Last 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 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.

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



Housing (continued)

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"/> |

8 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

9 At this house, apartment, or mobile home – do you or any member of this household own or use any of the following 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"/> |

10 At this house, apartment, or mobile home – do you or any member of this household access 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 12*
- No access to the internet at this house, apartment, or mobile home → *SKIP to question 12*

11 At this house, apartment, or mobile home – do you or any member of this household subscribe to the Internet using –

- | | 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"/> |

12 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

13 Which FUEL is used MOST for heating this house, apartment, or mobile home?

- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used



Housing (continued)

- 14 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?**

Last month's cost – Dollars

OR

- Included in rent or condominium fee
 No charge or electricity not used

- b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?**

Last month's cost – Dollars

OR

- Included in rent or condominium fee
 Included in electricity payment entered above
 No charge or gas not used

- c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.**

Past 12 months' cost – Dollars

OR

- Included in rent or condominium fee
 No charge

- d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.**

Past 12 months' cost – Dollars

OR

- Included in rent or condominium fee
 No charge or these fuels not used

- 15 IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.**

- Yes
 No

- 16 Is this house, apartment, or mobile home part of a condominium?**

- Yes → **What is the monthly condominium fee?** For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.

Monthly amount – Dollars

OR

- None
 No

- 17 Is this house, apartment, or mobile home – Mark (X) ONE box.**

- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
 Owned by you or someone in this household free and clear (without a mortgage or loan)?
 Rented?
 Occupied without payment of rent? → **SKIP to C** on the next page

- B** Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.

- 18 a. What is the monthly rent for this house, apartment, or mobile home?**

Monthly amount – Dollars

- b. Does the monthly rent include any meals?**

- Yes
 No



Housing (continued)

- C** Answer questions 19 – 23 if you or any member of this household **OWNS** or **IS BUYING** this house, apartment, or mobile home. Otherwise, **SKIP** to **E**.

- 19** About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

\$ [] [] , [] [] [] [] [] [] [] [] .00

- 20** What are the annual real estate taxes on THIS property?

Annual amount – Dollars

\$ [] [] , [] [] [] [] [] [] [] [] .00

OR

None

- 21** What is the annual payment for fire, hazard, and flood insurance on THIS property?

Annual amount – Dollars

\$ [] [] , [] [] [] [] [] [] [] [] .00

OR

None

- 22** a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt
- Yes, contract to purchase
- No → *SKIP* to question 23a

- b. How much is the regular monthly mortgage payment on THIS property? Include payment only on **FIRST** mortgage or contract to purchase.

Monthly amount – Dollars

\$ [] [] , [] [] [] [] [] [] [] [] .00

OR

No regular payment required → *SKIP* to question 23a

- c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

- Yes, taxes included in mortgage payment
- No, taxes paid separately or taxes not required

- d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

- Yes, insurance included in mortgage payment
- No, insurance paid separately or no insurance

- 23** a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

- Yes, home equity loan
- Yes, second mortgage
- Yes, second mortgage and home equity loan
- No → *SKIP* to **D**

- b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount – Dollars

\$ [] [] , [] [] [] [] [] [] [] [] .00

OR

No regular payment required

- D** Answer question 24 if this is a **MOBILE HOME**. Otherwise, *SKIP* to **E**.

- 24** What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes.

Annual costs – Dollars

\$ [] [] , [] [] [] [] [] [] [] [] .00

- E** Answer questions about **PERSON 1** on the next page if you listed at least one person on page 2. Otherwise, *SKIP* to page 48 for the mailing instructions.



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? Print numbers in boxes.

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

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

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

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <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. Is this person deaf or does he/she have serious difficulty hearing?**

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**

Yes
 No

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

- 19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?**

Yes
 No

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

Yes
 No

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 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?**

Yes
 No

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

Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 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



Person 1 (continued)

J Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 Has this person given birth to any children in the past 12 months?

- 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? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <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 40a |
| <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 What time did this person usually leave home to go to work LAST WEEK?**

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 39a.

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

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

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **50 or more weeks**? Count paid time off as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 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)



Person 1 (continued)

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

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

e. What was this person’s main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe this person’s most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today’s date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that’s not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes →

No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes →

No TOTAL AMOUNT for past 12 months

Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Yes →

No TOTAL AMOUNT for past 12 months

Loss

d. Social Security or Railroad Retirement.

Yes →

No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes →

No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

Yes →

No TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

Yes →

No TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes →

No TOTAL AMOUNT for past 12 months

44 What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR

None TOTAL AMOUNT for past 12 months Loss

→ **Continue with the questions for Person 2 on the next page.** If no one is listed as Person 2 on page 3, **SKIP to page 48 for mailing instructions.**



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? Print numbers in boxes.

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

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

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

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <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. Is this person deaf or does he/she have serious difficulty hearing?**

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**

Yes
 No

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

- 19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?**

Yes
 No

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

Yes
 No

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 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?**

Yes
 No

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

Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 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



Person 2 (continued)

J Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 Has this person given birth to any children in the past 12 months?

- 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? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <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 40a |
| <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 What time did this person usually leave home to go to work LAST WEEK?**

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 39a.

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

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

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **50 or more weeks**? Count paid time off as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 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)



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? Print numbers in boxes.

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

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

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

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <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. Is this person deaf or does he/she have serious difficulty hearing?**

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**

Yes
 No

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

- 19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?**

Yes
 No

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

Yes
 No

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 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?**

Yes
 No

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

Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 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



Person 3 (continued)

J Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 Has this person given birth to any children in the past 12 months?

- 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? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <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 40a |
| <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 What time did this person usually leave home to go to work LAST WEEK?**

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 39a.

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

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

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **50 or more weeks**? Count paid time off as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 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)



Person 3 (continued)

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

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

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

- Yes → \$, , .00
- No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

- Yes → \$, , .00 Loss
- No TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

- Yes → \$, , .00 Loss
- No TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, .00 Loss
- None TOTAL AMOUNT for past 12 months

→ Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 5, SKIP to page 48 for mailing instructions.



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? Print numbers in boxes.

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

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

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

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <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. Is this person deaf or does he/she have serious difficulty hearing?**

Yes
 No

- b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**

Yes
 No

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

- 19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

Yes
 No

- b. Does this person have serious difficulty walking or climbing stairs?**

Yes
 No

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

Yes
 No

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 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?**

Yes
 No

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

Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

- 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



Person 4 (continued)

J Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 Has this person given birth to any children in the past 12 months?

- 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? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <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 40a |
| <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 What time did this person usually leave home to go to work LAST WEEK?**

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 39a.

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

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

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **50 or more weeks**? Count paid time off as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 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)



Person 4 (continued)

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

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

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. *(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)*

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.

Report even small amounts credited to an account.

Yes → \$, , .00 Loss

No TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. *Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.*

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. *Do NOT include lump sum payments such as money from an inheritance or the sale of a home.*

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. *Report amount before deductions for taxes, bonds, dues, or other items.*

Yes → \$, , .00

No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. *Report NET income after business expenses.*

Yes → \$, , .00 Loss

No TOTAL AMOUNT for past 12 months

44 What was this person's total income during the PAST 12 MONTHS? *Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

OR \$, , .00 Loss

None TOTAL AMOUNT for past 12 months

→ Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 6, SKIP to page 48 for mailing instructions.



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? Print numbers in boxes.

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

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

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

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <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. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
 No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
 No

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

19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

c. Does this person have difficulty dressing or bathing?

- Yes
 No

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

20 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

21 What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

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



Person 5 (continued)

J Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 Has this person given birth to any children in the past 12 months?

- 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?** *If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.*

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <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 40a |
| <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 What time did this person usually leave home to go to work LAST WEEK?**

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 39a.

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

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

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **50 or more weeks**? Count paid time off as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 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)



Person 5 (continued)

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

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

e. What was this person's main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
Report even small amounts credited to an account.

Yes → \$, , .00 Loss

No TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes → \$, .00 Loss

No TOTAL AMOUNT for past 12 months

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR Loss

None \$, .00 TOTAL AMOUNT for past 12 months

→ Now continue with the mailing instructions on page 48.



**Page 47 is intentionally
left blank**



Mailing Instructions

→ Please make sure you have...

- listed all names and answered the questions on pages 2, 3, 4, 5, 6, and 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 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to acso.pra@census.gov; use "Paperwork Project 0607-0810 and 0607-0936" 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.

Form ACS-1(X)(2020) (03-18-2019)





United States®
Census
Bureau

U.S. Census Bureau

Washington, DC 20233

Office of the Director

A message from the Director of the U.S. Census Bureau:

The U.S. Census Bureau recently sent you a request to complete the **American Community Survey** online. If you have not already responded to this important survey, please do so now.

Complete the survey using ONLY ONE of the following options:

- Respond online at **<https://respond.census.gov/acs>**
- If you are unable to respond online, please fill out and mail back the enclosed questionnaire.

You are required by U.S. law to respond to this survey.

The Census Bureau has randomly selected your address to receive this survey as part of a nationally representative sample. Because you will be providing important information on behalf of your community, it is vital that you complete this survey to help meet critical needs in your area – including determining where to locate new schools, hospitals, and fire stations.

If you do not respond promptly, a Census Bureau interviewer may contact you to complete the survey.

The Census Bureau is required by law to keep your information confidential.

The Census Bureau is not permitted to publicly release your responses in a way that could identify you or your household.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you for your prompt response.

Sincerely,

Steven D. Dillingham

Enclosures

Will my response be confidential?

Yes. The U.S. Census Bureau is required by law to protect this information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. We are conducting this survey under the authority of Title 13, United States Code, Sections 141 and 193. Federal law protects your privacy and keeps your answers confidential (Title 13, United States Code, Section 9). Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Am I required to fill out the survey?

Yes. Your response to this survey is required by law (Title 13, U.S. Code, Sections 141, 193, and 221). Title 13, as changed by Title 18, imposes a penalty for not responding. As a randomly selected representative of your community, you are the voice of your neighbors and peers. To create an accurate picture of your community, it is critical that you respond.

How will the Census Bureau use the information I provide?

By law, the Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States.

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.



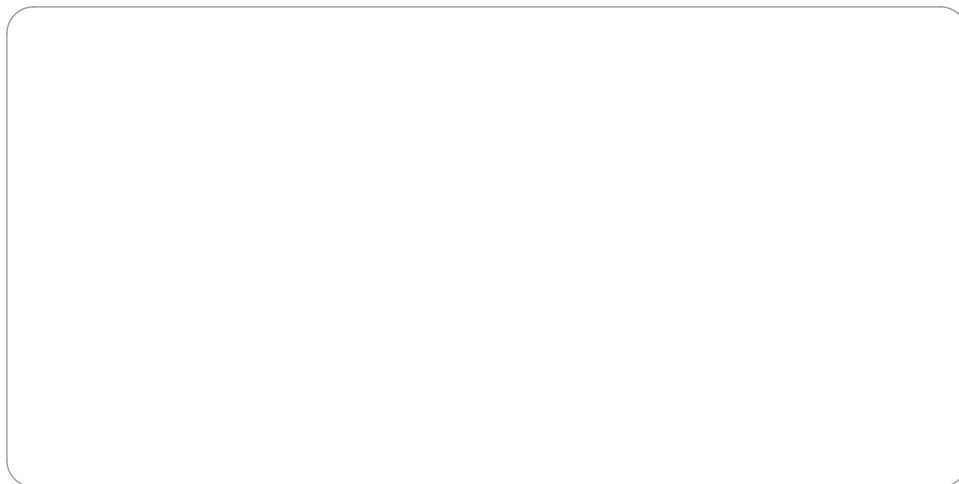
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**OPEN
IMMEDIATELY**

The American Community Survey
Form Enclosed

**YOUR RESPONSE IS
REQUIRED BY LAW**





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The U.S. Census Bureau has sent you repeated requests to complete the **American Community Survey**. If you have not already responded, it is imperative that you complete this survey now.

Complete and mail back your paper questionnaire now.
Or respond at <https://respond.census.gov/acs>

You are required by U.S. law to respond to this survey (Title 13, U.S. Code, Sections 141, 193, and 221).

If you do not respond now, a Census Bureau interviewer may contact you to complete the survey.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you.

ACS-29(2020) (02-08-2019)



The U.S. Census Bureau has sent you repeated requests to complete the **American Community Survey**. If you have not already responded, it is imperative that you complete this survey now.

Complete and mail back your paper questionnaire now.
Or respond at <https://respond.census.gov/acs>

You are required by U.S. law to respond to this survey (Title 13, U.S. Code, Sections 141, 193, and 221).

If you do not respond now, a Census Bureau interviewer may contact you to complete the survey.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you.

ACS-29(2020) (02-08-2019)



The U.S. Census Bureau has sent you repeated requests to complete the **American Community Survey**. If you have not already responded, it is imperative that you complete this survey now.

Complete and mail back your paper questionnaire now.
Or respond at <https://respond.census.gov/acs>

You are required by U.S. law to respond to this survey (Title 13, U.S. Code, Sections 141, 193, and 221).

If you do not respond now, a Census Bureau interviewer may contact you to complete the survey.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you.

ACS-29(2020) (02-08-2019)



The U.S. Census Bureau has sent you repeated requests to complete the **American Community Survey**. If you have not already responded, it is imperative that you complete this survey now.

Complete and mail back your paper questionnaire now.
Or respond at <https://respond.census.gov/acs>

You are required by U.S. law to respond to this survey (Title 13, U.S. Code, Sections 141, 193, and 221).

If you do not respond now, a Census Bureau interviewer may contact you to complete the survey.

If you need help completing the survey or have questions, please call our toll-free number (1-800-354-7271).

Thank you.

ACS-29(2020) (02-08-2019)



United States®
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Bureau

U.S. Census Bureau

Washington, DC 20233

Office of the Director

A message from the Director of the U.S. Census Bureau:

The U.S. Census Bureau has sent you several requests to complete the **American Community Survey**. If you have not already done so, now is the time to respond.

Respond now at <https://respond.census.gov/acs>
Log in using this user ID:
OR complete and mail back your paper questionnaire.

Your response is required by law.

If you do not respond promptly, a Census Bureau interviewer may contact you with a personal visit to complete the survey. If you would like to complete the survey by telephone or need assistance, please call our toll-free number (1-800-354-7271).

Thank you.

Sincerely,

Steven D. Dillingham



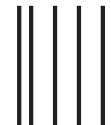
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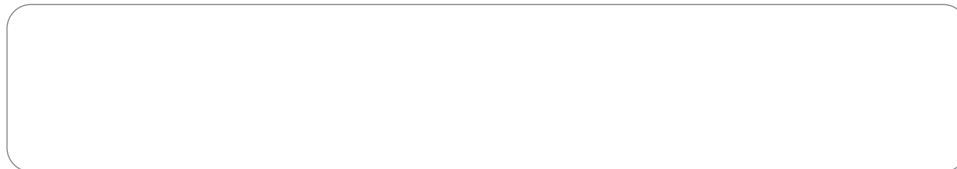
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RESPOND NOW**



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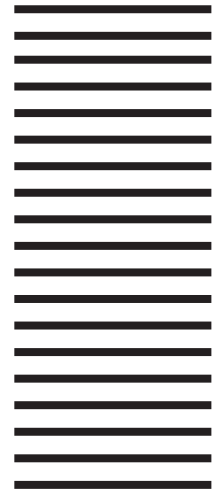
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United States
Census
Bureau

La Encuesta sobre la Comunidad Estadounidense

Comience Aquí

Responda hoy por la Internet en:
<https://respond.census.gov/acs>

o

Llene y devuelva por correo este cuestionario tan pronto sea posible.

Este cuestionario pide información sobre las personas que viven o se quedan en la dirección en la etiqueta. También pide información sobre la casa, apartamento o casa móvil ubicada en la dirección que se indica en la etiqueta.



Si necesita ayuda o si tiene alguna pregunta sobre cómo completar este cuestionario, por favor, llame al 1-877-833-5625. La llamada telefónica es gratis.

Aparato telefónico para las personas con impedimentos auditivos (TDD, por sus siglas en inglés):

Llame al 1-800-786-9448. La llamada telefónica es gratis.

NEED HELP? If you speak English and need help completing this form, call toll-free **1-800-354-7271**. You can also complete your interview over the phone with an English-speaking interviewer. Or you can respond online at: <https://respond.census.gov/acs>

Para más información sobre la Encuesta sobre la Comunidad Estadounidense, vaya a nuestra página en la Internet: <https://www.census.gov/acs>

→ **Por favor, escriba la fecha de hoy en letra de molde.**

Mes	Día	Año
<input type="text"/>	<input type="text"/>	<input type="text"/>

→ **Por favor, escriba en letra de molde el nombre y número de teléfono de la persona que está completando este cuestionario.** Nos comunicaremos con usted solo si es necesario para asuntos oficiales de la Oficina del Censo.

Apellido

Nombre Inicial

Código de área y número de teléfono
 -

→ **¿Cuántas personas están viviendo o quedándose en esta dirección?**

- **INCLUYA** a todas las personas que viven o se quedan aquí por más de 2 meses.
- **INCLÚYASE** a usted mismo si vive aquí por más de 2 meses.
- **INCLUYA** a cualquier otra persona que se queda aquí que no tiene otro lugar donde quedarse, aunque esté aquí por 2 meses o menos.
- **NO INCLUYA** a cualquier persona que viva en otro lugar por más de 2 meses, tal como un estudiante universitario que vive en otro lugar o personal de las Fuerzas Armadas que se ha activado.

Número de personas

→ **Complete las páginas 2, 3, 4, 5, 6 y 7 para todas las personas, incluyéndose a usted mismo, que estén viviendo o quedándose en esta dirección por más de 2 meses. Luego, complete el resto del cuestionario.**



Persona 1

(Persona 1 es la persona que está viviendo o quedándose aquí que es dueña de esta casa o apartamento, o lo está comprando o alquilando. Si no existe tal persona, comience con el nombre de cualquier adulto que está viviendo o quedándose aquí.)

1 ¿Cuál es el nombre de la Persona 1?

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

2 ¿Cómo está relacionada esta persona con la Persona 1?

Persona 1

3 ¿Cuál es el sexo de la Persona 1?

Marque (X) UNA casilla.

Masculino Femenino

4 ¿Cuál es la edad de la Persona 1 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0.

Escriba los números en las casillas.

Edad (en años) Mes Día Año de nacimiento

→ **NOTA: Conteste AMBAS preguntas, la Pregunta 5 sobre origen hispano y la Pregunta 6 sobre raza. Para este censo, origen hispano no es una raza.**

5 ¿Es la Persona 1 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicanoamericano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, de otro origen hispano, latino o español – *Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.* ↴

6 ¿Cuál es la raza de la Persona 1?

Marque (X) una o más casillas Y escriba los orígenes.

- Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.* ↴

- Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaiquino, haitiano, nigeriano, etíope, somalí, etc.* ↴

- Indígena de las Américas o nativa de Alaska – *Escriba el nombre de la(s) tribu(s) en la(s) que está inscrita o la(s) tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

- China Vietnamita Nativa de Hawái
- Filipina Coreana Samoana
- India asiática Japonesa Chamorra
- Otra asiática – *Escriba, por ejemplo, pakistaní, camboyano, hmong, etc.* ↴ Otra de las islas del Pacífico – *Escriba, por ejemplo, tongano, fiyiano, de las Islas Marshall, etc.* ↴

- Alguna otra raza – *Escriba la raza o el origen.* ↴



Persona 2

1 ¿Cuál es el nombre de la Persona 2?

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

2 ¿Cómo está esta persona relacionada con la Persona 1? Marque (X) UNA casilla.

- Espos(a) del sexo opuesto
- Pareja no casada del sexo opuesto
- Espos(a) del mismo sexo
- Pareja no casada del mismo sexo
- Hijo(a) biológico(a) o de sangre
- Hijo(a) adoptivo(a)
- Hijastro(a)
- Hermano(a)
- Padre o madre
- Nieto(a)
- Suegro(a)
- Yerno o nuera
- Otro pariente
- Roommate o compañero(a) de casa
- Hijo(a) *foster*
- Otra persona que no es pariente

3 ¿Cuál es el sexo de la Persona 2?

Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 2 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0.

Escriba los números en las casillas.

Edad (en años) Mes Día Año de nacimiento

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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→ **NOTA: Conteste AMBAS preguntas, la Pregunta 5 sobre origen hispano y la Pregunta 6 sobre raza. Para este censo, origen hispano no es una raza.**

5 ¿Es la Persona 2 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicanoamericano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, de otro origen hispano, latino o español – *Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.* ↴

6 ¿Cuál es la raza de la Persona 2? Marque (X) una o más casillas Y escriba los orígenes.

- Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.* ↴

- Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaquino, haitiano, nigeriano, etíope, somalí, etc.* ↴

- Indígena de las Américas o nativa de Alaska – *Escriba el nombre de la(s) tribu(s) en la(s) que está inscrita o la(s) tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

- | | | |
|---|--|--|
| <input type="checkbox"/> China | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Coreana | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Chamorra |
| <input type="checkbox"/> Otra asiática – <i>Escriba, por ejemplo, pakistani, camboyano, hmong, etc.</i> ↴ | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba, por ejemplo, tongano, fiyiano, de las Islas Marshall, etc.</i> ↴ | |

- Alguna otra raza – *Escriba la raza o el origen.* ↴



Persona 3

1 ¿Cuál es el nombre de la Persona 3?

Apellido (*Por favor, escriba en letra de molde*)

Nombre

Inicial

2 ¿Cómo está esta persona relacionada con la Persona 1? Marque (X) UNA casilla.

- Esposo(a) del sexo opuesto
- Pareja no casada del sexo opuesto
- Esposo(a) del mismo sexo
- Pareja no casada del mismo sexo
- Hijo(a) biológico(a) o de sangre
- Hijo(a) adoptivo(a)
- Hijastro(a)
- Hermano(a)
- Padre o madre
- Nieto(a)
- Suegro(a)
- Yerno o nuera
- Otro pariente
- Roommate o compañero(a) de casa
- Hijo(a) *foster*
- Otra persona que no es pariente

3 ¿Cuál es el sexo de la Persona 3?

Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 3 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0.

Escriba los números en las casillas.

Edad (en años) Mes Día Año de nacimiento

5 ¿Es la Persona 3 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicanoamericano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, de otro origen hispano, latino o español – *Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.* ↴

6 ¿Cuál es la raza de la Persona 3?

Marque (X) una o más casillas Y escriba los orígenes.

- Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.* ↴

- Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaicano, haitiano, nigeriano, etíope, somalí, etc.* ↴

- Indígena de las Américas o nativa de Alaska – *Escriba el nombre de la(s) tribu(s) en la(s) que está inscrita o la(s) tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

- China Vietnamita Nativa de Hawái
- Filipina Coreana Samoana
- India asiática Japonesa Chamorra
- Otra asiática – *Escriba, por ejemplo, pakistani, camboyano, hmong, etc.* ↴ Otra de las islas del Pacífico – *Escriba, por ejemplo, tongano, fiyiano, de las Islas Marshall, etc.* ↴

- Alguna otra raza – *Escriba la raza o el origen.* ↴



Persona 4

1 ¿Cuál es el nombre de la Persona 4?

Apellido (*Por favor, escriba en letra de molde*)

Nombre

Inicial

2 ¿Cómo está esta persona relacionada con la Persona 1? Marque (X) UNA casilla.

- Espos(a) del sexo opuesto
- Pareja no casada del sexo opuesto
- Espos(a) del mismo sexo
- Pareja no casada del mismo sexo
- Hijo(a) biológico(a) o de sangre
- Hijo(a) adoptivo(a)
- Hijastro(a)
- Hermano(a)
- Padre o madre
- Nieto(a)
- Suegro(a)
- Yerno o nuera
- Otro pariente
- Roommate o compañero(a) de casa
- Hijo(a) *foster*
- Otra persona que no es pariente

3 ¿Cuál es el sexo de la Persona 4?

Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 4 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0.

Escriba los números en las casillas.

Edad (en años) Mes Día Año de nacimiento

→ **NOTA: Conteste AMBAS preguntas, la Pregunta 5 sobre origen hispano y la Pregunta 6 sobre raza. Para este censo, origen hispano no es una raza.**

5 ¿Es la Persona 4 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicanoamericano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, de otro origen hispano, latino o español – *Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.* ↴

6 ¿Cuál es la raza de la Persona 4? Marque (X) una o más casillas Y escriba los orígenes.

- Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.* ↴

- Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaicano, haitiano, nigeriano, etíope, somalí, etc.* ↴

- Indígena de las Américas o nativa de Alaska – *Escriba el nombre de la(s) tribu(s) en la(s) que está inscrita o la(s) tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

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- Filipina Coreana Samoana
- India asiática Japonesa Chamorra
- Otra asiática – *Escriba, por ejemplo, pakistaní, camboyano, hmong, etc.* ↴ Otra de las islas del Pacífico – *Escriba, por ejemplo, tongano, fiyiano, de las Islas Marshall, etc.* ↴

- Alguna otra raza – *Escriba la raza o el origen.* ↴



Persona 5

1 ¿Cuál es el nombre de la Persona 5?

Apellido (*Por favor, escriba en letra de molde*)

Nombre

Inicial

2 ¿Cómo está esta persona relacionada con la Persona 1? Marque (X) UNA casilla.

- Espos(a) del sexo opuesto
- Pareja no casada del sexo opuesto
- Espos(a) del mismo sexo
- Pareja no casada del mismo sexo
- Hijo(a) biológico(a) o de sangre
- Hijo(a) adoptivo(a)
- Hijastro(a)
- Hermano(a)
- Padre o madre
- Nieto(a)
- Suegro(a)
- Yerno o nuera
- Otro pariente
- Roommate o compañero(a) de casa
- Hijo(a) *foster*
- Otra persona que no es pariente

3 ¿Cuál es el sexo de la Persona 5?

Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 5 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0.

Escriba los números en las casillas.

Edad (en años) Mes Día Año de nacimiento

→ **NOTA: Conteste AMBAS preguntas, la Pregunta 5 sobre origen hispano y la Pregunta 6 sobre raza. Para este censo, origen hispano no es una raza.**

5 ¿Es la Persona 5 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicanoamericano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, de otro origen hispano, latino o español – *Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.* ↴

6 ¿Cuál es la raza de la Persona 5? Marque (X) una o más casillas Y escriba los orígenes.

- Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.* ↴

- Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaquino, haitiano, nigeriano, etíope, somalí, etc.* ↴

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- China Vietnamita Nativa de Hawái
- Filipina Coreana Samoana
- India asiática Japonesa Chamorra
- Otra asiática – *Escriba, por ejemplo, pakistaní, camboyano, hmong, etc.* ↴ Otra de las islas del Pacífico – *Escriba, por ejemplo, tongano, fiyiano, de las Islas Marshall, etc.* ↴

- Alguna otra raza – *Escriba la raza o el origen.* ↴



→ Si hay más de cinco personas que están viviendo o quedándose aquí, escriba sus nombres en letra de molde en los espacios para las personas de la 6 a la 12. Es posible que lo llamemos para obtener más información sobre ellos. ↗

Persona 6

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)

Persona 7

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)

Persona 8

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)

Persona 9

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)

Persona 10

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)

Persona 11

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)

Persona 12

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)



Vivienda

➔ **Por favor, conteste las siguientes preguntas sobre la casa, apartamento o casa móvil en la dirección indicada en la etiqueta.**

1 ¿Cuál describe mejor este edificio?
Incluya todos los apartamentos, pisos, etc. aunque estén desocupados.

- Una casa móvil
- Una casa separada de cualquier otra casa
- Una casa unida a una o más casas
- Un edificio con 2 apartamentos
- Un edificio con 3 o 4 apartamentos
- Un edificio con 5 a 9 apartamentos
- Un edificio con 10 a 19 apartamentos
- Un edificio con 20 a 49 apartamentos
- Un edificio con 50 apartamentos o más
- Bote o barco, vehículo recreativo, van, etc.

2 Aproximadamente, ¿cuándo se construyó originalmente este edificio?

2000 ó después –
Especifique el año ↗

- 1990 a 1999
- 1980 a 1989
- 1970 a 1979
- 1960 a 1969
- 1950 a 1959
- 1940 a 1949
- 1939 ó antes

3 ¿Cuándo se mudó la Persona 1 (listada en la página 2) a esta casa, apartamento o casa móvil?

Mes

Año

A *Conteste las preguntas 4 a 5 si esta es una CASA O CASA MÓVIL; de lo contrario, PASE a la pregunta 6a.*

4 ¿En cuántos acres está situada esta casa o casa móvil?

- Menos de un acre → PASE a la pregunta 6a
- 1 a 9.9 acres
- 10 acres o más

5 EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el total de las ventas realizadas de todos los productos agrícolas de esta propiedad?

- Cero
- \$1 a \$999
- \$1,000 a \$2,499
- \$2,500 a \$4,999
- \$5,000 a \$9,999
- \$10,000 ó más

6 a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil?

Las habitaciones deben estar separadas por arcos o paredes que se extienden hacia fuera por lo menos seis pulgadas y van desde el piso hasta el techo.

- **INCLUYA** dormitorios, cocinas, salas, etc.
- **NO INCLUYA** baños, terrazas, balcones, entradas, pasillos, o sótanos sin terminar.

Número de habitaciones

b. ¿Cuántas de estas habitaciones son dormitorios? *Cuente como dormitorios las habitaciones que usted incluiría en un anuncio si esta casa, apartamento o casa móvil estuviera a la venta o para alquiler. Si es un estudio/apartamento sin dormitorios separados, escriba "0".*

Número de dormitorios



Vivienda (continuación)

7 ¿Tiene esta casa, apartamento o casa móvil –

- | | Sí | No |
|--------------------------------------|--------------------------|--------------------------|
| a. agua caliente y fría por tubería? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. una bañera o ducha? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. fregadero con llave del agua? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. una estufa para cocinar? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. un refrigerador? | <input type="checkbox"/> | <input type="checkbox"/> |

8 ¿Puede usted o algún miembro del hogar hacer y recibir llamadas telefónicas cuando está en esta casa, este apartamento, o esta casa móvil?

Incluya llamadas hechas con teléfonos celulares, teléfonos fijos o cualquier otro tipo de teléfono.

- Sí
 No

9 En esta casa, apartamento o casa móvil, ¿tiene o usa usted o algún otro miembro de este hogar alguno de los siguientes tipos de computadoras?

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Computadora de escritorio o laptop | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <i>Smartphone</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tableta u otra computadora de mano inalámbrica | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Algún otro tipo de computadora <i>Especifique:</i> ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

10 En esta casa, apartamento o casa móvil, ¿tiene usted o algún otro miembro de este hogar acceso a Internet?

- Sí, pagando a una compañía de teléfonos celulares o proveedor de servicio de Internet
- Sí, sin pagar a una compañía de teléfonos celulares o proveedor de servicio de Internet → *PASE a la pregunta 12*
- No hay acceso a Internet en esta casa, apartamento o casa móvil → *PASE a la pregunta 12*

11 ¿Tiene usted o algún otro miembro de este hogar acceso a la Internet a través de un –

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Plan de datos celulares para un <i>smartphone</i> u otro aparato móvil? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Servicio de Internet de banda ancha (alta velocidad) tal como servicio de cable, fibra óptica, o <i>DSL</i> instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Servicio de Internet por satélite instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Servicio de Internet de conexión <i>Dial Up</i> instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Algún otro servicio?
<i>Especifique el servicio:</i> ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

12 ¿Cuántos automóviles, *vans*, o camiones hay en su casa para uso de los miembros de este hogar? No cuente camiones que puedan cargar más de una tonelada.

- Ninguno
- 1
- 2
- 3
- 4
- 5
- 6 ó más

13 ¿Cuál **COMBUSTIBLE** es el que **MÁS** se utiliza para calentar esta casa, apartamento o casa móvil?

- Gas de una tubería subterránea que sirve al vecindario
- Gas embotellado, en tanque o petróleo líquido
- Electricidad
- Aceite combustible, queroseno, etc.
- Carbón o coque
- Leña
- Energía solar
- Otro combustible
- No se utiliza combustible



Vivienda (continuación)

C Conteste las preguntas 19 a 23 si usted u otra persona en este hogar **ES DUEÑO** de esta casa, apartamento o casa móvil, o lo **ESTÁ COMPRANDO**. De lo contrario, **PASE** a la sección **E**.

19 ¿Por cuánto cree usted que se vendería esta casa y el terreno, apartamento, o casa móvil y el lote si estuviera para la venta?

Valor – Dólares

\$, .00

20 ¿Cuánto es el total anual de los impuestos de bienes raíces sobre ESTA propiedad?

Valor – Dólares

\$, .00

Ninguno

21 ¿Cuánto es el pago anual de la prima por concepto de seguro contra incendios, riesgos e inundaciones para ESTA propiedad?

Valor – Dólares

\$, .00

Ninguno

22 a. ¿Tiene usted o algún miembro de este hogar una hipoteca, una escritura de fideicomiso, contrato de compra, o alguna deuda de este tipo sobre ESTA propiedad?

- Sí, hipoteca, escritura de fideicomiso, o alguna deuda de este tipo
- Sí, contrato de compra
- No → **PASE** a la pregunta 23a

b. ¿Cuánto es el pago mensual regular de la hipoteca sobre ESTA propiedad? Incluya sólo el pago de la PRIMERA hipoteca o contrato de compra.

Cantidad mensual – Dólares

\$, .00

No se requiere ningún pago regular → **PASE** a la pregunta 23a

c. ¿Incluye el pago mensual regular de la hipoteca los pagos de impuestos sobre bienes raíces para ESTA propiedad?

- Sí, se incluyen los impuestos en el pago de la hipoteca
- No, los impuestos se pagan por separado o no se requieren impuestos

d. ¿Incluye el pago mensual regular de la hipoteca los pagos de la prima por concepto de seguro contra incendios, riesgos e inundaciones para ESTA propiedad?

- Sí, se incluye el seguro en el pago de la hipoteca
- No, el seguro se paga por separado, o no se tiene seguro

23 a. ¿Tiene usted o algún otro miembro de este hogar una segunda hipoteca o un préstamo sobre el valor líquido (Home Equity Loan) de ESTA propiedad?

- Sí, un préstamo sobre el valor líquido de esta propiedad
- Sí, una segunda hipoteca
- Sí, una segunda hipoteca y un préstamo sobre el valor líquido de esta propiedad
- No → **PASE** a la sección **D**

b. ¿Cuánto es el pago mensual regular de todas las segundas hipotecas y todos los préstamos sobre el valor líquido de ESTA propiedad?

Cantidad mensual – Dólares

\$, .00

No se requiere ningún pago regular

D Conteste la pregunta 24 si ésta es una **CASA MÓVIL**. De lo contrario, **PASE** a la sección **E**.

24 ¿Cuánto es el total del costo anual de los impuestos a los bienes personales, la renta del lote, los costos de registro o inscripción y los costos de licencias para ESTA casa móvil y su lote? No incluya los impuestos sobre bienes raíces.

Cantidad anual – Dólares

\$, .00

E Conteste las preguntas sobre la **PERSONA 1** en la próxima página si usted listó al menos una persona en la página 2. De lo contrario, **PASE** a la página 28 para las instrucciones de envío por correo.



Persona 1

➔ Por favor, copie el nombre de la Persona 1 que aparece en la página 2. Luego, continúe contestando las siguientes preguntas.

Apellido

Nombre

Inicia

7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en los Estados Unidos → *PASE a la pregunta 10a*

Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización* ↘

No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a los Estados Unidos? Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año.

Año

10 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar

b. ¿A qué grado o nivel escolar asistía esta persona? Marque (X) UNA casilla.

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12* ↘

Estudios universitarios al nivel de licenciatura (*freshman a senior*)

Escuela graduada o profesional más allá de una licenciatura universitaria (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11* ↘

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

Diploma de escuela secundaria o preparatoria

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de licenciatura universitaria (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de licenciatura universitaria (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)



Persona 1 (continuación)

F Conteste la pregunta 12 si esta persona tiene un título de licenciatura universitaria o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el **TÍTULO DE LICENCIATURA UNIVERSITARIA** de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier **TÍTULO DE LICENCIATURA UNIVERSITARIA** específico(s) que esta persona recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

- Sí
 No → PASE a la pregunta 15a

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

- Muy bien
 Bien
 No bien
 No habla inglés

15 a. ¿Vivía esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
 Sí, en esta casa → PASE a la pregunta 16
 No, fuera de los Estados Unidos y Puerto Rico – Escriba en letra de molde a continuación el nombre del país extranjero o Islas Vírgenes de los EE.UU., Guam, etc.; luego PASE a la pregunta 16

- No, en una casa diferente en los Estados Unidos o Puerto Rico

b. ¿Dónde vivía esta persona hace 1 año?

Dirección (Número y nombre de la calle)

Nombre de la ciudad, pueblo u oficina de correos

Nombre del condado de los Estados Unidos o municipio en Puerto Rico

Nombre del estado de los Estados Unidos o anote Puerto Rico

Código Postal

16 ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo, (de esta persona o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (se ha registrado en el sistema de cuidado de salud militar de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – Especifique ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Persona 1 (continuación)

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota?
Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
 No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
 No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
 No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
 No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 2 en la página 19.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
 No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
 No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
 No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 2 en la página 19.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
 No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
 Viuda
 Divorciada
 Separada
 Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

	Sí	No
a. se casó?	<input type="checkbox"/>	<input type="checkbox"/>
b. enviudó?	<input type="checkbox"/>	<input type="checkbox"/>
c. se divorció?	<input type="checkbox"/>	<input type="checkbox"/>

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
 Dos veces
 Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------



Persona 1 (continuación)

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los **ÚLTIMOS 12 MESES**, ¿ha dado a luz esta persona?

- Sí
 No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
 6 a 11 meses
 1 ó 2 años
 3 ó 4 años
 5 años o más

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
 Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
 En servicio activo ahora
 En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
 Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
 Mayo del 1975 a julio del 1990
 Época de Vietnam (agosto del 1964 a abril del 1975)
 Guerra de Corea (julio del 1950 a enero del 1955)
 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
 Febrero del 1955 a julio del 1964
 Enero del 1947 a junio del 1950
 Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
 No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
 10 ó 20 por ciento
 30 ó 40 por ciento
 50 ó 60 por ciento
 70 por ciento o más



Persona 1 (continuación)

- 30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?**

- Sí → PASE a la pregunta 31
 No – No trabajó (o está retirada)

- b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?**

- Sí
 No → PASE a la pregunta 36a

- 31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.**

- a. Dirección (Número y nombre de la calle)**

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

- b. Nombre de la ciudad, pueblo u oficina de correos**

- c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?**

- Sí
 No, fuera de los límites de la ciudad/pueblo

- d. Nombre del condado de los Estados Unidos**

- e. Nombre del estado o país extranjero**

- f. Código Postal**

- 32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transporte que utilizó por más distancia.**

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Caminó |
| <input type="checkbox"/> Tren ligero, tranvía o tranvía eléctrico | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

- K** Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

- 33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?**

Persona(s)

- 34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?**

Hora Minutos a.m.
 p.m.

- 35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?**

Minutos

- L** Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

- 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?**

- Sí → PASE a la pregunta 36c
 No

- b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio?**

- Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
 No → PASE a la pregunta 37

- c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?**

- Sí → PASE a la pregunta 38
 No



Persona 1 (continuación)

37 Durante las **ÚLTIMAS 4 SEMANAS**, ¿ha estado esta persona buscando trabajo **ACTIVAMENTE**?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporal propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43

40 a. ¿Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿trabajó esta persona **TODAS** las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

- Sí → PASE a la pregunta 41
- No

b. Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿cuántas **SEMANAS** trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

41 En las **SEMANAS TRABAJADAS** durante los **ÚLTIMOS 12 MESES**, ¿cuántas horas trabajó usualmente esta persona cada **SEMANA**?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización **con fines de lucro**
- Organización **sin fines de lucro** (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

GOVERNMENT EMPLOYEE

- Gobierno local** (por ejemplo: distrito escolar de la ciudad o condado)
- Gobierno estatal** (incluso universidades estatales)
- Servicio activo** en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
- Empleado civil del **gobierno federal**

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a)** de un negocio, una práctica profesional o una finca **no incorporada**
- Propietario(a)** de un negocio, una práctica profesional o una finca **incorporada**
- Trabajó **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más a la semana

b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

d. ¿Era este(a) principalmente de:
Marque (X) UNA casilla.

- manufactura?
- comercio al por mayor?
- comercio al por menor?
- otro (agricultura, construcción, servicio, gobierno, etc.)?



Persona 2

➔ Por favor, copie el nombre de la Persona 2 que aparece en la página 3. Luego, continúe contestando las siguientes preguntas.

Apellido

Nombre

Inicia

7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en los Estados Unidos → *PASE a la pregunta 10a*

Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización* ↘

No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a los Estados Unidos? Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año.

Año

10 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.*

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar

b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12* ↘

Estudios universitarios al nivel de licenciatura (*freshman a senior*)

Escuela graduada o profesional más allá de una licenciatura universitaria (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11* ↘

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

Diploma de escuela secundaria o preparatoria

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de licenciatura universitaria (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de licenciatura universitaria (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)



Persona 2 (continuación)

F Conteste la pregunta 12 si esta persona tiene un título de licenciatura universitaria o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el **TÍTULO DE LICENCIATURA UNIVERSITARIA** de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier **TÍTULO DE LICENCIATURA UNIVERSITARIA** específico(s) que esta persona recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

- Sí
 No → PASE a la pregunta 15a

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

- Muy bien
 Bien
 No bien
 No habla inglés

15 a. ¿Vivía esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
 Sí, en esta casa → PASE a la pregunta 16
 No, fuera de los Estados Unidos y Puerto Rico – Escriba en letra de molde a continuación el nombre del país extranjero o Islas Vírgenes de los EE.UU., Guam, etc.; luego PASE a la pregunta 16

- No, en una casa diferente en los Estados Unidos o Puerto Rico

b. ¿Dónde vivía esta persona hace 1 año?

Dirección (Número y nombre de la calle)

Nombre de la ciudad, pueblo u oficina de correos

Nombre del condado de los Estados Unidos o municipio en Puerto Rico

Nombre del estado de los Estados Unidos o anote Puerto Rico

Código Postal

16 ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo, (de esta persona o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (se ha registrado en el sistema de cuidado de salud militar de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – Especifique ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Persona 2 (continuación)

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota?
Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
 No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
 No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
 No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
 No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 3 en la página 26.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
 No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
 No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
 No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 3 en la página 26.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
 No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
 Viuda
 Divorciada
 Separada
 Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

	Sí	No
a. se casó?	<input type="checkbox"/>	<input type="checkbox"/>
b. enviudó?	<input type="checkbox"/>	<input type="checkbox"/>
c. se divorció?	<input type="checkbox"/>	<input type="checkbox"/>

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
 Dos veces
 Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año



Persona 2 (continuación)

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los **ÚLTIMOS 12 MESES**, ¿ha dado a luz esta persona?

- Sí
 No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
 6 a 11 meses
 1 ó 2 años
 3 ó 4 años
 5 años o más

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
 Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
 En servicio activo ahora
 En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
 Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
 Mayo del 1975 a julio del 1990
 Época de Vietnam (agosto del 1964 a abril del 1975)
 Guerra de Corea (julio del 1950 a enero del 1955)
 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
 Febrero del 1955 a julio del 1964
 Enero del 1947 a junio del 1950
 Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
 No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
 10 ó 20 por ciento
 30 ó 40 por ciento
 50 ó 60 por ciento
 70 por ciento o más



Persona 2 (continuación)

- 30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?**

- Sí → PASE a la pregunta 31
 No – No trabajó (o está retirada)

- b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?**

- Sí
 No → PASE a la pregunta 36a

- 31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.**

- a. Dirección (Número y nombre de la calle)**

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

- b. Nombre de la ciudad, pueblo u oficina de correos**

- c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?**

- Sí
 No, fuera de los límites de la ciudad/pueblo

- d. Nombre del condado de los Estados Unidos**

- e. Nombre del estado o país extranjero**

- f. Código Postal**

- 32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transporte que utilizó por más distancia.**

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Caminó |
| <input type="checkbox"/> Tren ligero, tranvía o tranvía eléctrico | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

- K** Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

- 33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?**

Persona(s)

- 34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?**

Hora Minutos a.m.
 p.m.

- 35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?**

Minutos

- L** Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

- 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?**

- Sí → PASE a la pregunta 36c
 No

- b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio?**

- Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
 No → PASE a la pregunta 37

- c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?**

- Sí → PASE a la pregunta 38
 No



Persona 2 (continuación)

37 Durante las **ÚLTIMAS 4 SEMANAS**, ¿ha estado esta persona buscando trabajo **ACTIVAMENTE**?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporal propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43

40 a. ¿Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿trabajó esta persona **TODAS** las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

- Sí → PASE a la pregunta 41
- No

b. Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿cuántas **SEMANAS** trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

41 En las **SEMANAS TRABAJADAS** durante los **ÚLTIMOS 12 MESES**, ¿cuántas horas trabajó usualmente esta persona cada **SEMANA**?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización **con fines de lucro**
- Organización **sin fines de lucro** (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

GOVERNMENT EMPLOYEE

- Gobierno local** (por ejemplo: distrito escolar de la ciudad o condado)
- Gobierno estatal** (incluso universidades estatales)
- Servicio activo** en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
- Empleado civil del **gobierno federal**

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a)** de un negocio, una práctica profesional o una finca **no incorporada**
- Propietario(a)** de un negocio, una práctica profesional o una finca **incorporada**
- Trabajó **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más a la semana

b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

d. ¿Era este(a) principalmente de:
Marque (X) UNA casilla.

- manufactura?
- comercio al por mayor?
- comercio al por menor?
- otro (agricultura, construcción, servicio, gobierno, etc.)?



Persona 3

➔ Por favor, copie el nombre de la Persona 3 que aparece en la página 4. Luego, continúe contestando las siguientes preguntas.

Apellido

Nombre

Inicia

7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en los Estados Unidos → *PASE a la pregunta 10a*

Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización* ↘

No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a los Estados Unidos? Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año.

Año

10 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar

b. ¿A qué grado o nivel escolar asistía esta persona? Marque (X) UNA casilla.

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12* ↘

Estudios universitarios al nivel de licenciatura (*freshman a senior*)

Escuela graduada o profesional más allá de una licenciatura universitaria (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11* ↘

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

Diploma de escuela secundaria o preparatoria

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de licenciatura universitaria (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de licenciatura universitaria (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)



Persona 3 (continuación)

F Conteste la pregunta 12 si esta persona tiene un título de licenciatura universitaria o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el **TÍTULO DE LICENCIATURA UNIVERSITARIA** de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier **TÍTULO DE LICENCIATURA UNIVERSITARIA** específico(s) que esta persona recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

- Sí
 No → PASE a la pregunta 15a

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

- Muy bien
 Bien
 No bien
 No habla inglés

15 a. ¿Vivía esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
 Sí, en esta casa → PASE a la pregunta 16
 No, fuera de los Estados Unidos y Puerto Rico – Escriba en letra de molde a continuación el nombre del país extranjero o Islas Vírgenes de los EE.UU., Guam, etc.; luego PASE a la pregunta 16

- No, en una casa diferente en los Estados Unidos o Puerto Rico

b. ¿Dónde vivía esta persona hace 1 año?

Dirección (Número y nombre de la calle)

Nombre de la ciudad, pueblo u oficina de correos

Nombre del condado de los Estados Unidos o municipio en Puerto Rico

Nombre del estado de los Estados Unidos o anote Puerto Rico

Código Postal

16 ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo, (de esta persona o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (se ha registrado en el sistema de cuidado de salud militar de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – Especifique ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Persona 3 (continuación)

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

- 17 a. ¿Tiene este plan una prima o cuota?**
Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

Sí
 No → PASE a la pregunta 18a

- b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?**

Sí
 No

- 18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?**

Sí
 No

- b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?**

Sí
 No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 4 en la página 33.

- 19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?**

Sí
 No

- b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?**

Sí
 No

- c. ¿Tiene esta persona dificultad para vestirse o bañarse?**

Sí
 No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 4 en la página 33.

- 20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?**

Sí
 No

- 21 ¿Cuál es el estado civil de esta persona?**

Casada actualmente
 Viuda
 Divorciada
 Separada
 Nunca se ha casado → PASE a la sección **J**

- 22 En los PASADOS 12 MESES, ¿esta persona –**

	Sí	No
a. se casó?	<input type="checkbox"/>	<input type="checkbox"/>
b. enviudó?	<input type="checkbox"/>	<input type="checkbox"/>
c. se divorció?	<input type="checkbox"/>	<input type="checkbox"/>

- 23 ¿Cuántas veces ha estado casada esta persona?**

Una vez
 Dos veces
 Tres veces o más

- 24 ¿En qué año se casó la última vez esta persona?**

Año



Persona 3 (continuación)

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los **ÚLTIMOS 12 MESES**, ¿ha dado a luz esta persona?

- Sí
 No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
 6 a 11 meses
 1 ó 2 años
 3 ó 4 años
 5 años o más

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
 Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
 En servicio activo ahora
 En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
 Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
 Mayo del 1975 a julio del 1990
 Época de Vietnam (agosto del 1964 a abril del 1975)
 Guerra de Corea (julio del 1950 a enero del 1955)
 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
 Febrero del 1955 a julio del 1964
 Enero del 1947 a junio del 1950
 Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
 No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
 10 ó 20 por ciento
 30 ó 40 por ciento
 50 ó 60 por ciento
 70 por ciento o más



Persona 3 (continuación)

- 30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?**

- Sí → PASE a la pregunta 31
 No – No trabajó (o está retirada)

- b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?**

- Sí
 No → PASE a la pregunta 36a

- 31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.**

- a. Dirección (Número y nombre de la calle)**

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

- b. Nombre de la ciudad, pueblo u oficina de correos**

- c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?**

- Sí
 No, fuera de los límites de la ciudad/pueblo

- d. Nombre del condado de los Estados Unidos**

- e. Nombre del estado o país extranjero**

- f. Código Postal**

- 32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transporte que utilizó por más distancia.**

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Caminó |
| <input type="checkbox"/> Tren ligero, tranvía o tranvía eléctrico | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

- K** Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

- 33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?**

Persona(s)

- 34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?**

Hora Minutos a.m.
 p.m.

- 35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?**

Minutos

- L** Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

- 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?**

- Sí → PASE a la pregunta 36c
 No

- b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio?**

- Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
 No → PASE a la pregunta 37

- c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?**

- Sí → PASE a la pregunta 38
 No



Persona 3 (continuación)

37 Durante las **ÚLTIMAS 4 SEMANAS**, ¿ha estado esta persona buscando trabajo **ACTIVAMENTE**?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporal propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43

40 a. ¿Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿trabajó esta persona **TODAS** las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

- Sí → PASE a la pregunta 41
- No

b. Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿cuántas **SEMANAS** trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

41 En las **SEMANAS TRABAJADAS** durante los **ÚLTIMOS 12 MESES**, ¿cuántas horas trabajó usualmente esta persona cada **SEMANA**?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización **con fines de lucro**
- Organización **sin fines de lucro** (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

GOVERNMENT EMPLOYEE

- Gobierno local** (por ejemplo: distrito escolar de la ciudad o condado)
- Gobierno estatal** (incluso universidades estatales)
- Servicio activo** en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
- Empleado civil del **gobierno federal**

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a)** de un negocio, una práctica profesional o una finca **no incorporada**
- Propietario(a)** de un negocio, una práctica profesional o una finca **incorporada**
- Trabajó **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más a la semana

b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

d. ¿Era este(a) principalmente de:
Marque (X) UNA casilla.

