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MEMORANDUM FOR ACS Research and Evaluation Advisory Group

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Subject: Cognitive Testing of the 2016 American Community Survey (ACS)
Content Test Items: Summary Report for Round 1 and Round 2
Interviews

Attached is the final American Community Survey Research and Evaluation report “Cognitive Testing of the 2016 American Community Survey Content Test Items: Summary Report for Round 1 and Round 2 Interviews.” The Census Bureau coordinates the content development and determination process for the ACS, with input from the Office of Management and Budget (OMB) Interagency Committee for the ACS, to identify proposed content changes from the Interagency Council on Statistical Policy (ICSP) Subcommittee on the ACS. The OMB, in consultation with the Census Bureau, establishes new content determinations for the survey. Approved new content or changes to existing content are tested according to the ACS content change process. Changes are pretested using cognitive testing methods before field testing. To evaluate the modifications, the Census Bureau contracted Westat to conduct cognitive testing on the revised questions. This report provides an executive summary of the results from two rounds of cognitive testing between June and November of 2014 and recommendations for future question wording for the following topics included in the 2016 ACS Content Test.

- Hispanic origin and race
- Telephone service
- Computer and Internet use
- Health insurance
- Cohabitation/domestic partnership
- Commuting mode
- Time of arrival at work
- Number of weeks worked
- Class of worker
- Industry and occupation
- Retirement income

If you have any questions about this report, please contact Agnes Kee at 301-763-1516 or Elizabeth Poehler at 301-763-9305.

Attachment

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Cognitive Testing of the 2016 American Community Survey Content Test Items

Summary Report for Round 1 and Round 2 Interviews

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Overview

1

The American Community Survey (ACS) continuously collects demographic, economic, housing, and social data from households. These data are invaluable to Federal, state, and local governments, researchers, and businesses. Given the importance of the data and the need to ensure continuity with previous data collections, changes to the ACS are only made after rigorous testing.

In preparation for the 2016 Content Test, the U.S. Census Bureau contracted with the Westat/EurekaFacts team to conduct cognitive testing of new or revised ACS items that address the following topics:

- Hispanic origin and race;
- Telephone service;
- Computer and Internet use;
- Health insurance;
- Premiums and Subsidies (New);
- Cohabitation/domestic partnership (New);
- Commuting mode;
- Time left for work;
- Number of weeks worked;
- Class of worker;
- Industry and occupation; and
- Retirement income.

Westat's Instrument Design, Evaluation, and Analysis (IDEA) Services and EurekaFacts conducted 208 cognitive interviews for Round 1 testing between June 17 and August 8, 2014 and 120 cognitive interviews for Round 2 testing between October 24 and November 20, 2014.

Cognitive testing was conducted in two languages (English and Spanish) and three modes (self-administered on paper; interviewer-administered using a telephone instrument (CATI); interviewer-administered using an in-person instrument (CAPI)). Additionally, in Round 1, testing was

conducted in up to three Versions of each item; in Round 2, only one Version was tested for each item. The item topics were divided into three groups: Group 1 consisted of topics addressing Hispanic origin and race, telephone service, and computer and Internet usage; Group 2 was made up of the health insurance, premiums and subsidies, commuting mode, time left for work, and weeks worked topics, as well as cohabitation/domestic partnership items in Round 2 among Spanish language respondents; and Group 3 tested the class of worker, industry and occupation, and retirement income topics. In Round 1, the team developed a total of 21 protocols (14 in English, 7 in Spanish), each one tailored to Group (1, 2, or 3), mode (Paper, or CAI (computer-assisted interview), which combined the CAPI and CATI modes), and Version (1, 2, or 3). In Round 1, Spanish instruments were only tested in CAI modes, and not in Paper. In Round 2, the team developed 12 protocols (6 in English, 6 in Spanish), each one tailored to Group (1, 2, or 3) and mode (Paper or CAI).

After discussions with the Census Bureau and a review of background materials to establish a thorough understanding of the measurement goals of and anticipated issues with each tested item, Westat's IDEA Services developed the English language cognitive interview protocols. The protocols for each Round included an introduction and informed consent; relevant portions of the ACS interview (with show cards for the CAPI interviews, where appropriate); detailed interviewer instructions; selection criteria for Persons 2 and 3; the research questions for each tested item; scripted probes for each tested item; and, in Round 1, scripted probes that asked for respondent feedback on alternate Versions of many of the tested items.

Once the English language protocols were finalized, Westat's Translation Unit translated them into Spanish language protocols. EurekaFacts reviewed them following the Census Bureau's guidelines for translation, including the use of team translation and documentation of all proposed revisions. EurekaFacts also incorporated all probes that were unique to the Spanish language testing.

In Round 1, the probing approach was retrospective for Groups 2 and 3, with all probes administered after all items had been administered for up to three individuals in the household. Probes for Group 1 protocols were administered concurrently after each section of the ACS interview was completed. The probes for the Hispanic origin and race questions were administered after the household roster was completed; the probes for the telephone, computer and Internet questions were administered after the housing questions; and the probes on ancestry were administered following a subset of the detailed questions.

The probing approach was almost entirely retrospective in Round 2, with nearly all probes administered after all items had been administered for up to three individuals in the household. One probe in the Group 1 CAI protocol (regarding smartphone usage) and one probe in the Group 2 CAI protocol (regarding subsidies) were administered concurrently to gather respondents' immediate feedback on what the question was asking.

Recruitment

In Round 1, over the period spanning from June 6 to August 7, 2014, recruiters from qualitative research facilities in 6 locations (see Table 2-2) screened a total of 457 English speaking adults and 211 Spanish speaking adults to determine their eligibility for participation.

In Round 2, recruitment took place from October 20 to November 19, 2014, during which recruiters from qualitative research facilities in 7 locations (see Table 2-2) screened 448 English-speaking adults and 263 Spanish-speaking adults to determine their eligibility for participation. This was more than were screened in Round 1, in large part because the incidence rate for some of the eligibility criteria were so low (e.g., those with smartphones and no data plan). Five of the locations were the same as Round 1, with one English location replaced in Round 2 and one Spanish location added.

In both rounds, potential respondents were first screened to ensure they did not live in group quarters and had not participated in any research focus group or interview in the past 12 months. If not, they were asked a series of additional screening questions to capture overall demographics and specific characteristics of interest for each tested topic. So as not to contaminate the cognitive interview results, we designed new questions (or borrowed questions from existing sources) to screen for the desired characteristics rather than screening with any of the tested ACS questions.

The targeted demographic characteristics for the overall recruitment included a mix of categories for gender, age, education level, and Hispanic origin or race. Topic-specific recruitment targets were set for the English language interviews in order to obtain feedback from respondents with characteristics the Census Bureau felt would make it particularly difficult to interpret or respond to the tested items.

In Round 1, examples of such targeted characteristics included:

- Afro-Latinos, Middle Easterners/North Africans (MENA), and bilingual Asians for the Hispanic origin and race items;
- Cell phone only households for the telephone item;
- Those with satellite Internet or who live in rural areas with limited access to the Internet for the computer and Internet use items;

- Those with healthcare coverage through a State or Federal Marketplace for the health insurance items;
- Rail and multi-mode commuters for the commuting mode item;
- Active duty personnel and unpaid family workers for the class of worker items; and
- Recent retirees with retirement income for the retirement income items.

In Round 2, targeted characteristics were modified for some of the topics, including:

- Afro-Latinos, Middle Easterners/North Africans (MENA), and multiracial respondents for the race and Hispanic origin items;
- Households accessing the Internet only through a data plan for a cell phone, or only through a WiFi connection for the Internet items;
- Those collecting retirement income and still working, and those receiving survivor income for the retirement income items.

In both rounds, Spanish language respondents were screened to identify those who spoke little or no English, although this requirement was relaxed in Round 2 for select characteristics such as “multiracial” (Group 1) and insurance purchased directly from an insurance company or the marketplace (Group 2). English interview respondents were primarily native English speakers (some were fluent in other languages such as Spanish, Chinese, and Arabic).

In addition to the topic-specific targets for the Spanish interviews, overall targets were set for each of the following Hispanic origin categories in each Round: 30 percent Mexican, 30 percent Central American, 20 percent South American, and 20 percent Puerto Rican and Cuban. Table 2-1 presents the overall targets and completed interviews for each Hispanic origin category.

Table 2-1. Overall targets and completed Spanish language interviews by Hispanic origin

Country of origin	Overall targets	Completed interviews			
		Group 1	Group 2	Group 3	Total
Round 1					
Mexican	21	6	8	2	16
Central American	21	6	3	4	13
South American	14	6	13	5	24
PR, Caribbean, Cuban	14	1	2	9	12
Other (e.g. Dominican)	NA	0	3	1	4
Total	70	19	29	21	69
Round 2					
Mexican	18	7	5	5	17
Central American	18	4	9	3	16
South American	12	5	5	5	15
Puerto Rican, Caribbean, Cuban	12	3	0	6	9
Other (e.g., Dominican)	0	2	0	1	3
Total	60	21	19	20	60

Local facilities used their databases to identify potential respondents, along with recruiting methods such as outreach to community organizations, distribution of flyers in strategic locations (e.g., at cafes, community centers, senior centers, festivals), ad placement on list serves and other social media, and purchased lists. The Westat and Census Bureau teams monitored the recruiting results on a daily basis, reviewing all screened individuals to determine whether they met any of the criteria for any of the targeted characteristics. We assigned a group and mode to those who were eligible and the facility contacted them to schedule an interview. When it appeared that we were falling short on any of the targeted characteristics, we instructed the recruiting facilities to immediately increase their efforts or alter their methods to find respondents with those characteristics.

Interviewer Training

In Round 1, Westat held a two-day interviewer training on June 9-10, 2014 with 18 English language interviewers and 11 Spanish language interviewers. Census Bureau project staff were also in attendance. The training provided background information about the overall project, a study orientation, a review of research objectives of each of the topics, an interactive demonstration of each Group's English protocol, paired mock interviews for each of the three Groups, detailed instructions for using the interview summary template to write up findings for each interview, and a review of administrative expectations.

For Round 2, on October 21, 2014 Westat held a one-day interviewer training with nine English language interviewers and 10 Spanish language interviewers. Census Bureau project staff were again in attendance. The Round 2 training provided background information about the overall project; summarized the Round 1 results; presented the items for Round 2 testing and associated probes along with all other interview materials and procedures; allowed opportunity to conduct at least one practice interview; and provided detailed instructions for using the interview summary template to write up the findings for each interview.

Cognitive Interviews

Each interview lasted approximately one hour and respondents were given \$40 for their travel expenses. In each Round, all interview materials were reviewed and approved by the Office of Management and Budget and Westat's Institutional Review Board. The in-person interviews were conducted across six different cities in Round 1, and six cities in Round 2 as shown in Table 2-2. Tallahassee was replaced with Cleveland for English interviews in Round 2 in order to identify light rail users, and New York City was added for Spanish language interviews in Round 2 in order to provide a more diverse set of locations.

Table 2-2. Locations and dates of interviews

Location	Dates	Number of Interviews
Round 1		
English Interviews		
Rockville, MD	June 17–Aug 5, 2014	45
Chicago, IL	June 24–25, 2014	27
Tallahassee, FL	July 8–9, 2014	35
Oakland, CA	July 15–16, 2014	32
TOTAL		139
Spanish Interviews		
Rockville, MD	July 11–Aug 8 2014	26
Chicago, IL	July 18–July 29 2014	16
Miami, FL	July 25–Aug 7 2014	18
San Diego, CA	July 25–Aug 4 2014	9
TOTAL		69
Round 2		
English Interviews		
Rockville, MD	Oct 29–Nov 20, 2014	18
Chicago, IL	Nov 4–5, 2014	17
Oakland, CA	Nov 12–3, 2014	18
Cleveland, OH	Nov 19–20, 2014	7
TOTAL		60
Spanish Interviews		
Rockville, MD	Oct 24–Nov 18, 2014	24
Chicago, IL	Nov 3–19, 2014	10
Miami, FL	Nov 6–18, 2014	8
New York, NY	Nov 11–12, 2014	11
San Diego, CA	Nov 3–18, 2014	7
TOTAL		60

Analytic Approach

Analysis of the interviews in each round were based on interviewer summaries that included respondents' verbatim answers to the ACS questions and responses to the cognitive probes. These summaries were imported into NVivo, a text-based relational database for managing and analyzing large amounts of qualitative data. Westat and EurekaFacts team members then coded the summaries using a scheme that incorporated survey response process issues (e.g., comprehension, recall) and the item specific research questions that appeared in the protocols (e.g., how helpful were the examples provided with some of the items). Once all summaries were coded, numerous algorithms were run in NVivo to conduct a comprehensive analysis of responses to each tested ACS item.

Round 1 analysis focused primarily on describing how all respondents interpreted each tested item. Based on feedback from the Census Bureau, Round 2 analysis focused primarily on those respondents whose descriptions in the follow-up probes suggested they had incorrectly answered an ACS item. This approach allowed us to pinpoint the number of respondents who had problems with each item and determine if those respondents shared any salient characteristics (e.g., if respondents who double-counted their insurance were more likely to be covered by Medicaid). A challenge we discovered in Round 1 (and continued to see in Round 2) was that respondents' answers to the screening questions, which formed the basis for assigning them to one of the three groups, were sometimes different from their answers to the ACS questions related to those same targeted characteristics. For example, respondents who, at screening, told us they had marketplace insurance, were assigned to and scheduled for a Group 2 interview. In analyzing their results, however, it became clear that not all of them actually had marketplace insurance. In Round 2 we addressed this issue by analyzing results by respondents' answers to the ACS questions rather than by their responses to the screener. Thus, for example, six of the nine Round 2 individuals who screened in as having marketplace insurance were excluded from our analysis of how well the marketplace insurance item worked (though several of them indicated they had Medicaid insurance, so were included in the Medicaid analysis). This reconciliation strategy also sometimes resulted in the number of respondents with a particular characteristic dropping below the screening goal for that characteristic.

