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MEMORANDUM FOR ACS Research and Evaluation Advisory Group

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Subject: 2013 American Community Survey Questionnaire Design Test Final

Report

Attached is the final American Community Survey Research and Evaluation report "2013 American Community Survey Questionnaire Design Test." This report summarizes the results of the Questionnaire Design Test (QDT) focused on two of the four experimental forms tested in QDT. The analysis of the other forms can be found in separate reports by Jamie Lewis Thomas in SEHSD and Stephanie Baumgardner in ACSO.

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Attachment

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2013 American Community Survey Questionnaire Design Test

FINAL REPORT

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EXECUTIVE SUMMARY

Objective

During the 2010 American Community Survey (ACS) Content Test, the Census Bureau determined that the ACS paper questionnaire did not contain enough space to accommodate proposed content changes. Thus, we needed to test alternative questionnaire designs to accommodate future content needs on the ACS questionnaire.

In the 2013 Questionnaire Design Test, we studied the effect of a longer (36-page) questionnaire against our current 28-page form. We also studied whether changing the size of the form to a standard size (8.5" x 11") booklet of 44 pages affected response, compared to both the current 28-page and 36-page booklet forms, which are both 10.25" x 10.5" booklets.

Methodology

We implemented an experimental test with the July 2013 ACS panel data collection, running for approximately two months. Sampled households in each treatment received the standard ACS mailings. The only mailing piece that differed by treatment was the second mailing package, which included the modified paper questionnaires for this test. The test did not include Failed Edit Follow-up, Computer-Assisted Telephone Interviewing or Computer-Assisted Personal Interviewing.

We designed this test to determine which questionnaire format achieved the same or better self-administered response rates (mail response alone and Internet and mail response combined) as compared to the Control. Additionally, we examined item missing data rates and response distributions for selected questions which differed in appearance or location among the mail questionnaires to identify differences between the experimental treatments and the Control.

Research Questions and Results

Does changing the questionnaire format impact self-administered response rates?

We conclude that the length or format of the tested mail questionnaires did not impact response rates since there were no significant differences in mail or overall self-administered response rates between the three treatments after both one and two months of data collection.

• Does changing the questionnaire format impact item missing data rates of questions most affected by the new format?

Changes to the questionnaire format did not have a consistent impact on item missing data rates for either the 36-page treatment or the 44-page treatment when compared to the 28-page form.

For each item included in the analysis, we made two comparisons. First, we compared the 36-page and the 44-page treatments to each other. Next, the treatment with the lower item missing data rate was compared to the Control. For mail responses, the 44-page questionnaire did have significantly lower item missing data rates than the 36-page for several questions.

There also were a few questions where the 36-page treatment had significantly lower item missing data rates compared to the Control. However, there were no consistent patterns in the results, so we cannot conclude that one questionnaire performed better than another questionnaire.

• Does changing the questionnaire format impact response distributions of questions most affected by the new format?

On an item-by-item basis, we did find some significant differences when comparing the response distributions between the two experimental treatments and the Control. However, we found no clear patterns to indicate that the response distributions were consistently impacted by the changes to the questionnaire format.

1. BACKGROUND

During the 2010 American Community Survey (ACS) Content Test, the Census Bureau determined that the ACS paper questionnaire did not contain enough space to accommodate proposed content changes. Thus, we tested alternative questionnaire designs to accommodate future content needs on the ACS questionnaire.

In the 2013 Questionnaire Design Test (QDT), we studied the effect of a longer (36-page) questionnaire against our current 28-page form. Heberlein and Baumgartner (1978) compiled many questionnaire studies and compared those studies for their effects on response rates. One aspect they looked at was the length of the questionnaire: number of pages, number of questions, and time to complete. After comparing 98 studies, they found that the number of pages was not significantly related to the response rate. A more recent study tested a 28-page questionnaire versus a 32-page questionnaire (Koloski *et al.*, 2001) and showed there was no significant difference between the two response rates. However, a study by Champion and Sear (1969) which tested three, six, and nine page surveys, found that the longer questionnaires (six and nine pages) actually had higher response rates than the shorter three-page questionnaire, which seems counter-intuitive. However, that study kept the same number of questions for each survey (as we did for the QDT), while changing the format for each questionnaire, which resulted in the longer questionnaires having more space between questions.

In the QDT, we also studied whether changing the size of the questionnaire from the current 28-page and experimental 36-page booklets ($10.25'' \times 10.5''$) to a standard size ($8.5'' \times 11''$) booklet affected response. Two studies (Childers and Ferrell, 1979; Johnson *et al.*, 1993) focused on response rates based on different page sizes for questionnaires using an $8.5'' \times 11''$ against a different non-standard size ($8.5'' \times 14''$ and $8.5'' \times 5.5''$). In both cases, the standard size survey $8.5'' \times 11''$ had significantly higher response rates than the non-standard size. Dillman *et al.* (2009) states that pages should be "taller than they are wide" (pg. 185) since that is the conventional format people are used to handling.

The QDT was designed primarily to help the Census Bureau decide which questionnaire format performed best on response and data quality measures. The QDT also included two additional research objectives. The first was to make the ACS questionnaire more compatible with Optical Character Recognition (OCR) software by altering the response box formats for numeric write-in fields to allow automated capture rather than keying. Currently, the ACS does not use the OCR technology available at the National Processing Center (NPC). This test looked at the quality of OCR by comparing responses obtained from keying versus OCR as a method of capture. Second, this test included one variation in the relationship and marital status questions per the Office of Management and Budget (OMB) initiative to ensure these questions provide improved measurement of coupled households (whether married or unmarried, opposite-sex or same-sex, as well as registered domestic partnerships). The results from these two additional research objectives are covered under two separate ACS Research and Evaluation (R&E) reports entitled "Evaluation of the Use of Optical Character Recognition (OCR) to Capture American Community Survey Numeric Write-ins in the 2013 Questionnaire Design Test."

2. METHODOLOGY

2.1 Test Overview

The initial stages of the test consisted of questionnaire design and cognitive laboratory pretesting. The cognitive testing used older respondents with low education levels since these are known characteristics associated with responding by paper rather than the Internet (Tancreto *et al.*, 2012). Most cognitive testing respondents had neutral reactions when completing the various forms and thought the questionnaires were equally easy to complete (Terry, 2013).

We implemented the experimental field test portion of the 2013 QDT for two months with the July 2013 ACS sample panel. Sampled households in each treatment received the standard ACS mailings:

- Pre-notice letter
- Initial mailing with an invitation to respond via Internet (no paper questionnaire)
- Reminder postcard
- Second mailing package which includes a paper questionnaire and an invitation to respond via Internet
- Second reminder postcard
- Additional reminder postcard for nonrespondents without phone numbers

The only mailing piece that differed by treatment was the second mailing package, which included the modified paper questionnaires for this test. The test did not include Failed Edit Follow-up (FEFU), Computer-Assisted Telephone Interviewing (CATI) or Computer-Assisted Personal Interviewing (CAPI). We designed this test to determine which questionnaire format achieved the same or better self-administered response rates (mail response alone and Internet and mail response combined) as compared to the Control. Additionally, we examined whether either of the test questionnaire formats performed better than the Control for item missing data rates and response distributions for selected questions on the forms. We analyzed only those questions with a substantial layout change on one or more treatments that could affect response behavior. Our primary focus was on the item missing data rates for mail responses, since there were no design changes to the Internet instrument.

2.2 Experimental Treatments

For this analysis, there were three treatment groups. We did not modify any of the 2013 ACS content for the treatments covered in this report. All questionnaires included a test URL different from the production URL for the Internet option in order to keep the test data separate from production data. Otherwise, the Internet instrument was identical to the production instrument.

Treatment 1: 28-Page Questionnaire (Control Treatment)

This treatment served as the control for all treatments. This questionnaire was identical to the 2013 ACS production questionnaire with 28 pages and page dimensions of $10.25'' \times 10.5''$ except for minor test-specific differences (unrelated to questionnaire design) that were made to all questionnaires in the test¹. See Attachment A for a copy of the questionnaire.

Treatment 2: 36-Page Questionnaire

For this treatment, the mail questionnaire was 36 pages with the current ACS page dimensions of

¹ All QDT questionnaires had test-specific URLs, OMB form numbers and approval information, as well as a test-specific contact phone number for Telephone Questionnaire Assistance.

10.25" x 10.5". Like the questionnaires in the production ACS and the Control treatment, we folded the questionnaire for mailing and mailed it in an 11.5" x 6" envelope. The layouts of the basic demographic and housing sections were identical to those sections on the 28-page Control questionnaire. The detailed demographics section contained an extra page for each of the five person sections on the form, increasing the number of pages to five per person. We distributed the same detailed person questions across the five pages, allowing for more spacing between questions on all pages, as compared to the Control questionnaire. Since the booklet format requires us to add pages in increments of four, the increase in the number of pages for the detailed person questions resulted in a total of eight additional pages. Therefore, at the end of the questionnaire, we had three blank pages with a note indicating that the pages were left blank intentionally. See Attachment B for a copy of the questionnaire.

Treatment 3: 44-page (8.5" x 11") Questionnaire

For this treatment, the mail questionnaire was 44 pages with standard letter paper dimensions of 8.5"x11". The questionnaire was mailed flat in a 9" x 11 5/8" envelope since it could not be folded without damaging the form. We reformatted all sections of the form to accommodate the smaller page dimensions but the content remained the same as the 28-page Control and the 36-page questionnaire. The basic demographic section at the front of the questionnaire remained at two columns per page, with each column approximately one inch narrower than the Control form. The housing and detailed persons sections decreased from three columns per page to two, with each column approximately half an inch wider than in the Control. The changes in the width of the columns, as compared to the Control, resulted in many questions having word wrapping that differs from the Control and the 36-page questionnaires. The housing section increased from three pages to four, and the detailed person section increased from five pages to seven pages per person. See Attachment C for a copy of the questionnaire.

2.3 Sample Design

Each of the two experimental treatments and the Control had a sample of 10,000 mailable addresses resulting in 30,000 total mailable sample addresses selected for our analysis. We used a nearest neighbor sampling approach for random allocation among the treatments. Sample sizes were designed to measure a 2.23 percentage point difference in the overall self-response rates among the treatments, at the α =0.10 level, controlling for three comparisons.

The QDT was the first Methods Panel test to select a separate control sample instead of using the corresponding ACS production monthly panel for the Control. We required a test specific URL for our Internet application to keep our test data separate from production data. We were concerned that response rates, specifically Internet response rates, may be depressed in the QDT treatment groups because the ACS home page or an Internet search engine would misdirect respondents to the production application. If we had used the ACS production panel as the Control for the QDT (as we have in past Methods Panel tests), the Control group would have had the advantage of being able to log in to the production instrument more conveniently than logging into the test instrument. We tried to reduce the effects of respondents being misdirected to the production instrument by rendering a login error and simultaneously, and somewhat transparently, redirecting them to the correct QDT login page. A comparison of response between the Control and ACS production confirmed that the overall self-response rate (as of July, 2013³) was significantly higher for production cases. The difference in overall self-response rates between production and the Control was 1.1 percent (SE 0.5 percent). While there was no significant difference in the mail response rates, the Internet response rates for ACS Production was 1.1 percentage points higher (SE 0.5 percent) than our Control, supporting our hypothesis that the

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² Samples of 10,000 addresses were also selected for the other two experimental treatments for a total of 50,000 addresses in the QDT. The random allocation was done among the four experimental treatments and the Control.

³ We can only compare through the end of July since CATI started on August 1 for ACS production. CATI calls serve as reminders for respondents to complete their ACS survey, thus affecting the self-response rates. The QDT did not have CATI.

advantages in the ease of finding and logging into the production URL would result in higher Internet response for production respondents.

2.4 Research Questions

In advance of the test, we identified a series of research questions to help assess the success of the various treatments. We list the research questions here, and provide answers to these questions in Section 4 of this report.

- Does changing the questionnaire format impact self-administered response rates?
- Does changing the questionnaire format impact item missing data rates of questions most affected by the new format?
- Does changing the questionnaire format impact response distributions of questions most affected by the new format?

2.5 Analysis Design

The test followed a typical one-month ACS mailing strategy to collect self-response data. The initial mailing with an invitation to respond via Internet (no paper questionnaire) was sent on June 24, 2013. The paper questionnaires were included in the second package mailed on July 11, 2013. Data collection ran for two months, ending on August 29 (49 days after the mailing of the paper questionnaire). This allowed sufficient time for the receipt of mail responses, the primary focus of QDT. There were no CATI or CAPI nonresponse follow-up operations for any of the treatments. We calculated estimates after one month and two months of data collection. Since our analysis concentrated on the mail response rates, the primary comparisons for this test are based on the two-month estimates. The one-month estimates are also of interest to assess the response rates we might expect prior to the start of CATI in a normal ACS production environment.

The analyses of self-response rates and item missing data rates used t-tests for the comparisons, where adjustments were made for multiple comparisons. To analyze self-response rates, we used the Bonferroni-Holm Multiple Comparison Procedure⁴, which is a modification of the simple Bonferroni procedure. To analyze item missing data rates we used the simple Bonferroni procedure since we only had two comparisons. We used Rao-Scott chi-square tests to analyze the item response distributions. All results were weighted to reflect the probability of selection into the sample.

2.5.1 Self-response Rate Analysis

We analyzed combined self-response rates reflecting responses across all self-response modes (Internet, mail and Telephone Questionnaire Assistance (TQA)⁵). We also analyzed response rates separately for the mail (including TQA⁶) and Internet modes. We focused on the differences in response rates for the mail mode between treatments because the paper questionnaire was the only difference in the mailing pieces. However, it is not enough to look at the impact on mail response rates only. We also assessed the potential impact of the paper questionnaire on overall response. The questionnaires people received may have influenced them to respond by Internet rather than paper, or they may have been

⁴ A simple Bonferroni adjustment keeps the experiment-wise error rate at $\alpha = 0.10$ by dividing the acceptable α -level by the number of comparisons. The Bonferroni-Holm Multiple Comparison procedure is a more powerful modification of the simple Bonferroni procedure which also keeps the experiment-wise error rate at $\alpha = 0.10$ (Westfall *et al.*, 1999).

⁵ TQA allows respondents to call a toll-free number to receive help completing the survey. Respondents can either complete the mail or Internet form or complete it over the phone with a TQA interviewer.

⁶ TQA responses were included as mail responses, as they are in ACS production.

discouraged from responding at all, and thus the paper questionnaire would have affected overall response.

To analyze combined self-response, we calculated the overall self-administered response rate for each treatment as the percent of mailable and deliverable addresses with a non-blank mail or TQA response or a complete or sufficient partial Internet response, as follows:

This rate is different from most response rates that ACS publishes since the lack of a CAPI mode means that we cannot identify vacant and nonexistent housing units for removal from the rate's denominator. ¹⁰

In addition to the overall self-response, we analyzed response by mail and Internet separately, using similar definitions. If a household responded by both mail and Internet, it was counted as a mail response only.

To analyze response by mail, we calculated the Mail Response Rate as:

To analyze response by Internet, we calculated the Internet Response Rate as:

We made the following three comparisons:

- 36-page compared to 44-page
- 36-page compared to Control
- 44-page compared to Control

To test for significant differences between the treatments, we used t-tests with adjustments for multiple comparisons using the Bonferroni-Holm Multiple Comparison Procedure to keep the experiment-wise error rate to $\alpha = 0.10$. For each comparison, the better treatment is the one with the significantly higher

⁷ Unless a response was received, we removed any address where the initial or second mailing was returned by the Postal Service as Undeliverable As Addressed from the universe of mailable and deliverable households.

⁸ A blank form is one in which there are no data defined persons and no usable telephone number provided by the respondent. To qualify as a data defined person, enough data must be provided for the person to meet certain minimum requirements established for the ACS.

⁹ A sufficient partial interview is one in which the respondent reached the *pick next person* screen for households with two or more persons OR the *place of birth* screen for households with only one person, but did not reach the *presummary* screen.

¹⁰ This will cause the response rate to be lower than if we were able to identify vacant and nonexistent units.

self- response rate. If both test treatments are significantly better than the Control, the winning test treatment is the one with the higher self-administered response rate.

2.5.2 Item Missing Data Rate Analysis

For this analysis, we included only those questions with a substantial layout change on one or more treatments that could possibly affect response behavior. Staff in the Decennial Statistical Studies Division (DSSD) and the American Community Survey Office (ACSO) worked together with subject matter experts in the Population Division (POP) and Social, Economic and Housing Statistics Division (SEHSD) to determine the specific ACS questions to evaluate. We should note that we had no hypothesis for any of the questions that the format changes would actually result in differential missing data.

The focus of our analysis was the Mail Item Missing Data Rate, which includes only mailable and deliverable addresses that provided a nonblank return by mail. The rate was computed as follows:

We also calculated an Overall Item Missing Data Rate, using mailable and deliverable addresses that provided a nonblank return¹¹ by mail or Internet¹², as follows:

We analyzed overall item missing data rates to assess the potential impact that changes to the form design could have on the ACS estimates. Note, however, that production ACS includes the results of CATI and CAPI, which are not reflected in the QDT estimates.

We applied the Content Reinterview Survey (CRS) (Murphy, 2012) analysis universe definitions since those definitions were discussed in detail for the CRS with the POP and SEHSD subject matter experts. If the responses necessary to make universe determinations were missing, we excluded the person or household from the calculation of the item missing data rate.

