Attachment C: Third Mailing Materials

ACS Stateside Outgoing Envelope	Pages 2 and 3
ACS Follow-up letter	Pages 4 and 5
ACS Questionnaire, Version SGA (Mark All Version)	Pages 6 through 53
ACS Questionnaire, Version SGO (Mark One Version)	Pages 54 through 101
ACS Return Envelope	Pages 102 and 103

Attachment C: ACS Stateside Outgoing Envelope



PRESORTED FIRST-CLASS MAIL POSTAGE & FEES PAID U.S. Census Bureau Permit No. G-58

U.S. Census Bureau

National Processing Center 1201 E. 10th St. Jeffersonville, IN 47132

OFFICIAL BUSINESS Penalty for Private Use \$300



The American Community Survey Form Enclosed

YOUR RESPONSE IS REQUIRED BY LAW



Attachment C: ACS Follow-up Letter



U.S. Census BureauWashington, DC 20233
Office of the Director

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

The U.S. Census Bureau recently sent you a request to complete the **American Community Survey** online. If you have not already responded to this important survey, please do so now.

Complete the survey using ONLY ONE of the following options:

- Respond online at respond.census.gov/acs
- If you are unable to respond online, please fill out and mail back the enclosed questionnaire.

You are required by U.S. law to respond to this survey.

The Census Bureau has randomly selected your address to receive this survey as part of a nationally representative sample. Because you will be providing important information on behalf of your community, it is vital that you complete this survey to help meet critical needs in your area – like deciding where to build new schools, health clinics, and fire stations.

If you do not respond promptly, a Census Bureau interviewer may contact you to complete the survey.

The Census Bureau is required by law to keep your information confidential.

The Census Bureau is not permitted to publicly release your responses in a way that could identify you or your household.

If you need help completing the survey or have questions, please call 1-888-715-2301.

Thank you for your prompt response.

Sincerely,

Robert L. Santos

Robert & Sut

Nota: Vea al otro lado para responder en español.

ACS-14(LX)ST (02-16-2024) census.gov/acs

Will my response be confidential?

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

Am I required to fill out the survey?

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

How will the Census Bureau use the information I provide?

By law, the Census Bureau can only use your responses to produce statistics. Your information will be used in combination with information from other households to produce data for your community. Similar data will be produced for communities across Puerto Rico and the United States. We may combine your answers with information that you gave to other agencies to enhance the statistical uses of these data. This information will be given the same protections as your survey information. Based on the information that you provide, you may be asked to participate in other Census Bureau surveys that are voluntary.

Para completar la Encuesta sobre la Comunidad Estadounidense en español:

Visite respond.census.gov/acs. Haga clic en "Responder en español". Si necesita ayuda en español, llame al 1–877–833–5625.

您的地址被美国人口普查局随机选中参与美国社区问卷调查。 如果您对强制性的**/**必须填写的问卷调查有任何问题,请致电1-800-638-5945。

Địa chỉ của quý vị đã được Cục Thống Kê Dân Số Hoa Kỳ chọn ngẫu nhiên để tham gia vào cuộc Khảo Sát Cộng Đồng tại Mỹ. Nếu quý vị có thắc mắc về khảo sát bắt buộc này, vui lòng gọi số 1–877–221–9436.

Ваш адрес был выбран случайным образом Бюро переписи населения США для участия в Анкетировании населения США по месту жительства. Если у вас есть вопросы по поводу этого обязательного опроса, позвоните по телефону 1–866–225–2297.

귀하의 주소는 미국 지역사회 조사에 참여할 수 있도록 미국 인구조사국이 무작위로 선택하였습니다. 이 의무적인 설문조사에 대해 질문이 있으시면, 1-800-772-6728로 전화하십시오.



American Community Survey

Attachment C: ACS Questionnaire Version SGA - Mark All

Start Here

You have two ways to respond:



Respond online today at: respond.census.gov/acs

OR



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

Your response is required by law.

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



If you need help or have questions about completing this form, please call 1-888-715-2301.

¿NECESITA AYUDA? Llame al 1-877-833-5625.

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

0	Please print the name and telephone number of person who is filling out this form. We will only contact you if needed for official Census Bureau busin Last Name	
	First Name	MI
	Area Code + Number -	
	How many neonle are living or staving at this add	

- - INCLUDE everyone who is living or staying here for more than 2 months.
 - INCLUDE yourself if you are living here for more than 2
 - INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or
 - 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-1(X)SGA (02-26-2024)

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



(Person 1 is the person living or staying here in whose → NOTE: Please answer BOTH Question 6 about name this house or apartment is owned, being bought, Hispanic origin and Question 7 about race. or rented. If there is no such person, start with the name For this survey, Hispanic origins are not races. of any adult living or staying here.) Is Person 1 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Please print today's date. Month Day Year Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin - Print, What is Person 1's name? for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. 🔽 Last Name (Please print) First Name MI What is Person 1's race? Mark (X) one or more boxes **AND** print origins. White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. 2 How is this person related to Person 1? Person 1 Black or African Am. - Print, for example, What is Person 1's age and what is Person 1's African American, Jamaican, Haitian, Nigerian, Ethiopian, date of birth? For babies less than 1 year old, do not Somali, etc. 굹 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 enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. 🗸 What sex was Person 1 assigned at birth? Mark (X) ONE box. Male Female Vietnamese Chinese Native Hawaiian What is Person 1's current gender? Filipino Korean Samoan Mark (X) one or more boxes. If this person is less than 15 years old, SKIP to the next question. Asian Indian Chamorro Japanese Male Other Pacific Other Asian -Print, for example, Islander - Print, Female Pakistani, for example, Cambodian, Tongan, Fijian, Transgender Hmong, etc. ₽ Marshallese, etc. ~ Nonbinary



				this survey, Hispanic origins are not races.
		6 Is	Pe	erson 2 of Hispanic, Latino, or Spanish origi
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
		<u> </u>		Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1? <i>Mark (X) ONE box.</i>		[Yes, Cuban
Spouse				Yes, another Hispanic, Latino, or Spanish origin – <i>Prinfor example, Salvadoran, Dominican, Colombian,</i>
Unmarried partner				Guatemalan, Spaniard, Ecuadorian, etc. 📈
Biological child				
Adopted child	•			at is Person 2's race? k (X) one or more boxes AND print origins.
Stepchild		lr	7	White - Print, for example, German, Irish, English,
Sibling				Italian, Lebanese, Egyptian, etc. д
Parent				
Grandchild		_	_	Black or African Am. – Print, for example,
Parent-in-law				African American, Jamaican, Haitian, Nigerian, Ethio, Somali, etc. ⊋
Son-in-law or daughter-in-law				
Other relative				
Roommate or housemate		lr	7	American Indian or Alaska Native – Print name of enro
Foster child		-		or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, et
What is Person 2's age and what is Perso date of birth? For babies less than 1 year o write the age in months. Write 0 as the age.	on 2's Id, do not	_		
Print numbers in boxes.				Chinese
Age (in years) Month Day Year o	of birth			Filipino L Korean L Samoan
				Asian Indian
				Other Asian – Other Pacific Islander – Pr
What sex was Person 2 assigned at birth Mark (X) ONE box.	1?			Pakistani, for example, Cambodian, Tongan, Fijiar
Male Female				Hmong, etc. Marshallese, o
What is Person 2's current gender? Mark (X) one or more boxes. If this person is 15 years old, SKIP to the next question.	less than			Some other race – Print race or origin. \overrightarrow{k}
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify	7			



Last Name (Please print)				panic origin and Question 7 about race. • this survey, Hispanic origins are not races
		6	Is P	erson 3 of Hispanic, Latino, or Spanish orig
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1?				Yes, Cuban
Mark (X) ONE box.				Yes, another Hispanic, Latino, or Spanish origin – Pr for example, Salvadoran, Dominican, Colombian,
Spouse				Guatemalan, Spaniard, Ecuadorian, etc.
Unmarried partner				
Biological child				
Adopted child	(7		at is Person 3's race? rk (X) one or more boxes AND print origins.
Stepchild				White – Print, for example, German, Irish, English,
Sibling				Italian, Lebanese, Egyptian, etc. 📈
Parent				
Grandchild				Black or African Am. – <i>Print, for example,</i>
Parent-in-law			Ш	African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc.
Son-in-law or daughter-in-law				Johnan, etc. g
Other relative				
Roommate or housemate				American Indian or Alaska Native – Print name of enro
Foster child				or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, e
What is Person 3's age and what is Person 3				
date of birth? For babies less than 1 year old, write the age in months. Write 0 as the age.	do not			
Print numbers in boxes.			H	Chinese
Age (in years) Month Day Year of b	ırth		H	Filipino
			Ш	Asian Indian
				Other Asian – Other Pacific Print, for example, Islander – F
What sex was Person 3 assigned at birth? Mark (X) ONE box.				Pakistani, for example, Cambodian, Tongan, Fijia
Male Female				Hmong, etc. Marshallese,
Milest in Powers 2/2 august 222				
What is Person 3's current gender? Mark (X) one or more boxes. If this person is les	s than			Some other race - Print race or origin -
15 years old, SKIP to the next question.				Some other race – Print race or origin.
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify 📈				



Last Name (Please print)			His	TE: Please answer BOTH Question 6 about panic origin and Question 7 about race. This survey, Hispanic origins are not races
		6	Is P	erson 4 of Hispanic, Latino, or Spanish orig
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1?				Yes, Cuban
Mark (X) ONE box.				Yes, another Hispanic, Latino, or Spanish origin – Pr. for example, Salvadoran, Dominican, Colombian,
Spouse				Guatemalan, Spaniard, Ecuadorian, etc.
Unmarried partner				
Biological child				
Adopted child		7		at is Person 4's race? rk (X) one or more boxes AND print origins.
Stepchild			IVIAI	White – Print, for example, German, Irish, English,
Sibling				Italian, Lebanese, Egyptian, etc. 📈
Parent				
Grandchild				Diselver African Am. Drint for oversale
Parent-in-law				Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc. –
Son-in-law or daughter-in-law				Somali, etc. 🔀
Other relative				
Roommate or housemate				American Indian or Alaska Native – Print name of enro
Foster child				or principal tribe(s), for example, Navajo Nation, Blac Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, e
What is Person 4's age and what is Perso	on 4's			
date of birth? For babies less than 1 year ol write the age in months. Write 0 as the age.				
Print numbers in boxes.				Chinese
Age (in years) Month Day Year o	of birth			Filipino
			Ш	Asian Indian
				Other Asian – Other Pacific String, for example, Islander – F
What sex was Person 4 assigned at birth Mark (X) ONE box.	?			Pakistani, for example, Cambodian, Tongan, Fijia
Male Female				Hmong, etc. Marshallese,
What is Person 4's current gender? Mark (X) one or more boxes. If this person is	less than			Compared to the compared to th
15 years old, SKIP to the next question.				Some other race – <i>Print race or origin.</i> ✓
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify	7			



Last Name (Please print)				panic origin and Question 7 about race. · this survey, Hispanic origins are not races
		6	Is P	erson 5 of Hispanic, Latino, or Spanish orig
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1?				Yes, Cuban
Mark (X) ONE box.				Yes, another Hispanic, Latino, or Spanish origin – Pr. for example, Salvadoran, Dominican, Colombian,
Spouse				Guatemalan, Spaniard, Ecuadorian, etc.
Unmarried partner				
Biological child				
Adopted child		7		at is Person 5's race? rk (X) one or more boxes AND print origins.
Stepchild			IVIAI	White – Print, for example, German, Irish, English,
Sibling			Ш	Italian, Lebanese, Egyptian, etc. 🚽
Parent				
Grandchild				Diselver African Am. Drint for oversale
Parent-in-law				Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc. –
Son-in-law or daughter-in-law				Somali, etc. 🔀
Other relative				
Roommate or housemate				American Indian or Alaska Native – Print name of enro
Foster child			ш	or principal tribe(s), for example, Navajo Nation, Blac Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, e
What is Person 5's age and what is Person 5 date of birth? For babies less than 1 year old, d				
write the age in months. Write 0 as the age. Print numbers in boxes.				Chinese Vietnamese Native Haw
Age (in years) Month Day Year of bir	th			Filipino Korean Samoan
				Asian Indian
				Other Asian – Other Pacifi Print, for example, Islander – F
What sex was Person 5 assigned at birth?				Pakistani, for example, Cambodian, Tongan, Fijia
Mark (X) ONE box.				Hmong, etc. Marshallese,
Male Female				
What is Person 5's current gender? Mark (X) one or more boxes. If this person is less 15 years old, SKIP to the next question.	s than			Some other race – <i>Print race or origin.</i> ✓
Male				- ,
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify 📈				



If there are more than five people living of through Person 12. We may call you for mo	or staying ore inform	here, prin ation about	t their names in them. $_{\not\!$	the spaces	for Person	6
Person 6						
Last Name (Please print)		First Nam	ne			MI
	Month	Day	Year of birth			
Age (in years) Date of birth				Related to Person 1?	Yes	No
Person 7 Last Name (Please print)		First Nam	10			MI
Last Harrie (Fisase print)		T Hot Hall				
	Month	Day	Year of birth			
Age (in years)				Related to Person 1?	Yes	No
Person 8		F' . N				D.A.I.
Last Name (Please print)		First Nam	ne			MI
			V 611.11			
	Month	Day	Year of birth	Delete da		
Age (in years) Date of birth				Related to Person 1?	Yes	No
Person 9						
Last Name (Please print)		First Nam	ne			MI
	Month	Day	Year of birth			
				Related to		
Age (in years) Date of birth				Person 1?	Yes	□ No
Person 10						
_ast Name (Please print)		First Nam	ne			MI
	Month	Day	Year of birth			
Age (in years)			0000	Related to Person 1?	Yes	No
Person 11						
ast Name (Please print)		First Nam	ne			MI
,						
	Month	Day	Year of birth			
Age (in years)			0000	Related to Person 1?	Yes	No
Person 12						
Last Name (Please print)		First Nam	ne			MI
	Month	Day	Year of birth			
Age (in years)				Related to Person 1?	Yes	No

Housing

	ress on the mailing label.		OBILE HOME; otherwise, SKIP to question 6a.
	ch best describes this building? Ide all apartments, flats, etc., even if vacant.	4 Ho	w many acres is this house or mobile home on
	A mobile home		Less than 1 acre → SKIP to question 6a
	A one-family house detached from any other house		1 to 9.9 acres
	A one-family house attached to one or more houses		10 or more acres
	A building with 2 apartments	5 IN	THE PAST 12 MONTHS, what were the actual
	A building with 3 or 4 apartments	sal	es of all agricultural products from this operty?
	A building with 5 to 9 apartments		None
]	A building with 10 to 19 apartments		\$1 to \$999
	A building with 20 to 49 apartments		\$1,000 to \$2,499
	A building with 50 or more apartments		\$2,500 to \$4,999
	Boat, RV, van, etc.		\$5,000 to \$9,999
			\$10,000 or more
bo	ut when was this building first built?		\$10,000 of more
	2020 or later – <i>Specify year</i> 2010 to 2019	3 3 0	How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies, foyers
	2000 to 2009		halls, or unfinished basements.
	1990 to 1999	1	Number of rooms
	1980 to 1989		
	1970 to 1979		
	1960 to 1969		How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if t
	1950 to 1959	1	house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print '
	1940 to 1949		Number of bedrooms
	1939 or earlier		00
	en did PERSON 1 (listed on page 2) move into		
nıs Ioni	house, apartment, or mobile home?		