About This Report

The Executive Summary Tables that follow show the wording of all items across the different versions that were tested, broken out by mode of administration and language. In the Round 1 tables, all recommended changes for Round 2 testing, based on Round 1 findings, are highlighted in yellow. Likewise, in the Round 2 tables, all recommended changes for the final test, based on Round 2 findings, are highlighted in yellow.

Note that in Round 1, the Paper versions were only tested in English, so Spanish language recommendations are only presented for the CAI modes. The final column of the Round 1 tables present the recommendations that were made for Round 2 of testing; the final column of the Round 2 tables present the recommendations that were made for the Content Test. Detailed findings for each Round can be found in the Round 1 Briefing Report and the Round 2 Briefing Report, which appear in Attachments 1 and 2.

Round 1 Executive Summary Tables

3.1 Hispanic Origin and Race

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.</p> <p>Is Person 1 of Hispanic, Latino, or Spanish origin? Mark (X) one or more boxes.</p> <p>No, not of Hispanic, Latino, or Spanish origin</p> <p>Yes, Mexican, Mexican Am., Chicano</p> <p>Yes, Puerto Rican</p> <p>Yes, Cuban</p> <p>Yes, another Hispanic, Latino, or Spanish origin – Print origin(s), for example, Salvadoran, Dominican, Colombian, and so on. _____</p> <p>-----</p> <p>What is Person 1's race? Mark (X) one or more boxes.</p> <p>White – Print origin(s), for example, German, Lebanese, Egyptian, and so on.</p> <p>Black or African Am. – Print origin(s), for example, African American, Jamaican, Nigerian, and so on. _____</p>	<p>(Paper version was not tested in Spanish)</p>	<p>Proceed with the combined Hispanic origin and race question (Version 2) for Round 2 testing.</p> <ul style="list-style-type: none"> ■ Round 1 English language respondents were more likely to explicitly state a preference for the one-item version. ■ Spanish language respondents struggled with choosing a race category in the two-item version. <p>Use neutral wording for the race/origin question.</p> <ul style="list-style-type: none"> ■ Hispanic respondents had difficulty verbalizing what was meant by “race” in Version 1. ■ Non-Hispanic respondents were inconsistent in their interpretations of what was meant by “origin(s)”. ■ Using neutral wording mitigates the political and historical legacy of “race” and may reduce respondent confusion surrounding the term “origins.” <p>Retain the new MENA category for Round 2 testing.</p> <ul style="list-style-type: none"> ■ MENA respondents were happy to see the new category. One Palestinian respondent had concerns about “North African” being part of the category.

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Mayan, Chevak Native Village, and so on. _____</p> <p>Chinese</p> <p>Filipino</p> <p>Asian Indian</p> <p>Vietnamese</p> <p>Korean</p> <p>Japanese</p> <p>Other Asian – Print origin(s), for example, Pakistani, Cambodian, Hmong, and so on. _____</p> <p>Native Hawaiian</p> <p>Samoan</p> <p>Guamanian or Chamorro</p> <p>Other Pacific Islander – Print origin(s), for example Tongan, Fijian, Marshallese, and so on. _____</p> <p>Some other race – Print race(s) or origin(s). _____</p> <p>Version 2</p> <p>Where was this person born?</p> <p>In the United States – Print name of state.</p> <p>Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.</p> <p>What is Which categories best describe Person 1's race or origin? Mark (X) one or more boxes AND print the specific race(s) and/or origin(s).</p> <p>White – Print origin(s), for example, German, Irish, Italian, RussianEnglish, and so on. _____</p> <p>Hispanic, Latino, or Spanish origin – Print origin(s), for example, Mexican or Mexican American, Puerto Rican, Colombian, and so on. _____</p>		<ul style="list-style-type: none"> ■ Flip the order of MENA and American Indian in order to encourage MENA respondents to notice the new category. <p>Revise the examples lists.</p> <ul style="list-style-type: none"> ■ Include a different European example in the White category, such as Italian or Russian. ■ Delete redundant examples (Mexican, African American). Replace African American with a third example, such as Somali. ■ Remove “and so on” from the end of each set of examples, as it is redundant with “for example”. <p>Move place of birth question prior to race questions.</p> <ul style="list-style-type: none"> ■ Asking about place of birth first will alleviate confusion for those respondents who equate origin with place of birth. ■ Foreign born respondents with U.S.-born children tend to equate “White” with being born in the U.S.

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Black or African Am. – Print origin(s), for example, <i>African American, Jamaican, Nigerian, Somali, and so on.</i> _____</p> <p>Asian – Print origin(s), for example, <i>Chinese, Asian Indian, Vietnamese, and so on.</i> _____</p> <p>Middle Eastern or North African – Print origin(s), for example, <i>Lebanese, Iranian, Egyptian, and so on.</i> _____</p> <p>American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, <i>Navajo Nation, Mayan, Chevak Native Village, and so on.</i> _____</p> <p>Native Hawaiian or Other Pacific Islander – Print origin(s), for example, <i>Native Hawaiian, Guamanian or Chamorro, Fijian, and so on.</i> _____</p> <p>Some other race or origin – Print race(s) and/or origin(s). _____</p>		

CATI VERSION

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>Is <(Name)/Are you> of Hispanic, Latino, or Spanish origin?</p> <p>Yes</p> <p>No → <i>SKIP to race question</i></p> <p>You may choose one or more origins.</p> <p>Is <(Name)/Are you> Mexican, Mexican American, Chicano; Puerto Rican; Cuban, or of some other Hispanic, Latino, or Spanish origin?</p> <p>Mexican, Mexican American., Chicano</p> <p>Puerto Rican</p> <p>Cuban</p> <p>Other Hispanic, Latino, or Spanish origin</p> <p>What is that origin or origins? For example, Salvadoran, Dominican, Colombian, and so on. _____</p> <p>I am going to read a list of races. You may choose one or more races. For this survey, Hispanic origin is not a race.</p> <p>Is <(Name)/Are you> White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; or Some other race?</p> <p>White</p> <p>Black or African American</p> <p>American Indian or Alaska Native</p> <p>Asian</p>	<p>Version 1</p> <p>¿Es <(Name)/ usted> de origen hispano, latino o español?</p> <p>Sí</p> <p>No → <i>PASE a la pregunta de raza</i></p> <p>Puede seleccionar un origen o más de uno.</p> <p>¿Es <(Name)/ usted> mexicano(a), mexicano(a) americano(a) o chicano(a); puertorriqueño(a); cubano(a); o de otro origen hispano, latino o español?</p> <p>Mexicano(a), mexicano(a) americano(a), chicano(a)</p> <p>Puertorriqueño(a)</p> <p>Cubano(a)</p> <p>Otro origen hispano, latino o español</p> <p>¿Qué origen u orígenes son? Por ejemplo, salvadoreño, dominicano, colombiano, etc. _____</p> <p>Voy a leer una lista de categorías de raza. Usted puede escoger una o más razas. Para esta encuesta, origen hispano no es una raza.</p> <p>¿Es <(Name)/usted> de raza blanca; negra o afroamericana; indígena de las Américas o nativa de Alaska; asiática; Nativa de Hawaii u otra de las islas del Pacífico; o de alguna otra raza?</p> <p>Blanca</p> <p>Negra o afroamericana</p> <p>Indígena de las Américas o nativa de Alaska</p> <p>Asiática</p>	Same recommendations as Paper.

CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Native Hawaiian or Other Pacific Islander Some other race</p> <p>You said that <(Name) is/you are>:</p> <p>WHITE BLACK OR AFRICAN AMERICAN AMERICAN INDIAN OR ALASKA NATIVE ASIAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER SOME OTHER RACE</p> <p>Now, I'm going to collect detailed information for each race you provided. You may give one or more origins.</p> <p>What is <(Name)'s/your> WHITE origin or origins? For example, German, Lebanese, Egyptian, and so on.</p> <p>What is <(Name)'s/your> BLACK OR AFRICAN AMERICAN origin or origins? For example, African American, Jamaican, Nigerian, and so on.</p> <p>What is <(Name)'s/your> AMERICAN INDIAN OR ALASKA NATIVE enrolled or principal tribe? For example, Navajo Nation, Mayan, Chevak Native Village, and so on.</p> <p>Is <(Name)/Are you> Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, or of some other Asian origin?</p>	<p>Nativa de Hawaii u otra de las islas del Pacífico Alguna otra raza</p> <p>Usted dijo que <(Name)/usted> es: BLANCO(A) DE ORIGEN HISPANO, LATINO O ESPAÑOL NEGRO(A) O AFRICANO(A) AMERICANO(A) ASIÁTICO(A) INDÍGENA DE LAS AMÉRICAS O NATIVO(A) DE ALASKA NATIVO(A) DE HAWAII O DE OTRA DE LAS ISLAS DEL PACÍFICO ALGUNA OTRA RAZA</p> <p>Ahora voy a recopilar información detallada sobre cada raza u origen que usted ha provisto. Usted puede dar uno o más orígenes.</p> <p>¿Cuál es el origen BLANCO de <(Name)/usted>? Por ejemplo, alemán, libanés, egipcio, etc.</p> <p>¿Cuál es el origen NEGRO O AFRICANO AMERICANO de <(Name)/usted>? Por ejemplo, afroamericana, jamaicano, nigeriano, etc.</p> <p>¿Cuál es la tribu principal de INDÍGENA DE LAS AMÉRICAS O NATIVOS DE ALASKA de <(Name)/usted> o en la que está inscrito(a)? Por ejemplo, Navajo Nation, Maya, Chevak Native Village, etc.</p> <p>¿Es <(Name)/usted> chino(a), Filipino(a), indio(a) asiático(a), vietnamita, coreano(a), japonés(esa) o de algún otro origen asiático?</p>	

CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
Chinese Filipino Asian Indian Vietnamese Korean Japanese Other Asian	Chino(a) Filipino(a) Indio(a) asiático(a) Vietnamita Coreano(a) Japonés(esa) Otro asiático	
What is that other Asian origin or origins? For example, Pakistani, Cambodian, Hmong, and so on.	¿Cuál es ese otro origen asiático? Por ejemplo, paquistaní, camboyano, hmong, etc.	
Is <(Name)/Are you> Native Hawaiian, Samoan, Guamanian or Chamorro, or of some other Pacific Islander origin? Native Hawaiian Samoan Guamanian or Chamorro Other Pacific Islander	¿Es <(Name)/ usted> nativo(a) de Hawaii; samoano(a); guameño(a) o chamorro(a); o de otro de las islas del Pacífico? Nativo(a) de Hawaii Samoano(a) Guameño(a) o chamorro(a) De otro de las islas del Pacífico	
What is that other Pacific Islander origin or origins? For example, Tongan, Fijian, Marshallese, and so on.	¿Cuál es ese otro origen de las islas del Pacífico? Por ejemplo, tongano, fijiano, de la islas Marshall, etc.	
What is <(Name)'s/your> other race group?	¿Cuál es <el otro grupo racial de (Name)/su otro grupo racial>?	
Version 2 Where <were you/was NAME> born? ENTER STATE IF KNOWN. IF STATE NOT KNOWN, ENTER U.S. In what country <were you/was NAME> born? I'm going to read a list of races and origins. You may choose one or more. Which of the following categories best describes <you/NAME>?	Version 2 ¿Dónde nació <usted/NOMBRE>? ENTER STATE IF KNOWN. IF STATE NOT KNOWN, ENTER U.S. ¿En qué país nació <usted/NOMBRE>? Voy a leer una lista de razas y orígenes. Puede seleccionar una o más de una. ¿Cuáles de las siguientes categorías le describen mejor a <usted/NOMBRE>?	Hispanic Origin and Race

CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p><Is (Name)/Are you> White; Hispanic, Latino, or Spanish origin; Black or African American; Asian; Middle Eastern or North African; American Indian or Alaska Native; Middle Eastern or North African; Native Hawaiian or Other Pacific Islander; or Some other race or origin?</p> <p>White Hispanic, Latino, or Spanish origin Black or African American Asian Middle Eastern or North African American Indian or Alaska Native Middle Eastern or North African Native Hawaiian or Other Pacific Islander Some other race or origin</p> <p>You said that <(Name) is/you are>:</p> <p>WHITE HISPANIC, LATINO, OR SPANISH BLACK OR AFRICAN AMERICAN ASIAN MIDDLE EASTERN OR NORTH AFRICAN AMERICAN INDIAN OR ALASKA NATIVE MIDDLE EASTERN OR NORTH AFRICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER SOME OTHER RACE</p> <p>Now, I'm going to collect detailed information for each race or origin you provided. You may give one or more origins.</p>	<p>¿Es <(Name)/usted> blanco(a); de origen hispano, latino o español; negro(a) o afroamericano(a); asiático(a); del Medio Oriente o del Norte de África; indígena de las Américas o nativo(a) de Alaska; del Medio Oriente o del Norte de África; nativo(a) de Hawaii o de otra de las islas del Pacífico; o de alguna otra raza u origen?</p> <p>Blanco(a) De origen hispano, latino o español Negro(a) o afroamericano(a) Asiático(a) Del Medio Oriente o del Norte de África Indígena de las Américas o nativo(a) de Alaska Del Medio Oriente o del Norte de África Nativo(a) de Hawaii o de otra de las islas del Pacífico Alguna otra raza u origen</p> <p>Usted dijo que <(Name)/usted> es:</p> <p>BLANCO(A) DE ORIGEN HISPANO, LATINO O ESPAÑOL NEGRO(A) O AFROAMERICANO(A) ASIÁTICO(A) DEL MEDIO ORIENTE O DEL NORTE DE ÁFRICA INDÍGENA DE LAS AMÉRICAS O NATIVO(A) DE ALASKA DEL MEDIO ORIENTE O DEL NORTE DE ÁFRICA NATIVO(A) DE HAWAII O DE OTRA DE LAS ISLAS DEL PACÍFICO ALGUNA OTRA RAZA</p> <p>Ahora voy a recopilar información detallada sobre cada raza u origen que usted ha provisto. Usted puede dar uno o más orígenes.</p>	

CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
What is <(Name)'s/your> WHITE origin or origins? For example, German, Irish, Italian, RussianEnglish, and so on. _____	¿Cuál es el origen u orígenes BLANCO de <(Name)/usted>? Por ejemplo, alemán, irlandés, italiano, ruso inglés, etc.	
What is <(Name)'s/your> HISPANIC, LATINO, OR SPANISH origin or origins? For example, Mexican or Mexican American, Puerto Rican, Colombian, and so on. _____	¿Cuál es el origen u orígenes HISPANO, LATINO O ESPAÑOL de <(Name)/usted>? Por ejemplo, mexicano-o mexicano americano, puertorriqueño, colombiano, etc.	
What is <(Name)'s/your> BLACK OR AFRICAN AMERICAN origin or origins? For example, African American, Jamaican, Nigerian, Somali, and so on. _____	¿Cuál es el origen u orígenes NEGRO O AFROAMERICANO de <(Name)/usted>? Por ejemplo, afroamericano, jamaicano, nigeriano, somalí, etc.	
What is <(Name)'s/your> ASIAN origin or origins? For example, Chinese, Asian Indian, Vietnamese, and so on. _____	¿Cuál es el origen u orígenes DEL MEDIO ORIENTE O DEL NORTE DE ÁFRICA de <(Name)/usted>? Por ejemplo, libanés, iraní, egipcio, etc.	
What is <(Name)'s/your> MIDDLE EASTERN OR NORTH AFRICAN origin or origins? For example, Lebanese, Iranian, Egyptian, and so on. _____	¿Cuál es el origen u orígenes ASIÁTICO de <(Name)/usted>? Por ejemplo, chino, indio asiático, vietnamita, etc.	
What is <(Name)'s/your> AMERICAN INDIAN OR ALASKA NATIVE enrolled or principal tribe? For example, Navajo Nation, Mayan, Chevak Native Village, and so on. _____	¿Cuál es la tribu principal de INDÍGENA DE LAS AMÉRICAS O NATIVOS DE ALASKA de <(Name)/usted> o en la que está inscrito(a)? Por ejemplo, Navajo Nation, Maya, Chevak Native Village, etc.	
What is <(Name)'s/your> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER origin or origins? For example, Native Hawaiian, Guamanian or Chamorro, Fijian, and so on. _____	¿Cuál es el origen u orígenes NATIVO DE HAWAII O DE OTRA DE LAS ISLAS DEL PACÍFICO de <(Name)/usted>? Por ejemplo, Nativo de Hawaii, guameño o Chamorro, fijiano, etc.	
What is <(Name)'s/your> OTHER RACE OR ORIGIN? _____	¿Cuál es la OTRA RAZA U ORIGEN de <(Name)/usted>? _____	

CAPI VERSION	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>Is <(Name)/Are you> of Hispanic, Latino, or Spanish origin?</p> <p>Yes</p> <p>No → <i>SKIP to race question</i></p> <p>Please look at Card B and choose one or more origins.</p> <p>CARD B</p> <ul style="list-style-type: none"> -No, not of Hispanic, Latino, or Spanish origin -Yes, Mexican, Mexican American, or Chicano -Yes, Puerto Rican -Yes, Cuban -Yes, of another Hispanic, Latino, or Spanish origin—<i>For example, Salvadoran, Spaniard, Colombian, and so on.</i> <p>Is <(Name)/Are you> Mexican, Mexican American, Chicano; Puerto Rican; Cuban; or of some other Hispanic, Latino, or Spanish origin?</p> <p>Mexican, Mexican American, Chicano</p> <p>Puerto Rican</p> <p>Cuban</p> <p>Another Hispanic, Latino, or Spanish origin</p> <p>What is that origin or origins? For example, Salvadoran, Dominican, Colombian, and so on.</p> <p>-----</p> <p>Please look at Card C and choose one or more races. For this survey, Hispanic origin is not a race.</p>	<p>Version 1</p> <p>¿Es <(Name)/usted> de origen hispano, latino o español?</p> <p>Sí</p> <p>No → <i>PASE a la pregunta de raza</i></p> <p>Mire la Tarjeta B y seleccione uno o más orígenes.</p> <p>TARJETA B</p> <ul style="list-style-type: none"> -No, no es de origen hispano, latino o español -Sí, mexicano, mexicano americano, chicano -Sí, puertorriqueño -Sí, cubano -Sí, otro origen hispano, latino o español - <i>Por ejemplo, salvadoreño, dominicano, colombiano, etc.</i> <p>¿Es <(Name)/usted> mexicano(a), mexicano(a) americano(a) o chicano(a); puertorriqueño(a); cubano(a); o de otro origen hispano, latino o español?</p> <p>Mexicano(a), mexicano(a) americano(a), chicano(a) Puertorriqueño(a) Cubano(a) Otro origen hispano, latino o español</p> <p>¿Cuál es ese origen u orígenes?? Por ejemplo, salvadoreño, dominicano, colombiano, etc.</p> <p>-----</p> <p>Mire la Tarjeta C y seleccione una o más razas. Para esta encuesta, el origen hispano no es una raza.</p>	<p>Same recommendations as Paper.</p>	

CAPI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p><Is (Name)/Are you> White; Black or African American; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; or Some other race?</p> <p>(Card C shows what is listed below)</p> <p>Choose one or more races or origins.</p> <p>CARD C</p> <ul style="list-style-type: none"> -White — <i>For example, German, Irish, English, and so on.</i> -Black or African American — <i>For example, African American, Jamaican, Nigerian, and so on.</i> -American Indian or Alaska Native — <i>For example, Navajo Nation, Mayan, Chevak Native Village, and so on.</i> -Asian — includes: <ul style="list-style-type: none"> Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian — <i>For example, Pakistani, Cambodian, Hmong, and so on.</i> -Native Hawaiian or Other Pacific Islander — includes: <ul style="list-style-type: none"> Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander — <i>For example, Tongan, Fijian, Marshallese, and so on.</i> -Some other race 	<p>¿Es <(Name)/usted> de raza blanca; negra o afroamericana; indígena de las Américas o nativa de Alaska; asiática; nativa de Hawaii u otra de las islas del Pacífico; o de alguna otra raza?</p> <p>(Card C shows what is listed below)</p> <p>Seleccione uno o más razas u orígenes.</p> <ul style="list-style-type: none"> -Blanca – <i>Por ejemplo, alemán, irlandés, inglés, etc.</i> -Negra o afroamericana – <i>Por ejemplo, afroamericana, jamaicano, nigeriano, etc.</i> -Indígena de las Américas o nativa de Alaska – <i>Por ejemplo, Navajo Nation, Maya, Chevak Native Village, etc.</i> -Asiática — incluye: <ul style="list-style-type: none"> Chino(a) Filipino(a) Indio(a) asiático(a) Vietnamita Coreano(a) Japonés(es) Otro asiático Otro asiático — <i>Por ejemplo, paquistaní, camboyano, hmong, etc.</i> -Nativa de Hawaii u otra de las islas del Pacífico — incluye: <ul style="list-style-type: none"> Nativo(a) de Hawaii Samoano(a) Guameño(a) o chamorro(a) De otro de las islas del Pacífico — <i>Por ejemplo, tongano, fiyiano, de la islas Marshall, etc.</i> -Alguna otra raza 	

CAPI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>You said that <(Name)> is/you are:</p> <p>WHITE</p> <p>BLACK OR AFRICAN AMERICAN</p> <p>AMERICAN INDIAN OR ALASKA NATIVE</p> <p>ASIAN</p> <p>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</p> <p>SOME OTHER RACE</p> <p>Now, I'm going to collect detailed information for each race you provided. You may give one or more origins.</p> <p>What is <(Name)'s/your> WHITE origin or origins? For example, German, Lebanese, Egyptian, and so on.</p> <p>What is <(Name)'s/your> BLACK OR AFRICAN AMERICAN origin or origins? For example, African American, Jamaican, Nigerian, and so on.</p> <p>What is <(Name)'s/your> AMERICAN INDIAN OR ALASKA NATIVE enrolled or principal tribe? For example, Navajo Nation, Mayan, Chevak Native Village, and so on.</p> <p><Is (Name)/Are you> Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, or of some other Asian origin?</p> <ul style="list-style-type: none"> Chinese Filipino Asian Indian Vietnamese Korean Japanese Other Asian 	<p>Usted dijo que <(Name)/usted> es de raza:</p> <p>BLANCA</p> <p>NEGRA O AFROAMERICANA</p> <p>ASIÁTICA</p> <p>INDÍGENA DE LAS AMÉRICAS O NATIVA DE ALASKA</p> <p>NATIVA DE HAWAII O DE OTRA DE LAS ISLAS DEL PACÍFICO</p> <p>ALGUNA OTRA RAZA</p> <p>Ahora voy a recopilar información detallada para cada raza que usted ha provisto. Puede dar uno o más orígenes.</p> <p>¿Cuál es el origen u orígenes BLANCO de <(Name)/usted>? Por ejemplo, alemán, libanés, egipcio, etc.</p> <p>¿Cuál es el origen u orígenes NEGRO O AFROAMERICANO de <(Name)/usted>? Por ejemplo, afroamericana, jamaicano, nigeriano, etc.</p> <p>¿Cuál es la tribu principal de INDÍGENA DE LAS AMÉRICAS O NATIVO DE ALASKA de <(Name)/usted> o en la que está inscrito(a)? Por ejemplo, Navajo Nation, Maya, Chevak Native Village, etc.</p> <p>¿ES <(Name)/usted> chino(a), Filipino(a), indio(a) asiático(a), vietnamita, coreano(a), japonés(esa) o de algún otro origen asiático?</p> <ul style="list-style-type: none"> Chino(a) Filipino(a) Indio(a) asiático(a) Vietnamita Coreano(a) Japonés(esa) Otro asiático 	

CAPI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
What is that other Asian origin or origins? For example, Pakistani, Cambodian, Hmong, and so on.	¿Cuál es ese otro origen u orígenes asiático? Por ejemplo, paquistaní, camboyano, hmong, etc.	
<Is (Name)/Are you> Native Hawaiian, Samoan, Guamanian or Chamorro, or of some other Pacific Islander origin? Native Hawaiian Samoan Guamanian or Chamorro Other Pacific Islander	¿Es <(Name)/ usted> Nativo(a) de Hawaii; samoano(a); guameño(a) o chamorro(a); o de otro de las islas del Pacífico? Nativo(a) de Hawaii Samoano(a) Guameño(a) o chamorro(a) De otro de las islas del Pacífico	
What is that other Pacific Islander origin or origins? For example, Tongan, Fijian, Marshallese, and so on.	¿Cuál es ese otro origen u orígenes de las islas del Pacífico? Por ejemplo, tongano, fiyiano, de la islas Marshall, etc.	
What is <(Name)'s/your> other race group?	¿Cuál es <el otro grupo racial de (Name)/su otro grupo racial>?	
Version 2 Please look at Card C and choose one or more races or origins and tell me which categories best describe you/NAME. You may choose one or more. <Is (Name)/Are you> White; Hispanic, Latino, or Spanish origin; Black or African American; Asian; Middle Eastern or North African; American Indian or Alaska Native; Middle Eastern or North African; Native Hawaiian or Other Pacific Islander; or Some other race or origin? (Card C shows what is listed below) Card C - Choose one or more races or origins. White – For example, German, Irish, Italian, Russian, English, and so on. Hispanic, Latino, or Spanish origin – For example, Mexican or Mexican American, Puerto Rican, Colombian, and so on.	Version 2 ¿Dónde nació usted/NOMBRE? ENTER STATE IF KNOWN. IF STATE NOT KNOWN, ENTER U.S. ¿En qué país nació usted/NOMBRE? Por favor, vea la Tarjeta C y seleccione una o más razas u orígenes; y dígome qué categorías le describen mejor a <usted/NOMBRE>. Puede seleccionar una o más. ¿Es <(Name)/ usted> blanco(a); de origen hispano, latino o español; negro(a) o afroamericano(a); asiático(a); del Medio Oriente o del Norte de África; indígena de las Américas o nativo(a) de Alaska; del Medio Oriente o del Norte de África; Nativo(a) de Hawaii o de otra de las islas del Pacífico; o de alguna otra raza u origen?	Hispanic Origin and Race