- manufactura?
- comercio al por mayor?
- comercio al por menor?
- otro (agricultura, construcción, servicio, gobierno, etc.)?



Persona 3 (continuación)

e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

d. Seguro Social o retiro para personal de los ferrocarriles.

Sí → \$, .00

No CANTIDAD TOTAL en los últimos 12 MESES

e. Seguridad de Ingreso Suplementario (SSI).

Sí → \$, .00

No CANTIDAD TOTAL en los últimos 12 MESES

f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí → \$, .00

No CANTIDAD TOTAL en los últimos 12 MESES

g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.

Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí → \$, .00

No CANTIDAD TOTAL en los últimos 12 MESES

h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$, .00

No CANTIDAD TOTAL en los últimos 12 MESES

43 INGRESO EN LOS ÚLTIMOS 12 MESES
Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el periodo desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí → \$, .00

No CANTIDAD TOTAL en los últimos 12 MESES

b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad.

Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$, .00 Pérdida

No CANTIDAD TOTAL en los últimos 12 MESES

c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$, .00 Pérdida

No CANTIDAD TOTAL en los últimos 12 MESES

44 ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno ó \$, .00 Pérdida

CANTIDAD TOTAL en los últimos 12 MESES

➔ Continúe con las preguntas para la Persona 4 en la próxima página. Si no hay nadie listado como la Persona 4 en la página 5, PASE a la página 48 para ver las instrucciones de envío por correo.



Persona 4

- ➔ **Por favor, copie el nombre de la Persona 4 que aparece en la página 5. Luego, continúe contestando las siguientes preguntas.**

Apellido

Nombre

Inicia

7 ¿Dónde nació esta persona?

- En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

- Fuera de los Estados Unidos – *Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

- Sí, nació en los Estados Unidos → *PASE a la pregunta 10a*
- Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte
- Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.
- Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización* ↘

- No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a los Estados Unidos? Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año.

Año

10 a. En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.

- No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*
- Escuela o universidad pública
- Escuela o universidad privada o enseñanza en el hogar

b. ¿A qué grado o nivel escolar asistía esta persona? Marque (X) UNA casilla.

- Pre-escolar o pre-kinder
- Kindergarten
- Grado 1 al 12 – *Especifique grado 1-12* ↘
- Estudios universitarios al nivel de licenciatura (*freshman a senior*)
- Escuela graduada o profesional más allá de una licenciatura universitaria (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.

NO HA COMPLETADO NINGÚN GRADO

- No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

- Pre-escolar o pre-kinder
- Kindergarten
- Grado 1 al 11 – *Especifique grado 1-11* ↘

- Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

- Diploma de escuela secundaria o preparatoria
- GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

- Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
- 1 año o más de créditos universitarios, sin título
- Título asociado universitario (*por ejemplo: AA, AS*)
- Título de licenciatura universitaria (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

- Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)
- Título profesional más allá de un título de licenciatura universitaria (*por ejemplo: MD, DDS, DVM, LLB, JD*)
- Título de doctorado (*por ejemplo: PhD, EdD*)



Persona 4 (continuación)

F Conteste la pregunta 12 si esta persona tiene un título de licenciatura universitaria o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el **TÍTULO DE LICENCIATURA UNIVERSITARIA** de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier **TÍTULO DE LICENCIATURA UNIVERSITARIA** específico(s) que esta persona recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

- Sí
 No → PASE a la pregunta 15a

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

- Muy bien
 Bien
 No bien
 No habla inglés

15 a. ¿Vivía esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
 Sí, en esta casa → PASE a la pregunta 16
 No, fuera de los Estados Unidos y Puerto Rico – Escriba en letra de molde a continuación el nombre del país extranjero o Islas Vírgenes de los EE.UU., Guam, etc.; luego PASE a la pregunta 16

- No, en una casa diferente en los Estados Unidos o Puerto Rico

b. ¿Dónde vivía esta persona hace 1 año?

Dirección (Número y nombre de la calle)

Nombre de la ciudad, pueblo u oficina de correos

Nombre del condado de los Estados Unidos o municipio en Puerto Rico

Nombre del estado de los Estados Unidos o anote Puerto Rico

Código Postal

16 ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo, (de esta persona o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (se ha registrado en el sistema de cuidado de salud militar de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – Especifique ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Persona 4 (continuación)

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota?
Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
 No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
 No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
 No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
 No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 5 en la página 40.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
 No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
 No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
 No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 5 en la página 40.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
 No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
 Viuda
 Divorciada
 Separada
 Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

	Sí	No
a. se casó?	<input type="checkbox"/>	<input type="checkbox"/>
b. enviudó?	<input type="checkbox"/>	<input type="checkbox"/>
c. se divorció?	<input type="checkbox"/>	<input type="checkbox"/>

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
 Dos veces
 Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------



Persona 4 (continuación)

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los **ÚLTIMOS 12 MESES**, ¿ha dado a luz esta persona?

- Sí
 No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
 6 a 11 meses
 1 ó 2 años
 3 ó 4 años
 5 años o más

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
 Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
 En servicio activo ahora
 En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
 Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
 Mayo del 1975 a julio del 1990
 Época de Vietnam (agosto del 1964 a abril del 1975)
 Guerra de Corea (julio del 1950 a enero del 1955)
 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
 Febrero del 1955 a julio del 1964
 Enero del 1947 a junio del 1950
 Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
 No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
 10 ó 20 por ciento
 30 ó 40 por ciento
 50 ó 60 por ciento
 70 por ciento o más



Persona 4 (continuación)

- 30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?**

- Sí → PASE a la pregunta 31
 No – No trabajó (o está retirada)

- b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?**

- Sí
 No → PASE a la pregunta 36a

- 31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.**

- a. Dirección (Número y nombre de la calle)**

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

- b. Nombre de la ciudad, pueblo u oficina de correos**

- c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?**

- Sí
 No, fuera de los límites de la ciudad/pueblo

- d. Nombre del condado de los Estados Unidos**

- e. Nombre del estado o país extranjero**

- f. Código Postal**

- 32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transporte que utilizó por más distancia.**

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Caminó |
| <input type="checkbox"/> Tren ligero, tranvía o tranvía eléctrico | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

- K** Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

- 33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?**

Persona(s)

- 34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?**

Hora Minutos a.m.
 p.m.

- 35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?**

Minutos

- L** Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

- 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?**

- Sí → PASE a la pregunta 36c
 No

- b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio?**

- Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
 No → PASE a la pregunta 37

- c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?**

- Sí → PASE a la pregunta 38
 No



Persona 4 (continuación)

37 Durante las **ÚLTIMAS 4 SEMANAS**, ¿ha estado esta persona buscando trabajo **ACTIVAMENTE**?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporal propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43

40 a. ¿Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿trabajó esta persona **TODAS** las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

- Sí → PASE a la pregunta 41
- No

b. Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿cuántas **SEMANAS** trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

41 En las **SEMANAS TRABAJADAS** durante los **ÚLTIMOS 12 MESES**, ¿cuántas horas trabajó usualmente esta persona cada **SEMANA**?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización **con fines de lucro**
- Organización **sin fines de lucro** (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

GOVERNMENT EMPLOYEE

- Gobierno local** (por ejemplo: distrito escolar de la ciudad o condado)
- Gobierno estatal** (incluso universidades estatales)
- Servicio activo** en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
- Empleado civil del **gobierno federal**

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a)** de un negocio, una práctica profesional o una finca **no incorporada**
- Propietario(a)** de un negocio, una práctica profesional o una finca **incorporada**
- Trabajó **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más a la semana

b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

d. ¿Era este(a) principalmente de:
Marque (X) UNA casilla.

- manufactura?
- comercio al por mayor?
- comercio al por menor?
- otro (agricultura, construcción, servicio, gobierno, etc.)?



Persona 4 (continuación)

e. ¿Cuál era la ocupación principal de esta persona?
(Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

f. Describa las actividades o deberes más importantes de esta persona. *(Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)*

43 INGRESO EN LOS ÚLTIMOS 12 MESES

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el periodo desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí → \$.00
 No CANTIDAD TOTAL en los últimos 12 MESES

b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad.

Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$.00 Pérdida
 No CANTIDAD TOTAL en los últimos 12 MESES

c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$.00 Pérdida
 No CANTIDAD TOTAL en los últimos 12 MESES

d. Seguro Social o retiro para personal de los ferrocarriles.

Sí → \$.00
 No CANTIDAD TOTAL en los últimos 12 MESES

e. Seguridad de Ingreso Suplementario (SSI).

Sí → \$.00
 No CANTIDAD TOTAL en los últimos 12 MESES

f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí → \$.00
 No CANTIDAD TOTAL en los últimos 12 MESES

g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.

Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí → \$.00
 No CANTIDAD TOTAL en los últimos 12 MESES

h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$.00
 No CANTIDAD TOTAL en los últimos 12 MESES

44 ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? *Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.*

Ninguno ó \$.00 Pérdida
 CANTIDAD TOTAL en los últimos 12 MESES

➔ **Continúe con las preguntas para la Persona 5 en la próxima página. Si no hay nadie listado como la Persona 5 en la página 6, PASE a la página 48 para ver las instrucciones de envío por correo.**



Persona 5

➔ **Por favor, copie el nombre de la Persona 5 que aparece en la página 6. Luego, continúe contestando las siguientes preguntas.**

Apellido

Nombre

Inicia

7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde el nombre del país extranjero, o Puerto Rico, Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en los Estados Unidos → *PASE a la pregunta 10a*

Sí, nació en Puerto Rico, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización* ↘

No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a los Estados Unidos? Si esta persona vino a vivir a los Estados Unidos más de una vez, escriba el último año.

Año

10 a. **En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad?** *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela secundaria o título universitario.*

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar

b. **¿A qué grado o nivel escolar asistía esta persona?** *Marque (X) UNA casilla.*

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12* ↘

Estudios universitarios al nivel de licenciatura (*freshman a senior*)

Escuela graduada o profesional más allá de una licenciatura universitaria (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 **¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO?** *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11* ↘

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

Diploma de escuela secundaria o preparatoria

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de licenciatura universitaria (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de licenciatura universitaria (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)



Persona 5 (continuación)

F Conteste la pregunta 12 si esta persona tiene un título de licenciatura universitaria o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el **TÍTULO DE LICENCIATURA UNIVERSITARIA** de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier **TÍTULO DE LICENCIATURA UNIVERSITARIA** específico(s) que esta persona recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

- Sí
 No → PASE a la pregunta 15a

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

- Muy bien
 Bien
 No bien
 No habla inglés

15 a. ¿Vivía esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
 Sí, en esta casa → PASE a la pregunta 16
 No, fuera de los Estados Unidos y Puerto Rico – Escriba en letra de molde a continuación el nombre del país extranjero o Islas Vírgenes de los EE.UU., Guam, etc.; luego PASE a la pregunta 16

- No, en una casa diferente en los Estados Unidos o Puerto Rico

b. ¿Dónde vivía esta persona hace 1 año?

Dirección (Número y nombre de la calle)

Nombre de la ciudad, pueblo u oficina de correos

Nombre del condado de los Estados Unidos o municipio en Puerto Rico

Nombre del estado de los Estados Unidos o anote Puerto Rico

Código Postal

16 ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo, (de esta persona o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (se ha registrado en el sistema de cuidado de salud militar de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – <i>Especifique</i> ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Persona 5 (continuación)

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota?
Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
 No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
 No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
 No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
 No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las instrucciones de envío en la página 48.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
 No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
 No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
 No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las instrucciones de envío en la página 48.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
 No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
 Viuda
 Divorciada
 Separada
 Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

	Sí	No
a. se casó?	<input type="checkbox"/>	<input type="checkbox"/>
b. enviudó?	<input type="checkbox"/>	<input type="checkbox"/>
c. se divorció?	<input type="checkbox"/>	<input type="checkbox"/>

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
 Dos veces
 Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año



Persona 5 (continuación)

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los **ÚLTIMOS 12 MESES**, ¿ha dado a luz esta persona?

- Sí
 No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
 6 a 11 meses
 1 ó 2 años
 3 ó 4 años
 5 años o más

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
 Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
 En servicio activo ahora
 En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
 Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
 Mayo del 1975 a julio del 1990
 Época de Vietnam (agosto del 1964 a abril del 1975)
 Guerra de Corea (julio del 1950 a enero del 1955)
 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
 Febrero del 1955 a julio del 1964
 Enero del 1947 a junio del 1950
 Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
 No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
 10 ó 20 por ciento
 30 ó 40 por ciento
 50 ó 60 por ciento
 70 por ciento o más



Persona 5 (continuación)

- 30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?**

- Sí → PASE a la pregunta 31
 No – No trabajó (o está retirada)

- b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?**

- Sí
 No → PASE a la pregunta 36a

- 31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.**

- a. Dirección (Número y nombre de la calle)**

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

- b. Nombre de la ciudad, pueblo u oficina de correos**

- c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?**

- Sí
 No, fuera de los límites de la ciudad/pueblo

- d. Nombre del condado de los Estados Unidos**

- e. Nombre del estado o país extranjero**

- f. Código Postal**

- 32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transporte que utilizó por más distancia.**

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren subterráneo o elevado | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Caminó |
| <input type="checkbox"/> Tren ligero, tranvía o tranvía eléctrico | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

- K** Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

- 33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?**

Persona(s)

- 34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?**

Hora Minutos a.m.
 p.m.

- 35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?**

Minutos

- L** Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

- 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o la descansaron de un empleo?**

- Sí → PASE a la pregunta 36c
 No

- b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORALMENTE de su empleo o negocio?**

- Sí, de vacaciones, enfermedad temporal, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
 No → PASE a la pregunta 37

- c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?**

- Sí → PASE a la pregunta 38
 No



Persona 5 (continuación)

37 Durante las **ÚLTIMAS 4 SEMANAS**, ¿ha estado esta persona buscando trabajo **ACTIVAMENTE**?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporal propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43

40 a. ¿Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿trabajó esta persona **TODAS** las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

- Sí → PASE a la pregunta 41
- No

b. Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿cuántas **SEMANAS** trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

41 En las **SEMANAS TRABAJADAS** durante los **ÚLTIMOS 12 MESES**, ¿cuántas horas trabajó usualmente esta persona cada **SEMANA**?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización **con fines de lucro**
- Organización **sin fines de lucro** (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

GOVERNMENT EMPLOYEE

- Gobierno local** (por ejemplo: distrito escolar de la ciudad o condado)
- Gobierno estatal** (incluso universidades estatales)
- Servicio activo** en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
- Empleado civil del **gobierno federal**

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a)** de un negocio, una práctica profesional o una finca **no incorporada**
- Propietario(a)** de un negocio, una práctica profesional o una finca **incorporada**
- Trabajó **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más a la semana

b. ¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona?

c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

d. ¿Era este(a) principalmente de: Marque (X) UNA casilla.

- manufactura?
- comercio al por mayor?
- comercio al por menor?
- otro (agricultura, construcción, servicio, gobierno, etc.)?



Persona 5 (continuación)

e. ¿Cuál era la ocupación principal de esta persona? (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

d. Seguro Social o retiro para personal de los ferrocarriles.

Sí →

No CANTIDAD TOTAL en los últimos 12 MESES

e. Seguridad de Ingreso Suplementario (SSI).

Sí →

No CANTIDAD TOTAL en los últimos 12 MESES

f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí →

No CANTIDAD TOTAL en los últimos 12 MESES

g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente. Incluya ingresos de un empleador o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí →

No CANTIDAD TOTAL en los últimos 12 MESES

h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí →

No CANTIDAD TOTAL en los últimos 12 MESES

43 INGRESO EN LOS ÚLTIMOS 12 MESES
 Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el periodo desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí →

No CANTIDAD TOTAL en los últimos 12 MESES

b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí →

No CANTIDAD TOTAL en los últimos 12 MESES Pérdida

c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí →

No CANTIDAD TOTAL en los últimos 12 MESES Pérdida

44 ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno

Pérdida CANTIDAD TOTAL en los últimos 12 MESES

➔ **Ahora continúe con las instrucciones sobre envío por correo en la página 48.**



La página 47 se ha dejado en blanco intencionalmente



Instrucciones sobre envío por correo

→ Por favor, asegúrese de que ha...

- listado todos los nombres y contestado todas las preguntas en las páginas 2, 3, 4, 5, 6 y 7
- contestado todas las preguntas sobre Vivienda
- contestado todas las preguntas sobre Personas para cada persona

→ Entonces...

- coloque el cuestionario completado en el sobre de envío incluido. Si el sobre se ha extraviado, envíe el cuestionario por correo a:

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

- asegúrese de que el código de barras encima de su dirección está visible en la ventanilla del sobre

Gracias por participar en la Encuesta sobre la Comunidad Estadounidense.

Para Uso de la Oficina del Censo

POP

EDIT

PHONE

JIC1

JIC2

EDIT CLERK

TELEPHONE CLERK

JIC3

JIC4

La Oficina del Censo estima que, al hogar típico, le tomará 40 minutos completar este cuestionario, incluyendo el tiempo para repasar las instrucciones y respuestas. Los comentarios sobre el estimado del tiempo o cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo que toma, deben dirigirse a: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a aco.pra@census.gov; escriba "Paperwork Project 0607-0810 and 0607-0936" en el espacio para el tema. Por favor, NO DEVUELVA su cuestionario a esta dirección. Use el sobre predirigido adjunto para devolver su cuestionario completado.

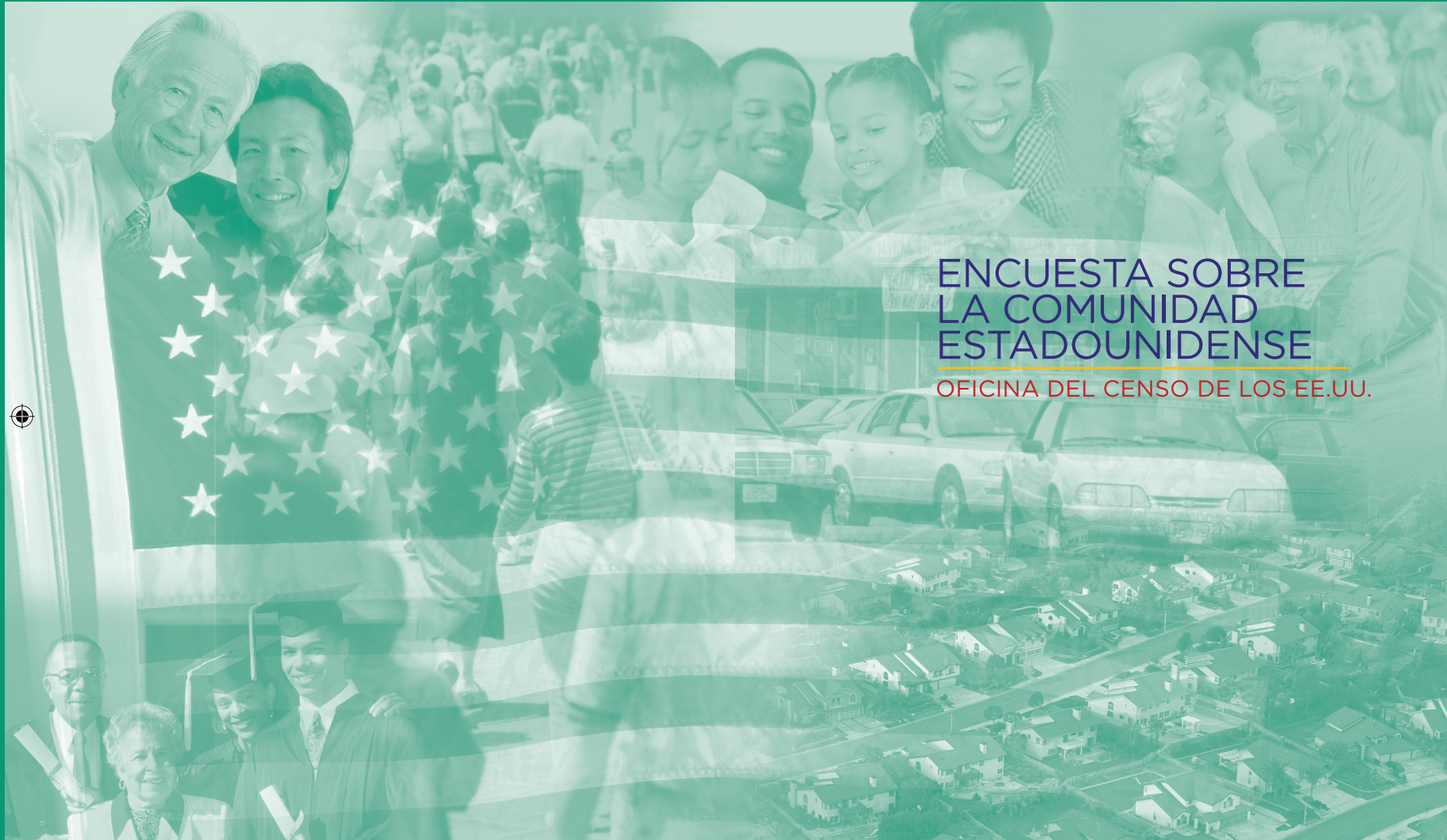
No se requiere que las personas respondan a ninguna recopilación de información a menos que ésta tenga un número válido aprobado de la Oficina de Administración y Presupuesto. Este número de 8 dígitos se encuentra en la parte inferior derecha de la cubierta de este cuestionario.





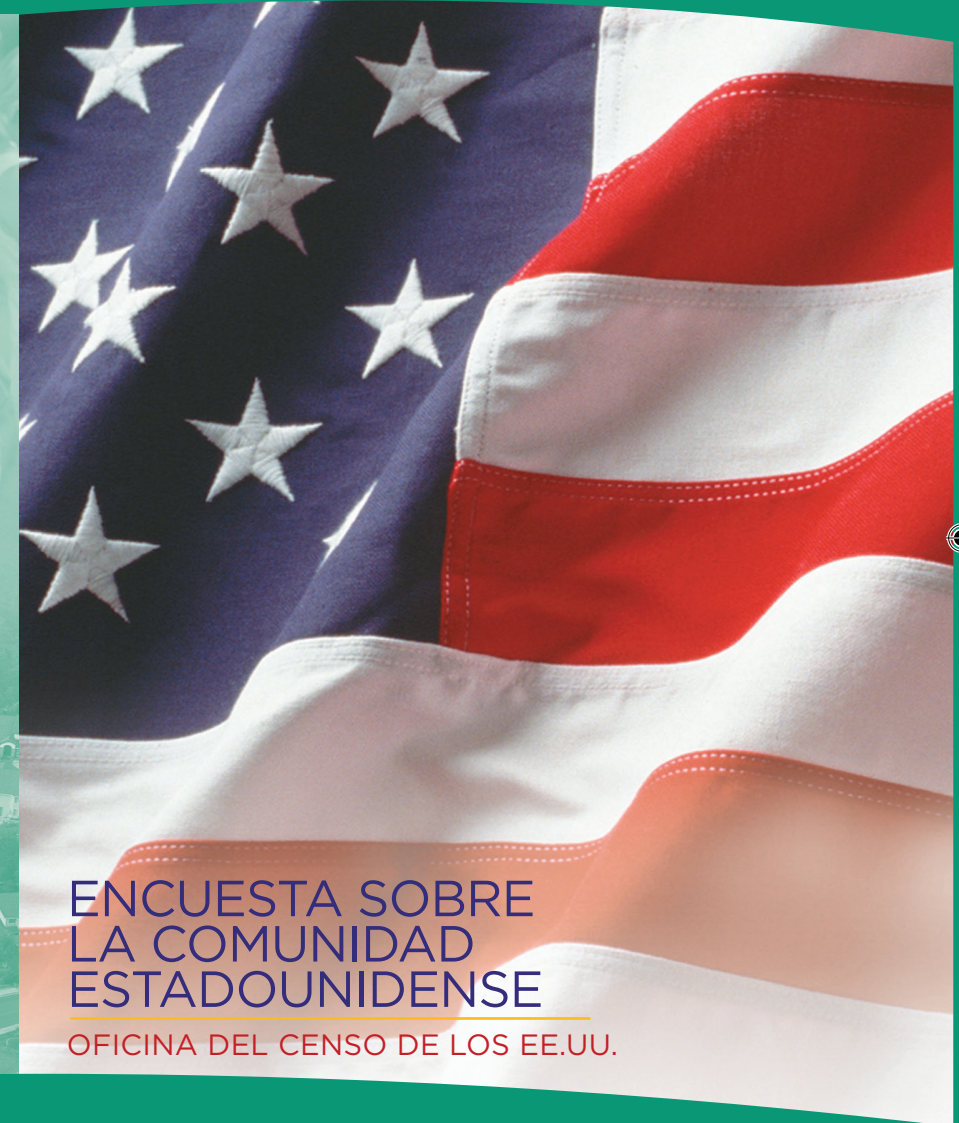
census.gov/acs
1-877-833-5625

Preguntas Frecuentes



ENCUESTA SOBRE LA COMUNIDAD ESTADOUNIDENSE

OFICINA DEL CENSO DE LOS EE.UU.