Housing (continued)

Does this house, apartment, or mobile home have – Yes No	Do you or any member of this household have access to the Internet using a –
a. hot and cold running water?	a. cellular data plan for a smartphone or other mobile
b. a bathtub or shower?	device?
c. a sink with a faucet?	b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service
d. a stove or range?	installed in this household?
e. a refrigerator?	c. satellite Internet service installed in this household?
Can you or any member of this household	d. dial-up Internet service installed in this household?
both make and receive phone calls when at this house, apartment, or mobile home? Include calls using cell phones, land lines, or other phone devices.	e. some other service? Specify service
Yes	
No At this house, apartment, or mobile home –	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?
do you or any member of this household own or use any of the following types of computers?	None
Yes No	
a. Desktop or laptop	_ 2
b. Smartphone	□ 3
c. Tablet or other portable wireless computer	□ 4
d. Some other type of computer Specify □	5 6 or more
At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?	Which FUEL is used MOST for heating this house, apartment, or mobile home? Mark (X) one box for the fuel used most. Gas: Natural gas from underground pipes serving the neighborhood
Yes, by paying a cell phone company or Internet service provider	Gas: Bottled or tank (propane, butane, etc.)
Yes, without paying a cell phone company or	Electricity
Internet service provider → SKIP to question 12	Fuel oil, kerosene, etc.
No access to the Internet at this house, apartment, or mobile home → SKIP to question 12	Coal or coke
	Wood
	☐ Solar energy
	Other fuel
	☐ No fuel used

Housing (continued)

Last month's cost – Dollars	Yes → What is the required monthly
\$ 0.00	homeowners association fee
Φ,	renters, answer only if you pay
OR	the fee in addition to your rent; otherwise, mark the "None" box.
Included in rent or condominium fee	Monthly amount – Dollars
No charge or electricity not used	\$ 0,000.00
LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?	OR
Last month's cost – <i>Dollars</i>	None
\$ 0.00	No
OR	Is this house, apartment, or mobile home – Mark (X) ONE box.
Included in rent or condominium fee	Owned by you or someone in this household
Included in electricity payment entered above	with a mortgage or loan? <i>Include home equity loa</i>
No charge or gas not used	Owned by you or someone in this household free and clear (without a mortgage or loan)?
IN THE PAST 12 MONTHS, what was the cost	Rented?
of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	Occupied without payment of rent? → SKIP to C on the next page
Past 12 months' cost – Dollars	
\$ 0,000.00	Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
OR	Otherwise, okii to question 13.
Included in rent or condominium fee	
No charge	a. What is the monthly rent for this house, apartment, or mobile home?
	Monthly amount – <i>Dollars</i>
IN THE DACT 42 MONTHS what was the cost	
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 have less than 12 months, estimate the cost	\$ 00,000.00
of oil, coal, kerosene, wood, etc., for this	\$ 00,000.00
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	b. Does the monthly rent include any meals?
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 \$ 0.00	b. Does the monthly rent include any meals?
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	b. Does the monthly rent include any meals?
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 \$ 0.00	b. Does the monthly rent include any meals?
of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR	b. Does the monthly rent include any meals?
of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee	b. Does the monthly rent include any meals?
of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge or these fuels not used ITHE PAST 12 MONTHS, did you or any nember of this household receive benefits from the Food Stamp Program or SNAP (the supplemental Nutrition Assistance Program)? NOT include WIC, the School Lunch Program, or	b. Does the monthly rent include any meals?

Housing (continued)

Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home.	c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
Otherwise, SKIP to E .	Yes, taxes included in mortgage payment
	No, taxes paid separately or taxes not required
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?
. 0 000 000	Yes, insurance included in mortgage payment
\$	No, insurance paid separately or no insurance
What are the annual real estate taxes on THIS property?	a. Do you or any member of this household have a second mortgage or a home equity loan on
Annual amount – <i>Dollars</i>	THIS property?
\$ 00 000 .00	Yes, home equity loan
,	Yes, second mortgage
OR	Yes, second mortgage and home equity loan
None	\square No \rightarrow SKIP to \square
What is the annual payment for fire, hazard, and flood insurance on THIS property?	b. How much is the regular monthly payment on all second or junior mortgages and all home
Annual amount – <i>Dollars</i>	equity loans on THIS property?
\$ 0.00	Monthly amount – <i>Dollars</i>
OR	\$
None	OR
a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	No regular payment required
Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
_ '	
 No → SKIP to question 23a b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. 	What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes.
Monthly amount – <i>Dollars</i>	Annual costs – <i>Dollars</i>
\$ 00,000.00	\$ 00,000.00
OR	
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.
No regular payment required → SKIP to question 23a	page. If no one is listed as PERSON 1 on page



ast 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
irst Name MI	months → SKIP to question 12
	Yes, public school, public college
	Yes, private school, private college, home school
here was this person born?	b. What grade or level was this person attendi <i>Mark (X) ONE box.</i>
In the United States – <i>Print name of state.</i>	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to ser
this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to	bachelor's degree (for example: MA or PhD program, or medical or law school)
question 11a	What is the highest degree or level of school the
Yes, born in Puerto Rico, 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> of naturalization ✓	No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 – Specify
hen did this person come to live in the	grade 1 – 11 –
nited States? If this person came to live in the nited States 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)



E	Answer question 13 if this person has a bachelor's	6 a.	 Did this person live in this house or apartmen 1 year ago?
	degree or higher. Otherwise, SKIP to question 14.		Person is under 1 year old → SKIP to question 1
			Yes, this house → SKIP to question 17
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 the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKI to question 17
			No, different house in the United States or Puerto Rico
		b.	o. Where did this person live 1 year ago?
			Address (Number and street name)
A	What is this person's ancestry or ethnic origin?		
			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 U.S. county or municipio in Puerto Ric
Б	a. Does this person speak a language other		Name of U.S. state or Puerto Rico ZIP Code
	than English at home?		
	No → SKIP to question 16a	ls fo	s this person CURRENTLY covered by any of the following types of health insurance or health
	b. What is this language?	CO	coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.
		a.	I. Insurance through a current or Yes No
	For example, Korean Italian Spenish Vietnamese		former employer or union (of this person or another family member)
	For example: Korean, Italian, Spanish, Vietnamese	b.	o. Insurance purchased directly from an insurance company (by this
	c. How well does this person speak English?		person or another family member)
	Very wellWell		Medicare, for people 65 and older, or people with certain disabilities
	Not well	d.	I. Medicaid, Medical Assistance, or
	Not at all		any kind of government-assistance plan for those with low incomes or a disability
		e.	e. TRICARE or other military health care
		f.	. VA (enrolled for VA health care)
		g.	j. Indian Health Service
			n. Any other type of health insurance or health coverage plan – Specify □



Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.
 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 19a 	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 Separated
a. Is this person deaf or do they have serious difficulty hearing? Yes No	Never married → SKIP to J on the next page In the PAST 12 MONTHS did this person get – Yes No
b. Is this person blind or do they have serious difficulty seeing even when wearing glasses? Yes No	a. Married? b. Widowed? c. Divorced?
Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.	How many times has this person been married? Once 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? Yes No	In what year did this person last get married? Year Which of the following best represents how this
b. Does this person have serious difficulty walking or climbing stairs? Yes No	person thinks of themselves? Mark (X) ONE box. Gay or lesbian Straight, that is not gay or lesbian Bisexual
c. Does this person have difficulty dressing or bathing? Yes No	☐ This person uses a different term – Specify



1		200	Цаа	this warrant arrant and an active duty in the
J	was female and they are 15-50 years old.		U.S	this person ever served on active duty in the . Armed Forces, Reserves, or National Guard? k (X) ONE box.
١	Otherwise, SKIP to question 28a.			Never served in the military → SKIP to question 32a
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 31a
٦	birth to any children?			Now on active duty
١	Yes			On active duty in the past, but not now
١	□ No			
2	a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?	30	U.S	en did this person serve on active duty in the . Armed Forces? Mark (X) a box for EACH period which this person served, even if just for part of the od.
١	Yes			September 2001 or later (Post 9/11)
	No → SKIP to question 29			August 1990 through August 2001 (including the Persian Gulf War)
١	b. Is this grandparent currently responsible for			June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?			August 1964 through May 1975 (including the Vietnam War)
١	Yes			February 1955 through July 1964
	No → SKIP to question 29			June 1950 through January 1955 (including the Korean War)
١	c. How long has this grandparent been responsible	_		January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,			December 1941 through December 1946 (including World War II)
	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.			November 1941 or earlier
	Less than 6 months	31		oes this person have a VA service-connected isability rating?
١	6 to 11 months			Yes (such as 0%, 10%, 20%, , 100%)
١	1 or 2 years			No → SKIP to question 32a
١	3 or 4 years		b W	Vhat is this person's service-connected
١	5 or more years		d	isability rating?
١				0 percent
١				10 or 20 percent
١				30 or 40 percent
١				50 or 60 percent
				70 percent or higher
-1				



3	 a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 33 	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
	 No – Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
3	No → SKIP to question 38a At what location did this person work LAST WEEK? If this person worked at more than one location, print where they worked most last week. a. Address (Number and street name)	LAST WEEK, what time did this person's trip to work usually begin? 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. b. Name of city, town, or post office	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. 33 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c
	e. Name of U.S. state or foreign country f. ZIP Code	 b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41 No → SKIP to question 39
34	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. Car, truck, or van Bus Motorcycle Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Other method	c. Has this person been informed that they will be recalled to work within the next 6 months OR



39	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	M	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
	Yes	-	
	No → SKIP to question 41	44	DESCRIPTION OF EMPLOYMENT
D	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 one 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.
Ð	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 45		Non-profit organization (including tax-exempt and charitable organizations)
2	a. During the PAST 12 MONTHS (52 weeks), did		GOVERNMENT EMPLOYEE
	this person work EVERY week? Count paid vacation, paid sick leave, and military		Local government (for example: city or county school district)
	service as work.		State government (including state colleges/universities)
	Yes → SKIP to question 43		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		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
			Worked without pay in a for-profit family business or farm for 15 hours or more per week
3	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
	Usual hours worked each WEEK		Armed Forces?
	000		
			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 – <i>Mark (X) ONE box.</i>
			manufacturing?
			wholesale trade?
			retail trade?
			other (agriculture, construction, service, government, etc.)?



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.

e. What was this person's main occupation?	d. Social Security or Railroad Retirement.
(For example: 4th grade teacher, entry-level plumbe	(er) Yes → \$.00
	No TOTAL AMOUNT for past
f. Describe this person's most important activiti	12 months
or duties. (For example: instruct and evaluate stude and create lesson plans, assemble and install pipe	
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.
INCOME IN THE PAST 12 MONTHS	Yes → \$
Mark (X) the "Yes" box for each type of income this	, .00
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	No TOTAL AMOUNT for past 12 months
today'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
If net income was a loss, mark the "Loss" box to the right of the dollar amount.	other accounts specifically designed for retirement. Do not include Social Security.
For income received jointly, report the appropriate share for each person – or, if that's not possible,	☐ Yes → \$.00
report the whole amount for only one person and mark the "No" box for the other person.	No TOTAL AMOUNT for past 12 months
a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions f taxes, bonds, dues, or other items.	
☐ Yes → \$,	
No TOTAL AMOUNT for past 12 months	Yes → \$.00 No TOTAL AMOUNT for past
b. Self-employment income from own nonfarm	12 months
businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 45a to 45h; 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 \$ 0,000,000 0
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	12 monus
□ Yes → \$,	
No TOTAL AMOUNT for past Loss	



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



E	Answer question 13 if this person has a bachelor's	6 a.	Did this person live in this house or apartmen 1 year ago?
	degree or higher. Otherwise, SKIP to question 14.		Person is under 1 year old → SKIP to question 1
			Yes, this house → SKIP to question 17
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 the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKI to question 17
			No, different house in the United States or Puerto Rico
		b.	o. Where did this person live 1 year ago?
			Address (Number and street name)
A	What is this person's ancestry or ethnic origin?		
			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 U.S. county or municipio in Puerto Rice
Б	a. Does this person speak a language other		Name of U.S. state or Puerto Rico ZIP Code
T	than English at home?		
	No → SKIP to question 16a	D Is	s this person CURRENTLY covered by any of the
	b. What is this language?	CO	ollowing 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 Yes No
	Fan avangala Kanana Italian Cananiah Vistananaa		former employer or union (of this person or another family member)
	For example: Korean, Italian, Spanish, Vietnamese		o. Insurance purchased directly from an insurance company (by this
	c. How well does this person speak English?		person or another family member)
	☐ Well		Medicare, for people 65 and older, or people with certain disabilities
	Not well		I. Medicaid, Medical Assistance, or
	Not at all		any kind of government-assistance plan for those with low incomes or a disability
		e.	. TRICARE or other military health care
		f.	. VA (enrolled for VA health care)
		g.	. Indian Health Service
			i. Any other type of health insurance or health coverage plan – Specify □
			. , ,