CAPI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Black or African American – For example, African American, Jamaican, Nigerian, Somali, and so on.</p> <p>Asian – For example, Chinese, Asian Indian, Vietnamese, and so on.</p> <p>Middle Eastern or North African – For example, Lebanese, Iranian, Egyptian, and so on.</p> <p>American Indian or Alaska Native – For example, Navajo Nation, Mayan, Chevak Native Village, and so on.</p> <p>Native Hawaiian or Other Pacific Islander – For example, Native Hawaiian, Guamanian or Chamorro, Fijian, and so on.</p> <p>Some other race or origin</p> <p>You said that <(Name) is/you are>:</p> <p>WHITE</p> <p>HISPANIC, LATINO, OR SPANISH</p> <p>BLACK OR AFRICAN AMERICAN</p> <p>ASIAN</p> <p>MIDDLE EASTERN OR NORTH AFRICAN</p> <p>AMERICAN INDIAN OR ALASKA NATIVE</p> <p>MIDDLE EASTERN OR NORTH AFRICAN</p> <p>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</p> <p>SOME OTHER RACE</p> <p>Now, I'm going to collect detailed information for each race or origin you provided. You may give one or more origins.</p> <p>What is <(Name)'s/your> WHITE origin or origins? For example, German, Irish, Italian, Russian English, and so on.</p>	<p>(Card C shows what is listed below)</p> <p>Seleccione una o más razas u orígenes.</p> <p>Blanco(a) – Por ejemplo, alemán, irlandés, italiano, ruso inglés, etc. Origen hispano, latino o español – Por ejemplo, mexicano o mexicano americano, puertorriqueño, colombiano, etc.</p> <p>Negro(a) o afroamericano(a) – Por ejemplo, afroamericano, jamaicano, nigeriano, somali, etc.</p> <p>Del Medio Oriente o del Norte de África – Por ejemplo, libanés, iraní, egipcio, etc.</p> <p>Asiático(a) – Por ejemplo, chino, indio asiático, vietnamita, etc.</p> <p>Indígena de las Américas o Nativo(a) de Alaska – Por ejemplo, Navajo Nation, Maya, Chevak Native Village, etc.</p> <p>Nativo(a) de Hawaii o de otra de las islas del Pacífico – Por ejemplo, Nativo de Hawaii, guameño o Chamorro, fiyiano, etc.</p> <p>Alguna otra raza u origen</p> <p>Usted dijo que <(Name)/usted> es:</p> <p>BLANCO(A)</p> <p>DE ORIGEN HISPANO, LATINO O ESPAÑOL</p> <p>NEGRO(A) O AFRICANO(A) AMERICANO(A)</p> <p>ASIÁTICO(A)</p> <p>DEL MEDIO ORIENTE O DEL NORTE DE ÁFRICA</p> <p>INDÍGENA DE LAS AMÉRICAS O NATIVO(A) DE ALASKA</p> <p>DEL MEDIO ORIENTE O DEL NORTE DE ÁFRICA</p> <p>NATIVO(A) DE HAWAII O DE OTRA DE LAS ISLAS DEL PACÍFICO</p> <p>ALGUNA OTRA RAZA</p> <p>Ahora voy a recopilar información detallada sobre cada raza u origen que usted ha provisto. Usted puede dar uno o más orígenes.</p>	Hispanic Origin and Race

CAPI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
What is <(Name)'s/your> HISPANIC, LATINO, OR SPANISH origin or origins? For example, Mexican or Mexican American, Puerto Rican, Colombian, and so on.	¿Cuál es el origen u orígenes BLANCO de <(Name)/usted>? Por ejemplo, alemán, irlandés, inglés, etc.	
What is <(Name)'s/your> BLACK OR AFRICAN AMERICAN origin or origins? For example, African American, Jamaican, Nigerian, Somali, and so on.	¿Cuál es el origen u orígenes HISPANO, LATINO O ESPAÑOL de <(Name)/usted>? Por ejemplo, mexicano o mexicano americano, puertorriqueño, colombiano, etc.	
What is <(Name)'s/your> MIDDLE EASTERN OR NORTH AFRICAN origin or origins? For example, Lebanese, Iranian, Egyptian, and so on.	¿Cuál es el origen u orígenes NEGRO O AFROAMERICANO de <(Name)/usted>? Por ejemplo, afroamericano, jamaicano, nigeriano, etc.	
What is <(Name)'s/your> ASIAN origin or origins? For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, and so on.	¿Cuál es el origen u orígenes DEL MEDIO ORIENTE O DEL NORTE DE ÁFRICA de <(Name)/usted>? Por ejemplo, libanés, iraní, egipcio, etc.	
What is <(Name)'s/your> AMERICAN INDIAN OR ALASKA NATIVE enrolled or principal tribe? For example, Navajo Nation, Mayan, Chevak Native Village, and so on.	¿Cuál es el origen u orígenes ASIÁTICO de <(Name)/usted>? Por ejemplo, chino, indio asiático, vietnamita, etc.	
What is <(Name)'s/your> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER origin or origins? For example, Native Hawaiian, Guamanian or Chamorro, Fijian, and so on.	¿Cuál es la tribu principal de INDÍGENA DE LAS AMÉRICAS O NATIVO DE ALASKA de <(Name)/usted> o en la que está inscrito(a)? Por ejemplo, Navajo Nation, Maya, Chevak Native Village, etc.	
What is <(Name)'s/your> OTHER RACE OR ORIGIN?	¿Cuál es el origen u orígenes NATIVO DE HAWAII O DE OTRA DE LAS ISLAS DEL PACÍFICO de <(Name)/usted>? Por ejemplo, Nativo de Hawaii, guameño o Chamorro, fiyiano, etc.	
	¿Cuál la OTRA RAZA U ORIGEN de <(Name)/usted>?	

3.2 Telephone Service

PAPER VERSION

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>At this house, apartment, or mobile home – do you or any member of this household have telephone service from which you can both make and receive calls? <i>Include service for regular telephones (land lines), cell phones, and other methods of communication such as voice over Internet (for example, Skype, Vonage).</i></p> <p>Yes No</p>	<p>(Paper version was not tested in Spanish)</p>	<p>Use Version 1 language, drop the term “regular” and add examples of what is meant by voice over Internet.</p> <ul style="list-style-type: none"> ■ Most respondents answered the question accurately, except for a few of those who had cell service only (and thought the question was asking about landline service only). ■ Most understood the term “landlines.” ■ Most did not interpret the term “voice over Internet” as intended.
<p>Version 2</p> <p>At this house, apartment, or mobile home – do you or any member of this household have telephone service from which you can both make and receive calls? <i>Include voice service from the telephone company, cell phone provider, cable company or any other voice provider.</i></p> <p>Yes No</p>		<p>For the Spanish, use “teléfono fijo” (stationary phone) instead of the terms “líneas fijas” (landlines) and “teléfonos regulares” (regular telephones).</p> <p>Given that we are recommending a version of the computing questions that does not offer a separate category for smartphone, the telephone question should be asked before the computer and Internet access questions in Round 2.</p>

CAPI VERSION		
ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>At this [house/apartment/mobile home/unit] – do you or any member of this household have telephone service from which you can both make and receive calls?</p> <p>Include service for regular telephones or land lines, cell phones, and other methods of communication such as voice over Internet (for example, Skype, Vonage).</p> <p>Yes No</p> <p>Version 2</p> <p>At this [house/apartment/mobile home/unit] – do you or any member of this household have telephone service from which you can both make and receive calls? Include voice service from the telephone company, cell phone provider, cable company or any other voice provider.</p> <p>Yes No</p>	<p>Version 1</p> <p>En [esta casa/este apartamento/esta casa móvil/ esta vivienda], ¿tiene usted o algún miembro del hogar servicio telefónico con el cual se puedan hacer y recibir llamadas?</p> <p>Incluya servicios para teléfonos regulares o líneas fijas, celulares y otros métodos de comunicación como voz sobre protocolo de Internet (por ejemplo, Skype, Vonage).</p> <p>Sí No</p> <p>Version 2</p> <p>En [esta casa/este apartamento/esta casa móvil/ esta vivienda], ¿tiene usted o algún miembro del hogar servicio telefónico con el cual se puedan hacer y recibir llamadas?</p> <p>Incluya servicios de voz de la compañía telefónica, proveedor de teléfono celular, compañía de cable o cualquier otro proveedor de servicios de voz.</p> <p>Sí No</p>	Same recommendations as Paper.

3.3 Computer and Internet

PAPER VERSION

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1 (Recommended for Computing Devices and Internet Access)</p> <p>At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers computing devices?</p> <p>Desktop or, laptop, or tablet (Yes/No) Smartphone, tablet or other portable wireless computer (Yes/No) Some other type of computer (Yes/No) Specify _____</p> <hr/> <p>At this house, apartment, or mobile home – do you or any member of this household access the Internet?</p> <p>Yes, with a paid subscription to by paying an Internet service provider Yes, without a paid subscription to paying an Internet service provider (Skip next question)</p> <p>No Internet access at this house, apartment, or mobile home (Skip next question)</p> <hr/> <p>At this house, apartment, or mobile home – do you or any member of this household connect to the Internet using –</p> <p>Mobile broadband plan for a smartphone, computer or other device? (Yes/No) Dial-up Service? (Yes/No) Satellite Internet service? (Yes/No) Broadband (high speed) installed in the house, apartment, or mobile home? (Yes/No)</p>	<p>(Paper version was not tested in Spanish)</p>	<p>Proceed with Version 1 of the computing device question.</p> <p>Remove “tablets” from the desktop/laptop category.</p> <ul style="list-style-type: none"> ■ Respondents mostly view tablets as different from desktops and laptops. <p>Move “tablet” into the “smartphone or other portable wireless computer” category.</p> <ul style="list-style-type: none"> ■ Respondents tend to think of smartphones and tablets as similar. ■ Including tablets with the phrase “portable wireless computer” may also help respondents interpret that phrase as intended. <p>Be consistent in the use of “computer” rather than “computing device.”</p> <ul style="list-style-type: none"> ■ Respondents tended to come up with many kinds of devices that aren’t applicable to this question when asked about other devices in their homes. Using “computer” throughout may alleviate that problem. <p>Proceed with “laptop” and “computadora portátil.”</p> <ul style="list-style-type: none"> ■ English language respondents prefer “laptop” over “laptop computer”. ■ Spanish language respondents are split over “portátil” and “computadora portátil.”

PAPER VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Specify service _____</p> <p>Version 2 (Recommended for Types of Internet Access)</p> <p>At this house, apartment, or mobile home – do you or any member of this household own or use any of the following computing devices?</p> <p>Desktop, laptop, or notebook computer (Yes/No) Smartphone (Yes/No) Tablet or other portable wireless computer that is carried or worn (Yes/No) Some other type of computer (Yes/No)</p> <p>Specify _____</p> <p>-----</p> <p>At this house, apartment, or mobile home – do you or any member of this household connect to the internet?</p> <p>Yes, with a plan purchased from an Internet service provider Yes, without a plan purchased from an Internet service provider No Internet access at this house, apartment, or mobile home</p> <p>-----</p> <p>At this house, apartment, or mobile home – do you or any member of this household access the Internet using –</p> <p>Mobile broadband or data plan for a computer, a smartphone or other device? (Yes/No)</p> <p>Broadband (high speed) Highspeed broadband (such as DSL, fiber optic, or cable services) installed in the house, apartment, or mobile home? (Yes/No)</p> <p>Satellite Internet service? (Yes/No) Dial-up Service? (Yes/No) Some other service? (Yes/No)</p> <p>Specify service _____</p>		<p>Use a modified Version 1 of the Internet access question to ask about “paying an Internet service provider.”</p> <ul style="list-style-type: none"> ■ Both “paid subscription” and “plan purchased” appear to be somewhat problematic, particularly in Spanish. ■ Our suggestion simplifies the way people are asked about access to Internet service.
		<p>Use a modified Version 2 of the “Types of Internet access” question to provide greater emphasis on high speed. Use the term “access” rather than “connect” to make the computer series consistent.</p> <ul style="list-style-type: none"> ■ Many were unfamiliar with the terms “mobile broadband” and “broadband.” ■ Both English and Spanish respondents thought it would be helpful if “broadband” were modified by “high speed”. ■ Most thought it would help to add examples of broadband, “DSL, fiber optic or cable services”.

CATI/CAPI VERSION	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
	Version 1 (Recommended for Computing Devices and Internet Access) At this <house/apartment/mobile home/unit>, do you or any member of this household own or use a desktop or laptop computer, or tablet? Yes No	Version 1 (Recommended for Computing Devices and Internet Access) En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿tiene o usa usted o algún otro miembro de este hogar una computadora de escritorio o computadora portátil, o tableta? Sí No	Following the Round 1 Briefing, a new CATI/CAPI item was developed for testing in Round 2 to determine whether anyone in the household pays for a plan for a smartphone to access the Internet and make phone calls. The proposed item was initially worded “At this house, apartment, or mobile home, do you or any member of this household own or use a smartphone with a paid plan that allows you to access the Internet and make phone calls?” <ul style="list-style-type: none"> ■ Westat noted that the proposed item would be burdensome for the respondent and introduces potential measurement error by asking about multiple concepts. ■ Ultimately, the wording that was adopted for Round 2 testing was “At this <house/apartment/mobile home/unit>, do you or any member of this household pay for a plan for a smartphone or mobile device to access the Internet and make phone calls?”
	At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use a smartphone, tablet or other portable wireless computer? Yes No	En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene o usa usted o algún otro miembro de este hogar un smartphone, tableta u otro tipo de computadora portátil inalámbrica? Sí No	
	At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use some other type of computer? Yes No	En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene o usa usted o algún otro miembro de este hogar algún otro tipo de computadora? Sí No	
	What is this other type of computer? _____ -----	¿Cuál es este otro tipo de computadora? _____ -----	
	At this <house/apartment/mobile home/unit>, do you or any member of this household access the Internet? Yes No	En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿tiene usted o algún otro miembro de este hogar acceso a Internet? Sí No	

CATI/CAPI VERSION (continued)	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
	<p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet with or without a paid subscription to an Internet service pay an Internet service provider to access the Internet?</p> <p>With a paid subscription to an Internet service Without a paid subscription to an Internet service</p> <p>Yes No</p>	<p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene usted o algún otro miembro de este hogar acceso a Internet con o sin una suscripción pagada a un servicio de Internet? ¿Paga usted o algún otro miembro de este hogar a un proveedor de Internet para tener acceso a Internet?</p> <p>Con una suscripción pagada a un servicio de Internet Sin una suscripción pagada a un servicio de Internet</p> <p>Sí No</p>	
	<p>At this <house/apartment/mobile home/unit>, do you or any member of this household connect to the Internet using a mobile broadband plan for a smartphone, computer or other device?</p> <p>Yes No</p>	<p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿se conecta usted o algún otro miembro de este hogar a Internet usando un plan de banda ancha móvil (<i>mobile broadband plan</i>) para <i>smartphone</i>, computadora u otro aparato?</p> <p>Sí No</p>	
	<p>At this <house/apartment/mobile home/unit>, Do you or any member of this household connect to the Internet using a dial-up service?</p> <p>Yes No</p>	<p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Se conecta usted o algún otro miembro de este hogar a Internet usando servicio de conexión <i>Dial Up</i>?</p> <p>Sí No</p>	
	<p>At this <house/apartment/mobile home/unit>, Do you or any member of this household connect to the Internet using a satellite Internet service?</p> <p>Yes No</p>	<p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Se conecta usted o algún otro miembro de este hogar a Internet usando un servicio de Internet por satélite?</p> <p>Sí No</p>	
	<p>At this <house/apartment/mobile home/unit>, Do you or any member of this household connect to the Internet using broadband installed in this</p>		

