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

United States® Census Bureau

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
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OPEN IMMEDIATELY

The American Community Survey
Form Enclosed

YOUR RESPONSE IS REQUIRED BY LAW

United States® Census Bureau

Attachment C: ACS Follow-up Letter

United States® Census Bureau

U.S. Census Bureau
Washington, DC 20233
Office of the Director

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

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

Complete the survey using ONLY ONE of the following options:

- Respond online at **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 L. Santos

Nota: Vea al otro lado para responder en español.

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.

United States® Census Bureau

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

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

Last Name

First Name MI

Area Code + Number

–

How many people are living or staying at this address?

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

Number of people

Fill out pages 2–7 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

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

Please print today's date.

Month Day Year

1 What is Person 1's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?

☒ Person 1

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

4 What sex was Person 1 assigned at birth?
Mark (X) ONE box.

☐ Male ☐ Female

5 What is Person 1's current gender?
Mark (X) one or more boxes. If this person is less than 15 years old, SKIP to the next question.

☐ Male
☐ Female
☐ Transgender
☐ Nonbinary
☐ This person uses a different term – *Specify*

NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this survey, Hispanic origins are not races.

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

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

7 What is Person 1's race?
*Mark (X) one or more boxes **AND** print origins.*

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

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

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

☐ Chinese ☐ Vietnamese ☐ Native Hawaiian
☐ Filipino ☐ Korean ☐ Samoan
☐ Asian Indian ☐ Japanese ☐ Chamorro

☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*

☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

☐ Some other race – *Print race or origin.*

Person 2

1 What is Person 2's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?
Mark (X) ONE box.

- ☐ Spouse
- ☐ Unmarried partner
- ☐ Biological child
- ☐ Adopted child
- ☐ Stepchild
- ☐ Sibling
- ☐ Parent
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

4 What sex was Person 2 assigned at birth?
Mark (X) ONE box.

☐ Male ☐ Female

5 What is Person 2's current gender?
Mark (X) one or more boxes. If this person is less than 15 years old, SKIP to the next question.

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Nonbinary
- ☐ This person uses a different term – *Specify*

➜ NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this survey, Hispanic origins are not races.

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

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

7 What is Person 2's race?
*Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

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

Person 3

1 What is Person 3's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?
Mark (X) ONE box.

- ☐ Spouse
- ☐ Unmarried partner
- ☐ Biological child
- ☐ Adopted child
- ☐ Stepchild
- ☐ Sibling
- ☐ Parent
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

4 What sex was Person 3 assigned at birth?
Mark (X) ONE box.

☐ Male ☐ Female

5 What is Person 3's current gender?
Mark (X) one or more boxes. If this person is less than 15 years old, SKIP to the next question.

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Nonbinary
- ☐ This person uses a different term – *Specify*

➜ NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this survey, Hispanic origins are not races.

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

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

7 What is Person 3's race?
*Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

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

Person 4

1 What is Person 4's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?
Mark (X) ONE box.

- ☐ Spouse
- ☐ Unmarried partner
- ☐ Biological child
- ☐ Adopted child
- ☐ Stepchild
- ☐ Sibling
- ☐ Parent
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

4 What sex was Person 4 assigned at birth?
Mark (X) ONE box.

- ☐ Male
- ☐ Female

5 What is Person 4's current gender?
Mark (X) one or more boxes. If this person is less than 15 years old, SKIP to the next question.

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Nonbinary
- ☐ This person uses a different term – *Specify*

➜ NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this survey, Hispanic origins are not races.

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

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

7 What is Person 4's race?
*Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

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

Person 5

1 What is Person 5's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?
Mark (X) ONE box.

- ☐ Spouse
- ☐ Unmarried partner
- ☐ Biological child
- ☐ Adopted child
- ☐ Stepchild
- ☐ Sibling
- ☐ Parent
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

4 What sex was Person 5 assigned at birth?
Mark (X) ONE box.

- ☐ Male
- ☐ Female

5 What is Person 5's current gender?
Mark (X) one or more boxes. If this person is less than 15 years old, SKIP to the next question.

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Nonbinary
- ☐ This person uses a different term – *Specify*

➜ NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this survey, Hispanic origins are not races.

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

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

7 What is Person 5's race?
*Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

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

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

Person 6

Last Name *(Please print)* | First Name | MI

Age (in years) | **Date of birth** Month / Day / Year of birth | **Related to Person 1?** ☐ Yes ☐ No

Person 7

Last Name *(Please print)* | First Name | 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 Name | MI

Age (in years) | **Date of birth** Month / Day / Year of birth | **Related to Person 1?** ☐ Yes ☐ No

Person 9

Last Name *(Please print)* | First Name | 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 Name | 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 Name | MI

Age (in years) | **Date of birth** Month / Day / Year of birth | **Related to Person 1?** ☐ Yes ☐ No

Person 12

Last Name *(Please print)* | First Name | MI

Age (in years) | **Date of birth** Month / Day / Year of birth | **Related to Person 1?** ☐ Yes ☐ No

Housing

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

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

- ☐ A mobile home
- ☐ A one-family house detached from any other house
- ☐ A one-family house attached to one or more houses
- ☐ A building with 2 apartments
- ☐ A building with 3 or 4 apartments
- ☐ A building with 5 to 9 apartments
- ☐ A building with 10 to 19 apartments
- ☐ A building with 20 to 49 apartments
- ☐ A building with 50 or more apartments
- ☐ Boat, RV, van, etc.

2 About when was this building first built?

- ☐ 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

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

Month Year

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

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

- ☐ Less than 1 acre ➔ *SKIP to question 6a*
- ☐ 1 to 9.9 acres
- ☐ 10 or more acres

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

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

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

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

Number of rooms

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

Number of bedrooms

Housing (continued)

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

	Yes	No
a. hot and cold running water?	☐	☐
b. a bathtub or shower?	☐	☐
c. a sink with a faucet?	☐	☐
d. a stove or range?	☐	☐
e. a refrigerator?	☐	☐

8 **Can you or any member of this household both make and receive phone calls when at this house, apartment, or mobile home?**
Include calls using cell phones, land lines, or other phone devices.

☐ Yes
☐ No

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

	Yes	No
a. Desktop or laptop	☐	☐
b. Smartphone	☐	☐
c. Tablet or other portable wireless computer	☐	☐
d. Some other type of computer *Specify* ↙	☐	☐

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

☐ Yes, by paying a cell phone company or Internet service provider
☐ Yes, without paying a cell phone company or Internet service provider ➔ *SKIP to question 12*
☐ No access to the Internet at this house, apartment, or mobile home ➔ *SKIP to question 12*

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

	Yes	No
a. cellular data plan for a smartphone or other mobile device?	☐	☐
b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?	☐	☐
c. satellite Internet service installed in this household?	☐	☐
d. dial-up Internet service installed in this household?	☐	☐
e. some other service? *Specify service* ↙	☐	☐

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

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

13 **Which FUEL is used MOST for heating this house, apartment, or mobile home?**
Mark (X) one box for the fuel used most.

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

Housing (continued)

14 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?

Last month's cost – *Dollars*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ No charge or electricity not used

b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?

Last month's cost – *Dollars*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ Included in electricity payment entered above
- ☐ No charge or gas not used

c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? *If you have lived here less than 12 months, estimate the cost.*

Past 12 months' cost – *Dollars*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ No charge

d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? *If you have lived here less than 12 months, estimate the cost.*

Past 12 months' cost – *Dollars*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ No charge or these fuels not used

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

- ☐ Yes
- ☐ No

16 Is this house, apartment, or mobile home part of a homeowners association or condominium?

- ☐ Yes → **What is the required monthly homeowners association fee and/or condominium fee?** *For renters, answer only if you pay the fee in addition to your rent; otherwise, mark the "None" box.*

  Monthly amount – *Dollars*

  $, .00

  OR

  ☐ None

- ☐ No

17 Is this house, apartment, or mobile home – *Mark (X) ONE box.*

- ☐ Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
- ☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?
- ☐ Rented?
- ☐ Occupied without payment of rent? → *SKIP to* **C** *on the next page*

B *Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.*

18 a. What is the monthly rent for this house, apartment, or mobile home?