For each of these questions, we made the following comparisons for the item missing data rates:

- 36-page to 44-page
- Winning test treatment compared to Control

Our analysis identified those items with significant differences in item missing data rates between treatments. The better treatment for a given item was the one with the lower item missing data rate. Ideally, we would have liked to compare both experimental treatments to the Control. However, we did not have sufficient statistical power to make three comparisons. Therefore, we picked a winner between the 36-page and the 44-page to compare to the Control on an item-by-item basis. The winner

 $^{^{11}}$ Because this is a test of mail questionnaire design, we used the mail return data if there were both mail and Internet responses for an address.

¹² We did not get data from TQA responses for this analysis, so we exclude them from the item missing data rates.

between the 36-page and 44-page is the treatment with the lower item nonresponse rate, even if the difference is not significant.

2.5.3 Response Distribution Analysis

For this analysis, we studied the same questions chosen for the analysis of item missing data rates. We estimated response distributions for the selected questions and performed Rao-Scott chi-square tests to determine if the response distributions differed between treatments. Our focus was on the response distributions for mail responses. We made the following comparisons:

- 36-page to Control
- 44-page to Control

3. ASSUMPTIONS AND LIMITATIONS

3.1 Assumptions

Because this is a test of mail questionnaire design, we selected the returned mail questionnaire when there was both a mail and an Internet response for an address. There were 63 duplicate (mail and Internet) responses for the 36-page treatment, 62 for the 44-page, and 83 for the Control.

3.2 Limitations

We computed item missing data rates using pre-edited data, so the rates do not reflect final ACS item allocation rates. Since we did not check for responses such as "don't know" or "refuse", the item missing data rates could be slightly underestimated for items that require an open-ended write-in response (Ancestry, Field of Degree, Industry and Occupation). During the normal editing process, such responses would have been identified and subjected to imputation as nonresponses.

If the responses necessary to determine if a household or person belongs in the universe for a given question are missing, the person or household was excluded from the calculation of the item missing data rate. Therefore, when a respondent break-offs, specifically on the Internet, it may limit the universe available for certain items, which may result in underestimates of the overall item missing data rates.

The 44-page questionnaire was mailed unfolded in a $9" \times 115/8"$ envelope whereas questionnaires for the other treatments were folded and mailed in $11.5" \times 6"$ envelopes. The resulting differences in the envelope size and shape may have influenced response.

4. RESULTS

In the following sections, we analyze the data to answer the research questions in Section 2.4.

4.1 Does changing the questionnaire format impact the self-administered response rates?

Changes to the questionnaire did not affect self-response, our key measure, for mail responses or the overall response rate with mail and Internet responses combined.

Tables 1 and 2 show the one- and two-month response rates, respectively. There are no significant differences between any of the response rates for the three treatments after both one and two months of data collection. Self-response rates were not impacted by the length of the paper questionnaire or the size of the outbound mailing package under the current ACS mailing strategy. This finding is important, since previous literature has been unclear regarding the impact of length and size of questionnaires.

Table 1. One-month Self-administered Response Rates and Mail Response Rates (excluding Undeliverable as Addressed) by Experimental Treatment (through July 31, 2013)

	Experiment	a l Treatment				
	36-page	44-page (8.5x11)	Control (28-page)	36-page – 44-page	36-page – Control	44-page – Control
Overall Response Rate (SE)	44.8	44.7	45.2	0.1	-0.4	-0.4
	(0.5)	(0.5)	(0.5)	(0.6)	(0.7)	(0.7)
Mail Response Rate	17.9	17.9	18.4	0.0	-0.5	-0.5
(SE)	(0.3)	(0.3)	(0.5)	(0.5)	(0.5)	(0.6)
INT Response Rate	26.9	26.8	26.8	0.0	0.1	0.0
(SE)	(0.5)	(0.5)	(0.5)	(0.7)	(0.7)	(0.7)

Source: U.S. Census Bureau, 2013 American Community Survey Questionnaire Design Test, July to August 2013

Table 2. Two-month Self-administered Response Rates and Mail Response Rates (excluding Undeliverable as Addressed) by Experimental Treatment (through August 29, 2013)

	Experimental Treatment							
	36-page	44-page (8.5x11)	Control (28-page)	36-page – 44-page	36-page – Control	44-page – Control		
Overall Response Rate (SE)	52.0	51.8	52.1	0.1	-0.2	-0.3		
	(0.5)	(0.5)	(0.5)	(0.6)	(0.7)	(0.7)		
Mail Response Rate	23.3	23.3	23.7	0.0	-0.4	-0.4		
(SE)	(0.4)	(0.4)	(0.5)	(0.5)	(0.6)	(0.7)		
INT Response Rate	28.6	28.5	28.4	0.1	0.2	0.1		
(SE)	(0.5)	(0.5)	(0.5)	(0.7)	(0.7)	(0.8)		

Source: U.S. Census Bureau, 2013 American Community Survey Questionnaire Design Test, July to August 2013

4.2 Does changing the questionnaire format impact item missing data rates of questions most affected by the new format?

For this question, we focused on the mail item missing data rates, which include only mailable and deliverable addresses that provided a nonblank return by mail. We also analyzed item missing data rates over all responses, mail and Internet combined. We wanted to determine if any significant differences in the mail item missing data rates also appeared when looking at the overall missing data rates. As noted in Section 2.5.2, the analysis included those questions where there were substantial format changes that could possibly affect response behavior.

Table 3 on page 10 contains the mail item missing data rates at the end of two months of data collection; significant differences are in bold print with footnotes to indicate the winning treatment, i.e., the treatment with the lower item missing data rate. For the basic demographic questions, the results in Table 3 show no significant differences for any of the comparisons. Looking at the comparisons

between the 36-page and 44-page questionnaires, there are a few items in the detailed person section (Ancestry, Worked Last Week, and Combined Work) and one item in the housing section (Monthly Gas Costs), where the item missing data rates are lower for the 44-page questionnaire; and there are no questions where the 36-page form has lower item missing data rates. We offer the following specific observations:

- The mail item missing data rates for Combined Work and Work Last Week are lower for the 44-page form compared to the 36-page form. These two items are closely related. Work Last Week corresponds to question P29a alone (Work Last Week). Combined Work also takes into account the response to Question P29b (Any Work Last Week). Those questions appear at the top of the first column on the 44-page form, whereas on the 36-page form they appear at the top of the last (third column).
- Looking at Ancestry we see the largest significant difference (4.3 percent with a SE of 1.4 percent) in mail item missing data rates between the experimental treatments, with the 44-page form having the lower missing data rate.

We can offer some conjecture as to what might have happened. While item nonresponse is relatively high for Ancestry in general, we hypothesize that respondents may have been confused by the skip instruction for the Field of Degree (FOD) question which immediately precedes Ancestry. Those who did not need to answer FOD (those without an undergraduate degree) may have skipped over both questions in error. We think this happened more frequently on the 36-page form. We explored the data further and looked at the response pattern where there was no response for Ancestry, but there was a response for the language question after ancestry. For people without a Bachelor's degree (who should skip FOD), the 36page form had higher item missing data rates for ancestry. We did not find similar differences among people with a Bachelor's degree. Part of the problem may be that both FOD and Ancestry are write-in questions. Due to the proximity of the write-in spaces, we conjecture that people may not have perceived them as separate write-ins. This could be more problematic on the 36-page form. The narrower columns may make the write-in spaces appear closer together. The difference in column width also affected the word-wrapping of the skip instruction. On the 36-page form the word "SKIP" appears at the beginning of a line, making it more prominent upon a quick read of the instruction.

Next, for each item analyzed, we compared the experimental treatment with the lower mail item missing data rate, whether significant or not, to the Control. Although the 44-page form had lower missing data rates than the 36-page form for some items, it was never significantly lower than the Control. We conjecture that the size and number of columns per page on the 44-page compared to the 36-page may have impacted response, but we cannot explain why those differences do not appear in the comparison between the 44-page and the Control, since the Control has the same page size/layout as the 36-page form. We did, however, find that the 36-page questionnaire had significantly lower missing data rates than the Control for a few questions, including FOD. Respondents may have been influenced by the change in layout involving FOD. FOD appears at the top of the third column on the 36-page questionnaire; whereas, on the Control form, it appears at the bottom of the second column. There are also two housing questions where the 36-page form had lower missing data rates than the Control. Since the housing section is identical between the 36-page and Control form, we have no conjecture as to what may be causing those differences.

In summary, although our analysis of mail item missing data rates showed a few differences on an itemby-item basis, it did not reveal any substantive problems associated with the different treatments.

Table 3. Item Missing Data Rates for Mail Questionnaires for Selected Questions by Experimental Treatment (for Households that Responded by Mail by August 29; standard errors in parentheses)

	36-page	44-page	36-page – 44-page	Winner	28-page (Control)	Winner – Control
Basic Demographic Questions					•	
Age/DOB (used RAGE)	1.4	1.9	-0.5	1.4	1.1	0.3
Age/DOD (d3cd NAGE)	(0.2)	(0.3)	(0.3)	(0.2)	(0.2)	(0.3)
Hispanic Origin		7.1	0.4	7.1	(Control) 1.1 (0.2) 6.9 (0.5) 3.0 (0.4) 6.8 (0.6) 12.7 (0.8) 9.6 (0.8) 18.3 (0.9) 3.6 (0.5) 5.6 (0.9) 3.1 (0.7) 3.4 (0.8) 6.6 (0.8) 19.8 (0.8) 8.8 (0.6) 4.0 (0.5) 8.4 (0.6) 10.6 (0.8) 5.6 (0.6) 6.3 (2.8) 12.1 (0.7) 11.6	0.2
	, ,	(0.5)	(0.8)	(0.5)		(0.7)
Race		3.4	0.2	3.4		0.4
Housing Questions	(0.4)	(0.4)	(0.5)	(0.4	(0.4)	(0.5)
	6.7	6.3	0.4	6.3	6.8	-0.5
Monthly Electric Costs		(0.5)	(0.7)	(0.5)		(0.8)
		12.0	2.5 ¹	12.0		-0.7
Monthly Gas Costs		(0.7)	(1.1)	(0.7)		(1.0)
	9.6	8.0	1.6	8.0		-1.6
Annual Water and Sewer Costs	(0.7)	(0.6)	(1.0)	(0.6)	(0.8)	(1.0)
Annual Other Fuel Costs	18.2	17.2	1.1	17.2	18.3	-1.1
Annual Other Fuel Costs	(0.9)	(0.9)	(1.4)	(0.9)	(0.9)	(1.2)
Mortgage Status	5.3	6.1	-0.8	5.3	3.6	1.7
	(0.7)	(0.6)	(0.8)	(0.7)	(0.5)	(0.9)
Mortgage Payments	4.7	3.7	0.9	3.7		-1.9
	(0.8)	(0.7)	(1.1)	(0.7)	(0.9)	(1.2)
Mortgage Status Mortgage Payments Real Estate Taxes Included Homeowner's Insurance Included Detailed Person Questions	1.2	2.3	-1.1	1.2		-1.9 ²
Thear Estate Taxes Meradea	(0.4)	(0.6)	(0.7)	(0.4)	(0.7)	(0.8)
Homeowner's Insurance Included	1.4 (0.2) 7.5 (0.6) 3.6 (0.4) 6.7 (0.6) 14.5 (0.8) 9.6 (0.7) 18.2 (0.9) 5.3 (0.7) 4.7 (0.8) 1.2 (0.4) cluded 1.5 (0.5) 4.2 (0.8) 25.7 (1.0) 9.4 (0.6) 4.4 (0.5) 8.8 (0.6) 12.6 (0.8) 6.3 (0.7) 18.8 (5.2) 10.4 (0.8)	3.0	-1.4	1.5	3.4	-1.9 ²
	(0.5)	(0.7)	(0.9)	(0.5)	(8.0)	(0.9)
Detailed Person Questions						
Field of Degree		4.5	-0.3	4.2		-2.5 ²
	(0.8)	(8.0)	(1.2)	(8.0)	(0.8)	(1.2)
Ancestry		21.4	4.3 ¹	21.4		1.6
	(1.0)	(1.0)	(1.4)	(1.0)	(0.8)	(1.3)
Worked Last Week		7.1	2.2 ¹	7.1		-1.7
	-	(0.6)	(0.9)	(0.6)	•	(0.9)
Any Work Last Week		4.7	-0.3	4.4		0.4
		(0.5)	(0.6)	(0.5		(0.7)
Combined Work ³		6.7	2.0 ¹	6.7		-1.7
	•	(0.6)	(0.9)	(0.6)	•	(0.9)
Layoff from Job		10.8	1.8	10.8		0.2
		(0.8)	(1.0)	(0.8)		(1.1)
Temporarily Absent		7.6 (0.8)	-1.3 (0.0)	6.3 (0.7)		0.8
	•	(0.8)	(0.9)	i		(0.9)
Recall to Work		14.3 (5.4)	4.5 (6.8)	14.3 (5.4)		8.0 (6.3)
	•	11.9	-1.6	10.4		-1.8
Mortgage Payments Real Estate Taxes Included Homeowner's Insurance Included Detailed Person Questions Rield of Degree Ancestry Worked Last Week Combined Work Rayoff from Job Remporarily Absent Recall to Work		(0.9)	-1.6 (1.2)	(0.8)		-1.8 (1.1)
		9.7	0.4	9.7		-1.9
Occupation		(0.8)	(1.1)	(0.8)	(0.7)	-1.9 (1.0)

^{1 44-}page significantly lower than 36-page 2 36-page significantly lower than Control

³ Worked Last Week and Any Work Last Week form the Combined Work variable. If both were missing, then Combined Work was counted as missing.

Table 4 on page 12 shows overall item missing data rates at the end of two months of data collection; significant differences are in bold print and are footnoted to indicate the winning treatment, i.e., the treatment with the lower item missing data rate. Here we see that only one question, Monthly Gas Costs, showed a significant difference between treatments for the mail missing data rate and still had a significant difference for the overall missing data rate. While there are other variables with significant differences in overall missing data rates between treatments, those findings are attributable to variations in Internet response only and not to differences in the paper questionnaires, since we did not find similar results in the mail response analysis. We have no explanation for the variations in Internet response among treatments, other than random variation from the sample.

Table 4. Overall Item Missing Data Rates for Selected Questions by Experimental Treatment (for Households that Responded by Internet or Mail by August 29; standard errors in parentheses)¹

	36-page	44-page	36-page – 44-page	Winner	28-page (Control)	Winner – Control
Basic Demographic Questions			1 101			
Age/DOB (used BAGE)	1.0	1.0	-0.0	1.0	0.8	0.2
Age/DOB (used NAGL)	(0.1)	(0.1)	(0.2)	(0.1)	(0.1)	(0.2)
Hispanic Origin	3.6	3.1	0.5	3.1	3.1	Control 0.2
	(0.2)				· · · · · · · · · · · · · · · · · · ·	
Race	1.9					
Hamaina Orrantiana	(0.2)	(0.2)	(0.3)	(0.2)	(0.2)	(0.2)
Housing Questions	1.0	1.0	0.6	4.0	4.4	0.4
Monthly Electric Costs	4.6 (0.3)					
					· · ·	
Monthly Gas Costs	7.8					
	(0.5)	• •			` '	
Annual Water and Sewer Costs	5.8					
	(0.4) 8.8	1.0				
Annual Other Fuel Costs	(0.4)			i		
					• •	
Mortgage Status	2.3					
	(0.3)			A-page Winner Control -0.0	• • •	
Mortgage Payments	(0.3)			1		
	1.3			` '		
Real Estate Taxes Included	(0.2)					
	1.4	1.0				
Homeowner's Insurance Included	(0.3)					
Detailed Person Questions	(0.0)	(0.0)	(0.17)	(0.0)	(0.0)	(011)
	2.5	2.8	-0.2	2.5	3.4	-0.9
Field of Degree	(0.3)					
	17.9	•			15.1	
Ancestry	(0.6)					
	7.5				· · · · · · · · · · · · · · · · · · ·	
Worked Last Week	(0.4)	(0.4)	(0.6)	(0.4)	(0.4)	
A - NA/- d L LNA/ L	2.6	2.8	-0.2	2.6	2.3	0.3
Any work last week	(0.3)	(0.3)	(0.3)	(0.3)	(0.3)	(0.4)
Combined work ⁶	7.2	6.4	0.8	6.4	7.2	-0.8
Combined work	(0.4)	(0.4)	(0.6)	(0.4)	(0.4)	(0.5)
Layoff from Joh	6.8	5.8	0.9	5.8	5.8	0.1
	(0.4)			(0.4)		(0.6)
Temporarily Absent	3.2					0.4
	(0.3)					
Recall to Work	8.2					
	(2.4)	(2.0)			•	
Age/DOB (used RAGE) Hispanic Origin Race Housing Questions Monthly Electric Costs Monthly Gas Costs Annual Water and Sewer Costs Annual Other Fuel Costs Mortgage Status Mortgage Payments	6.0					
	(0.3)		(0.4)		-	
Occupation	6.3	1.0			-1.2 ⁴	
	(0.3)	(0.4)	(0.5)	(0.4)	(0.4)	(0.5)

Source: U.S. Census Bureau, 2013 American Community Survey Questionnaire Design Test, July to August 2013 Internet responses for the person questions were limited to the first five persons on the roster.