CATI/CAPI VERSION (continued)	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<house/apartment/mobile home/unit>?			
Yes			
No			
At this <house/apartment/mobile home/unit>, Do you or any member of this household connect to the Internet using some other service?			
Yes			
No			
What is this other type of Internet service? _____			
Version 2 (Recommended for Types of Internet Access)			
At this <house/apartment/mobile home/unit>, do you or any member of this household own or use a desktop, laptop, or notebook computer?			
Yes			
No			
At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use a smartphone?			
Yes			
No			
At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use a tablet or other portable wireless computer that is carried or worn?			
Yes			
No			
Version 2 (Recommended for Types of Internet Access)			
En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Se conecta usted o algún otro miembro de este hogar a Internet usando banda ancha (alta velocidad) instalada en <esta casa/este apartamento/esta casa móvil/esta vivienda>?			
Sí			
No			
En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Se conecta usted o algún otro miembro de este hogar a Internet usando algún otro servicio?			
Sí			
No			
¿Cuál es este otro tipo de servicio de Internet? _____			
Version 2 (Recommended for Types of Internet Access)			
En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿tiene o usa usted o algún otro miembro de este hogar una computadora de escritorio, computadora portátil o mini portátil (notebook)?			
Sí			
No			
En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene o usa usted o algún otro miembro de este hogar un <i>smartphone</i> ?			
Sí			
No			

CATI/CAPI VERSION (continued)		
ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use some other type of computer?</p> <p>Yes</p> <p>No</p> <p>What is this other type of computer? _____</p> <p>-----</p> <p>At this <house/apartment/mobile home/unit>, do you or any member of this household connect to the Internet?</p> <p>Yes</p> <p>No</p>	<p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene o usa usted o algún otro miembro de este hogar una tableta u otra computadora de mano inalámbrica que sea portátil o se lleve puesta?</p> <p>Sí</p> <p>No</p> <p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene o usa usted o algún otro miembro de este hogar algún otro tipo de computadora?</p> <p>Sí</p> <p>No</p> <p>¿Cuál es este otro tipo de computadora? _____</p> <p>-----</p> <p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿se conecta usted o algún otro miembro de este hogar a la Internet?</p> <p>Sí</p> <p>No</p>	
<p>At this <house/apartment/mobile home/unit>, Do you or any member of this household connect to the Internet with or without a plan purchased from an Internet service provider?</p> <p>With a plan purchased from an Internet service provider</p> <p>Without a plan purchased from an Internet service provider</p> <p>-----</p> <p>At this <house/apartment/mobile home/unit>, do you or any member of this household access the Internet using a mobile broadband or data plan for a computer, a smartphone or other device?</p> <p>Yes</p> <p>No</p>	<p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Se conecta usted o algún otro miembro de este hogar a la Internet con o sin plan comprado a un proveedor de servicio de Internet?</p> <p>Con un plan comprado a un proveedor de servicio de Internet</p> <p>Sin un plan comprado a un proveedor de servicio de Internet</p> <p>-----</p>	
<p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using a broadband or high speed broadband such as DSL, fiber optic, or cable</p>		

CATI/CAPI VERSION (continued)		RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	
services connection installed in this <house/apartment/mobile home/unit>? Yes No	En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿se conecta usted o algún otro miembro de este hogar a Internet usando un plan de banda ancha móvil (<i>mobile broadband</i>) o <i>data plan</i> para computadora, <i>smartphone</i> u otro aparato? Sí No	
At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using a satellite Internet service? Yes No	En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene usted o algún otro miembro de este hogar acceso a Internet usando un plan de banda ancha o de alta velocidad , tales como DSL, fibra óptica, o servicios de cable instalada en <esta casa/este apartamento/esta casa móvil/esta vivienda>? Sí No	
At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using a dial-up service? Yes No	En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene usted o algún otro miembro de este hogar acceso a Internet usando un servicio de Internet por satélite? Sí No	
At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using some other service? Yes No	En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene usted o algún otro miembro de este hogar acceso a Internet usando servicio de conexión Dial Up? Sí No	
What is this other type of Internet service? <hr/>	En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene usted o algún otro miembro de este hogar acceso a Internet usando algún otro servicio? Sí, No	

3.4 Health Insurance, Premiums and Subsidies

PAPER VERSION

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1 (Recommended for Premium and Subsidy Questions)</p> <p>Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.</p> <p><i>Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</i></p> <ol style="list-style-type: none"> a. Insurance through a current or former employer or union (of this person or another family member) (Yes/No) b. Medicare, for people 65 and older, or people with certain disabilities (Yes/No) c. Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low income- (Yes/No) d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace (by this person or another family member) (Yes/No) e. TRICARE or other military health care (Yes/No) f. VA (including those who have ever used or enrolled for VA health care) (Yes/No) g. Indian Health Service (Yes/No) h. Any other type of health insurance NOT listed above (Yes/No) – Specify _____ <p>-----</p>	<p>(Paper version was not tested in Spanish)</p>	<p>Proceed with Version 3 of the health insurance question.</p> <ul style="list-style-type: none"> ■ We do not have strong evidence for any of the interviewer-administered approaches working better than the others for collecting health insurance information on persons 2 and 3. However, we feel Version 3 is the cleanest approach and the least repetitive. For example, it bypasses the need to repeat person 1's answers, unless the respondent volunteers that person 2 has the same type of insurance. ■ Version 3 also includes placement of the "Do not include" instruction that respondents preferred. <p>Include reference to healthcare.gov in Item D.</p> <ul style="list-style-type: none"> ■ Our findings indicated that English language respondents would also benefit from additional mention of the Affordable Care Act. Spanish language findings did not indicate such an addition would be helpful. We'd prefer not to add it to the Spanish, as the item is already quite lengthy, but instead will test in Round 2 whether Spanish language respondents would find it additionally helpful.

PAPER VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Is there a monthly premium for this plan? A monthly premium is a fixed amount of money paid on a regular basis for people pay each month to have health coverage. It does not include copays, deductibles, or other expenses such as prescription drug costs.</p> <p>Yes</p> <p>No → SKIP next question</p> <p>Is the cost of the premium subsidized based on family income? Because of low income levels, does this person or another family member receive any help to pay this premium through a subsidy or tax credit? (Yes/No)</p> <p>Version 2</p> <p>Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.</p> <p>a. Insurance through a current or former employer or union (of this person or another family member) (Yes/No)</p> <p>b. Medicare, for people 65 and older, or people with certain disabilities (Yes/No)</p> <p>c. Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low income (Yes/No)</p> <p>d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace or HealthCare.Gov (by this person or another family member).</p> <p><i>Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</i> (Yes/No)</p> <p>e. TRICARE or other military health care (Yes/No)</p> <p>f. VA (including those who have ever used or enrolled for VA health care) (Yes/No)</p>		<p>Add an instruction in the Paper mode that says "If this person has only one health insurance plan, please mark "Yes" to the one item that best describes that plan."</p> <ul style="list-style-type: none"> ■ 18 out of 57 English language respondents double-counted their insurance plans. Such an instruction may help alleviate that problem. Only 2 Spanish respondents double-counted. <p>In the Spanish Item C, replace the phrase "esas personas" (those people) with the less offensive phrase "para personas" (for people).</p> <ul style="list-style-type: none"> ■ 19 out of 24 Spanish language respondents interpreted "esas personas" to be referring to those with low income, which was seen as derogatory. <p>Proceed with testing a modified Version 1 of the premium question for Round 2.</p> <ul style="list-style-type: none"> ■ English and Spanish language respondents overwhelmingly found the inclusion of the definition to be helpful. ■ Add "una prima" in the Spanish translation of the question stem to further clarify "premium." ■ Remove reference to "monthly" premiums and instead refer to premiums "paid on a regular basis". ■ Several respondents erroneously answered no to the question because their premiums are paid on some other frequency than monthly. ■ Although we did not probe specifically on what to include in the definition of premium, consider mentioning "deductibles" in it.

PAPER VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>g. Indian Health Service (Yes/No) h. Any other type of health insurance NOT listed above (Yes/No)- <i>Specify</i> _____ -----</p> <p>Is there a monthly premium for this plan? Yes No → <i>SKIP next question</i></p> <p>Does this person or another family member receive a tax credit or subsidy based on family income to help pay the monthly premium? Yes No</p> <p>Version 3 (Recommended for the Health Insurance Question)</p> <p>Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – b.</p> <p><i>If this person has only one health insurance plan, please mark "Yes" to the one item that best describes that plan.</i></p> <p><i>Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</i></p> <p>a. Insurance through a current or former employer or union (of this person or another family member) (Yes/No) b. Medicare, for people 65 and older, or people with certain disabilities (Yes/No) c. Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low income: (Yes/No) d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, also known as the Affordable Care Act or</p>		<ul style="list-style-type: none"> ■ Several Spanish language respondents were confused about whether premiums include deductibles. ■ Although we didn't observe specific problems with reporting on premium across plans, we would like to discuss with Census how to address two issues: <p>For those respondents who have more than one plan, which plan should they be answering the premium question about? For example, should there be an instruction such as, "If you have more than one health insurance or health coverage plan, please answer for the one you consider to be your primary plan."</p> <ul style="list-style-type: none"> ■ For those households with more than one person on the same plan, what is the best way to ask the premium question of subsequent persons? For example, in the interviewer-administered mode, if subsequent persons are on the same plan as Person 1, and the premium question has already been answered in the Person 1 Detailed section, perhaps it should be skipped for all other persons on that plan. This issue is a little trickier for the paper questionnaire, however. <p>Test a new version of the subsidy question that incorporates elements of all three versions tested in Round 1.</p> <ul style="list-style-type: none"> ■ Respondents liked the emphasis on the subsidy or tax credit being based on income, which provided them with contextual clues

PAPER VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>healthcare.gov (by this person or another family member) (Yes/No)</p> <p>e. TRICARE or other military health care (Yes/No)</p> <p>f. VA (including those who have ever used or enrolled for VA health care) (Yes/No)</p> <p>g. Indian Health Service (Yes/No)</p> <p>h. Any other type of health insurance NOT listed above (Yes/No)— <i>Specify</i> <hr/> -----</p>		<p>in case they were unfamiliar with subsidies or tax credits.</p> <ul style="list-style-type: none"> ■ In many cases, the inclusion of the term “tax credit” caused some confusion but mentioning subsidies without also mentioning tax credit (as in Version 1) was equally problematic.
<p>Is there a monthly premium for this plan?</p> <p>Yes</p> <p>No → <i>SKIP next question</i></p> <p>Is there a tax credit or subsidy based on family income to help pay the monthly premium for this plan?</p> <p>Yes</p> <p>No</p>		

CAPI/CATI VERSION	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1 (Recommended for Premium and Subsidy Questions)</p> <p>I am now going to ask you some questions about (your/<Name>'s) health insurance and health coverage. Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> <p>(Are you/Is <Name>) currently covered by health insurance through a current or former employer or union of (yours or another family member/<his/hers> or another family member)? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered by Medicare, for people age 65 or older or people with certain disabilities? (Yes/No)</p>	<p>Version 1 (Recommended for Premium and Subsidy Questions)</p> <p>Ahora le voy a hacer preguntas acerca (de su seguro y cobertura de salud/del seguro y cobertura de salud de <Name>). NO incluya los planes que cubren solamente un tipo de servicios, tales como planes dentales, de medicamentos o de la vista.</p> <p>¿Tiene (usted/<Name>) cobertura actualmente de un plan de cobertura de seguro de salud a través [de su/del] empleador o sindicato (<i>union</i>), actual o previo [o por uno de otro miembro de la familia/<de él/de ella> o por uno de otro miembro de la familia]? (Sí/No)</p> <p>¿Tiene [usted/< Name>] cobertura actualmente de Medicare, para personas que tienen 65 años o más, o personas con ciertas discapacidades? (Sí/No)</p>	<p>In addition to Paper recommendations, revise CAI item A of the health insurance question to help clarify that coverage through another family member reported here should only be employer-based.</p> <ul style="list-style-type: none"> ■ Some respondents marked yes to item A because their insurance is covered through another family member, even though it is not employer-based. ■ Make a similar revision to CAI item D for consistency. <p>Expand the CAI follow-up question for the health insurance series that is administered when respondents say “yes” at items A and D to include any combination of more than one response to A and any other item.</p>	