Monthly amount – *Dollars*

$, .00

b. Does the monthly rent include any meals?

- ☐ Yes
- ☐ No

Housing (continued)

C *Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to* **E** .

19 **About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?**

Amount – *Dollars*

$,, .00

20 **What are the annual real estate taxes on THIS property?**

Annual amount – *Dollars*

$, .00

OR

☐ None

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

Annual amount – *Dollars*

$, .00

OR

☐ None

22 **a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?**

☐ Yes, mortgage, deed of trust, or similar debt

☐ Yes, contract to purchase

☐ No ➔ *SKIP to question 23a*

b. How much is the regular monthly mortgage payment on THIS property? *Include payment only on FIRST mortgage or contract to purchase.*

Monthly amount – *Dollars*

$, .00

OR

☐ No regular payment required ➔ *SKIP to question 23a*

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

☐ Yes, taxes included in mortgage payment

☐ No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

☐ Yes, insurance included in mortgage payment

☐ No, insurance paid separately or no insurance

23 **a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?**

☐ Yes, home equity loan

☐ Yes, second mortgage

☐ Yes, second mortgage and home equity loan

☐ No ➔ *SKIP to* **D**

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount – *Dollars*

$, .00

OR

☐ No regular payment required

D *Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to* **E** .

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

Annual costs – *Dollars*

$, .00

E *Answer questions about PERSON 1 on the next page. If no one is listed as PERSON 1 on page 2, SKIP to page 48 for mailing instructions.*

Person 1

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

Last Name

First Name MI

8 Where was this person born?

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

9 Is this person a citizen of the United States?

- ☐ Yes, born in the United States ➔ *SKIP to question 11a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of U.S. citizen parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*
- ☐ No, not a U.S. citizen

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

Year

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

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 12*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

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

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school
- ☐ Kindergarten
- ☐ Grade 1 through 11 – *Specify grade 1 – 11*
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

Person 1 (continued)

F *Answer question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.*

13 **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)*

14 **What is this person's ancestry or ethnic origin?**

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

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 16a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- ☐ Person is under 1 year old ➔ *SKIP to question 17*
- ☐ Yes, this house ➔ *SKIP to question 17*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 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)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

17 **Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** *Mark "Yes" or "No" for EACH type of coverage in items a – h.*

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	☐	☐
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. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

Person 1 (continued)

G *Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.*

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?

- ☐ Yes
- ☐ No

19 **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?

- ☐ Yes
- ☐ No

H *Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.*

20 **a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- ☐ Yes
- ☐ No

b. Does this person have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

c. Does this person have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

I *Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.*

21 **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

22 **What is this person's marital status?**

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ 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?	☐	☐
c. Divorced?	☐	☐

24 **How many times has this person been married?**

- ☐ Once
- ☐ Two times
- ☐ Three or more times

25 **In what year did this person last get married?**

Year

☐☐☐☐

26 **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
- ☐ This person uses a different term – *Specify*

Person 1 (continued)

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.*

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

- ☐ Yes
- ☐ No

28 **a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

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

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

- ☐ Never served in the military ➔ *SKIP to question 32a*
- ☐ Only on active duty for training in the Reserves or National Guard ➔ *SKIP to question 31a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

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.*

- ☐ September 2001 or later (Post 9/11)
- ☐ August 1990 through August 2001 (including the Persian Gulf War)
- ☐ June 1975 through July 1990
- ☐ August 1964 through May 1975 (including the Vietnam War)
- ☐ February 1955 through July 1964
- ☐ June 1950 through January 1955 (including the Korean War)
- ☐ January 1947 through May 1950
- ☐ December 1941 through December 1946 (including World War II)
- ☐ November 1941 or earlier

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

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)
- ☐ No ➔ *SKIP to question 32a*

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

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

Person 1 (continued)

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

- ☐ Yes ➔ *SKIP to question 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*

33 **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

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

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

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

f. ZIP Code

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
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxi or ride-hailing services
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home ➔ *SKIP to question 42a*
- ☐ Other method

K *Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.*

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

Person(s)

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

Hour : Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

L *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 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 been given a date to return to work?

- ☐ Yes ➔ *SKIP to question 40*
- ☐ No

Person 1 (continued)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 41*

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

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

41 **When did this person last work, even for a few days?**

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago ➔ *SKIP to* **M**
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 45*

42 **a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- ☐ Yes ➔ *SKIP to question 43*
- ☐ No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

☐☐

43 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

☐☐☐

M *Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.*

44 **DESCRIPTION OF EMPLOYMENT**

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

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

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? *Mark (X) ONE box.*

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- ☐ **Local government** (for example: city or county school district)
- ☐ **State government** (including state colleges/universities)
- ☐ **Active duty** U.S. Armed Forces or Commissioned Corps
- ☐ **Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- ☐ **Owner of non-incorporated** business, professional practice, or farm
- ☐ **Owner of incorporated** business, professional practice, or farm
- ☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

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

c. What kind of business or industry was this? *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)*

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

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

Person 1 (continued)

e. What was this person's main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. *(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)*

45 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. *Report amount before deductions for taxes, bonds, dues, or other items.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. *Report NET income after business expenses.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. *Report even small amounts credited to an account.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

☐ Yes → $, , .00
☐ No
TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

☐ Yes → $, , .00
☐ No
TOTAL AMOUNT for past 12 months

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

☐ Yes → $, , .00
☐ No
TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. *Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do not include Social Security.*

☐ Yes → $, , .00
☐ No
TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. *Do NOT include lump sum payments such as money from an inheritance or the sale of a home.*

☐ Yes → $, , .00
☐ No
TOTAL AMOUNT for past 12 months

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, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

☐ None OR $, , , .00 ☐ Loss
TOTAL AMOUNT for past 12 months

→ Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 3, SKIP to page 48 for mailing instructions.

Person 2

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

Last Name

First Name MI

8 Where was this person born?

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

9 Is this person a citizen of the United States?

- ☐ Yes, born in the United States ➔ *SKIP to question 11a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of U.S. citizen parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*
- ☐ No, not a U.S. citizen

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

Year

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

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 12*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

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

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school
- ☐ Kindergarten
- ☐ Grade 1 through 11 – *Specify grade 1 – 11*
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

Person 2 (continued)

F *Answer question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.*

13 **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)*

14 **What is this person's ancestry or ethnic origin?**

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

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 16a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- ☐ Person is under 1 year old ➔ *SKIP to question 17*
- ☐ Yes, this house ➔ *SKIP to question 17*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 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)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

17 **Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** *Mark "Yes" or "No" for EACH type of coverage in items a – h.*

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	☐	☐
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. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

Person 2 (continued)

G *Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.*

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?

- ☐ Yes
- ☐ No

19 **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?

- ☐ Yes
- ☐ No

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.*

20 **a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- ☐ Yes
- ☐ No

b. Does this person have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

c. Does this person have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

I *Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.*

21 **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

22 **What is this person's marital status?**

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ 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?	☐	☐
c. Divorced?	☐	☐

24 **How many times has this person been married?**

- ☐ Once
- ☐ Two times
- ☐ Three or more times

25 **In what year did this person last get married?**

Year

☐☐☐☐

26 **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
- ☐ This person uses a different term – *Specify*

Person 2 (continued)

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.*

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

- ☐ Yes
- ☐ No

28 **a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

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

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

- ☐ Never served in the military ➔ *SKIP to question 32a*
- ☐ Only on active duty for training in the Reserves or National Guard ➔ *SKIP to question 31a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

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.*

- ☐ September 2001 or later (Post 9/11)
- ☐ August 1990 through August 2001 (including the Persian Gulf War)
- ☐ June 1975 through July 1990
- ☐ August 1964 through May 1975 (including the Vietnam War)
- ☐ February 1955 through July 1964
- ☐ June 1950 through January 1955 (including the Korean War)
- ☐ January 1947 through May 1950
- ☐ December 1941 through December 1946 (including World War II)
- ☐ November 1941 or earlier

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

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)
- ☐ No ➔ *SKIP to question 32a*

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

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

Person 2 (continued)

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

- ☐ Yes ➔ *SKIP to question 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*

33 **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

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

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

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

f. ZIP Code

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
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxi or ride-hailing services
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home ➔ *SKIP to question 42a*
- ☐ Other method

K *Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.*

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

Person(s)

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

Hour : Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

L *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 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 been given a date to return to work?