² 44-page significantly lower than 36-page

³⁶⁻page significantly lower than Control

⁴⁴⁴⁻page significantly lower than Control

⁵ Control significantly lower than 36-page

⁶ Worked Last Week and Any Work Last Week form the Combined Work variable. If both were missing, then Combined Work was counted as missing.

4.3 Does changing the questionnaire format impact response distributions of questions most affected by the new format?

In addition to analyzing item missing data rates, we analyzed mail only response distributions for each of the selected questions. We compared both the 36-page questionnaire and the 44-page questionnaire to the Control. To analyze Industry and Occupation, however, we only compared the 44-page questionnaire to the Control, since there were no differences in the layout of the questions between the 36-page and the Control.

For a response to be included in the distribution analysis, it had to be in the universe for the question. We used the same universe definitions as those used to analyze item missing data rates. Missing data were excluded from the distribution analysis. For each question, we defined mutually exclusive response categories. These categories are shown in Tables 5- 15 in the Appendix.

For Hispanic Origin (see Table 6 in the Appendix), each person was placed into one of six mutually exclusive Hispanic Origin categories, based on responses to the question as a whole, i.e., all of the checkboxes as well as the Hispanic origin(s) corresponding to the coded write-in response, if present. If the first check box was marked (indicating the person was non-Hispanic) and other checkboxes were marked (indicating the person was Hispanic), we dropped the person from the analysis. To analyze Race (see Table 7 in the Appendix), we formed seven mutually exclusive categories based on the checkboxes marked and the race or races that correspond to the coded write-ins. Coded write-ins also were used to categorize responses for Field of Degree (see Table 10 in the Appendix) based on the first Field of Degree code and Ancestry (see Table 11 in the Appendix) based on the first ancestry code. To analyze Industry (see Table 14 in the Appendix) and Occupation (see Table 15 in the Appendix), we used the industry codes (coded from responses to questions P42 and P43) and occupation codes (coded from responses to questions P45 and P46), respectively.

In our analysis of mail responses, we identified a few questions where there were significant differences in response distributions between the experimental treatments compared to the Control, based on Rao-Scott chi-square tests, at the 10 percent significance level. Tables 5-15 in the Appendix show the results of all the testing.

For the 36-page treatment compared to the Control, we found significance for Monthly Gas Costs (see Table 8 in the Appendix) and Mortgage Payment Amount (see Table 9 in the Appendix). As noted earlier, the layout of the housing questions for the 36-page treatment and the Control are the same, so this difference cannot be due to different layouts. We have no hypothesis as to why these differences appeared.

For the 44-page treatment compared to the Control, we found significance for Mortgage Payment Amount (see Table 9 in the Appendix), Field of Degree (see Table 10 in the Appendix), and Layoff from a Job (see Table 13 in the Appendix). The factors driving these differences may be related to the size of the form or the form layout. There are substantial differences in the forms for Field of Degree. Field of Degree appears at the top of the page, in the first column (of two) on the 44-page form. It is on a separate page than the other schooling questions. On the Control form it appears at the bottom of the page, in the middle column (of three). Layoff from a Job appears at the top of the Control form, in the first column. For the 44-page form, it is the last question on the page. It is unclear, however, how these differences would have affected the distribution of responses among those people who answered the questions.

5. SUMMARY

The length or format of the questionnaires as well as the size of the mailing envelope did not affect self-response, our key measure, for mail responses or mail and Internet responses combined. We hypothesize that the mandatory nature of the survey influenced people to respond regardless of the length and format of the questionnaire they received.

Changes to the questionnaire format did not have a consistent impact on item missing data rates for either the 36-page treatment or the 44-page treatment when compared to the current 28-page form. Focusing on mail responses, we did find some significant differences in our analysis of item missing data rates. There were a few questions where item missing data rates were lower for the 44-page questionnaire compared with the 36-page questionnaire. We also found a small number of questions where there were significant differences in our analysis of response distributions, mainly in comparisons where the 44-page treatment differed from the Control. Our results, however, were too weak and inconsistent to choose the 44-page treatment as the better treatment, overall.

In summary, our results do not conclusively point to one treatment as superior to any other.

6. NEXT STEPS

An alternative questionnaire design may eventually be needed to accommodate new questions on the current ACS questionnaire, specifically in the detailed person section. However, as this test was being conducted, the Census Bureau was directed to initiate a thorough review of content in the ACS, with the aim of ensuring that only necessary burden is placed on ACS respondents. This effort may make it less likely that the survey will need additional room on the questionnaire for new questions, making a format change unnecessary.

We tested two new questionnaire formats and both emerged as reasonable alternatives to the 28-page form. Future decisions should reflect cost considerations. The cost analysis performed by the ASCO has shown that the 44-page questionnaire is the more expensive choice due to additional mailing costs for the larger size envelope with no mitigating gain in terms of increased self-response (Roberts, forthcoming).

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Appendix: Response Distributions for Selected Questions by Questionnaire Type, for Households that Responded by Mail (through August 29, 2013)

In the following tables, sample weights were used in the estimates of the response distributions and their standard errors (SEs).

Each table provides the Rao-Scott chi-square statistic for the comparison between the 44-page treatment and the Control (χ^2_{44}) and the 36-page treatment and the Control (χ^2_{36}). Significant differences are indicated at the bottom of each table, when applicable.

Table 5. Distribution of Mail Responses for Recoded Age Calculated from Age/DOB (Question P4)

					<u> </u>	
	36-page		44-page		28-page (Control)	
	Estimate	SE	Estimate	SE	Estimate S	SE
	(%)	(%)	(%)	(%)	(%)	%)
Recoded Age						
0-4 years old	3.1	0.4	3.4	0.3	4.1 0).3
5-14 years old	9.0	0.5	8.4	0.6	9.1 0).5
15-24 years old	9.5	0.5	9.4	0.6	9.8 0).5
25-34 years old	9.0	0.5	8.6	0.5	9.3 0).5
35-44 years old	8.9	0.5	8.6	0.5	9.2 0).5
45-54 years old	13.8	0.8	14.7	0.5	13.9 0).5
55-64 years old	17.6	0.8	18.1	0.7	16.4 0).7
65-74 years old	14.6	0.7	13.9	0.6	14.3 0).5
75-84 years old	10.6	0.6	10.5	0.6	10.0 0	0.6
85+ years old	4.0	0.4	4.3	0.3	3.8 0	0.3
Total	100.0		100.0		100.0 0	0.3

 $[\]chi^2_{36}$ = 6.9 with 9 degrees of freedom, p =0.65

Source: U.S. Census Bureau, 2013 American Community Survey Questionnaire Design Test, July to August 2013

Table 6. Distribution of Mail Responses for Hispanic Origin (Question P5)

	36-page		44-page		28-page (Control)	
	Estimate	SE	Estimate	SE	Estimate	SE
	(%)	(%)	(%)	(%)	(%)	(%)
Hispanic Origin						
Not Hispanic	88.0	0.9	90.7	0.9	90.1	0.8
Mexican Alone	6.7	8.0	5.9	0.8	5.2	0.6
Puerto Rican Alone	1.5	0.3	1.2	0.3	0.9	0.2
Cuban Alone	0.3	0.1	0.3	0.1	0.6	0.2
Other Hispanic Alone	3.2	0.5	1.7	0.3	2.7	0.4
Multiple	0.3	0.1	0.2	0.1	0.4	0.1
Total	100.0		100.0		100.0	

 $[\]chi^2_{36}$ = 8.2 with 5 degrees of freedom, p =0.14 χ^2_{44} = 8.3 with 5 degrees of freedom, p =0.14

 $[\]chi^2_{44}$ = 9.3 with 9 degrees of freedom, p =0.41

Table 7. Distribution of Mail Responses for Race (Question P6)

·	36-page		44-page		28-page (Control)	
	stimate	SE	Estimate	SE	Estimate	SE
	(%)	(%)	(%)	(%)	(%)	(%)
Race			·		•	
White Alone	82.3	0.9	81.1	1.0	81.9	1.0
Black or African American Alone	9.2	0.7	10.2	0.7	9.0	0.6
American Indian or Alaska Native Alone	0.5	0.1	0.4	0.1	0.5	0.1
Asian Alone	3.1	0.4	4.1	0.5	4.6	0.6
Native Hawaiian or Other Pacific	0.1	0.0	0.1	0.1	0.2	0.1
Islander Alone						
Some Other Race Alone	1.9	0.4	0.7	0.3	1.4	0.3
Multiple Races	2.9	0.4	3.3	0.4	2.4	0.3
Total	100.0	· · · · ·	100.0		100.0	

 χ^2_{36} = 10.5 with 6 degrees of freedom, p =0.11 χ^2_{44} = 9.4 with 6 degrees of freedom, p =0.15 Source: U.S. Census Bureau, 2013 American Community Survey Questionnaire Design Test, July to August 2013

Table 8. Distribution of Mail Responses for Utilities Costs (Questions H14a - H14d)

			<u> </u>			
					28-page	
	36-page		44-page		(Control)	
	Estimate	SE	Estimate	SE	Estimate	
	(%)	(%)	(%)	(%)	(%)	(%)
H14a: Monthly Electricity Costs						
Less than \$25	2.9	0.4	2.5	0.3	2.6	0.4
\$25 to 49	11.9	0.7	9.6	0.6	10.2	0.7
\$50 to 74	14.1	0.9	13.6	0.7	14.3	0.9
\$75 to 99	13.1	0.8	13.6	0.8	14.2	0.9
\$100 to 149	21.0	1.0	22.5	0.9	23.2	1.0
\$150 to 199	13.3	0.9	14.5	0.8	15.2	0.8
\$200 or More	18.8	1.0	18.3	0.8	15.7	0.8
Included in Rent or Condominium Fee	4.2	0.5	4.6	0.5	3.8	0.5
No Charge or Electricity Not Used	0.8	0.2	0.8	0.2	0.8	0.3
Total	100.0	•	100.0	•	100.0	
χ^2_{36} = 12.3 with 8 degrees of freedom,	p =0.14					
χ^2_{44} = 6.4 with 8 degrees of freedom, p	=0.60					
H14b: Monthly Gas Costs						
Less than \$25	19.6	1.1	19.0	1.1	19.6	0.9
\$25 to 49	20.6	1.1	20.0	0.9	19.0	1.1
\$50 to 74	9.7	0.7	9.4	0.6	9.8	0.7
\$75 to 99	3.8	0.4	5.0	0.4	6.2	0.6
\$100 to 149	5.2	0.5	4.5	0.5	4.0	0.5
\$150 to 199	1.7	0.3	1.7	0.3	1.1	0.2
\$200 or More	3.2	0.4	3.3	0.5	2.7	0.4
Included in Rent or Condominium Fee	6.0	0.6	5.3	0.5	6.0	0.5
Included in Electricity Payment	3.6	0.5	3.2	0.5	3.7	0.5
No Charge or Gas Not Used	26.6	1.1	28.5	1.2	28.0	1.0
Total	100.0		100.0	·	100.0	

 χ^2_{36} = 17.9 with 7 degrees of freedom, p =0.04; significant at the 10 percent level χ^2_{44} = 8.7 with 7 degrees of freedom, p =0.46

Continued on next page

Table 8, continued. Distribution of Mail Responses for Utilities Costs (Questions H14a - H14d)

		-		٠	28-page	
	36-page stimate	SE	44-page Estimate	SE	(Control) Estimate	SE
	(%)	(%)	(%)	(%)	(%)	(%)
H14c: Annual Water and Sewer Costs	(/0)	(/0)	(70)	(/0)	(/3)	(/0)
Less than \$120	19.5	1.1	18.4	1.0	17.5	0.9
\$120 to 299	9.6	0.6	9.5	0.8	9.4	0.7
\$300 to 599	15.7	0.8	14.8	0.8	16.6	0.9
\$600 to 899	12.3	0.7	11.3	0.7	12.7	0.8
\$900 to 1,199	3.9	0.4	5.7	0.5	5.4	0.5
\$1,200 to 1,799	4.9	0.5	4.5	0.5	5.1	0.5
\$1,800 or more	2.2	0.4	2.2	0.4	2.1	0.4
Included in Rent or Condominium Fee	17.2	0.9	17.1	1.0	15.7	1.0
No Charge	14.6	0.9	16.5	1.0	15.5	0.9
Total	100.0	9	100.0	-	100.0	
χ^2_{36} = 9.0 with 8 degrees of freedom, p = χ^2_{44} = 6.3 with 8 degrees of freedom, p =	=0.34 =0.62					
H14d: Annual Other Fuels Costs	0.02					
Less than \$300	14.8	0.8	14.0	0.7	13.7	0.9
\$300 to 599	2.2	0.4	2.2	0.4	1.8	0.3
\$600 to 899	1.7	0.3	2.2	0.4	1.4	0.3
\$900 to 1,199	1.2	0.3	1.8	0.3	2.4	0.4
\$1,200 to 1,799	2.6	0.4	3.1	0.4	2.4	0.3
\$1,800 or more	4.4	0.5	3.4	0.4	4.5	0.5
Included in Rent or Condominium Fee	5.2	0.5	5.5	0.6	5.2	0.5
No Charge	67.9	1.2	67.7	1.0	68.6	1.2
Total	100.0		100.0	-	100.0	-

 $\chi^2_{44} = 10.7$ with 9 degrees of freedom, p =0.15

Table 9. Distribution of Mail Responses for Mortgage (Questions H22a - H22d)

	36-page		44-page		28-page (Control)	
	Estimate	SE	Estimate	SE	Estimate	SE
	(%)	(%)	(%)	(%)	(%)	(%)
H22a: Do you or any member of this or similar debt on THIS property?	s household	have d	a mortgage, deed	of trus	t, contract to purch	ase,
Yes, Mortgage, Deed of Trust or Similar Debt	48.0	1.3	47.5	1.4	47.2	1.4
Yes, Contract to Purchase	0.9	0.3	1.2	0.3	0.8	0.3
No	51.1	1.3	51.4	1.4	52.0	1.4
Total	100.0		100.0		100.0	

 χ^2_{236} = 0.3 with 2 degrees of freedom, p =0.85 χ^2_{44} = 0.9 with 2 degrees of freedom, p =0.65

H22b: How much is the regular mo	nthly mortgo	age paym	ent on this prop	erty?		
less than \$500	17.5	1.4	14.9	1.5	11.7	1.3
\$500 to 599	6.5	1.1	6.3	1.0	9.3	1.2
\$600 to 699	8.4	1.2	7.4	1.2	7.8	1.2
\$700 to799	8.0	1.1	8.6	1.1	6.8	1.0
\$800 to 999	11.9	1.3	14.1	1.6	12. 2	1.2
\$1,000 to 1,249	15.5	1.7	14.6	1.3	15.5	1.6
\$1,250 to 1,499	7.0	1.1	8.3	1.0	12.0	1.4
\$1,500 to 1,999	12.6	1.3	11.8	1.3	10.8	1.2
\$2,000 or more	10.3	1.3	11.2	1.3	12.7	1.2
No regular payment required	2.4	0.6	2.8	0.7	1.4	0.5
Total	• •	•		•	• •	

Total $\chi^2_{36} = 21.3$ with 9 degrees of freedom, p =0.01; significant at the 10 percent level

 χ^2_{44} = 15.7 with 9 degrees of freedom, p =0.07; significant at the 10 percent level

H22c: Does the regular monthly mortgage payment include payments for real estate taxes on THIS							
property?							
Yes, Taxes Included in Mortgage	61.0	2.1	63.8	2.1	65.0	2.0	
Payment							
No, Taxes Paid Separately or Taxes not required	39.0	2.1	36.3	2.1	35.0	2.0	
Total	100.0		100.0		100.0		

 χ^2_{36} = 1.8 with 1 degree of freedom, p =0.19 χ^2_{44} = 0.2 with 1 degree of freedom, p =0.66

H22d: Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?						
Yes, Insurance Included in Mortgage	52.6	2.2	51.6	2.0	53.5	1.9
Payment						
No, Insurance Paid Separately or No	47.4	2.2	48.4	2.0	46.5	1.9
Insurance						
Total	100.0		100.0		100.0	

 χ^2_{36} = 0.1 with 1 degree of freedom, p =0.77 χ^2_{44} = 0.5 with 1 degree of freedom, p =0.48

Table 10. Distribution of Mail Responses for Field of Degree (Question P12)

		•		•	20 22 22	
	26		44		28-page	
	36-page		44-page		(Control)	
t	stimate	SE	Estimate	SE	Estimate	SE
	(%)	(%)	(%)	(%)	(%)	(%)
Field of Degree						
Computers, Mathematics, and Statistics	2.5	0.6	2.9	0.8	2.2	0.6
Biological, Agricultural, and		•		-		
Environmental Sciences	7.0	1.2	5.1	1.0	6.9	1.0
Physical and Related Sciences	3.7	8.0	3.4	0.7	3.3	0.7
Psychology	4.4	0.9	5.3	1.1	6.4	1.0
Social Sciences	9.5	1.3	9.1	1.1	7.4	1.1
Engineering	7.4	1.1	8.1	1.1	6.4	1.1
Multidisciplinary Studies	0.9	0.4	0.5	0.3	1.0	0.4
Science and Engineering Related	8.6	1.5	8.7	1.1	7.7	1.1
Business	20.2	1.9	20.1	1.6	15.7	1.4
Education	14.6	1.5	16.1	1.6	16.5	1.3
Literature and Languages	4.8	1.0	5.5	1.0	5.9	1.0
Liberal Arts and History	4.9	1.1	3.3	0.9	7.4	1.1
Visual and Performing Arts	3.5	0.7	4.5	0.9	5.7	1.0
Communications	3.3	0.7	3.6	0.8	2.6	0.7
Other Bachelor Degree Field	4.6	0.8	3.8	0.7	5.0	1.0
Total	100.0		100.0		100.0	