CAPI/CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>(Are you/Is <Name>) currently covered by Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low incomes? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered by health insurance purchased directly from an insurance company or through a State or Federal Marketplace by (you or another family member/<him/her> or another family member)? (Yes/No)</p> <p>I recorded that (you/<NAME>) (have/has) both insurance through an employer or union AND insurance directly purchased through an insurance company. These are two different plans, is that correct? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered by TRICARE or other military health care? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered through the VA or (have you/has <Name>) ever used or enrolled for VA health care? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered through the Indian Health Service? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered by any other health insurance or health coverage plan? (Yes/No)</p> <p>If “yes”, What is the name of the health care plan? _____</p>	<p>¿Tiene [usted/< Name>] cobertura actualmente de Medicaid, Medical Assistance u otra asistencia gubernamental de planes de seguros de salud para esas personas con un ingreso bajo? (Sí/No)</p> <p>¿Tiene [usted/< Name>] cobertura actualmente de un plan de seguro de salud comprado por (usted u otro miembro de la familia/<él/ella> u otro miembro de la familia) directamente a una compañía de seguros o a través del Mercado de seguros estatal o federal? (Sí/No)</p> <p>He anotado que (usted/<NAME>) tiene un seguro a través de su empleador o sindicato (<i>union</i>) Y también un seguro adquirido directamente de una compañía de seguros. Estos son dos planes de seguro diferentes, ¿es esto correcto? (Sí/No)</p> <p>¿Tiene [usted/< Name>] cobertura actualmente de TRICARE o cualquier otro seguro de salud militar?</p> <p>¿Tiene [usted/< Name>] cobertura actualmente a través de la Administración de Veteranos (VA) o ha usado o se ha registrado [usted/<él/ella>] alguna vez para cuidado de la salud en la Administración de Veteranos (VA)? (Sí/No)</p> <p>¿Tiene [usted/< Name>] cobertura actualmente a través del Servicio de Salud Indio (Indian Health Service)? (Sí/No)</p> <p>¿Tiene [usted/< Name>] cobertura actualmente</p>	

CAPI/CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Person 2:</p> <p>I am now going to ask you some questions about (your/<Person 2 Name>'s) health insurance and health coverage.</p> <p>Earlier I recorded that (<Person 1 Name> is/you are) currently covered <read full type of insurance marked for PERSON 1>.</p> <p>(Do you/Does <Person 2 Name>) have the same type of health insurance or health coverage? (Yes/No)</p> <p>(Are you/Is <Person 2 Name>) covered by any other health insurance plan? Do NOT include plans that cover only one type of service, such as dental, drug or vision plans. (Yes/No)</p> <p>Person 3:</p> <p>I am now going to ask you some questions about (your/<Person 3 Name>'s) health insurance and health coverage.</p> <p>Earlier I recorded that <Person 1 Name> is/you are> currently covered <read full type of insurance marked for PERSON 1>.</p> <p>(Do you/Does <Person 3 Name>) have the same type of health insurance or health coverage? (Yes/No)</p> <p>Earlier I recorded that (<Person 2 Name> is/you are) currently covered <read full type of insurance marked for PERSON 2>.</p>	<p>por cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud? (Sí/No)</p> <p>Si la respuesta es “sí”: ¿Cuál es el nombre del plan de seguro salud? _____</p> <p>Persona 2</p> <p>Ahora le voy a hacer preguntas acerca de (su seguro y cobertura de salud/el seguro y cobertura de salud de <Person 2 Name>).</p> <p>He anotado antes que (<Person 1 Name> /usted) tiene actualmente cobertura de <read full type of insurance marked for PERSON 1>.</p> <p>¿Tiene (usted/<Person 2 Name>) el mismo tipo de seguro de salud o cobertura de salud? (Sí/No)</p> <p>¿ Tiene (usted/<Person 2 Name>) cobertura de cualquier otro tipo de seguro de salud? NO incluya los planes que cubren solamente un tipo de servicios, tales como planes dentales, de medicamentos o de la vista. (Sí/No)</p> <p>Persona 3</p> <p>Ahora le voy a hacer preguntas acerca de (su seguro y cobertura de salud/el seguro y cobertura de salud de < Person 3 Name>).</p> <p>He anotado antes que (<Person 1 Name> /usted) tiene actualmente cobertura de <read full type of insurance marked for PERSON 1>.</p> <p>¿Tiene (usted/<Person 3 Name>) el mismo tipo de seguro de salud o cobertura de salud? (Sí/No)</p> <p>He anotado antes que (<Person 2 Name> /usted) tiene actualmente cobertura de <read</p>	

CAPI/CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>(Do you/Does <Person 3 Name>) have the same type of health insurance or health coverage? (Yes/No)</p> <p>(Are you/Is <Name>) covered by any other health insurance plan? Do NOT include plans that cover only one type of service, such as dental, drug or vision plans. (Yes/No)</p> <hr/> <p>Is there a monthly premium for this plan? A monthly premium is a fixed amount of money paid on a regular basis for people pay each month to have health coverage. It does not include copays, deductibles or other expenses such as prescription drug costs. (Yes/No)</p> <p>[IF YES] Because of low income levels, (do <you/does NAME>) or another family member receive any help to pay this premium through a subsidy or tax credit? Is the cost of the premium subsidized based on family income? (Yes/No)</p> <p>Version 2</p> <p>I am now going to ask you some questions about (your/<Name>'s) health insurance and health coverage. Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> <p>(Are you/Is <Name>) currently covered by health insurance through a current or former</p>	<p>full type of insurance marked for PERSON 2>.</p> <p>¿Tiene (usted/<Person 3 Name>) el mismo tipo de seguro de salud o cobertura de salud? (Sí/No) He anotado antes que (<Person 2 Name>/usted) tiene actualmente cobertura de <read full type of insurance marked for PERSON 2>.</p> <p>¿Tiene (usted/<Person 3 Name>) el mismo tipo de seguro de salud o cobertura de salud? (Sí/No)</p> <p>¿Tiene (usted/<Name>) cobertura de cualquier otro tipo de seguro de salud? NO incluya los planes que cubren solamente un tipo de servicios, tales como planes dentales, de medicamentos o de la vista. (Sí/No)</p> <hr/> <p>¿Tiene este plan una prima o cuota mensual? Una prima o cuota mensual es una cantidad fija de dinero que se paga con regularidad para todos los meses por tener la cobertura de salud. No incluye los copagos, deductibles ni + otros gastos, tales como los costos de las medicinas recetadas. (Sí/No)</p> <p>[IF YES] Debido a los bajos ingresos, ¿<usted/NOMBRE> u otro miembro de la familia recibe un crédito de impuestos o subsidio como ayuda para pagar esta prima o cuota? ¿Está subsidiada su cuota mensual debido al ingreso de la familia? (Sí/No)</p> <p>Version 2</p> <p>Ahora le voy a hacer preguntas acerca (de su seguro y cobertura de salud/del seguro y</p>	

CAPI/CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
employer or union of (yours or another family member/<his/hers> or another family member)? (Yes/No) (Are you/Is <Name>) currently covered by Medicare, for people age 65 or older or people with certain disabilities? (Yes/No) (Are you/Is <Name>) currently covered by Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low incomes? (Yes/No) (Are you/Is <Name>) currently covered by health insurance purchased directly from an insurance company or through a State or Federal Marketplace or Healthcare.gov by (you or another family member/<him/her> or another family member)? (Yes/No) I recorded that (you/<NAME>) (have/has) both insurance through an employer or union AND insurance directly purchased through an insurance company. These are two different plans, is that correct? (Yes/No) (Are you/Is <Name>) currently covered by TRICARE or other military health care? (Yes/No) (Are you/Is <Name>) currently covered through the VA or [have you/has <Name>] ever used or enrolled for VA health care? (Yes/No) (Are you/Is <Name>) currently covered through the Indian Health Service? (Yes/No) (Are you/Is <Name>) currently covered by any	cobertura de salud de <Name>). NO incluya los planes que cubren solamente un tipo de servicios, tales como planes dentales, de medicamentos o de la vista. ¿Tiene (usted/<Name>) cobertura actualmente de un plan de cobertura de seguro de salud a través [de su/del] empleador o sindicato (<i>union</i>), actual o previo [o por uno de otro miembro de la familia/<de él/de ella> o por uno de otro miembro de la familia]? ¿Tiene [usted/< Name>] cobertura actualmente de Medicare, para personas que tienen 65 años o más, o personas con ciertas discapacidades? ¿Tiene [usted/< Name>] cobertura actualmente de Medicaid, Medical Assistance u otra asistencia gubernamental de planes de seguros de salud para esas personas con un ingreso bajo? ¿Tiene [usted/< Name>] cobertura actualmente de un plan de seguro de salud comprado por (usted u otro miembro de la familia/<él/ella> u otro miembro de la familia) directamente a una compañía de seguros o a través del Mercado de seguros estatal o federal o CuidadoDeSalud.gov? He anotado que (usted/<NAME>) tiene un seguro a través de su empleador o sindicato (<i>union</i>) Y también un seguro adquirido directamente de una compañía de seguros. Estos son dos planes de seguro diferentes, ¿es esto correcto? ¿Tiene [usted/< Name>] cobertura actualmente	

CAPI/CATI VERSION (continued)		
ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>other health insurance or health coverage plan? (Yes/No)</p> <p>What is the name of the health care plan?</p> <p>Person 2+: I am now going to ask you some questions about (your/<Person 2+ Name>'s) health insurance and health coverage.</p> <p>Earlier I recorded that < Person 2+ Name is/you are> currently covered by <read full type of first insurance marked for Person 1> like <PERSON 1>. Is this correct? (Yes/No)</p> <p>I also recorded that < Person 2+ Name is/you are currently covered by <read full type of second insurance marked for Person 1> like <PERSON 1>. Is this correct? (Yes/No)</p> <p>(Are you/Is <Person 2+ Name>) covered by any other health insurance plan? Do NOT include plans that cover only one type of service, such as dental, drug or vision plans. (Yes/No)</p> <hr/> <p>Is there a monthly premium for this plan? (Yes/No)</p> <p>Do <you/Name> or another family member receive a tax credit or subsidy based on family income to help pay the monthly premium? (Yes/No)</p> <p>Does anyone else in this household have the same type of insurance as (you /<</p>	<p>de TRICARE o cualquier otro seguro de salud militar?</p> <p>¿Tiene [usted/< Name>] cobertura actualmente a través de la Administración de Veteranos (VA) o ha usado o se ha registrado [usted/<él/ella>] alguna vez para cuidado de la salud en la Administración de Veteranos (VA)?</p> <p>¿Tiene [usted/< Name>] cobertura actualmente a través del Servicio de Salud Indio (Indian Health Service)?</p> <p>¿Tiene [usted/< Name>] cobertura actualmente de cualquier otro tipo de seguro de salud?</p> <p>¿Cuál es el nombre del plan de seguro médico?</p> <p>Persona 2+: Ahora le voy a hacer preguntas acerca de (su seguro y cobertura de salud/el seguro y cobertura de salud de <Person 2 Name>).</p> <p>He anotado antes que (<Person 2+ Name> /usted) tiene actualmente cobertura de <read full type of insurance marked for PERSON 1> como <PERSON 1>. ¿Es esto correcto?</p> <p>He anotado también que (<Person 2+ Name> /usted) tiene actualmente cobertura de <read full type of insurance marked for PERSON 1> como <PERSON 1>. ¿Es esto correcto?</p> <p>¿ Tiene (usted/<Person 2+ Name>) cobertura de cualquier otro tipo de seguro de salud? NO incluya los planes que cubren solamente un tipo</p>	

CAPI/CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Name>)?(Yes/No)</p> <p>Who? _____</p> <p>Version 3 (Recommended for the Health Insurance Question)</p> <p>I am now going to ask you some questions about (your/<Name>'s) health insurance and health coverage. Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> <p>(Are you/Is <Name>) currently covered by health insurance through an current or former employer or union? Include coverage from current or former employers or unions of (yours/his/hers) or another family member. of (yours or another family member/<his/hers> or another family member? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered by Medicare, for people age 65 or older or people with certain disabilities? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered by Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low incomes? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered by health insurance purchased directly from an insurance company or through a State or Federal Marketplace, also known as the Affordable Care Act or healthcare.gov? Include coverage purchased by (you/<him/her>) or another family member. by (you or another family</p>	<p>de servicios, tales como planes dentales, de medicamentos o de la vista.</p> <p>-----</p> <p>¿Tiene este plan una cuota mensual? (Sí/No)</p> <p>¿<Usted/Name> u otro miembro de la familia recibe un crédito de impuestos o subsidio basado en el ingreso de la familia como ayuda para pagar la prima mensual? (Sí/No)</p> <p>¿Hay alguien más en este hogar que tiene el mismo tipo de seguro de salud que (usted /<Name>)?(Sí/No)</p> <p>¿Quién? _____</p> <p>Version 3 (Recommended for the Health Insurance Question)</p> <p>Ahora le voy a hacer preguntas acerca de (su seguro y cobertura de salud/el seguro y cobertura de salud de <Name>). NO incluya los planes que cubren solamente un tipo de servicios, tales como planes dentales, de medicamentos o de la vista.</p> <p>¿Tiene (usted/<Name>) cobertura actualmente de un plan de seguro de salud a través de un empleador o sindicato (union)? Incluya cobertura de un empleador o sindicato actual o anterior (suyo/de él/ella) o algún otro pariente), actual o previo [o por uno de otro miembro de la familia/<de él/de ella> o por uno de otro miembro de la familia]? (Sí/No)</p>	

