

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.

Text Telephone (TTY): Call 1-800-786-9448.

¿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 website at: https://www.census.gov/acs

Start Here

)	Please pri	int today'	s date.		
	Month	Day	Year		
			0000		
)	person wi	ho is fillin	me and teleph g out this forn cial Census Bur	n. We will only	
	Last Name				
	First Name				MI
	Area Code	+ Numbe	r		

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

• **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 - 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.

FORM **ACS-1PR(2021)**

OMB No. 0607-0810 OMB No. 0607-0936



→ NOTE: Please answer BOTH Question 5 about

Person 1

(Person 1 is the person living or staying here in whose

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name of en
Nation, Blac rrow Inupiat
Community,
Native Hav
Samoan
Chamorro
Other Paci
Islander –
for example Tongan, Fiji
Marshallese
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7
7
7

	→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races
What is Person 2's name?	5 Is Person 2 of Hispanic, Latino, or Spanish original
ast Name (Please print)	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
irst Name MI	Yes, Puerto Rican
	Yes, Cuban
low is this person related to Person 1? Mark (X) ONE box.	Yes, another Hispanic, Latino, or Spanish origin – Pri for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
Opposite-sex husband/wife/spouse	
Opposite-sex unmarried partner	6 What is Person 2's race?
Same-sex husband/wife/spouse	Mark (X) one or more boxes AND print origins.
Same-sex unmarried partner	White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
Biological son or daughter	
Adopted son or daughter	
Stepson or stepdaughter	Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic
Brother or sister	Somali, etc.
Father or mother	
Grandchild	American Indian or Alaska Native – Print name of enro
Parent-in-law	or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Son-in-law or daughter-in-law	Traditional Government, Nome Eskimo Community, e
Other relative	
Roommate or housemate	
Foster child	Chinese Vietnamese Native Haw
Other nonrelative	Filipino Korean Samoan
What is Person 2's sex? Mark (X) ONE box.	Asian Indian Japanese Chamorro
Male Female	Other Asian – Other Pacifi Islander – Print, for example,
	Pakistani, for example, Cambodian, Tongan, Fijia
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rite the age in months. Write 0 as the age. Print numbers in boxes.	
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Other nonrelative Filipino Korean Samoan Asian Indian Japanese Chamorro What is Person 3's sex? Mark (X) ONE box. Other Asian – Print, for example, Pakistani, Cambodian, Tongan, Fiji.						For	panic origin this survey,	His	panic origins	are	not races.
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Same-sex husband/wife/spouse Same-sex unmarried partner Biological son or daughter Adopted son or stepdaughter Stepson or stepdaughter Brother or sister Father or mother Grandchild Parent-in-law Other relative Roommate or housemate Foster child Other nonrelative What is Person 4's sex? Mark (X) ONE box. Male Permale 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	Opposite-se	x husband/wife/spouse					
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 Traditional Government, Nome Eskimo Community Other nonrelative Filipino Korean Samoan Asian Indian Japanese Chamorr Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Print numbers in boxes. Month Day Year of birth	Opposite-se	x unmarried partner	6	Wha	at is Person 4'	s race?	
Same-sex unmarried partner Italian, Lebanese, Egyptian, etc.	Same-sex h	usband/wife/spouse	T T		k (X) one or mo	ore boxes AND p	
Adopted son or daughter Stepson or stepdaughter Stepson or stepda	Same-sex u	nmarried partner			White – Print, fo Italian, Lebanes	or example, Germa e, Egyptian, etc. _🔽	n, Irish, English,
Stepson or stepdaughter Black or African Am Print, for example, African American, Jamaican, Haitian, Nigerian, Et. Somali, etc. Somali, etc. Print name of e or principal tribe(s), for example, Navajo Nation, Black or African American, Jamaican, Haitian, Nigerian, Et. Somali, etc. American Indian or Alaska Native - Print name of e or principal tribe(s), for example, Print name of e or principal tribe(s), for example, Navajo Nation, Blanch American Indian or Alaska Native - Print name of e or principal tribe(s), for example, Navajo Nation, Blanch American Indian or Alaska Native - Print name of e or principal tribe(s), for example, Navajo Nation, Blanch American Indian or Alaska Native - Print name of e or principal tribe(s), for example, Navajo Nation, Blanch Am	Biological s	on or daughter					
African American, Jamaican, Haitian, Nigerian, Et. Somali, etc. 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 What is Person 4's sex? Mark (X) ONE box. Male Female What is Person 4's sex and what is Person 4's late 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. Indeed In the standard of the st	Adopted so	n or daughter					
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 What is Person 4's sex? Mark (X) ONE box. Male Female What is Person 4's age and what is Person 4's late 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 American Indian or Alaska Native − Print name of e or principal tribe(s), for example, Pakista Native ∪ Print name of e or principal tribe(s), for example, Pakistan Or principal tribe(s), for example, Navigo Nation, Bl Tribe, Mayan, Aztec, Native Village of Barrow Inupi Traditional Government, Nome Eskimo Community Chinese Vietnamese Native Harrian Samoan Asian Indian Japanese Chamorr Other Palislander For example, Pakistani, Cambodian, Hmong, etc. Marshalle. Henong, etc. Marshalle.	Stepson or	stepdaughter					
Grandchild Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative Male Female What is Person 4's sex? Mark (X) ONE box. What is Person 4's age and what is Person 4's late 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. Ige (in years) Month Day Year of birth American Indian or Alaska Native – Print name of e or principal tribe(s), for example, Nation, BI Tribe, Mayan, Aztec, Native Village of Barrow Inupi Traditional Government, Nome Eskimo Community Chinese Vietnamese Native H. Samoan Asian Indian Japanese Chamorr Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. Marshalle	Brother or s	ister			Somali, etc. 📈	, ,	. , , ,
American Indian or Alaska Native — Print name of e or principal tribe(s), for example, Navajo Nation, Bl. Tribe, Mayan, Aztec, Native Village of Barrow Inupi Traditional Government, Nome Eskimo Community Tr	Father or m	other					
Parent-in-law Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative Nale Female Nale Female Nale Female Parent-in-law Or principal tribe(s), for example, Navajo Nation, Blate 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. Nage (in years) Parent-in-law Or principal tribe(s), for example, Navajo Nation, Blation, Blation	Grandchild				Amariaan Indian	a Madra Nativa	Drint name of any
Son-in-law or daughter-in-law Other relative Roommate or housemate Foster child Other nonrelative Nhat is Person 4's sex? Mark (X) ONE box. Male Female Nhat is Person 4's age and what is Person 4's late 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 Traditional Government, Nome Eskimo Community Chinese Vietnamese Native H. Samoan Asian Indian Japanese Chamorr Other Asian − Print, for example, Pakistani, Cambodian, Hmong, etc. Marshalle.	Parent-in-la	w		Ш	or principal trib	e(s), for example, N	lavajo Nation, Black
Roommate or housemate Foster child Other nonrelative What is Person 4's sex? Mark (X) ONE box. Male Female Other Asian Indian Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Print numbers in boxes. Asian Indian Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Asian Indian Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. Marshalle.	Son-in-law	or daughter-in-law					
Chinese Vietnamese Native Holling Chinese Samoan Other nonrelative Filipino Korean Samoan Asian Indian Japanese Chamorr Other Asian – Print, for example, Pakistani, Cambodian, Hong, etc. Print numbers in boxes. Age (in years) Month Day Year of birth	Other relativ	/e					
Other nonrelative Filipino	Roommate	or housemate					
What is Person 4's sex? Mark (X) ONE box. Other Asian Indian Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. Print numbers in boxes. Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. Marshalle.	Foster child				Chinese	Vietnamese	Native Hawa
What is Person 4's sex? Mark (X) ONE box. Male Female Female Print, for example, Pakistani, Cambodian, Hmong, etc. Marshalle. Print numbers in boxes. Age (in years) Month Day Year of birth Other Palislander - Print, for example, Pakistani, Cambodian, Hmong, etc.	Other nonre	elative			Filipino	Korean	Samoan
Male Female Other Asian — Print, for example, Pakistani, Cambodian, Hmong, etc. Hmong, etc. Print numbers in boxes. Age (in years) Month Day Year of birth Other Pa Islander Pakistani, Cambodian, Hmong, etc. Print numbers in boxes.	Nhatia Dawas	- 41 Mark (Y) ON	IT hav		Asian Indian	Japanese	Chamorro
Age (in years) Month Day Year of birth	Male	Female			Print, for example Pakistani, Cambodian,	1,	Other Pacific Islander – Pr for example, Tongan, Fijian Marshallese, d
Print numbers in boxes. Age (in years) Month Day Year of birth	date of birth?	For babies less than 1 y	vear old, do not				,
	_		es.				
	Age (in years)	Month Day	Year of birth		Some other rac	e – Print race or or	igin. 🍞