ENCUESTA SOBRE LA COMUNIDAD ESTADOUNIDENSE

OFICINA DEL CENSO DE LOS EE.UU.

Si necesita ayuda para completar su cuestionario,
 llame sin cargo alguno al: 1-877-833-5625

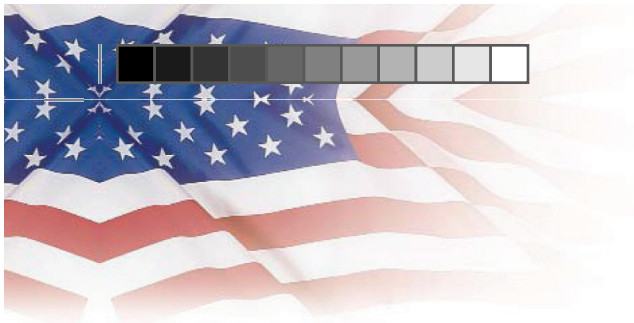
Publicado 02-19-2019
 ACS-10SM(SP)(2020)

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Preguntas Frecuentes

¿Qué es la Encuesta sobre la Comunidad Estadounidense?

La Encuesta sobre la Comunidad Estadounidense recopila información en forma continua sobre las características de la población y vivienda para la nación, los estados, ciudades, condados, áreas metropolitanas y comunidades. Basándose en la Encuesta sobre la Comunidad Estadounidense, la Oficina del Censo puede proveer datos actualizados sobre los cambios constantes en nuestro país con más frecuencia, no sólo una vez cada diez años cuando se lleva a cabo el censo.

¿Cómo me beneficia responder a la Encuesta sobre la Comunidad Estadounidense?

Las comunidades necesitan datos sobre el bienestar de los niños, las familias y los envejecientes para poder proveerles servicios. Al responder al cuestionario de la Encuesta sobre la Comunidad Estadounidense, usted está ayudando a su comunidad a establecer metas, identificar problemas y sus soluciones, y medir la eficacia de los programas.

Los datos también se usan para decidir dónde construir nuevas carreteras, escuelas, hospitales y centros comunitarios; para demostrarle a una corporación grande que un pueblo tiene la mano de obra que la compañía necesita; y en muchas otras maneras.

¿Estoy obligado(a) a contestar las preguntas de la Encuesta sobre la Comunidad Estadounidense?

Sí. La ley requiere que usted conteste esta encuesta. (Título 13, Código de los Estados Unidos, Secciones 141,193 y 221).

El Título 13, según enmendado por el Título 18, impone sanciones por no responder. Estimamos que esta encuesta le tomará aproximadamente 40 minutos para completar.

¿Cómo utilizará la Oficina del Censo la información que les doy?

Por ley, la Oficina del Censo solamente puede usar sus respuestas para producir estadísticas. Su información será usada en combinación con la de otros hogares para producir datos sobre su comunidad. Se producirán datos similares para otras comunidades en Puerto Rico y los Estados Unidos.

Es posible que combinemos sus respuestas con información que usted ha dado a otras agencias para así aumentar el valor estadístico de los datos. Esta información recibirá la misma protección que se le extiende a la información que usted proveyó a esta encuesta. Basado en la información que usted provee, podría ser invitado(a) a participar voluntariamente en otras encuestas del Negociado del Censo.

¿Mantendrá la Oficina del Censo la confidencialidad de mi información personal?

Sí. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

Por ley, todo empleado de la Oficina del Censo—incluso el Director y todos los representantes de campo—han tomado un juramento, y pueden ser encarcelados, multados, o ambos si divulgan CUALQUIER información que lo identificara a usted o a su hogar.

¿Dónde puedo obtener más información acerca de la Encuesta sobre la Comunidad Estadounidense, o dónde puedo pedir ayuda?

Puede acudir a nuestro sitio en la Red [census.gov/acs](https://www.census.gov/acs), o llame al 1-877-833-5625 si necesita asistencia o más información.





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U.S. Census Bureau

Washington, DC 20233

Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Recientemente, la Oficina del Censo le envié a su hogar una carta acerca de la Encuesta sobre la Comunidad Estadounidense. Hay dos maneras de completar la encuesta. Por favor, escoja una SOLAMENTE.

Opción 1: Vaya a <https://respond.census.gov/acs> para completar la encuesta por Internet. Para entrar a la encuesta, usted necesitará la información de la etiqueta de dirección del cuestionario que se incluye.

Opción 2: Complete el cuestionario que se incluye y devuélvalo por correo.

Esta encuesta recopila información vital actualizada que se utiliza para responder a las necesidades de las comunidades en los Estados Unidos. Por ejemplo, los resultados de esta encuesta se usan para determinar dónde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. Esta información también ayuda a las comunidades a prepararse para las emergencias que los pueden afectar a usted y a sus vecinos, tales como inundaciones y otros desastres naturales.

La Oficina del Censo de los EE. UU. escogió su dirección, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. Usted está obligado(a) por ley a responder a esta encuesta. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El folleto que acompaña esta carta contesta a algunas de las preguntas frecuentes sobre la encuesta.

Si usted necesita ayuda para llenar la encuesta, por favor, llame sin cargo a nuestro número de teléfono (1-800-354-7271).

Gracias.

Atentamente,

Steven D. Dillingham

Documentos adjuntos



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Washington, DC 20233

Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Hace aproximadamente dos semanas, la Oficina del Censo de los EE. UU. envió a su dirección unas instrucciones para que completara la Encuesta sobre la Comunidad Estadounidense. Le pedimos que nos ayudara con esta encuesta proveyendo su información por internet. Todavía no hemos recibido su respuesta.

Si usted ya ha completado la encuesta, le damos las gracias. Si no, por favor, complétela pronto usando UNA de las siguientes opciones:

Opción 1: Vaya a <https://respond.census.gov/acs> para completar la encuesta por Internet.

Opción 2: Llame y devuelva el cuestionario adjunto.

Esta encuesta es de tanta importancia que, si no recibimos su respuesta, es posible que un representante de la Oficina del Censo se comunique con usted por teléfono o lo visite en su hogar.

La información recopilada por esta encuesta ayudará a decidir dónde se necesitan nuevas escuelas, hospitales y estaciones de bomberos. La información también se utiliza para crear programas para reducir el tráfico, proveer capacitación para el empleo y planificar el cuidado de salud de los ancianos.

La Oficina del Censo escogió su dirección, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El folleto adjunto contesta algunas de las preguntas frecuentes acerca de esta encuesta.

Si usted necesita ayuda para completar la encuesta, llame sin cargos a nuestro número de teléfono (1-800-354-7271).

Muchas gracias.

Atentamente,

Steven D. Dillingham

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A message from the Director, U.S. Census Bureau . . .

Within the last few weeks, the U.S. Census Bureau mailed American Community Survey questionnaire packages to your address twice. **You are required by U.S. law to respond to this survey.** The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. If you have already mailed back a questionnaire, thank you. If you have not, please complete one and send it now.

Your response is critically important to your local community and to your country. If you do not send your completed questionnaire, a Census Bureau interviewer may contact you by personal visit to complete the survey.

If you would like to complete the survey by telephone or need assistance, please call our toll-free number (1-800-354-7271).

Thank you.

Sincerely,

Steven D. Dillingham

ACS-23(SP)(2020) (03-06-2019)

Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

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Su respuesta es muy importante para su comunidad local y para su país. Si no llena y envía su cuestionario, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta.

Si prefiere completar la encuesta por teléfono o necesita ayuda, llame sin cargos al (1-877-833-5625).

Gracias.

Atentamente,

Steven D. Dillingham

ACS-23(SP)(2020) (03-06-2019)



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A message from the Director, U.S. Census Bureau . . .

Within the last few weeks, the U.S. Census Bureau mailed American Community Survey questionnaire packages to your address twice. **You are required by U.S. law to respond to this survey.** The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. If you have already mailed back a questionnaire, thank you. If you have not, please complete one and send it now.

Your response is critically important to your local community and to your country. If you do not send your completed questionnaire, a Census Bureau interviewer may contact you by personal visit to complete the survey.

If you would like to complete the survey by telephone or need assistance, please call our toll-free number (1-800-354-7271).

Thank you.

Sincerely,

Steven D. Dillingham

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Su respuesta a esta encuesta es requerida por ley. Si usted no la contesta, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta. Los líderes a nivel local y nacional usan la información de esta encuesta para planificar escuelas, hospitales, carreteras y otras necesidades de la comunidad.

Si necesita ayuda para completar la encuesta o si tiene preguntas, llame sin cargos al (1-877-833-5625). Gracias.

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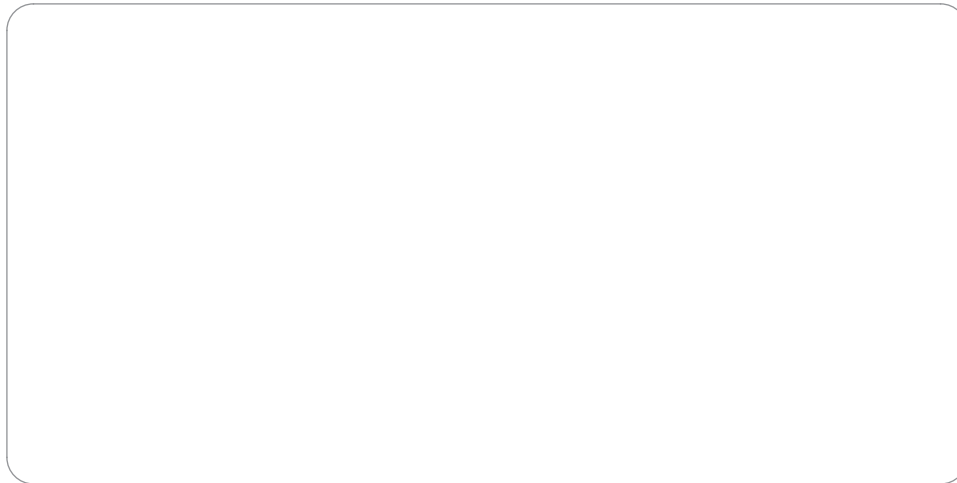
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Encuesta sobre la Comunidad Estadounidense

SU RESPUESTA ES REQUERIDA POR LEY

The American Community Survey

YOUR RESPONSE IS REQUIRED BY LAW





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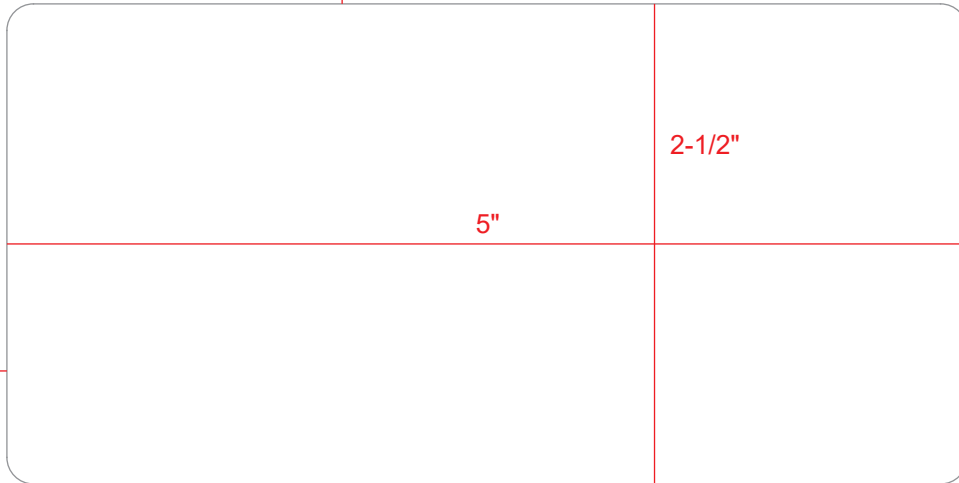
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SU RESPUESTA ES REQUERIDA POR LEY
The American Community Survey
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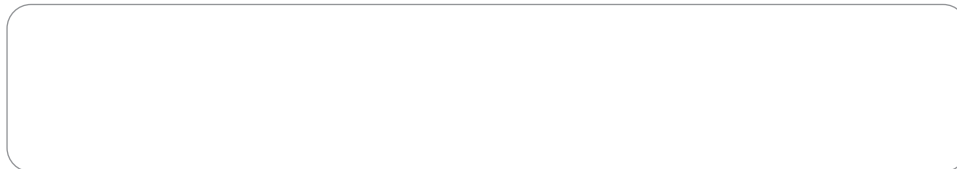
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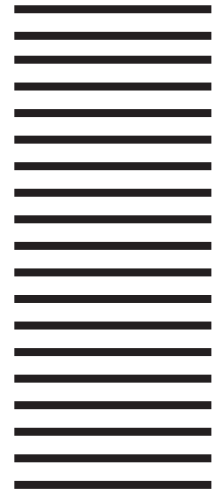
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8-3/4"

6-1/5"

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La Encuesta sobre la Comunidad de Puerto Rico

Por favor, complete este cuestionario y devuélvalo tan pronto como sea posible después de recibirlo por correo.

Este cuestionario pide información sobre las personas que viven o se quedan en la dirección en la etiqueta. También pide información sobre la casa, apartamento o casa móvil ubicada en la dirección que se indica en la etiqueta.



Si necesita ayuda o si tiene alguna pregunta sobre cómo completar este cuestionario, por favor, llame al 1-800-814-8385. La llamada telefónica es gratis.

Aparato telefónico para las personas con impedimentos auditivos (TDD, por sus siglas en inglés):

Llame al 1-800-786-9448. La llamada telefónica es gratis.

NEED HELP? If you speak English and need help completing this form, call toll-free 1-800-717-7381. You can also request a questionnaire in English, or complete your interview over the phone with an English-speaking interviewer.

Para más información sobre la Encuesta sobre la Comunidad de Puerto Rico, vaya a nuestra página en la Internet: <https://www.census.gov/acs>

Comience Aquí

→ **Por favor, escriba la fecha de hoy en letra de molde.**

Mes	Día	Año
<input type="text"/>	<input type="text"/>	<input type="text"/>

→ **Por favor, escriba en letra de molde el nombre y número de teléfono de la persona que está completando este cuestionario.** Nos comunicaremos con usted solo si es necesario para asuntos oficiales de la Oficina del Censo.

Apellido			
<input type="text"/>			
Nombre	Inicial		
<input type="text"/>	<input type="text"/>		
Código de área y número de teléfono			
<input type="text"/>	<input type="text"/>	-	<input type="text"/>

→ **¿Cuántas personas están viviendo o quedándose en esta dirección?**

- **INCLUYA** a todas las personas que viven o se quedan aquí por más de 2 meses.
- **INCLUYASE** a usted mismo si vive aquí por más de 2 meses.
- **INCLUYA** a cualquier otra persona que se queda aquí que no tiene otro lugar donde quedarse, aunque esté aquí por 2 meses o menos.
- **NO INCLUYA** a cualquier persona que viva en otro lugar por más de 2 meses, tal como un estudiante universitario que vive en otro lugar o personal de las Fuerzas Armadas que se ha activado.

Número de personas

→ **Complete las páginas 2, 3, 4, 5, 6 y 7 para todas las personas, incluyéndose usted mismo, que estén viviendo o quedándose en esta dirección por más de 2 meses. Luego, complete el resto del cuestionario.**



Persona 1

(Persona 1 es la persona que está viviendo o quedándose aquí que es dueña de esta casa o apartamento, o lo está comprando o alquilando. Si no existe tal persona, comience con el nombre de cualquier adulto que está viviendo o quedándose aquí.)

1 ¿Cuál es el nombre de la Persona 1?

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

2 ¿Cómo está relacionada esta persona con la Persona 1?

Persona 1

3 ¿Cuál es el sexo de la Persona 1?

Marque (X) UNA casilla.

Masculino Femenino

4 ¿Cuál es la edad de la Persona 1 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0.

Escriba los números en las casillas.

Edad (en años) Mes Día Año de nacimiento

5 ¿Es la Persona 1 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicanoamericano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, de otro origen hispano, latino o español – *Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.* ↴

6 ¿Cuál es la raza de la Persona 1?

Marque (X) una o más casillas Y escriba los orígenes.

Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.* ↴

Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaquino, haitiano, nigeriano, etíope, somalí, etc.* ↴

Indígena de las Américas o nativa de Alaska – *Escriba el nombre de la(s) tribu(s) en la(s) que está inscrita o la(s) tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

- | | | |
|---|--|--|
| <input type="checkbox"/> China | <input type="checkbox"/> Vietnamita | <input type="checkbox"/> Nativa de Hawái |
| <input type="checkbox"/> Filipina | <input type="checkbox"/> Coreana | <input type="checkbox"/> Samoana |
| <input type="checkbox"/> India asiática | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Chamorra |
| <input type="checkbox"/> Otra asiática – <i>Escriba, por ejemplo, pakistaní, camboyano, hmong, etc.</i> ↴ | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba, por ejemplo, tongano, fiyiano, de las Islas Marshall, etc.</i> ↴ | |

Alguna otra raza – *Escriba la raza o el origen.* ↴



Persona 2

1 ¿Cuál es el nombre de la Persona 2?

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

2 ¿Cómo está esta persona relacionada con la Persona 1? Marque (X) UNA casilla.

- Esposo(a) del sexo opuesto
- Pareja no casada del sexo opuesto
- Esposo(a) del mismo sexo
- Pareja no casada del mismo sexo
- Hijo(a) biológico(a) o de sangre
- Hijo(a) adoptivo(a)
- Hijastro(a)
- Hermano(a)
- Padre o madre
- Nieto(a)
- Suegro(a)
- Yerno o nuera
- Otro pariente
- Roommate o compañero(a) de casa
- Hijo(a) *foster*
- Otra persona que no es pariente

3 ¿Cuál es el sexo de la Persona 2?

Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 2 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0.

Escriba los números en las casillas.

Edad (en años) Mes Día Año de nacimiento

5 ¿Es la Persona 2 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicanoamericano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, de otro origen hispano, latino o español – *Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.* ↴

6 ¿Cuál es la raza de la Persona 2?

Marque (X) una o más casillas Y escriba los orígenes.

- Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.* ↴

- Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaicano, haitiano, nigeriano, etíope, somalí, etc.* ↴

- Indígena de las Américas o nativa de Alaska – *Escriba el nombre de la(s) tribu(s) en la(s) que está inscrita o la(s) tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

- China Vietnamita Nativa de Hawái
- Filipina Coreana Samoana
- India asiática Japonesa Chamorra
- Otra asiática – *Escriba, por ejemplo, pakistani, camboyano, hmong, etc.* ↴ Otra de las islas del Pacífico – *Escriba, por ejemplo, tongano, fiyiano, de las Islas Marshall, etc.* ↴

- Alguna otra raza – *Escriba la raza o el origen.* ↴



Persona 3

1 ¿Cuál es el nombre de la Persona 3?

Apellido (*Por favor, escriba en letra de molde*)

Nombre

Inicial

2 ¿Cómo está esta persona relacionada con la Persona 1? Marque (X) UNA casilla.

- Espos(a) del sexo opuesto
- Pareja no casada del sexo opuesto
- Espos(a) del mismo sexo
- Pareja no casada del mismo sexo
- Hijo(a) biológico(a) o de sangre
- Hijo(a) adoptivo(a)
- Hijastro(a)
- Hermano(a)
- Padre o madre
- Nieto(a)
- Suegro(a)
- Yerno o nuera
- Otro pariente
- Roommate o compañero(a) de casa
- Hijo(a) *foster*
- Otra persona que no es pariente

3 ¿Cuál es el sexo de la Persona 3?

Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 3 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0.

Escriba los números en las casillas.

Edad (en años) Mes Día Año de nacimiento

5 ¿Es la Persona 3 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicanoamericano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, de otro origen hispano, latino o español – *Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.* ↴

6 ¿Cuál es la raza de la Persona 3?

Marque (X) una o más casillas Y escriba los orígenes.

- Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.* ↴
- Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaicano, haitiano, nigeriano, etíope, somalí, etc.* ↴
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- Alguna otra raza – *Escriba la raza o el origen.* ↴



Persona 4

1 ¿Cuál es el nombre de la Persona 4?

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

2 ¿Cómo está esta persona relacionada con la Persona 1? Marque (X) UNA casilla.

- Espos(a) del sexo opuesto
- Pareja no casada del sexo opuesto
- Espos(a) del mismo sexo
- Pareja no casada del mismo sexo
- Hijo(a) biológico(a) o de sangre
- Hijo(a) adoptivo(a)
- Hijastro(a)
- Hermano(a)
- Padre o madre
- Nieto(a)
- Suegro(a)
- Yerno o nuera
- Otro pariente
- Roommate o compañero(a) de casa
- Hijo(a) *foster*
- Otra persona que no es pariente

3 ¿Cuál es el sexo de la Persona 4?

Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 4 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0.

Escriba los números en las casillas.

Edad (en años) Mes Día Año de nacimiento

→ **NOTA: Conteste AMBAS preguntas, la Pregunta 5 sobre origen hispano y la Pregunta 6 sobre raza. Para este censo, origen hispano no es una raza.**

5 ¿Es la Persona 4 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicanoamericano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, de otro origen hispano, latino o español – *Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.* ↴

6 ¿Cuál es la raza de la Persona 4?

Marque (X) una o más casillas Y escriba los orígenes.

- Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.* ↴

- Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaicano, haitiano, nigeriano, etíope, somalí, etc.* ↴

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- Filipina Coreana Samoana
- India asiática Japonesa Chamorra
- Otra asiática – *Escriba, por ejemplo, pakistaní, camboyano, hmong, etc.* ↴ Otra de las islas del Pacífico – *Escriba, por ejemplo, tongano, fiyiano, de las Islas Marshall, etc.* ↴

- Alguna otra raza – *Escriba la raza o el origen.* ↴



Persona 5

1 ¿Cuál es el nombre de la Persona 5?

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

2 ¿Cómo está esta persona relacionada con la Persona 1? Marque (X) UNA casilla.

- Esposo(a) del sexo opuesto
- Pareja no casada del sexo opuesto
- Esposo(a) del mismo sexo
- Pareja no casada del mismo sexo
- Hijo(a) biológico(a) o de sangre
- Hijo(a) adoptivo(a)
- Hijastro(a)
- Hermano(a)
- Padre o madre
- Nieto(a)
- Suegro(a)
- Yerno o nuera
- Otro pariente
- Roommate o compañero(a) de casa
- Hijo(a) *foster*
- Otra persona que no es pariente

3 ¿Cuál es el sexo de la Persona 5?

Marque (X) UNA casilla.

- Masculino Femenino

4 ¿Cuál es la edad de la Persona 5 y cuál es su fecha de nacimiento? Para bebés menores de un año, no escriba la edad en meses. Solo escriba 0.

Escriba los números en las casillas.

Edad (en años) Mes Día Año de nacimiento

→ **NOTA: Conteste AMBAS preguntas, la Pregunta 5 sobre origen hispano y la Pregunta 6 sobre raza. Para este censo, origen hispano no es una raza.**

5 ¿Es la Persona 5 de origen hispano, latino o español?

- No, no es de origen hispano, latino o español
- Sí, mexicano, mexicanoamericano, chicano
- Sí, puertorriqueño
- Sí, cubano
- Sí, de otro origen hispano, latino o español – *Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.* ↴

6 ¿Cuál es la raza de la Persona 5?

Marque (X) una o más casillas Y escriba los orígenes.

- Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.* ↴

- Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaicano, haitiano, nigeriano, etíope, somalí, etc.* ↴

- Indígena de las Américas o nativa de Alaska – *Escriba el nombre de la(s) tribu(s) en la(s) que está inscrita o la(s) tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

- China Vietnamita Nativa de Hawái
- Filipina Coreana Samoana
- India asiática Japonesa Chamorra
- Otra asiática – *Escriba, por ejemplo, pakistani, camboyano, hmong, etc.* ↴ Otra de las islas del Pacífico – *Escriba, por ejemplo, tongano, fiyiano, de las Islas Marshall, etc.* ↴

- Alguna otra raza – *Escriba la raza o el origen.* ↴



→ Si hay más de cinco personas que están viviendo o quedándose aquí, escriba sus nombres en letra de molde en los espacios para las personas de la 6 a la 12. Es posible que lo llamemos para obtener más información sobre ellos. ↗

Persona 6

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)

Persona 7

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)

Persona 8

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)

Persona 9

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)

Persona 10

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)

Persona 11

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)

Persona 12

Apellido (Por favor, escriba en letra de molde)

Nombre

Inicial

Sexo Masculino Femenino

Edad (en años)



Vivienda

➔ **Por favor, conteste las siguientes preguntas sobre la casa, apartamento o casa móvil en la dirección indicada en la etiqueta.**

1 ¿Cuál describe mejor este edificio?
Incluya todos los apartamentos, pisos, etc. aunque estén desocupados.

- Una casa móvil
- Una casa separada de cualquier otra casa
- Una casa unida a una o más casas
- Un edificio con 2 apartamentos
- Un edificio con 3 o 4 apartamentos
- Un edificio con 5 a 9 apartamentos
- Un edificio con 10 a 19 apartamentos
- Un edificio con 20 a 49 apartamentos
- Un edificio con 50 apartamentos o más
- Bote o barco, vehículo recreativo, van, etc.

2 Aproximadamente, ¿cuándo se construyó originalmente este edificio?

2000 ó después –
Especifique el año ↗

- 1990 a 1999
- 1980 a 1989
- 1970 a 1979
- 1960 a 1969
- 1950 a 1959
- 1940 a 1949
- 1939 ó antes

3 ¿Cuándo se mudó la Persona 1 (listada en la página 2) a esta casa, apartamento o casa móvil?