Source: U.S. Census Bureau, 2013 American Community Survey Questionnaire Design Test, July to August 2013

Table 11. Distribution of Mail Responses for Ancestry (Question P13)

36-page		11			
		44-page		(Control)	
Estimate	SE	Estimate	SE	Estimate	SE
(%)	(%)	(%)	(%)		(%)
-	•		_		
7.3	8.0	8.7	0.8	8.0	0.7
12.5	0.9	12.5	0.8	12.4	1.0
1.6	0.3	1.5	0.3	1.6	0.3
8.0	0.7	8.7	0.7	7.4	0.5
2.0	0.3	2.2	0.3	2.2	0.3
13.0	0.8	13.6	0.9	13.5	0.8
8.3	0.7	8.0	0.6	8.5	0.6
4.9	0.5	5.7	0.6	5.1	0.6
6.31	0.8	5.9	0.8	4.5	0.6
3.8	0.5	3.5	0.5	3.0	0.4
32.3	1.2	29.7	1.2	33.9	1.3
100.0		100.0	•	100.0	
	7.3 12.5 1.6 8.0 2.0 13.0 8.3 4.9 6.31 3.8 32.3	(%) (%) 7.3 0.8 12.5 0.9 1.6 0.3 8.0 0.7 2.0 0.3 13.0 0.8 8.3 0.7 4.9 0.5 6.31 0.8 3.8 0.5 32.3 1.2	(%) (%) 7.3 0.8 8.7 12.5 0.9 12.5 1.6 0.3 1.5 8.0 0.7 8.7 2.0 0.3 2.2 13.0 0.8 13.6 8.3 0.7 8.0 4.9 0.5 5.7 6.31 0.8 5.9 3.8 0.5 3.5 32.3 1.2 29.7	(%) (%) (%) (%) 7.3 0.8 8.7 0.8 12.5 0.9 12.5 0.8 1.6 0.3 1.5 0.3 8.0 0.7 8.7 0.7 2.0 0.3 2.2 0.3 13.0 0.8 13.6 0.9 8.3 0.7 8.0 0.6 4.9 0.5 5.7 0.6 6.31 0.8 5.9 0.8 3.8 0.5 3.5 0.5 32.3 1.2 29.7 1.2	(%) (%) (%) 7.3 0.8 8.7 0.8 8.0 12.5 0.9 12.5 0.8 12.4 1.6 0.3 1.5 0.3 1.6 8.0 0.7 8.7 0.7 7.4 2.0 0.3 2.2 0.3 2.2 13.0 0.8 13.6 0.9 13.5 8.3 0.7 8.0 0.6 8.5 4.9 0.5 5.7 0.6 5.1 6.31 0.8 5.9 0.8 4.5 3.8 0.5 3.5 0.5 3.0 32.3 1.2 29.7 1.2 33.9

 $[\]chi^2_{36}$ = 14.6 with 14 degrees of freedom, p =0.40 χ^2_{44} = 21.8 with 14 degrees of freedom, p =0.08; significant at the 10 percent level

 $[\]chi^2_{36}$ = 8.5 with 10 degrees of freedom, p =0.58 χ^2_{44} = 10.0 with 10 degrees of freedom, p =0.44

Table 12. Distribution of Mail Responses for Work Last Week/Any Work Last Week (Questions P29a and P29b)

	36-page Estimate	SE	44-page Estimate	SE	28-page (Control) Estimate	SE
	(%)	(%)	(%)	(%)	(%)	(%)
P29a: LAST WEEK, d	id this person work for pay	at a job	(or business)?			
Yes	44.6	1.2	44.7	1.0	45.4	0.9
No	55.4	1.2	55.3	1.0	54.6	0.9
Total	100.0	•	100.0	•	100.0	
$\chi^{2}_{36} = 0.4 \text{ with 1 deg}$	ree of freedom, p =0.52					

 $\chi_{36} = 0.4$ with 1 degree of freedom, p =0.52 $\chi_{44}^2 = 0.2$ with 1 degree of freedom, p =0.62

P29b: LAST WEEK, did this person do ANY work for pay, even for as little as one hour?							
Yes	0.7	0.2	0.8	0.2	0.9	0.2	
No	99.3	0.2	99.2	0.2	99.1	0.2	
Total	100.0	•	100.0	•	100.0	-	

 χ^2_{36} = 0.6 with 1 degree of freedom, p =0.42 χ^2_{44} = 0.1 with 1 degree of freedom, p = 0.75

Source: U.S. Census Bureau, 2013 Amercian Community Survey Questionnaire Design Test, July to August 2013

Table 13. Distribution of Mail Responses for Layoff from Job/Temporarily Absent from Job/ Informed of Recall to Work (Questions P35a - P35c)

	36-page Estimate (%)	SE (%)	44-page Estimate (%)	SE (%)	28-page (Control) Estimate (%)	SE (%)
P35a: LAST WEEK, was this pers	on on layoff fr	om a jol	b?			
Yes	3.1	0.5	1.8	0.3	3.0	0.5
No	97.0	0.5	98.2	0.3	97.0	0.5
Total	100.0		100.0		100.0	

 χ^2_{36} = 0.02 with 1 degree of freedom, p =0.90 χ^2_{44} = 5.7 with 1 degree of freedom, p =0.02; significant at the 10 percent level

P35b: LAST WEEK, was this person temporarily absent from a job or business?								
Yes	2.6	0.4	2.9	0.5	2.8	0.4		
No	97.4	0.4	97.1	0.5	97.2	0.4		
Total	100.0	•	100.0	•	100.0			

 χ^2_{36} = 0.1 with 1 degree of freedom, p =0.76 χ^2_{44} = 0.1 with 1 degree of freedom, p =0.79

P35c: 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	20.5	7.3	33.3	9.0	22.2	6.6		
No	79.5	7.3	66.7	9.0	77.8	6.6		
Total	100.0		100.0		100.0			

 χ^2_{36} = 0.03 with 1 degree of freedom, p =0.87 χ^2_{44} = 1.1 with 1 degree of freedom, p =0.30

Table 14. Distribution of Mail Responses for Industry (Based on Industry Codes Derived from Questions P42 and P43)

			28-page	
	44-page		(Control)	
	Estimate	SE	Estimate	SE
	(%)	(%)	(%)	(%)
Industry				
Agriculture, Forestry, Fishing and Hunting, and Mining, and Construction	8.2	0.7	7.6	0.7
Manufacturing	11.6	0.8	11.0	0.7
Retail Trade	12.7	8.0	13.7	0.9
Transportation and Warehousing, and Utilities, and Wholesale Trade	8.2	0.6	8.3	0.6
Finance and Insurance, and Real Estate, and Rental and Leasing, and Information	8.9	0.6	7.6	0.7
Professional, Scientific, and Management, and Administrative, and Waste	8.8	0.7	9.1	0.6
Management Services				
Educational Services, and Health Care and Social Assistance	22.8	1.0	23.1	0.9
Arts, Entertainment, and Recreation, and Accommodation and Food services, and	14.2	8.0	13.5	0.9
Other Services, Except Public Administration				
Public Administration	4.3	0.6	5.3	0.6
Military	0.4	0.1	0.7	0.2
Total	100.0		100.0	
χ^2_{44} = 6.8 with 9 degrees of freedom, p =0.66				

Source: U.S. Census Bureau, 2013 American Community Survey Questionnaire Design Test, July to August 2013

Table 15. Distribution of Mail Responses for Occupation (Based on Occupation Codes Derived from Questions P45 and P46)

	44-page Estimate	SE	28-page (Control) Estimate	SE
	(%)	(%)	(%)	(%)
Occupation	·	-		
Management, business and financial occupations	13.7	0.9	11.9	0.8
Computer, engineering, and science occupations	3.8	0.4	3.9	0.5
Education, legal, community service, arts, and media occupations	11.0	0.7	10.2	0.8
Healthcare practitioners and technical occupations	5.7	0.6	6.1	0.5
Service occupations	18.7	1.0	19.5	1.0
Sales and office occupations	25.5	1.0	26.7	1.1
Natural resources, construction, and maintenance occupations	7.9	0.7	7.8	0.6
Production, transportation, and material moving occupations	13.4	0.9	13.5	0.8
Military occupations	0.2	0.1	0.3	0.1
Total	100.0		100.0	•

 χ^2_{44} = 4.0 with 8 degrees of freedom, p =0.86

U.S. DEPARTMENT OF COMMERCE

Statistics Administration U.S. CENSUS BUREAU

Attachment A: Example Questionnaire for Control Treatment

ACS-1(X)QD28 - Control Treatment Questionnaire

FRONT COVER



THE American Community Survey

Start Here

Respond online today at: https://respond.census.gov/qdt

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

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this (about completing this form, please call 1-888-595-1327. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1-800-582-8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, Ilame sin cargo alguno al 1-888-369-3615. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: https://respond.census.gov/qdt

For more information about the American Community Survey, visit our web site at: http://www.census.gov/acs/www/

Please print today's date. Month Day Year	
Motitul Day Tear	
Please print the name and telephone in filling out this form. We may contact you hast Name	number of the person who is ou if there is a question.
Last Name	
First Name	MI
Area Code + Number	
How many people are living or staying INCLUDE everyone who is living or sta INCLUDE yourself if you are living here INCLUDE anyone else staying here who stay, even if they are here for 2 months DO NOT INCLUDE anyone who is living	ving here for more than 2 months. • for more than 2 months. • does not have another place to or less. • somewhere else for more than
2 months, such as a coflege student livir Armed Forces on deployment. Number of people	ig away or someone in the
Fill out pages 2, 3, and 4 for everyone living or staying at this address for mo complete the rest of the form.	, including yourself, who is ore than 2 months. Then
FORM ACS-1(X)QD28	OMB No. 0607-0936



ACS-1(X)QD28

ROSTER/PERSON QUESTIONS

		Person 1		Person 2						
			D	What is Person 2's name?						
-	(Pe	rson 1 is the person living or staying here in whose name this house	Ī	Last Name (Please print) First Name MI						
-		apartment is owned, being bought, or rented. If there is no such son, start with the name of any adult living or staying here.)								
-	per	son, start with the hame of any addit living of staying here.	2	How is this person related to Person 1? Mark (X) ONE box.						
-		·	Т	☐ Husband or wife ☐ Son-in-law or daughter-in-law						
1				☐ Biological son or daughter ☐ Other relative						
Œ		nat is Person 1's name?		Adopted son or daughter Roomer or boarder						
Ι	Last	t Name (Please print) First Name MI		Stepson or stepdaughter Housemate or roommate						
-				☐ Brother or sister ☐ Unmarried partner						
۵		i. die eerste oleed in Broom 43		Father or mother Foster child						
۲		w is this person related to Person 1?		☐ Grandchild ☐ Other nonrelative						
1	М	Person 1		Parent-in-law						
3	Wh	nat is Person 1's sex? Mark (X) ONE box.	3	What is Person 2's sex? Mark (X) ONE box.						
Τ		Male Female	Τ	☐ Male ☐ Female						
á	Wh	nat is Person 1's age and what is Person 1's date of birth?	4	What is Person 2's age and what is Person 2's date of birth?						
Т	Plea	ase report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.	Т	Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.						
-	Age	(in years) Month Day Year of birth		Age (in years) Month Day Year of birth						
-	ľ									
-	L									
-	→ N	IOTE: Please answer BOTH Question 5 about Hispanic origin and luestion 6 about race. For this survey, Hispanic origins are not races.	-	→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.						
Ġ		Person 1 of Hispanic, Latino, or Spanish origin?	à	Is Person 2 of Hispanic, Latino, or Spanish origin?						
٦			۲	No, not of Hispanic, Latino, or Spanish origin						
-				Yes, Mexican, Mexican Am., Chicano						
-		Yes, Puerto Rican		Yes, Puerto Rican						
-		Yes, Cuban		Yes, Cuban						
-		Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard,		Yes, another Hispanic, Latino, or Spanish origin - Print origin, for example,						
-		Argentinean, Colombian, Dominicain, Nicarağuan, Salvadoran, Spaniard, and so on. ⊋		Argentinean, Colombían, Dominicán, Nicarağuan, Salvadóisin, Spaniard, and so on. ⊋						
-										
1			l							
6	Wh	nat is Person 1's race? Mark (X) one or more boxes.	6	What is Person 2's race? Mark (X) one or more boxes.						
Τ		White	Τ	White						
-		Black, African Am., or Negro		Black, African Am., or Negro						
-		American Indian or Alaska Native — Print name of enrolled or principal tribe.		☐ American Indian or Alaska Native — Print name of enrolled or principal tribe. ✓						
-										
-	_									
		Asian Indian Japanese Native Hawaiian		Asian Indian Japanese Native Hawaiian						
-	님	Chinese Korean Guamanian or Chamorro		Chinese Korean Guamanian or Chamorro						
-		Filipino Uvietnamese Samoan		Filipino Vietnamese Samoan						
-	Ш	Other Asian – Print race, Other Pacific Islander – Frint race, for example,		Other Asian – Print race, for example, Hmong, Other Pacific Islander – Print race, for example,						
-		La otian, Thai, Pakistani, Fijian, Tongan, and Cambodian, and so on. 🙀 so on. 🙀		Laotian, Thai, Pakistani, Fijian, Tongan, and Cambodian, and so on. 😾 so on. 😿						
-										
		Some other race – Print race.		Some other race - Print race. 7						
L										
	2									

ACS-1(X)QD28 ROSTER/PERSON QUESTIONS (CONT'D)

	Person 3							Person 4					
a	Wha	What is Person 3's name?				•	What is Person 4's name?						
Τ	Last	Name (Please print)		First Na	ne	MI	Last	Name (Please print)	First	Name		MI	
6	Hou	v is this person related	d to Dorse	n 12 M	rk/YI ONE hav		Но	w is this person related to	Dorson 12	Mark (Y) (ME hov	_	
Y		Husband or wife	u to reisu	П			П	Husband or wife		_			
	H	Biological son or daughte		岩	Son-in-law or daughts Other relative	ar-in-law	岩	Biological son or daughter		Other re	law or daughter-i	in-iaw	
			ar .	=			\Box			_			
	H	Adopted son or daughter Stepson or stepdaughter		무	Roomer or boarder Housemate or roomm		描	Adopted son or daughter		=	r or boarder nate or roommats	_	
				描		Idle	\Box	Stepson or stepdaughter Brother or sister		_			
	H	Brother or sister Father or mother			Unmarried partner Foster child		Ħ	Father or mother		Foster o	ied partner		
		Grandchild			Other nonrelative		描	Grandchild			onrelative		
		Parent-in-law			Other Hollielative		Ħ	Parent-in-law		- Other II	Ollielative		
۵	_			IF 1					WI ONE L				
Ų		at is Person 3's sex? N		IE DOX		•		at is Person 4's sex? Mark	(X) ONE DO	Х.			
Ι		Male Femi	ale				П	Male Female					
4	Wha	at is Person 3's age an se report babies as age	d what is	Person	3's date of birth?	4	Wh	at is Person 4's age and w ase report babies as age 0 w	hat is Pers	son 4's dat	e of birth?		
	riea	Prin	t numbers	in boxes	i.		ritta	Print nu	mbers in bo	u is iess ilia Xes.	ii i year oid.		
	Age	(in years) Mon	th Day	Yearo	f birth		Age	(in years) Month	Day Ye	ar of birth			
				Ш.	' '								
	→ NO	OTE: Please answer B(sestion 6 about race. Fo	OTH Quest or this sun	tion 5 ab vey, Hisp	out Hispanic origin sanic origins are not	and traces.	→ No	OTE: Please answer BOTH uestion 6 about race. For th	Question b is survey, l	about His Hispanic or	panic origin an igins are not re	nd aces.	
Ġ		erson 3 of Hispanic, L				Ġ		erson 4 of Hispanic, Latin		-	_		
Т		No, not of Hispanic, Latin		•	•	T		No, not of Hispanic, Latino, or		_			
							П	Yes, Mexican, Mexican Am., Chicano					
		Yes, Puerto Rican	s, Puerto Rican					Yes, Puerto Rican					
		Yes, Cuban						Yes, Cuban					
		Yes, another Hispanio, La	tino, or Spa	nish origi	n – Printorigin, for exa	ımple,		Yes, another Hispanic, Latino, Argentinean, Colombian, Don	or Spanish o	rigin – <i>Print</i>	origin, for examp	pla,	
		Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Arganti nean, Colombian, Dominican, Nicereguen, Salvadoran, Spaniard, and so on. 2				and,		Argentinean, Colombian, Don and so on. 2	ninicán, Nicai	rağuan, Salvı	adoran, Spaniard		
		,				- 1						- 1	
]							
6	Wha	at is Person 3's race?	Mark (X) or	ne or mo	re boxes.	6	Wh	at is Person 4's race? Man	k (X) one or	more boxe	S.		
Τ		White				T		White					
		Black, African Am., or Neg	gro				П	Black, African Am., or Negro					
		American Indian or Alask	a Native —	Print nam	e of enrolled or princip	al tribe.√	П	American Indian or Alaska Na	tive — Print I	name of enro	lled or principal	triba. _Z	
						ĺΙ						ĺ	
				_									
		Asian Indian	Japan	iese	Native Hawaiian			Asian Indian	Japanese	☐ Nati	ive Hawaiian		
		Chinese	Korea	n	Guamanian or Ch	amorro		Chinese	Korean	☐ Gua	manian or Cham	orro	
		Filipino	Vietna	amese	Samoan			Filipino	Vietnamese	a ∐ San	noan		
		Other Asian - Print mae,			Other Pacific Islan Print race, for exa	der –		Other Asian - Print race,		☐ Oth	er Pacific Islande t race, for examp	r –	
		for example, Hmong, Laotian, Thai, Pakistani,			Filian Tongan an	mpiu, id		for example, Hmong, Laotian, Thai, Pakistani,		Filia	n. Tongan, and	mu,	
		Cambodian, and so on.	•		so or A			Cambodian, and so on.		50 0	n. Z		
		Some other race - Print ra	ace				П	Some other race - Print race.	-				
	_		, k						¥				
												3	