	Answer question 21 if this person is 15 years old
Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	or over. Otherwise, SKIP to the questions for Person 3 on page 26.
 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 19a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? Yes 	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 No What is this person's marital status? Now married Widowed Divorced
No a. Is this person deaf or do they have serious difficulty hearing?	SeparatedNever married → SKIP to J on the next page
Yes No b. Is this person blind or do they have serious difficulty seeing even when wearing glasses? Yes No	In the PAST 12 MONTHS did this person get – Yes No a. Married? b. Widowed? c. Divorced?
Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.	How many times has this person been married? Once Two times Three or more times
difficulty concentrating, remembering, or making decisions? Yes No	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	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box. Gay or lesbian Straight, that is not gay or lesbian Bisexual
bathing? Yes No	☐ This person uses a different term – Specify



		20	Here this manner array commed an estimator duty in the
J	Answer question 27 if this person's sex at birth was female and they are 15-50 years old.		Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
ı,	Otherwise, SKIP to question 28a.		Never served in the military → SKIP to question 32a
22	In the PAST 12 MONTHS, has this person given		Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
T	birth to any children?		Now on active duty
	Yes		On active duty in the past, but not now
	No		
28	a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?	30	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 (Post 9/11)
	No → SKIP to question 29		August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for		June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?		August 1964 through May 1975 (including the Vietnam War)
	Yes		February 1955 through July 1964
	No → SKIP to question 29		June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible		January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom		December 1941 through December 1946 (including World War II)
	the grandparent has been responsible for the longest period of time.		November 1941 or earlier
	Less than 6 months	31	a. Does this person have a VA service-connected disability rating?
	6 to 11 months		Yes (such as 0%, 10%, 20%,, 100%)
	1 or 2 years		No → SKIP to question 32a
	3 or 4 years		b. What is this person's service-connected
	5 or more years		disability rating?
			0 percent
			10 or 20 percent
			30 or 40 percent
			50 or 60 percent
			70 percent or higher



			100			
	T WEEK, did this pers (or business)?	son work for pay at a	K	or van	er question 35 if you marked "Car, truck, " in question 34. Otherwise, SKIP to	
	Yes → SKIP to question	33		questi	on 36.	
	No – Did not work (or re	etired)				
b. LAS	T WEEK, did this pers , even for as little as o	son do ANY work for	35	usual	many people, including this person, ly rode to work in the car, truck, or van WEEK?	
pay,	Yes	Jiio iioui i		Person	n(s)	
	No → SKIP to question 38a					
WEEK	at location did this p If this person worked n, print where they work	at more than one	36	LAST work	WEEK, what time did this person's trip to usually begin?	
locatio	n, print where they wor	keu most iast week.		Hour	Minute	
a. Address (Number and street name)				a.m.		
of th	e exact address is not k ne location such as the k rest street or intersectio	nown, give a description building name or the n.	37	How r perso	many minutes did it usually take this n to get from home to work LAST WEEK?	
b. Nan	b. Name of city, town, or post office			williates		
	ne work location insider or town?	de the limits of that	L	did NO	er questions 38 – 41 if this person OT work last week. Otherwise, SKIP	
	Yes			to que	estion 42a.	
	No, outside the city/town	n limits				
d. Nan	ne of county		38	a. LAS	ST WEEK, was this person on layoff from	
	·			a jo		
					Yes → SKIP to question 38c	
e. Nan	ne of U.S. state or fo	reign country		Ш	No	
					ST WEEK, was this person TEMPORARILY ent from a job or business?	
f. ZIP	Code				Yes, on vacation, temporary illness,	
	0000				maternity leave, other family/personal reasons, bad weather, etc. → SKIP to	
					question 41	
· · · · · · ·					No → SKIP to question 39	
WEEK	id this person usually ? Mark (X) ONE box for ortation used for most o	the method of		rec	this person been informed that they will b alled to work within the next 6 months OR	
Ca	ar, truck, or van	Taxi or ride-hailing services		bee	en given a date to return to work?	
	ıs				Yes → SKIP to question 40	
	ubway or elevated rail	Motorcycle			No	
		Bicycle				
	ong-distance train or ommuter rail	Walked				
	ght rail, streetcar, trolley	Worked from home → SKIP to question 42a				
Fe	erryboat	Other method				



During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
No → SKIP to question 41	44 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 few days?	a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.
Within the past 12 months	PRIVATE SECTOR EMPLOYEE
1 to 5 years ago → SKIP to M	For-profit company or organization
Over 5 years ago or never worked → SKIP to question 45	Non-profit organization (including tax-exempt and charitable organizations)
question 40	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 or county school district)
service as work.	State government (including state colleges/universities)
Yes → SKIP to question 43No	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 	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
During the PAST 12 MONTHS, in the WEEKS	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	Affiled Forces:
	c. What kind of business or industry was this? Include the main activity, product, or service provio 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.)?



е	. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Railroad Retirement.
		☐ Yes → \$.00
		No TOTAL AMOUNT for past
f.	Describe this person's most important activities	12 months
	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
I	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	NO TOTAL AMOUNT for past 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.
I	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 → \$	
	No TOTAL AMOUNT for past	Yes → \$.00
	12 months	No TOTAL AMOUNT for past 12 months
ı	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 45a to 45h; subtract any losses. If net income was a loss, enter
	□ Yes → \$ 0.00 □	the amount and mark (X) the "Loss" box next to the dollar amount.
	No TOTAL AMOUNT for past Loss	□ OR \$ 00 □
	12 months	None
(c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	TOTAL AMOUNT for past 12 months
	□ Yes → \$	
	No TOTAL AMOUNT for past Loss 12 months	



Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 4,

SKIP to page 48 for mailing instructions.

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which lead to a high school diploma or a college degree.
irst Name MI	No, has not attended in the last 3 months → SKIP to question 12
indi Name	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 attend 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 name of	grade 1 – 12 /
foreign country, or Puerto Rico, Guam, etc.	
	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
Yes, born in the United States → SKIP to question 11a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the	What is the highest degree or level of school to person has COMPLETED? Mark (X) ONE box.
U.S. Virgin Islands, or Northern Marianas	If currently enrolled, mark the previous grade or
Yes, born abroad of U.S. citizen parent or parents	highest dégree received.
Yes, U.S. citizen by naturalization – <i>Print year</i>	NO SCHOOLING COMPLETED
of naturalization 📈	□ No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1
	Nursery school
No, not a U.S. citizen	☐ Kindergarten
	Grade 1 through 11 – Specify grade 1 – 11 –
Vhen did this person come to live in the Jnited States? If this person came to live in the	
Inited States 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)



Doctorate degree (for example: PhD, EdD)

F	Answer question 13 if this person has a bachelor's	16) a.		this person live in this hou ar ago?	use or apartm	ent
	degree or higher. Otherwise, SKIP to question 14.			Person is under 1 year old →	SKIP to question	n 17
Н				Yes, this house → SKIP to que	estion 17	
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 the United States Print name of foreign country U.S. Virgin Islands, Guam, et to question 17	, or	
				No, different house in the Un Puerto Rico	ited States or	
		b.	Whe	ere did this person live 1 y	ear ago?	
			Add	ress (Number and street na	me)	
	What is this person's ancestry or ethnic origin?					
	what is this person's ancestry or ethnic origin?		Nam	ne of city, town, or post off	ice	
				,		
	(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 U.S. county or munici	pio in Puerto F	Rico
Ð	a. Does this person speak a language other			ne of U.S. state or rto Rico	ZIP Code	
Ĭ	than English at home?					
	No → SKIP to question 16ab. What is this language?	fo	llow	person CURRENTLY cove ing types of health insura age plans? Mark "Yes" or "N	nce or health	
				erage in items a – h. rance through a current or	Yes	No
		".	form	er employer or union (of this on or another family member)		
	For example: Korean, Italian, Spanish, Vietnamese	b.	•	rance purchased directly from		
	c. How well does this person speak English?			isurance company (by this on or another family member)		
	Very wellWell			icare, for people 65 and older, eople with certain disabilities		
	Not well Not at all		any plan	icaid, Medical Assistance, or kind of government-assistance for those with low incomes disability	·	
		e.	TRIC	ARE or other military health c	are	
				enrolled for VA health care)		
				n Health Service		
		h.	Any	other type of health insurance ealth coverage plan – <i>Specify</i>		
				5×1, × × × × × × × × × × × × × × × × × ×		



G Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 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 19a 	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 Separated
a. Is this person deaf or do they have serious difficulty hearing? Yes	Never married → SKIP to J on the next page In the PAST 12 MONTHS did this person get –
b. Is this person blind or do they have serious difficulty seeing even when wearing glasses? Yes No	Yes No a. Married? b. Widowed? c. Divorced?
Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.	How many times has this person been married? Once 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? Yes	In what year did this person last get married? Year
 No b. Does this person have serious difficulty walking or climbing stairs? Yes No 	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box. Gay or lesbian Straight, that is not gay or lesbian
c. Does this person have difficulty dressing or bathing? Yes No	Bisexual ☐ This person uses a different term – Specify ☐



1		20	Her this warmen are a seried on a office duty in the
J	was female and they are 15-50 years old.	4	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Otherwise, SKIP to question 28a.		Never served in the military → SKIP to question 32a
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 31a
٦	birth to any children?		Now on active duty
	Yes		On active duty in the past, but not now
	No		
28	a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?	80	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 (Post 9/11)
	No → SKIP to question 29		August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for		June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?		August 1964 through May 1975 (including the Vietnam War)
	Yes		February 1955 through July 1964
	No → SKIP to question 29		June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible		January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,		December 1941 through December 1946 (including World War II)
	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.		November 1941 or earlier
	Less than 6 months	3	a. Does this person have a VA service-connected disability rating?
	6 to 11 months		Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years		No → SKIP to question 32a
	3 or 4 years		b. What is this person's service-connected
	5 or more years		disability rating?
			0 percent
			10 or 20 percent
			30 or 40 percent
			50 or 60 percent
			70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 33	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
At what location did this person work LAST WEEK? If this person worked at more than one location, print where they worked most last week. a. Address (Number and street name) If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	LAST WEEK, what time did this person's trip to work usually begin? Hour Minute a.m. p.m. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. 33 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c ☐ No b. LAST WEEK, was this person TEMPORARILY
f. ZIP Code 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.	absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41 No → SKIP to question 39 c. Has this person been informed that they will be recalled to work within the next 6 months OR
Car, truck, or van Bus Motorcycle Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Car, truck, or van Taxi or ride-hailing services Motorcycle Bicycle Walked Worked from home → SKIP to question 42a	la a cui sifu a su a da da da sua da sus sua sula?



During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
Yes No → SKIP to question 41	44 DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have started a jol 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 No, because of own temporary illness	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 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? Mark (X) ONE box.
few days?	PRIVATE SECTOR EMPLOYEE
Within the past 12 months1 to 5 years ago → SKIP to M	For-profit company or organization
Over 5 years ago or never worked → SKIP to question 45	Non-profit organization (including 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 or county school district)
paid vacation, paid sick leave, and military service as work.	State government (including state colleges/universities)
Yes → SKIP to question 43No	Active duty U.S. Armed Forces or Commissioned Corps
b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours. Weeks	Owner of non-incorporated business, professional practice, or farm Owner of incorporated business, professional practice, or farm Worked without pay in a for-profit family
During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	business or farm for 15 hours or more per wee b. What was the name of this person's employer business, agency, or branch of the Armed Forces?
	c. What kind of business or industry was this? Include the main activity, product, or service 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,



e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Railroad Retirement.
	☐ Yes → \$.00
. Describe this person's most important activities	No TOTAL AMOUNT for past 12 months
or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)	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.
INCOME IN THE PAST 12 MONTHS	☐ Yes → \$ 00
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	Yes → \$.00 No TOTAL AMOUNT for past 12 months
today'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 o distributions from IRA, Roth IRA, 401(k), 403(b), o
If net income was a loss, mark the "Loss" box to the right of the dollar amount.	other accounts specifically designed for retireme Do not include Social Security.
For income received jointly, report the appropriate	☐ Yes → \$.00
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
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 suppor alimony. Do NOT include lump sum payments as money from an inheritance or the sale of a ho
Yes → \$, .00	□ Yes → \$.00
No TOTAL AMOUNT for past 12 months	No TOTAL AMOUNT for past
b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	12 months What was this person's total income during th PAST 12 MONTHS? Add entries in questions 45a
☐ Yes → \$.00	45h; subtract any losses. If net income was a loss, e the amount and mark (X) the "Loss" box next to the dollar amount.
No TOTAL AMOUNT for past Loss	
12 months	None
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	TOTAL AMOUNT for past 12 months
☐ Yes → \$	



next page. If no one is listed as Person 4 on page 5,

SKIP to page 48 for mailing instructions.