Albat is Person 5's name? Last Name (Please print) First Name MI 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	Wha	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 – Proferexample, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
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		Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Profor example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ✓
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		Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Profor example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ✓
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		Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin − Pr for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ✓
Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner		Yes, another Hispanic, Latino, or Spanish origin – Pr for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
Mark (X) ONE box. Opposite-sex husband/wife/spouse Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner		for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. 7
Opposite-sex unmarried partner Same-sex husband/wife/spouse Same-sex unmarried partner		it is Person 5's race?
Same-sex husband/wife/spouse Same-sex unmarried partner		t is Person 5's race?
Same-sex husband/wife/spouse Same-sex unmarried partner		
		k (X) one or more boxes AND print origins.
Biological son or daughter		White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
Adopted son or daughter		
Stepson or stepdaughter		Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic
Brother or sister		Somali, etc. 🗸
Father or mother		
Grandchild		American Indian or Alaska Native – <i>Print name of enr</i>
Parent-in-law		or principal tribe(s), for example, Navajo Nation, Blac Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Son-in-law or daughter-in-law		Traditional Government, Nome Eskimo Community, e
Other relative		
Roommate or housemate		
Foster child		Chinese
Other nonrelative		Filipino
What is Person 5's sex? Mark (X) ONE box.		Asian Indian Japanese Chamorro
Male Female		Other Asian – Other Pacific Islander – Pakistoni
What is Person 5's age and what is Person 5's date of birth? For babies less than 1 year old, do not		Pakistani,for example,Cambodian,Tongan, FijiaHmong, etc.
write the age in months. Write 0 as the age. Print numbers in boxes.		
Age (in years) Month Day Year of birth		Some other race – Print race or origin. ✓
		, ,



erson 6		
st Name (Please print)	First Name	MI
ex Male Female Age (in	years)	
erson 7		
st Name (Please print)	First Name	MI
ex Male Female Age (in	years)	
erson 8		
st Name (Please print)	First Name	MI
ex Male Female Age (in	years)	
erson 9		
st Name (Please print)	First Name	MI
Age (in	years)	
erson 10		
st Name (Please print)	First Name	MI
ex Male Female Age (in	years)	
erson 11		
st Name (Please print)	First Name	MI
Age (in	years)	
erson 12		
st Name (Please print)	First Name	MI



Housing

w many cuerdas is this house or mobile home? Less than 1 cuerda → SKIP to question 6a 1 to 9.9 cuerdas 10 or more cuerdas THE PAST 12 MONTHS, what were the actual es of all agricultural products from this operty? None \$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999 \$10,000 or more
Less than 1 cuerda → SKIP to question 6a 1 to 9.9 cuerdas 10 or more cuerdas THE PAST 12 MONTHS, what were the actual es of all agricultural products from this operty? None \$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999
1 to 9.9 cuerdas 10 or more cuerdas THE PAST 12 MONTHS, what were the actual es of all agricultural products from this operty? None \$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999
THE PAST 12 MONTHS, what were the actual es of all agricultural products from this operty? None \$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999
THE PAST 12 MONTHS, what were the actual es of all agricultural products from this operty? None \$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999
es of all agricultural products from this operty? None \$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999
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\$1 to \$999 \$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999
\$1,000 to \$2,499 \$2,500 to \$4,999 \$5,000 to \$9,999
\$2,500 to \$4,999 \$5,000 to \$9,999
\$5,000 to \$9,999
\$10,000 or more
partment, or mobile home? Rooms must be separated by built-in archways or walls that extend that least 6 inches and go from floor to ceiling. INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies, foyer halls, or unfinished basements. Sumber of rooms How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if nouse, apartment, or mobile home were for sale of the first is an efficiency/studio apartment, print number of bedrooms
(

Housing (continued)

ave -	Yes	No			ess to the Internet using a		No
running water?				a. ce	ellular data plan for a martphone or other mobile	Yes	No
a water heater?				de	evice?	Ш	
a bathtub or shower?				In	roadband (high speed) ternet service such as cable, per optic, or DSL service		
a sink with a faucet?				in	stalled in this household?	Ш	
a stove or range?					stalled in this household?		
a refrigerator?					al-up Internet service stalled in this household?		
an you or any member of this oth make and receive phone chis house, apartment, or mobileclude calls using cell phones, land ther phone devices.	alls wi le hom	nen at e?			ome other service? pecify service 📝		
Yes			12	Hov	v many automobiles, vans,	and tr	ucks of
No				one	-ton capacity or less are ke by members of this house	ept at h	ome fo
446:- 6	- l- : l - l-				None		
t this house, apartment, or mo o you or any member of this h	ouseh	old own		H	1		
r use any of the following type	es com Yes	puters?			2		
Desktop or laptop					3		
Smartphone	H			H	4		
Tablet or other portable				H	5		
wireless computer	Ш			H	6 or more		
Some other type of computer Specify					o or more		
			13	Whi	ch FUEL is used MOST for se, apartment, or mobile h	heating	g this
					Gas: from underground pipes neighborhood		the
t this house, apartment, or mo					Gas: bottled, tank, or LP		
		or			Electricity		
	mnany			_	Fuel oil, kerosene, etc.		
Yes, by paying a cell phone collinternet service provider	mpany	01					
Yes, by paying a cell phone con	ne comp	oany or			Coal or coke		
Yes, by paying a cell phone con Internet service provider Yes, without paying a cell phone Internet service provider → SKI No access to the Internet at this	ne comp IP to qu s house	pany or estion 12 , apartment,					
Yes, by paying a cell phone con Internet service provider Yes, without paying a cell phone Internet service provider → SKI	ne comp IP to qu s house	pany or estion 12 , apartment,			Coal or coke		
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Yes, by paying a cell phone con Internet service provider Yes, without paying a cell phone Internet service provider → SKI No access to the Internet at this	ne comp IP to qu s house	pany or estion 12 , apartment,			Coal or coke Wood Solar energy		
Yes, by paying a cell phone con Internet service provider Yes, without paying a cell phone Internet service provider → SKI No access to the Internet at this	ne comp IP to qu s house	pany or estion 12 , apartment,			Coal or coke Wood Solar energy Other fuel		
Internet service provider Yes, without paying a cell phor Internet service provider → SKI No access to the Internet at this	ne comp IP to qu s house	pany or estion 12 , apartment,			Coal or coke Wood Solar energy Other fuel		
Yes, by paying a cell phone con Internet service provider Yes, without paying a cell phone Internet service provider → SKI No access to the Internet at this	ne comp IP to qu s house	pany or estion 12 , apartment,			Coal or coke Wood Solar energy Other fuel		



Housing (continued)

Should be seed to the seed of	Last month's cost – Dollars	Yes → What is the monthly condominium
OR Included in rent or condominium fee No charge or electricity not used OR None Last month's cost - Dollars Same of the second	\$ _,00	fee? For renters, answer only if you pay the condominium fee in addition to your
No charge or electricity not used No charge or electricity not used No charge or electricity not used No charge or electricity payment entered above No charge or gas not used Included in electricity payment entered above No charge or gas not used No charge or gas not used or gas not used or gas not gas n	OR	
No charge or electricity not used OR	☐ Included in rent or condominium fee	\$ 00000
Last month's cost – Dollars \$	☐ No charge or electricity not used	\$, .00
this house, apartment, or mobile home? Last month's cost – Dollars OR OR OR Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? No charge or gas not used IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? No charge or loan? Included in rent? → SKIP to Conthe next page Occupied without payment of rent? → SKIP to Conthe next page Occupied without payment of rent? → SKIP to Conthe next page Occupied without payment of rent? → SKIP to Conthe next page No the next page Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19. Answer questions 18a and b if this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? Monthly amount – Dollars \$	LAST MONTH, what was the cost of gas for	OR
S	this house, apartment, or mobile home?	
OR Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used Owned by you or someone in this household with a mortgage or loan? Include home equity loa and clear (without a mortgage or loan?)? Rented? Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented? Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented? 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 Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the n	Last month's cost – Dollars	No No
Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented? Occupied without a mortgage or loan)? Rented? Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of rent? → SKIP to C on the next page Occupied without payment of r	\$,000.00	
Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used No charge or gas not used No charge or gas not used Rented? Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Conthe next page Cocupied without payment of rent? → SKIP to Cocupied wit	OR	
Included in electricity payment entered above No charge or gas not used Rented? Rented? Occupied without payment of rent? → SKIP to con the next page Occupied without payment of	Included in rent or condominium fee	
Coccupied without payment of rent? → SKIP to C on the next page	Included in electricity payment entered above	
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' cost – Dollars 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 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 Solution of the next page IN THE PAST 12 MONTHS, what was the cost of the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars Solution of the next page In the next page In the next page On the next page Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19. a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars Solution 19. Notherwise, SKIP to question 19. In the past 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? Monthly amount – Dollars Solution 19. Notherwise, SKIP to question 19. In the past 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? Monthly amount – Dollars Notherwise, SKIP to question 19. In the past 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? Nother	No charge or gas not used	Rented?
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? Included in rent or condominium fee No charge IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? Monthly amount – Dollars Solution of the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19. a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars Solution of the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? Monthly amount – Dollars Solution of the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? Monthly amount – Dollars Yes No THE PAST 12 MONTHS, did you or any member of this household receive benefits from the lutritional Assistance Program, or assistance from bod banks.	of water and sewer for this house, apartment, or mobile home? If you have lived here less than	
OR Included in rent or condominium fee No charge No charge 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 Included in rent or condominium fee No charge or these fuels not used NTHE PAST 12 MONTHS, did you or any member fit his household receive benefits from the lutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from nod banks. Yes Ye	rast 12 months cost – Donars	apartment, or mobile home is RENTED.
a. What is the monthly rent for this house, apartment, or mobile home? No charge I. 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 Solution of the School Lunch Program, or assistance from cood banks. A THE PAST 12 MONTHS, did you or any member of this household receive benefits from the lutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from cood banks.	,	
No charge I. 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		
I. 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 Past 12 months' cost – Dollars Included in rent or condominium fee No charge or these fuels not used No the past 12 Months, did you or any member of this household receive benefits from the Mutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from bood banks. Yes		
house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars Solution 100 OR Included in rent or condominium fee No charge or these fuels not used NTHE PAST 12 MONTHS, did you or any member of this household receive benefits from the lutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from good banks. Yes	I. IN THE PAST 12 MONTHS, what was the cost	
S	house, apartment, or mobile home? If you have	b. Does the monthly rent include any meals?
OR Included in rent or condominium fee No charge or these fuels not used NTHE PAST 12 MONTHS, did you or any member of this household receive benefits from the solutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from bood banks. Yes	Past 12 months' cost – Dollars	Yes
OR Included in rent or condominium fee No charge or these fuels not used NTHE PAST 12 MONTHS, did you or any member of this household receive benefits from the solutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from bood banks. Yes	\$ 0.00	□ No
□ Included in rent or condominium fee □ No charge or these fuels not used	,	
No charge or these fuels not used No THE PAST 12 MONTHS, did you or any member of this household receive benefits from the alutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from bood banks. Yes	_	
N THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Mutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from food banks. Yes		
of this household receive benefits from the Nutritional Assistance Program? Do NOT include NIC, the School Lunch Program, or assistance from Good banks. Yes	□ INO charge or these fuels not used	
	of this household receive benefits from the Jutritional Assistance Program? Do NOT include	
	ood banks.	