Mes

Año

A Conteste las preguntas 4 a 5 si esta es una CASA O CASA MÓVIL; de lo contrario, PASE a la pregunta 6a.

4 ¿En cuántas cuerdas está situada esta casa o casa móvil?

- Menos de una cuerda → PASE a la pregunta 6a
- 1 a 9.9 cuerdas
- 10 cuerdas o más

5 EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el total de las ventas realizadas de todos los productos agrícolas de esta propiedad?

- Cero
- \$1 a \$999
- \$1,000 a \$2,499
- \$2,500 a \$4,999
- \$5,000 a \$9,999
- \$10,000 ó más

6 a. ¿Cuántas habitaciones separadas hay en esta casa, apartamento o casa móvil?

Las habitaciones deben estar separadas por arcos o paredes que se extienden hacia fuera por lo menos seis pulgadas y van desde el piso hasta el techo.

- INCLUYA dormitorios, cocinas, salas, etc.
- NO INCLUYA baños, terrazas, balcones, entradas, pasillos, o sótanos sin terminar.

Número de habitaciones

b. ¿Cuántas de estas habitaciones son dormitorios? Cuento como dormitorios las habitaciones que usted incluiría en un anuncio si esta casa, apartamento o casa móvil estuviera a la venta o para alquiler. Si es un estudio/apartamento sin dormitorios separados, escriba "0".

Número de dormitorios



Vivienda (continuación)

7 ¿Tiene esta casa, apartamento o casa móvil –

	Sí	No
a. agua por tubería?	<input type="checkbox"/>	<input type="checkbox"/>
b. un calentador de agua?	<input type="checkbox"/>	<input type="checkbox"/>
c. una bañera o ducha?	<input type="checkbox"/>	<input type="checkbox"/>
d. fregadero con pluma del agua?	<input type="checkbox"/>	<input type="checkbox"/>
e. una estufa?	<input type="checkbox"/>	<input type="checkbox"/>
f. una nevera?	<input type="checkbox"/>	<input type="checkbox"/>

8 ¿Puede usted o algún miembro del hogar hacer y recibir llamadas telefónicas cuando está en esta casa, este apartamento, o esta casa móvil?

Incluya llamadas hechas con teléfonos celulares, teléfonos fijos o cualquier otro tipo de teléfono.

- Sí
 No

9 En esta casa, apartamento o casa móvil, ¿tiene o usa usted o algún otro miembro de este hogar alguno de los siguientes tipos de computadoras?

	Sí	No
a. Computadora de escritorio o laptop	<input type="checkbox"/>	<input type="checkbox"/>
b. Smartphone	<input type="checkbox"/>	<input type="checkbox"/>
c. Tableta u otra computadora de mano inalámbrica	<input type="checkbox"/>	<input type="checkbox"/>
d. Algún otro tipo de computadora <i>Especifique:</i> ↘	<input type="checkbox"/>	<input type="checkbox"/>

10 En esta casa, apartamento o casa móvil, ¿tiene usted o algún otro miembro de este hogar acceso a Internet?

- Sí, pagando a una compañía de teléfonos celulares o proveedor de servicio de Internet
- Sí, sin pagar a una compañía de teléfonos celulares o proveedor de servicio de Internet → *PASE a la pregunta 12*
- No hay acceso a Internet en esta casa, apartamento o casa móvil → *PASE a la pregunta 12*

11 ¿Tiene usted o algún otro miembro de este hogar acceso a la Internet a través de un –

	Sí	No
a. Plan de datos celulares para un <i>smartphone</i> u otro aparato móvil?	<input type="checkbox"/>	<input type="checkbox"/>
b. Servicio de Internet de banda ancha (alta velocidad) tal como servicio de cable, fibra óptica, o <i>DSL</i> instalado en este hogar?	<input type="checkbox"/>	<input type="checkbox"/>
c. Servicio de Internet por satélite instalado en este hogar?	<input type="checkbox"/>	<input type="checkbox"/>
d. Servicio de Internet de conexión <i>Dial Up</i> instalado en este hogar?	<input type="checkbox"/>	<input type="checkbox"/>
e. Algún otro servicio? <i>Especifique el servicio:</i> ↘	<input type="checkbox"/>	<input type="checkbox"/>

12 ¿Cuántos automóviles, *vans*, o camiones hay en su casa para uso de los miembros de este hogar? No cuente camiones que puedan cargar más de una tonelada.

- Ninguno
- 1
- 2
- 3
- 4
- 5
- 6 ó más

13 ¿Cuál **COMBUSTIBLE** es el que **MÁS** se utiliza para calentar esta casa, apartamento o casa móvil?

- Gas de una tubería subterránea que sirve al vecindario
- Gas embotellado, en tanque o petróleo líquido
- Electricidad
- Aceite combustible, queroseno, etc.
- Carbón o coque
- Leña
- Energía solar
- Otro combustible
- No se utiliza combustible



Vivienda (continuación)

- 14 a. EL MES PASADO, ¿cuánto fue el costo de electricidad para esta casa, apartamento o casa móvil?**

Costo el mes pasado – Dólares

O

- Incluido en el alquiler o cuota de condominio
- No hay cargo o no se utiliza electricidad

- b. EL MES PASADO, ¿cuánto fue el costo de gas para esta casa, apartamento o casa móvil?**

Costo el mes pasado – Dólares

O

- Incluido en el alquiler o cuota de condominio
- Incluido en el pago de electricidad anotado arriba
- No hay cargo o no se utiliza gas

- c. EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el costo de agua y alcantarillado o desagüe para esta casa, apartamento o casa móvil?**

Si ha vivido aquí menos de 12 meses, haga un estimado del costo.

Costo en los últimos 12 meses – Dólares

O

- Incluido en el alquiler o cuota de condominio
- No hay cargo

- d. EN LOS ÚLTIMOS 12 MESES, ¿cuánto fue el costo de carbón, queroseno, aceite, leña, etc., para esta casa, apartamento o casa móvil?**

Si ha vivido aquí menos de 12 meses, haga un estimado del costo.

Costo en los últimos 12 meses – Dólares

O

- Incluido en el alquiler o cuota de condominio
- No hay cargo o no se utilizan estos combustibles

- 15 EN LOS ÚLTIMOS 12 MESES, ¿recibió usted o algún otro miembro de este hogar beneficios del gobierno por medio del Programa de Asistencia Nutricional? NO incluya WIC, ni el Programa de Almuerzos Escolares, ni ayuda de bancos de alimentos.**

- Sí
- No

- 16 ¿Es esta casa, apartamento o casa móvil parte de un condominio?**

- Sí → **¿Cuánto es la cuota mensual de condominio?** *Para inquilinos: conteste solo si paga la cuota de condominio además del alquiler; de lo contrario, marque el cuadrado "Ninguna".*

Cantidad mensual – Dólares

O

- Ninguna

- No

- 17 ¿Es esta casa, apartamento o casa móvil – Marque (X) UNA casilla.**

- Propiedad suya o de alguien en este hogar con una hipoteca o préstamo? *Incluya préstamos sobre el valor líquido de la casa.*
- Propiedad suya o de alguien en este hogar libre y sin deuda (sin una hipoteca o préstamo)?
- Alquilada?
- Ocupada sin pago de alquiler? → PASE a la sección **C**

- B** *Conteste las preguntas 18a y b si esta casa, apartamento o casa móvil está ALQUILADA. De lo contrario, PASE a la pregunta 19.*

- 18 a. ¿Cuánto es el alquiler mensual para esta casa, apartamento o casa móvil?**

Cantidad mensual – Dólares

- b. ¿Incluye el alquiler mensual algunas comidas?**

- Sí
- No



Vivienda (continuación)

C Conteste las preguntas 19 a 23 si usted u otra persona en este hogar **ES DUEÑO** de esta casa, apartamento o casa móvil, o lo **ESTÁ COMPRANDO**. De lo contrario, **PASE** a la sección **E**.

19 ¿Por cuánto cree usted que se vendería esta casa y el terreno, apartamento, o casa móvil y el lote si estuviera para la venta?

Valor – Dólares

\$.00

20 ¿Cuánto es el total anual de las contribuciones de bienes raíces al CRIM (Centro de Recaudación de Ingresos Municipales) sobre ESTA propiedad?

Valor – Dólares

\$.00

O

Ninguno

21 ¿Cuánto es el pago anual de la prima por concepto de seguro contra incendios, riesgos e inundaciones para ESTA propiedad?

Valor – Dólares

\$.00

O

Ninguno

22 a. ¿Tiene usted o algún miembro de este hogar una hipoteca, una escritura de fideicomiso, contrato de compra, o alguna deuda de este tipo sobre ESTA propiedad?

- Sí, hipoteca, escritura de fideicomiso, o alguna deuda de este tipo
- Sí, contrato de compra
- No → PASE a la pregunta 23a

b. ¿Cuánto es el pago mensual regular de la hipoteca sobre ESTA propiedad? Incluya sólo el pago de la PRIMERA hipoteca o contrato de compra.

Cantidad mensual – Dólares

\$.00

O

No se requiere ningún pago regular → PASE a la pregunta 23a

c. ¿Incluye el pago mensual regular de la hipoteca los pagos de impuestos sobre bienes raíces para ESTA propiedad?

- Sí, se incluyen los impuestos en el pago de la hipoteca
- No, los impuestos se pagan por separado o no se requieren impuestos

d. ¿Incluye el pago mensual regular de la hipoteca los pagos de la prima por concepto de seguro contra incendios, riesgos e inundaciones para ESTA propiedad?

- Sí, se incluye el seguro en el pago de la hipoteca
- No, el seguro se paga por separado, o no se tiene seguro

23 a. ¿Tiene usted o algún otro miembro de este hogar una segunda hipoteca o un préstamo sobre el valor líquido (Home Equity Loan) de ESTA propiedad?

- Sí, un préstamo sobre el valor líquido de esta propiedad
- Sí, una segunda hipoteca
- Sí, una segunda hipoteca y un préstamo sobre el valor líquido de esta propiedad
- No → PASE a la sección **D**

b. ¿Cuánto es el pago mensual regular de todas las segundas hipotecas y todos los préstamos sobre el valor líquido de ESTA propiedad?

Cantidad mensual – Dólares

\$.00

O

No se requiere ningún pago regular

D Conteste la pregunta 24 si ésta es una CASA MÓVIL. De lo contrario, PASE a la sección **E**.

24 ¿Cuánto es el total del costo anual de los impuestos a los bienes personales, la renta del lote, los costos de registro o inscripción y los costos de licencias para ESTA casa móvil y su lote? No incluya los impuestos sobre bienes raíces.

Cantidad anual – Dólares

\$.00

E Conteste las preguntas sobre la PERSONA 1 en la próxima página si usted listó al menos una persona en la página 2. De lo contrario, PASE a la página 28 para las instrucciones de envío por correo.



Persona 1

➔ **Por favor, copie el nombre de la Persona 1 que aparece en la página 2. Luego, continúe contestando las siguientes preguntas.**

Apellido

Nombre

Inicia

7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en Puerto Rico → *PASE a la pregunta 10a*

Sí, nació en un estado de los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización* ↘

No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a Puerto Rico?

Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.

Año

10 En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.*

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar

b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12* ↘

Estudios universitarios al nivel de bachillerato (*freshman a senior*)

Escuela graduada o profesional más allá de un bachillerato universitario (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11* ↘

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SUPERIOR

Diploma de escuela superior

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de bachillerato universitario (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de bachillerato universitario (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)



Persona 1 (continuación)

F Conteste la pregunta 12 si esta persona tiene un título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el **TÍTULO DE BACHILLERATO UNIVERSITARIO** de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier **TÍTULO DE BACHILLERATO UNIVERSITARIO** específico(s) que esta persona recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

- Sí
 No → PASE a la pregunta 15a

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

- Muy bien
 Bien
 No bien
 No habla inglés

15 a. ¿Vivía esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
 Sí, en esta casa → PASE a la pregunta 16
 No, fuera de Puerto Rico y los Estados Unidos – Escriba en letra de molde a continuación el nombre del país extranjero o las Islas Vírgenes de los Estados Unidos, Guam, etc.; luego PASE a la pregunta 16

- No, en una casa diferente en Puerto Rico o los Estados Unidos

b. ¿Dónde vivía esta persona hace 1 año?

Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Nombre de la ciudad, pueblo u oficina de correos

Nombre del municipio o condado de los Estados Unidos

Anote Puerto Rico o el nombre del estado de los Estados Unidos

Código Postal

16 ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (se ha registrado en el sistema de cuidado de salud militar de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – Especifique ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Persona 1 (continuación)

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota?
Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
 No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
 No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
 No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
 No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 2 en la página 19.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
 No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
 No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
 No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 2 en la página 19.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
 No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
 Viuda
 Divorciada
 Separada
 Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

	Sí	No
a. se casó?	<input type="checkbox"/>	<input type="checkbox"/>
b. enviudó?	<input type="checkbox"/>	<input type="checkbox"/>
c. se divorció?	<input type="checkbox"/>	<input type="checkbox"/>

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
 Dos veces
 Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------



Persona 1 (continuación)

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los **ÚLTIMOS 12 MESES**, ¿ha dado a luz esta persona?

- Sí
 No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
 6 a 11 meses
 1 ó 2 años
 3 ó 4 años
 5 años o más

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
 Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
 En servicio activo ahora
 En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
 Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
 Mayo del 1975 a julio del 1990
 Época de Vietnam (agosto del 1964 a abril del 1975)
 Guerra de Corea (julio del 1950 a enero del 1955)
 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
 Febrero del 1955 a julio del 1964
 Enero del 1947 a junio del 1950
 Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
 No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
 10 ó 20 por ciento
 30 ó 40 por ciento
 50 ó 60 por ciento
 70 por ciento o más



Persona 1 (continuación)

- 30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?**

- Sí → PASE a la pregunta 31
 No – No trabajó (o está retirada)

- b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?**

- Sí
 No → PASE a la pregunta 36a

- 31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.**

a. Dirección

Nombre de urbanización o condominio
 Número y nombre de la calle

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

- b. Nombre de la ciudad, pueblo u oficina de correos**

- c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?**

- Sí
 No, fuera de los límites de la ciudad/pueblo

- d. Nombre del municipio o condado de los Estados Unidos**

- e. Anote Puerto Rico o el nombre del estado de los Estados Unidos o país extranjero**

- f. Código Postal**

- 32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transportación que utilizó por más distancia.**

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren urbano | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Caminó |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

- K** Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

- 33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?**

Persona(s)

- 34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?**

Hora Minutos a.m.
 p.m.

- 35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?**

Minutos

- L** Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

- 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?**

- Sí → PASE a la pregunta 36c
 No

- b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio?**

- Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
 No → PASE a la pregunta 37

- c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?**

- Sí → PASE a la pregunta 38
 No



Persona 1 (continuación)

37 Durante las **ÚLTIMAS 4 SEMANAS**, ¿ha estado esta persona buscando trabajo **ACTIVAMENTE**?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporera propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43

40 a. ¿Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿trabajó esta persona **TODAS** las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

- Sí → PASE a la pregunta 41
- No

b. Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿cuántas **SEMANAS** trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

41 En las **SEMANAS TRABAJADAS** durante los **ÚLTIMOS 12 MESES**, ¿cuántas horas trabajó usualmente esta persona cada **SEMANA**?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización **con fines de lucro**
- Organización **sin fines de lucro** (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

GOVERNMENT EMPLOYEE

- Gobierno local** (por ejemplo: ciudad, condado o municipio)
- Gobierno estatal** (incluso distritos escolares y universidades estatales)
- Servicio activo** en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
- Empleado civil del **gobierno federal**

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a)** de un negocio, una práctica profesional o una finca **no incorporada**
- Propietario(a)** de un negocio, una práctica profesional o una finca **incorporada**
- Trabajó **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más a la semana

b. ¿Cuál era el nombre del **patrono, negocio, agencia o rama de las Fuerzas Armadas** de esta persona?

c. ¿Qué tipo de negocio o industria era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

d. ¿Era este(a) principalmente de:

Marque (X) UNA casilla.

- manufactura?
- comercio al por mayor?
- comercio al por detal?
- otro (agricultura, construcción, servicio, gobierno, etc.)?



Persona 1 (continuación)

e. ¿Cuál era la ocupación principal de esta persona?
(Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el periodo desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$, , .00 Pérdida

No CANTIDAD TOTAL en los últimos 12 MESES

c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$, , .00 Pérdida

No CANTIDAD TOTAL en los últimos 12 MESES

d. Seguro Social o retiro para personal de los ferrocarriles.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

e. Seguridad de Ingreso Suplementario (SSI).

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.

Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

44 ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida

\$, , .00

CANTIDAD TOTAL en los últimos 12 MESES

→ **Continúe con las preguntas para la Persona 2 en la próxima página. Si no hay nadie listado como la Persona 2 en la página 3, PASE a la página 48 para ver las instrucciones de envío por correo.**



Persona 2

- ➔ **Por favor, copie el nombre de la Persona 2 que aparece en la página 3. Luego, continúe contestando las siguientes preguntas.**

Apellido

Nombre

Inicia

7 ¿Dónde nació esta persona?

- En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

- Fuera de los Estados Unidos – *Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

- Sí, nació en Puerto Rico → *PASE a la pregunta 10a*
- Sí, nació en un estado de los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte
- Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.
- Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización* ↘

- No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a Puerto Rico?

Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.

Año

10 En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad?

Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.

- No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*
- Escuela o universidad pública
- Escuela o universidad privada o enseñanza en el hogar

b. ¿A qué grado o nivel escolar asistía esta persona? Marque (X) UNA casilla.

- Pre-escolar o pre-kinder
- Kindergarten
- Grado 1 al 12 – *Especifique grado 1-12* ↘
- Estudios universitarios al nivel de bachillerato (*freshman a senior*)
- Escuela graduada o profesional más allá de un bachillerato universitario (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.

NO HA COMPLETADO NINGÚN GRADO

- No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

- Pre-escolar o pre-kinder
- Kindergarten
- Grado 1 al 11 – *Especifique grado 1-11* ↘

- Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SUPERIOR

- Diploma de escuela superior
- GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

- Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
- 1 año o más de créditos universitarios, sin título
- Título asociado universitario (*por ejemplo: AA, AS*)
- Título de bachillerato universitario (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO

- Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)
- Título profesional más allá de un título de bachillerato universitario (*por ejemplo: MD, DDS, DVM, LLB, JD*)
- Título de doctorado (*por ejemplo: PhD, EdD*)



Persona 2 (continuación)

F Conteste la pregunta 12 si esta persona tiene un título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el **TÍTULO DE BACHILLERATO UNIVERSITARIO** de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier **TÍTULO DE BACHILLERATO UNIVERSITARIO** específico(s) que esta persona recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

- Sí
 No → PASE a la pregunta 15a

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

- Muy bien
 Bien
 No bien
 No habla inglés

15 a. ¿Vivía esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
 Sí, en esta casa → PASE a la pregunta 16
 No, fuera de Puerto Rico y los Estados Unidos – Escriba en letra de molde a continuación el nombre del país extranjero o las Islas Vírgenes de los Estados Unidos, Guam, etc.; luego PASE a la pregunta 16

- No, en una casa diferente en Puerto Rico o los Estados Unidos

b. ¿Dónde vivía esta persona hace 1 año?

Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Nombre de la ciudad, pueblo u oficina de correos

Nombre del municipio o condado de los Estados Unidos

Anote Puerto Rico o el nombre del estado de los Estados Unidos

Código Postal

16 ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (se ha registrado en el sistema de cuidado de salud militar de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – Especifique ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Persona 2 (continuación)

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota?
Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
 No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
 No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
 No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
 No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 3 en la página 26.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
 No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
 No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
 No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 3 en la página 26.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
 No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
 Viuda
 Divorciada
 Separada
 Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

	Sí	No
a. se casó?	<input type="checkbox"/>	<input type="checkbox"/>
b. enviudó?	<input type="checkbox"/>	<input type="checkbox"/>
c. se divorció?	<input type="checkbox"/>	<input type="checkbox"/>

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
 Dos veces
 Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año



Persona 2 (continuación)

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los **ÚLTIMOS 12 MESES**, ¿ha dado a luz esta persona?

- Sí
 No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
 6 a 11 meses
 1 ó 2 años
 3 ó 4 años
 5 años o más

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
 Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
 En servicio activo ahora
 En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
 Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
 Mayo del 1975 a julio del 1990
 Época de Vietnam (agosto del 1964 a abril del 1975)
 Guerra de Corea (julio del 1950 a enero del 1955)
 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
 Febrero del 1955 a julio del 1964
 Enero del 1947 a junio del 1950
 Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
 No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
 10 ó 20 por ciento
 30 ó 40 por ciento
 50 ó 60 por ciento
 70 por ciento o más



Persona 2 (continuación)

- 30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?**

- Sí → PASE a la pregunta 31
 No – No trabajó (o está retirada)

- b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?**

- Sí
 No → PASE a la pregunta 36a

- 31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA?** Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección

Nombre de urbanización o condominio
 Número y nombre de la calle

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

- b. Nombre de la ciudad, pueblo u oficina de correos**

- c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?**

- Sí
 No, fuera de los límites de la ciudad/pueblo

- d. Nombre del municipio o condado de los Estados Unidos**

- e. Anote Puerto Rico o el nombre del estado de los Estados Unidos o país extranjero**

- f. Código Postal**

- 32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA?** Marque (X) UNA casilla para el medio de transportación que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren urbano | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Caminó |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

- K** Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

- 33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?**

Persona(s)

- 34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?**

Hora Minutos a.m.
 p.m.

- 35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?**

Minutos

- L** Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

- 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?**

- Sí → PASE a la pregunta 36c
 No

- b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio?**

- Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
 No → PASE a la pregunta 37

- c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?**

- Sí → PASE a la pregunta 38
 No



Persona 2 (continuación)

37 Durante las **ÚLTIMAS 4 SEMANAS**, ¿ha estado esta persona buscando trabajo **ACTIVAMENTE**?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporera propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43

40 a. ¿Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿trabajó esta persona **TODAS** las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

- Sí → PASE a la pregunta 41
- No

b. Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿cuántas **SEMANAS** trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

41 En las **SEMANAS TRABAJADAS** durante los **ÚLTIMOS 12 MESES**, ¿cuántas horas trabajó usualmente esta persona cada **SEMANA**?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización **con fines de lucro**
- Organización **sin fines de lucro** (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

GOVERNMENT EMPLOYEE

- Gobierno local** (por ejemplo: ciudad, condado o municipio)
- Gobierno estatal** (incluso distritos escolares y universidades estatales)
- Servicio activo** en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
- Empleado civil del **gobierno federal**

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a)** de un negocio, una práctica profesional o una finca **no incorporada**
- Propietario(a)** de un negocio, una práctica profesional o una finca **incorporada**
- Trabajó **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más a la semana

b. ¿Cuál era el nombre del **patrono, negocio, agencia o rama de las Fuerzas Armadas** de esta persona?

c. ¿Qué tipo de **negocio o industria** era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

d. ¿Era este(a) principalmente de:

Marque (X) UNA casilla.

- manufactura?
- comercio al por mayor?
- comercio al por detal?
- otro (agricultura, construcción, servicio, gobierno, etc.)?



Persona 2 (continuación)

e. **¿Cuál era la ocupación principal de esta persona?** (Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

f. **Describa las actividades o deberes más importantes de esta persona.** (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el periodo desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

a. **Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos.** Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

b. **Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad.** Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$, , .00 Pérdida

No CANTIDAD TOTAL en los últimos 12 MESES

c. **Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos.** Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$, , .00 Pérdida

No CANTIDAD TOTAL en los últimos 12 MESES

d. **Seguro Social o retiro para personal de los ferrocarriles.**

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

e. **Seguridad de Ingreso Suplementario (SSI).**

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

f. **Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.**

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

g. **Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.**

Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

h. **Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja.** NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

44 **¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES?** Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida

\$, , .00

CANTIDAD TOTAL en los últimos 12 MESES

→ **Continúe con las preguntas para la Persona 3 en la próxima página. Si no hay nadie listado como la Persona 3 en la página 4, PASE a la página 48 para ver las instrucciones de envío por correo.**



Persona 3

- ➔ **Por favor, copie el nombre de la Persona 3 que aparece en la página 4. Luego, continúe contestando las siguientes preguntas.**

Apellido

Nombre

Inicia

7 ¿Dónde nació esta persona?

- En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

- Fuera de los Estados Unidos – *Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

- Sí, nació en Puerto Rico → *PASE a la pregunta 10a*
- Sí, nació en un estado de los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte
- Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.
- Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización* ↘

- No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a Puerto Rico?

Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.