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



Answer question 13 if this person has a bachelor	a. Did this person live in this house or apartme 1 year ago?
degree or higher. Otherwise, SKIP to question 14	
	Yes, this house → SKIP to question 17
This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGRE his person has received. (For example: chemic engineering, elementary teacher education, properties or an incomplete properties or an incomplete properties.	ES U.S. Virgin Islands, Guam, etc., below; then Sk
nganizational psychology)	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origi	
	Name of city, town, or post office
For example: Italian, Jamaican, African Am., Pambodian, Cape Verdean, Norwegian, Dominica Prench Canadian, Haitian, Korean, Lebanese, Poli Iigerian, Mexican, Taiwanese, Ukrainian, and so	
	on.)
. Does this person speak a language other	
Does this person speak a language other than English at home? Yes	Name of U.S. state or
YesNo → SKIP to question 16a	Name of U.S. state or Puerto Rico 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 types"
than English at home? Yes	Name of U.S. state or Puerto Rico 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.
than English at home? Yes No → SKIP to question 16a	Name of U.S. state or Puerto Rico 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
than English at home? ☐ Yes ☐ No → SKIP to question 16a	Name of U.S. state or Puerto Rico Is this person CURRENTLY covered by any of t 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)
than English at home? Yes No → SKIP to question 16a What is this language?	Name of U.S. state or Puerto Rico ZIP Code Is this person CURRENTLY covered by any of t 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)
than English at home? Yes No → SKIP to question 16a What is this language? For example: Korean, Italian, Spanish, Vietnam How well does this person speak English? Very well	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
than English at home? Yes No → SKIP to question 16a What is this language? For example: Korean, Italian, Spanish, Vietnam How well does this person speak English? Very well Well Not well	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,
than English at home? Yes No → SKIP to question 16a What is this language? For example: Korean, Italian, Spanish, Vietnam How well does this person speak English? Very well Well	Name of U.S. state or Puerto Rico 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
than English at home? Yes No → SKIP to question 16a What is this language? For example: Korean, Italian, Spanish, Vietnam How well does this person speak English? Very well Well Not well	Name of U.S. state or Puerto Rico 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 e. TRICARE or other military health care
than English at home? Yes No → SKIP to question 16a What is this language? For example: Korean, Italian, Spanish, Vietnam How well does this person speak English? Very well Well Not well	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH types 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 f. VA (enrolled for VA health care)
than English at home? Yes No → SKIP to question 16a What is this language? For example: Korean, Italian, Spanish, Vietnam How well does this person speak English? Very well Well Not well	Name of U.S. state or Puerto Rico 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 e. TRICARE or other military health care



G	Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.
18	 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 19a b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium? 	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 No No No No No No Now married
	Yes	Widowed
	No.	Divorced
	in No	Separated
9	a. Is this person deaf or do they have serious difficulty hearing?	Never married → SKIP to J on the next page
	Yes	In the PAST 12 MONTHS did this person get –
	No	Yes No
	b. Is this person blind or do they have serious difficulty seeing even when wearing glasses? Yes No	a. Married? b. Widowed? c. Divorced?
	NO	How many times has this person been married?
H	Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.	Once Two times
		Three or more times
20	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes	In what year did this person last get married? Year
	Nob. Does this person have serious difficulty walking or climbing stairs?	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box.
	Yes	Gay or lesbian
	□ No	Straight, that is not gay or lesbian
		Bisexual
	c. Does this person have difficulty dressing or bathing?	
	Yes	This person uses a different term − Specify
	No	



		Has this person ever served on active duty in the
J	was female and they are 15-50 years old.	U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Otherwise, SKIP to question 28a.	Never served in the military → SKIP to question 32a
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 31a
	birth to any children?	Now on active duty
	Yes	On active duty in the past, but not now
	No	
2	a. Does this person have any of their 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 (Post 9/11)
	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for	June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	December 1941 through December 1946
	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier
	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	I. Malland in the control of the con
	5 or more years	b. What is this person's service-connected disability rating?
		0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher
- 1		

		100	
2	 a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 33 	K	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
	No – Did not work (or retired)	35	
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?		usually rode to work in the car, truck, or van LAST WEEK?
	Yes		Person(s)
	No → SKIP to question 38a		
	At what location did this person work LAST WEEK? If this person worked at more than one location, print where they worked most last week.	36	LAST WEEK, what time did this person's trip to work usually begin?
	a. Address (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.	37	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		
	city or town? Yes No, outside the city/town limits	33	did NOT work last week. Otherwise, SKIP to question 42a. a. LAST WEEK, was this person on layoff from
	d. Name of county		a job?
			Yes → SKIP to question 38c
	e. Name of U.S. state or foreign country		∐ No
			b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	f. ZIP Code		Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41
			No → SKIP to question 39
4)	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 they will be recalled to work within the next 6 months OR
	Car, truck, or van	1	been given a date to return to work?
	☐ Bus ☐ Motorcycle		Yes → SKIP to question 40
	Subway or elevated rail Bicycle		□ No
	Long-distance train or commuter rail Walked		
	Light rail, streetcar, or trolley Worked from home → SKIP to question 42a		
	Ferryboat Other method		



During the LAST 4 WEEKS, has this ACTIVELY looking for work?	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
Yes	, , , , , , , , , , , , , , , , , , , ,
No → SKIP to question 41	44 DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have if offered one, or returned to work it.	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 at which the most hours were worked. If this perso
No, because of own temporary illn	employment in the past live years.
No, because of all other reasons (in the second of the sec	person's employment last week or the most recent employment in the past 5 years?
few days?	IVIATK (X) OINE DOX.
Within the past 12 months	PRIVATE SECTOR EMPLOYEE
1 to 5 years ago → SKIP to M	For-profit company or organization
Over 5 years ago or never worked question 45	→ SKIP to Non-profit organization (including tax-exempt and charitable organizations)
4	GOVERNMENT EMPLOYEE
a. During the PAST 12 MONTHS (52 this person work EVERY week? C paid vacation, paid sick leave, an	county school district)
service as work.	State government (including state colleges/universities)
Yes → SKIP to question 43	Active duty U.S. Armed Forces or Commissioned Corps
No	Federal government civilian employee
b. During the PAST 12 MONTHS (52 many WEEKS did this person wor	2 weeks), how
paid time off and include weeks to person only worked for a few hou	when the Owner of non-incorporated business
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 w
During the PAST 12 MONTHS, in th	e WEEKS
WORKED, how many hours did this usually work each WEEK? Usual hours worked each WEEK	b. What was the name of this person's employed business, agency, or branch of the Armed Forces?
COMMITTEE WORKS GOOD WEEK	
	c. What kind of business or industry was this? Include the main activity, product, or service provat 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,



e.	e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumbe			umber)			
f.	or do	u <mark>ties.</mark> (Fo create les	is person's most important act or example: instruct and evaluate is son plans, assemble and install pi review building plans for work det	students pe			
П	NCO	ME IN TI	HE PAST 12 MONTHS				
р Т (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 today's date one year ago up through today.)						
		(X) the "I eceived.	No" box to show types of income	•			
			vas a loss, mark the "Loss" box t llar amount.	o the			
s	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.						
а	fro	m all job	ary, commissions, bonuses, or s. Report amount before deducti , dues, or other items.	tips ons for			
		Yes →	\$ 0.000.000				
		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			
C	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

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 45a to 45h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR \$,00 Loss

TOTAL AMOUNT for past
12 months

Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 6, SKIP to page 48 for mailing instructions.



ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
" . N	No, has not attended in the last 3 months → SKIP to question 12
iirst Name MI	Yes, public school, public college
	Yes, private school, private college, home sch
Vhere 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 name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	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
Yes, born in the United States → SKIP to question 11a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the	What is the highest degree or level of school to person has COMPLETED? Mark (X) ONE box.
U.S. Virgin Islands, or Northern Marianas	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 🚽	NURSERY OR PRESCHOOL THROUGH GRADE 1
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 – Specify
When did this person come to live in the	grade 1 – 11 –
Jnited States? If this person came to live in the Jnited States 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)



F	Answer question 13 if this person has a bachelor's	a. Did this person live in this house or 1 year ago?	apartment
	degree or higher. Otherwise, SKIP to question 14.	Person is under 1 year old → SKIP to	question 1
		Yes, this house → SKIP to question ?	17
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 the United States and Pu Print name of foreign country, or U.S. Virgin Islands, Guam, etc., belo to question 17	
		No, different house in the United Sta Puerto Rico	ates or
		b. Where did this person live 1 year ag	ο?
		Address (Number and street name)	
4	What is this person's ancestry or ethnic origin?		
		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 U.S. county or municipio in I	Puerto Rico
Б	a. Does this person speak a language other	Name of U.S. state or Puerto Rico ZIP C	ode
	than English at home?		
	YesNo → SKIP to question 16a	7 Is this person CURRENTLY covered by	any of the
	b. What is this language?	following types of health insurance or coverage plans? Mark "Yes" or "No" for be of coverage in items a – h.	health
		a. Insurance through a current or	Yes No
		former employer or union (of this person or another family member)	
	For example: Korean, Italian, Spanish, Vietnamese	b. Insurance purchased directly from	
	c. How well does this person speak English?	an insurance company (by this person or another family member)	
	Very well Well	c. Medicare, for people 65 and older, or people with certain disabilities	
	Not well	d. Medicaid, Medical Assistance, or	
	Not at all	any kind of government-assistance plan for those with low incomes or a disability	
		e. TRICARE or other military health care	
		f. VA (enrolled for VA health care)	
		g. Indian Health Service	
		h. Any other type of health insurance or health coverage plan – Specify	



	Answer question 21 if this person is 15 years old
Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	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. ☐ Yes ☐ No → SKIP to question 19a b. Does this person or another family member	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 What is this person's marital status?
receive a tax credit or subsidy based on family income to help pay the premium?	Now married
Yes	Widowed
□ No	Divorced
a. Is this person deaf or do they have serious difficulty hearing?	Separated Never married → SKIP to J on the next page
Yes	23 In the PAST 12 MONTHS did this person get -
□ No	Yes No
b. Is this person blind or do they have serious difficulty seeing even when wearing glasses? Yes	a. Married? b. Widowed? c. Divorced?
□ No	
Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 48.	How many times has this person been married? Once 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? Yes	In what year did this person last get married? Year
b. Does this person have serious difficulty walking or climbing stairs?	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box.
☐ Yes ☐ No	Gay or lesbian Straight, that is not gay or lesbian
c. Does this person have difficulty dressing or bathing?	 □ Bisexual □ This person uses a different term – Specify
☐ Yes ☐ No	



		6 11 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
J	Answer question 27 if this person's sex at birth was female and they are 15-50 years old.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Otherwise, SKIP to question 28a.	Never served in the military → SKIP to question 32a
27	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
Y	birth to any children?	Now on active duty
	Yes	On active duty in the past, but not now
	No	
28	a. Does this person have any of their 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 (Post 9/11)
	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for	June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	December 1941 through December 1946 (including World War II)
	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier
	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	
	5 or more years	b. What is this person's service-connected disability rating?
		0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 33	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
 No – Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
At what location did this person work LAST WEEK? If this person worked at more than one location, print where they worked most last week. a. Address (Number and street name) If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	LAST WEEK, what time did this person's trip to work usually begin? Hour Minute a.m. p.m. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. 38 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c ☐ No b. LAST WEEK, was this person TEMPORARILY
f. ZIP Code 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.	absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41 No → SKIP to question 39 c. Has this person been informed that they will be recalled to work within the next 6 months OR
Car, truck, or van Bus Motorcycle Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Car, truck, or van Taxi or ride-hailing services Motorcycle Bicycle Walked Worked from home → SKIP to question 42a	haan minam a data ta matuum ta maan 2



39	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
	∐ Yes	
	No → SKIP to question 41	description of employment
10	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 one 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.
ħ	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?
۲	few days?	Mark (X) ONE box.
	Within the past 12 months	PRIVATE SECTOR EMPLOYEE
	1 to 5 years ago → SKIP to M	For-profit company or organization
	Over 5 years ago or never worked → SKIP to question 45	Non-profit organization (including tax-exempt and charitable organizations)
2	Desire the DACT 40 MONTHS (FOrmally) I'll	GOVERNMENT EMPLOYEE
2	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 or county school district)
	service as work.	State government (including state colleges/universities)
	Yes → SKIP to question 43	Active duty U.S. Armed Forces or
	No	Commissioned Corps
	b. During the PAST 12 MONTHS (52 weeks), how	Federal government civilian employee
	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
		Worked without pay in a for-profit family business or farm for 15 hours or more per week
3	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
	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?		d. Social Security or Railroad Retirement.
(For examp	le: 4th grade teacher, entry-level plu	umber)	
			Yes → \$.00
f Describe t	ihia navaan'a maat impartant aa	tivition	No TOTAL AMOUNT for past 12 months
or duties. (and create l	this person's most important act (For example: instruct and evaluate s esson plans, assemble and install pi	students ipe	e. Supplemental Security Income (SSI).
sections and	d review building plans for work deta	alis)	☐ Yes → \$.00
			No TOTAL AMOUNT for past 12 months
			f. Any public assistance or welfare payments from the state or local welfare office.
INCOME IN	THE PAST 12 MONTHS		Yes → \$
person receiv TOTAL AMO	"Yes" box for each type of income ved, and give your best estimate of UNT during the PAST 12 MONTHS past 12 months" is the period from	f the S.	No TOTAL AMOUNT for past 12 months
	one year ago up through today.)		g. Retirement income, pensions, survivor or
Mark (X) the NOT received	"No" box to show types of incomed.	è	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
	e was a loss, mark the "Loss" box to dollar amount.	o the	other accounts specifically designed for retirement Do not include Social Security.
For income re share for eac	received jointly, report the appropri	iate e,	☐ Yes → \$.00
report the wh mark the "No	hole amount for only one person a o" box for the other person.	nd	No TOTAL AMOUNT for past 12 months
from all jo	hlary, commissions, bonuses, or obs. Report amount before deductions, dues, or other items.	ups	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support alimony. Do NOT include lump sum payments su as money from an inheritance or the sale of a hom
Yes→	\$ _,		- · · · · · · · · · · · · · · · · · · ·
No	TOTAL AMOUNT for past 12 months		, .00
h Calf amul	loyment income from own nonfa	0.4400	TOTAL AMOUNT for past 12 months
businesse proprieto	es or farm businesses, including rships and partnerships. Report ne after business expenses.	46	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 45a to 45h; subtract any losses. If net income was a loss, en
☐ Yes →	\$,000,000.00		the amount and mark (X) the "Loss" box next to the dollar amount.
No	TOTAL AMOUNT for past 12 months	Loss	OR \$ 0,000,000 D
income, o	dividends, net rental income, roy or income from estates and trust on small amounts credited to an acc	yalty ts.	None TOTAL AMOUNT for past 12 months
Yes →	. 0 000 000		
☐ No	TOTAL AMOUNT for past 12 months	Loss	



on page 48.

Now continue with the mailing instructions

Page 47 is intentionally left blank	



Mailing Instructions

- Please make sure you have...
 - listed all names and answered the questions on pages 2–7
 - answered all Housing questions
 - answered all Person questions for each person
- Then...
 - put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

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

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

Thank you for participating in the American Community Survey.

For C	ensus B	ureau Use		
POP	EDIT	PHONE	JIC1	JIC2
EDIT CLE	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-1(X)SGA (02-26-2024)





American Community Survey

Attachment C: Questionnaire Version SGO: Mark One

Start Here

You have two ways to respond:



Respond online today at: respond.census.gov/acs

OR



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

Your response is required by law.

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



If you need help or have questions about completing this form, please call 1-888-715-2301.

¿NECESITA AYUDA? Llame al 1-877-833-5625.