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	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
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	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
20	What are the annual real estate taxes on THIS property? Annual amount – Dollars	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
	Allidar alliquit – Dollars	Yes, home equity loan
	\$.00	
	OR	Yes, second mortgage
		Yes, second mortgage and home equity loan
	None	\square No \rightarrow SKIP to \square
21	What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars	b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?
		Monthly amount – <i>Dollars</i>
	\$, .00	\$ 00 000 .00
	OR	,
	None	OR
2	a Da yay ar any mambar of this haysahald hays	No regular payment required
"	a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	Answer question 24 if this is a MOBILE HOME.
	Yes, mortgage, deed of trust, or similar debt	Otherwise, SKIP to E .
	Yes, contract to purchase	
	No → SKIP to question 23a	What are the total annual costs for personal property taxes, site rent, registration fees, and
	b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.	license fees on THIS mobile home and its site? Exclude real estate taxes.
	Monthly amount – Dollars	Annual costs – Dollars
		\$ 00
	\$.00	\$.00
	OR	Answer questions about PERSON 1 on the next
	No regular payment required → SKIP to question 23a	Answer questions about PERSON 1 on the next page. If no one is listed as PERSON 1 on page 2, SKIP to page 48 for mailing instructions.



Person 1

.ası	Name	s	cho	ery or preschool, kindergarten, elementary ol, home school, and schooling which leads
		t t		high school diploma or a college degree. No, has not attended in the last 3
irst	Name MI			months → SKIP to question 11
				Yes, public school, public college
				Yes, private school, private college, home sch
/he	ere was this person born?			t grade or level was this person attending (X) ONE box.
	In the United States – Print name of state.			Nursery school, preschool
				Kindergarten
				Grade 1 through 12 - Specify
	Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands,		_	grade 1 – 12 –
	Guam, etc.			K
			_ '	
				College undergraduate years (freshman to ser
tŀ	nis person a citizen of the United States?			Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
	Yes, born in Puerto Rico → SKIP to question 10a) Wh	at is	s the highest degree or level of school th
	Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas	per If cu	son urrei	has COMPLETED? Mark (X) ONE box. ntly enrolled, mark the previous grade or degree received.
	Yes, born abroad of U.S. citizen parent or parents			HOOLING COMPLETED
1	Yes, U.S. citizen by naturalization – <i>Print year</i>		No	schooling completed
	of naturalization 7	NUI	RSE	RY OR PRESCHOOL THROUGH GRADE 12
				irsery school
7	No, not a U.S. citizen			ndergarten
				ade 1 through 11 – <i>Specify</i> ade 1 – 11 →
/he	en did this person come to live in Puerto Rico?		970	ade i ii
th	is person came to live in Puerto Rico more than e, print latest year.			
ear	,		121	th grade – NO DIPLOMA
Jui		HIG		CHOOL GRADUATE
				gular high school diploma
				ED or alternative credential
		COL		GE OR SOME COLLEGE
			So	me college credit, but less than 1 year of
			col	llege credit
			1 c	or more years of college credit, no degree
			As	sociate's degree (for example: AA, AS)
			Ва	chelor's degree (for example: BA, BS)
		AFI	T ER Ma	BACHELOR'S DEGREE aster's degree (for example: MA, MS, MEng, Ed, MSW, MBA)
			Pro	ofessional degree beyond a bachelor's gree (for example: MD, DDS, DVM, LLB, JD)



Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	1 year ago?
	Person is under 1 year old → SKIP to question 1
	Yes, this house → SKIP to question 16
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)	No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKI 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
What is this person's ancestry or ethnic origin?	
	Name of site town and office
	Name of city, town, or post office
For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,	
Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Name of municipio in Puerto Rico or U.S. coun
Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Does this person speak a language other than English at home?	Name of municipio in Puerto Rico or U.S. count Enter Puerto Rico or name of U.S. state ZIP Code
a. Does this person speak a language other	Enter Puerto Rico or
a. Does this person speak a language other than English at home?	Enter Puerto Rico or
a. Does this person speak a language other than English at home? Yes	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
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a	Enter Puerto Rico or name of U.S. state ZIP Code Is this person CURRENTLY covered by any of th following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language?	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language? For example: Korean, Italian, Spanish, Vietnamese	Enter Puerto Rico or name of U.S. state ZIP Code 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.
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language? For example: Korean, Italian, Spanish, Vietnamese	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language? For example: Korean, Italian, Spanish, Vietnamese C. How well does this person speak English?	Enter Puerto Rico or name of U.S. state ZIP Code Sthis 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member)
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language? For example: Korean, Italian, Spanish, Vietnamese C. How well does this person speak English? Very well	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
. Does this person speak a language other than English at home? Yes No → SKIP to question 15a . What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well	Enter Puerto Rico or name of U.S. state 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older,
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for these with low insurance.
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language? For example: Korean, Italian, Spanish, Vietnamese E. How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language? For example: Korean, Italian, Spanish, Vietnamese E. How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
. Does this person speak a language other than English at home? Yes No → SKIP to question 15a . What is this language? For example: Korean, Italian, Spanish, Vietnamese . How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state Is this person CURRENTLY covered by any of th following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care



	Person 1 (continued)	
•	Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.
1	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	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
	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	What is this person's marital status? Now married Widowed Divorced
4	a. Is this person deaf or does he/she have serious difficulty hearing?	SeparatedNever married → SKIP to J on the next page
	No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	Yes No a. Married? b. Widowed? c. Divorced?
		How many times has this person been married? Once Two times
4	condition, does this person have serious	In what year did this person last get married? Year
	 No b. Does this person have serious difficulty walking or climbing stairs? Yes No 	



☐ Yes☐ No

c. Does this person have difficulty dressing or bathing?

	•
Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	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
In the DAST 12 MONTUS has this never given	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
In the PAST 12 MONTHS, has this person given birth to any children?	Now on active duty
Yes	On active duty in the past, but not now
a. Does this person have any of his/her own grandchildren under the age of 18 living in	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.
this house or apartment?	September 2001 or later
YesNo → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
h le this grandparent ourrently responsible for	May 1975 to July 1990
 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 	Vietnam era (August 1964 to April 1975)
apartment?	February 1955 to July 1964
Yes	Korean War (July 1950 to January 1955)
No → SKIP to question 27	January 1947 to June 1950
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.	World War II (December 1941 to December 1946) November 1941 or earlier a. Does this person have a VA service-connected disability rating?
Less than 6 months	Yes (such as 0%, 10%, 20%, , 100%)
6 to 11 months	No → SKIP to question 30a
1 or 2 years	b. What is this person's service-connected disability rating?
3 or 4 years	0 percent
5 or more years	10 or 20 percent
	30 or 40 percent
	50 or 60 percent
	70 percent or higher
	70 percent of higher



\rightarrow			
30	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if yo or van" in question 32. O	
	Yes → SKIP to question 31	question 34.	
	□ No – Did not work (or retired)		
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	How many people, including usually rode to work in LAST WEEK?	uding this person, the car, truck, or van
	Yes	Person(s)	
	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.	LAST WEEK, what time work usually begin?	e did this person's trip to
	a. Address	Hour Minute	
	Development or condominium name Number and street name		a.m. p.m.
	If the exact address is not known, give a description	How many minutes did	it usually take this
	of the location such as the building name or the nearest street or intersection.	Minutes	ne to work LAST WEEK?
	b. Name of city, town, or post office		
	, , ,		
	c. Is the work location inside the limits of that city or town?	Answer questions 36 – 35 did NOT work last week. question 40a.	
	res		
	No, outside the city/town limits	6 a. LAST WEEK, was thi	s person on layoff from
	d. Name of municipio in Puerto Rico or	a job?	, porcon on layon from
	U.S. county	Yes → SKIP to que	stion 36c
		. No	
	F. C. D. C. D. C. D. C.	INO	
	e. Enter Puerto Rico or name of U.S. state or foreign country	b. LAST WEEK, was thi absent from a job or	s person TEMPORARILY business?
		Yes, on vacation, t	
	f. ZIP Code	maternity leave, of reasons, bad weat	her family/personal ner, etc. → SKIP to
	I. Zii Gode	question 39	101, 616. 7 5141 15
		No → SKIP to ques	tion 37
\perp			
32	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.	will be recalled to w	informed that he or she ork within the next 6 en a date to return to work?
	Car, truck, or van	☐ Yes → SKIP to que	stion 38
	☐ Bus ☐ Motorcycle	□ No	
	☐ Subway or elevated rail ☐ Bicycle		
	Long-distance train or Walked commuter rail		
	Carro público Worked from home → SKIP		
	Ferryboat to question 40a Other method		