- ☐ Yes ➔ *SKIP to question 40*
- ☐ No

Person 2 (continued)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 41*

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

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

41 **When did this person last work, even for a few days?**

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago ➔ *SKIP to* **M**
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 45*

42 **a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- ☐ Yes ➔ *SKIP to question 43*
- ☐ No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

☐☐

43 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

☐☐☐

M *Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.*

44 **DESCRIPTION OF EMPLOYMENT**

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

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

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? *Mark (X) ONE box.*

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- ☐ **Local government** (for example: city or county school district)
- ☐ **State government** (including state colleges/universities)
- ☐ **Active duty** U.S. Armed Forces or Commissioned Corps
- ☐ **Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- ☐ **Owner of non-incorporated** business, professional practice, or farm
- ☐ **Owner of incorporated** business, professional practice, or farm
- ☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

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

c. What kind of business or industry was this? *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)*

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

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

Person 2 (continued)

e. What was this person's main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. *(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)*

45 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. *Report amount before deductions for taxes, bonds, dues, or other items.*

☐ Yes → $, , .00
☐ No
TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. *Report NET income after business expenses.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. *Report even small amounts credited to an account.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. *Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do not include Social Security.*

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. *Do NOT include lump sum payments such as money from an inheritance or the sale of a home.*

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

☐ None OR $, , .00 ☐ Loss
TOTAL AMOUNT for past 12 months

→ Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 4, SKIP to page 48 for mailing instructions.

Person 3

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

Last Name

First Name MI

8 Where was this person born?

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

9 Is this person a citizen of the United States?

- ☐ Yes, born in the United States ➔ *SKIP to question 11a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of U.S. citizen parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*
- ☐ No, not a U.S. citizen

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

Year

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

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 12*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

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

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school
- ☐ Kindergarten
- ☐ Grade 1 through 11 – *Specify grade 1 – 11*
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

Person 3 (continued)

F *Answer question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.*

13 **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)*

14 **What is this person's ancestry or ethnic origin?**

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

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 16a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- ☐ Person is under 1 year old ➔ *SKIP to question 17*
- ☐ Yes, this house ➔ *SKIP to question 17*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 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)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

17 **Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** *Mark "Yes" or "No" for EACH type of coverage in items a – h.*

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	☐	☐
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. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

Person 3 (continued)

G *Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.*

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?

- ☐ Yes
- ☐ No

19 **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?

- ☐ Yes
- ☐ No

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.*

20 **a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- ☐ Yes
- ☐ No

b. Does this person have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

c. Does this person have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

I *Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.*

21 **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

22 **What is this person's marital status?**

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ 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?	☐	☐
c. Divorced?	☐	☐

24 **How many times has this person been married?**

- ☐ Once
- ☐ Two times
- ☐ Three or more times

25 **In what year did this person last get married?**

Year

☐☐☐☐

26 **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
- ☐ This person uses a different term – *Specify*

Person 3 (continued)

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.*

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

- ☐ Yes
- ☐ No

28 **a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

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

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

- ☐ Never served in the military ➔ *SKIP to question 32a*
- ☐ Only on active duty for training in the Reserves or National Guard ➔ *SKIP to question 31a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

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.*

- ☐ September 2001 or later (Post 9/11)
- ☐ August 1990 through August 2001 (including the Persian Gulf War)
- ☐ June 1975 through July 1990
- ☐ August 1964 through May 1975 (including the Vietnam War)
- ☐ February 1955 through July 1964
- ☐ June 1950 through January 1955 (including the Korean War)
- ☐ January 1947 through May 1950
- ☐ December 1941 through December 1946 (including World War II)
- ☐ November 1941 or earlier

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

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)
- ☐ No ➔ *SKIP to question 32a*

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

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

Person 3 (continued)

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

- ☐ Yes ➔ *SKIP to question 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*

33 **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

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

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

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

f. ZIP Code

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
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxi or ride-hailing services
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home ➔ *SKIP to question 42a*
- ☐ Other method

K *Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.*

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

Person(s)

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

Hour : Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

L *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 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 been given a date to return to work?

- ☐ Yes ➔ *SKIP to question 40*
- ☐ No

Person 3 (continued)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 41*

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

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

41 **When did this person last work, even for a few days?**

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago ➔ *SKIP to* **M**
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 45*

42 **a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- ☐ Yes ➔ *SKIP to question 43*
- ☐ No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

☐☐

43 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

☐☐☐

M *Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.*

44 **DESCRIPTION OF EMPLOYMENT**

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

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

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? *Mark (X) ONE box.*

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- ☐ **Local government** (for example: city or county school district)
- ☐ **State government** (including state colleges/universities)
- ☐ **Active duty** U.S. Armed Forces or Commissioned Corps
- ☐ **Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- ☐ **Owner of non-incorporated** business, professional practice, or farm
- ☐ **Owner of incorporated** business, professional practice, or farm
- ☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

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

c. What kind of business or industry was this? *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)*

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

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

Person 3 (continued)

e. What was this person's main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. *(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)*

45 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. *Report amount before deductions for taxes, bonds, dues, or other items.*

☐ Yes → $, , .00
☐ No
TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. *Report NET income after business expenses.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. *Report even small amounts credited to an account.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. *Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do not include Social Security.*

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. *Do NOT include lump sum payments such as money from an inheritance or the sale of a home.*

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

☐ None OR $, , .00 ☐ Loss
TOTAL AMOUNT for past 12 months

→ **Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 5, SKIP to page 48 for mailing instructions.**

Person 4

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

Last Name

First Name MI

8 Where was this person born?

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

9 Is this person a citizen of the United States?

- ☐ Yes, born in the United States ➔ *SKIP to question 11a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of U.S. citizen parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*
- ☐ No, not a U.S. citizen

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

Year

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

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 12*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

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

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school
- ☐ Kindergarten
- ☐ Grade 1 through 11 – *Specify grade 1 – 11*
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

Person 4 (continued)

F *Answer question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.*

13 **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)*

14 **What is this person's ancestry or ethnic origin?**

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

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 16a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- ☐ Person is under 1 year old ➔ *SKIP to question 17*
- ☐ Yes, this house ➔ *SKIP to question 17*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 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)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

17 **Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** *Mark "Yes" or "No" for EACH type of coverage in items a – h.*

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	☐	☐
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. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

Person 4 (continued)

G *Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.*

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?

- ☐ Yes
- ☐ No

19 **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?

- ☐ Yes
- ☐ No

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.*

20 **a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- ☐ Yes
- ☐ No

b. Does this person have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

c. Does this person have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

I *Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.*

21 **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

22 **What is this person's marital status?**

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ 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?	☐	☐
c. Divorced?	☐	☐

24 **How many times has this person been married?**

- ☐ Once
- ☐ Two times
- ☐ Three or more times

25 **In what year did this person last get married?**

Year

☐☐☐☐

26 **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
- ☐ This person uses a different term – *Specify*

Person 4 (continued)

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.*

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

- ☐ Yes
- ☐ No

28 **a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

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

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

- ☐ Never served in the military ➔ *SKIP to question 32a*
- ☐ Only on active duty for training in the Reserves or National Guard ➔ *SKIP to question 31a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

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.*

- ☐ September 2001 or later (Post 9/11)
- ☐ August 1990 through August 2001 (including the Persian Gulf War)
- ☐ June 1975 through July 1990
- ☐ August 1964 through May 1975 (including the Vietnam War)
- ☐ February 1955 through July 1964
- ☐ June 1950 through January 1955 (including the Korean War)
- ☐ January 1947 through May 1950
- ☐ December 1941 through December 1946 (including World War II)
- ☐ November 1941 or earlier

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

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)
- ☐ No ➔ *SKIP to question 32a*

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

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

Person 4 (continued)

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

- ☐ Yes ➔ *SKIP to question 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*

33 **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

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

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

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

f. ZIP Code

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
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxi or ride-hailing services
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home ➔ *SKIP to question 42a*
- ☐ Other method

K *Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.*

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

Person(s)

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

Hour : Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

L *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 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 been given a date to return to work?

