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?

[X] 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?

Skip this question if this person is less than 15 years old.
Mark (X) ONE box.

[ ] Male
[ ] Female
[ ] Transgender
[ ] Nonbinary
[ ] This person uses a different term. Specify

→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

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

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

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

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

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

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

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

[ ] Some other race – *Print race or origin.*

Person 2

1 What is Person 2's name?

Last Name *(Please print)*

First Name MI

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

- ☐ 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?
Skip this question if this person is less than 15 years old. Mark (X) ONE box.

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Nonbinary
- ☐ This person uses a different term. Specify ↙

➜ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

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

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

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

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

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

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

(Pages for Persons 3-5 are identical to Person 2)

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) | **Sex at birth** ☐ Male ☐ Female

Person 7

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

Sex ☐ Male ☐ Female | **Age (in years)**

Person 8

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

Sex ☐ Male ☐ Female | **Age (in years)**

Person 9

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

Sex ☐ Male ☐ Female | **Age (in years)**

Person 10

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

Sex ☐ Male ☐ Female | **Age (in years)**

Person 11

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

Sex ☐ Male ☐ Female | **Age (in years)**

Person 12

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

Sex ☐ Male ☐ Female | **Age (in years)**

Person 1

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

Last Name

First Name MI

7 Where was this person born?

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

8 Is this person a citizen of the United States?

- ☐ Yes, born in the United States ➔ *SKIP to question 10a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of U.S. citizen parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*
- ☐ No, not a U.S. citizen

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

Year

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

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 11*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

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

LESS THAN GRADE 1

- ☐ Less than grade 1

GRADE 1 THROUGH GRADE 12

- ☐ 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)

16 **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.

Mark "Yes" or "No" for EACH type of coverage in items a – h.

	Yes	No
a. Insurance through a current or former employer, union, or professional association (of this person or another family member)	☐	☐
b. Medicare, for people 65 and older, or people with certain disabilities	☐	☐
c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability	☐	☐
d. Insurance purchased directly from an insurance company, a broker, or a State or Federal Marketplace, such as Healthcare.gov	☐	☐
e. Veteran's health care (enrolled for VA)	☐	☐
f. TRICARE or other military health care	☐	☐
g. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

Person 1 (continued)

c. Does this person have difficulty with self-care, such as washing all over or dressing?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

d. Using his or her usual language, does this person have difficulty communicating, for example understanding or being understood?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

18 a. Does this person have difficulty seeing, even if wearing glasses?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

b. Does this person have difficulty hearing, even if using a hearing aid?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

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

19 a. Does this person have difficulty walking or climbing steps?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

b. Does this person have difficulty remembering or concentrating?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

I *Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.*

20 Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

21 What is this person's marital status?

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married → *SKIP to* **J** *on the next page*

22 In the PAST 12 MONTHS did this person get –

	Yes	No
a. Married?	☐	☐
b. Widowed?	☐	☐
c. Divorced?	☐	☐

23 How many times has this person been married?

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

Person 1 (continued)

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

Year

25 **Which of the following best represents how you think of yourself?**

- ☐ Gay or lesbian
- ☐ Straight, that is not gay or lesbian
- ☐ Bisexual
- ☐ I use a different term:

J *Answer question 26 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 27a.*

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

- ☐ Yes
- ☐ No

27 **a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No → *SKIP to question 28*

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 28*

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

28 **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 31a*
- ☐ Only on active duty for training in the Reserves or National Guard → *SKIP to question 30a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

29 **When did this person serve on active duty in the U.S. Armed Forces?** *Mark (X) a box for EACH period in which this person served, even if just for part of the period.*

- ☐ September 2001 or later
- ☐ August 1990 to August 2001 (including Persian Gulf War)
- ☐ May 1975 to July 1990
- ☐ Vietnam era (August 1964 to April 1975)
- ☐ February 1955 to July 1964
- ☐ Korean War (July 1950 to January 1955)
- ☐ January 1947 to June 1950
- ☐ World War II (December 1941 to December 1946)
- ☐ November 1941 or earlier

Person 1 (continued)

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

- ☐ Yes → *SKIP to question 31*
- ☐ No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- ☐ Yes
- ☐ No → *SKIP to question 36a*

32 **How did this person usually get to work LAST WEEK?** *Mark (X) ONE box for the method of transportation used for most of the distance.*

- ☐ Car, truck, or van
- ☐ Bus
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxicab
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home → *SKIP to question 40*
- ☐ Other method

L *Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40.*

36 **a. LAST WEEK, was this person on layoff from a job?**

- ☐ Yes → *SKIP to question 36c*
- ☐ No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- ☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → *SKIP to question 39*
- ☐ No → *SKIP to question 37*

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- ☐ Yes → *SKIP to question 38*
- ☐ No

Person 1 (continued)

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 39*

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

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

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

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 44*

40 **In 2021, did this person work for pay, even for a few days?**

- ☐ Yes
- ☐ No ➔ *S*

44 **INCOME IN 2021**

Report ALL types of income received, TAXABLE AND NONTAXABLE, from January 1, 2021 to December 31, 2021.