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

0	Please print the name and telephone number of person who is filling out this form. We will only contact you if needed for official Census Bureau bus Last Name	
	First Name	MI
	Area Code + Number	

- How many people are living or staying at this address?
 - INCLUDE everyone who is living or staying here for more than 2 months.
 - INCLUDE yourself if you are living here for more than 2 months.
 - INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
 - **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people



Fill out pages 2-7 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-1(X)SGO**

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



(Person 1 is the person living or staying here in whose → NOTE: Please answer BOTH Question 6 about name this house or apartment is owned, being bought, Hispanic origin and Question 7 about race. or rented. If there is no such person, start with the name For this survey, Hispanic origins are not races. of any adult living or staying here.) Is Person 1 of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Please print today's date. Month Day Year Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, another Hispanic, Latino, or Spanish origin - Print, What is Person 1's name? for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. 🔽 Last Name (Please print) First Name MI What is Person 1's race? Mark (X) one or more boxes **AND** print origins. White - Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. 2 How is this person related to Person 1? Person 1 Black or African Am. - Print, for example, What is Person 1's age and what is Person 1's African American, Jamaican, Haitian, Nigerian, Ethiopian, date of birth? For babies less than 1 year old, do not Somali, etc. 굹 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 enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. 🗸 What sex was Person 1 assigned at birth? Mark (X) ONE box. Male Female Vietnamese Chinese Native Hawaiian What is Person 1's current gender? Filipino Korean Samoan Mark (X) ONE box. If this person is less than 15 years old, SKIP to the next question. Asian Indian Chamorro Japanese Male Other Pacific Other Asian -Print, for example, Islander - Print, Female Pakistani, for example, Cambodian, Tongan, Fijian, Transgender Hmong, etc. ₽ Marshallese, etc. ~ Nonbinary



Last Name (Please print)				panic origin and Question 7 about race. • this survey, Hispanic origins are not races
		6	Is P	erson 2 of Hispanic, Latino, or Spanish orig
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1?				Yes, Cuban
Mark (X) ONE box.				Yes, another Hispanic, Latino, or Spanish origin – Pr for example, Salvadoran, Dominican, Colombian,
Spouse				Guatemalan, Spaniard, Ecuadorian, etc.
Unmarried partner				
Biological child				
Adopted child	•	7		at is Person 2's race? rk (X) one or more boxes AND print origins.
Stepchild			IVIAI	White – Print, for example, German, Irish, English,
Sibling			ш	Italian, Lebanese, Egyptian, etc. 🔀
Parent				
Grandchild				District for support
Parent-in-law				Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Compiliests
Son-in-law or daughter-in-law				Somali, etc. 🔀
Other relative				
Roommate or housemate				American Indian or Alaska Native – <i>Print name of enr</i>
Foster child				or principal tribe(s), for example, Navajo Nation, Blac Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, 6
What is Person 2's age and what is Persor	า 2′ร			
date of birth? For babies less than 1 year old write the age in months. Write 0 as the age.				
Print numbers in boxes.			H	Chinese
Age (in years) Month Day Year of	birth			Filipino
			Ш	Asian Indian
				Other Asian – Other Pacif Print, for example, Islander – F
What sex was Person 2 assigned at birth? Mark (X) ONE box.				Pakistani, for example, Cambodian, Tongan, Fijia
Male Female				Hmong, etc. Marshallese,
What is Person 2's current gender? Mark (X) ONE box. If this person is less than 1:	5 years			Compared to the second of the
old, SKIP to the next question.				Some other race – Print race or origin.
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify ✓				



Last Name (Please print)				panic origin and Question 7 about race. · this survey, Hispanic origins are not races
		6	ls P	erson 3 of Hispanic, Latino, or Spanish origi
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1?				Yes, Cuban
Mark (X) ONE box.				Yes, another Hispanic, Latino, or Spanish origin – Prifor example, Salvadoran, Dominican, Colombian,
Spouse				Guatemalan, Spaniard, Ecuadorian, etc.
Unmarried partner				
Biological child				
Adopted child	•			at is Person 3's race? rk (X) one or more boxes AND print origins.
Stepchild			IVIGI	White – Print, for example, German, Irish, English,
Sibling				Italian, Lebanese, Egyptian, etc. 📈
Parent				
Grandchild				Plack or African Ara Print for oversale
Parent-in-law				Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Somali, etc.
Son-in-law or daughter-in-law				Somali, etc. 7
Other relative				
Roommate or housemate				American Indian or Alaska Native – Print name of enro
Foster child				or principal tribe(s), for example, Navajo Nation, Black Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, e
What is Person 3's age and what is Person	า 3′ร			
date of birth? For babies less than 1 year old write the age in months. Write 0 as the age.	, do not			
Print numbers in boxes.				Chinese
Age (in years) Month Day Year of	birth			Filipino
			Ш	Asian Indian
				Other Asian – Other Pacifi Print, for example, Islander – P
What sex was Person 3 assigned at birth? Mark (X) ONE box.				Pakistani, for example, Cambodian, Tongan, Fijia
Male Female				Hmong, etc. Marshallese,
What is Person 3's current gender? Mark (X) ONE box. If this person is less than 15	5 years			Compared to the compared to th
old, SKIP to the next question.			Ш	Some other race – Print race or origin.
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify				



Last Name (Please print)				panic origin and Question 7 about race. [,] this survey, Hispanic origins are not races	
		6	Is P	erson 4 of Hispanic, Latino, or Spanish orig	
First Name	MI			No, not of Hispanic, Latino, or Spanish origin	
				Yes, Mexican, Mexican Am., Chicano	
				Yes, Puerto Rican	
How is this person related to Person 1?				Yes, Cuban	
Mark (X) ONE box.				Yes, another Hispanic, Latino, or Spanish origin – Pr for example, Salvadoran, Dominican, Colombian,	
Spouse				Guatemalan, Spaniard, Ecuadorian, etc.	
Unmarried partner					
Biological child					
Adopted child		7		at is Person 4's race? rk (X) one or more boxes AND print origins.	
Stepchild			IVIAI	White – Print, for example, German, Irish, English,	
Sibling				Italian, Lebanese, Egyptian, etc. 📈	
Parent					
Grandchild				Diselver African Am. Drint for oversale	
Parent-in-law				Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethio	
Son-in-law or daughter-in-law				Somali, etc. 🔀	
Other relative					
Roommate or housemate				American Indian or Alaska Native – Print name of enro	
Foster child				or principal tribe(s), for example, Navajo Nation, Blac Tribe, Mayan, Aztec, Native Village of Barrow Inupiat	
Other nonrelative				Traditional Government, Nome Eskimo Community, e	
What is Person 4's age and what is Perso	n 4's				
date of birth? For babies less than 1 year ol write the age in months. Write 0 as the age.					
Print numbers in boxes.			H	Chinese	
Age (in years) Month Day Year o	f birth		H	Filipino	
			Ш	Asian Indian	
				Other Asian – Other Pacific Standar – Print, for example, Islander – P	
What sex was Person 4 assigned at birth Mark (X) ONE box.	?			Pakistani, for example, Cambodian, Tongan, Fijia	
Male Female				Hmong, etc. Marshallese,	
What is Person 4's current gender? Mark (X) ONE box. If this person is less than	15 years			Company of the survey of the s	
old, SKIP to the next question.				Some other race – <i>Print race or origin.</i> ✓	
Male					
Female					
Transgender					
Nonbinary					
This person uses a different term – Specify	7				



Last Name (Please print)	į.			panic origin and Question 7 about race. • this survey, Hispanic origins are not races
		6	Is P	erson 5 of Hispanic, Latino, or Spanish orig
First Name	MI			No, not of Hispanic, Latino, or Spanish origin
				Yes, Mexican, Mexican Am., Chicano
				Yes, Puerto Rican
How is this person related to Person 1?				Yes, Cuban
Mark (X) ONE box.				Yes, another Hispanic, Latino, or Spanish origin – Pr for example, Salvadoran, Dominican, Colombian,
Spouse				Guatemalan, Spaniard, Ecuadorian, etc. ₽
Unmarried partner				
Biological child				
Adopted child	•	7		at is Person 5's race? rk (X) one or more boxes AND print origins.
Stepchild				White – Print, for example, German, Irish, English,
Sibling				Italian, Lebanese, Egyptian, etc. 🔀
Parent				
Grandchild				Plack or African Am Print for example
Parent-in-law				Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethic Compilieste
Son-in-law or daughter-in-law				Somali, etc. 🔀
Other relative				
Roommate or housemate				American Indian or Alaska Native – <i>Print name of enr</i>
Foster child				or principal tribe(s), for example, Navajo Nation, Blac Tribe, Mayan, Aztec, Native Village of Barrow Inupiat
Other nonrelative				Traditional Government, Nome Eskimo Community, e
What is Person 5's age and what is Perso	n 5′s			
date of birth? For babies less than 1 year old write the age in months. Write 0 as the age.				
Print numbers in boxes.				Chinese
Age (in years) Month Day Year o	f birth			Filipino
			Ш	Asian Indian
				Other Asian – Other Pacif Print, for example, Islander – F
What sex was Person 5 assigned at birth Mark (X) ONE box.	?			Pakistani, for example, Cambodian, Tongan, Fijia
Male Female				Hmong, etc. Marshallese,
What is Person 5's current gender? Mark (X) ONE box. If this person is less than :	15 years			Compared to the second of the
old, SKIP to the next question.				Some other race – Print race or origin.
Male				
Female				
Transgender				
Nonbinary				
This person uses a different term – Specify	7			



If there are more than five people living through Person 12. We may call you for m	or staying ore inform	here, prin	t their names in	the spaces	for Person	6
Person 6 Last Name (Please print)		First Nam	ne			MI
	Month	 Day	Year of birth			
Age (in years) Date of birth				Related to Person 1?	Yes	No
Person 7 Last Name (Please print)		First Nam	ne			MI
Age (in years) Date of birth	Month	Day	Year of birth	Related to Person 1?	Yes	□ No
Person 8 Last Name (Please print)		First Nam	ne			MI
Age (in years) Date of birth	Month	Day	Year of birth	Related to Person 1?	Yes	☐ No
Person 9		F: . N				
Last Name (Please print)		First Nam	ne			MI
Age (in years) Date of birth	Month	Day	Year of birth	Related to Person 1?	Yes	□ No
Person 10						
Last Name (Please print)		First Nam	ne			MI
Age (in years) Date of birth	Month	Day	Year of birth	Related to Person 1?	Yes	□ No
Person 11						
Last Name (Please print)		First Nam	ne			MI
	Month	Day	Year of birth	Dalatadaa		
Age (in years) Date of birth				Related to Person 1?	Yes	No
Person 12 Last Name (Please print)		First Nam	ne			MI
Age (in years) Date of birth	Month	Day	Year of birth	Related to Person 1?	Yes	□ No

Housing

add	house, apartment, or mobile home at the ress on the mailing label.	МО	BILE HOME; otherwise, SKIP to question 6a.
	ch best describes this building? ude all apartments, flats, etc., even if vacant.	A Hou	w many acres is this house or mobile home o
	A mobile home		Less than 1 acre → SKIP to question 6a
	A one-family house detached from any other house		1 to 9.9 acres
	A one-family house attached to one or more houses		10 or more acres
	A building with 2 apartments	5 IN 1	THE PAST 12 MONTHS, what were the actual
	A building with 3 or 4 apartments	sale	es of all agricultural products from this operty?
	A building with 5 to 9 apartments	Pio	
	A building with 10 to 19 apartments		None
	A building with 20 to 49 apartments		\$1 to \$999
	A building with 50 or more apartments		\$1,000 to \$2,499
	Boat, RV, van, etc.		\$2,500 to \$4,999
			\$5,000 to \$9,999
bo	out when was this building first built?		\$10,000 or more
Nho	2020 or later – Specify year 2010 to 2019 2000 to 2009 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 1939 or earlier en did PERSON 1 (listed on page 2) move into	b. F	How many separate rooms are in this house, partment, or mobile home? Rooms must be reparated 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 the couse, apartment, or mobile home were for sale of the couse. If this is an efficiency/studio apartment, print sumber of bedrooms
	s house, apartment, or mobile home?		



Housing (continued)

b. c. d. e. Cabbot this line of the line o	hot and cold running water? a bathtub or shower? a sink with a faucet? a stove or range? a refrigerator? an you or any member of this oth make and receive phone cois house, apartment, or mobiculude calls using cell phones, land ther phone devices. Yes	alls wi le hom	hen at ie?		b. b. lr fii ir c. sa ir	ellular data plan for a martphone or other mobile evice? roadband (high speed) nternet service such as cable, ber optic, or DSL service estalled in this household? atellite Internet service estalled in this household?	Yes	No
b. c. d. e. Cabbot this line of the line o	a bathtub or shower? a sink with a faucet? a stove or range? a refrigerator? an you or any member of this oth make and receive phone cois house, apartment, or mobiculude calls using cell phones, landher phone devices. Yes	alls wi le hom	hen at ie?		b. b. lr fii ir c. sa ir	martphone or other mobile evice? roadband (high speed) nternet service such as cable, ber optic, or DSL service nstalled in this household? atellite Internet service		
c. d. e. Cabo	a sink with a faucet? a stove or range? a refrigerator? an you or any member of this oth make and receive phone cis house, apartment, or mobiclude calls using cell phones, landher phone devices. Yes	alls wi le hom	hen at ie?		b. b lr fi ir c. s	roadband (high speed) nternet service such as cable, ber optic, or DSL service nstalled in this household? atellite Internet service		
d. e. Cabo th Incoti	a stove or range? a refrigerator? an you or any member of this oth make and receive phone cis house, apartment, or mobiculude calls using cell phones, landher phone devices. Yes	alls wi le hom	hen at ie?		fi ir c. sa ir	ber optic, or DSL service estalled in this household? atellite Internet service		
e. Cabo th Incote	a refrigerator? an you or any member of this oth make and receive phone cis house, apartment, or mobiculude calls using cell phones, landher phone devices. Yes	alls wi le hom	hen at ie?		c. s	nstalled in this household? atellite Internet service		
Cabo th Income	an you or any member of this oth make and receive phone cois house, apartment, or mobiculude calls using cell phones, land her phone devices. Yes	alls wi le hom	hen at ie?		ir			
th Incote	oth make and receive phone cois house, apartment, or mobiculude calls using cell phones, landher phone devices. Yes	alls wi le hom	hen at ie?		d d		Ш	
th Incoti	is house, apartment, or mobiclude calls using cell phones, land her phone devices. Yes	le hom	e?			ial-up Internet service stalled in this household?		
At			, OI			ome other service? Specify service 戻		
At								
At	No			1	Hov	w many automobiles, vans,	and tri	icks of
At				Ψ	one	-ton capacity or less are ke	ept at h	
	t this house, apartment, or mo you or any member of this h	obile h	ome – old own		use	by members of this house	hold?	
	use any of the following type				Ш	None		
		Yes	No			1		
a.	Desktop or laptop					2		
b.	Smartphone					3		
	Tablet or other portable wireless computer					4		
	Some other type of computer					5		
	Specify _₹					6 or more		
do	t this house, apartment, or mo you or any member of this h			13	hou	ich FUEL is used MOST for use, apartment, or mobile how for the fuel used Gas: Natural gas from undergothe neighborhood	ome? d most.	
	Yes, by paying a cell phone could Internet service provider	mpany	or			Gas: Bottled or tank (propane	, butane,	, etc.)
	Yes, without paying a cell phor Internet service provider → SKI	ne comp	oany or			Electricity		
	No access to the Internet at this	•				Fuel oil, kerosene, etc.		
L	or mobile home → SKIP to que					Coal or coke		
						Wood		
						Solar energy		
						Other fuel		
					H			
						No fuel used		

