

ACS Housing-Unit Self-Response Paper Questionnaires

Stateside English-Language New Question Comparison

2024 vs 2025

Cover Question	
Roster	
2024	2025
<p>How many people are living or staying at this address?</p> <ul style="list-style-type: none"> • 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. <p>Number of people</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto; display: flex; justify-content: space-around;"> </div> <p>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.</p>	<p>How many people, including yourself, live or stay at this address?</p> <p>INCLUDE...</p> <ul style="list-style-type: none"> ✓ anyone not related to you, like roommates and other families. ✓ babies and children, related or unrelated, including grandchildren and foster children. ✓ everyone staying here now who has no other place to stay. <p>DO NOT INCLUDE anyone living somewhere else, such as...</p> <ul style="list-style-type: none"> ✗ a college student living away. ✗ someone in the Armed Forces on deployment. <p>Number of people</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px auto; display: flex; justify-content: space-around;"> </div> <p>Fill out pages 2 – 7 for everyone, including yourself, who is living or staying at this address. Then complete the rest of the form.</p>

Housing Questions	
Sewer	
2024	2025
N/A	<p>Is this house, apartment, or mobile home connected to a public sewer?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, connected to public sewer <input type="checkbox"/> No, connected to septic tank <input type="checkbox"/> No, use other type of system
Electric Vehicle	
N/A	<p>Do you or any member of this household own or lease an electric vehicle? Include both all-electric and plug-in hybrid electric vehicles.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
Solar Panels	
N/A	<p>Does this house, apartment, or mobile home use solar panels that generate electricity?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

Attachment T - Comparison of DY24 Paper Changes with DY25 Proposed Changes

Detailed Person Question	
Educational Attainment	
2024	2025
<p>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.</p> <p>NO SCHOOLING COMPLETED</p> <p><input type="checkbox"/> No schooling completed</p> <p>NURSERY OR PRESCHOOL THROUGH GRADE 12</p> <p><input type="checkbox"/> Nursery school</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade 1 through 11 – <i>Specify grade 1 – 11</i></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;"> <input type="checkbox"/> 1 <input type="checkbox"/> 11 </div> <p><input type="checkbox"/> 12th grade – NO DIPLOMA</p> <p>HIGH SCHOOL GRADUATE</p> <p><input type="checkbox"/> Regular high school diploma</p> <p><input type="checkbox"/> GED or alternative credential</p> <p>COLLEGE OR SOME COLLEGE</p> <p><input type="checkbox"/> Some college credit, but less than 1 year of college credit</p> <p><input type="checkbox"/> 1 or more years of college credit, no degree</p> <p><input type="checkbox"/> Associate’s degree (<i>for example: AA, AS</i>)</p> <p><input type="checkbox"/> Bachelor’s degree (<i>for example: BA, BS</i>)</p> <p>AFTER BACHELOR’S DEGREE</p> <p><input type="checkbox"/> Master’s degree (<i>for example: MA, MS, MEng, MEd, MSW, MBA</i>)</p> <p><input type="checkbox"/> Professional degree beyond a bachelor’s degree (<i>for example: MD, DDS, DVM, LLB, JD</i>)</p> <p><input type="checkbox"/> Doctorate degree (<i>for example: PhD, EdD</i>)</p>	<p>What is the highest grade of school or degree this person has COMPLETED? Mark (X) ONE box. If currently enrolled, select the previous grade or highest degree received.</p> <p>LESS THAN GRADE 1</p> <p><input type="checkbox"/> Less than grade 1</p> <p>GRADE 1 THROUGH GRADE 12</p> <p><input type="checkbox"/> Grade 1 through 11 – <i>Specify grade 1 – 11</i></p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 20px;"> <input type="checkbox"/> 1 <input type="checkbox"/> 11 </div> <p><input type="checkbox"/> 12th grade – NO DIPLOMA</p> <p>HIGH SCHOOL GRADUATE</p> <p><input type="checkbox"/> Regular high school diploma</p> <p><input type="checkbox"/> GED or alternative credential</p> <p>COLLEGE OR SOME COLLEGE</p> <p><input type="checkbox"/> Some college credit, but less than 1 year of college credit</p> <p><input type="checkbox"/> 1 or more years of college credit, no degree</p> <p><input type="checkbox"/> Associate’s degree (<i>for example: AA, AS</i>)</p> <p><input type="checkbox"/> Bachelor’s degree (<i>for example: BA, BS</i>)</p> <p>AFTER BACHELOR’S DEGREE</p> <p><input type="checkbox"/> Master’s degree (<i>for example: MA, MS, MEng, MEd, MSW, MBA</i>)</p> <p><input type="checkbox"/> Professional degree beyond a bachelor’s degree (<i>for example: MD, DDS, DVM, LLB, JD</i>)</p> <p><input type="checkbox"/> Doctorate degree (<i>for example: PhD, EdD</i>)</p>