During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
No → SKIP to question 39	42 DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
Yes, could have gone to work	If this person had more than one job, describe the on at which the most hours were worked. If this person did not work last week, describe the most recent
No, because of own temporary illness	employment in the past five years.
No, because of all other reasons (in school, etc.) When did this person last work, even for a	a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
few days?	Mark (X) ONE box. PRIVATE SECTOR EMPLOYEE
Within the past 12 months	
1 to 5 years ago → SKIP to M	For-profit company or organization Non-profit organization (including
Over 5 years ago or never worked → SKIP to question 43	tax-exempt and charitable organizations)
a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count	GOVERNMENT EMPLOYEE Local government (for example: city, county, or municipio)
paid vacation, paid sick leave, and military service as work.	State government (including school districts and state universities)
Yes → SKIP to question 41No	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include	SELF-EMPLOYED OR OTHER
paid time off and include weeks when the person only worked for a few hours.	Owner of non-incorporated business, professional practice, or farm
Weeks	Owner of incorporated business, professional practice, or farm
Davis with a DACT 42 MONTHS in the WEEKS	Worked without pay in a for-profit family business or farm for 15 hours or more per we
WORKED, how many hours did this person usually work each WEEK?	b. What was the name of this person's employer business, agency, or branch of the
Usual hours worked each WEEK	Armed Forces?
	c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
	d. Was this mainly – Mark (X) ONE box.
	manufacturing?
	wholesale trade?
	retail trade?
	other (agriculture, construction, service, government, etc.)?



e.			nis person's main occupat : 4th grade teacher, entry-lev	
f.	or do	u <mark>ties.</mark> (Fe create les	s person's most importar or example: instruct and eval son plans, assemble and ins review building plans for wor	uate student tall pipe
Ш	NCO	ME IN TI	HE PAST 12 MONTHS	
р Т ()	ersoi OTAI NOTE	n receive L AMOUI E: The "pa	es" box for each type of ind d, and give your best estim NT during the PAST 12 MOI ast 12 months" is the period ne year ago up through tod	ate of the NTHS. I from
		(X) the "I eceived.	No" box to show types of in	come
			vas a loss, mark the "Loss" . lar amount.	box to the
s	hare eport	for each the who	eived jointly, report the app person – or, if that's not po le amount for only one pers box for the other person.	ssible,
а	fro	m all job	rry, commissions, bonuse s. Report amount before de , dues, or other items.	s, or tips ductions for
		Yes →	\$ 0,000,000.	00
		No	TOTAL AMOUNT for past 12 months	
b	bus pro	inesses prietors	yment income from own or farm businesses, incluhips and partnerships. Reafter business expenses.	ding
		Yes →	\$ 0,000,000.0	00 🗆
		No	TOTAL AMOUNT for past 12 months	Loss
С	inc	ome, or	vidends, net rental incom income from estates and small amounts credited to a	trusts.
		Yes →	\$ 0,000,000.0	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 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 Loss 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

Last Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
Time Name	No, has not attended in the last 3 months → SKIP to question 11
First Name MI	Yes, public school, public college
	Yes, private school, private college, home scho
Where was this person born?	b. What grade or level was this person attendin Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.	grade 1 – 12 –
	College undergraduate years (freshman to sen
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
Yes, born in Puerto Rico → SKIP to question 10a	What is the highest degree or level of school th
Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas	The second of th
Yes, born abroad of U.S. citizen parent or parents	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	No schooling completed
☐ of naturalization ⊋	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 − Specify grade 1 − 11 →
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. (ear	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)



		1 5 a	. Did	this person live in t	this hous	se or apar	tment
F	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.			ar ago?			
	degree of higher. Otherwise, Skir to question 13.			Person is under 1 year	ar old $\rightarrow S$	KIP to ques	tion 16
				Yes, this house → SK	TP to ques	stion 16	
3	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)			No, outside Puerto Ri Print name of foreign U.S. Virgin Islands, G to question 16	country,	or	
				No, different house in United States	n Puerto Ri	ico or the	
		b	. Whe	ere did this person l	live 1 yea	ar ago?	
				ress elopment or condom ber and street name		ame	
3	What is this person's ancestry or ethnic origin?						
			Nam	ne of city, town, or p	ost offic	e	
	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,						
	Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)		Nam	ne of municipio in Pu	uerto Ric	o or U.S. c	county
4	a. Does this person speak a language other than English at home?		Ente	er Puerto Rico or e of U.S. state		ZIP Code	county
4	a. Does this person speak a language other than English at home? Yes		Ente	er Puerto Rico or			county
4	 a. Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 15a 	16 1	Ente	er Puerto Rico or le of U.S. state		ZIP Code	
4	 a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a 	f	Ente name	er Puerto Rico or	Y covere	ZIP Code ed by any ce or heal " for EACH	of the th type
4	 a. Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 15a 	f c	Ente name sthis ollow overa f cove	person CURRENTLing types of health age plans? Mark "Yearage in items a – h.	Y covered insurances or "No"	ZIP Code ed by any ce or heal " for EACH	of the
4	 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 	f c	Ente name sthis ollow overa f cove Insurform perso	person CURRENTL ing types of health age plans? Mark "Yes erage in items a – h.	Y covered insurances or "No" or (of this nember) tily from this	ZIP Code ed by any ce or heal " for EACH	of the th type
ð	 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? 	f c c c c a b	Ente name sthis ollow overa f cove Insur form perso Insur an in perso Medi	person CURRENTL ing types of health age plans? Mark "Yearage in items a – h. rance through a currer er employer or union on or another family mance purchased direct issurance company (by	Y covered insurances or "No" on tor (of this nember) at this nember) and older,	ZIP Code ed by any ce or heal " for EACH	of the th type
4	 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 	fico o a a b	Ente name sthis collow overa form person in sun in person in the collow or pe	person CURRENTLing types of health age plans? Mark "Yearage in items a – h. rance through a currer er employer or union on or another family mance purchased direct issurance company (by on or another family mance) with certain disaicaid, Medical Assistant and of government-as for those with low inc	Y covered insurance in the content or (of this nember) and older, bilities ince, or esistance	ZIP Code ed by any ce or heal " for EACH	of the th type s No
4	 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 	ficos of a book of a d	Entename sthis ollow overa form personan in personan	person CURRENTL'ing types of health age plans? Mark "Yearage in items a – h. rance through a currer er employer or union on or another family mance purchased direct issurance company (by on or another family mance, for people 65 and exple with certain disability	Y covered insurances or "No" of this nember) and older, bilities once, or essistance comes	ed by any ce or heal	of the th type s No
4	 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 	fication of the control of the contr	Entename sthis collow overa f cove Insuran in perso Medi or pe Medi any k plan or a c	person CURRENTL ing types of health age plans? Mark "Yearage in items a – h. rance through a currer er employer or union on or another family marked by the icare, for people 65 and exples with certain disability. ARE or other military in the of the icare is a significant of the icare is a significant of the icare.	Y covered insurance of this nember) and older, bilities nece, or sistance comes	ed by any ce or heal	of the th type s No
Đ	 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 	f c c c d d e e f.	Entename sthis ollow overa forme person in surforme and in person in surforme and in person in the state of	person CURRENTLing types of health age plans? Mark "Yearage in items a – h. rance through a currer er employer or union on or another family marked through a currer estable and the company (by on or another family marked through a current and the company (by on or another family marked through a company (by on or another family marked through the complexity of the company of the company of the complexity of the company of	Y covered insurance of this nember) and older, bilities nece, or sistance comes	ed by any ce or heal	of the th type s No
3	 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 	ficos of a b c c d d e f.	Ente name sthis collow overa formers of the coverant in surformers of the coverant in person. Mediany kernel plan or a coverant in the cover	person CURRENTL ing types of health age plans? Mark "Yearage in items a – h. rance through a currer er employer or union on or another family marked by the icare, for people 65 and exples with certain disability. ARE or other military in the of the icare is a significant of the icare is a significant of the icare.	Y covered insurance of this nember) and older, bilities ance, or sistance formes the alth care care)	ed by any ce or heal	of the th type s No



i e		
P	Person 2 (continued)	
		•
	Answer question 17a if this person is covered by ealth insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.
D 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.	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
	Yes	□ No
	No → SKIP to question 18a	
b	o. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?	What is this person's marital status? Now married
	Yes	Widowed
	□ No	Divorced
		Separated
B a	. Is this person deaf or does he/she have serious difficulty hearing?	Never married → SKIP to J on the next page
	☐ Yes	A L AL DAGT AS MONTHS HILAH
	□ No	In the PAST 12 MONTHS did this person get – Yes No
b	. Is this person blind or does he/she have serious difficulty seeing even when wearing	a. Married?
	glasses?	b. Widowed?
	Yes	c. Divorced?
	□ No	
		How many times has this person been married?
	Answer questions 19a – c if this person is 5 years and or over. Otherwise, SKIP to the questions for	Once
Р	Person 3 on page 26.	☐ Two times
		Three or more times
9 a	Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	In what year did this person last get married? Year
	Yes	
	□ No	
b	o. Does this person have serious difficulty walking or climbing stairs?	
	Yes	
	□ No	
С	. Does this person have difficulty dressing or bathing?	