Año

10 En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.*

- No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*
- Escuela o universidad pública
- Escuela o universidad privada o enseñanza en el hogar

b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

- Pre-escolar o pre-kinder
- Kindergarten
- Grado 1 al 12 – *Especifique grado 1-12* ↘
- Estudios universitarios al nivel de bachillerato (*freshman a senior*)
- Escuela graduada o profesional más allá de un bachillerato universitario (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

- No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

- Pre-escolar o pre-kinder
- Kindergarten
- Grado 1 al 11 – *Especifique grado 1-11* ↘

- Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SUPERIOR

- Diploma de escuela superior
- GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

- Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
- 1 año o más de créditos universitarios, sin título
- Título asociado universitario (*por ejemplo: AA, AS*)
- Título de bachillerato universitario (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO

- Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)
- Título profesional más allá de un título de bachillerato universitario (*por ejemplo: MD, DDS, DVM, LLB, JD*)
- Título de doctorado (*por ejemplo: PhD, EdD*)



Persona 3 (continuación)

F Conteste la pregunta 12 si esta persona tiene un título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el **TÍTULO DE BACHILLERATO UNIVERSITARIO** de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier **TÍTULO DE BACHILLERATO UNIVERSITARIO** específico(s) que esta persona recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

- Sí
 No → PASE a la pregunta 15a

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

- Muy bien
 Bien
 No bien
 No habla inglés

15 a. ¿Vivía esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
 Sí, en esta casa → PASE a la pregunta 16
 No, fuera de Puerto Rico y los Estados Unidos – Escriba en letra de molde a continuación el nombre del país extranjero o las Islas Vírgenes de los Estados Unidos, Guam, etc.; luego PASE a la pregunta 16

- No, en una casa diferente en Puerto Rico o los Estados Unidos

b. ¿Dónde vivía esta persona hace 1 año?

Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Nombre de la ciudad, pueblo u oficina de correos

Nombre del municipio o condado de los Estados Unidos

Anote Puerto Rico o el nombre del estado de los Estados Unidos

Código Postal

16 ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (se ha registrado en el sistema de cuidado de salud militar de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – Especifique ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Persona 3 (continuación)

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota?
Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
 No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
 No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
 No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
 No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 4 en la página 33.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
 No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
 No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
 No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 4 en la página 33.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
 No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
 Viuda
 Divorciada
 Separada
 Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

	Sí	No
a. se casó?	<input type="checkbox"/>	<input type="checkbox"/>
b. enviudó?	<input type="checkbox"/>	<input type="checkbox"/>
c. se divorció?	<input type="checkbox"/>	<input type="checkbox"/>

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
 Dos veces
 Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------



Persona 3 (continuación)

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los **ÚLTIMOS 12 MESES**, ¿ha dado a luz esta persona?

- Sí
 No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
 6 a 11 meses
 1 ó 2 años
 3 ó 4 años
 5 años o más

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
 Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
 En servicio activo ahora
 En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
 Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
 Mayo del 1975 a julio del 1990
 Época de Vietnam (agosto del 1964 a abril del 1975)
 Guerra de Corea (julio del 1950 a enero del 1955)
 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
 Febrero del 1955 a julio del 1964
 Enero del 1947 a junio del 1950
 Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
 No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
 10 ó 20 por ciento
 30 ó 40 por ciento
 50 ó 60 por ciento
 70 por ciento o más



Persona 3 (continuación)

- 30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?**

- Sí → PASE a la pregunta 31
 No – No trabajó (o está retirada)

- b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?**

- Sí
 No → PASE a la pregunta 36a

- 31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA?** Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección

Nombre de urbanización o condominio
 Número y nombre de la calle

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

- b. Nombre de la ciudad, pueblo u oficina de correos**

- c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?**

- Sí
 No, fuera de los límites de la ciudad/pueblo

- d. Nombre del municipio o condado de los Estados Unidos**

- e. Anote Puerto Rico o el nombre del estado de los Estados Unidos o país extranjero**

- f. Código Postal**

- 32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA?** Marque (X) UNA casilla para el medio de transportación que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren urbano | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Caminó |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

- K** Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

- 33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?**

Persona(s)

- 34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?**

Hora Minutos a.m.
 p.m.

- 35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?**

Minutos

- L** Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

- 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?**

- Sí → PASE a la pregunta 36c
 No

- b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio?**

- Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
 No → PASE a la pregunta 37

- c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?**

- Sí → PASE a la pregunta 38
 No



Persona 3 (continuación)

37 Durante las **ÚLTIMAS 4 SEMANAS**, ¿ha estado esta persona buscando trabajo **ACTIVAMENTE**?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporera propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43

40 a. ¿Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿trabajó esta persona **TODAS** las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

- Sí → PASE a la pregunta 41
- No

b. Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿cuántas **SEMANAS** trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

41 En las **SEMANAS TRABAJADAS** durante los **ÚLTIMOS 12 MESES**, ¿cuántas horas trabajó usualmente esta persona cada **SEMANA**?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización **con fines de lucro**
- Organización **sin fines de lucro** (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

GOVERNMENT EMPLOYEE

- Gobierno local** (por ejemplo: ciudad, condado o municipio)
- Gobierno estatal** (incluso distritos escolares y universidades estatales)
- Servicio activo** en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
- Empleado civil del **gobierno federal**

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a)** de un negocio, una práctica profesional o una finca **no incorporada**
- Propietario(a)** de un negocio, una práctica profesional o una finca **incorporada**
- Trabajó **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más a la semana

b. ¿Cuál era el nombre del **patrono, negocio, agencia o rama de las Fuerzas Armadas** de esta persona?

c. ¿Qué tipo de **negocio o industria** era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

d. ¿Era este(a) principalmente de:

Marque (X) UNA casilla.

- manufactura?
- comercio al por mayor?
- comercio al por detal?
- otro (agricultura, construcción, servicio, gobierno, etc.)?



Persona 3 (continuación)

e. ¿Cuál era la ocupación principal de esta persona?
(Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el periodo desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$, , .00 Pérdida

No CANTIDAD TOTAL en los últimos 12 MESES

c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$, , .00 Pérdida

No CANTIDAD TOTAL en los últimos 12 MESES

d. Seguro Social o retiro para personal de los ferrocarriles.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

e. Seguridad de Ingreso Suplementario (SSI).

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.

Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

44 ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno ó \$, , .00 Pérdida

CANTIDAD TOTAL en los últimos 12 MESES

→ **Continúe con las preguntas para la Persona 4 en la próxima página. Si no hay nadie listado como la Persona 4 en la página 5, PASE a la página 48 para ver las instrucciones de envío por correo.**



Persona 4

- ➔ **Por favor, copie el nombre de la Persona 4 que aparece en la página 5. Luego, continúe contestando las siguientes preguntas.**

Apellido

Nombre

Inicia

7 ¿Dónde nació esta persona?

- En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

- Fuera de los Estados Unidos – *Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

- Sí, nació en Puerto Rico → *PASE a la pregunta 10a*
- Sí, nació en un estado de los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte
- Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.
- Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización* ↘

- No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a Puerto Rico?

Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.

Año

10 En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad? *Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.*

- No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*
- Escuela o universidad pública
- Escuela o universidad privada o enseñanza en el hogar

b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

- Pre-escolar o pre-kinder
- Kindergarten
- Grado 1 al 12 – *Especifique grado 1-12* ↘
- Estudios universitarios al nivel de bachillerato (*freshman a senior*)
- Escuela graduada o profesional más allá de un bachillerato universitario (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

- No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

- Pre-escolar o pre-kinder
- Kindergarten
- Grado 1 al 11 – *Especifique grado 1-11* ↘

- Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SUPERIOR

- Diploma de escuela superior
- GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

- Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
- 1 año o más de créditos universitarios, sin título
- Título asociado universitario (*por ejemplo: AA, AS*)
- Título de bachillerato universitario (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO

- Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)
- Título profesional más allá de un título de bachillerato universitario (*por ejemplo: MD, DDS, DVM, LLB, JD*)
- Título de doctorado (*por ejemplo: PhD, EdD*)



Persona 4 (continuación)

F Conteste la pregunta 12 si esta persona tiene un título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el **TÍTULO DE BACHILLERATO UNIVERSITARIO** de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier **TÍTULO DE BACHILLERATO UNIVERSITARIO** específico(s) que esta persona recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

- Sí
 No → PASE a la pregunta 15a

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

- Muy bien
 Bien
 No bien
 No habla inglés

15 a. ¿Vivía esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
 Sí, en esta casa → PASE a la pregunta 16
 No, fuera de Puerto Rico y los Estados Unidos – Escriba en letra de molde a continuación el nombre del país extranjero o las Islas Vírgenes de los Estados Unidos, Guam, etc.; luego PASE a la pregunta 16

- No, en una casa diferente en Puerto Rico o los Estados Unidos

b. ¿Dónde vivía esta persona hace 1 año?

Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Nombre de la ciudad, pueblo u oficina de correos

Nombre del municipio o condado de los Estados Unidos

Anote Puerto Rico o el nombre del estado de los Estados Unidos

Código Postal

16 ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (se ha registrado en el sistema de cuidado de salud militar de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – Especifique ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Persona 4 (continuación)

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota?
Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
 No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
 No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
 No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
 No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las preguntas para la Persona 5 en la página 40.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
 No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
 No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
 No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las preguntas para la Persona 5 en la página 40.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
 No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
 Viuda
 Divorciada
 Separada
 Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

	Sí	No
a. se casó?	<input type="checkbox"/>	<input type="checkbox"/>
b. enviudó?	<input type="checkbox"/>	<input type="checkbox"/>
c. se divorció?	<input type="checkbox"/>	<input type="checkbox"/>

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
 Dos veces
 Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------



Persona 4 (continuación)

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los **ÚLTIMOS 12 MESES**, ¿ha dado a luz esta persona?

- Sí
 No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
 6 a 11 meses
 1 ó 2 años
 3 ó 4 años
 5 años o más

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
 Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
 En servicio activo ahora
 En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
 Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
 Mayo del 1975 a julio del 1990
 Época de Vietnam (agosto del 1964 a abril del 1975)
 Guerra de Corea (julio del 1950 a enero del 1955)
 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
 Febrero del 1955 a julio del 1964
 Enero del 1947 a junio del 1950
 Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
 No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
 10 ó 20 por ciento
 30 ó 40 por ciento
 50 ó 60 por ciento
 70 por ciento o más



Persona 4 (continuación)

- 30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?**

- Sí → PASE a la pregunta 31
 No – No trabajó (o está retirada)

- b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?**

- Sí
 No → PASE a la pregunta 36a

- 31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA? Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.**

a. Dirección

Nombre de urbanización o condominio
 Número y nombre de la calle

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

- b. Nombre de la ciudad, pueblo u oficina de correos**

- c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?**

- Sí
 No, fuera de los límites de la ciudad/pueblo

- d. Nombre del municipio o condado de los Estados Unidos**

- e. Anote Puerto Rico o el nombre del estado de los Estados Unidos o país extranjero**

- f. Código Postal**

- 32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) UNA casilla para el medio de transportación que utilizó por más distancia.**

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren urbano | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Caminó |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

- K** Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

- 33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?**

Persona(s)

- 34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?**

Hora Minutos a.m.
 p.m.

- 35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?**

Minutos

- L** Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

- 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?**

- Sí → PASE a la pregunta 36c
 No

- b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio?**

- Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
 No → PASE a la pregunta 37

- c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?**

- Sí → PASE a la pregunta 38
 No



Persona 4 (continuación)

37 Durante las **ÚLTIMAS 4 SEMANAS**, ¿ha estado esta persona buscando trabajo **ACTIVAMENTE**?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporera propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43

40 a. ¿Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿trabajó esta persona **TODAS** las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

- Sí → PASE a la pregunta 41
- No

b. Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿cuántas **SEMANAS** trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

41 En las **SEMANAS TRABAJADAS** durante los **ÚLTIMOS 12 MESES**, ¿cuántas horas trabajó usualmente esta persona cada **SEMANA**?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

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Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

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- Organización **sin fines de lucro** (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

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EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a)** de un negocio, una práctica profesional o una finca **no incorporada**
- Propietario(a)** de un negocio, una práctica profesional o una finca **incorporada**
- Trabajó **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más a la semana

b. ¿Cuál era el nombre del **patrono, negocio, agencia o rama de las Fuerzas Armadas** de esta persona?

c. ¿Qué tipo de **negocio o industria** era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

d. ¿Era este(a) principalmente de:

Marque (X) UNA casilla.

- manufactura?
- comercio al por mayor?
- comercio al por detal?
- otro (agricultura, construcción, servicio, gobierno, etc.)?



Persona 4 (continuación)

e. ¿Cuál era la ocupación principal de esta persona?
(Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

f. Describa las actividades o deberes más importantes de esta persona. (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el periodo desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

a. Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos. Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

b. Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad. Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$, , .00 Pérdida

No CANTIDAD TOTAL en los últimos 12 MESES

c. Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos. Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$, , .00 Pérdida

No CANTIDAD TOTAL en los últimos 12 MESES

d. Seguro Social o retiro para personal de los ferrocarriles.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

e. Seguridad de Ingreso Suplementario (SSI).

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

f. Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

g. Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.

Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

h. Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja. NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$, , .00

No CANTIDAD TOTAL en los últimos 12 MESES

44 ¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES? Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Pérdida

\$, , .00

CANTIDAD TOTAL en los últimos 12 MESES

→ **Continúe con las preguntas para la Persona 5 en la próxima página. Si no hay nadie listado como la Persona 5 en la página 6, PASE a la página 48 para ver las instrucciones de envío por correo.**



Persona 5

➔ **Por favor, copie el nombre de la Persona 5 que aparece en la página 6. Luego, continúe contestando las siguientes preguntas.**

Apellido

Nombre

Inicia

7 ¿Dónde nació esta persona?

En los Estados Unidos – *Escriba en letra de molde el nombre del estado.*

Fuera de los Estados Unidos – *Escriba en letra de molde Puerto Rico o el nombre del país extranjero, o de las Islas Vírgenes de los EE.UU., Guam, etc.*

8 ¿Es esta persona ciudadana de los Estados Unidos?

Sí, nació en Puerto Rico → *PASE a la pregunta 10a*

Sí, nació en un estado de los Estados Unidos, el Distrito de Columbia, Guam, las Islas Vírgenes de los Estados Unidos o las Islas Marianas del Norte

Sí, nació en el extranjero de padre o madre que es ciudadano(a) de los EE.UU.

Sí, es ciudadana de los Estados Unidos por naturalización – *Escriba el año de naturalización* ↘

No, no es ciudadana de los Estados Unidos

9 ¿Cuándo vino esta persona a vivir a Puerto Rico?

Si esta persona vino a vivir a Puerto Rico más de una vez, escriba el último año.

Año

10 En cualquier momento DURANTE LOS ÚLTIMOS 3 MESES, ¿ha estudiado esta persona en una escuela o universidad?

Incluya sólo pre-escolar o pre-kinder, kindergarten, escuela elemental, enseñanza en el hogar y escuela que conduce a un diploma de escuela superior o un título universitario.

No, no ha estudiado durante los últimos 3 meses → *PASE a la pregunta 11*

Escuela o universidad pública

Escuela o universidad privada o enseñanza en el hogar

b. ¿A qué grado o nivel escolar asistía esta persona? *Marque (X) UNA casilla.*

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 12 – *Especifique grado 1-12* ↘

Estudios universitarios al nivel de bachillerato (*freshman a senior*)

Escuela graduada o profesional más allá de un bachillerato universitario (*por ejemplo, un programa de Maestría o Doctorado o una escuela de medicina o leyes*)

11 ¿Cuál es el título o nivel escolar más alto que esta persona ha COMPLETADO? *Marque (X) UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.*

NO HA COMPLETADO NINGÚN GRADO

No ha completado ningún grado

PRE-ESCOLAR O PRE-KINDER HASTA GRADO 12

Pre-escolar o pre-kinder

Kindergarten

Grado 1 al 11 – *Especifique grado 1-11* ↘

Grado 12, **SIN DIPLOMA**

GRADUADO(A) DE ESCUELA SUPERIOR

Diploma de escuela superior

GED o examen equivalente

UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

Algunos créditos universitarios, pero menos de 1 año de créditos universitarios

1 año o más de créditos universitarios, sin título

Título asociado universitario (*por ejemplo: AA, AS*)

Título de bachillerato universitario (*por ejemplo: BA, BS*)

DESPUÉS DEL TÍTULO DE BACHILLERATO UNIVERSITARIO

Título de maestría (*por ejemplo: MA, MS, MEng, MEd, MSW, MBA*)

Título profesional más allá de un título de bachillerato universitario (*por ejemplo: MD, DDS, DVM, LLB, JD*)

Título de doctorado (*por ejemplo: PhD, EdD*)



Persona 5 (continuación)

F Conteste la pregunta 12 si esta persona tiene un título de bachillerato universitario o más alto. De lo contrario, PASE a la pregunta 13.

12 Esta pregunta se enfoca en el **TÍTULO DE BACHILLERATO UNIVERSITARIO** de esta persona. Por favor, escriba en letra de molde el título específico de la concentración de estudio de cualquier **TÍTULO DE BACHILLERATO UNIVERSITARIO** específico(s) que esta persona recibió. (Por ejemplo: ingeniería química, enseñanza de educación primaria, o psicología organizacional)

13 ¿Cuál es la ascendencia u origen étnico de esta persona?

(Por ejemplo: italiana, jamaicana, africana americana, camboyana, de Cabo Verde, noruega, dominicana, franco-canadiense, haitiana, coreana, libanesa, polaca, nigeriana, mexicana, taiwanesa, ucraniana, entre otras.)

14 a. En su hogar, ¿habla esta persona un idioma que no sea inglés?

- Sí
 No → PASE a la pregunta 15a

b. ¿Qué idioma es ese?

Por ejemplo: coreano, italiano, español, vietnamés

c. ¿Cuán bien habla esta persona el inglés?

- Muy bien
 Bien
 No bien
 No habla inglés

15 a. ¿Vivía esta persona en esta casa o apartamento hace 1 año?

- Persona es menor de 1 año de edad → PASE a la pregunta 16
 Sí, en esta casa → PASE a la pregunta 16
 No, fuera de Puerto Rico y los Estados Unidos – Escriba en letra de molde a continuación el nombre del país extranjero o las Islas Vírgenes de los Estados Unidos, Guam, etc.; luego PASE a la pregunta 16

- No, en una casa diferente en Puerto Rico o los Estados Unidos

b. ¿Dónde vivía esta persona hace 1 año?

Dirección
Nombre de urbanización o condominio
Número y nombre de la calle

Nombre de la ciudad, pueblo u oficina de correos

Nombre del municipio o condado de los Estados Unidos

Anote Puerto Rico o el nombre del estado de los Estados Unidos

Código Postal

16 ¿Tiene esta persona cobertura **ACTUALMENTE** de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.

- | | Sí | No |
|---|--------------------------|--------------------------|
| a. Seguro a través de su patrono o sindicato (unión), actual o previo (de esta persona o de cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por esta persona o por cualquier otro miembro de la familia) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para esas personas con un ingreso bajo o incapacidad | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (se ha registrado en el sistema de cuidado de salud militar de la VA) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud – Especifique ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Persona 5 (continuación)

G Conteste la pregunta 17a si esta persona tiene seguro de salud. De lo contrario, PASE a la pregunta 18a.

17 a. ¿Tiene este plan una prima o cuota?
Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.

- Sí
 No → PASE a la pregunta 18a

b. ¿Recibe esta persona o algún otro miembro de la familia un crédito fiscal o subsidio basado en el ingreso de la familia como ayuda para pagar la prima o cuota?

- Sí
 No

18 a. ¿Es esta persona sorda o tiene él/ella una dificultad seria para oír?

- Sí
 No

b. ¿Es esta persona ciega o tiene él/ella una dificultad seria para ver aunque lleve puestos espejuelos o lentes?

- Sí
 No

H Conteste las preguntas 19a – c si esta persona tiene 5 años o más. De lo contrario, PASE a las instrucciones de envío en la página 48.

19 a. Debido a una condición física, mental o emocional, ¿tiene esta persona una dificultad seria para concentrarse, recordar o tomar decisiones?

- Sí
 No

b. ¿Tiene esta persona una dificultad seria para caminar o subir las escaleras?

- Sí
 No

c. ¿Tiene esta persona dificultad para vestirse o bañarse?

- Sí
 No

I Conteste la pregunta 20 si esta persona tiene 15 años o más. De lo contrario, PASE a las instrucciones de envío en la página 48.

20 Debido a una condición física, mental o emocional, ¿tiene esta persona dificultad para hacer diligencias o mandados sola, tal como ir al consultorio de un médico o ir de compras?

- Sí
 No

21 ¿Cuál es el estado civil de esta persona?

- Casada actualmente
 Viuda
 Divorciada
 Separada
 Nunca se ha casado → PASE a la sección **J**

22 En los PASADOS 12 MESES, ¿esta persona –

	Sí	No
a. se casó?	<input type="checkbox"/>	<input type="checkbox"/>
b. enviudó?	<input type="checkbox"/>	<input type="checkbox"/>
c. se divorció?	<input type="checkbox"/>	<input type="checkbox"/>

23 ¿Cuántas veces ha estado casada esta persona?

- Una vez
 Dos veces
 Tres veces o más

24 ¿En qué año se casó la última vez esta persona?

Año



Persona 5 (continuación)

J Conteste la pregunta 25 si esta persona es del sexo femenino y tiene de 15 a 50 años de edad. De lo contrario, PASE a la pregunta 26a.

25 En los **ÚLTIMOS 12 MESES**, ¿ha dado a luz esta persona?

- Sí
 No

26 a. ¿Tiene esta persona algún nieto menor de 18 años que viva en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

b. ¿Es este abuelo actualmente responsable de la mayoría de las necesidades básicas de algunos de sus nietos menores de 18 años que viven en esta casa o apartamento?

- Sí
 No → PASE a la pregunta 27

c. ¿Cuánto tiempo hace que este abuelo es responsable de estos nietos? Si este abuelo es responsable económicamente de más de un nieto, conteste la pregunta para el nieto del cual haya sido responsable por más tiempo.

- Menos de 6 meses
 6 a 11 meses
 1 ó 2 años
 3 ó 4 años
 5 años o más

27 ¿Ha estado esta persona alguna vez en el servicio militar activo en las Fuerzas Armadas, la Reserva Militar o la Guardia Nacional de los Estados Unidos? Marque (X) UNA casilla.

- Nunca estuvo en el servicio militar → PASE a la pregunta 30a
 Servicio activo solamente para entrenamiento de la Reserva Militar o la Guardia Nacional → PASE a la pregunta 29a
 En servicio activo ahora
 En servicio activo en el pasado, pero no ahora

28 ¿Cuándo estuvo esta persona en servicio militar activo en las Fuerzas Armadas de los Estados Unidos? Marque (X) una casilla para CADA período durante el cual esta persona estuvo en servicio militar, aunque fuera sólo por parte del período.

- Septiembre del 2001 ó después
 Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
 Mayo del 1975 a julio del 1990
 Época de Vietnam (agosto del 1964 a abril del 1975)
 Guerra de Corea (julio del 1950 a enero del 1955)
 Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
 Febrero del 1955 a julio del 1964
 Enero del 1947 a junio del 1950
 Noviembre del 1941 ó antes

29 a. ¿Tiene esta persona una clasificación de incapacidad de la VA relacionada con el servicio?

- Sí (tal como 0%, 10%, 20%, ..., 100%)
 No → PASE a la pregunta 30a

b. ¿Qué por ciento de incapacidad relacionada con el servicio militar tiene esta persona?

- 0 por ciento
 10 ó 20 por ciento
 30 ó 40 por ciento
 50 ó 60 por ciento
 70 por ciento o más



Persona 5 (continuación)

- 30 a. LA SEMANA PASADA, ¿hizo esta persona algún trabajo por paga en un empleo (o negocio)?**

- Sí → PASE a la pregunta 31
 No – No trabajó (o está retirada)

- b. LA SEMANA PASADA, ¿hizo esta persona CUALQUIER trabajo por paga, incluso aunque fuese por una hora?**

- Sí
 No → PASE a la pregunta 36a

- 31 ¿En qué lugar trabajó esta persona LA SEMANA PASADA?** Si esta persona trabajó en más de un lugar, escriba en letra de molde la dirección donde él o ella trabajó la mayor parte de la semana.

a. Dirección

Nombre de urbanización o condominio
 Número y nombre de la calle

Si no sabe la dirección exacta, dé una descripción de la localización, tal como el nombre del edificio, calle o intersección más cercana.

- b. Nombre de la ciudad, pueblo u oficina de correos**

- c. ¿Está localizado el lugar de trabajo dentro de los límites de esa ciudad o pueblo?**

- Sí
 No, fuera de los límites de la ciudad/pueblo

- d. Nombre del municipio o condado de los Estados Unidos**

- e. Anote Puerto Rico o el nombre del estado de los Estados Unidos o país extranjero**

- f. Código Postal**

- 32 ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA?** Marque (X) UNA casilla para el medio de transportación que utilizó por más distancia.

- | | |
|---|---|
| <input type="checkbox"/> Automóvil, camión o van | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Autobús | <input type="checkbox"/> Motocicleta |
| <input type="checkbox"/> Tren urbano | <input type="checkbox"/> Bicicleta |
| <input type="checkbox"/> Tren de viajes largos o de cercanías | <input type="checkbox"/> Caminó |
| <input type="checkbox"/> Carro público | <input type="checkbox"/> Trabajó en el hogar → PASE a la pregunta 40a |
| <input type="checkbox"/> Lancha (ferry) | <input type="checkbox"/> Otro método |

- K** Conteste la pregunta 33 si marcó "Automóvil, camión o van" en la pregunta 32. De lo contrario, PASE a la pregunta 34.

- 33 ¿Cuántas personas, incluyendo a esta persona, usualmente viajaron al trabajo en el automóvil, camión o van LA SEMANA PASADA?**

Persona(s)

- 34 LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo?**

Hora Minutos a.m.
 p.m.

- 35 ¿Cuántos minutos le tomó a esta persona usualmente ir de su hogar al trabajo LA SEMANA PASADA?**

Minutos

- L** Conteste las preguntas 36 – 39 si esta persona NO trabajó la semana pasada. De lo contrario, PASE a la pregunta 40a.