CAPI/CATI VERSION (continued)	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>member/<him/her> or another family member)? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered by TRICARE or other military health care? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered through the VA or [have you/has <Name>] ever used or enrolled for VA health care? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered through the Indian Health Service? (Yes/No)</p> <p>(Are you/Is <Name>) currently covered by any other health insurance or health coverage plan? (Yes/No)</p> <p>What is the name of the health care plan?</p> <p>[AFTER PARTS B-H, IF YES TO PART A AND ANY OTHER PLAN]</p> <p>I recorded that (you/<NAME>) (have/has) both insurance through an employer or union AND-(READ PLAN).insurance directly purchased through an insurance company.</p> <p>These are two different plans, is that correct? (Yes/No)</p> <p>YES</p> <p>NO – Which of these best describes (your/<NAME>'s) (plan/plans)?</p> <p>Person 2+:</p> <p>I am now going to ask you some questions about (your/<Person 2+ Name>'s) health insurance and health coverage. Do NOT include plans that</p>	<p>¿Tiene [usted/< Name>] cobertura actualmente de Medicare, para personas que tienen 65 años o más, o personas con ciertas discapacidades? (Sí/No)</p> <p>¿Tiene [usted/< Name>] cobertura actualmente de Medicaid, Medical Assistance u otra asistencia gubernamental de planes de seguros de salud para esas personas con un ingreso bajo? (Sí/No)</p> <p>¿Tiene [usted/< Name>] cobertura actualmente de un plan de seguro de salud comprado por (usted u otro miembro de la familia/<él/ella> u otro miembro de la familia) directamente a una compañía de seguros o a través del Mercado de seguros estatal o federal o cuidadodesalud.gov? Incluya cobertura que (usted/<él/ella>) u otro miembro de la familia haya comprado. (Sí/No)</p> <p>¿Tiene [usted/< Name>] cobertura actualmente de TRICARE o cualquier otro seguro de salud militar? (Sí/No)</p> <p>¿Tiene [usted/< Name>] cobertura actualmente a través de la Administración de Veteranos (VA) o ha usado o se ha registrado [usted/<él/ella>] alguna vez para cuidado de la salud en la Administración de Veteranos (VA)? (Sí/No)</p> <p>¿Tiene [usted/< Name>] cobertura actualmente a través del Servicio de Salud Indio (Indian Health Service)?</p> <p>¿Tiene [usted/< Name>] cobertura</p>		

CAPI/CATI VERSION (continued)	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>cover only one type of service, such as dental, drug or vision plans.</p> <p>(Are you/Is <Name>) currently covered by health insurance through an current or former employer or union of (yours or another family member/<his/her> or another family member)? Include coverage from current or former employers or unions of (his/her) or another family member. (Yes/No/Same Type as Person 1)</p> <p>Earlier I recorded that < Person 1 Name is/you are> currently covered by <read full type of first insurance marked for PERSON 1>. (Do you/Does <Person 2+ Name>) have this same type of health insurance or health coverage? (Yes/No)</p> <p>I also recorded that (< Person 1 Name> is/you are) currently covered by <read full type of second insurance marked for PERSON 1>. (Do you/Does <Person 2+ Name>) have this same type of health insurance or health coverage?</p> <p>(Are you/Is <Person2+ Name>) covered by any other health insurance plan? Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> <hr/> <p>-----</p> <p>Is there a monthly premium for this plan? (Yes/No)</p>	<p>actualmente de cualquier otro tipo de seguro de salud? (Sí/No)</p> <p>¿Cuál es el nombre del plan de seguro médico?</p> <p>[AFTER PARTS B-H, IF YES TO PART A AND ANY OTHER PLAN] He anotado que (usted/<NAME>) tiene un seguro a través de su empleador o sindicato (<i>union</i>) Y (READ PLAN), también un seguro adquirido directamente de una compañía de seguros. Estos son dos planes de seguro diferentes, ¿es esto correcto?</p> <p>Sí</p> <p>NO – ¿Cuál de las siguientes mejor describe el plan o planes (suyo(s) /de [NAME])?</p> <p>Persona 2+:</p> <p>Ahora le voy a hacer preguntas acerca de (su seguro y cobertura de salud/el seguro y cobertura de salud de <Person 2+ Name> NO incluya los planes que cubren solamente un tipo de servicios, tales como planes dentales, de medicamentos o de la vista.</p> <p>¿Tiene (usted/<Name>) cobertura actualmente de un plan de seguro de salud a través de su empleador o sindicato (<i>union</i>)? Incluya cubrimiento de un empleador o sindicato actual o anterior <de él/ella> o algún otro pariente. (Sí/NO/SAME TYPE AS PERSON 1), >actual o previo (o por uno de otro miembro de la familia/<de él/de ella> o por uno de otro miembro de la familia)? (Sí/No)</p>		

CAPI/CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Is there a tax credit or subsidy based on family income to help pay the monthly premium for this plan? (Yes/No)</p>	<p>He anotado antes que (<Person 2+ Name>/usted) tiene actualmente cobertura de <read full type of insurance marked for PERSON 1> como <PERSON 1>. ¿Tiene (usted/<Person 2+ Name>) el mismo tipo de seguro de salud o cobertura de salud? (Sí/No)</p> <p>He anotado también que (<Person 1 Name>/usted) tiene actualmente cobertura de <read full type of insurance marked for PERSON 1>. ¿Tiene (usted/<Person 2+ Name>) el mismo tipo de seguro de salud o cobertura de salud? (Sí/No)</p> <p>¿Tiene (usted/<Person 2+ Name>) cobertura de cualquier otro plan de seguro de salud? NO incluya los planes que cubren solamente un tipo de servicios, tales como planes dentales, de medicamentos o de la vista. (Sí/No)</p> <p>-----</p> <p>¿Tiene este plan una cuota mensual? (Sí/No)</p> <p>¿Hay un crédito de impuestos o subsidio basado en el ingreso de la familia como ayuda para pagar la prima mensual? (Sí/No)</p>	

3.5 Journey to Work: Commuting Mode

PAPER VERSION

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>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.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Car, truck, or van <input checked="" type="checkbox"/> Bus or trolley bus <input type="checkbox"/> Subway or elevated rail <input type="checkbox"/> Commuter rail or long-distance train railroad <input type="checkbox"/> Light rail, streetcar, or trolley <input type="checkbox"/> Ferryboat <input type="checkbox"/> Taxicab <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked <input type="checkbox"/> Worked from at home → SKIP to weeks worked question <input type="checkbox"/> Other method 	<p>(Paper version was not tested in Spanish)</p>	<p>Change the bus category to remove mention of trolley bus.</p> <ul style="list-style-type: none"> ■ The mention of trolleys in two categories caused confusion, and Spanish language respondents were unfamiliar with “trolley bus”. <p>Change “Commuter or long distance railroad” to “Commuter rail or long distance train” to add clarity.</p> <ul style="list-style-type: none"> ■ Several English respondents who were unsure of the type of rail they use chose this category because they consider themselves to be commuters. <p>Change the Spanish language category “trabajo en el hogar” (work at home) to “trabajó desde el hogar” (work from home). Change English to “Worked from home.”</p> <ul style="list-style-type: none"> ■ Fourteen Spanish language respondents reported that the phrase ‘trabajo en el hogar’ (work at home) carried specific connotations implying un-paid domestic chores.

CATI VERSION	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>LAST WEEK, how did <(Name)/you> USUALLY get to work?</p> <p>If <he/she/(Name)/you> usually used more than one method of transportation during the trip, report the one used for most of the distance.</p> <p>Car, truck, or van Bus or trolley bus Subway or elevated rail Commuter rail or long-distance train railroad Light rail, streetcar, or trolley Ferryboat Taxicab Motorcycle Bicycle Walked Worked from at home → SKIP to weeks worked question Other method</p>	<p>Version 1</p> <p>¿Cómo llegó <(Name)/usted> usualmente al trabajo LA SEMANA PASADA?</p> <p>Si <él/ella/(Name)/usted> usualmente utilizó más de un medio de transporte durante el viaje, diga cuál fue el que utilizó por más distancia.</p> <p>Automóvil, camión, o <i>van</i> Autobús o trolebús Tren subterráneo o elevado Tren para áreas cercanas, tren para largas distancias Tren ligero o tranvía Lancha (ferry) Taxi Motocicleta Bicicleta Camino Trabajó desde en el hogar → SKIP to weeks worked question Otro método</p>	Same recommendations as Paper.	

CAPI VERSION	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>Using Card G, LAST WEEK, how did <(Name)/you> USUALLY get to work?</p> <p>If <he/she/(Name)/you> usually used more than one method of transportation during the trip, report the one used for most of the distance.</p> <p>CARD G How did this person usually get to work LAST WEEK?</p> <p>Car, truck, or van Bus or trolley bus Subway or elevated rail Commuter rail or long-distance train railroad Light rail, streetcar, or trolley Ferryboat Taxicab Motorcycle Bicycle Walked Worked from at home → SKIP to weeks worked question Other method</p>	<p>Version 1</p> <p>Usando la Tarjeta G ¿cómo llegó<(Name)/usted> usualmente al trabajo LA SEMANA PASADA?</p> <p>Si <él/ella/(Name)/usted> usualmente utilizó más de un medio de transporte durante el viaje, diga cuál fue el que utilizó por más distancia.</p> <p>TARJETA G ¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA?</p> <p>Automóvil, camión, o <i>van</i> Autobús o trolebús Tren subterráneo o elevado Tren para áreas cercanas, tren para largas distancias Tren ligero o tranvía Lancha (ferry) Taxi Motocicleta Bicicleta Caminó Trabajó desde en el hogar Otro método</p>		Same recommendations as Paper.

3.6 Journey to Work: Time of Arrival

PAPER VERSION

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>What time did this person usually arrive at work LAST WEEK? LAST WEEK, what time did this person usually arrive at work? Please think about what time the [redacted] commute ended, NOT the time work actually began. Please round to the nearest five minutes.</p> <p>Hour Minute a.m. p.m.</p>	<p>(Paper version was not tested in Spanish)</p>	<p>While ACS respondents perceive a significant level of intrusion by asking the “time leaving home” question, very few of the cognitive testing respondents felt either “time leaving home” or “time of arrival” was intrusive. As such, we recommend keeping the “time of arrival” question even though cognitive testing revealed a great deal of potential measurement error.</p> <p>We suggest a revised version that provides more instruction. It is likely that respondents will still experience difficulty reporting accurately on other household members’ time of arrival at work.</p> <ul style="list-style-type: none"> ■ Many respondents reported the time they are <i>supposed</i> to be at work or they time they actually <i>start</i> work, rather than the time they end their commute. ■ Those who are shift workers or work at multiple locations had particular difficulty answering ■ Many respondents had difficulty answering accurately for other household members. They are aware of what time the person leaves the house but not necessarily what time they finish their commute. ■ English and Spanish language respondents both prefer to report leave time rather than arrival time. A few thought leave time is more intrusive. <p>At the Round 1 debrief we learned that the time of arrival question would not be included in the Content Test. The Census Bureau decided to include the original time left for work question in Round 2 of cognitive testing. Knowing that respondents find the time left for work question intrusive, we suggested a slight wording revision to that item: “LAST WEEK, What time did this person’s trip to work usually begin leave home to go to work last week?”</p>

CATI/CAPI VERSION

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>LAST WEEK, what time did <(Name)/you> usually arrive work — (what hour)? LAST WEEK, what time did {you/NAME} usually arrive at work? Please think about what time (your/his/her) commute ended, NOT the time (you/he/she) actually began work. Please round to the nearest five minutes.</p> <p>(How many minutes past that hour?) (Was that AM or PM)?</p>	<p>Version 1</p> <p>LA SEMANA PASADA, ¿a qué hora usualmente llegaba <(Name)/usted> al trabajo? LA SEMANA PASADA, ¿a qué hora usualmente llegaba {usted/NOMBRE} al trabajo? Por favor piense acerca del momento en que terminó (su viaje/(el viaje de él/ella)), y NO en el momento en el que realmente (usted/él/ella) comenzó a trabajar. Redondee a los cinco minutos más cercanos.</p> <p>(¿Cuántos minutos pasado esa hora?) (¿Durante la mañana o por la tarde (AM o PM)?)</p>	Same recommendations as Paper.

3.7 Weeks Worked

PAPER VERSION

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>During the PAST 12 MONTHS (52 weeks), Over the PAST 52 WEEKS, that is, since one year ago today, did this person work 50 or more weeks? Count paid vacation, paid sick leave, and military service time off as work. (Yes/No)</p> <p>Yes – SKIP TO NEXT QUESTION No - CONTINUE</p> <p>Over the past 52 weeks, how many WEEKS weeks did DID this person work, even for a few hours, including any paid time off paid vacation, paid sick leave, and military service?</p> <p>Weeks _____</p> <p>Version 2</p> <p>During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service.</p> <p>Weeks _____</p>	<p>(Paper version was not tested in Spanish)</p>	<p>Proceed with Version 1 for testing in Round 2, but clarify the timeframe, and use the first question as a gate question.</p> <ul style="list-style-type: none"> ■ Regardless of version or language, respondents tended to disregard the timeframe instruction in the question, either thinking about the 2013 calendar year, or some shorter timeframe than 52 weeks. ■ Several had difficulty answering for other household members <p>Include the more specific description of paid time off in the gate question, so everyone sees it (if those who answer “yes” to it are routed past the follow-up).</p> <ul style="list-style-type: none"> ■ Most respondents followed the instruction to include paid time off, but 3 English and 3 Spanish language respondents did not follow it. <p>Add in the timeframe in the follow-up question to ensure respondents understand the full set of instructions.</p> <p>In follow-up question, make emphasis on “WEEKS” rather than “DID”</p>

CATI/CAPI VERSION	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>During the PAST 12 MONTHS (52 weeks), Over the PAST 52 WEEKS, that is, since one year ago today, did <(Name)/you> work 50 or more weeks? Count paid vacation, paid sick leave, and military service time off as work. (Yes/No)</p> <p>Yes – SKIP TO NEXT QUESTION No - CONTINUE</p> <p>Over the past 52 weeks, How many WEEKS did <(Name)/you> work, even for a few hours, including any paid time off paid vacation, paid sick leave, and military service?</p> <p>Weeks _____</p> <p>Version 2</p> <p>During the PAST 12 MONTHS or 52 weeks, how many WEEKS did <(Name)/you> work? Count paid vacation, paid sick leave, and military service.</p> <p>Weeks _____</p>	<p>Version 1</p> <p>Durante las ÚLTIMAS 52 SEMANAS, es decir, un año atrás desde hoy, Durante los ÚLTIMOS 12 MESES o 52 semanas, ¿trabajó <(Name)/usted> 50 semanas o más? Incluya vacaciones pagadas, licencia por enfermedad pagada y servicio militar como trabajo. (Sí/No)</p> <p>Sí – SKIP TO NEXT QUESTION No - CONTINUE</p> <p>Durante las ÚLTIMAS 52 SEMANAS, ¿Cuántas SEMANAS trabajó <(Name)/usted> aunque haya sido por algunas horas, incluso tiempo libre pagado incluso vacaciones pagadas, licencia por enfermedad pagada y servicio militar?</p> <p>Semanas _____</p> <p>Version 2</p> <p>Durante los ÚLTIMOS 12 MESES o 52 semanas, ¿cuántas SEMANAS trabajó <(Name)/usted>? Incluya vacaciones pagadas, licencia por enfermedad pagada y servicio militar.</p> <p>Semanas _____</p>		