Attachment T - Comparison of DY24 Paper Changes with DY25 Proposed Changes

Detailed Person Questions																												
Health Insurance																												
2024	2025																											
<p>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.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. Insurance through a current or former employer or union (of this person or another family member)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Insurance purchased directly from an insurance company (by this person or another family member)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Medicare, for people 65 and older, or people with certain disabilities</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. TRICARE or other military health care</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. VA (enrolled for VA health care)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>g. Indian Health Service</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>h. Any other type of health insurance or health coverage plan – <i>Specify</i> ↴</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>		Yes	No	a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>	b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>	c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>	e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>	f. VA (enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>	g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>	h. Any other type of health insurance or health coverage plan – <i>Specify</i> ↴	<input type="checkbox"/>	<input type="checkbox"/>	<p>Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.</p> <p>YES, INSURED</p> <p><i>Mark (X) for all that apply.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Insurance through a current or former employer, union, or professional association (of this person or another family member) <input type="checkbox"/> Medicare, for people 65 and older, or people with certain disabilities <input type="checkbox"/> Medicaid, Children’s Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability <input type="checkbox"/> Insurance purchased directly from an insurance company, a broker, or a State or Federal Marketplace, such as Healthcare.gov <input type="checkbox"/> Veteran’s health care (enrolled for VA) <input type="checkbox"/> TRICARE or other military health care <input type="checkbox"/> Indian Health Service <input type="checkbox"/> Any other type of health insurance or health coverage plan – <i>Specify</i> ↴ <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div> <p>NO, UNINSURED</p> <ul style="list-style-type: none"> <input type="checkbox"/> No health insurance or health coverage plan
	Yes	No																										
a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>																										
b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>																										
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>																										
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>																										
e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>																										
f. VA (enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>																										
g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>																										
h. Any other type of health insurance or health coverage plan – <i>Specify</i> ↴	<input type="checkbox"/>	<input type="checkbox"/>																										

Attachment T - Comparison of DY24 Paper Changes with DY25 Proposed Changes

Detailed Person Questions	
Labor Force	
2024	2025
<p>When did this person last work, even for a few days?</p> <p><input type="checkbox"/> Within the past 12 months</p> <p><input type="checkbox"/> 1 to 5 years ago → SKIP to M</p> <p><input type="checkbox"/> Over 5 years ago or never worked → SKIP to question 43</p>	<p>When did this person last work for pay, even for a few days?</p> <p><input type="checkbox"/> Within the past 12 months</p> <p><input type="checkbox"/> 1 to 5 years ago</p> <p><input type="checkbox"/> Over 5 years ago or never worked → SKIP to question 43</p>
<p>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.</p> <p><input type="checkbox"/> Yes → SKIP to question 41</p> <p><input type="checkbox"/> No</p>	<p>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. Include all jobs for pay</p> <p><input type="checkbox"/> Yes → SKIP to question 41</p> <p><input type="checkbox"/> No</p>
<p>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.</p> <p>Weeks</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>	<p>b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work for at least one day?</p> <p><i>Include weeks when this person only worked for a few hours. Include all jobs for pay. Count paid vacation, paid sick leave, and military service as work.</i></p> <p>Weeks</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>
<p>During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?</p> <p>Usual hours worked each WEEK</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>	<p>During the PAST 12 MONTHS, for the weeks worked, how many HOURS did this person usually work each WEEK? Include all jobs for pay and military service.</p> <p>Usual hours worked each WEEK</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>