- 36 a. LA SEMANA PASADA, ¿estuvo esta persona suspendida (on layoff) o en cesantía de un empleo?**

- Sí → PASE a la pregunta 36c
 No

- b. LA SEMANA PASADA, ¿estuvo esta persona ausente TEMPORERAMENTE de su empleo o negocio?**

- Sí, de vacaciones, enfermedad temporera, licencia por maternidad, otras razones personales o relacionadas con la familia, mal tiempo, etc. → PASE a la pregunta 39
 No → PASE a la pregunta 37

- c. ¿Se le ha informado a esta persona que será llamada de nuevo a trabajar dentro de los próximos 6 meses O se le ha dado una fecha para regresar al trabajo?**

- Sí → PASE a la pregunta 38
 No



Persona 5 (continuación)

37 Durante las **ÚLTIMAS 4 SEMANAS**, ¿ha estado esta persona buscando trabajo **ACTIVAMENTE**?

- Sí
- No → PASE a la pregunta 39

38 LA SEMANA PASADA, ¿hubiera podido esta persona comenzar un empleo si se le hubiera ofrecido uno, o hubiera podido regresar al trabajo si se le hubiera llamado de nuevo?

- Sí, hubiera podido ir a trabajar
- No, debido a una enfermedad temporera propia
- No, debido a otras razones (en la escuela, etc.)

39 ¿Cuándo trabajó esta persona por última vez, aunque fuera por unos pocos días?

- En los últimos 12 meses
- Hace 1 a 5 años → PASE a la sección **M**
- Hace más de 5 años o nunca trabajó → PASE a la pregunta 43

40 a. ¿Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿trabajó esta persona **TODAS** las semanas? Incluya como trabajo vacaciones pagadas, licencia por enfermedad pagada y servicio en las Fuerzas Armadas.

- Sí → PASE a la pregunta 41
- No

b. Durante los **ÚLTIMOS 12 MESES (52 semanas)**, ¿cuántas **SEMANAS** trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que esta persona trabajó solo por unas pocas horas.

Semanas

41 En las **SEMANAS TRABAJADAS** durante los **ÚLTIMOS 12 MESES**, ¿cuántas horas trabajó usualmente esta persona cada **SEMANA**?

Horas usualmente trabajadas cada SEMANA

M Conteste las preguntas 42a – f si esta persona trabajó durante los últimos 5 años. De lo contrario, PASE a la pregunta 43.

42 DESCRIPCIÓN DEL EMPLEO

La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.

Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.

a. ¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.

EMPLEADO DEL SECTOR PRIVADO

- Compañía u organización **con fines de lucro**
- Organización **sin fines de lucro** (incluso las organizaciones exentas de impuestos y las organizaciones caritativas)

GOVERNMENT EMPLOYEE

- Gobierno local** (por ejemplo: ciudad, condado o municipio)
- Gobierno estatal** (incluso distritos escolares y universidades estatales)
- Servicio activo** en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados
- Empleado civil del **gobierno federal**

EMPLEADO POR CUENTA PROPIA U OTRO

- Propietario(a)** de un negocio, una práctica profesional o una finca **no incorporada**
- Propietario(a)** de un negocio, una práctica profesional o una finca **incorporada**
- Trabajó **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más a la semana

b. ¿Cuál era el nombre del **patrono, negocio, agencia o rama de las Fuerzas Armadas** de esta persona?

c. ¿Qué tipo de **negocio o industria** era este? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial)

d. ¿Era este(a) principalmente de:
Marque (X) UNA casilla.

- manufactura?
- comercio al por mayor?
- comercio al por detal?
- otro (agricultura, construcción, servicio, gobierno, etc.)?



Persona 5 (continuación)

e. **¿Cuál era la ocupación principal de esta persona?**
(Por ejemplo: maestro[a] de 4to grado, plomero[a] principiante)

f. **Describa las actividades o deberes más importantes de esta persona.** (Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para las especificaciones del trabajo)

43 INGRESO EN LOS ÚLTIMOS 12 MESES

Marque (X) la casilla "Sí" por cada tipo de ingreso que recibió y anote el mejor estimado de la CANTIDAD TOTAL recibida durante los ÚLTIMOS 12 MESES. (NOTA: Los "últimos 12 meses" es el periodo desde la fecha de hoy hace un año hasta hoy.)

Marque (X) la casilla "No" para mostrar los tipos de ingresos NO recibidos.

Si el ingreso neto fue una pérdida, marque el cuadrado "Pérdida" a la derecha de la cantidad en dólares.

Para ingreso recibido en conjunto, informe la parte que le corresponde a cada persona; o, si eso no es posible, informe la cantidad total bajo una sola persona y marque el cuadrado "No" para la otra persona.

a. **Jornales, sueldos/salarios, comisiones, bonos o propinas de todos los empleos.** Informe la cantidad antes de aplicarse las deducciones por impuestos, bonos, cuotas y otras cosas.

Sí → \$, , .00
 No CANTIDAD TOTAL en los últimos 12 MESES

b. **Ingreso de empleo por cuenta propia en su negocio no agrícola o finca comercial, ya sea como propietario único o en sociedad.** Informe el ingreso NETO después de descontar los gastos de negocio.

Sí → \$, , .00 Pérdida
 No CANTIDAD TOTAL en los últimos 12 MESES

c. **Intereses, dividendos, ingreso neto por rentas, ingreso por derechos de autor, o ingreso por herencias y fideicomisos.** Informe aun cantidades pequeñas acreditadas a una cuenta.

Sí → \$, , .00 Pérdida
 No CANTIDAD TOTAL en los últimos 12 MESES

d. **Seguro Social o retiro para personal de los ferrocarriles.**

Sí → \$, , .00
 No CANTIDAD TOTAL en los últimos 12 MESES

e. **Seguridad de Ingreso Suplementario (SSI).**

Sí → \$, , .00
 No CANTIDAD TOTAL en los últimos 12 MESES

f. **Cualquier pago de asistencia o bienestar público (welfare) de la oficina de bienestar estatal o local.**

Sí → \$, , .00
 No CANTIDAD TOTAL en los últimos 12 MESES

g. **Ingreso por retiro, pensiones, ingreso por discapacidad o por ser esposo(a) sobreviviente.**

Incluya ingresos de un patrono o sindicato previo, retiros o distribuciones periódicas de una cuenta individual de retiro (IRA, por sus siglas en inglés), una IRA no deducible (Roth IRA), un plan 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación. No incluya el Seguro Social.

Sí → \$, , .00
 No CANTIDAD TOTAL en los últimos 12 MESES

h. **Alguna otra fuente de ingreso recibido regularmente, tal como pagos de la Administración de Veteranos (VA), compensación por desempleo, pensión para hijos menores, pensión alimenticia, o pensión de su ex pareja.** NO incluya pagos de mayor cantidad recibidos una sola vez, tal como dinero de una herencia o venta de una casa.

Sí → \$, , .00
 No CANTIDAD TOTAL en los últimos 12 MESES

44 **¿Cuál fue el ingreso total de esta persona durante los ÚLTIMOS 12 MESES?** Sume las cantidades anotadas en las preguntas 43a – 43h; reste cualquier pérdida. Si el ingreso neto fue una pérdida, anote la cantidad y marque (X) la casilla "Pérdida" al lado de la cantidad.

Ninguno Ó \$, , .00 Pérdida
 CANTIDAD TOTAL en los últimos 12 MESES

➔ **Ahora continúe con las instrucciones sobre envío por correo en la página 48.**



La página 47 se ha dejado en blanco intencionalmente



Instrucciones sobre envío por correo

→ Por favor, asegúrese de que ha...

- listado todos los nombres y contestado todas las preguntas en las páginas 2, 3, 4, 5, 6 y 7
- contestado todas las preguntas sobre Vivienda
- contestado todas las preguntas sobre Personas para cada persona

→ Entonces...

- coloque el cuestionario completado en el sobre de envío incluido. Si el sobre se ha extraviado, envíe el cuestionario por correo a:

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

- asegúrese de que el código de barras encima de su dirección está visible en la ventanilla del sobre

Gracias por participar en la Encuesta sobre la Comunidad de Puerto Rico.

Para Uso del Negociado del Censo

POP

EDIT

PHONE

JIC1

JIC2

EDIT CLERK

TELEPHONE CLERK

JIC3

JIC4

La Oficina del Censo estima que, al hogar típico, le tomará 40 minutos completar este cuestionario, incluyendo el tiempo para repasar las instrucciones y respuestas. Los comentarios sobre el estimado del tiempo o cualquier otro aspecto de esta recopilación de información, incluyendo sugerencias para reducir el tiempo que toma, deben dirigirse a: Paperwork Project 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, DC 20233. Puede enviar sus comentarios por correo electrónico a aco.pra@census.gov; escriba "Paperwork Project 0607-0810 and 0607-0936" en el espacio para el tema. Por favor, NO DEVUELVA su cuestionario a esta dirección. Use el sobre predirigido adjunto para devolver su cuestionario completado.

No se requiere que las personas respondan a ninguna recopilación de información a menos que ésta tenga un número válido aprobado de la Oficina de Administración y Presupuesto. Este número de 8 dígitos se encuentra en la parte inferior derecha de la cubierta de este cuestionario.



Frequently Asked Questions

Frequently Asked Questions

What is the Puerto Rico Community Survey?

The Puerto Rico Community Survey collects information about population and housing characteristics for the nation, states, cities, counties, metropolitan areas, and communities on a continuous basis. Based on the Puerto Rico Community Survey, the Census Bureau can provide up-to-date data about our rapidly changing country more often than once every 10 years when the census is conducted.

How do I benefit by answering the Puerto Rico Community Survey?

Communities need data about the well-being of children, families, and the older population to provide services to them. By responding to the Puerto Rico Community Survey questionnaire, you are helping your community to establish goals, identify problems and solutions, and measure the performance of programs.

The data are also used to decide where to locate new highways, schools, hospitals, and community centers; to show a large corporation that a town has the workforce the company needs; and in many other ways.

Do I have to answer the questions on the Puerto Rico Community Survey?

Yes. Your response to this survey is required by law (Title 13, U.S. Code, Sections 141, 193, and 221). Title 13, as changed by Title 18, imposes a penalty for not responding. We estimate this survey will take about 40 minutes to complete.

How will the Census Bureau use the information that I provide?

By law, the U.S. Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States.

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.

Will the Census Bureau keep my information confidential?

Yes. The Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Where can I find more information about the Puerto Rico Community Survey or get assistance?

You may visit our Web site at [census.gov/acs](https://www.census.gov/acs) or call 1-800-354-7271, if you need assistance or more information.

**PUERTO RICO
COMMUNITY
SURVEY**



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Issued 03-20-2019
ACS-10SMPR(2020)

Connect with us @uscensusbureau

Preguntas Frecuentes



ENCUESTA SOBRE LA COMUNIDAD DE PUERTO RICO



Oficina del
Censo
Estados Unidos
Puerto Rico

Publicado 03-20-2019
ACS-10SMPR(2020)

Conecta con nosotros @uscensusbureau

Preguntas Frecuentes

¿Qué es la Encuesta sobre la Comunidad de Puerto Rico?

La Encuesta sobre la Comunidad de Puerto Rico recopila información en forma continua sobre las características de la población y vivienda para la isla, los municipios, áreas metropolitanas y comunidades. Basándose en la Encuesta sobre la Comunidad de Puerto Rico, la Oficina del Censo puede proveer datos actualizados sobre los cambios constantes en nuestro país con más frecuencia, no sólo una vez cada diez años cuando se lleva a cabo el censo.

¿Cómo me beneficia responder a la Encuesta sobre la Comunidad de Puerto Rico?

Las comunidades necesitan datos sobre el bienestar de los niños, las familias y los envejecientes para poder proveerles servicios. Al responder al cuestionario de la Encuesta sobre la Comunidad de Puerto Rico, usted está ayudando a su comunidad a establecer metas, identificar problemas y sus soluciones, y medir la eficacia de los programas.

Los datos también se usan para decidir dónde construir nuevas carreteras, escuelas, hospitales y centros comunitarios; para demostrarle a una corporación grande que un pueblo tiene la mano de obra que la compañía necesita; y en muchas otras maneras.

¿Estoy obligado(a) a contestar las preguntas de la Encuesta sobre la Comunidad de Puerto Rico?

Sí. La ley requiere que usted conteste esta encuesta (secciones 141, 193 y 221 del título 13 del Código de los Estados Unidos). El Título 13, según enmendado por el Título 18, impone sanciones por no responder. Estimamos que esta encuesta le tomará aproximadamente 40 minutos para completar.

¿Cómo utilizará la Oficina del Censo la información que les doy?

La Oficina del Censo solamente puede usar la información que usted nos da para propósitos estadísticos, y no puede publicar o divulgar información que pudiera identificarlo a usted o a su hogar. Su información será usada en combinación con la de otros hogares para producir datos sobre su comunidad. Se producirán datos similares para otras comunidades en Puerto Rico y los Estados Unidos.

Es posible que combinemos sus respuestas con información que usted ha dado a otras agencias para así aumentar el valor estadístico de los datos. Esta información recibirá la misma protección que se le extiende a la información que usted provee, podría ser invitado(a) a participar voluntariamente en otras encuestas de la Oficina del Censo.

¿Mantendrá la Oficina del Censo la confidencialidad de mi información personal?

Sí. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

¿Dónde puedo obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico, o dónde puedo pedir ayuda?

Puede acudir a nuestro sitio en la Internet census.gov/acs o llame al 1-800-814-8385 si necesita asistencia o más información.



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U.S. Census Bureau

Washington, DC 20233

Office of the Director

A message from the Director, U.S. Census Bureau . . .

In a few days your household will receive a questionnaire in the mail for a very important survey—the Puerto Rico Community Survey. When the questionnaire arrives, please fill it out and mail it back promptly. The U.S. Census Bureau is conducting this survey and chose your address, not you personally, as part of a randomly selected sample.

The Puerto Rico Community Survey paints a picture of life in Puerto Rico—education, housing, jobs, and more. Every year, this survey provides up-to-date information to community leaders as well as federal, Puerto Rico, and municipio governments. This information can be used to identify the services and programs your community needs. For example, this survey can provide information to plan services for the elderly, emergency services, and federal aid.

If you have access to the Internet and want to learn more about the Puerto Rico Community Survey, please visit the Census Bureau's Web site:
www.census.gov/acs/www.

Thank you in advance for your help.

Sincerely,

Steven D. Dillingham

Enclosures



Oficina del
Censo
Estados Unidos
Puerto Rico

U.S. Census Bureau

Washington, DC 20233

Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

En los próximos días su hogar recibirá por correo un cuestionario para una encuesta muy importante, la Encuesta sobre la Comunidad de Puerto Rico. Al recibir su cuestionario, por favor llévelo y devuélvalo por correo lo más pronto posible. La Oficina del Censo de los EE.UU. está llevando a cabo esta encuesta y seleccionó su dirección, y no a usted personalmente, como parte de una muestra de hogares en su comunidad seleccionados al azar.

La Encuesta sobre la Comunidad de Puerto Rico ofrece un panorama de la vida en Puerto Rico: la educación, la vivienda, los empleos y más. Todos los años, esta encuesta proporciona información actualizada a los líderes de la comunidad, así como al gobierno federal, al de Puerto Rico y a los de los municipios. Esta información puede usarse para identificar los servicios y programas que su comunidad necesita. Por ejemplo, esta encuesta puede proporcionar información para planificar servicios para las personas de la tercera edad, servicios de emergencia y asistencia federal.

Si usted tiene acceso a la Internet y desea obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico, por favor, visite la página de la Oficina del Censo: www.census.gov/acs/www.

Agradeciéndole de antemano su ayuda.

Atentamente,

Steven D. Dillingham

Documentos adjuntos



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U.S. Census Bureau

Washington, DC 20233

Office of the Director

A message from the Director, U.S. Census Bureau ...

The U.S. Census Bureau recently sent a letter to your household about the Puerto Rico Community Survey. Enclosed is a questionnaire and information about the survey. Please complete the questionnaire and mail it back as soon as possible in the postage-paid envelope.

When you respond to the Puerto Rico Community Survey, you are representing your community and helping with future decision-making. Your response can help your local leaders and organizations know the needs of your community, such as services for children and the elderly, and emergency services.

The U.S. Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochure answers frequently asked questions about the survey.

If you need help filling out the questionnaire, please call our toll-free number (1-800-717-7381).

Thank you in advance for your cooperation.

Sincerely,

Steven D. Dillingham

Enclosures



Oficina del
Censo
Estados Unidos
Puerto Rico

U.S. Census Bureau

Washington, DC 20233

Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

La Oficina del Censo recientemente le envié una carta a su hogar acerca de la Encuesta sobre la Comunidad de Puerto Rico. Adjunto encontrará un cuestionario e información sobre la encuesta. Por favor, llene el cuestionario y envíelo en el sobre con franqueo pagado que se incluye lo más pronto posible.

Cuando usted responde a la Encuesta sobre la Comunidad de Puerto Rico, está representando a su comunidad y ayudando a la toma de decisiones en el futuro. Su respuesta puede ayudar a que líderes y organizaciones locales sepan las necesidades de su comunidad, tales como servicios para niños y personas de la tercera edad, y servicios de emergencia.

La Oficina del Censo de los EE. UU. escogió su dirección, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. Usted está obligado(a) por ley a responder a esta encuesta. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El folleto que acompaña esta carta contesta algunas de las preguntas frecuentes sobre la encuesta.

Si usted necesita ayuda para llenar el cuestionario, por favor, llame sin cargo a nuestro número de teléfono (1-800-814-8385).

Le agradecemos de antemano por su ayuda.

Atentamente,

Steven D. Dillingham

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U.S. Census Bureau

Washington, DC 20233

Office of the Director

A message from the Director, U.S. Census Bureau ...

About three weeks ago, the U.S. Census Bureau sent a Puerto Rico Community Survey questionnaire to your address. We asked you to help us with this very important survey by completing it and mailing it back. But, we have not received it yet.

If you have already mailed your questionnaire, thank you very much. If you have not mailed the questionnaire, please send it soon. We have included another questionnaire with this letter. This survey is so important that a Census Bureau representative may attempt to contact you by telephone or personal visit if we do not receive your questionnaire.

We need you to be the voice for your community. Every year, the Puerto Rico Community Survey provides the public, local leaders, businesses, and nonprofit organizations with useful information about your community. This is not possible unless all households respond—including yours.

The Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochure answers frequently asked questions about the survey.

If you need help filling out the questionnaire, please call our toll-free number (1-800-717-7381).

Sincerely,

A handwritten signature in cursive script that reads "Steven D. Dillingham".

Steven D. Dillingham

Enclosures



Oficina del
Censo
Estados Unidos
Puerto Rico

U.S. Census Bureau

Washington, DC 20233

Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Hace unas tres semanas, la Oficina del Censo de los EE. UU. envié un cuestionario de la Encuesta sobre la Comunidad de Puerto Rico a su dirección. Le pedimos que nos ayudara con esta importantísima encuesta, completándola y enviándola por correo. Sin embargo, hasta el momento no hemos recibido su cuestionario.

Si usted ya ha enviado su cuestionario, le damos las gracias. Si todavía no lo ha enviado, por favor, hágalo lo más pronto posible. Hemos incluido otro cuestionario con esta carta. Esta encuesta es de tanta importancia que, si no recibimos su cuestionario, es posible que un representante de la Oficina del Censo se comunique con usted por teléfono o lo visite en su hogar.

Necesitamos que usted sea la voz de su comunidad. Todos los años, la Encuesta sobre la Comunidad de Puerto Rico proporciona al público, líderes locales, empresas y organizaciones sin fines de lucro información útil sobre su comunidad. Esto no es posible a menos que todos los hogares respondan, incluido el suyo.

La Oficina del Censo escogió su dirección, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El folleto adjunto contesta algunas de las preguntas frecuentes acerca de esta encuesta.

Si usted necesita ayuda en llenar el cuestionario, por favor, llame sin cargo a nuestro número de teléfono (1-800-814-8385).

Muchas gracias.

Atentamente,

Steven D. Dillingham

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Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

Hace unos días usted debe haber recibido un cuestionario de la Encuesta sobre la Comunidad de Puerto Rico. Si ya lo ha devuelto, le extiendo mi agradecimiento. Si todavía no lo ha enviado, por favor, hágalo pronto.

Cuando usted responde, ayuda a su comunidad a obtener la información más actualizada y precisa posible.

Si usted requiere ayuda para completar la encuesta, por favor llame sin cargo a nuestra línea informativa (1-800-814-8385).

Gracias.

Atentamente,

Steven D. Dillingham

A message from the Director, U.S. Census Bureau . . .

A few days ago, you should have received a Puerto Rico Community Survey questionnaire. If you have already mailed it back, thank you. If you have not, please send it soon.

When you respond, you help your community get the most accurate, up-to-date information possible.

If you need help filling out the questionnaire or have questions, please call our toll-free number (1-800-717-7381).

Thank you.

Sincerely,

Steven D. Dillingham

ACS-20PR(2020) (03-06-2019)



Un mensaje del Director de la Oficina del Censo de los Estados Unidos . . .

Hace unos días usted debe haber recibido un cuestionario de la Encuesta sobre la Comunidad de Puerto Rico. Si ya lo ha devuelto, le extiendo mi agradecimiento. Si todavía no lo ha enviado, por favor, hágalo pronto.

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Thank you.

Sincerely,

Steven D. Dillingham

ACS-20PR(2020) (03-06-2019)



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Estados Unidos
Puerto Rico

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

En las últimas semanas, la Oficina del Censo de los EE.UU. le envió a su hogar dos veces un paquete que contiene el cuestionario para la Comunidad de Puerto Rico. **Usted está obligado(a) por ley a responder a esta encuesta.** La Oficina del Censo de los EE. UU. está obligado por ley a proteger su información. La Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. Si ya ha enviado un cuestionario de vuelta por correo, se lo agradecemos. Si no, por favor, complételo y envíelo inmediatamente.

Su respuesta es muy importante para su comunidad local y para su país. Si no llena y envía su cuestionario, es posible que un representante de la Oficina del Censo lo visite en su hogar para completar la encuesta.

Si prefiere completar la encuesta por teléfono o necesita ayuda, sírvase llamar sin carga a (1-800-814-8385).

Gracias.

Atentamente,

Steven D. Dillingham

A message from the Director, U.S. Census Bureau ...

Within the last few weeks, the U.S. Census Bureau mailed Puerto Rico Community Survey questionnaire packages to your address twice. **You are required by U.S. law to respond to this survey.** The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. If you have already mailed back a questionnaire, thank you. If you have not, please complete one and send it now.

Your response is critically important to your local community and to your country. If you do not send your completed questionnaire, a Census Bureau interviewer may contact you by personal visit to complete the survey.

If you would like to complete the survey by telephone or need assistance, please call our toll-free number (1-800-717-7381).

Thank you.

Sincerely,

Steven D. Dillingham

ACS-23PR(2020) (03-06-2019)



Oficina del
Censo
Estados Unidos
Puerto Rico

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

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Thank you.

Sincerely,

Steven D. Dillingham

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envelope size: 9-1/2" x 4-1/8" - window size: 6-1/4" x 1-1/2"



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9-1/2"

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4-1/8"

1-1/2"

6-1/4"

3/4"

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Puerto Rico



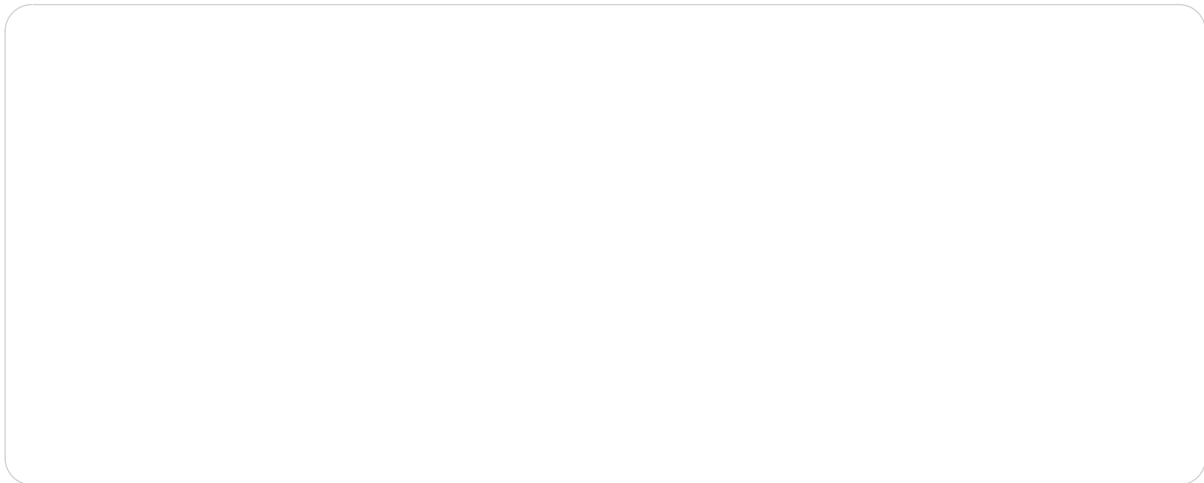
Oficina del
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Estados Unidos
Puerto Rico

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U.S. Census Bureau

National Processing Center
1201 E. 10th Street
Jeffersonville, IN 47132

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Encuesta sobre la Comunidad de Puerto Rico
SU RESPUESTA ES REQUERIDA POR LEY
The Puerto Rico Community Survey
YOUR RESPONSE IS REQUIRED BY LAW





Oficina del
Censo
Estados Unidos
Puerto Rico

U.S. Census Bureau

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Jeffersonville, IN 47132

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FIRST-CLASS MAIL
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U.S. Census Bureau
Permit No. G-58

9"

2-3/16"

2-1/2"

6-1/4"

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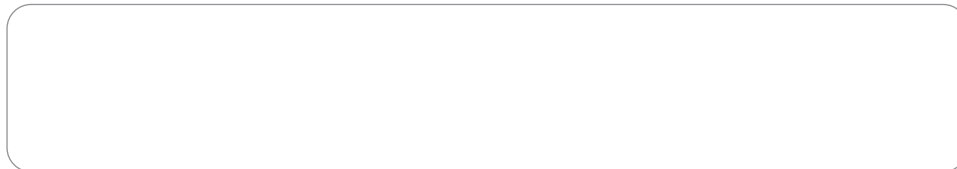
Encuesta sobre la Comunidad de Puerto Rico
SU RESPUESTA ES REQUERIDA POR LEY
The Puerto Rico Community Survey
YOUR RESPONSE IS REQUIRED BY LAW

11-5/8"



OFFICIAL BUSINESS
Penalty for Private Use \$300

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 16081 WASHINGTON DC

POSTAGE WILL BE PAID BY THE U.S. CENSUS BUREAU

DIRECTOR
U.S. CENSUS BUREAU
PO BOX 5240
JEFFERSONVILLE IN 47199-5240

Flap side



OFFICIAL BUSINESS
Penalty for Private Use \$300

9"



1-7/8"

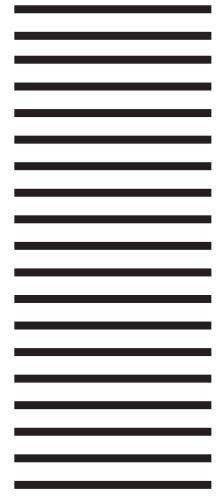
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

2"



5"

7/8"



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 16081 WASHINGTON DC

POSTAGE WILL BE PAID BY THE U.S. CENSUS BUREAU

DIRECTOR
U.S. CENSUS BUREAU
PO BOX 5240
JEFFERSONVILLE IN 47199-5240

11-1/2"

8-3/4"

6-1/5"

Flap side





United States
Census
Bureau

The Puerto Rico Community Survey

Please complete this form and return it as soon as possible after receiving it in the mail.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please call 1-800-717-7381.