- ☐ Yes ➔ *SKIP to question 40*
- ☐ No

Person 4 (continued)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 41*

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

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

41 **When did this person last work, even for a few days?**

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago ➔ *SKIP to* **M**
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 45*

42 **a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- ☐ Yes ➔ *SKIP to question 43*
- ☐ No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

☐☐

43 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

☐☐☐

M *Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.*

44 **DESCRIPTION OF EMPLOYMENT**

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

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

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? *Mark (X) ONE box.*

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- ☐ **Local government** (for example: city or county school district)
- ☐ **State government** (including state colleges/universities)
- ☐ **Active duty** U.S. Armed Forces or Commissioned Corps
- ☐ **Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- ☐ **Owner of non-incorporated** business, professional practice, or farm
- ☐ **Owner of incorporated** business, professional practice, or farm
- ☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

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

c. What kind of business or industry was this? *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)*

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

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

Person 4 (continued)

e. What was this person's main occupation? *(For example: 4th grade teacher, entry-level plumber)*

f. Describe this person's most important activities or duties. *(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)*

45 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. *Report amount before deductions for taxes, bonds, dues, or other items.*

☐ Yes → $, , .00 TOTAL AMOUNT for past 12 months
☐ No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. *Report NET income after business expenses.*

☐ Yes → $, , .00 TOTAL AMOUNT for past 12 months ☐ Loss
☐ No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. *Report even small amounts credited to an account.*

☐ Yes → $, , .00 TOTAL AMOUNT for past 12 months ☐ Loss
☐ No

d. Social Security or Railroad Retirement.

☐ Yes → $, .00 TOTAL AMOUNT for past 12 months
☐ No

e. Supplemental Security Income (SSI).

☐ Yes → $, .00 TOTAL AMOUNT for past 12 months
☐ No

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

☐ Yes → $, .00 TOTAL AMOUNT for past 12 months
☐ No

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 TOTAL AMOUNT for past 12 months
☐ No

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 TOTAL AMOUNT for past 12 months
☐ No

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, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

☐ None OR $, , .00 TOTAL AMOUNT for past 12 months ☐ Loss

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

Person 5

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

Last Name

First Name MI

8 Where was this person born?

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

9 Is this person a citizen of the United States?

- ☐ Yes, born in the United States ➔ *SKIP to question 11a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of U.S. citizen parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*
- ☐ No, not a U.S. citizen

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

Year

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

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 12*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

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

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school
- ☐ Kindergarten
- ☐ Grade 1 through 11 – *Specify grade 1 – 11*
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

Person 5 (continued)

F *Answer question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.*

13 **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)*

14 **What is this person's ancestry or ethnic origin?**

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

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 16a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- ☐ Person is under 1 year old ➔ *SKIP to question 17*
- ☐ Yes, this house ➔ *SKIP to question 17*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 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)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

17 **Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** *Mark "Yes" or "No" for EACH type of coverage in items a – h.*

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	☐	☐
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. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

Person 5 (continued)

G *Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.*

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?

- ☐ Yes
- ☐ No

19 **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?

- ☐ Yes
- ☐ No

H *Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 48.*

20 **a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- ☐ Yes
- ☐ No

b. Does this person have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

c. Does this person have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

I *Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 48.*

21 **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

22 **What is this person's marital status?**

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ 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?	☐	☐
c. Divorced?	☐	☐

24 **How many times has this person been married?**

- ☐ Once
- ☐ Two times
- ☐ Three or more times

25 **In what year did this person last get married?**

Year

☐☐☐☐

26 **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
- ☐ This person uses a different term – *Specify*

Person 5 (continued)

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.*

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

- ☐ Yes
- ☐ No

28 **a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

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

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

- ☐ Never served in the military ➔ *SKIP to question 32a*
- ☐ Only on active duty for training in the Reserves or National Guard ➔ *SKIP to question 31a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

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.*

- ☐ September 2001 or later (Post 9/11)
- ☐ August 1990 through August 2001 (including the Persian Gulf War)
- ☐ June 1975 through July 1990
- ☐ August 1964 through May 1975 (including the Vietnam War)
- ☐ February 1955 through July 1964
- ☐ June 1950 through January 1955 (including the Korean War)
- ☐ January 1947 through May 1950
- ☐ December 1941 through December 1946 (including World War II)
- ☐ November 1941 or earlier

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

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)
- ☐ No ➔ *SKIP to question 32a*

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

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

Person 5 (continued)

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

- ☐ Yes ➔ *SKIP to question 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*

33 **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

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

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

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

f. ZIP Code

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
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxi or ride-hailing services
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home ➔ *SKIP to question 42a*
- ☐ Other method

K *Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.*

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

Person(s)

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

Hour : Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

L *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 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 been given a date to return to work?

- ☐ Yes ➔ *SKIP to question 40*
- ☐ No

Person 5 (continued)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 41*

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

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

41 **When did this person last work, even for a few days?**

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago ➔ *SKIP to* **M**
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 45*

42 **a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- ☐ Yes ➔ *SKIP to question 43*
- ☐ No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

☐☐

43 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

☐☐☐

M *Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.*

44 **DESCRIPTION OF EMPLOYMENT**

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

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

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? *Mark (X) ONE box.*

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- ☐ **Local government** (for example: city or county school district)
- ☐ **State government** (including state colleges/universities)
- ☐ **Active duty** U.S. Armed Forces or Commissioned Corps
- ☐ **Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- ☐ **Owner of non-incorporated** business, professional practice, or farm
- ☐ **Owner of incorporated** business, professional practice, or farm
- ☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

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

c. What kind of business or industry was this? *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)*

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

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

Person 5 (continued)

e. What was this person's main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. *(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)*

45 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. *Report amount before deductions for taxes, bonds, dues, or other items.*

☐ Yes → $, , .00
☐ No
TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. *Report NET income after business expenses.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. *Report even small amounts credited to an account.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. *Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do not include Social Security.*

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. *Do NOT include lump sum payments such as money from an inheritance or the sale of a home.*

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

☐ None OR $, , .00 ☐ Loss
TOTAL AMOUNT for past 12 months

Now continue with the mailing instructions on page 48.

Page 47 is intentionally left blank

Mailing Instructions

Please make sure you have...

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

Then...

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

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

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

Thank you for participating in the American Community Survey.

For Census Bureau Use

POP	EDIT	PHONE	JIC1	JIC2

EDIT CLERK	TELEPHONE CLERK	JIC3	JIC4

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to 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)

13754015

United States® Census Bureau

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

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

Last Name

First Name MI

Area Code + Number

–

How many people are living or staying at this address?

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

Number of people

Fill out pages 2–7 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**
(02-26-2024)

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

Person 1

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

Please print today's date.

Month Day Year

1 What is Person 1's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?

☒ Person 1

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

4 What sex was Person 1 assigned at birth?
Mark (X) ONE box.

☐ Male ☐ Female

5 What is Person 1's current gender?
Mark (X) ONE box. If this person is less than 15 years old, SKIP to the next question.

☐ Male
☐ Female
☐ Transgender
☐ Nonbinary
☐ This person uses a different term – *Specify*

NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this survey, Hispanic origins are not races.