ACS-1(X)QD28 ROSTER/PERSON QUESTIONS (CONT'D)

Person 5								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.						
ų		at is Person 5's name? Name (Piease print)		First Nam		MI =	We n	nay call you	for more infon	mation	about them. д			
	Last	Name (Field See print)		First Naii	~	"' I (Perso	on 6						
							Last N	Name (Please	print)		First Name	MI		
2	How	v is this person related	d to Perso	n 1? Ma	rk (X) ONE box.									
Т		Husband or wife		_	Son-in-law or daughter-in-	law	_					\perp		
	ă	Biological son or daughte	r	=	Other relative									
		Adopted son or daughter	•	=	Roomer or boarder		Sox	Male	Female		Age (in years)			
	H	Stepson or stepdaughter		=	Housemate or roommate		_		- Terrian		Age (iii years)			
		Brother or sister			Unmarried partner		Perso							
	H	Father or mother			Foster child		Last N	Vame (Please	print)	- 1	First Name	MI		
		Grandchild												
					Other nonrelative									
1		Parent-in-law												
3		at is Person 5's sex? M	fark (X) ON	E box.			Sex	Male	Female		Age (in years)			
		Male Fema	ale				Perso	on 8						
4	Wha	at is Person 5's age an	d what is	Person	5's date of birth?			lame (Please	noint)		First Name	MI		
Т	Plea	se report babies aš age (0 when the	child is	less than 1 year old.		Lunci	earne p rease	pinay	- 1	THE TENTH	11		
	Ann	(in years) Mon	t numbers : th Day	in boxes. Year of										
	- agai	(iii years)		1										
							Sex	Male	Female					
	→ NO	OTE: Please answer BO	OTH Quest	ion 5 abo	out Hispanic origin and		Sex	Ividie	Female		Age (in years)			
1	Qu	estion 6 about race. Fo	or this surv	ey, Hisp	anic origins are not rac	es.	Perso	on 9						
5	ls P	erson 5 of Hispanic, L	atino, or S	Spanish	origin?		Last N	Vame (Please	print)		First Name	MI		
		No, not of Hispanic, Latin	io, or Spanis	h origin										
		Yes, Mexican, Mexican Ar	m., Chicano				_							
		Yes, Puerto Rican										l		
		Yes, Cuban					Sex	Male	Female		Age (in years)			
		Yes, another Hispanic, Lat	tino, or Spar	nish origin	n – Print origin, for example an, Salvadoran, Spaniard,		D	10						
		and so on. 7	DOMINION,	rencarague	in, oanvacoran, opaniara,			on 10			E . N			
							Last P	Vame (Please	print)	- 1	First Name	MI		
T														
6) Wha	at is Person 5's race? /	Mark (X) on	ne or moi	re boxes.									
		White												
		Black, African Am., or Neg	gro				Sex	Male	Female		Age (in years)			
		American Indian or Alaska	a Native — F	hint name	of enrolled or principal tri	ba. 🗸	Perso	on 11						
								Vame (Please	print)		First Name	MI		
		Asian Indian	Japan	ese	Native Hawaiian		_					\perp		
		Chinese	Korea	n [Guamanian or Chamor	то						ı		
		Filipino	Vietna	mese	Samoan		Sex	Male	Female		Ann (in mann)			
		Other Asian - Print race, for example, Hmong,			Other Pacific Islander -						Age (in years)			
		La otian, Thai, Pakistani,			Print race, for example Fijian, Tongan, and	ľ		on 12						
		Cambodian, and so on.	•		so on. д		Last N	Vame (Please	print)	- 1	First Name	MI		
		Some other race - Print ra	aco —			_					_			
		Done Office Total - Fritte To	K				_							
							Sex	Male	Female		Age (in years)			
	4													

HOUSING SECTION

	Housing				
	Housing	A Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME: otherwise, SKIP to	Does this house, apartment, or home have –	r mobil Yes	le No
€		question 7a.	a. hot and cold running water?		
Ī	questions about the house, apartment, or mobile home at the		b. a flush toilet?		
	address on the mailing label.	How many acres is this house or	c. a bathtub or shower?		
d	Which best describes this building?	mobile home on?	d. a sink with a faucet?		
٦	Include all apartments, flats, etc., even if vacant.	Less than 1 acre → SKIP to question 6 1 to 9.9 acres	e. a stove or range?		
		10 or more acres	f. a refrigerator?		
	A mobile home A one-family house detached from any		a. telephone service from		
	other house	IN THE PAST 12 MONTHS, what	which you can both make and receive calls? Include		П
	A one-family house attached to one or more houses	were the actual sales of all agricultural products from this property?	cell phones.		_
	A building with 2 apartments	None	At this house, apartment, or m do you or any member of this h	nouseh	nold
	A building with 3 or 4 apartments	S1 to \$999	 own or use any of the following EXCLUDE GPS devices, digital 	_	
	A building with 5 to 9 apartments A building with 10 to 19 apartments	\$1,000 to \$2,499	and devices with only limited c capabilities, for example: house	omput	piayers, ing
	A building with 20 to 49 apartments	\$2,500 to \$4,999	appliances.		
	A building with 50 or more apartments	\$5,000 to \$9,999	a. Desktop, laptop, netbook, or	Yes	No
	Boat, RV, van, etc.	\$10,000 or more	notebook computer		
		1	b. Handheld computer,	_	_
d	About when was this building first built?	barber shop) or a medical office on	smart mobile phone, or other handheld wireless computer		
٦	2000 or later – Specify year =	this property?	c. Some other type of computer		
		Yes	Specify Z		
		□ No			
	□ 1990 to 1999	<u> </u>	At this house, apartment, or m do you or any member of this h	obile l	home –
	☐ 1980 to 1989	a. How many separate rooms are in this house, apartment, or mobile home?	access the Internet?		
	☐ 1970 to 1979	Rooms must be separated by built-in archways or walls that extend out at least	Yes, with a subscription to a service	n Inter	net
	1960 to 1969	6 inches and go from floor to ceiling.	Yes, without a subscription t	o an In	tornot
	1950 to 1959 1940 to 1949	 INCLUDE bedrooms, kitchens, etc. 	service → SKIP to question 1	2	ternet
	1939 or earlier	 EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements. 	No Internet access at this ho or mobile home → SKIP to a	use, ap	artment,
		Number of rooms	At this house, apartment, or m		
٦			do you or any member of this h subscribe to the Internet using	nouseh	nold
3	move into this house, apartment, or		_	Yes	No
	mobile home?	b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would	a. Dial-up service?		
	Month Year	list if this house, apartment, or mobile home were for sale or rent. If this is an	b. DSL service?		
		efficiency/studio apartment, print "0".	c. Cable modem service?		
		Number of bedrooms	d. Fiber-optic service?		
			e. Mobile broadband plan for a computer or a cell phone?		
			f. Satellite Internet service?		
			g. Some other service?		
			Specify service 7		
L					
					5

A-5

ACS-1(X)QD28 HOUSING SECTION (CONT'D)

•	Housing (continued) 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	of electricity for this house, apartment, or mobile home? Last month's cost – Dollars S OR Included in rent or condominium fee No charge or electricity not used	IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from to od banks. Yes No Is this house, apartment, or mobile home part of a condominium? Yes → What is the monthly condominium fee? For renters, answer only if you pay the
•	Which FUEL is used MOST for heating this house, apartment, or mobile home? Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used	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 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 OR Included in rent or condominium fee No charge or these fuels not used	condominium fee in addition to your rent; otherwise, mark the "None" box. Monthly amount - Dollars S
	6		

ACS-1(X)QD28 HOUSING SECTION (CONT'D)

				7
a	What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars OR None			
20	What are the annual real estate taxes on THIS property? Annual amount – Dollars OR None	Yes, insurance included in mortgage payment No, insurance paid separately or no insurance	Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.	
•	About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale? Amount – Dollars	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?	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	•
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	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	No regular payment required Answer guestion 24 if this is a MOBILE HOME. Otherwise, SKIP to E.	
13	a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars b. Does the monthly rent include any meals? Yes No	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 OR	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	
В	Housing (continued) Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.	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	a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?	

7

DETAILED PERSON SECTION

		What is the highest degree or level of school What is this person's ancestry or ethnic origin?
	Please copy the name of Person 1 from page 2 then continue answering questions below. Last Name MI Where was this person born?	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the pravious 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 This person has COMPLETED (For example: Italian, Jamaican, African Am., Cambodian, Cape Vardean, Norwegian, Dominican, Franch Canadian, Halitan, Kowan, Lebanose, Polish, Nigerian, Mexican, Tai wane se, Ukrainian, and so on.)
	In the United States – Print name of state. Outside the United States – Print name of foreign country, or Puerlo Rico, Guam, etc.	grade 1 - 11 Yes No → SKIP to question 15a b. What is this language? High school GRADUATE Regular high school diploma GED or alternative credential For example: Korean, Italian, Spanish, Vietnamese
0	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 When did this person come to live in the United States? Print numbers in boxes.	COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit, but less than 1 year of college credit, but less than 1 year of college credit. To 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) C. How well does this person speak English? Very well Not at all Not at all Person is under 1 year old → SKIP to question 16 Yes, this house → SKIP to question 16 No, outside the United States and Puerto Rico → Print name of foreign country, or U.S. Virgin is ands. Guam. etc., below, then SKIP to question 16
	a. At any time IN THE LAST 3 MONTHS, has the person attended school or college? Include only rursery or preschool, kinderge ten, alarm antary school, home school, and schooling which leads to a high school diploma or a colleg degree. No, has not attended in the last 3 months -> SkiP to question 11 Yes, public school, public college Yes, private school, public college, home school 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 Philiprogram, or medical or law school)	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 12. 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) 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

ls	this person CURRENTLY covered by	v anv	of the alth type	15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.	c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, arswer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
a. b.	Insurance through a current or former employer or unjon (of this person or another family member) Insurance purchased directly from an insurance company (by this person or another family member)		No □	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No	Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years
e. f. g.	any kind of government-assistance plan for those with low incomes or a disability TRICARE or other military health care VA (including those who have ever used or enrolled for VA health care) Indian Health Service		0000	Now married Widowed Divorced Separated Never married → SKIP to 1 In the PAST 12 MONTHS did this person get - Yes No a. Married? D. Widowed?	As 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 29s Only on active duty for training in the Reserves or National Guard → SKIP to question 28s Now on active duty On active duty in the past, but not now When did this person serve, own if just for EACH pariod in which this person served, own if just for part of the
b.	serious difficulty hearing? Yes No Is this person blind or does he/she herious difficulty seeing even wher glasses? Yes No	have n wea		How many times has this person been married? Once Two times Three or more times In what year did this person last get married? Year	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 1960 Korean War (July 1960 to January 1966) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier
th a.	years o'ld or over. Otherwise, SKIP e questions for Person 2 on page 1 Because of a physical, mental, or e condition, does this person have se difficulty concentrating, remember making decisions? Yes No	to 2. moti eriou ring,	onal or	female and 16 – 50 years old. Otherwise, SKIP to question 25a. Has this person given birth to any children in the past 12 months? Yes No 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 26 b. Is this grandparent currently responsible for	a. Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 29a b. What is this person's service-connected disability rating? O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher
C.	Does this person have difficulty drebathing? Yes No	essin	g or	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 26	g
) is fector of a. b. c. d. e. f. g. h. b	Is this person CURRENTLY covered by following types of health insurance of coverage plans? Mar's Yes' or "No" for of coverage in items a - h. a. Insurance through a current or former employer or unjon (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, Medicail Assistance, or any kind of government-assistance plan for those with low incomes or a disability e. TRICARE or other military health care is VA (including those who have ever used or enrolled for VA health care) g. Indian Health Service h. Any other type of health insurance or health coverage plan - Specify Yes No b. Is this person deaf or does he/she is serious difficulty hearing? Yes No Answer question 18a - c if this person yes years old or over. Otherwise, SKIP the questions for Person 2 on page 1 a. Because of a physical, mental, or e condition, does this person have sedifficulty concentrating, remembe making decisions? Yes No b. Does this person have serious difficulty droathing? Yes No c. Does this person have difficulty droathing? Yes No c. Does this person have difficulty droathing? Yes	Is this person CURRENTLY covered by any following types of health insurance or het coverage plans? Mark "Yes" or "No" for EACH of coverage in items a - h. a. Insurance through a current or former employer or unjon (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 hyase with low incomes or a disability e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care) g. Indian Health Service h. Any other type of health insurance or health coverage plan - Specify Yes No b. Is this person deaf or does he/she have serious difficulty hearing? Yes No Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12. a. Because of a physical, mental, or emotic condition, does this person have serious difficulty walking or climbing stairs? Yes No b. Does this person have serious difficulty walking or climbing stairs? Yes No c. Does this person have difficulty dressin bathing? Yes No Does this person have difficulty dressin bathing? Yes Does Does this person have difficulty dressin bathing? Yes Does Does this person have difficulty dressin bathing? Yes Does Does this person have difficulty dressin bathing? Yes Does Does	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a - h. a. Insurance through a current or former employer or unjon (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 (including those who have ever used or enrolled for VA health care) g. Indian Health Service h. Any other type of health insurance or health coverage plan - Specify Yes No b. Is this person deaf or does he/she have serious difficulty hearing? Yes No Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty walking or climbing stairs? 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	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 locoverage in items a -h.

	_					
0		Person 1 (continued) LAST WEEK, did this person work for pay at a job (or business)? Yes → SKIP to question 3d No - Did not work (or retired) LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Yes No → SKIP to question 35a At what location did this person work LAST WEEK? If this person worked at more than one coation, print where he or she worked most ast week. 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. Name of city, town, or post office	9 9	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s) What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes	_	ACTIVELY looking for work? Yes No → SKIP to question 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.) When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to L Over 5 years ago or never worked → SKIP to question 47 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
	D	Sthe work location inside the limits of that city or town? Yes	65	Answer questions 35 - 38 if this person did NOT work last week. Otherwise, SKIP to question 39a. a. LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c 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 38 No → SKIP to question 36 c. Has this person been informed that he or shwill be recalled to work within the next 6 months OR been given a date to return to work? Yes → SKIP to question 37 No	, @	Yes → SKIP to question 40 No No No No No No How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK

L Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement. ☐ Yes →
41 - 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe dearly this person's chief job activity or business last weak. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last weak, give information for his/her last job or business.	46 What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clarks, typing and filing, reconciling financial records)	Yes → On TOTAL AMOUNT for past 12 months
Was this person – Mark (X) ONE box.	INCOME IN THE PAST 12 MONTHS	f. Any public assistance or welfare payments from the state or local welfare office.
an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	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.)	☐ Yes → No TOTAL AMOUNT for past 12 months
a local GOVERNMENT employee (city, county, etc.)?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
□ a state GOVERNMENT employee? □ a Federal GOVERNMENT employee?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	□ Yes → \$.00
SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	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	No TOTAL AMOUNT for past 12 months
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	mark the "No" box for the other person.	h. Any other sources of income received regularly such as Veterans' (VA) payments,
working WITHOUT PAY in family business or farm?	 Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. 	unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a
If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces. Name of company, business, or other employer	☐ Yes → \$.00 ☐ No TOTAL AMOUNT for past 12 months	home. Yes → TOTAL AMOUNT for past
What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	NET income after business expenses. Yes → \$	What was this person's total income during the PAST 12 MONTHS? Add antries in questions 47a to 47h; subtract any losses if not innorme was a loss, anter the amount and mark (X) the "Loss" box next to the dollar amount. OR S Loss None TOTAL AMOUNT for past 12 months
Is this mainly – Mark (X) ONE box.	royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?	☐ Yes → \$	
		Continue with the questions for Person 2 on the next page. If no one is listed as person 2 on page 2, SKIP to page 28 for mailing instructions.
		11

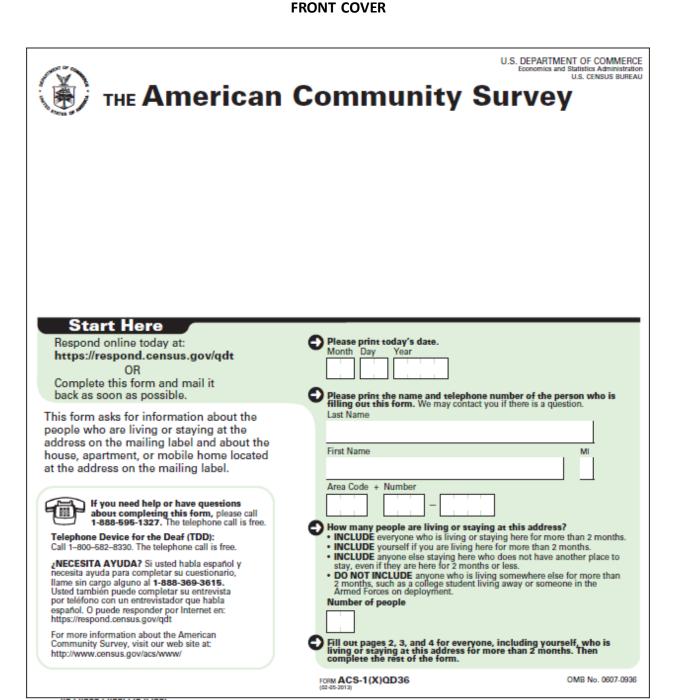
BACK COVER

Mailing Instructions	
 Please make sure you have listed all names and answered the questions on pages 2, 3, and 4 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 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use 'Paperwork Project 0607-0936' 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.