Yes No

ı		
J	Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	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
245	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
3	birth to any children?	Now on active duty
ı	Yes	On active duty in the past, but not now
26		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.
ı		September 2001 or later
	YesNo → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
ı	h la this grandnerent aurrently reen entitle for	May 1975 to July 1990
ı	 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 	☐ Vietnam era (August 1964 to April 1975)
ı	apartment?	February 1955 to July 1964
ı	Yes	Korean War (July 1950 to January 1955)
ı	No → SKIP to question 27	January 1947 to June 1950
	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.	World War II (December 1941 to December 1946) November 1941 or earlier a. Does this person have a VA service-connected disability rating?
	Less than 6 months	Yes (such as 0%, 10%, 20%,, 100%)
ı	6 to 11 months	No \rightarrow SKIP to question 30a
ı	1 or 2 years	No 9 3Kii to question 30a
	3 or 4 years	b. What is this person's service-connected disability rating?
ı	5 or more years	0 percent
ı	_ 3 of more years	10 or 20 percent
ı		30 or 40 percent
ı		50 or 60 percent
ı		70 percent or higher
ı		



\rightarrow						
30		AST WEEK, did this pers ob (or business)?	on work for pay at a	K	or van	er question 33 if you marked "Car, truck, " in question 32. Otherwise, SKIP to
		Yes → SKIP to question :	31		questi	on 34.
		No – Did not work (or re	tired)			
	b. L	AST WEEK, did this pers ay, even for as little as o	on do ANY work for ne hour?	33	usual	nany people, including this person, ly rode to work in the car, truck, or van WEEK?
		Yes			Person	n(s)
	Г	No → SKIP to question 3	16a			
\bot		No 7 okii to question o	ou .			
31)		what location did this pe EK? If this person worked a				
		ition, print where he or she		34	LAST work	WEEK, what time did this person's trip to usually begin?
		ddress	•		Hour	Minute a.m.
		evelopment or condomi lumber and street name	nium name			p.m.
		the exact address is not kn	own give a description	35	How	many minutes did it usually take this
	0	f the location such as the be earest street or intersection	uilding name or the		perso Minute	n to get from home to work LAST WEEK?
	b. N	lame of city, town, or po	st office			
		iumo or orty, torm, or pe				
	С	s the work location insidity or town?	e the limits of that		did NO	er questions 36 – 39 if this person OT work last week. Otherwise, SKIP to on 40a.
			P - 9			
	L	No, outside the city/town	limits	36		ST WEEK, was this person on layoff from
		lame of municipio in Pud I.S. county	erto Rico or	T	a jo	b?
	Ū		1			Yes → SKIP to question 36c
						No
		nter Puerto Rico or nam oreign country	e of U.S. state or		b. LAS	ST WEEK, was this person TEMPORARILY
					abs	ent from a job or business?
						Yes, on vacation, temporary illness, maternity leave, other family/personal
	f. Z	IP Code				reasons, bad weather, etc. \rightarrow SKIP to
						question 39
						No → SKIP to question 37
32	WEI	v did this person usually EK? Mark (X) ONE box for a sportation used for most of	the method of		will	this person been informed that he or she be recalled to work within the next 6 nths OR been given a date to return to work?
		Car, truck, or van	Taxicab			Yes → SKIP to question 38
		Bus	Motorcycle			No.
		Subway or elevated rail	Bicycle			
		Long-distance train or commuter rail	Walked from			
			Walked Worked from home → SKIP to question 40a			



During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
No → SKIP to question 39	42 DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
Yes, could have gone to work	If this person had more than one job, describe the on at which the most hours were worked. If this person did not work last week, describe the most recent
No, because of own temporary illness	employment in the past five years.
No, because of all other reasons (in school, etc.) When did this person last work, even for a	a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
few days?	Mark (X) ONE box. PRIVATE SECTOR EMPLOYEE
Within the past 12 months	
1 to 5 years ago → SKIP to M	For-profit company or organization Non-profit organization (including
Over 5 years ago or never worked → SKIP to question 43	tax-exempt and charitable organizations)
a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count	GOVERNMENT EMPLOYEE Local government (for example: city, county, or municipio)
paid vacation, paid sick leave, and military service as work.	State government (including school districts and state universities)
Yes → SKIP to question 41No	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include	SELF-EMPLOYED OR OTHER
paid time off and include weeks when the person only worked for a few hours.	Owner of non-incorporated business, professional practice, or farm
Weeks	Owner of incorporated business, professional practice, or farm
Davis with a DACT 42 MONTHS in the WEEKS	Worked without pay in a for-profit family business or farm for 15 hours or more per we
WORKED, how many hours did this person usually work each WEEK?	b. What was the name of this person's employer business, agency, or branch of the
Usual hours worked each WEEK	Armed Forces?
	c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
	d. Was this mainly – Mark (X) ONE box.
	manufacturing?
	wholesale trade?
	retail trade?
	other (agriculture, construction, service, government, etc.)?



e.	Wha (For	it was th example	nis person's main occupa : 4th grade teacher, entry-le	tion? vel plumber)			
f.	or do	u <mark>ties.</mark> (Fe create les	is person's most importa or example: instruct and eva son plans, assemble and ins review building plans for wo	luate student stall pipe			
II	NCO	ME IN T	HE PAST 12 MONTHS	'			
p T (I	ersor OTAL NOTE	n receive L AMOU! E: The "pa	Yes" box for each type of ind, and give your best estim NT during the PAST 12 MO ast 12 months" is the perion ne year ago up through tod	nate of the NTHS. d from			
		X) the "I eceived.	No" box to show types of ir	ncome			
			vas a loss, mark the "Loss" llar amount.	box to the			
s re	hare eport	for each the who	eived jointly, report the apperson – or, if that's not po le amount for only one per box for the other person.	oropriate ossible, rson and			
а	froi	n all job	ary, commissions, bonus s. Report amount before de t, dues, or other items.	eductions for			
		Yes →	\$0,000,000.	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 →	\$0,000,000.	00			
		No	TOTAL AMOUNT for past 12 months	Loss			
С	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.						
		Yes →	\$0,000,000.	00			
		No	TOTAL AMOUNT for past	Loss			

d. Social Security or Railroad Retirement.

Yes →	\$.00
No	TOTAL AMOUNT for pas

e. Supplemental Security Income (SSI).

Yes →	\$ 00,000.00)
No	TOTAL AMOUNT for pa	S1

f. Any public assistance or welfare payments from the state or local welfare office.

Yes →	\$ 00,000.00)
No -	TOTAL AMOUNT for pa	S

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 →	\$ 000,000.00
No	TOTAL AMOUNT for past

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 →	\$ 000,000.00
No	TOTAL AMOUNT for past 12 months

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.



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

Last Name	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
First Name MI	months → SKIP to question 11
	Yes, public school, public college
	Yes, private school, private college, home school
Where was this person born?	b. What grade or level was this person attendit <i>Mark (X) ONE box.</i>
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 - Specify
Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.	grade 1 – 12 –
	College undergraduate years (freshman to ser
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
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	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	No schooling completed
of naturalization 7	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	Kindergarten
No, not a 3.3. chizen	Grade 1 through 11 − Specify grade 1 − 11 →
When did this person come to live in Puerto Rico? If this person came to live in Puerto Rico more than	grade 1
once, print latest year.	
/ear	☐ 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)
	_