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

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

7 What is Person 1's race?
*Mark (X) one or more boxes **AND** print origins.*

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

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

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

☐ Chinese ☐ Vietnamese ☐ Native Hawaiian
☐ Filipino ☐ Korean ☐ Samoan
☐ Asian Indian ☐ Japanese ☐ Chamorro

☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*

☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

☐ Some other race – *Print race or origin.*

Person 2

1 What is Person 2's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?
Mark (X) ONE box.

- ☐ Spouse
- ☐ Unmarried partner
- ☐ Biological child
- ☐ Adopted child
- ☐ Stepchild
- ☐ Sibling
- ☐ Parent
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

4 What sex was Person 2 assigned at birth?
Mark (X) ONE box.

- ☐ Male
- ☐ Female

5 What is Person 2's current gender?
Mark (X) ONE box. If this person is less than 15 years old, SKIP to the next question.

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Nonbinary
- ☐ This person uses a different term – *Specify*

➜ NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this survey, Hispanic origins are not races.

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

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

7 What is Person 2's race?
*Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

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

Person 3

1 What is Person 3's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?
Mark (X) ONE box.

- ☐ Spouse
- ☐ Unmarried partner
- ☐ Biological child
- ☐ Adopted child
- ☐ Stepchild
- ☐ Sibling
- ☐ Parent
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

4 What sex was Person 3 assigned at birth?
Mark (X) ONE box.

☐ Male ☐ Female

5 What is Person 3's current gender?
Mark (X) ONE box. If this person is less than 15 years old, SKIP to the next question.

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Nonbinary
- ☐ This person uses a different term – *Specify*

➜ NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this survey, Hispanic origins are not races.

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

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

7 What is Person 3's race?
*Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

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

Person 4

1 What is Person 4's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?
Mark (X) ONE box.

- ☐ Spouse
- ☐ Unmarried partner
- ☐ Biological child
- ☐ Adopted child
- ☐ Stepchild
- ☐ Sibling
- ☐ Parent
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

4 What sex was Person 4 assigned at birth?
Mark (X) ONE box.

☐ Male ☐ Female

5 What is Person 4's current gender?
Mark (X) ONE box. If this person is less than 15 years old, SKIP to the next question.

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Nonbinary
- ☐ This person uses a different term – *Specify*

➜ NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this survey, Hispanic origins are not races.

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

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

7 What is Person 4's race?
*Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

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

Person 5

1 What is Person 5's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?
Mark (X) ONE box.

- ☐ Spouse
- ☐ Unmarried partner
- ☐ Biological child
- ☐ Adopted child
- ☐ Stepchild
- ☐ Sibling
- ☐ Parent
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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

Print numbers in boxes.

Age (in years) Month Day Year of birth

4 What sex was Person 5 assigned at birth?
Mark (X) ONE box.

- ☐ Male
- ☐ Female

5 What is Person 5's current gender?
Mark (X) ONE box. If this person is less than 15 years old, SKIP to the next question.

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Nonbinary
- ☐ This person uses a different term – *Specify*

➜ NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this survey, Hispanic origins are not races.

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

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

7 What is Person 5's race?
*Mark (X) one or more boxes **AND** print origins.*

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- ☐ Chinese
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Chamorro
- ☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
- ☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

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

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

Person 6

Last Name *(Please print)* | First Name | MI

Age (in years) | **Date of birth** Month Day Year of birth | **Related to Person 1?** ☐ Yes ☐ No

Person 7

Last Name *(Please print)* | First Name | 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 Name | MI

Age (in years) | **Date of birth** Month Day Year of birth | **Related to Person 1?** ☐ Yes ☐ No

Person 9

Last Name *(Please print)* | First Name | 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 Name | 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 Name | MI

Age (in years) | **Date of birth** Month Day Year of birth | **Related to Person 1?** ☐ Yes ☐ No

Person 12

Last Name *(Please print)* | First Name | MI

Age (in years) | **Date of birth** Month Day Year of birth | **Related to Person 1?** ☐ Yes ☐ No

Housing

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

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

- ☐ A mobile home
- ☐ A one-family house detached from any other house
- ☐ A one-family house attached to one or more houses
- ☐ A building with 2 apartments
- ☐ A building with 3 or 4 apartments
- ☐ A building with 5 to 9 apartments
- ☐ A building with 10 to 19 apartments
- ☐ A building with 20 to 49 apartments
- ☐ A building with 50 or more apartments
- ☐ Boat, RV, van, etc.

2 About when was this building first built?

- ☐ 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

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

Month ☐☐ Year ☐☐☐☐

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

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

- ☐ Less than 1 acre ➔ *SKIP to question 6a*
- ☐ 1 to 9.9 acres
- ☐ 10 or more acres

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

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

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

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

Number of rooms ☐☐

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

Number of bedrooms ☐☐

Housing (continued)

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

	Yes	No
a. hot and cold running water?	☐	☐
b. a bathtub or shower?	☐	☐
c. a sink with a faucet?	☐	☐
d. a stove or range?	☐	☐
e. a refrigerator?	☐	☐

8 **Can you or any member of this household both make and receive phone calls when at this house, apartment, or mobile home?**
Include calls using cell phones, land lines, or other phone devices.

☐ Yes
☐ No

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

	Yes	No
a. Desktop or laptop	☐	☐
b. Smartphone	☐	☐
c. Tablet or other portable wireless computer	☐	☐
d. Some other type of computer *Specify* ↙	☐	☐

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

☐ Yes, by paying a cell phone company or Internet service provider
☐ Yes, without paying a cell phone company or Internet service provider ➔ *SKIP to question 12*
☐ No access to the Internet at this house, apartment, or mobile home ➔ *SKIP to question 12*

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

	Yes	No
a. cellular data plan for a smartphone or other mobile device?	☐	☐
b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?	☐	☐
c. satellite Internet service installed in this household?	☐	☐
d. dial-up Internet service installed in this household?	☐	☐
e. some other service? *Specify service* ↙	☐	☐

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

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

13 **Which FUEL is used MOST for heating this house, apartment, or mobile home?**
Mark (X) one box for the fuel used most.

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

Housing (continued)

14 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?

Last month's cost – *Dollars*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ No charge or electricity not used

b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?

Last month's cost – *Dollars*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ Included in electricity payment entered above
- ☐ No charge or gas not used

c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? *If you have lived here less than 12 months, estimate the cost.*

Past 12 months' cost – *Dollars*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ No charge

d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? *If you have lived here less than 12 months, estimate the cost.*

Past 12 months' cost – *Dollars*

$, .00

OR

- ☐ Included in rent or condominium fee
- ☐ No charge or these fuels not used

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

- ☐ Yes
- ☐ No

16 Is this house, apartment, or mobile home part of a homeowners association or condominium?

- ☐ Yes → **What is the required monthly homeowners association fee and/or condominium fee?** *For renters, answer only if you pay the fee in addition to your rent; otherwise, mark the "None" box.*

  Monthly amount – *Dollars*

  $, .00

  OR

  ☐ None
- ☐ No

17 Is this house, apartment, or mobile home – *Mark (X) ONE box.*

- ☐ Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*
- ☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?
- ☐ Rented?
- ☐ Occupied without payment of rent? → *SKIP to* **C** *on the next page*

B *Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.*

18 a. What is the monthly rent for this house, apartment, or mobile home?

Monthly amount – *Dollars*

$, .00

b. Does the monthly rent include any meals?

- ☐ Yes
- ☐ No

Housing (continued)

C *Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to* **E** .

19 About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – *Dollars*

$,, .00

20 What are the annual real estate taxes on THIS property?

Annual amount – *Dollars*

$, .00

OR

☐ None

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

Annual amount – *Dollars*

$, .00

OR

☐ None

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

☐ Yes, mortgage, deed of trust, or similar debt

☐ Yes, contract to purchase

☐ No ➔ *SKIP to question 23a*

b. How much is the regular monthly mortgage payment on THIS property? *Include payment only on FIRST mortgage or contract to purchase.*

Monthly amount – *Dollars*

$, .00

OR

☐ No regular payment required ➔ *SKIP to question 23a*

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

☐ Yes, taxes included in mortgage payment

☐ No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

☐ Yes, insurance included in mortgage payment

☐ No, insurance paid separately or no insurance

23 a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

☐ Yes, home equity loan

☐ Yes, second mortgage

☐ Yes, second mortgage and home equity loan

☐ No ➔ *SKIP to* **D**

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount – *Dollars*

$, .00

OR

☐ No regular payment required

D *Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to* **E** .