Housing (continued)

for this house, apartment, or mobile home? Last month's cost – Dollars	
Lust month a cost – Donais	Yes → What is the required monthly homeowners association fee
\$.00	and/or condominium fee? For
OR	renters, answer only if you pay the fee in addition to your rent;
Included in rent or condominium fee	otherwise, mark the "None" box.
	Monthly amount – <i>Dollars</i>
No charge or electricity not used	\$.00
b. LAST MONTH, what was the cost of gas for	OR
this house, apartment, or mobile home?	None
Last month's cost – <i>Dollars</i>	□ No
\$.00	I NO
OR	Is this house, apartment, or mobile home –
	Mark (X) ONE box.
Included in rent or condominium fee	Owned by you or someone in this household with a mortgage or loan? <i>Include home equity loans</i>
Included in electricity payment entered above	Owned by you or someone in this household fre
No charge or gas not used	and clear (without a mortgage or loan)?
c. IN THE PAST 12 MONTHS, what was the cost	Rented?
of water and sewer for this house, apartment,	Occupied without payment of rent? → SKIP to
or mobile home? If you have lived here less than 12 months, estimate the cost.	on the next page
Past 12 months' cost – <i>Dollars</i>	
Tast 12 months cost – Donars	Amount questions 10s and bif this bours
\$.00	Answer questions 18a and b if this house, apartment, or mobile home is RENTED.
OR	Otherwise, SKIP to question 19.
Included in rent or condominium fee	
	a. What is the monthly rent for this house,
No charge	apartment, or mobile home?
☐ No charge	
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this	apartment, or mobile home? Monthly amount – Dollars
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have	apartment, or mobile home?
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this	apartment, or mobile home? Monthly amount – Dollars \$.00
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars	apartment, or mobile home? Monthly amount – Dollars \$ 10,00 b. Does the monthly rent include any meals?
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	apartment, or mobile home? Monthly amount – Dollars \$.00
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals?
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars \$ 0.00	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge or these fuels not used	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge or these fuels not used IN THE PAST 12 MONTHS, did you or any member of this household receive benefits	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge or these fuels not used IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge or these fuels not used IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)?	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge or these fuels not used IN THE PAST 12 MONTHS, did you or any member of this household receive benefits	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost. Past 12 months' cost – Dollars OR Included in rent or condominium fee No charge or these fuels not used IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes



Housing (continued)

C	Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E.	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? Yes, home equity loan
	,	Yes, second mortgage
	OR None	Yes, second mortgage and home equity loan
	None	\square No \rightarrow SKIP to \square
3	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 – Dollars
	\$ 0,000 .00	\$ 00 00 .00
	None	OR
22	a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	No regular payment required
	Yes, mortgage, deed of trust, or similar debtYes, contract to purchase	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
	 No → SKIP to question 23a b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase. Monthly amount – Dollars \$ 0.00 OR No regular payment required → SKIP to question 23a 	What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes. Annual costs – Dollars \$ 10,000 E 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.



ast 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
irst Name MI	months → SKIP to question 12 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 name of foreign country, or Puerto Rico, Guam, etc.	grade 1 – 12 –
,	
	College undergraduate years (freshman to se
this person a citizen of the United States?	Graduate or professional school beyond a
Yes, born in the United States → SKIP to	bachelor's degree (for example: MA or PhD program, or medical or law school)
	What is the highest degree or level of school t
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or
Yes, born abroad of U.S. citizen parent or parents	highest degree received.
Yes, U.S. citizen by naturalization – Print year	NO SCHOOLING COMPLETED 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
hen did this person come to live in the	☐ grade 1 – 11 —
nited States? If this person came to live in the nited States 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)
	Master's degree (for example: MA, MS, MEng,



E	Answer question 13 if this person has a bachelor's	6 a.	Did this person live in this house or apartment 1 year ago?
	degree or higher. Otherwise, SKIP to question 14.		☐ Person is under 1 year old → SKIP to question 17
			Yes, this house → SKIP to question 17
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 the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIF to question 17
			No, different house in the United States or Puerto Rico
		b.	Where did this person live 1 year ago?
			Address (Number and street name)
A	What is this person's ancestry or ethnic origin?		
			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 U.S. county or municipio in Puerto Rico
B	a. Does this person speak a language other		Name of U.S. state or Puerto Rico ZIP Code
	than English at home?		
	No → SKIP to question 16a	ls fo	this person CURRENTLY covered by any of the bllowing types of health insurance or health
	b. What is this language?	CO	overage plans? Mark "Yes" or "No" for EACH type f coverage in items a – h.
		a.	Insurance through a current or Yes No
	For example Karsan Italian Spenish Vietnamese		former employer or union (of this person or another family member)
	For example: Korean, Italian, Spanish, Vietnamese	b.	Insurance purchased directly from an insurance company (by this
	c. How well does this person speak English?		person or another family member)
	☐ Very well ☐ Well		Medicare, for people 65 and older, or people with certain disabilities
	Not well	d.	Medicaid, Medical Assistance, or
	Not at all		any kind of government-assistance plan for those with low incomes or a disability
		e.	TRICARE or other military health care
		f.	VA (enrolled for VA health care)
		g.	Indian Health Service
			Any other type of health insurance or health coverage plan – <i>Specify</i> □



G Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.
	Because of a physical, mental, or emotional
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.	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?
Yes	□ No
No → SKIP to question 19a	
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
□ No	Divorced
ino	Separated
a. Is this person deaf or do they have serious difficulty hearing?	Never married → SKIP to J on the next page
Yes	In the PAST 12 MONTHS did this person get –
□ No	Yes No
b. Is this person blind or do they have serious difficulty seeing even when wearing glasses?	a. Married?
Yes	c. Divorced?
No	
	How many times has this person been married?
Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.	Once 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	
□ No	
b. Does this person have serious difficulty walking or climbing stairs?	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box.
Yes	Gay or lesbian
□ No	Straight, that is not gay or lesbian
c. Does this person have difficulty dressing or	Bisexual
bathing?	☐ This person uses a different term – Specify
Yes	
No	



J	Answer question 27 if this person's sex at birth was female and they are 15-50 years old.		U.S.	this person ever served on active duty in the Armed Forces, Reserves, or National Guard? & (X) ONE box.
L	Otherwise, SKIP to question 28a.			Never served in the military \rightarrow SKIP to question 32a
27	In the PAST 12 MONTHS, has this person given			Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
T	birth to any children?			Now on active duty
	Yes			On active duty in the past, but not now
28	a. Does this person have any of their own grandchildren under the age of 18 living in		U.S.	en did this person serve on active duty in the Armed Forces? Mark (X) a box for EACH period hich this person served, even if just for part of the bod.
	this house or apartment?			September 2001 or later (Post 9/11)
	YesNo → SKIP to question 29			August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for			June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?			August 1964 through May 1975 (including the Vietnam War)
	Yes			February 1955 through July 1964
	No → SKIP to question 29			June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible			January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,			December 1941 through December 1946 (including World War II)
	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.			November 1941 or earlier
	Less than 6 months	3) 4		oes this person have a VA service-connected isability rating?
	6 to 11 months			Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years			No → SKIP to question 32a
	3 or 4 years	١.	b. W	/hat is this person's service-connected
	5 or more years		d	isability rating?
				0 percent
				10 or 20 percent
				30 or 40 percent
			L	50 or 60 percent
				70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 33	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
At what location did this person work LAST WEEK? If this person worked at more than one location, print where they worked most last week. a. Address (Number and street name) If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	LAST WEEK, what time did this person's trip to work usually begin? Hour Minute a.m. p.m. How many minutes did it usually take this person to get from home to work LAST WEEK?
b. Name of city, town, or post office	Minutes
city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. 33 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c ☐ No b. LAST WEEK, was this person TEMPORARILY
f. ZIP Code How did this person usually get to work LAST	absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41 No → SKIP to question 39
WEEK? Mark (X) ONE box for the method of transportation used for most of the distance. Car, truck, or van Bus Motorcycle Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Other method	c. Has this person been informed that they will be recalled to work within the next 6 months OR been given a date to return to work? ☐ Yes → SKIP to question 40 ☐ No



During the LAST 4 WEEKS, has this person b	
ACTIVELY looking for work?	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
YesNo → SKIP to question 41	
	DESCRIPTION OF EMPLOYMENT
LAST WEEK, could this person have started if offered one, or returned to work if recalled	d? 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, e	a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years?
When did this person last work, even for a few days?	Mark (X) ONE box.
Within the past 12 months	PRIVATE SECTOR EMPLOYEE
1 to 5 years ago → SKIP to M	For-profit company or organization
Over 5 years ago or never worked → SKIP to question 45	Non-profit organization (including tax-exempt and charitable organizations)
'	GOVERNMENT EMPLOYEE
 a. During the PAST 12 MONTHS (52 weeks), this person work EVERY week? Count paid vacation, paid sick leave, and militar 	county school district)
service as work.	State government (including state colleges/universities)
Yes → SKIP to question 43	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,
Weeks	professional practice, or farm Owner of incorporated business,
	professional practice, or farm Worked without pay in a for-profit family
During the PAST 12 MONTHS, in the WEEKS	business or farm for 15 hours or more per wee
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,



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.

	Will ad annual distriction of the control of the co	d. Social Security or Railroad Retirement.
е	. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Kaliroad Ketirement.
		☐ Yes → \$.00
		□ No TOTAL AMOUNT for past
f.	Describe this person's most important activities	12 months
	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.
•	NCOME IN THE PAST 12 MONTHS	
	Mark (X) the "Yes" box for each type of income this	Yes → \$.00
!	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	No TOTAL AMOUNT for past 12 months
	today'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 right of the dollar amount.	other accounts specifically designed for retirement. Do not include Social Security.
1	For income received jointly, report the appropriate share for each person – or, if that's not possible,	☐ Yes → \$.00
- 1	report the whole amount for only one person and mark the "No" box for the other person.	No TOTAL AMOUNT for past 12 months
á	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 → \$,, .00	Yes → \$ 00
	No TOTAL AMOUNT for past 12 months	, .00
	o. Self-employment income from own nonfarm	TOTAL AMOUNT for past 12 months
	husinesses or farm husinesses including	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 45a to 45h; 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 \$ 0,000 .00
•	income, or income from estates and trusts. Report even small amounts credited to an account.	None Loss TOTAL AMOUNT for past 12 months
	□ Yes → \$	
	No TOTAL AMOUNT for past Loss	



ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which lead to a high school diploma or a college degree.
irst Name MI	No, has not attended in the last 3 months → SKIP to question 12
	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 attend Mark (X) ONE box.
In the United States – Print name of state.	Nursery school, preschool
in the emited states "Time name of state."	
	☐ Kindergarten ☐ Grade 1 through 12 – Specify
Outside the United States – Print name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	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
Yes, born in the United States → SKIP to question 11a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the	What is the highest degree or level of school t
U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or
Yes, born abroad of U.S. citizen parent or parents	highest dégree received.
Yes, U.S. citizen by naturalization – <i>Print year</i>	NO SCHOOLING COMPLETED
of naturalization 🖟	No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 1
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 – Specify
Vhen did this person come to live in the Jnited States? If this person came to live in the	
Inited States 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,



Doctorate degree (for example: PhD, EdD)

	kIDL a. Did thic narcan liva in thic halled ar anartma
Answer question 13 if this person has a bachelor's	a. Did this person live in this house or apartment 1 year ago?
degree or higher. Otherwise, SKIP to question 14.	Person is under 1 year old → SKIP to question
	Yes, this house → SKIP to question 17
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 the United States and Puerto Rico Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then Sk to question 17
	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin?	Name of city, town, or post office
	realine 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 U.S. county or municipio in Puerto Ri
a. Does this person speak a language other	Name of U.S. state or Puerto Rico ZIP Code
than English at home?	
No → SKIP to question 16a	Is this person CURRENTLY covered by any of the following types of health insurance or health
b. What is this language?	coverage plans? Mark "Yes" or "No" for EACH type
	of coverage in items a – h.
	of coverage in items a – h. a. Insurance through a current or former employer or union (of this
For example: Korean, Italian, Spanish, Vietnamese	of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member)
	of coverage in items a – h. a. Insurance through a current or former employer or union (of this
For example: Korean, Italian, Spanish, Vietnamese	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	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



Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.
 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 19a 	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 Separated
a. Is this person deaf or do they have serious difficulty hearing? Yes No b. Is this person blind or do they have serious difficulty seeing even when wearing glasses?	Never married → SKIP to J on the next page 23 In the PAST 12 MONTHS did this person get – Yes No a. Married? b. Widowed?
H Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.	c. Divorced? How many times has this person been married? Once Two 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
 b. Does this person have serious difficulty walking or climbing stairs? Yes No 	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box. Gay or lesbian Straight, that is not gay or lesbian
c. Does this person have difficulty dressing or bathing? Yes No	☐ Bisexual ☐ This person uses a different term – Specify ☐