		1 5 a	. Did	this person live in t	this hous	se or apar	tment
F	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.			ar ago?			
	degree of higher. Otherwise, Skir to question 13.			Person is under 1 year	ar old $\rightarrow S$	KIP to ques	tion 16
				Yes, this house → SK	TP to ques	stion 16	
3	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)			No, outside Puerto Ri Print name of foreign U.S. Virgin Islands, G to question 16	country,	or	
				No, different house in United States	n Puerto Ri	ico or the	
		b	. Whe	ere did this person l	live 1 yea	ar ago?	
				ress elopment or condom ber and street name		ame	
3	What is this person's ancestry or ethnic origin?						
			Nam	ne of city, town, or p	ost offic	e	
	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,						
	Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)		Nam	ne of municipio in Pu	uerto Ric	o or U.S. c	county
4	a. Does this person speak a language other than English at home?		Ente	er Puerto Rico or e of U.S. state		ZIP Code	county
4	a. Does this person speak a language other than English at home? Yes		Ente	er Puerto Rico or			county
4	 a. Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 15a 	16 1	Ente	er Puerto Rico or le of U.S. state		ZIP Code	
4	 a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a 	f	Ente name	er Puerto Rico or	Y covere	ZIP Code ed by any ce or heal " for EACH	of the th type
4	 a. Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 15a 	f c	Ente name sthis ollow overa f cove	person CURRENTLing types of health age plans? Mark "Yearage in items a – h.	Y covered insurances or "No"	ZIP Code ed by any ce or heal " for EACH	of the
4	 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 	f c	Ente name sthis ollow overa f cove Insurform perso	person CURRENTL ing types of health age plans? Mark "Yes erage in items a – h.	Y covered insurances or "No" or (of this nember) tily from this	ZIP Code ed by any ce or heal " for EACH	of the th type
ð	 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? 	f c c c c a b	Ente name sthis ollow overa f cove Insur form perso Insur an in perso Medi	person CURRENTL ing types of health age plans? Mark "Yearage in items a – h. rance through a currer er employer or union on or another family mance purchased direct issurance company (by	Y covered insurances or "No" on tor (of this nember) at this nember) and older,	ZIP Code ed by any ce or heal " for EACH	of the th type
4	 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 	fico o a a b	Ente name sthis collow overa form person in sun in person in the collow or pe	person CURRENTLing types of health age plans? Mark "Yearage in items a – h. rance through a currer er employer or union on or another family mance purchased direct issurance company (by on or another family mance) with certain disaicaid, Medical Assistant and of government-as for those with low inc	Y covered insurance in the content or (of this nember) and older, bilities ince, or esistance	ZIP Code ed by any ce or heal " for EACH	of the th type s No
4	 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 	ficos of a book of a d	Entename sthis ollow overa form personan in personan	person CURRENTL'ing types of health age plans? Mark "Yearage in items a – h. rance through a currer er employer or union on or another family mance purchased direct issurance company (by on or another family mance, for people 65 and exple with certain disability	Y covered insurances or "No" of this nember) and older, bilities once, or essistance comes	ed by any ce or heal	of the th type s No
4	 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 	fication of the control of the contr	Entename sthis collow overa f cove Insuran in perso Medi or pe Medi any k plan or a c	person CURRENTL ing types of health age plans? Mark "Yearage in items a – h. rance through a currer er employer or union on or another family marked by the icare, for people 65 and exples with certain disability. ARE or other military in the of the icare is a significant of the icare is a significant of the icare.	Y covered insurance of this nember) and older, bilities nece, or sistance comes	ed by any ce or heal	of the th type s No
Đ	 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 	f c c c d d e e f.	Entename sthis ollow overa forme person in surforme and in person in surforme and in person in the state of	person CURRENTLing types of health age plans? Mark "Yearage in items a – h. rance through a currer er employer or union on or another family marked through a currer estable and the company (by on or another family marked through a current and the company (by on or another family marked through a company (by on or another family marked through the complexity of the company of the company of the complexity of the company of	Y covered insurance of this nember) and older, bilities nece, or sistance comes	ed by any ce or heal	of the th type s No
3	 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 	ficos of a b c c d d e f.	Ente name sthis collow overa formers of the coverant in surformers of the coverant in person. Mediany kernel plan or a coverant in the cover	person CURRENTL ing types of health age plans? Mark "Yearage in items a – h. rance through a currer er employer or union on or another family marked by the icare, for people 65 and exples with certain disability. ARE or other military in the of the icare is a significant of the icare is a significant of the icare.	Y covered insurance of this nember) and older, bilities ance, or sistance formes the alth care care)	ed by any ce or heal	of the th type s No



Person 3	(continued

Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.
 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 	Because of a physical, mental, or emotional condition, does this person have difficulty doin errands alone such as visiting a doctor's office or shopping? Yes No What is this person's marital status? Now married Widowed Divorced
a. Is this person deaf or does he/she have serious difficulty hearing?	SeparatedNever married → SKIP to J on the next page
 Yes No b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? 	In the PAST 12 MONTHS did this person get – Yes No a. Married?
☐ Yes ☐ No	c. Divorced?
Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33. a. Because of a physical, mental, or emotional	How many times has this person been married? Once Two times Three or more times
making decisions?	In what year did this person last get married? Year
b. Does this person have serious difficulty walking or climbing stairs? Yes No	
c. Does this person have difficulty dressing or bathing?	



	Use this never every served on setime duty in the
Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	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
In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
birth to any children?	Now on active duty
Yes	On active duty in the past, but not now
 No a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? 	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.
Yes	September 2001 or later
No → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
b. Is this grandparent currently responsible for	May 1975 to July 1990
most of the basic needs of any grandchildren under the age of 18 who live in this house or	Vietnam era (August 1964 to April 1975)
apartment?	February 1955 to July 1964
Yes	Korean War (July 1950 to January 1955)
No → SKIP to question 27	January 1947 to June 1950
c. How long has this grandparent been responsible	World War II (December 1941 to December 1946)
for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom	☐ November 1941 or earlier
the grandparent has been responsible for the longest period of time.	a. Does this person have a VA service-connected disability rating?
Less than 6 months	Yes (such as 0%, 10%, 20%, , 100%)
6 to 11 months	No → SKIP to question 30a
1 or 2 years 3 or 4 years	b. What is this person's service-connected disability rating?
5 or more years	0 percent
3 of finale years	10 or 20 percent
	30 or 40 percent
	50 or 60 percent
	70 percent or higher



30	 a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 31 	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.
		quosionon
	No – Did not work (or retired)	
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
	Yes	Person(s)
	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	34 LAST WEEK, what time did this person's trip to
	week.	work usually begin?
	a. Address Development or condominium name Number and street name	Hour Minute a.m. p.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	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	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.
	d. Name of municipio in Puerto Rico or U.S. county	a. LAST WEEK, was this person on layoff from a job?
	o.o. oddincy	Yes → SKIP to question 36c
		□ No
	e. Enter Puerto Rico or name of U.S. state or foreign country	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
		Yes, on vacation, temporary illness,
	f. ZIP Code	maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
		No → SKIP to question 37
32	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.	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?
	Car, truck, or van	Yes → SKIP to question 38
	Bus Motorcycle	No
	Subway or elevated rail Bicycle	
	Long-distance train or Walked commuter rail	
	Carro público Worked from home → SKIP	
	Ferryboat to question 40a Other method	



During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
No → SKIP to question 39	
No 7 Skir to question 39	42 DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
Yes, could have gone to work	If this person had more than one job, describe the on at which the most hours were worked. If this person did not work last week, describe the most recent
No, because of own temporary illness	employment in the past five years.
No, because of all other reasons (in school, etc.) When did this person last work, even for a	a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
few days?	Mark (X) ONE box. PRIVATE SECTOR EMPLOYEE
Within the past 12 months	
1 to 5 years ago → SKIP to M	For-profit company or organization
Over 5 years ago or never worked → SKIP to question 43	Non-profit organization (including tax-exempt and charitable organizations)
a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count	Local government (for example: city, county, or municipio)
paid vacation, paid sick leave, and military service as work.	State government (including school districts and state universities)
Yes → SKIP to question 41No	Active duty U.S. Armed Forces or Commissioned Corps
□ NO	Federal government civilian employee
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.	Owner of non-incorporated business, professional practice, or farm
Weeks	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
WORKED, how many hours did this person usually work each WEEK?	b. What was the name of this person's employer business, agency, or branch of the Armed Forces?
Usual hours worked each WEEK	Armed Forces?
	c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
	d. Was this mainly – Mark (X) ONE box.
	manufacturing?
	wholesale trade?
	retail trade?
	other (agriculture, construction, service, government, etc.)?



e.			nis person's main occupation : 4th grade teacher, entry-level		
f.	or do	uties. (Fe create les	is person's most important a or example: instruct and evaluat ison plans, assemble and install review building plans for work d	e student pipe	
			HE 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 →	\$ 0,000,000.00		
	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 →	\$ 000.00		
	No TOTAL AMOUNT for past 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 → \$.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

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.



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

Last Name	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
First Name MI	months → SKIP to question 11
	Yes, public school, public college
	Yes, private school, private college, home sch
Where was this person born?	b. What grade or level was this person attendi Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.	☐ grade 1 – 12 —
	College undergraduate years (freshman to se
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
Yes, born in Puerto Rico → SKIP to question 10a	1 What is the highest degree or level of school t
Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.
Yes, born abroad of U.S. citizen parent or parents	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	No schooling completed
of naturalization 7	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	Kindergarten
No, not a 0.3. chizen	Grade 1 through 11 − Specify grade 1 − 11 →
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	12th grade – NO DIPLOMA
0000	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)



Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	1 year ago?
	Person is under 1 year old → SKIP to question 1
	Yes, this house → SKIP to question 16
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)	No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKI 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
What is this person's ancestry or ethnic origin?	
	Name of site town and office
	Name of city, town, or post office
For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,	
Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Name of municipio in Puerto Rico or U.S. coun
Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) a. Does this person speak a language other than English at home?	Name of municipio in Puerto Rico or U.S. count Enter Puerto Rico or name of U.S. state ZIP Code
a. Does this person speak a language other	Enter Puerto Rico or
a. Does this person speak a language other than English at home?	Enter Puerto Rico or
a. Does this person speak a language other than English at home? Yes	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
a. Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 15a	Enter Puerto Rico or name of U.S. state ZIP Code Is this person CURRENTLY covered by any of th following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language?	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language? For example: Korean, Italian, Spanish, Vietnamese	Enter Puerto Rico or name of U.S. state ZIP Code 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.
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language? For example: Korean, Italian, Spanish, Vietnamese	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language? For example: Korean, Italian, Spanish, Vietnamese C. How well does this person speak English?	Enter Puerto Rico or name of U.S. state ZIP Code Sthis 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member)
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language? For example: Korean, Italian, Spanish, Vietnamese C. How well does this person speak English? Very well	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
. Does this person speak a language other than English at home? Yes No → SKIP to question 15a . What is this language? For example: Korean, Italian, Spanish, Vietnamese . How well does this person speak English? Very well Well	Enter Puerto Rico or name of U.S. state 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older,
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for these with low insurance.
 Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well 	Enter Puerto Rico or name of U.S. state 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state Is this person CURRENTLY covered by any of th following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care