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

Annual costs – *Dollars*

$, .00

E *Answer questions about PERSON 1 on the next page. If no one is listed as PERSON 1 on page 2, SKIP to page 48 for mailing instructions.*

Person 1

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

Last Name

First Name MI

8 Where was this person born?

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

9 Is this person a citizen of the United States?

- ☐ Yes, born in the United States ➔ *SKIP to question 11a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of U.S. citizen parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*
- ☐ No, not a U.S. citizen

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

Year

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

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 12*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

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

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school
- ☐ Kindergarten
- ☐ Grade 1 through 11 – *Specify grade 1 – 11*
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

Person 1 (continued)

F *Answer question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.*

13 **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)*

14 **What is this person's ancestry or ethnic origin?**

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

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 16a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- ☐ Person is under 1 year old ➔ *SKIP to question 17*
- ☐ Yes, this house ➔ *SKIP to question 17*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 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)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

17 **Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** *Mark "Yes" or "No" for EACH type of coverage in items a – h.*

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	☐	☐
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. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

Person 1 (continued)

G *Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.*

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?

- ☐ Yes
- ☐ No

19 **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?

- ☐ Yes
- ☐ No

H *Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.*

20 **a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- ☐ Yes
- ☐ No

b. Does this person have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

c. Does this person have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

I *Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.*

21 **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

22 **What is this person's marital status?**

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ 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?	☐	☐
c. Divorced?	☐	☐

24 **How many times has this person been married?**

- ☐ Once
- ☐ Two times
- ☐ Three or more times

25 **In what year did this person last get married?**

Year

☐☐☐☐

26 **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
- ☐ This person uses a different term – *Specify*

Person 1 (continued)

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.*

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

- ☐ Yes
- ☐ No

28 **a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

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

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

- ☐ Never served in the military ➔ *SKIP to question 32a*
- ☐ Only on active duty for training in the Reserves or National Guard ➔ *SKIP to question 31a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

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.*

- ☐ September 2001 or later (Post 9/11)
- ☐ August 1990 through August 2001 (including the Persian Gulf War)
- ☐ June 1975 through July 1990
- ☐ August 1964 through May 1975 (including the Vietnam War)
- ☐ February 1955 through July 1964
- ☐ June 1950 through January 1955 (including the Korean War)
- ☐ January 1947 through May 1950
- ☐ December 1941 through December 1946 (including World War II)
- ☐ November 1941 or earlier

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

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)
- ☐ No ➔ *SKIP to question 32a*

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

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

Person 1 (continued)

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

- ☐ Yes → *SKIP to question 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*

33 **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

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

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

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

f. ZIP Code

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
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxi or ride-hailing services
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home → *SKIP to question 42a*
- ☐ Other method

K *Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.*

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

Person(s)

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

Hour : Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

L *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 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 been given a date to return to work?

- ☐ Yes → *SKIP to question 40*
- ☐ No

Person 1 (continued)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 41*

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

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

41 **When did this person last work, even for a few days?**

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago ➔ *SKIP to* **M**
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 45*

42 **a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- ☐ Yes ➔ *SKIP to question 43*
- ☐ No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

☐☐

43 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

☐☐☐

M *Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.*

44 **DESCRIPTION OF EMPLOYMENT**

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

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

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? *Mark (X) ONE box.*

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- ☐ **Local government** (for example: city or county school district)
- ☐ **State government** (including state colleges/universities)
- ☐ **Active duty** U.S. Armed Forces or Commissioned Corps
- ☐ **Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- ☐ **Owner of non-incorporated** business, professional practice, or farm
- ☐ **Owner of incorporated** business, professional practice, or farm
- ☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

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

c. What kind of business or industry was this? *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)*

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

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

Person 1 (continued)

e. What was this person's main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. *(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)*

45 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. *Report amount before deductions for taxes, bonds, dues, or other items.*

☐ Yes → $, , .00 TOTAL AMOUNT for past 12 months
☐ No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. *Report NET income after business expenses.*

☐ Yes → $, , .00 TOTAL AMOUNT for past 12 months ☐ Loss
☐ No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. *Report even small amounts credited to an account.*

☐ Yes → $, , .00 TOTAL AMOUNT for past 12 months ☐ Loss
☐ No

d. Social Security or Railroad Retirement.

☐ Yes → $, .00 TOTAL AMOUNT for past 12 months
☐ No

e. Supplemental Security Income (SSI).

☐ Yes → $, .00 TOTAL AMOUNT for past 12 months
☐ No

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

☐ Yes → $, .00 TOTAL AMOUNT for past 12 months
☐ No

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 TOTAL AMOUNT for past 12 months
☐ No

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 TOTAL AMOUNT for past 12 months
☐ No

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, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

☐ None OR $, , .00 TOTAL AMOUNT for past 12 months ☐ Loss

→ Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 3, SKIP to page 48 for mailing instructions.

Person 2

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

Last Name

First Name MI

8 Where was this person born?

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

9 Is this person a citizen of the United States?

- ☐ Yes, born in the United States ➔ *SKIP to question 11a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of U.S. citizen parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*
- ☐ No, not a U.S. citizen

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

Year

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

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 12*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

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

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school
- ☐ Kindergarten
- ☐ Grade 1 through 11 – *Specify grade 1 – 11*
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

Person 2 (continued)

F *Answer question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.*

13 **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)*

14 **What is this person's ancestry or ethnic origin?**

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

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 16a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- ☐ Person is under 1 year old ➔ *SKIP to question 17*
- ☐ Yes, this house ➔ *SKIP to question 17*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 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)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

17 **Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** *Mark "Yes" or "No" for EACH type of coverage in items a – h.*

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	☐	☐
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. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

Person 2 (continued)

G *Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.*

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?

- ☐ Yes
- ☐ No

19 **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?

- ☐ Yes
- ☐ No

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.*

20 **a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- ☐ Yes
- ☐ No

b. Does this person have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

c. Does this person have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

I *Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.*

21 **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

22 **What is this person's marital status?**

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ 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?	☐	☐
c. Divorced?	☐	☐

24 **How many times has this person been married?**

- ☐ Once
- ☐ Two times
- ☐ Three or more times

25 **In what year did this person last get married?**

Year

☐☐☐☐

26 **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
- ☐ This person uses a different term – *Specify*

Person 2 (continued)

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.*

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

- ☐ Yes
- ☐ No

28 **a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

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

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

- ☐ Never served in the military ➔ *SKIP to question 32a*
- ☐ Only on active duty for training in the Reserves or National Guard ➔ *SKIP to question 31a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

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.*

- ☐ September 2001 or later (Post 9/11)
- ☐ August 1990 through August 2001 (including the Persian Gulf War)
- ☐ June 1975 through July 1990
- ☐ August 1964 through May 1975 (including the Vietnam War)
- ☐ February 1955 through July 1964
- ☐ June 1950 through January 1955 (including the Korean War)
- ☐ January 1947 through May 1950
- ☐ December 1941 through December 1946 (including World War II)
- ☐ November 1941 or earlier

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

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)
- ☐ No ➔ *SKIP to question 32a*

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

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

Person 2 (continued)

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

- ☐ Yes ➔ *SKIP to question 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*

33 **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

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

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

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

f. ZIP Code

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
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxi or ride-hailing services
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home ➔ *SKIP to question 42a*
- ☐ Other method

K *Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.*

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

Person(s)

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

Hour : Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

L *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 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 been given a date to return to work?