J	Answer question 27 if this person's sex at birth was female and they are 15-50 years old. Otherwise, SKIP to question 28a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Otherwise, SKIF to question zoa.	Never served in the military → SKIP to question 32a
27)	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
T	birth to any children?	Now on active duty
	Yes	On active duty in the past, but not now
	□ No	
28	a. Does this person have any of their 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 (Post 9/11)
	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	June 1975 through July 1990
		August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom	December 1941 through December 1946 (including World War II)
	the grandparent has been responsible for the longest period of time.	November 1941 or earlier
	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	b. What is this person's service-connected
	5 or more years	disability rating?
		0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 33	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
At what location did this person work LAST WEEK? If this person worked at more than one location, print where they worked most last week. a. Address (Number and street name) If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	LAST WEEK, what time did this person's trip to work usually begin? Hour Minute a.m. p.m. 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	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a.
No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 38c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41 No → SKIP to question 39
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. Car, truck, or van Bus Motorcycle Subway or elevated rail Long-distance train or commuter rail Worked from home → SKIP to question 42a Ferryboat Other method	c. Has this person been informed that they will be recalled to work within the next 6 months OR



39	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
	∐ Yes	
	No → SKIP to question 41	DESCRIPTION OF EMPLOYMENT
10	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 o 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.
D	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 th person's employment last week or the most recent employment in the past 5 years?
Ī	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 45	Non-profit organization (including tax-exempt and charitable organizations)
5	a. During the PAST 12 MONTHS (52 weeks), did	GOVERNMENT EMPLOYEE
	this person work EVERY week? Count paid vacation, paid sick leave, and military	Local government (for example: city or county school district)
	service as work.	State government (including state colleges/universities)
	Yes → SKIP to question 43	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 we
3	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 employe 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 provate 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?		Soc	ial Sec	urity o	r Rail	road Re	etireme	ent.
	(For example: 4th grade teacher, entry-level plumbe	er) 		Yes →	\$.00	
			_		Ψ	,			
		_	Ш	No		AMO 12 mg	UNT for	past	
f.	Describe this person's most important activiti or duties. (For example: instruct and evaluate stude and create lesson plans, assemble and install pipe	nto	Sup	plemer	ntal Se	curit	y Incon	ne (SSI)	
	sections and review building plans for work details)								
				Yes →	\$,		.00	
				No		AMO 12 mo	UNT for onths	past	
		f. A	Any	public n the st	assist ate or	ance local	or welf welfar	are pay e office	/ments).
)	NCOME IN THE PAST 12 MONTHS			V >	d			00	
٨	Mark (X) the "Yes" box for each type of income this			Yes →	a	,		.00	
T (1	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		Ш	No		AMO 12 mo	UNT for onths	past	
to	oday's date one year ago up through today.)	g. F	Reti	remen	t incon	ne, p	ensions	, surviv	or or
	Mark (X) the "No" box to show types of income IOT received.	ϵ	emp	loyer oi	union,	or ar	ny regula	ar withd	n a previous rawals or 403(b), or
I 1	net income was a loss, mark the "Loss" box to the	C	othe	r accou	nts spe	cifical	lly desig		retirement.
	ght of the dollar amount.		ו טכ	ot inclu	de Soci	iai se	curity.		
F	or income received jointly, report the appropriate hare for each person – or, if that's not possible,			Yes →	\$.00	
r	eport the whole amount for only one person and nark the "No" box for the other person.			No	TOTA	L AM(12 n	OUNT fo	r past	
а	. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions f	·or r	egi	ılarly s	uch as	Vete	ncome rans' (\	A) pay	ments,
	taxes, bonds, dues, or other items.	a	alim	ony. D	o NOT	includ	de lump	sum pa	support or yments such e of a home.
	Yes → \$, .00			Yes →	•			00	
	No TOTAL AMOUNT for past 12 months				ф		,	.00	
h	. Self-employment income from own nonfarm			No	TOTA		OUNT fo nonths	r past	
,	businesses or farm businesses, including	46 Wh	at v	wae thi	e narec	nn'e t	otal inc	ome di	uring the
	proprietorships and partnerships. Report NET income after business expenses.	PA 45h	ST n; su	12 MOI btract a	NTHS? ny loss	Add es. If	entries i net inco	n questi me was	ions 45a to a loss, ente
	☐ Yes → \$,			ount an amount.		(X) tr	ne "Loss	" box ne	ext to the
	No TOTAL AMOUNT for past Loss 12 months		0	R \$), (.00	
С	. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account		е			AMOl 12 mo	JNT for poinths	past	Loss
	☐ Yes → \$.00								
	No TOTAL AMOUNT for past Loss	s							
	12 months								
		Cor	ntir	ue wit	h the q	uest	ions fo	Person	n 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

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which lead to a high school diploma or a college degree.
irst Name MI	No, has not attended in the last 3 months → SKIP to question 12
	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 attend 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 name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	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
Yes, born in the United States → SKIP to question 11a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the	What is the highest degree or level of school to person has COMPLETED? Mark (X) ONE box.
U.S. Virgin Islands, or Northern Marianas	If currently enrolled, mark the previous grade or
Yes, born abroad of U.S. citizen parent or parents	highest dégree received.
Yes, U.S. citizen by naturalization – <i>Print year</i>	NO SCHOOLING COMPLETED
of naturalization 🚽	Nursery or preschool through grade 1
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 − Specify grade 1 − 11 ¬
Vhen did this person come to live in the Jnited States? If this person came to live in the	
Inited States 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,



Doctorate degree (for example: PhD, EdD)

	kIDL a. Did thic narcan liva in thic halled ar anartma
Answer question 13 if this person has a bachelor's	a. Did this person live in this house or apartment 1 year ago?
degree or higher. Otherwise, SKIP to question 14.	Person is under 1 year old → SKIP to question
	Yes, this house → SKIP to question 17
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 the United States and Puerto Rico Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then Sk to question 17
	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin?	Name of city, town, or post office
	realine 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 U.S. county or municipio in Puerto Ri
a. Does this person speak a language other	Name of U.S. state or Puerto Rico ZIP Code
than English at home?	
No → SKIP to question 16a	Is this person CURRENTLY covered by any of the following types of health insurance or health
b. What is this language?	coverage plans? Mark "Yes" or "No" for EACH type
	of coverage in items a – h.
	of coverage in items a – h. a. Insurance through a current or former employer or union (of this
For example: Korean, Italian, Spanish, Vietnamese	of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member)
	of coverage in items a – h. a. Insurance through a current or former employer or union (of this
For example: Korean, Italian, Spanish, Vietnamese	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	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



Davaan 1	2 / 2 2 2	4:	
Person 3	5 ICOI		

G	Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.
Œ	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	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
١	No → SKIP to question 19a	63) What is this way of manifest status?
	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 Widowed
ı	Yes	Divorced
ı	No	
Œ	a. Is this person deaf or do they have serious difficulty hearing?	Separated Never married → SKIP to J on the next page
	Yes	23 In the PAST 12 MONTHS did this person get -
ı	No	Yes No
	b. Is this person blind or do they have serious difficulty seeing even when wearing glasses?Yes	a. Married? b. Widowed?
ı	No	C. Divorced:
١		How many times has this person been married?
H	Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.	Once Two times
П		Three or more times
20	a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes	In what year did this person last get married? Year
١	No	
	b. Does this person have serious difficulty walking or climbing stairs?	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box.
	Yes	Gay or lesbian
	No	Straight, that is not gay or lesbian
	c. Does this person have difficulty dressing or	Bisexual
	bathing?	☐ This person uses a different term – Specify 📈
	Yes	
	No	

J	Answer question 27 if this person's sex at birth was female and they are 15-50 years old. Otherwise, SKIP to question 28a.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Otherwise, SKIF to question zoa.	Never served in the military → SKIP to question 32a
27)	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
T	birth to any children?	Now on active duty
	Yes	On active duty in the past, but not now
	□ No	
28	a. Does this person have any of their 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 (Post 9/11)
	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	June 1975 through July 1990
		August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom	December 1941 through December 1946 (including World War II)
	the grandparent has been responsible for the longest period of time.	November 1941 or earlier
	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	b. What is this person's service-connected
	5 or more years	disability rating?
		0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher



32	 a. LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 33 	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
33	 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a At what location did this person work LAST WEEK? If this person worked at more than one location, print where they worked most last week. a. Address (Number and street name) 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s) Person(s) LAST WEEK, what time did this person's trip to work usually begin? 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. b. Name of city, town, or post office	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. 38 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c
	e. Name of U.S. state or foreign country f. ZIP Code	 No b. LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41
34	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. Car, truck, or van Bus Motorcycle Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Other method	 No → SKIP to question 39 c. Has this person been informed that they will be recalled to work within the next 6 months OR been given a date to return to work? Yes → SKIP to question 40 No



During the LAST 4 WEEKS ACTIVELY looking for wor	, has this person been rk?	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
No → SKIP to question 4	.11	
No 2 only to question 4		DESCRIPTION OF EMPLOYMENT
 LAST WEEK, could this pe if offered one, or returned 		The next series of questions is about the type of employment this person had last week.
Yes, could have gone to		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 tem	porary illness	employment in the past five years.
No, because of all other When did this person last		a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.
few days?		PRIVATE SECTOR EMPLOYEE
Within the past 12 mont		For-profit company or organization
1 to 5 years ago → SKIPOver 5 years ago or nev		Non-profit organization (including tax-exempt and charitable organizations)
question 45		GOVERNMENT EMPLOYEE
a. During the PAST 12 MO this person work EVER	/ week? Count	Local government (for example: city or county school district)
paid vacation, paid sick service as work.	·	State government (including state colleges/universities)
Yes → SKIP to questionNo	on 43	Active duty U.S. Armed Forces or Commissioned Corps
		Federal government civilian employee
b. During the PAST 12 MC many WEEKS did this pe	erson work? Include	SELF-EMPLOYED OR OTHER
paid time off and includ person only worked for		Owner of non-incorporated business, professional practice, or farm
Weeks		Owner of incorporated business, professional practice, or farm
During the DACT 12 MONI		Worked without pay in a for-profit family business or farm for 15 hours or more per wee
WORKED, how many hour usually work each WEEK?	s did this person	b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?
Usual hours worked each WE	EK	Armeu Forces?
		c. What kind of business or industry was this? Include the main activity, product, or service provid 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.)?



е	. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Railroad Retirement.
		☐ Yes → \$.00
		No TOTAL AMOUNT for past 12 months
f.	Describe this person's most important activities or duties. (For example: instruct and evaluate students	e. Supplemental Security Income (SSI).
	and create lesson plans, assemble and install pipe 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.
	NCOME IN THE PAST 12 MONTHS	□ Yes → \$.00
ı	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.	No TOTAL AMOUNT for past
(NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	g. Retirement income, pensions, survivor or
	Mark (X) the "No" box to show types of income	disability income. Include income from a previous
	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 right of the dollar amount.	other accounts specifically designed for retirement. Do not include Social Security.
I	For income received jointly, report the appropriate	☐ Yes → \$.00
ı	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
	a. Wages, salary, commissions, bonuses, or tips	h. Any other sources of income received
	from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such
	Yes → \$ 00	as money from an inheritance or the sale of a home.
	No TOTAL AMOUNT for past	☐ Yes → \$.00
	12 months	No TOTAL AMOUNT for past
-	o. Self-employment income from own nonfarm	12 months
	proprietorships and partnerships. Hepott	What was this person's total income during the
	NET income after business expenses.	PAST 12 MONTHS? Add entries in questions 45a to 45h; 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 \$ □, □ □ .00 □
	c. Interest, dividends, net rental income, royalty	None Loss TOTAL AMOUNT for past 12 months
	income, or income from estates and trusts. Report even small amounts credited to an account.	12 montais
	□ Yes → \$.00	
	No TOTAL AMOUNT for past Loss	
	12 months	Continue with the questions for Person 4 on the
		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

ast Name	nursery or preschool, kindergarten, elementary school, home school, and schooling which lead to a high school diploma or a college degree.
irst Name MI	No, has not attended in the last 3 months → SKIP to question 12
irst Name MI	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 attended 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 name of	grade 1 – 12 –
foreign country, or Puerto Rico, Guam, etc.	
	College undergraduate years (freshman to se
s this person a citizen of the United States? Yes, born in the United States → SKIP to	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD
question 11a	program, or medical or law school)
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	What is the highest degree or level of school to 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> of naturalization	No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 1
	Nursery school
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 – Specify
When did this person come to live in the	☐ grade 1 – 11 —
Jnited States? If this person came to live in the Jnited States 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)



	kIDL a. Did thic narcan liva in thic halled ar anartma
Answer question 13 if this person has a bachelor's	a. Did this person live in this house or apartment 1 year ago?
degree or higher. Otherwise, SKIP to question 14.	Person is under 1 year old → SKIP to question
	Yes, this house → SKIP to question 17
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 the United States and Puerto Rico Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then Sk to question 17
	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin?	Name of city, town, or post office
	realine 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 U.S. county or municipio in Puerto Ri
a. Does this person speak a language other	Name of U.S. state or Puerto Rico ZIP Code
than English at home?	
No → SKIP to question 16a	Is this person CURRENTLY covered by any of the following types of health insurance or health
b. What is this language?	coverage plans? Mark "Yes" or "No" for EACH type
	of coverage in items a – h.
	of coverage in items a – h. a. Insurance through a current or former employer or union (of this
For example: Korean, Italian, Spanish, Vietnamese	of coverage in items a – h. a. Insurance through a current or former employer or union (of this person or another family member)
	of coverage in items a – h. a. Insurance through a current or former employer or union (of this
For example: Korean, Italian, Spanish, Vietnamese	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	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
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English? Very well Well Not well	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



G Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.
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 19a	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 Separated
a. Is this person deaf or do they have serious difficulty hearing? Yes No	Never married → SKIP to J on the next page In the PAST 12 MONTHS did this person get – Yes No a. Married?
b. Is this person blind or do they have serious difficulty seeing even when wearing glasses? Yes No	b. Widowed? c. Divorced? How many times has this person been married?
Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.	☐ Once ☐ Two times ☐ Three or more times
difficulty concentrating, remembering, or making decisions? Yes No	Year Year
b. Does this person have serious difficulty walking or climbing stairs? Yes No	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box. Gay or lesbian Straight, that is not gay or lesbian
c. Does this person have difficulty dressing or bathing? Yes No	☐ Bisexual ☐ This person uses a different term – Specify ☐