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT.

45 **Including all types of income, what was this person's total income in 2021?** *Add entries in questions 44a to 44i; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

- ☐ Yes ➔ $,, .00
- ☐ No

TOTAL AMOUNT for 2021

Person 2

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

Last Name

First Name MI

7 Where was this person born?

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

8 Is this person a citizen of the United States?

- ☐ Yes, born in the United States ➔ *SKIP to question 10a*
- ☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- ☐ Yes, born abroad of U.S. citizen parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization*
- ☐ No, not a U.S. citizen

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

Year

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

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 11*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

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

LESS THAN GRADE 1

- ☐ Less than grade 1

GRADE 1 THROUGH GRADE 12

- ☐ 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)

16 **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.

Mark "Yes" or "No" for EACH type of coverage in items a – h.

	Yes	No
a. Insurance through a current or former employer, union, or professional association (of this person or another family member)	☐	☐
b. Medicare, for people 65 and older, or people with certain disabilities	☐	☐
c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability	☐	☐
d. Insurance purchased directly from an insurance company, a broker, or a State or Federal Marketplace, such as Healthcare.gov	☐	☐
e. Veteran's health care (enrolled for VA)	☐	☐
f. TRICARE or other military health care	☐	☐
g. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

Person 2 (continued)

18 **a. Does this person have difficulty seeing, even if wearing glasses?**

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

b. Does this person have difficulty hearing, even if using a hearing aid?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

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

19 **a. Does this person have difficulty walking or climbing steps?**

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

b. Does this person have difficulty remembering or concentrating?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

c. Does this person have difficulty with self-care, such as washing all over or dressing?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

d. Using his or her usual language, does this person have difficulty communicating, for example understanding or being understood?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

I *Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.*

20 **Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?**

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

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

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married → *SKIP to* **J** *on the next page*

22 **In the PAST 12 MONTHS did this person get –**

	Yes	No
a. Married?	☐	☐
b. Widowed?	☐	☐
c. Divorced?	☐	☐

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

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

Person 2 (continued)

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

Year

25 **Which of the following best represents how you think of yourself?**

- ☐ Gay or lesbian
- ☐ Straight, that is not gay or lesbian
- ☐ Bisexual
- ☐ I use a different term:

J Answer question 26 if this person's sex at birth was female, and they are 15 – 50 years old

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

- ☐ Yes
- ☐ No

26 **a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 27*

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

- ☐ Yes
- ☐ No ➔ *SKIP to question 27*

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

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

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

- ☐ Never served in the military ➔ *SKIP to question 30a*
- ☐ Only on active duty for training in the Reserves or National Guard ➔ *SKIP to question 29a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

28 **When did this person serve on active duty in the U.S. Armed Forces?** *Mark (X) a box for EACH period in which this person served, even if just for part of the period.*

- ☐ September 2001 or later
- ☐ August 1990 to August 2001 (including Persian Gulf War)
- ☐ May 1975 to July 1990
- ☐ Vietnam era (August 1964 to April 1975)
- ☐ February 1955 to July 1964
- ☐ Korean War (July 1950 to January 1955)
- ☐ January 1947 to June 1950
- ☐ World War II (December 1941 to December 1946)
- ☐ November 1941 or earlier

Person 2 (continued)

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

- ☐ Yes → *SKIP to question 31*
- ☐ No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- ☐ Yes
- ☐ No → *SKIP to question 36a*

32 **How did this person usually get to work LAST WEEK?** *Mark (X) ONE box for the method of transportation used for most of the distance.*

- ☐ Car, truck, or van
- ☐ Bus
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxicab
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from home → *SKIP to question 40*
- ☐ Other method

L *Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40.*

36 **a. LAST WEEK, was this person on layoff from a job?**

- ☐ Yes → *SKIP to question 36c*
- ☐ No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- ☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → *SKIP to question 39*
- ☐ No → *SKIP to question 37*

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- ☐ Yes → *SKIP to question 38*
- ☐ No

Person 2 (continued)

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

- ☐ Yes
- ☐ No → *SKIP to question 39*

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

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

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

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago
- ☐ Over 5 years ago or never worked → *SKIP to question 44*

40 **In 2021, did this person work for pay, even for a few days?**

- ☐ Yes
- ☐ No → *S*

44 **INCOME IN 2021**

Report ALL types of income received, TAXABLE AND NONTAXABLE, from January 1, 2021 to December 31, 2021.

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT.

45 **Including all types of income, what was this person's total income in 2021?** *Add entries in questions 44a to 44i; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.*

- ☐ Yes → $ .00
- ☐ No

TOTAL AMOUNT for 2021

(Pages for Persons 3-5 are identical to Person 2)