- ☐ Yes ➔ *SKIP to question 40*
- ☐ No

Person 2 (continued)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 41*

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

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

41 **When did this person last work, even for a few days?**

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago ➔ *SKIP to* **M**
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 45*

42 **a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- ☐ Yes ➔ *SKIP to question 43*
- ☐ No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

☐☐

43 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

☐☐☐

M *Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.*

44 **DESCRIPTION OF EMPLOYMENT**

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

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

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? *Mark (X) ONE box.*

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- ☐ **Local government** (for example: city or county school district)
- ☐ **State government** (including state colleges/universities)
- ☐ **Active duty** U.S. Armed Forces or Commissioned Corps
- ☐ **Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- ☐ **Owner of non-incorporated** business, professional practice, or farm
- ☐ **Owner of incorporated** business, professional practice, or farm
- ☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

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

c. What kind of business or industry was this? *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)*

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

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

Person 2 (continued)

e. What was this person's main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. *(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)*

45 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. *Report amount before deductions for taxes, bonds, dues, or other items.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. *Report NET income after business expenses.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. *Report even small amounts credited to an account.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. *Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do not include Social Security.*

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. *Do NOT include lump sum payments such as money from an inheritance or the sale of a home.*

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

☐ None OR $, , .00 ☐ Loss
TOTAL AMOUNT for past 12 months

→ Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 4, SKIP to page 48 for mailing instructions.

Person 3

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

Last Name

First Name MI

8 Where was this person born?

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

9 Is this person a citizen of the United States?

- ☐ Yes, born in the United States ➔ *SKIP to question 11a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of U.S. citizen parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*
- ☐ No, not a U.S. citizen

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

Year

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

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 12*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

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

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school
- ☐ Kindergarten
- ☐ Grade 1 through 11 – *Specify grade 1 – 11*
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

Person 3 (continued)

F *Answer question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.*

13 **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)*

14 **What is this person's ancestry or ethnic origin?**

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

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 16a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- ☐ Person is under 1 year old ➔ *SKIP to question 17*
- ☐ Yes, this house ➔ *SKIP to question 17*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 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)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

17 **Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** *Mark "Yes" or "No" for EACH type of coverage in items a – h.*

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	☐	☐
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. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

Person 3 (continued)

G *Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.*

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?

- ☐ Yes
- ☐ No

19 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?

- ☐ Yes
- ☐ No

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.*

20 a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- ☐ Yes
- ☐ No

b. Does this person have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

c. Does this person have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

I *Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.*

21 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

22 What is this person's marital status?

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ 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?	☐	☐
c. Divorced?	☐	☐

24 How many times has this person been married?

- ☐ Once
- ☐ Two times
- ☐ Three or more times

25 In what year did this person last get married?

Year

☐☐☐☐

26 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
- ☐ This person uses a different term – *Specify*

Person 3 (continued)

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.*

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

- ☐ Yes
- ☐ No

28 **a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

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

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

- ☐ Never served in the military ➔ *SKIP to question 32a*
- ☐ Only on active duty for training in the Reserves or National Guard ➔ *SKIP to question 31a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

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.*

- ☐ September 2001 or later (Post 9/11)
- ☐ August 1990 through August 2001 (including the Persian Gulf War)
- ☐ June 1975 through July 1990
- ☐ August 1964 through May 1975 (including the Vietnam War)
- ☐ February 1955 through July 1964
- ☐ June 1950 through January 1955 (including the Korean War)
- ☐ January 1947 through May 1950
- ☐ December 1941 through December 1946 (including World War II)
- ☐ November 1941 or earlier

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

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)
- ☐ No ➔ *SKIP to question 32a*

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

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

Person 3 (continued)

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

- ☐ Yes ➔ *SKIP to question 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*

33 **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

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

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

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

f. ZIP Code

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
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxi or ride-hailing services
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home ➔ *SKIP to question 42a*
- ☐ Other method

K *Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.*

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

Person(s)

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

Hour : Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

L *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 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 been given a date to return to work?

- ☐ Yes ➔ *SKIP to question 40*
- ☐ No

Person 3 (continued)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 41*

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

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

41 **When did this person last work, even for a few days?**

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago ➔ *SKIP to* **M**
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 45*

42 **a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- ☐ Yes ➔ *SKIP to question 43*
- ☐ No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

☐☐

43 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

☐☐☐

M *Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.*

44 **DESCRIPTION OF EMPLOYMENT**

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

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

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? *Mark (X) ONE box.*

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- ☐ **Local government** (for example: city or county school district)
- ☐ **State government** (including state colleges/universities)
- ☐ **Active duty** U.S. Armed Forces or Commissioned Corps
- ☐ **Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- ☐ **Owner of non-incorporated** business, professional practice, or farm
- ☐ **Owner of incorporated** business, professional practice, or farm
- ☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

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

c. What kind of business or industry was this? *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)*

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

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

Person 3 (continued)

e. What was this person's main occupation? *(For example: 4th grade teacher, entry-level plumber)*

f. Describe this person's most important activities or duties. *(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)*

45 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. *Report amount before deductions for taxes, bonds, dues, or other items.*

☐ Yes → $, , .00 TOTAL AMOUNT for past 12 months
☐ No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. *Report NET income after business expenses.*

☐ Yes → $, , .00 TOTAL AMOUNT for past 12 months ☐ Loss
☐ No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. *Report even small amounts credited to an account.*

☐ Yes → $, , .00 TOTAL AMOUNT for past 12 months ☐ Loss
☐ No

d. Social Security or Railroad Retirement.

☐ Yes → $, .00 TOTAL AMOUNT for past 12 months
☐ No

e. Supplemental Security Income (SSI).

☐ Yes → $, .00 TOTAL AMOUNT for past 12 months
☐ No

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

☐ Yes → $, .00 TOTAL AMOUNT for past 12 months
☐ No

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 TOTAL AMOUNT for past 12 months
☐ No

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 TOTAL AMOUNT for past 12 months
☐ No

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, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

☐ None OR $, , .00 TOTAL AMOUNT for past 12 months ☐ Loss

→ Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 5, SKIP to page 48 for mailing instructions.

Person 4

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

Last Name

First Name MI

8 Where was this person born?

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

9 Is this person a citizen of the United States?

- ☐ Yes, born in the United States ➔ *SKIP to question 11a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of U.S. citizen parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*
- ☐ No, not a U.S. citizen

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

Year

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

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 12*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

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

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school
- ☐ Kindergarten
- ☐ Grade 1 through 11 – *Specify grade 1 – 11*
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

Person 4 (continued)

F *Answer question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.*

13 **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)*

14 **What is this person's ancestry or ethnic origin?**

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

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 16a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- ☐ Person is under 1 year old ➔ *SKIP to question 17*
- ☐ Yes, this house ➔ *SKIP to question 17*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 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)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

17 **Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** *Mark "Yes" or "No" for EACH type of coverage in items a – h.*

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	☐	☐
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. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

Person 4 (continued)

G *Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.*

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?

- ☐ Yes
- ☐ No

19 **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?

- ☐ Yes
- ☐ No

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.*

20 **a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- ☐ Yes
- ☐ No

b. Does this person have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

c. Does this person have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

I *Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 40.*

21 **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

22 **What is this person's marital status?**

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ 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?	☐	☐
c. Divorced?	☐	☐

24 **How many times has this person been married?**

- ☐ Once
- ☐ Two times
- ☐ Three or more times

25 **In what year did this person last get married?**

Year

☐☐☐☐

26 **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
- ☐ This person uses a different term – *Specify*

Person 4 (continued)

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.*

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

- ☐ Yes
- ☐ No

28 **a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

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

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

- ☐ Never served in the military ➔ *SKIP to question 32a*
- ☐ Only on active duty for training in the Reserves or National Guard ➔ *SKIP to question 31a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

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.*

- ☐ September 2001 or later (Post 9/11)
- ☐ August 1990 through August 2001 (including the Persian Gulf War)
- ☐ June 1975 through July 1990
- ☐ August 1964 through May 1975 (including the Vietnam War)
- ☐ February 1955 through July 1964
- ☐ June 1950 through January 1955 (including the Korean War)
- ☐ January 1947 through May 1950
- ☐ December 1941 through December 1946 (including World War II)
- ☐ November 1941 or earlier

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

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)
- ☐ No ➔ *SKIP to question 32a*

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

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

Person 4 (continued)

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

- ☐ Yes ➔ *SKIP to question 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*

33 **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

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

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

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

f. ZIP Code

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
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxi or ride-hailing services
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home ➔ *SKIP to question 42a*
- ☐ Other method

K *Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.*

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

Person(s)

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

Hour : Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

L *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 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 been given a date to return to work?