J	Answer question 27 if this person's sex at birth was female and they are 15-50 years old.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Otherwise, SKIP to question 28a.	Never served in the military → SKIP to question 32a
27	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
Y	birth to any children?	Now on active duty
	Yes	On active duty in the past, but not now
	□ No	
28	a. Does this person have any of their 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 (Post 9/11)
	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for	June 1975 through July 1990
	most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	c. How long has this grandparent been responsible	January 1947 through May 1950
	for these grandchildren? If the grandparent is financially responsible for more than one grandchild,	December 1941 through December 1946 (including World War II)
	answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier
	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	b. What is this person's service-connected
	5 or more years	disability rating?
		0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 33	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
At what location did this person work LAST WEEK? If this person worked at more than one location, print where they worked most last week. a. Address (Number and street name) If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	LAST WEEK, what time did this person's trip to work usually begin? Hour Minute a.m. p.m. 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	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a.
No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 38c No b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41 No → SKIP to question 39
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. Car, truck, or van Bus Motorcycle Subway or elevated rail Long-distance train or commuter rail Worked from home → SKIP to question 42a Ferryboat Other method	c. Has this person been informed that they will be recalled to work within the next 6 months OR



39	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.
	No → SKIP to question 41	44 DESCRIPTION OF EMPLOYMENT
40	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 o at which the most hours were worked. If this persor did not work last week, describe the most recent
	No, because of own temporary illness	employment in the past five years.
A)	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 the person's employment last week or the most recent employment in the past 5 years?
Y	few days?	Mark (X) ONE box.
	Within the past 12 months	PRIVATE SECTOR EMPLOYEE
	1 to 5 years ago → SKIP to M	For-profit company or organization
	Over 5 years ago or never worked → SKIP to question 45	Non-profit organization (including tax-exempt and charitable organizations)
		GOVERNMENT EMPLOYEE
42	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 or county school district)
	service as work.	State government (including state colleges/universities)
	Yes → SKIP to question 43	Active duty U.S. Armed Forces or
	No	Commissioned Corps
	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	SELF-EMPLOYED OR OTHER
	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
43)	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 employe 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 prov 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 plumber)		
f.	or do	uties. (Fe create les	is person's most important activities or example: instruct and evaluate students son plans, assemble and install pipe review building plans for work details)		
ı	ICO I	ME IN TI	HE PAST 12 MONTHS		
р Т (1	ersor OTAL NOTE	n receive L AMOUI E: The "pa	Yes" box for each type of income this d, and give your best estimate of the NT during the PAST 12 MONTHS. ast 12 months" is the period from ne year ago up through today.)		
		X) the "l eceived.	No" box to show types of income		
	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.					
а	froi	n all job	ary, commissions, bonuses, or tips as. Report amount before deductions for s, 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 →	\$ 0.000.000 .00		
		No	TOTAL AMOUNT for past 12 months Loss		
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.					
		Yes →	\$ 0.000.000 .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 45a to 45h; 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 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 12
irst Name N	Yes, public school, public college
	Yes, private school, private college, home sch
Vhere 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 name of foreign country, or Puerto Rico, 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
Yes, born in the United States → SKIP to	bachelor's degree (for example: MA or PhD program, or medical or law school)
question 11a	What is the highest degree or level of school t
Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or
Yes, born abroad of U.S. citizen parent or parent	highest degree received.
Yes, U.S. citizen by naturalization – <i>Print year</i>	NO SCHOOLING COMPLETED
of naturalization 🙀	Nursery or preschool Through Grade 1:
	Nursery school
No, not a U.S. citizen	Kindergarten
No, not a 0.3. citizen	Grade 1 through 11 – Specify
When did this person come to live in the	grade 1 – 11 –
Jnited States? If this person came to live in the Jnited States more than once, print latest year.	
ear .	T 404 I NO DIDI ONA
	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)



Answer question 13 if this person has a bachelor's	a. Did this person live in this house or apartm 1 year ago?
degree or higher. Otherwise, SKIP to question 14.	Person is under 1 year old → SKIP to question
	Yes, this house → SKIP to question 17
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 the United States and Puerto Ric Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then S to question 17
	No, different house in the United States or Puerto Rico
	b. Where did this person live 1 year ago?
	Address (Number and street name)
What is this person's ancestry or ethnic origin?	
	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 U.S. county or municipio in Puerto F
a. Does this person speak a language other	Name of U.S. state or Puerto Rico ZIP Code
than English at home?	
No → SKIP to question 16a	Is this person CURRENTLY covered by any of following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH types"
b. What is this language?	of coverage in items a – h.
	a. Insurance through a current or former employer or union (of this
For example: Korean, Italian, Spanish, Vietnamese	person or another family member)
For example: Korean, Italian, Spanish, Vietnamese c. How well does this person speak English?	
	b. Insurance purchased directly from an insurance company (by this
c. How well does this person speak English? Very well Well Not well	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
c. How well does this person speak English? Very well Well	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
c. How well does this person speak English? Very well Well Not well	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
c. How well does this person speak English? Very well Well Not well	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
c. How well does this person speak English? Very well Well Not well	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
c. How well does this person speak English? Very well Well Not well	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 f. VA (enrolled for VA health care)



G Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.	Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 48.
meatin insurance. Otherwise, OKII to question 15a.	
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	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
No → SKIP to question 19a	
	What is this person's marital status? Now married
Yes	Widowed
□ No	Divorced
	Separated
a. Is this person deaf or do they have serious difficulty hearing?	Never married → SKIP to J on the next page
Yes	In the PAST 12 MONTHS did this person get –
☐ No	Yes No
b. Is this person blind or do they have serious difficulty seeing even when wearing glasses?	a. Married?
Yes	c. Divorced?
□ No	
Annual musting 20s of this games is 5 years	How many times has this person been married? Once
Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing 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	
□ No	Which of the following best represents how this
b. Does this person have serious difficulty walking or climbing stairs?	Which of the following best represents how this person thinks of themselves? Mark (X) ONE box.
Yes	Gay or lesbian
□ No	Straight, that is not gay or lesbian
c. Does this person have difficulty dressing or bathing?	Bisexual
Yes	☐ This person uses a different term – Specify →
No	



		6 11 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
J	Answer question 27 if this person's sex at birth was female and they are 15-50 years old.	Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
	Otherwise, SKIP to question 28a.	Never served in the military → SKIP to question 32a
27	In the PAST 12 MONTHS, has this person given	Only on active duty for training in the Reserves or National Guard → SKIP to question 31a
Y	birth to any children?	Now on active duty
	Yes	On active duty in the past, but not now
	No	
28	a. Does this person have any of their 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 (Post 9/11)
	No → SKIP to question 29	August 1990 through August 2001 (including the Persian Gulf War)
	b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?	June 1975 through July 1990
		August 1964 through May 1975 (including the Vietnam War)
	Yes	February 1955 through July 1964
	No → SKIP to question 29	June 1950 through January 1955 (including the Korean War)
	a How long has this grandparent been responsible	January 1947 through May 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.	December 1941 through December 1946 (including World War II)
		November 1941 or earlier
	Less than 6 months	a. Does this person have a VA service-connected disability rating?
	6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)
	1 or 2 years	No → SKIP to question 32a
	3 or 4 years	
	5 or more years	b. What is this person's service-connected disability rating?
		0 percent
		10 or 20 percent
		30 or 40 percent
		50 or 60 percent
		70 percent or higher



a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 33	Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.
 No - Did not work (or retired) b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 38a 	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
At what location did this person work LAST WEEK? If this person worked at more than one location, print where they worked most last week. a. Address (Number and street name) If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	LAST WEEK, what time did this person's trip to work usually begin? Hour Minute a.m. p.m. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits d. Name of county e. Name of U.S. state or foreign country	Answer questions 38 – 41 if this person did NOT work last week. Otherwise, SKIP to question 42a. 33 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 38c ☐ No b. LAST WEEK, was this person TEMPORARILY
f. ZIP Code 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.	absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 41 No → SKIP to question 39 c. Has this person been informed that they will be recalled to work within the next 6 months OR
Car, truck, or van Bus Motorcycle Subway or elevated rail Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Car, truck, or van Taxi or ride-hailing services Motorcycle Bicycle Walked Worked from home → SKIP to question 42a	la a cui sifu a su a da da da su a da su a da Calanda D



39	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?	Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.	
	No → SKIP to question 41	DESCRIPTION OF EMPLOYMENT	
40	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 at which the most hours were worked. If this perso did not work last week, describe the most recent	
	No, because of own temporary illness	employment in the past five years.	
41)	No, because of all other reasons (in school, etc.)	a. Which one of the following best describes t person's employment last week or the most recent employment in the past 5 years?	
Ψ	When did this person last work, even for a few days?	Mark (X) ONE box.	
	Within the past 12 months	PRIVATE SECTOR EMPLOYEE	
	1 to 5 years ago → SKIP to M	For-profit company or organization	
	Over 5 years ago or never worked → SKIP to question 45	Non-profit organization (including tax-exempt and charitable organizations)	
	'	GOVERNMENT EMPLOYEE	
42)	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 or county school district)	
	service as work.	State government (including state colleges/universities)	
	Yes → SKIP to question 43	Active duty U.S. Armed Forces or	
	No	Commissioned Corps	
	b. During the PAST 12 MONTHS (52 weeks), how	Federal government civilian employee	
	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	
		Worked without pay in a for-profit family business or farm for 15 hours or more per w	veek
43)	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 employ business, agency, or branch of the	er,
	Usual hours worked each WEEK	Armed Forces?	
		c. What kind of business or industry was this? Include the main activity, product, or service pro 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.)?	

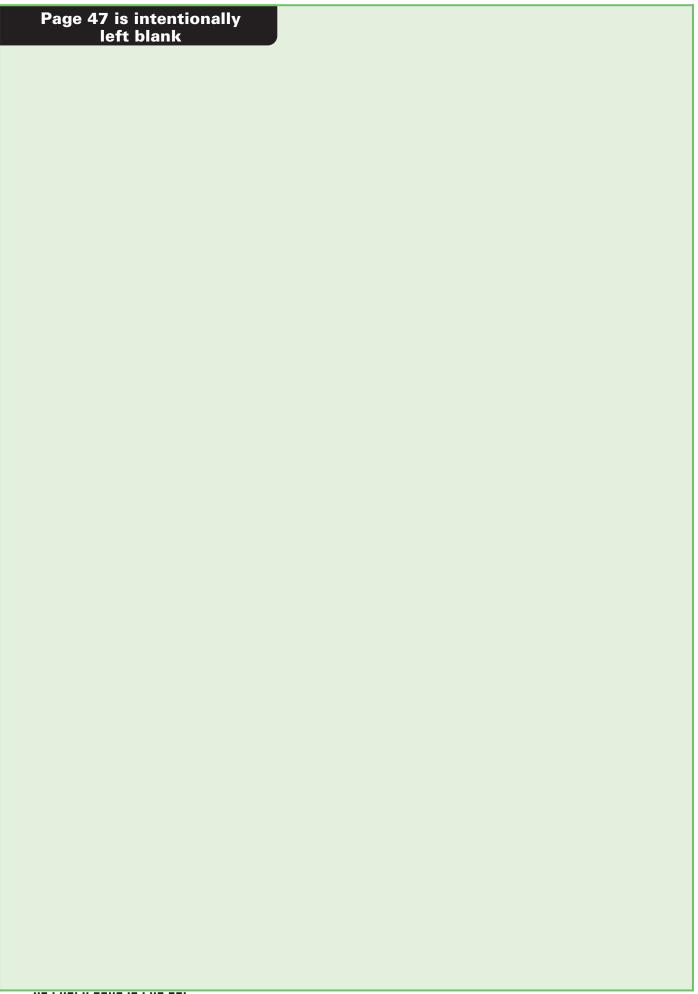


е	. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Railroad Retirement.
	(For example, 4th grade teacher, entry-level plumber)	□ Yes → \$.00
		No TOTAL AMOUNT for past
f.	Describe this person's most important activities	12 months
	or 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.
•	INCOME IN THE PAST 12 MONTHS	Troil the state of local werrare office.
	Mark (X) the "Yes" box for each type of income this	Yes → \$.00
	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	No TOTAL AMOUNT for past 12 months
7	today'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
	If net income was a loss, mark the "Loss" box to the	other accounts specifically designed for retirement. Do not include Social Security.
	right of the dollar amount.	De not morade decial decanty.
	For income received jointly, report the appropriate share for each person – or, if that's not possible,	Yes → \$.00
1	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
	☐ Yes → \$.00	as money from an inheritance or the sale of a home.
	No TOTAL AMOUNT for past	☐ Yes → \$.00
	12 months	No TOTAL AMOUNT for past 12 months
1	b. Self-employment income from own nonfarm businesses or farm businesses, including	
	proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 45a to
		45h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the
	Yes → \$,	dollar amount.
	No TOTAL AMOUNT for past Loss 12 months	□ OR \$
	c. Interest, dividends, net rental income, royalty	None TOTAL AMOUNT for past Loss
	income, or income from estates and trusts. Report even small amounts credited to an account.	12 months
	□ Yes → \$	
	No TOTAL AMOUNT for past Loss 12 months	



on page 48.

Now continue with the mailing instructions





Mailing Instructions

- Please make sure you have...
 - listed all names and answered the questions on pages 2–7
 - answered all Housing questions
 - answered all Person questions for each person
- Then...
 - put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

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

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

Thank you for participating in the American Community Survey.

For Census Bureau Use				
POP	EDIT	PHONE	JIC1	JIC2
EDIT CLE	RK TI	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-1(X)SGO (02-26-2024)



Attachment C: Return Envelope



OFFICIAL BUSINESS Penalty for Private Use \$300

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 16081 WASHINGTON DC

POSTAGE WILL BE PAID BY THE U.S. CENSUS BUREAU

U.S. CENSUS BUREAU NATIONAL PROCESSING CENTER PO BOX 5240 JEFFERSONVILLE IN 47199-5240