The telephone call is free.

Telephone Device for the Deaf (TDD):

Call 1-800-786-9448. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al **1-800-814-8385**.

For more information about the Puerto Rico Community Survey, visit our web site at: <https://www.census.gov/acs>

Start Here

→ **Please print today's date.**

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

→ **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	
<input type="text"/>	
First Name	MI
<input type="text"/>	<input type="text"/>
Area Code + Number	
<input type="text"/>	<input type="text"/> - <input type="text"/>

→ **How many people are living or staying at this address?**

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

→ **Fill out pages 2, 3, 4, 5, 6, and 7 for everyone, including yourself, who is living or staying at this address for more than 2 months. 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.)

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

→ **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 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.* ↴

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 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: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/>	<input style="width: 60px; height: 25px;" 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.* ↴
- 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 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

→ **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.* ↴

- | | | |
|---|--|--|
| <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 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.* ↴

- | | | |
|---|--|--|
| <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.* ↴



→ **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 6

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)

Person 7

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)

Person 8

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)

Person 9

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)

Person 10

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)

Person 11

Last Name *(Please print)* First Name MI

Sex Male Female Age (in years)

Person 12

Last 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 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.

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

- Less than 1 cuerda → SKIP to question 6a
- 1 to 9.9 cuerdas
- 10 or more cuerdas

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



Housing (continued)

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

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

8 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

9 At this house, apartment, or mobile home – do you or any member of this household own or use any of the following 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"/> |

10 At this house, apartment, or mobile home – do you or any member of this household access 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 12*
- No access to the internet at this house, apartment, or mobile home → *SKIP to question 12*

11 At this house, apartment, or mobile home – do you or any member of this household subscribe to the Internet using –

- | | 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"/> |

12 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

13 Which FUEL is used MOST for heating this house, apartment, or mobile home?

- Gas: from underground pipes serving the neighborhood
- Gas: bottled, tank, or LP
- Electricity
- Fuel oil, kerosene, etc.
- Coal or coke
- Wood
- Solar energy
- Other fuel
- No fuel used



Housing (continued)

C Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to **E**.

19 About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

 \$, .00

20 What are the annual real estate taxes on THIS property?

Annual amount – Dollars

 \$, .00

OR

None

21 What is the annual payment for fire, hazard, and flood insurance on THIS property?

Annual amount – Dollars

 \$.00

OR

None

22 a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

Yes, mortgage, deed of trust, or similar debt

Yes, contract to purchase

No → SKIP to question 23a

b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – Dollars

 \$, .00

OR

No regular payment required → SKIP to question 23a

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

Yes, taxes included in mortgage payment

No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

Yes, insurance included in mortgage payment

No, insurance paid separately or no insurance

23 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

Yes, home equity loan

Yes, second mortgage

Yes, second mortgage and home equity loan

No → SKIP to **D**

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount – Dollars

 \$, .00

OR

No regular payment required

D Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to **E**.

24 What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes.

Annual costs – Dollars

 \$, .00

E Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 48 for the mailing instructions.



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 Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

8 Is this person a citizen of the United States?

Yes, born in Puerto Rico → SKIP to question 10a

Yes, born in a U.S. state, District of Columbia, 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 Puerto Rico?

If this person came to live in Puerto Rico 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 degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

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 Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
-
-
-
- No, different house in Puerto Rico or the United States

b. Where did this person live 1 year ago?

Address
 Development or condominium name
 Number and street name

Name of city, town, or post office

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

Enter Puerto Rico or name of U.S. state

ZIP Code

16 Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <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. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
 No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
 No

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

19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

c. Does this person have difficulty dressing or bathing?

- Yes
 No

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 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

21 What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

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



Person 1 (continued)

J Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 Has this person given birth to any children in the past 12 months?

- 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**
Development or condominium name
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 municipio in Puerto Rico or U.S. county**

- e. Enter Puerto Rico or name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK?** *If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.*

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <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"/> Carro público | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <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 What time did this person usually leave home to go to work LAST WEEK?**

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 39a.

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

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

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **50 or more weeks**? Count paid time off as work.

- Yes → *SKIP to question 41*
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 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, county, or municipio)
 State government (including school districts and state 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)



Person 1 (continued)

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

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

e. What was this person's main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
Report even small amounts credited to an account.

Yes → \$, , .00 Loss

No TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes → \$, .00

No TOTAL AMOUNT for past 12 months

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Yes → \$, , .00

No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Yes → \$, , .00 Loss

No TOTAL AMOUNT for past 12 months

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR \$, , .00 Loss

None TOTAL AMOUNT for past 12 months

→ Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 3, SKIP to page 48 for mailing instructions.



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 Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

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

- Yes, born in Puerto Rico → SKIP to question 10a
- Yes, born in a U.S. state, District of Columbia, 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 Puerto Rico? If this person came to live in Puerto Rico 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 degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- 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 Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
-
-
-
- No, different house in Puerto Rico or the United States

b. Where did this person live 1 year ago?

Address
 Development or condominium name
 Number and street name

Name of city, town, or post office

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

Enter Puerto Rico or name of U.S. state

ZIP Code

16 Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <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. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
 No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
 No

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

19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

c. Does this person have difficulty dressing or bathing?

- Yes
 No

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 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

21 What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

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



Person 2 (continued)

J Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 Has this person given birth to any children in the past 12 months?

- 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**
Development or condominium name
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 municipio in Puerto Rico or U.S. county**

- e. Enter Puerto Rico or name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <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"/> Carro público | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <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 What time did this person usually leave home to go to work LAST WEEK?**

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 39a.

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

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

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **50 or more weeks**? Count paid time off as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 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, county, or municipio)
 State government (including school districts and state 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)



Person 2 (continued)

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

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

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.

Report even small amounts credited to an account.

- Yes → \$, , .00 Loss
- No TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

- Yes → \$, , .00
- No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

- Yes → \$, , .00 Loss
- No TOTAL AMOUNT for past 12 months

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , .00 Loss
- None TOTAL AMOUNT for past 12 months

→ Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 4, SKIP to page 48 for mailing instructions.



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 Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

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

Yes, born in Puerto Rico → SKIP to question 10a

Yes, born in a U.S. state, District of Columbia, 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 Puerto Rico?

If this person came to live in Puerto Rico 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 degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

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 Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
-
-
-
- No, different house in Puerto Rico or the United States

b. Where did this person live 1 year ago?

Address
 Development or condominium name
 Number and street name

Name of city, town, or post office

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

Enter Puerto Rico or name of U.S. state

ZIP Code

16 Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <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. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
 No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
 No

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

19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

c. Does this person have difficulty dressing or bathing?

- Yes
 No

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 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

21 What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------



Person 3 (continued)

J Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 Has this person given birth to any children in the past 12 months?

- 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**
Development or condominium name
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 municipio in Puerto Rico or U.S. county**

- e. Enter Puerto Rico or name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <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"/> Carro público | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <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 What time did this person usually leave home to go to work LAST WEEK?**

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 39a.

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

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

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **50 or more weeks**? Count paid time off as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 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, county, or municipio)
 State government (including school districts and state 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)



Person 3 (continued)

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

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

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

- Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

- Yes → \$, , .00 Loss
 No TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

- Yes → \$, , .00 Loss
 No TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

- Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

- Yes → \$, , .00
 No TOTAL AMOUNT for past 12 months

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , .00 Loss
 None TOTAL AMOUNT for past 12 months

➔ Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 5, SKIP to page 48 for mailing instructions.



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 Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

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

- Yes, born in Puerto Rico → SKIP to question 10a
- Yes, born in a U.S. state, District of Columbia, 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 Puerto Rico? If this person came to live in Puerto Rico 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 degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

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 Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
-
-
-
- No, different house in Puerto Rico or the United States

b. Where did this person live 1 year ago?

Address
 Development or condominium name
 Number and street name

Name of city, town, or post office

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

Enter Puerto Rico or name of U.S. state

ZIP Code

16 Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <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. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
 No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
 No

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

19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

c. Does this person have difficulty dressing or bathing?

- Yes
 No

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 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

21 What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

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



Person 4 (continued)

J Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 Has this person given birth to any children in the past 12 months?

- 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**
Development or condominium name
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 municipio in Puerto Rico or U.S. county**

- e. Enter Puerto Rico or name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <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"/> Carro público | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <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 What time did this person usually leave home to go to work LAST WEEK?**

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 39a.

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

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

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **50 or more weeks**? Count paid time off as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 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, county, or municipio)
 State government (including school districts and state 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)



Person 4 (continued)

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

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

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

- Yes → \$, , , .00
- No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

- Yes → \$, , , .00
- No TOTAL AMOUNT for past 12 months Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.

Report even small amounts credited to an account.

- Yes → \$, , .00
- No TOTAL AMOUNT for past 12 months Loss

d. Social Security or Railroad Retirement.

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

- Yes → \$, .00
- No TOTAL AMOUNT for past 12 months

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , .00
- None TOTAL AMOUNT for past 12 months Loss

→ Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 6, SKIP to page 48 for mailing instructions.



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 Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.*

8 Is this person a citizen of the United States?

Yes, born in Puerto Rico → *SKIP to question 10a*

Yes, born in a U.S. state, District of Columbia, 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 Puerto Rico?

If this person came to live in Puerto Rico 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 degree or level of school this person has COMPLETED? *Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.*

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

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 Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
-
-
-
- No, different house in Puerto Rico or the United States

b. Where did this person live 1 year ago?

Address
 Development or condominium name
 Number and street name

Name of city, town, or post office

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

Enter Puerto Rico or name of U.S. state

ZIP Code

16 Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <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. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
 No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
 No

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

19 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

c. Does this person have difficulty dressing or bathing?

- Yes
 No

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

20 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

21 What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **J**

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



Person 5 (continued)

J Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

25 Has this person given birth to any children in the past 12 months?

- 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**
Development or condominium name
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 municipio in Puerto Rico or U.S. county**

- e. Enter Puerto Rico or name of U.S. state or foreign country**

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.**

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Taxicab |
| <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"/> Carro público | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <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 What time did this person usually leave home to go to work LAST WEEK?**

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 39a.

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

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

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **50 or more weeks**? Count paid time off as work.

- Yes → *SKIP* to question 41
 No

- b. During the **PAST 12 MONTHS (52 weeks)**, how many **WEEKS** did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

- 41** During the **PAST 12 MONTHS**, in the **WEEKS WORKED**, how many hours did this person usually work each **WEEK**?

Usual hours worked each WEEK

- 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, county, or municipio)
 State government (including school districts and state 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)



Person 5 (continued)

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

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

e. What was this person's main occupation?

(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

- Yes → \$, , .00
- No TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

- Yes → \$, , .00
- No TOTAL AMOUNT for past 12 months Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.

Report even small amounts credited to an account.

- Yes → \$, , .00
- No TOTAL AMOUNT for past 12 months Loss

d. Social Security or Railroad Retirement.

- Yes → \$, , .00
- No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

- Yes → \$, , .00
- No TOTAL AMOUNT for past 12 months

f. Any public assistance or welfare payments from the state or local welfare office.

- Yes → \$, , .00
- No TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do NOT include Social Security.

- Yes → \$, , .00
- No TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

- Yes → \$, , .00
- No TOTAL AMOUNT for past 12 months

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- OR \$, , .00
- None TOTAL AMOUNT for past 12 months Loss

➔ Now continue with the mailing instructions on page 48.



**Page 47 is intentionally
left blank**



Mailing Instructions

→ Please make sure you have...

- listed all names and answered the questions on pages 2, 3, 4, 5, 6, and 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 Puerto Rico 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 0607-0810 and 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to acso.pra@census.gov; use "Paperwork Project 0607-0810 and 0607-0936" 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.

Form ACS-1PR(2020) (03-18-2019)



Frequently Asked Questions

Frequently Asked Questions

What is the Puerto Rico Community Survey?

The Puerto Rico Community Survey collects information about population and housing characteristics for the nation, states, cities, counties, metropolitan areas, and communities on a continuous basis. Based on the Puerto Rico Community Survey, the Census Bureau can provide up-to-date data about our rapidly changing country more often than once every 10 years when the census is conducted.

How do I benefit by answering the Puerto Rico Community Survey?

Communities need data about the well-being of children, families, and the older population to provide services to them. By responding to the Puerto Rico Community Survey questionnaire, you are helping your community to establish goals, identify problems and solutions, and measure the performance of programs.

The data are also used to decide where to locate new highways, schools, hospitals, and community centers; to show a large corporation that a town has the workforce the company needs; and in many other ways.

Do I have to answer the questions on the Puerto Rico Community Survey?

Yes. Your response to this survey is required by law (Title 13, U.S. Code, Sections 141, 193, and 221). Title 13, as changed by Title 18, imposes a penalty for not responding. We estimate this survey will take about 40 minutes to complete.

How will the Census Bureau use the information that I provide?

By law, the U.S. Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States.

We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.

Will the Census Bureau keep my information confidential?

Yes. The Census Bureau is required by law to protect your information. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data.

Where can I find more information about the Puerto Rico Community Survey or get assistance?

You may visit our Web site at [census.gov/acs](https://www.census.gov/acs) or call 1-800-354-7271, if you need assistance or more information.

**PUERTO RICO
COMMUNITY
SURVEY**



United States[®]
Census
Bureau

Issued 02-19-2019
ACS-10SMPR(2020)

Connect with us @uscensusbureau

Preguntas Frecuentes



ENCUESTA SOBRE LA COMUNIDAD DE PUERTO RICO



Oficina del
Censo
Estados Unidos
Puerto Rico

Publicado 02-19-2019
ACS-10SMPR(2020)

Conecta con nosotros @uscensusbureau

Preguntas Frecuentes

¿Qué es la Encuesta sobre la Comunidad de Puerto Rico?

La Encuesta sobre la Comunidad de Puerto Rico recopila información en forma continua sobre las características de la población y vivienda para la isla, los municipios, áreas metropolitanas y comunidades. Basándose en la Encuesta sobre la Comunidad de Puerto Rico, la Oficina del Censo puede proveer datos actualizados sobre los cambios constantes en nuestro país con más frecuencia, no sólo una vez cada diez años cuando se lleva a cabo el censo.

¿Cómo me beneficia responder a la Encuesta sobre la Comunidad de Puerto Rico?

Las comunidades necesitan datos sobre el bienestar de los niños, las familias y los envejecientes para poder proveerles servicios. Al responder al cuestionario de la Encuesta sobre la Comunidad de Puerto Rico, usted está ayudando a su comunidad a establecer metas, identificar problemas y sus soluciones, y medir la eficacia de los programas.

Los datos también se usan para decidir dónde construir nuevas carreteras, escuelas, hospitales y centros comunitarios; para demostrarle a una corporación grande que un pueblo tiene la mano de obra que la compañía necesita; y en muchas otras maneras.

¿Estoy obligado(a) a contestar las preguntas de la Encuesta sobre la Comunidad de Puerto Rico?

Sí. La ley requiere que usted conteste esta encuesta (secciones 141, 193 y 221 del título 13 del Código de los Estados Unidos). El Título 13, según enmendado por el Título 18, impone sanciones por no responder. Estimamos que esta encuesta le tomará aproximadamente 40 minutos para completar.

¿Cómo utilizará la Oficina del Censo la información que les doy?

La Oficina del Censo solamente puede usar la información que usted nos da para propósitos estadísticos, y no puede publicar o divulgar información que pudiera identificarlo a usted o a su hogar. Su información será usada en combinación con la de otros hogares para producir datos sobre su comunidad. Se producirán datos similares para otras comunidades en Puerto Rico y los Estados Unidos.

Es posible que combinemos sus respuestas con información que usted ha dado a otras agencias para así aumentar el valor estadístico de los datos. Esta información recibirá la misma protección que se le extiende a la información que usted provee, podría ser invitado(a) a participar voluntariamente en otras encuestas de la Oficina del Censo.

¿Mantendrá la Oficina del Censo la confidencialidad de mi información personal?

Sí. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información.

¿Dónde puedo obtener más información acerca de la Encuesta sobre la Comunidad de Puerto Rico, o dónde puedo pedir ayuda?

Puede acudir a nuestro sitio en la Internet census.gov/acs o llame al 1-800-814-8385 si necesita asistencia o más información.



United States[®]
Census
Bureau

U.S. Census Bureau

Washington, DC 20233

Office of the Director

A message from the Director, U.S. Census Bureau ...

The U.S. Census Bureau recently sent a letter to your household about the Puerto Rico Community Survey. Enclosed is a questionnaire and information about the survey. Please complete the questionnaire and mail it back as soon as possible in the postage-paid envelope.

When you respond to the Puerto Rico Community Survey, you are representing your community and helping with future decision-making. Your response can help your local leaders and organizations know the needs of your community, such as services for children and the elderly, and emergency services.

The U.S. Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochure answers frequently asked questions about the survey.

If you need help filling out the questionnaire, please call our toll-free number (1-800-717-7381).

Thank you in advance for your cooperation.

Sincerely,

Steven D. Dillingham

Enclosures



Oficina del
Censo
Estados Unidos
Puerto Rico

U.S. Census Bureau

Washington, DC 20233

Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

La Oficina del Censo recientemente le envié una carta a su hogar acerca de la Encuesta sobre la Comunidad de Puerto Rico. Adjunto encontrará un cuestionario e información sobre la encuesta. Por favor, llene el cuestionario y envíelo en el sobre con franqueo pagado que se incluye lo más pronto posible.

Cuando usted responde a la Encuesta sobre la Comunidad de Puerto Rico, está representando a su comunidad y ayudando a la toma de decisiones en el futuro. Su respuesta puede ayudar a que líderes y organizaciones locales sepan las necesidades de su comunidad, tales como servicios para niños y personas de la tercera edad, y servicios de emergencia.

La Oficina del Censo de los EE. UU. escogió su dirección, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. Usted está obligado(a) por ley a responder a esta encuesta. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El folleto que acompaña esta carta contesta algunas de las preguntas frecuentes sobre la encuesta.

Si usted necesita ayuda para llenar el cuestionario, por favor, llame sin cargo a nuestro número de teléfono (1-800-814-8385).

Le agradecemos de antemano por su ayuda.

Atentamente,

Steven D. Dillingham

Documentos adjuntos



United States®
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Bureau

U.S. Census Bureau

Washington, DC 20233

Office of the Director

A message from the Director, U.S. Census Bureau ...

About three weeks ago, the U.S. Census Bureau sent a Puerto Rico Community Survey questionnaire to your address. We asked you to help us with this very important survey by completing it and mailing it back. But, we have not received it yet.

If you have already mailed your questionnaire, thank you very much. If you have not mailed the questionnaire, please send it soon. We have included another questionnaire with this letter. This survey is so important that a Census Bureau representative may attempt to contact you by telephone or personal visit if we do not receive your questionnaire.

We need you to be the voice for your community. Every year, the Puerto Rico Community Survey provides the public, local leaders, businesses, and nonprofit organizations with useful information about your community. This is not possible unless all households respond—including yours.

The Census Bureau chose your address, not you personally, as part of a randomly selected sample. You are required by U.S. law to respond to this survey. The U.S. Census Bureau is required by law to keep your information confidential. The Census Bureau is not permitted to publicly release your responses in a way that could identify you. Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the systems that transmit your data. The enclosed brochure answers frequently asked questions about the survey.

If you need help filling out the questionnaire, please call our toll-free number (1-800-717-7381).

Sincerely,

A handwritten signature in cursive script that reads "Steven D. Dillingham".

Steven D. Dillingham

Enclosures



Oficina del
Censo
Estados Unidos
Puerto Rico

U.S. Census Bureau

Washington, DC 20233

Office of the Director

Un mensaje del Director de la Oficina del Censo de los Estados Unidos ...

Hace unas tres semanas, la Oficina del Censo de los EE. UU. envié un cuestionario de la Encuesta sobre la Comunidad de Puerto Rico a su dirección. Le pedimos que nos ayudara con esta importantísima encuesta, completándola y enviándola por correo. Sin embargo, hasta el momento no hemos recibido su cuestionario.

Si usted ya ha enviado su cuestionario, le damos las gracias. Si todavía no lo ha enviado, por favor, hágalo lo más pronto posible. Hemos incluido otro cuestionario con esta carta. Esta encuesta es de tanta importancia que, si no recibimos su cuestionario, es posible que un representante de la Oficina del Censo se comunique con usted por teléfono o lo visite en su hogar.

Necesitamos que usted sea la voz de su comunidad. Todos los años, la Encuesta sobre la Comunidad de Puerto Rico proporciona al público, líderes locales, empresas y organizaciones sin fines de lucro información útil sobre su comunidad. Esto no es posible a menos que todos los hogares respondan, incluido el suyo.

La Oficina del Censo escogió su dirección, y no a usted personalmente, como parte de una muestra de hogares seleccionados al azar. La Oficina del Censo de los EE. UU. está obligada por ley a proteger su información. A la Oficina del Censo no se le permite divulgar sus respuestas de manera que este hogar pudiera ser identificado. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, sus datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que transmiten su información. El folleto adjunto contesta algunas de las preguntas frecuentes acerca de esta encuesta.

Si usted necesita ayuda en llenar el cuestionario, por favor, llame sin cargo a nuestro número de teléfono (1-800-814-8385).

Muchas gracias.

Atentamente,

Steven D. Dillingham

Documentos adjuntos



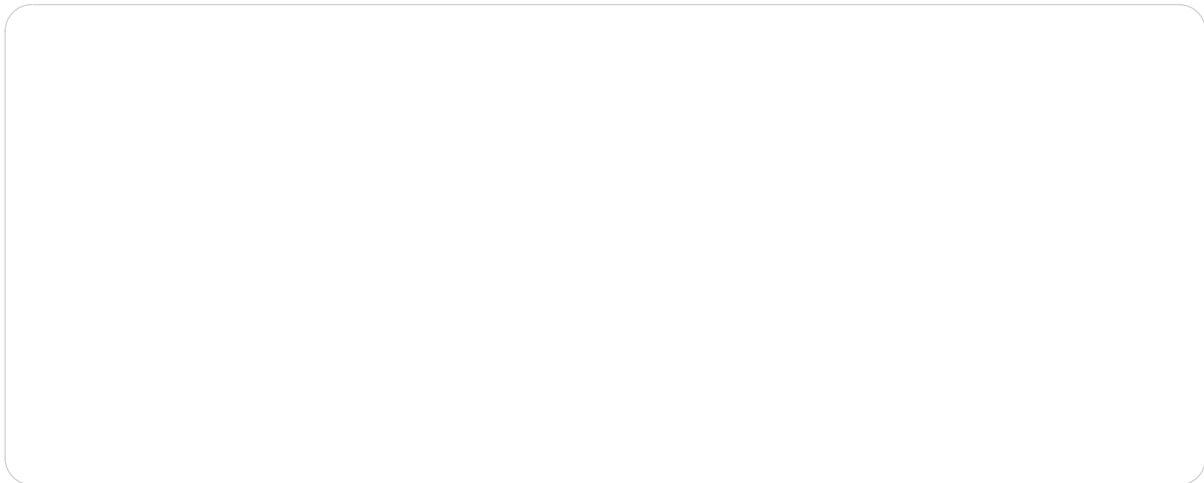
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Encuesta sobre la Comunidad de Puerto Rico
SU RESPUESTA ES REQUERIDA POR LEY
The Puerto Rico Community Survey
YOUR RESPONSE IS REQUIRED BY LAW





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Encuesta sobre la Comunidad de Puerto Rico
SU RESPUESTA ES REQUERIDA POR LEY
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