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Attachment B: Example Questionnaire for the 36-page Treatment

ACS-1(X)QD36 - 36-page Questionnaire





ROSTER/PERSON QUESTIONS

			Pe	rson 1						Pe	rson	2			
	(D.	a 1 al 11 1					O		at is Person 2's name? Name (Please print)	•	Firs	t Na	me		MI
	or a	rson 1 is the person living partment is owned, bein son, start with the name	ig bou	ught, or rente	ed. If	there is no such									
	,			,			Ø	Hov	w is this person related Husband or wife	d to	Person 1	? M:		X) ONE box. n-in-law or daughter	in law
-								H	Biological son or daughte	r		Н		her relative	-III-IGW
đ	Wh	at is Person 1's name?	?						Adopted son or daughter				Ro	omer or boarder	
Т	Last	Name (Please print)		First No	me	MI			Stepson or stepdaughter					usemate or roomma	ite
-									Brother or sister				Un	married partner	
1									Father or mother				Fos	ster child	
(2	Hov	w is this person relate	d to F	Person 1?					Grandchild				Oth	her nonrelative	
-	X	Person 1							Parent-in-law						
Ġ	Wh	at is Person 1's sex? /	Aark ()	X) ONE box.			A	Wh	at is Person 2's sex? M	lark	(X) ONE b	ox.			
I		Male Fem	ale				I		_						
4	Plea Plea	at is Person 1's age an ase report babies as age Prin	0 whe	at is Person on the child in bers in boxe	s les	s date of birth? s than 1 year old.	V	Plea	at is Person 2's age an as e report babies as age Prin	0 wt	hat is Per nen the chi mbers in b	ild is	les	s date of birth? s than 1 year old.	
-	Age	(in years) Mon		ay Year		th		Age	(in years) Mon			ear o		th	
-			П												
-					_							_			
-	→ No	OTE: Please answer B(uestion 6 about race. Fo	OTH C	Question 5 a s survey, His	bout pan	t Hispanic origin and ic origins are not races.	'		OTE: Please answer B(uestion 6 about race. Fo						
Ġ		erson 1 of Hispanic, L			•	-	Ġ		erson 2 of Hispanic, L		•		•	_	
٦		No, not of Hispanic, Latin					T		No, not of Hispanic, Latin						
-		Yes, Mexican, Mexican A	m., Chi	icano					Yes, Mexican, Mexican Ar	m., C	hicano				
-		Yes, Puerto Rican						Yes, Puerto Rican							
-		Yes, Cuban							Yes, Cuban						
-		Yes, another Hispanic, La Argentinean, Colombian,	tino, o	r Spanish orig	jin –	Print origin, for example,			Yes, another Hispanic, Lat Argentinean, Colombian,	tino,	or Spanish	origi	in – I	Print origin, for exen	n pla,
-		Argentinean, Colombian, and so on. 2	Domir	nicen, Nicereg	ua n,	Salvadoran, Spaniard,			Argentinean, Colombian, and so on. 2	Dom	inicán, Nici	arağı	ıan,	Salvadoran, Spaniar	rd,
-		,							,						
1							Ι								
6	Wh	at is Person 1's race?	Mark	(X) one or m	o re i	boxes.	6	Wh	at is Person 2's race? /	Mark	(X) one o	rmo	ore b	oxes.	
I		White					Τ		White						
-		Black, African Am., or Ne	gro						Black, African Am., or Neg	gro					
-		American Indian or Alask	a Nativ	ve — Print nar	ne oi	enrolled or principal tribe:	7		American Indian or Alaski	a Nat	ive — Print	пап	ne of	fenrolled or princips	l triba. 📈
-		Asian Indian		Japanese		Native Hawaiian			Asian Indian		Japanese			Native Hawaiian	
-		Chinese		Korean		Guamanian or Chamorro			Chinese	П	Korean			Guamanian or Cha	morro
-		Filipino		Vietnamese		Samoan			Filipino		Vietnames	540		Samoan	
		Other Asian – Print race, for example, Hmong, Lactian, Thai, Pakistani, Cambodian, and so on.				Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.			Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.					Other Pacific Island Print race, for exan Fijian, Tongan, and soon.	ler – nple,
		Some other race Drive	200						Some other race - Print n	1.00					
		Some other race - Print ra	F.						Corne duner race - Frint R	CREE.	¥.				
	2														

ACS-1(X)QD36 ROSTER/PERSON QUESTIONS (CONT'D)

		Person 3							Person 4						
a	Wha	at is Person 3's name?	•				0) Wh	at is Person 4's name?						
Т	Last	Name (Please print)		First N	lame	M	\top	Last	Name (Please print)	Firs	t Na	me	MI		
2	Hov	v is this person related	d to P	erson 1? /	Mark	(X) ONE box	2	Hov	v is this person related t	o Person 1	? M.	ark (X) ONE box.	_		
Т		Husband or wife		Γ	I So	n-in-law or daughter-in-la	wΤ	П	Husband or wife			Son-in-law or daughter-i	in-law		
		Biological son or daughte	r	Γ	I Ot	her relative		П	Biological son or daughter			Other relative			
		Adopted son or daughter		Г	T Ro	omer or boarder		П	Adopted son or daughter			Roomer or boarder			
	ā	Stepson or stepdaughter		Ī	-	ousemate or roommate			Stepson or stepdaughter		ī	Housemate or roommate	0		
	$\overline{\Box}$	Brother or sister		Ī	-	nmarried partner			Brother or sister		ī	Unmarried partner			
	$\overline{\Box}$	Father or mother		Ī		ster child		\Box	Father or mother		П	Foster child			
		Grandchild		Ī		her nonrelative			Grandchild		Н	Other nonrelative			
		Parent-in-law		-		THE HOTHERSLIVE			Parent-in-law		_	Other Hollreighte			
٨	_			our.				_							
Ų		at is Person 3's sex? M		() ONE box			Ų		at is Person 4's sex? Mai		ox.				
Ι		Male Femi	ale				1	П	Male Female	1					
4	Wha Plea	at is Person 3's age an se report babies as age	0 whei	n the child	is les	s date of birth? s than 1 year old.	4	Wh: Ples	at is Person 4's age and use report babies as age 0 v	when the ch	ild is	less than 1 year old.			
	۸			bers in box	es. of bi	al.		A		umbers in b Day Y		S. of birth			
	Age	(in years) Mon		ay real	OT DI	TIN TIN		Age	(in years) Month	l Cah	earc	or birth			
	Ι.			. II.				١.		II . II					
	→ NO	OTE: Please answer BO	отн о	uestion 5	abou	t Hispanic origin and	Ι.	→ N	OTE: Please answer BOT	H Question	5 al	out Hispanic origin an	nd		
T	Qu	estion 6 about race. Fo	or this	survey, H	ispan	ic origins are not race	s	Q	sestion 6 about race. For	this survey,	His	panic origins are not re	oces.		
5	ls P	erson 3 of Hispanic, L	atino,	, or Spani	sh or	igin?	6	ls P	erson 4 of Hispanic, Lat	ino, or Spa	nisl	n origin?			
		No, not of Hispanic, Latin	o, or S	panish origi	n				No, not of Hispanic, Latino,	or Spanish o	rigin				
		Yes, Mexican, Mexican Ar	m., Chi	cano					Yes, Mexican, Mexican Am.,	, Chicano					
		Yes, Puerto Rican							Yes, Puerto Rican						
		Yes, Cuban						П	Yes, Cuban						
		Yes, another Hispanic, Lat	tino, or	Spanish or	Spanish origin – Print origin, for example, can, Nicaraguan, Salvadoran, Spaniard,				Yes, another Hispanic, Latin Argentinean, Colombian, Do	o, or Spanish	orig	in – Print origin, for examp	ple,		
		and so on. 🚽	Domin	ican, ivicara	guan,	Salvadoran, Spaniard,			and so on. 7	minican, ivic	arag	uan, salvadoran, spaniard			
		_					ıl		_				- 1		
Ι							J⊥								
6	Wha	at is Person 3's race?	Mark (X) one or r	nore.	boxes.	6) Wh	at is Person 4's race? Ma	ark (X) one o	rm	ore boxes.			
Τ		White					T	П	White						
		Black, African Am., or Neg	gro					П	Black, African Am., or Negro)					
		American Indian or Alaska	a Nativ	e — Print ne	me a	f enrolled or principal trib	22	П	American Indian or Alaska N	lative — Print	nan	ne of enrolled or principal :	tribe. _Z		
							ÍΙ						ĺ		
							-						_		
		Asian Indian		lapanese		Native Hawaiian			Asian Indian	Japanese		Native Hawaiian			
		Chinese		Corean		Guamanian or Chamorn			Chinese	Korean		Guarnanian or Cham	orro		
		Filipino	□ v	/ietnamese		Samoan			Filipino	Vietname	50	Samoan			
		Other Asian - Print race,				Other Pacific Islander -			Other Asian - Print race,			Other Pacific Islande	r-		
		for example, Hmong, Laotian, Thai, Pakistani,				Print race, for example, Fijian, Tongan, and			for example, Hmong, Laotian, Thai, Pakistani,			Print race, for examp Fijian, Tongan, and	ole,		
		Cambodian, and so on.				so on. ¥			Cambodian, and so on.			so on. д			
		S					-		C						
		Some other race - Print ra	ace. 📈				Some other race – Print race.								
													3		

ACS-1(X)QD36 ROSTER/PERSON QUESTIONS (CONT'D)

_												
			Perso	n 5		ΤF	print the	ir nam	re than five people es in the spaces fo	r Person 6 throu		2.
a		at is Person 5's name?				1	We may o	all you	for more informatio	n about them. д	_	
Τ	Last	Name (Please print)		First Nam	ne MI	D.	erson (s 1				
						_						
Τ	_					L L	Last Name	(Please	print)	First Name		MI
2	Hov	v is this person related	to Persor	1? Ma	rk (X) ONE box.							
Т		Husband or wife			Son-in-law or daughter-in-law	, -						ш
		Biological son or daughter	r		Other relative							
			•	=	Roomer or boarder	١,	Sex 🗌	Malo	Female	Age (in years)		
		Adopted son or daughter		=			Jek _	Ividie	L Pellidie	Age (III years)		
					Housemate or roommate	[P	erson 7	7				
		Brother or sister			Unmarried partner	L	Last Name	(Please	print)	First Name		MI
		Father or mother			Foster child							
		Grandchild			Other nonrelative	-						ш
		Parent-in-law										
d	Wh-	at is Person 5's sex? M	took (V) ONI	Ehov		١,	Sex 🗌	Male	Female			
ę				L DUX.		'	Sex _	INIDIE	Pemale	Age (in years)		
1		Male Fema	916			Pe	erson §	3				
4	Wha	at is Person 5's age an	d what is l	Person	5's date of birth?		Last Name	(Please	print)	First Name		MI
Т	Plea	se report babies as age (0 when the t numbers i		less than 1 year old.							
	Δπο	(in years) Mont		Year of	hirth							ш
	- agu	(iii years)		100.0								
	١.,					Ι.						
	- NO	OTE: Please answer BO	TH Ouesti	on E abo	out Hispanic origin and	;	Sex	Male	Female	Age (in years)		
	Q	estion 6 about race. Fo	or this surv	ey, Hisp	anic origins are not races	. D	erson 9	a 1				
G	Is P	erson 5 of Hispanic, La	atino, or S	panish	origin?	_	ast Name	_	print	First Name		М
Т		No, not of Hispanic, Latin	o. or Spanish	n origin	•	Ι,	Last Hallin	a lit sease	priiaj	FILSE INGILINE		I
		Yes, Mexican, Mexican An										
	=	Yes, Puerto Rican	n., omosno			'						
							_		_			
		Yes, Cuban				1	Sex	Male	Female	Age (in years)		
		Yes, another Hispanic, Lat Amentinean, Colombian,	tino, or Span Dominican, N	ish origir Vicarague	- Print origin, for example, in, Salvadoran, Spaniard,	D.	erson 1	10				
		and so on. д		_			ast Name			First Name		М
						ı I '	Last Ivame	Piedse	print)	HIRST INAMINE		IMI
1						l						
6	Wha	at is Person 5's race? /	Mark (X) on	e or moi	re boxes.	-						
Τ		White										
		Black, African Am., or Neg	iro				Sex	Male	Female	Age (in years)		
		American Indian or Alaska	Native — P	hint name	of enrolled or principal tribe:	- (p.	oreen i					
						1	erson 1	_		E		
						[Last Name	Piease	print)	First Name		MI
		Autom to Pro-			Native Hawaiian							
		Asian Indian	Japane			-						
		Chinese	Korean		Guamanian or Chamorro						-	
		Filipino	Vietnar	mese	Samoan		Sex	Male	Female	Age (in years)		
		Other Asian - Print race,			Other Pacific Islander – Print race, for example,							
		for example, Hmong, Laotian, Thai, Pakistani,			Fii ian, Tongan, and	_	erson 1					
		Cambodian, and so on.			so on. 7	, I	Last Name	(Please	print)	First Name		MI
						-						
		Some other race - Print ra	sca. 🗾									
							Sex	Male	Female	Age (in years)		
L						·				-g- (j)		
	4											

HOUSING SECTION

_					
	Housing	A Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME: otherwise, SKIP to	Does this house, apartment, or home have –	r mobil Yes	le No
O	Please answer the following	question 7a.	a. hot and cold running water?		
T	questions about the house, apartment, or mobile home at the		b. a flush toilet?		
	address on the mailing label.	How many acres is this house or mobile home on?	c. a bathtub or shower?		
á	Which best describes this building?		d. a sink with a faucet?		П
Т	Include all apartments, flats, etc., even if vacant	Less than 1 acre → SKIP to question 6 1 to 9.9 acres	e. a stove or range?		П
		10 or more acres	f. a refrigerator?		
	□ A mobile home □ A one-family house detached from any		a. telephone service from		
	other house A one-family house attached to one or	IN THE PAST 12 MONTHS, what	which you can both make and receive calls? Include cell phones.		
	more houses	were the actual sales of all agricultural products from this property?	At this house, apartment, or m	obile I	home -
	A building with 2 apartments	None	do you or any member of this h	nouseh	nold
	A building with 3 or 4 apartments A building with 5 to 9 apartments	\$1 to \$999	own or use any of the following		
	A building with 10 to 19 apartments	\$1,000 to \$2,499	 EXCLUDE GPS devices, digital and devices with only limited c capabilities, for example: house 	omput	ing
	A building with 20 to 49 apartments	\$2,500 to \$4,999	capabilities, for example: house appliances.		
	A building with 50 or more apartments	\$5,000 to \$9,999	- B-da- l-dadb-d-	Yes	No
	Boat, RV, van, etc.	\$10,000 or more	 Desktop, laptop, netbook, or notebook computer 		
	About when was this building first built?	6 Is there a business (such as a store or	Handheld computer, smart mobile phone, or other handheld wireless computer		П
8	2000 or later – Specify year >	barber shop) or a medical office on this property?	c. Some other type of computer		
		Yes	-,, 2		1
		□ No			
	☐ 1990 to 1999	_	At this house, apartment, or m do you or any member of this h	obile h nousel	home – nold
	1980 to 1989	a. How many separate rooms are in this house, apartment, or mobile home?	access the Internet?		
	1970 to 1979 1960 to 1969	Rooms must be separated by built-in archways or walls that extend out at least	Yes, with a subscription to a service	n Interr	net
	1950 to 1969	6 inches and go from floor to ceiling.	Yes, without a subscription t service → SKIP to question 1.	o an In	iternet
	1940 to 1949	 INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies. 	No Internet access at this ho		artment
	1939 or earlier	foyers, halls, or unfinished basements.	or mobile home → SKIP to q	uestion	112
3	When did PERSON 1 (listed on page 2)	Number of rooms	At this house, apartment, or m do you or any member of this h subscribe to the Internet using	nouseh -	nold
٦	move into this house, apartment, or	h !!		Yes	No
	mobile home?	b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would	a. Dial-up service?		
	Month Year	list if this house, apartment, or mobile home were for sale or rent. If this is an	b. DSL service?		
		efficiency/studio apartment, print "0".	c. Cable modem service?		
		Number of bedrooms	d. Fiber-optic service?		
			e. Mobile broadband plan for a computer or a cell phone?		
			f. Satellite Internet service?		П
			g. Some other service? Specify service		П
			Specify service 2		
					5
					5