- ☐ Yes ➔ *SKIP to question 40*
- ☐ No

Person 4 (continued)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 41*

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

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

41 **When did this person last work, even for a few days?**

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago ➔ *SKIP to* **M**
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 45*

42 **a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- ☐ Yes ➔ *SKIP to question 43*
- ☐ No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

☐☐

43 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

☐☐☐

M *Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.*

44 **DESCRIPTION OF EMPLOYMENT**

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

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

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? *Mark (X) ONE box.*

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- ☐ **Local government** (for example: city or county school district)
- ☐ **State government** (including state colleges/universities)
- ☐ **Active duty** U.S. Armed Forces or Commissioned Corps
- ☐ **Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- ☐ **Owner of non-incorporated** business, professional practice, or farm
- ☐ **Owner of incorporated** business, professional practice, or farm
- ☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

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

c. What kind of business or industry was this? *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)*

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

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

Person 4 (continued)

e. What was this person's main occupation? *(For example: 4th grade teacher, entry-level plumber)*

f. Describe this person's most important activities or duties. *(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)*

45 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. *Report amount before deductions for taxes, bonds, dues, or other items.*

☐ Yes → $, , .00 TOTAL AMOUNT for past 12 months
☐ No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. *Report NET income after business expenses.*

☐ Yes → $, , .00 TOTAL AMOUNT for past 12 months ☐ Loss
☐ No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. *Report even small amounts credited to an account.*

☐ Yes → $, , .00 TOTAL AMOUNT for past 12 months ☐ Loss
☐ No

d. Social Security or Railroad Retirement.

☐ Yes → $, .00 TOTAL AMOUNT for past 12 months
☐ No

e. Supplemental Security Income (SSI).

☐ Yes → $, .00 TOTAL AMOUNT for past 12 months
☐ No

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

☐ Yes → $, .00 TOTAL AMOUNT for past 12 months
☐ No

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 TOTAL AMOUNT for past 12 months
☐ No

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 TOTAL AMOUNT for past 12 months
☐ No

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, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

☐ None OR $, , .00 TOTAL AMOUNT for past 12 months ☐ Loss

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

Person 5

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

Last Name

First Name MI

8 Where was this person born?

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

9 Is this person a citizen of the United States?

- ☐ Yes, born in the United States ➔ *SKIP to question 11a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of U.S. citizen parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*
- ☐ No, not a U.S. citizen

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

Year

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

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 12*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

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

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school
- ☐ Kindergarten
- ☐ Grade 1 through 11 – *Specify grade 1 – 11*
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

Person 5 (continued)

F *Answer question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.*

13 **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)*

14 **What is this person's ancestry or ethnic origin?**

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

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 16a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- ☐ Person is under 1 year old ➔ *SKIP to question 17*
- ☐ Yes, this house ➔ *SKIP to question 17*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 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)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

17 **Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** *Mark "Yes" or "No" for EACH type of coverage in items a – h.*

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	☐	☐
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. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

Person 5 (continued)

G *Answer question 18a if this person is covered by health insurance. Otherwise, SKIP to question 19a.*

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?

- ☐ Yes
- ☐ No

19 **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?

- ☐ Yes
- ☐ No

H *Answer questions 20a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 48.*

20 **a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- ☐ Yes
- ☐ No

b. Does this person have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

c. Does this person have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

I *Answer question 21 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 48.*

21 **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

22 **What is this person's marital status?**

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ 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?	☐	☐
c. Divorced?	☐	☐

24 **How many times has this person been married?**

- ☐ Once
- ☐ Two times
- ☐ Three or more times

25 **In what year did this person last get married?**

Year

☐☐☐☐

26 **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
- ☐ This person uses a different term – *Specify*

Person 5 (continued)

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.*

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

- ☐ Yes
- ☐ No

28 **a. Does this person have any of their own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 29*

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

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

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

- ☐ Never served in the military ➔ *SKIP to question 32a*
- ☐ Only on active duty for training in the Reserves or National Guard ➔ *SKIP to question 31a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

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.*

- ☐ September 2001 or later (Post 9/11)
- ☐ August 1990 through August 2001 (including the Persian Gulf War)
- ☐ June 1975 through July 1990
- ☐ August 1964 through May 1975 (including the Vietnam War)
- ☐ February 1955 through July 1964
- ☐ June 1950 through January 1955 (including the Korean War)
- ☐ January 1947 through May 1950
- ☐ December 1941 through December 1946 (including World War II)
- ☐ November 1941 or earlier

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

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)
- ☐ No ➔ *SKIP to question 32a*

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

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

Person 5 (continued)

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

- ☐ Yes ➔ *SKIP to question 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*

33 **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

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

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

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

f. ZIP Code

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
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxi or ride-hailing services
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home ➔ *SKIP to question 42a*
- ☐ Other method

K *Answer question 35 if you marked "Car, truck, or van" in question 34. Otherwise, SKIP to question 36.*

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

Person(s)

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

Hour : Minute

- ☐ a.m.
- ☐ p.m.

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

Minutes

L *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 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 been given a date to return to work?

- ☐ Yes ➔ *SKIP to question 40*
- ☐ No

Person 5 (continued)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 41*

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

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

41 **When did this person last work, even for a few days?**

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago ➔ *SKIP to* **M**
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 45*

42 **a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- ☐ Yes ➔ *SKIP to question 43*
- ☐ No

b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

☐☐

43 **During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

☐☐☐

M *Answer questions 44a – f if this person worked in the past 5 years. Otherwise, SKIP to question 45.*

44 **DESCRIPTION OF EMPLOYMENT**

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

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

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? *Mark (X) ONE box.*

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

- ☐ **Local government** (for example: city or county school district)
- ☐ **State government** (including state colleges/universities)
- ☐ **Active duty** U.S. Armed Forces or Commissioned Corps
- ☐ **Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- ☐ **Owner of non-incorporated** business, professional practice, or farm
- ☐ **Owner of incorporated** business, professional practice, or farm
- ☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

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

c. What kind of business or industry was this? *Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)*

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

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

Person 5 (continued)

e. What was this person's main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. *(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)*

45 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

Mark (X) the "No" box to show types of income NOT received.

If net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. *Report amount before deductions for taxes, bonds, dues, or other items.*

☐ Yes → $, , .00
☐ No
TOTAL AMOUNT for past 12 months

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. *Report NET income after business expenses.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. *Report even small amounts credited to an account.*

☐ Yes → $, , .00 ☐ Loss
☐ No
TOTAL AMOUNT for past 12 months

d. Social Security or Railroad Retirement.

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

g. Retirement income, pensions, survivor or disability income. *Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement. Do not include Social Security.*

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony. *Do NOT include lump sum payments such as money from an inheritance or the sale of a home.*

☐ Yes → $, .00
☐ No
TOTAL AMOUNT for past 12 months

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, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

☐ None OR $, , .00 ☐ Loss
TOTAL AMOUNT for past 12 months

Now continue with the mailing instructions on page 48.

Page 47 is intentionally left blank

Mailing Instructions

Please make sure you have...

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

Then...

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

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

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

Thank you for participating in the American Community Survey.

For Census Bureau Use

POP	EDIT	PHONE	JIC1	JIC2

EDIT CLERK	TELEPHONE CLERK	JIC3	JIC4

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to 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

Flap side

00 708 200644 000000000 47199 5240

(05-05-2023) 6385-47(2024) envelope 9 x 11-3/4"

Flap