Person 4 (continued)	
	.
Anguar guartian 17a if this navour is sourced by	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for
nswer question 17a if this person is covered by ealth insurance. Otherwise, SKIP to question 18a.	Person 5 on page 40.
	, ,
a. Is there a premium for this plan? A premium	Because of a physical, mental, or emotional
is a fixed amount of money paid on a regular basis for health coverage. It does not include	condition, does this person have difficulty doing errands alone such as visiting a doctor's office
copays, deductibles, or other expenses such	or shopping?
as prescription costs.	Yes
Yes	□ No
No → SKIP to question 18a	
·	What is this person's marital status?
 Does this person or another family member receive a tax credit or subsidy based on 	· .
family income to help pay the premium?	Now married
Yes	Widowed
□ No	Divorced
	Separated
. Is this person deaf or does he/she have	
serious difficulty hearing?	Never married → SKIP to J on the next page
Yes	
No	In the PAST 12 MONTHS did this person get –
la this name while day do so he/she have	Yes No
. Is this person blind or does he/she have serious difficulty seeing even when wearing	a. Married?
glasses?	b. Widowed?
Yes	c. Divorced?
No	
Answer questions 19a – c if this person is 5 years	How many times has this person been married
old or over. Otherwise, SKIP to the questions for	Once
erson 5 on page 40.	☐ Two times
	Three or more times
. Because of a physical, mental, or emotional	
condition, does this person have serious	In what year did this person last get married?
making decisions?	Year
Yes	
No	
Does this person have serious difficulty walking or climbing stairs?	
Yes	
No	
. Does this person have difficulty dressing or	
bathing?	
Yes	



No

ı		
J	Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
ŀ		Never served in the military → SKIP to question 30a
2	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
4	birth to any children?	Now on active duty
١	Yes	On active duty in the past, but not now
26		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.
١		September 2001 or later
	YesNo → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
١	b. Is this grandparent currently responsible for	May 1975 to July 1990
١	most of the basic needs of any grandchildren under the age of 18 who live in this house or	Vietnam era (August 1964 to April 1975)
١	apartment?	February 1955 to July 1964
١	Yes	Korean War (July 1950 to January 1955)
١	No → SKIP to question 27	January 1947 to June 1950
	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.	World War II (December 1941 to December 1946) November 1941 or earlier a. Does this person have a VA service-connected disability rating?
ı	Less than 6 months	Yes (such as 0%, 10%, 20%,, 100%)
١	6 to 11 months	No \rightarrow SKIP to question 30a
ı	1 or 2 years	No Form to question out
ı	3 or 4 years	b. What is this person's service-connected disability rating?
ı	5 or more years	0 percent
ı		10 or 20 percent
ı		30 or 40 percent
ı		50 or 60 percent
ı		70 percent or higher
ı		
ı		
ı		



\rightarrow						
30		AST WEEK, did this pers ob (or business)?	on work for pay at a	K	or van	er question 33 if you marked "Car, truck, " in question 32. Otherwise, SKIP to
		Yes → SKIP to question :	31		questi	on 34.
		No – Did not work (or re	tired)			
	b. L	AST WEEK, did this pers ay, even for as little as o	on do ANY work for ne hour?	33	usual	nany people, including this person, ly rode to work in the car, truck, or van WEEK?
		Yes			Person	n(s)
	Г	No → SKIP to question 3	16a			
\bot		No 7 okii to question o	ou .			
31)		what location did this pe EK? If this person worked a				
		ition, print where he or she		34	LAST work	WEEK, what time did this person's trip to usually begin?
		ddress	•		Hour	Minute a.m.
		evelopment or condomi lumber and street name	nium name			p.m.
		the exact address is not kn	own give a description	35	How	many minutes did it usually take this
	0	f the location such as the be earest street or intersection	uilding name or the		perso Minute	n to get from home to work LAST WEEK?
	b. N	lame of city, town, or po	st office			
		iumo or orty, torm, or pe				
	С	s the work location insidity or town?	e the limits of that		did NO	er questions 36 – 39 if this person OT work last week. Otherwise, SKIP to on 40a.
			P - 9			
	L	No, outside the city/town	limits	36		ST WEEK, was this person on layoff from
		lame of municipio in Pud I.S. county	erto Rico or	T	a jo	b?
	Ū		1			Yes → SKIP to question 36c
						No
		nter Puerto Rico or nam oreign country	e of U.S. state or		b. LAS	ST WEEK, was this person TEMPORARILY
					abs	ent from a job or business?
						Yes, on vacation, temporary illness, maternity leave, other family/personal
	f. Z	IP Code				reasons, bad weather, etc. \rightarrow SKIP to
						question 39
						No → SKIP to question 37
32	WEI	v did this person usually EK? Mark (X) ONE box for a sportation used for most of	the method of		will	this person been informed that he or she be recalled to work within the next 6 nths OR been given a date to return to work?
		Car, truck, or van	Taxicab			Yes → SKIP to question 38
		Bus	Motorcycle			No.
		Subway or elevated rail	Bicycle			
		Long-distance train or commuter rail	Walked from			
			Walked Worked from home → SKIP to question 40a			

During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.
No → SKIP to question 39	42 DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
Yes, could have gone to work	If this person had more than one job, describe the on at which the most hours were worked. If this person did not work last week, describe the most recent
No, because of own temporary illness	employment in the past five years.
No, because of all other reasons (in school, etc.) When did this person last work, even for a	a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
few days?	Mark (X) ONE box. PRIVATE SECTOR EMPLOYEE
Within the past 12 months	
1 to 5 years ago → SKIP to M	For-profit company or organization Non-profit organization (including
Over 5 years ago or never worked → SKIP to question 43	tax-exempt and charitable organizations)
a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count	GOVERNMENT EMPLOYEE Local government (for example: city, county, or municipio)
paid vacation, paid sick leave, and military service as work.	State government (including school districts and state universities)
Yes → SKIP to question 41No	Active duty U.S. Armed Forces or Commissioned Corps
	Federal government civilian employee
b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include	SELF-EMPLOYED OR OTHER
paid time off and include weeks when the person only worked for a few hours.	Owner of non-incorporated business, professional practice, or farm
Weeks	Owner of incorporated business, professional practice, or farm
Davis with a DACT 42 MONTHS in the WEEKS	Worked without pay in a for-profit family business or farm for 15 hours or more per we
WORKED, how many hours did this person usually work each WEEK?	b. What was the name of this person's employer business, agency, or branch of the
Usual hours worked each WEEK	Armed Forces?
	c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
	d. Was this mainly – Mark (X) ONE box.
	manufacturing?
	wholesale trade?
	retail trade?
	other (agriculture, construction, service, government, etc.)?



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 student and create lesson plans, assemble and install pipe sections and review building plans for work details)
II	NCOME IN THE PAST 12 MONTHS
p T (I	Mark (X) the "Yes" box for each type of income this erson received, and give your best estimate of the OTAL AMOUNT during the PAST 12 MONTHS. NOTE: The "past 12 months" is the period from oday's date one year ago up through today.)
	Nark (X) the "No" box to show types of income IOT received.

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

If net income was a loss, mark the "Loss" box to the

mark the "No" box for the other person.a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for

Yes →	\$.00 .00
No	TOTAL AMOUNT for past

taxes, bonds, dues, or other items.

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	Loss
	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 →	\$ 0,000,000.00	
No	TOTAL AMOUNT for past 12 months	Loss

d. Social Security or Railroad Retirement.

Yes→	\$ 00,000.0	0
No ¬	ΓΟΤΑL AMOUNT for p 12 months	as

e. Supplemental Security Income (SSI).

Yes →	\$ 00,000.0	00
No	TOTAL AMOUNT for p	ast

f. Any public assistance or welfare payments from the state or local welfare office.

Yes →	\$.00
No -	ΓΟΤΑL	AMOUNT	past

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 →	\$ 000,000.00
No	TOTAL AMOUNT for past

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

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 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

Last Name	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
First Name MI	Yes, public school, public college
	Yes, private school, private college, home scho
	b. What grade or level was this person attending
Where was this person born?	Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
Outside the United States – Print Puerto Rico or	Grade 1 through 12 – Specify grade 1 – 12 –
name of foreign country, or U.S. Virgin Islands,	
Guam, etc.	
	College undergraduate years (freshman to sen
s this person a citizen of the United States?	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)
Yes, born in Puerto Rico → SKIP to question 10a	11 What is the highest degree or level of school th
Yes, born in a U.S. state, District of Columbia, Guar the U.S. Virgin Islands, or Northern Marianas	The COMPLETED Adea (V) ONE have
Yes, born abroad of U.S. citizen parent or parents	NO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i>	No schooling completed
of naturalization 🖟	NURSERY OR PRESCHOOL THROUGH GRADE 12
0000	☐ Nursery school
No mot a U.S. sitings	Kindergarten
No, not a U.S. citizen	Grade 1 through 11 – Specify
When did this person come to live in Puerto Ric	
f this person came to live in Puerto Rico more than once, print latest year.	
'ear	12th grade – NO DIPLOMA
0000	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)



Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	1 year ago?
	Person is under 1 year old → SKIP to question 1
	Yes, this house → SKIP to question 16
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)	No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKI 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
What is this person's ancestry or ethnic origin?	
	Nove of Standard August and Augus
	Name of city, town, or post office
For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish,	
Nigerian, Mexican, Taiwanese, Ukrainian, and so on.,	Name of municipio in Puerto Rico or U.S. coun
Nigerian, Mexican, Taiwanese, Ukrainian, and so on., Does this person speak a language other than English at home?	Name of municipio in Puerto Rico or U.S. count Enter Puerto Rico or name of U.S. state ZIP Code
n. Does this person speak a language other	Enter Puerto Rico or
n. Does this person speak a language other than English at home?	Enter Puerto Rico or
n. Does this person speak a language other than English at home? Yes	Enter Puerto Rico or name of U.S. state ZIP Code Is this person CURRENTLY covered by any of th following types of health insurance or health
a. Does this person speak a language other than English at home? ☐ Yes ☐ No → SKIP to question 15a	Enter Puerto Rico or name of U.S. state ZIP Code Is this person CURRENTLY covered by any of th following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language?	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or
 Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese	Enter Puerto Rico or name of U.S. state ZIP Code 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.
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language?	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
 Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? 	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member)
a. Does this person speak a language other than English at home? Yes No → SKIP to question 15a D. What is this language? For example: Korean, Italian, Spanish, Vietnamese B. How well does this person speak English? Very well	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this
Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or
. Does this person speak a language other than English at home? Yes No → SKIP to question 15a . What is this language? For example: Korean, Italian, Spanish, Vietnamese . How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
 Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well 	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes
 Does this person speak a language other than English at home? Yes No → SKIP to question 15a What is this language? For example: Korean, Italian, Spanish, Vietnamese How well does this person speak English? Very well Well Not well 	Enter Puerto Rico or name of U.S. state ZIP Code 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. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
. Does this person speak a language other than English at home? Yes No → SKIP to question 15a . What is this language? For example: Korean, Italian, Spanish, Vietnamese . How well does this person speak English? Very well Well Not well	Enter Puerto Rico or name of U.S. state ZIP Code Sthis person CURRENTLY covered by any of th following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care



Person 5 (continued)	
	_
Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 48.
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.	Because of a physical, mental, or emotional condition, does this person have difficulty doi errands alone such as visiting a doctor's office or shopping?
Yes	Yes
	No
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? 	What is this person's marital status? Now married
Yes	Widowed
	Divorced
□ No	Separated
a. Is this person deaf or does he/she have serious difficulty hearing?	 Never married → SKIP to J on the next page
Yes	
No	In the PAST 12 MONTHS did this person get –
h la this mannan blind an da sa balaba bana	Yes No
 b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? 	a. Married?
	b. Widowed?
☐ Yes	c. Divorced?
□ No	
	How many times has this person been married?
Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing	Once
instructions on page 48.	Two times
	Three or more times
a. Because of a physical, mental, or emotional	
condition, does this person have serious difficulty concentrating, remembering, or making decisions?	In what year did this person last get married? Year
Yes	T Cul
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

ı		
J	Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
ŀ		Never served in the military → SKIP to question 30a
1	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
Ť	birth to any children?	Now on active duty
ı	Yes	On active duty in the past, but not now
26		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.
ı		September 2001 or later
	YesNo → SKIP to question 27	August 1990 to August 2001 (including Persian Gulf War)
ı	b. Is this grandparent currently responsible for	May 1975 to July 1990
ı	most of the basic needs of any grandchildren under the age of 18 who live in this house or	Vietnam era (August 1964 to April 1975)
ı	apartment?	February 1955 to July 1964
ı	Yes	Korean War (July 1950 to January 1955)
ı	No → SKIP to question 27	January 1947 to June 1950
	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.	World War II (December 1941 to December 1946) November 1941 or earlier a. Does this person have a VA service-connected disability rating?
	Less than 6 months	Yes (such as 0%, 10%, 20%, , 100%)
ı	6 to 11 months	No \rightarrow SKIP to question 30a
	1 or 2 years	No 7 SKII to question soa
	3 or 4 years	b. What is this person's service-connected disability rating?
	5 or more years	0 percent
	_ c of more years	10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher



\rightarrow							
30		AST WEEK, did this pers ob (or business)?	on work for pay at a	K	or van	er question 33 if you marked "Car, truck, " in question 32. Otherwise, SKIP to	
		Yes → SKIP to question 31 No – Did not work (or retired)			questi	on 34.	
	b. L	AST WEEK, did this pers ay, even for as little as o	on do ANY work for ne hour?	33	usual	many people, including this person, ly rode to work in the car, truck, or van WEEK?	
		Yes			Person	n(s)	
	Г	No → SKIP to question 3	6a				
\perp		No > okn to question o	oa -				
31)		what location did this pe EK? If this person worked a					
		tion, print where he or she		34	LAST work	WEEK, what time did this person's trip to usually begin?	
		ddress			Hour	Minute	
		evelopment or condomi lumber and street name	nium name			p.m.	
		the exact address is not kn	own, give a description	35	How r	many minutes did it usually take this	
	0	f the location such as the be earest street or intersection	uilding name or the		Minute	n to get from home to work LAST WEEK?	
	b. N	lame of city, town, or po	st office				
		, ,,,					
	С	s the work location insidity or town?	e the limits of that		did NO	er questions 36 – 39 if this person OT work last week. Otherwise, SKIP to on 40a.	
	_						
	L	 □ No, outside the city/town limits d. Name of municipio in Puerto Rico or U.S. county 			36 a. LAST WEEK, was this person on layoff f		
					a job?		
	U	.s. county				Yes → SKIP to question 36c	
						No	
		e. Enter Puerto Rico or name of U.S. state or foreign country			b. LAS	ST WEEK, was this person TEMPORARILY	
					abs	ent from a job or business?	
						Yes, on vacation, temporary illness, maternity leave, other family/personal	
	f. Z	IP Code				reasons, bad weather, etc. → SKIP to	
						question 39	
					Ш	No → SKIP to question 37	
32	WEI	v did this person usually EK? Mark (X) ONE box for a sportation used for most of	the method of		will	s this person been informed that he or she I be recalled to work within the next 6 nths OR been given a date to return to work?	
		Car, truck, or van	Taxicab			Yes → SKIP to question 38	
		Bus	Motorcycle			No	
		Subway or elevated rail	Bicycle				
		Long-distance train or	Walked				
		commuter rail					
			Worked from home → SKIP				
		commuter rail	Worked from				



During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	M Answer questions 42a – f if this person worked in
Yes	the past 5 years. Otherwise, SKIP to question 43.
No → SKIP to question 39	42 DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
Yes, could have gone to work	If this person had more than one job, describe the or at which the most hours were worked. If this person did not work last week, describe the most recent
No, because of own temporary illness	employment in the past five years.
No, because of all other reasons (in school, etc.) When did this person last work, even for a	a. Which one of the following best describes thi person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.
few days?	PRIVATE SECTOR EMPLOYEE
Within the past 12 months	For-profit company or organization
1 to 5 years ago → SKIP to M	Non-profit organization (including
Over 5 years ago or never worked → SKIP to question 43	tax-exempt and charitable organizations)
'	GOVERNMENT EMPLOYEE
a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military	Local government (for example: city, county, or municipio)
service as work.	State government (including school districts and state universities)
Yes → SKIP to question 41	Active duty U.S. Armed Forces or Commissioned Corps
□ No	
b. During the PAST 12 MONTHS (52 weeks), how	Federal government civilian employee
many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.	Owner of non-incorporated business, professional practice, or farm
Weeks	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 we
During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	b. What was the name of this person's employer business, agency, or branch of the Armed Forces?
Usual hours worked each WEEK	
	c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
	d. Was this mainly – Mark (X) ONE box.
	manufacturing?
	wholesale trade?
	retail trade?
	other (agriculture, construction, service, government, etc.)?



•	. What was this person's main occupation?	d. Social Security or Railroad Retirement.			
-	(For example: 4th grade teacher, entry-level plumber)				
		Yes → \$.00			
		No TOTAL AMOUNT for past 12 months			
т.	Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe	e. Supplemental Security Income (SSI).			
	sections and review building plans for work details)	☐ Yes → \$.00			
		No TOTAL AMOUNT for past 12 months			
		f. Any public assistance or welfare payments from the state or local welfare office.			
) 1	NCOME IN THE PAST 12 MONTHS	☐ Yes → \$.00			
1	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	12 months			
	oday's date one year ago up through today.)	g. Retirement income, pensions, survivor or disability income. Include income from a previous			
	Mark (X) the "No" box to show types of income NOT received.	employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or			
	f net income was a loss, mark the "Loss" box to the ight of the dollar amount.	other accounts specifically designed for retirement. Do not include Social Security.			
	For income received jointly, report the appropriate	☐ Yes → \$.00			
1	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.	No TOTAL AMOUNT for past 12 months			
ŧ	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	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 → \$	as money normal inflientance of the sale of a norme.			
	No TOTAL AMOUNT for past	☐ Yes → \$.00			
ı	12 months D. Self-employment income from own nonfarm	No TOTAL AMOUNT for past 12 months			
	businesses or farm businesses, including proprietorships and partnerships. Report	4 What was this person's total income during the			
	NET income after business expenses.	PAST 12 MONTHS? Add entries in questions 43a to 43h; subtract any losses. If net income was a loss, enter			
	□ Yes → \$,	the amount and mark (X) the "Loss" box next to the dollar amount.			
	No TOTAL AMOUNT for past Loss 12 months	□ OR \$ 0.00 □			
•	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	None TOTAL AMOUNT for past 12 months			
	☐ Yes → \$ 0.00 ☐				
	No TOTAL AMOUNT for past Loss 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 – 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 CLEF	RK TE	ELEPHONE CLERK	JIC3	JIC4	

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

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

Form ACS-1PR(2021) (05-18-2020)