ACS-1(X)QD36 HOUSING SECTION (CONT'D)

Housing (continued) 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	a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost − Dollars 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 S
Which FUEL is used MOST for heating this house, apartment, or mobile home? Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used	Included in rent or condominium fee Monthly amount – Dollars

ACS-1(X)QD36 HOUSING SECTION (CONT'D)

Housing (continued) B Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19. 3 a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars b. Does the monthly rent include any meals? Yes No C Answer questions 19 – 23 if you or any member of this household OWNS or IS BLYING this house, apartment or mobile home. Otherwise, SKIP to E. About how much do you think this house and lot, if owned) would sell for if it were for sale? Amount – Dollars What are the annual real estate taxes on THIS property? Annual amount – Dollars What is the annual payment for fire, hazard, and flood insurance on THIS property?	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 OR	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 No → SKIP to D No much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? Monthly amount - Dollars No regular payment required Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E 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 Stip to Be to the mail ing instructions.
Annual amount – Dollars S 00 OR None		

DETAILED PERSON SECTION

## Any wine with Iterated a school or college? Indude only nursery or preschool, kindergarten, which less do to a high school of pollege? Indude only nursery or preschool, kindergarten, which less do to a high school diploma or a college degree. No. has not attended school, public college months + SKIP to question 12 if this person has a school or college degree. No. has not attended in the last 3 months + SKIP to question 11 in the United States - Print name of foreign country, or Puerto Ricc, Guam, etc. Outside the United States - Print name of foreign country, or Puerto Ricc, Guam, etc. Graduate or professional school beyond a bachelor's degree or level of school this person a citizen of the United States > SKIP to question 12 in the United States > SKIP to question 13 in the United States > SKIP to question 12 in the United States > SKIP to question 13 in the United States > SKIP to question 13 in the United States > SKIP to question 15 in the United States > SKIP to question 15 in the United States > SKIP to question 15 in the United States > SKIP to question 15 in the United States > SKIP to question 15 in the	Person 1		
Where was this person born? In the United States - Print name of state. Nursery school, preschool College undergraduate years (freshman to sensit) Co	Please copy the name of Person 1 from page 2,	Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college	bachelor's degree or higher. Otherwise, SKIP to question 13.
Where was this person born? In the United States - Print name of state. Nursery school, preschool College undergraduate years (freshman to sensit) Co	Last Name	No, has not attended in the last 3	This question focuses on this person's
Where was this person born? In the United States - Print name of state. Nursery school, preschool College undergraduate years (freshman to sensit) Co			Specific major(s) of any BACHELOR'S DEGREES
Where was this person born? In the United States - Print name of state. Nursery school, preschool College undergraduate years (freshman to sensit) Co			this person has received. (For example: chemical engineering, elementary teacher education.
Nursery school, preschool In the United States - Print name of state. Outside the United States - Print name of foreign country, or Puerto Rico, Gusm, etc. College undergraduate years (freshman to senior) College undergraduate years (freshman to senior) Craduate or professional achool beyond a program, or medical or law school) Yes, born in the United States → SKIP to question for yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas 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, born abroad of U.S. citizen parent or parents Yes, born abroad of U.S. citizen parent or for the United States → Print numbers in boxes. Yes, Dorn abroad of U.S. citizen parent or parents Yes, Dorn abroad of U.S. citizen parent or parents Yes, Dorn abroad of U.S. citizen parent Table grade - NO DIPLOMA	First Name MI	Yes, private school, private college, home school	organizational psychology)
Where was this person born?		b. What grade or level was this person attending? Mark (X) ONE box.	
□ In the United States - Print name of state. □ Outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc. □ College undergraduate years (freshman to senior) □ Craduate or professional school beyond a backelor's degree for example: MA or PhD program, or medical or law school program, or medical or law school program, or medical or law school this person as COMPLETED's Mark (X) ONE box. Nigerian, Mexican, Taiwanese, Ulrainian, and so on. ■ Yes, born in Puerto Rico, Guam, the U.S. citizen parent or parents □ Yes, born abroad of U.S. citizen parent or parents □ Yes, born abroad of U.S. citizen parent or parents □ Yes, born abroad of U.S. citizen parent or parents □ Yes, U.S. citizen by naturalization - Print year of naturalization □ Italy grade - NO DIPLOMA ■ HIGH SCHOOL GRADUATE □ Regular high school oflighoma ■ GEO or alternative credential COLLEGE OR SOME COLLEGE □ Some college credit, no degree □ Associate's degree (for example: AA, AS) □ Bachelor's degree (for example: MA, MS, MEng, MEd, MSW, MAA) □ Professional degree (for example: MA, MS, MEng, MEd, MSW, MAA) □ Professional degree beyond a bachelor's degree (for example: MD, DS, DW, LLB, B) ■ College credit, on degree □ Master's degree (for example: MA, MS, MEng, MEd, MSW, MAA) □ Professional degree (for example: MA, MS, MEng, MEd, MSW, MAA) □ Professional degree beyond a bachelor's degree (for example: MD, DS, DW, LLB, B)		■ Nursery school, preschool	
Outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc. College undergraduate years (freshman to senior) College undergraduate years (freshman to senior) College undergraduate years (from the united States) College for united States) C	Where was this person born?	☐ Kindergarten	
Use the United States - Print name of foreign country, or Puerto Rico, Guam, etc. □ College undergraduate years (freshman to senior) □ College for example: Ma or PhD program, or medical or law school or law failum, Cape Verdean, Norwegian, Dominican, Friench Canadism, Hailian, Konean, Letionese, Polish, Nigerian, Mescian, Talvanese, Urshina, and so on higher deep reviews grade or higher deep rev	☐ In the United States - Print name of state		
Graduate or professional school beyond a bachelor's dagree for example: Ma fine. Jamaican, African Am. bachelor's dagree for example: Ma fine. Jamaican, African Am. Description in the United States? Yes, born in the United States → SKIP to question 10s Yes, born in the United States → SKIP to question 10s 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 When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year On the previous grade or live in the United States? Yes, Lord Combetion Archivology and a language other that English at home? Yes No Schooling completed Nursery school Tradual Grade Introduction Archivology and a language? Very well Well Not at all Not at all			What is this person's ancestry or ethnic origin?
Graduate or professional school beyond a bachelor's dagree for example: Ma fine. Jamaican, African Am. bachelor's dagree for example: Ma fine. Jamaican, African Am. Description in the United States? Yes, born in the United States → SKIP to question 10s Yes, born in the United States → SKIP to question 10s 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 When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year When did this person come to live in the United States? Print numbers in boxes. Year On the previous grade or live in the United States? Yes, Lord Combetion Archivology and a language other that English at home? Yes No Schooling completed Nursery school Tradual Grade Introduction Archivology and a language? Very well Well Not at all Not at all	Outside the United States – Print name of		
Is this person a citizen of the United States?	rategi seam, or rate me, cam, ca.	Graduate or professional school beyond a bachelor's degree (for example: MA or PhD	Cambodián, Cape Verdean, Norwegian, Dominican, French Canadián, Haitian, Korean, Lebanese, Polish,
Grade 1 through 11 - Specify For example: Kore art, Italian, Spanish, Vietnamese C. How well does this person speak English? Very well Well Not well Not at all	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas Yes, born abroad of U.S. citizen parent or parents	In currently enrolled, mast the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school	English at home? ☐ Yes ☐ No → SKIP to question 15s
No, not a U.S. citizen		Grade 1 through 11 - Specify	For example: Korean, Italian, Spanish, Vietnamese
12th grade - NO DIPLOMA Well			c. How well does this person speak English?
When did this person come to live in the United States? Print numbers in boxes. Year Year College Or alternative credential College credit, but less than 1 year of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Masser's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DLS, DVM, LLB, D)	No, not a U.S. citizen		☐ Very well
Year Year GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE Mater's degree (for example: MA, MS, MEng, MEng, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DLS, DVM, LLB, D)			□ Well
Year 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, DLS, DVM, LLB, D)	When did this person come to live in the		
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, D)		_ 5 5 .	☐ Not at all
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, D)	Year		
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, DJS, DVM, LLB, D)			
		college credit	
□ 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, D)			
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)			
☐ 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)			
Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, D)			
(for example: MD, DDS; DVM, LLB, JD)			
B Uoctorate degree (for example: HiU, EdU)		(for example: MD, DDS, DVM, LLB, JD)	
8		Doctorate degree (for example: PhD, EdD)	
	8		

Person 1 (continued)	Is this person CURRENTLY covered by any of the following types of health insurance of health coverage plans? Mark "Yes" or "No" for the equations for Person 3 on seven 12 the equations for Person 3 on seven 12				
	EACH type of coverage in items a – n. the questions for Person 2 on page 13.				
a. Did this person live in this house or apartment 1 year ago? □ Person is under 1 year old → SKIP to	a. Insurance through a current or former employer or union (of this person or another family member) Yes No Because of a physical, mental, or emotional condition, does this person have difficulty				
question 16 Yes, this house → SKIP to question 16 No, outside the United States and	b. Insurance purchased directly from an insurance company (by this person or another family member)				
No, outside the United States and Puerto Rico − Print hame of foreign country, or U.S. Virgin Islands, Guam, etc., below, then SKIP to question 16	c. Medicare, for people 65 and older, Or people with certain disabilities ONO				
No, different house in the United States or Puerto Rico	d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability Now married				
b. Where did this person live 1 year ago?	e. TRICARE or other military				
Address (Number and street name)	f. VA (including those who have ever used or enrolled for VA health care) ☐ ☐ Separated ☐ Never married → SKIP to ☐ on the next page				
	g. Indian Health Service				
Name of city, town, or post office	h. Any other type of health insurance or health coverage plan – Speafy In the PAST 12 MONTHS did this person get – Yes No				
Name of U.S. state or Puerto Rico ZIP Code	a. Is this person deaf or does he'she have serious difficulty hearing? Yes				
	c. Does this person have difficulty dressing or bathing? Yes No				

_			
81	Person 1 (continued) How did this person usually get to work LAST	K Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work
	WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance. Car, truck, or van		No, because of own temporary illness No, because of all other reasons (in school, etc.) When did this person last work, even for a few days? Within the past 12 months 1 to 5 years ago → SKIP to
J	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.	No ⇒ SKIP to question 36 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?	a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. ☐ Yes → SKIP to question 40 ☐ No
€	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)	Yes → SKIP to question 37 No No During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes	b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks
€	What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m.	No → SKIP to question 38	☐ 27 to 39 weeks ☐ 14 to 26 weeks ☐ 13 weeks or less During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
34	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes		Usual hours worked each WEEK
			11

Person 1 (continued)	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order dopentment, secretary, accountant)	d. Social Security or Railroad Retirement. □ Yes → □
Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.		No TOTAL AMOUNT for past 12 months e. Supplemental Security Income (SSI).
41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe dearly this person's chief job vivy or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.	What were this person's most important activities or duties? (For axample: patient care, directing hiring policies, supervising order deaks, typing and filing, reconciling financial records)	☐ Yes → No TOTAL AMOUNT for past 12 months f. Any public assistance or welfare payments
Was this person - Mark (X) ONE box.	INCOME IN THE PAST 12 MONTHS	from the state or local welfare office.
an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?	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.)	☐ Yes → O OO TOTAL AMOUNT for past 12 months
an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	Mark (X) the "No" box to show types of income NOT received.	g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
a local GOVERNMENT employee (city, county, etc.)?	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	☐ Yes → 8
□ a state GOVERNMENT employee? □ a Federal GOVERNMENT employee?		No TOTAL AMOUNT for past
SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	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.	12 months h. Any other sources of income received
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	Wages, salary, commissions, bonuses, or ups from all jobs. Report amount before	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
working WITHOUT PAY in family business or farm?	deductions for taxes, bonds, dues, or other items.	home.
For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	Ves → \$.00 No TOTAL AMOUNT for past 12 months	☐ Yes → □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Name of company, business, or other employer	h Colf ampleyment income from own perform	What was this person's total income during the
	proprietorships and partnerships. Report NET income after business expenses.	PAST 12 MONTHS? Add entries in questions 47 a to 47h; subtract any losses. If net income was a loss.
What kind of business or industry was this? Describe the activity at the location where employed. If or example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	□ Yes → \$	enter the amount and mark (X) the "Loss" box next to the dollar amount.
	c. Interest, dividends, net rental income,	None TOTAL AMOUNT for past Loss 12 months
Is this mainly – Mark (X) ONE box.	royalty income, or income from estates and trusts. Report even small amounts credited	
☐ manufacturing?	to an account.	
	☐ Yes → \$.00 ☐	
☐ retail trade? ☐ other (agriculture, construction, service,	No TOTAL AMOUNT for past Loss	
government, etc.}?	•	Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 36 for mailing instructions.
12		

BACK COVER

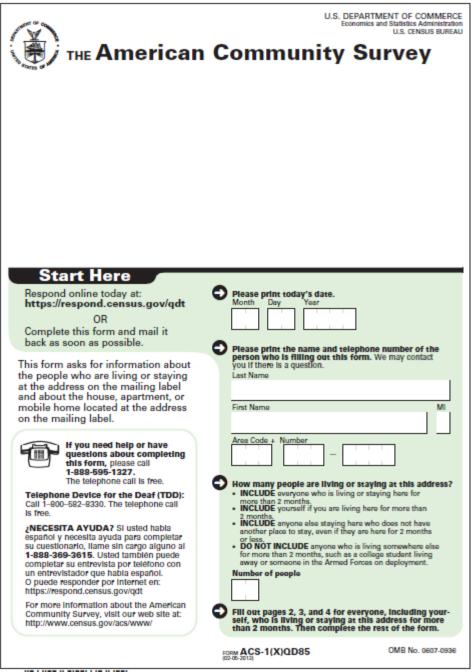
Mailing Instructions Please make sure you have... . listed all names and answered the questions on pages 2, 3, and 4 · answered all Housing questions · answered all Person questions for each person. Then... · put the completed questionnaire into the postage-paid return envelope. If the envelope has been 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. The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Sand comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Papenwork Project 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 2023. You may e-mail comments to Papenwork@census.gov; use "Papenwork Project 0607-0936" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed **For Census Bureau Use** TELEPHONE CLERK EDIT CLERK 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)QD36 (02-05-2013)

B-13

Attachment C: Example Questionnaire for the 44-page Treatment

ACS-1(X)QD85 - 44-page Questionnaire

FRONT COVER



ROSTER/PERSON QUESTIONS

		Pers	on 1				Perso	on 2		
1				O		at Is Person 2's				
	name th	his housé or apartmer	or staying here in whose nt is owned, being bought, person, start with the nam		Last	Name (Rease prin	1)	First Name		MI
		adult living or staying		9		w is this person & (X) ONE bax.	related t	o Person	117	
1						Husband or wife		☐ Son	-in-law or ghter-in-law	
Ó	What	Is Person 1's name?				Biological son or	-		er relative	
٦	Last No	ame (Plasse print)	First Name	MI.	님	Adopted son or d	-	☐ Roo	mer or boarder	
-					片	Stepson or stepda	sughter	☐ Hou	semate or room	rmate
d	Uow I	s this namen related	to Doman 12	_	님	Brother or sister		☐ Unn	narried partner	
٩	Mark (is this person related (X) ONE box.	i to Person 17		H	Father or mother Grandchild		Fost	ter child	
	X Pe	erson 1				Parent-in-law		Oth	er nonrelative	
E	What	Is Person 1's sex? M	lark (X) ONE box.	3) Wh	at Is Person 2's	sex? Mar	k (X) ONE	bax.	
I	□ M	lale Fem	ale	I		Male	Femal	0		
9	date o	s less than 1 year old.	babiesasage 0 when the	4	dat	at is Person 2's e of birth? Pleas d is less than 1 ye	se report b	what is P	Person 2's age 0 when the	e e
1		n years) Mo	Print numbers in baxes. nth Day Year of birth			(in years)	Mont		ers in boxes. Year of birt	th
-	192			٦l		,,				
-				┚┃						
	→ NOTE Hispa surve	: Please answer BOT mic origin and Question, Hispanic origins are	H Question 5 about on 6 about race. For this e not races.		→ NO His	TE: Please ansy panic origin and vey, Hispanic or	wer BOTH Question rigins are	Question 6 about not races	5 about race. For this	
Ġ			atino, or Spanish origin?	Ġ		erson 2 of Hisp	_			17
Т	□ N	o, not of Hispanic, Latin	o, or Spanish origin			No, not of Hispa	nio, Latino,	or Spanis	sh origin	
-	☐ Ye	es, Mexican, Mexican A	m., Chicano			Yes, Mexican, M	exican Am	, Chicano		
-	☐ Ye	es, Puerto Rican				Yes, Puerto Ricar	n			
-	☐ Ye	es, Cuban				Yes, Cuban				
	□ Ye Pr Ni	es, another Hispanic, La int origin, for example, Arg ixereguan, Salvedoren, Spa	tino, or Spanish origin – entincen, Colombien, Dominicen nierd, and soon. 🙀			Yes, another His Print origin, for exa Nicaraguan, Salvad	panio, Latir imple, Arger foren, Speni	no, or Spa ntinean, Col and, and so	nish origin – bmbian, Domina on ⊋	ian,
1				$\perp \mid$						
Œ	What	Is Person 1's race? A	fark (X) one or more boxes.	6) Wh	at is Person 2's	race? Ma	irk (X) on	e or more box	86.
-	□ w				=	White				
-		lack, African Am., or Ne	w .			Black, African Ar	_			
	☐ Ar	merican Indian or Alask nolled or principal tribe. 🚪	a Native – Print name of			American Indian errolled or principa	or Alaska l al tribe. ⊋	Native – P	nint name of	
	_			긔						
-	☐ As	sian Indian 🔲 Jap	anese Native Hawai	ian		Asian Indian	☐ Japan	nese	Native Haw	vaiian
-	Cł	hinese	ean Guamanian o	r		Chinese	Korea	in	Guarmaniar Charmorro	n or
-	☐ Fi	lipino 🔲 Viet	tnamese Samoan			Filipino	Vietn	amese	Samoan	
-		ther Asian – rint mos, for	Other Pacific			Other Asian - Print race, for			Other Pacif	fic
-	ex.	ample, Hmong, otien, Thai,	Islander – Prin race, for examp	it de		example. Hmana.			race for exa	rint mole
1	Pa	akisteni, Cembodian, nd soon. ⊋	Fijian, Tongan, and soon. ⊋			Laotian, Thei, Pakisteni, Cambodi and so on.	ian,		Fijian, Tongi andsoon.	en,
	□ Sc	ome other race - Print ra	ace. 			Some other race	-Print mo	0. 7		
			•		Ī			,		
L				2						

ACS-1(X)QD85 ROSTER/PERSON QUESTIONS (CONT'D)

	Person 3	Person 4			
Ó	What is Person 3's name?	What is Person 4's name?			
Т	Last Name (Plazse print) First Name MI	Last Name (Roase print) First Name MI			
3	How is this person related to Person 1? Mark (X) ONE box.	How is this person related to Person 1? Mark (X) ONE box.			
	☐ Husband or wife ☐ Son-in-law or	Husband or wife Son-in-law or			
	Biological son or daughter daughter-in-law	Biological son or daughter daughter-in-law			
	Adopted son or daughter	Adopted son or daughter Roomer or boarder			
	Stepson or stepdaughter Housemate or roommate	Stepson or stepdaughter Housemate or roommate			
	Brother or sister Unmarried partner	Brother or sister Unmarried partner			
	Father or mother Foster child	Father or mother Foster child			
	Grandchild Other nonrelative	Grandchild Other nonrelative			
	Parent-in-law	Parent-in-law			
8	What Is Person 3's sex? Mark (X) ONE box. Male Female	What is Person 4's sex? Mark (X) ONE box.			
	What is Person 3's age and what is Person 3's	What is Person 4's age and what is Person 4's			
Y	date of birth? Please report babies as age 0 when the child is less than 1 year old.	date of birth? Please report babies as age 0 when the child is less than 1 year old.			
	Print numbers in baxes. Age (in years) Month Day Year of birth	Print numbers in boxes. Age (in years) Month Day Year of birth			
	Age (iii years) World Day 1ear of birds	Age (iii years) Month Bay Tear of birth			
	→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.	→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not reces.			
A	is Person 3 of Hispanic, Latino, or Spanish origin?	Is Person 4 of Hispanic, Latino, or Spanish origin?			
T	No, not of Hispanic, Latino, or Spanish origin	No, not of Hispanic, Latino, or Spanish origin			
	Yes, Mexican, Mexican Am., Chicano	Yes, Mexican, Mexican Am., Chicano			
	Yes, Puerto Rican	Yes, Puerto Rican			
	Yes, Cuban	Yes, Cuban			
	Yes, another Hispanic, Latino, or Spanish origin – Print trigin, for example, Argentineen, Colombian, Dominican, Nicereguen, Selvedoren, Spanierd, and so on.	Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican,			
	Nicereguen, Salvedoren, Sperierd, and so on.	Nicaraguan, Salvadoren, Speniard, and so on 🗾			
Ġ	What is Person 3's race? Mark (X) one or more boxes.	What is Person 4's race? Mark (X) one or more boxes.			
Т	White	White			
	☐ Black, African Am., or Negro	☐ Black, African Am., or Negro			
	American Indian or Alaska Native – Print name of enrolled or principal tribe. p	□ American Indian or Alaska Native – Print rame of enrolled or principal tribe.			
	anoma or principa indic.	arosador priesperana.			
	Asian Indian Japanese Native Hawaiian	Asian Indian Japanese Native Hawaiian			
	Chinese Korean Guarnanian or Charmorro	Chinese Korean Guamanian or			
	☐ Filipino ☐ Vietnamese ☐ Samoan	Filipino Vietnamese Samoon			
	Print race, for Other Pacific	Print race, for Other Pacific			
	example, Hmong, Islander – Print Laotan, Thai, race, for example,	exemple, Hmong, Islander – Print Laction, Trai, race, for exemple, Pakistani, Cambodian, Fijan, Tongan,			
	Pakistari, Cambodian, Fijian, Tongan, and so on. p and so on. p	Pakistani, Cambodian, Fijan, Tongan, and soon. — and soon. —			
	Some other race – Print race. ⊋	Some other race – Print race. ⊋			
	Some other race - Francisco.	Solite Other race - Fills 1800. 7			
		3			

ACS-1(X)QD85 ROSTER/PERSON QUESTIONS (CONT'D)

	Person 5 What Is Person 6's name?	If there are more than five people living or staying here, print their names in the spaces for Person 6
۲	Last Name (Plause print) First Name MI	through Person 12. We may call you for more Information about them.
\perp		Person 6
¥	How is this person related to Person 1? Mark (X) ONE box.	Last Name (Plasse print) First Name MI
	Husband or wife Son-in-law or daughter-in-law	
	Biological son or daughter Adopted son or daughter Other relative	
	Stepson or stepdaughter Roomer or boarder	Sex Male Female Age (in years)
	☐ Brother or sister ☐ Unmarried partner	Person 7
	Father or mother Foster child	Last Name (Plazse print) First Name MI
	Parent-in-law Other nonrelative	
8	What is Person 5's sex? Mark (X) ONE box.	
Ι	Male Female	Sex Male Female Age (in years)
ø	What is Person 5's age and what is Person 5's date of birth? Please report babies as age 0 when the	Person 8
	child is less than 1 year old. Print numbers in boxes. Age (in years) Month Day Year of birth	Last Name (Plaze print) First Name MI
	Age (in years) Month Day Year of birth	
'	→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.	Sex Male Female Age (in years)
6	Is Person 5 of Hispanic, Latino, or Spanish origin?	Person 9
	No, not of Hispanic, Latino, or Spanish origin	Last Name (Plaze print) First Name MI
	Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican	
	Yes, Cuban	
	Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentineen, Colombien, Dominicen,	Sex Male Female Age (in years)
	Nicereguen, Salvedoran, Spaniard, and soon. 🛫	Person 10
	Milhard In Floresco Ede man 2 Mark (V) and or man house	Last Name (Plasse print) First Name MI
Y	What is Person 5's race? Mark (X) one or more boxes. White	
	Black, African Am., or Negro	
	American Indian or Alaska Native – Print name of annolled or principal tribe.	Sex Male Female Age (in years)
		Person 11
	Asian Indian Japanese Native Hawaiian	Last Name (Plazse print) First Name MI
	Chinese Korean Guamanian or Chamorro	
	Filipino Vietnamese Samoan	
	Print race, for Other Pacific Islander - Print	Sex Male Female Age (in years)
	Lection, Thai, rece, for example, Pekisteri, Cambodian, Fijian, Tongan, and so on. and so on. and so on. and so on.	Person 12
		Last Name (Picese print) First Name MI
	Some other race – Print race. F	8 11 11 11 11 11
		Sex Male Female Age (in years)
		1

HOUSING SECTION

н	lousing		
the house,	wer the following questions about apartment, or mobile home at the the mailing label.	A	Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.
A mobil	amily house detached from any ouse smilly house attached to one or ouses and with 2 apartments and with 5 to 9 apartments and with 10 to 19 apartments and with 20 to 49 apartments and with 50 or more apartments and apartments. In was this building first built? Ister – Specify year 1999 1989 1979 1969 1949 earlier PERSON 1 (listed on page 2) move into apartment, or mobile home?	6 6	How many acres is this house or mobile home on? Less than 1 acre → SKIP to question 6 1 to 9.9 acres 10 or more acres 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 Is there a business (such as a store or barber shop) or a medical office on this property? Yes No 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 unfini shed bas ements. Number of rooms
		5	

ACS-1(X)QD85 HOUSING SECTION (CONT'D)

	Housing (continued	1)		
8	Does this house, apartment, or mo have – a. hot and cold running water? b. a flush tollet? c. a bathtub or shower?	Yes	Me No	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? None
	d. a sink with a faucet? e. a stove or range? f. a refrigerator? g. telephone service from which you can both make and receive calls? Include cell phones.			3 4 5 6 or more
•	At this house, apartment, or mobile do you or any member of this house own or use any of the following or exclude any of the following or example: househouse with only limited compabilities, for example: househouse appliances. a. Desktop, laptop, netbook, or notebook computer. Smart mobile phone, or other handheld wireless computer c. Some other type of computer specify if	sehold ompute sic playe puting	rs?	house, apartment, or mobile home? Gas: from underground pipes serving the neighborhood Gas: bottled, tank, or LP Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel No fuel used
•		ernet sei Internet apartme	rvice	a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month's cost – Dollars OR Included in rent or condominium fee No charge or electricity not used D. LAST MONTH, what was the cost of gas for this house, apartment or mobile home?
•		lle home	No	Last month's cost – Dollars OR Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used
				6

ACS-1(X)QD85 HOUSING SECTION (CONT'D)

	Housing (continued)		
	A INTUE DART 12 MONTHS with which is	•	In this house appropriate to make house
	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	Ψ	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)?
	☐ Included in rent or condominium fee ☐ No charge		☐ Occupied without payment of rent? → SKIP to C
	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.	В	Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.
	Past 12 months' cost – Dollars	Ф	a. What is the monthly rent for this house, apartment, or mobile home?
1	OR Included in rent or condominium fee No charge or these fuels not used IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from		Monthly amount – Dollars
	the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include Wife, the School Lunch Program, or assistance from food banks. Yes No	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 on the next page.
¢	Is this house, apartment, or mobile home part of a condominium?	4	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?
	Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.		Amount - Dollars
	Monthly amount – Dollars	4	property?
	OR None		Annual amount – Dollars
	□ No		OR None
		4	What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars
			OR None
_		7	

ACS-1(X)QD85 HOUSING SECTION (CONT'D)

	Н	lousing (continued)		
2	a.	Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	D	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
3	c. d.	Yes, mortgage, deed of trust, or similar debt Yes, contract to purchase No → SKIP to question 23a	E .	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
			8	

DETAILED PERSON SECTION

Please copy the name of Person 1 from page 2, then continue answering questions below. Last Name	a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include on nursery or preschool, kindergarten, elementary school, home school, and schooling which leads
First Name MI	to a high school dipioma 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
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.	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
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 When did this person come to live in the United States? Print numbers in boxes. Year	senior) Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school) 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: PhD, EdD) Doctorate degree (for example: PhD, EdD)

	Person 1 (continued)	
F	Answer question 12 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 13.	a. Did this person live in this house or apartment 1 year ago? ☐ Person is under 1 year old → SKIP to
Ð	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)	question 16 Yes, this house → SKIP to question 16 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 16
ß	What is this person's ancestry or ethnic origin?	No, different house in the United States or Puerto Rico b. Where did this person live 1 year ago? Address (Number and street name)
	(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haltian, Korean, Lebanese, Polist, Nigerian, Mexican,	Name of city, town, or post office
Ø	a. Does this person speak a language other than English at home?	Name of U.S. county or municipio in Puerto Rico Name of U.S. state or
	☐ No → SKIP to question 15a b. What is this language?	Puerto Rico ZIP Code
	For example: Korean, Italian, Spanish, Vielnamese c. How well does this person speak English?	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.
	☐ Very well ☐ Well ☐ Not well ☐ Not at all	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. Medicald, Medical Assistance, or
		any kind of government-assistance plan for those with low incomes or a disability
		e. TRICARE or other military health care
		used or enrolled for VA health care)
		h. Any other type of health insurance or health coverage plan – Specify
		10

	Person 1 (continued)	
Œ	a. Is this person deaf or does he/she have serious difficulty hearing? Yes No	H Answer question 191f this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 16.
	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes No	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
G	ald or over. Otherwise, SKIP to the questions for Person 2 on page 16. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or	What is this person's marital status? Now married Widowed Divorced Separated Never married → SKIP to 1 on the next page
	making decisions? Yes No b. Does this person have serious difficulty walking or climbing stairs? Yes	In the PAST 12 MONTHS did this person get - Yes No a. Married?
	☐ No c. Does this person have difficulty dressing or bathing? ☐ Yes ☐ No	How many times has this person been married? Once Two times Three or more times
		In what year did this person last get married? Year Year
		11

	Person 1 (continued)	
24	Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a. Has this person given birth to any children in the past 12 months? Yes No 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 26 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 26 c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, pressure the question for the preporbible for whom	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 29a Only on active duty for training in the Reserves or National Guard → SKIP to question 28a Now on active duty On active duty On active duty in the past, but not now 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 a Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 29a b. What is this person's service-connected disability rating? O percent
	3 or 4 years 5 or more years	disability rating?

	Person 1 (continued)	
2	a. LAST WEEK, did this person work for pay at a job (or business)? ☐ Yes → SKIP to question 30 ☐ 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 35a	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)
3	At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week. a. Address (Number and street name)	What time did this person usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m.
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. b. Name of city, town, or post office	How many minutes did it usually take this person to get from home to work LAST WEEK? Minutes
	c. Is the work location inside the limits of that city or town? Yes No, outside the city/town limits	K Answer questions 35 – 38 If this person did NOT work last week. Otherwise, SKIP to question 39a.
	e. Name of U.S. state or foreign country	a. LAST WEEK, was this person on layoff from a job? ☐ Yes → SKIP to question 35c ☐ No
	f. ZIP Code	b. LAST WEEK, was this person TEMPORARILY absent from a job or business? ☐ Yes, on vacation, temporary lilness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 ☐ No → SKIP to question 36
3	How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance. Car, truck, or van	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 37 ☐ No
-		13

	Person 1 (continued)		
	During the LASTA WEEKS, has this person been	1	
9	During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes	L	Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.
3	No → SKIP to question 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 liness		41 - 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for hisher last job or business.
•		4	
	few days? ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to L ☐ Over 5 years ago or never worked → SKIP to		an employee of a PRIVATE FOR-PROFIT company or business, or of an Individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
39	this person work 50 or more weeks? Count paid time off as work. ☐ Yes → SKIP to question 40		□ a local GOVERNMENT employee (city, county, etc.)? □ a state GOVERNMENT employee? □ a Federal GOVERNMENT employee? □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
	 No b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? □ 50 to 52 weeks 		SELF-EMPLOYED In own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm?
	☐ 48 to 49 weeks ☐ 40 to 47 weeks ☐ 27 to 39 weeks ☐ 14 to 26 weeks ☐ 13 weeks or less	•	For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box → □ and print the branch of the Armed Forces. Name of company, business, or other employer
4	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Usual hours worked each WEEK	Œ	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mall order house, auto engine manufacturing, bank)
		4	is this mainly - Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?
L		14	

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	Person 1 (continued)	
45	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Social Security or Railroad Retirement. ☐ Yes → ☐ No TOTAL AMOUNT for past 12 months
45	What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	e. Supplemental Security Income (SSI). ☐ Yes → ■ No TOTAL AMOUNT for past 12 months
•	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	f. Any public assistance or welfare payments from the state or local welfare office.
	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.)	TOTAL AMOUNT for past 12 months g. Retirement, survivor, or disability pensions.
	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.	Do NOT include Social Security. □ Yes → □ .00
	For income received jointly, report the appropriate stare 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.	h. Any other sources of Income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or allmony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	☐ Yes → 8 ☐ TOTAL AMOUNT for past	☐ Yes → 0 00 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.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	☐ Yes → 8 ☐ .00 ☐ ☐ Loss TOTAL AMOUNT for past 12 months	None TOTAL AMOUNT for past Loss
	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.	
	☐ Yes → 8 ☐ .00 ☐ Loss ☐ No 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 2, SKIP to page 44 for mailing instructions.
		15

BACK COVER

Mailing Instructions Please make sure you have... · listed all names and answered the questions on pages 2, 3, and 4 · 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. The Census Bureau estimates that, for the everage 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 6607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork @icensus.gov; uso "Paperwork Project 6607-0936" as the subject. Please DO NOT RETURN your questionnairs to this address. Use the enclosed preaddressed envelope to return your completed questionnaire. For Census Bureau Use PHONE EDIT CLERK TELEPHONE CLERK 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)QD85 (02-05-2013)