3.8 Class of Worker

PAPER VERSION

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>CURRENT OR MOST RECENT JOB OR BUSINESS. <i>Describe clearly this person's main 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 his/her last job or business.</i></p> <p>41 – 46 CURRENT OR MOST RECENT JOB OR BUSINESS. The next series of questions are about the type of business this person worked for last week and the type of work this person did. If this person had more than one job last week, describe the one at which the most hours were worked. If this person did not work last week, give information for the last job or business in the past five years.</p> <p>Which one of the following best describes this person's current or most recent job or business in the past 5 years? Mark (X) ONE box.</p> <p>PRIVATE SECTOR employee:</p> <ul style="list-style-type: none"> <input type="radio"/> For-profit company or organization <input type="radio"/> Non-profit organization (including tax-exempt and charitable organizations) <p>GOVERNMENT employee:</p> <ul style="list-style-type: none"> <input type="radio"/> Local government (for example: city or county school district) <input type="radio"/> State government (including state colleges/universities) <input type="radio"/> Active duty U.S. Armed Forces or Commissioned Corps service <input type="radio"/> Federal government civilian employee 	<p>(Paper version was not tested in Spanish in Round 1)</p>	<p>We recommend using the introduction, instructions and question stem from Version 2 and the response categories from Version 1 (including the Version 1 formatting for the paper mode).</p> <ul style="list-style-type: none"> ■ Most paper respondents preferred the version with the subheadings, and appreciated the more concise wording. <p>Findings indicate that respondents are taking cues from prior questions in answering subsequent items in the series on COW. We thus recommend the following changes to the introduction for Round 2:</p> <ul style="list-style-type: none"> ■ Use the introduction in the current Version 2, which orients the respondent to the series of questions, rather than simply the next item in the group. ■ In addition, because some respondents had difficulty determining which job to be answering about, emphasize in the introduction that the focus should be on the job held "last week" by mentioning it in the first sentence of the introductory language for Q41-46. <p>Although only one respondent commented on the active duty item, we recommend implementing her suggestion for Round 2, removing "service" from Commissioned Corps in both paper and CAI versions.</p>

PAPER VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>SELF-EMPLOYED or OTHER:</p> <ul style="list-style-type: none"> <input type="radio"/> Own non-incorporated business, professional practice, or farm <input type="radio"/> Own incorporated business, professional practice, or farm <input type="radio"/> Worked without pay in a for-profit family business or farm for 15 hours or more per week <hr/> <p>What was the name of this person's employer, business, agency, or branch of the Armed Forces? _____</p> <p>Version 2</p> <p>41-46 CURRENT OR MOST RECENT JOB OR BUSINESS. <i>The next series of questions are about the type of business this person worked for and the type of work this person did. If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, give information for the last job or business in the past five years.</i></p> <p>41 Which one of the following best describes this person's current or most recent job or business in the past 5 years?</p> <p>Mark (X) one box.</p> <ul style="list-style-type: none"> -Employee of a for-profit, private sector company or organization -Employee of a non-profit, private sector organization (including tax-exempt and charitable organizations) Local government employee (for example: city or county school district) State government employee (including state colleges/universities) Active duty U.S. Armed Forces or Commissioned Corps service Federal government civilian employee Self-employed in own non-incorporated business, professional practice, or farm Self-employed in own incorporated business, professional practice, or farm 		

PAPER VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>-Worked without pay in a for-profit family business or farm for 15 hours or more per week</p> <p>-Did not work for pay in the past 5 years (for example: homemaker, unpaid intern)</p> <hr/> <p>42 What was the name of this person's employer, business, agency, or branch of the Armed Forces? _____</p>		

CAPI/CATI VERSION

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>The next series of questions are about the type of business <(Name)/you> worked for and the type of work that <he/she/(Name)/you> did.</p> <p>If <(Name)/you> had more than 1 job last week, describe the one at which the most hours were worked. If <(Name)/you> did not work last week, give information for the last job or business in the past five years.</p> <p>I am going to read 5 categories. Please pick the one that best describes who < Name)/you > worked for – a private organization or company, government, active duty U.S. Armed Forces or Commissioned Corps service, self-employed, or worked without pay in a for-profit family business.</p>	<p>Version 1</p> <p>La serie de preguntas que sigue es sobre el tipo de negocio para el cual <(Name)/ usted> trabajaba trabajó y el tipo de trabajo que <él/ella/(Name)/usted> <hacía>.</p> <p>Si <(Name)/usted> tenía más de 1 empleo, describa el empleo en el que más horas a la semana trabajó en el cual trabajó más horas. Si <(Name)/usted> no tenía empleo la semana pasada, dé la información sobre el último empleo o negocio en los últimos cinco años.</p> <p>Voy a leer 5 categorías. Por favor, escoja la que mejor describe para quién <él/ella/(Name)/usted> trabajaba - una organización o compañía privada, el gobierno, servicio</p>	<p>In addition to the changes recommended for Paper, for CAI, we recommend asking respondents about military branch separate from the name of their employer or business, which is consistent with the approach used in CAI Version 1 in the first round of testing.</p> <p>In the Spanish version, change the wording of the tense from the imperfect past tense ("trabajaba", which translates into "used to work") in question 40a to a conjugation that better</p>

CAPI/CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
Private company or organization Government Active duty U.S. Armed Forces or Commissioned Corps service Self-employed Worked without pay in a for-profit family business	activo en las Fuerzas Armadas de los EE. UU.o en Cuerpo de Comisionados, empleo por cuenta propia, o trabajo sin pago en un negocio de la familia.	conveys that the respondent should provide answers to the job worked in the previous week ("trabaja and trabajó").
Was this a for-profit company or non-profit organization ? For-profit company Non-profit organization	Compañía u organización privada Gobierno Servicio activo en las Fuerzas Armadas de los EE. UU. o en Cuerpo de Comisionados Empleo por cuenta propia Trabajó sin pago en un negocio de la familia con fines de lucro	
Was this for local, state, or the federal government? Local State Federal	¿Era esta una organización sin fines de lucro o una compañía con fines de lucro? Compañía con fines de lucro Organización sin fines de lucro	
Was <(Name)'s/your> self-employed business, professional practice or farm incorporated or not incorporated? Incorporated Not incorporated	¿Era para el gobierno local, estatal o federal? Local Estatal Federal	
Did <(Name)/you> work without pay in this for-profit family business or farm for 15 hours or more per week? Yes No	¿Era el negocio por cuenta propia, práctica profesional, o finca de <(Name)/usted> incorporado o no incorporado? Incorporado No incorporado	
What was the name of <(Name)'s/your> employer, business, or agency?	¿Trabajó <(Name)/usted> sin paga para este negocio o finca de la familia con fines de lucro 15 horas o más a la semana? Sí No	
Which branch of the Armed Forces or Commissioned Corps did <(Name)/you> work for?	¿Cuál era el nombre del empleador, negocio o agencia de (Name)?/¿Cuál era el nombre de su empleador negocio o agencia?	

CAPI/CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>U.S. Army U.S. Navy U.S. Air Force U.S. Marine Corps U.S. Coast Guard U.S. Public Health Service National Oceanic and Atmospheric Administration (NOAA)</p> <p>Version 2</p> <p>The next series of questions are about the type of business <(Name)/you> worked for and the type of work that <he/she/(Name)/you> did.</p> <p>(If <(Name)/you> had more than 1 job, describe the one at which the most hours were worked. If <(Name)/you> did not work last week, give information for the last job or business in the past five years.)</p> <p>I am going to read 5 categories. Please pick the one that best describes who <(Name)/you> worked for – a private organization or company, government, active duty U.S. Armed Forces, self-employed, or worked without pay in a for-profit family business:</p> <ol style="list-style-type: none"> 1. Private company or organization 2. Government 3. Active duty U.S. Armed Forces 4. Self-employed 5. Worked without pay in a for-profit family business <p>Was this a for-profit company or a non-profit organization ?</p> <ol style="list-style-type: none"> 1. For-profit company 2. Non-profit organization 	<p>Para qué rama de las Fuerzas Armadas o del Cuerpo de Comisionados trabajó <(Name)/usted>? Ejército de los EE. UU. Marina de los EE. UU. Fuerza Aérea de los EE. UU. Infantería de Marina de los EE. UU. Servicio de Guardacostas de los EE.UU. Servicios de Salud Pública de los EE. UU. Administración Nacional Oceánica y Atmosférica (NOAA)</p> <p>Version 2</p> <p>La serie de preguntas que sigue es sobre el tipo de negocio para el cual <(Name)/ usted> trabajaba y el tipo de trabajo que <él/ella/(Name)/usted> <hacía>.</p> <p>(Si <(Name)/usted> tenía más de 1 empleo, describa el empleo en el cual trabajó más horas. Si <(Name)/usted> no tenía empleo la semana pasada, dé la información del último empleo o negocio en los últimos cinco años.)</p> <p>Voy a leer 5 categorías. Por favor, escoja la que mejor describe para quién <(Name)/usted> trabajaba - una organización o compañía privada, el gobierno, servicio activo en las Fuerzas Armadas de los EE.UU., empleado por cuenta propia, o trabajaba sin paga en un negocio de familia:</p> <ol style="list-style-type: none"> 1. Compañía u organización privada 2. Gobierno 3. Servicio activo en las Fuerzas Armadas de los EE. UU. 4. Empleado por cuenta propia 5. Trabajaba sin paga en un negocio de la familia con fines de lucro 	

CAPI/CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
Was this for local, state, or the federal government? 1. Local 2. State 3. Federal	¿Era esta o una compañía con fines de lucro o una organización sin fines de lucro? 1. Compañía con fines de lucro 2. Organización sin fines de lucro	
Was this self-employment incorporated or not incorporated? 1. Incorporated 2. Not incorporated	¿Era este empleo del gobierno local, estatal o federal? 1. Local 2. Estatal 3. Federal	
Did <(Name)/you> work without pay in this for-profit family business or farm for 15 hours or more per week? 1. Yes 2. No	¿Era este empleo por cuenta propia incorporado o no incorporado? 1. Incorporado 2. No incorporado	
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What was the name of <(Name)'s/your> employer, business, agency or branch of the Armed Forces? _____	¿Trabajaba<(Name)/usted> sin paga en este negocio o finca de la familia con fines de lucro por 15 horas o más a la semana? 1. Sí 2. No	
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	¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de <(Name)/usted>? _____	

3.9 Industry and Occupation

PAPER VERSION

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>What kind of place was this job or business? <i>Include the main activity, product, or service provided at the location where employed. (For example: elementary school, women's clothing store, fast food restaurant)</i></p> <hr/> <hr/>	<p>(Paper version was not tested in Spanish in Round 1)</p>	<p>For each of the industry and occupation items, proceed with Version 2 question wording, and examples from Version 1.</p> <ul style="list-style-type: none"> ■ Overall, respondents had favorable comments regarding the examples provided in Version 1. ■ Even among those who did not find the examples helpful for themselves, none had difficulty answering the question and believed the examples might be useful for others.
<p>Was this mainly – Mark (X) ONE box:</p> <p>manufacturing?</p> <p>wholesale trade?</p> <p>retail trade?</p> <p>other (agriculture, construction, service, government, etc.)?</p> <hr/>		<p>Remove instruction to “Be as specific as possible.”</p> <ul style="list-style-type: none"> ■ The instruction to “Be as specific as possible” has two interpretations (provide as much detail as possible and be as precise and concise as possible), neither of which seems to be very helpful in the context of providing the information requested.
<p>What was this person’s main occupation or title? <i>Be as specific as possible. (For example: 4th grade teacher)</i></p> <hr/>		<p>Provide another example in each question that pertains to a blue collar job.</p> <ul style="list-style-type: none"> ■ Like the teacher example, we recommend that any examples that are used be consistent between the business/industry, title, and duties questions. This will allow the respondent to get a better sense of how the questions fit together. ■ Rather than using “women’s clothing store” or “fast food restaurant” as were used in Version 1, we suggest using a construction-related example for which parallel examples are provided in the title and duties questions.
<p>What were this person’s most important activities or duties? <i>Be as specific as possible. (For example: instructing and evaluating students, creating lesson plans)</i></p> <hr/>		

PAPER VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 2</p> <p>What kind of business or industry was this? <i>Include the main activity, product, or service provided at the location where employed. (For example, elementary school, or construction) Be as specific as possible.</i></p> <hr/> <hr/> <p>Was this mainly – Mark (X) ONE box. manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?</p> <hr/> <hr/> <p>What was Please describe this person's main occupation or title. <i>(For example: 4th grade teacher, or plumber) Be as specific as possible.</i></p> <hr/> <hr/> <p>What were this person's most important activities or duties? <i>(For example: instructing and evaluating students in math, or installing plumbing in new buildings) Be as specific as possible.</i></p> <hr/>		<p>Three examples were provided in business or industry, one example was provided in title, and two were provided in duties. We recommend being consistent and providing two examples in each question.</p> <p>For the occupation/title question, ask respondents to “describe” their main occupation or title, rather than asking what the occupation or title is.</p> <ul style="list-style-type: none"> ■ Respondents are thinking of titles as being specific to industry or employer and not necessarily understandable to the outside world. We believe the intent of the question is to collect from respondents how they would describe their job to someone who was not familiar with their industry. <p>For the duties question, continue to offer three lines to write in a response.</p> <ul style="list-style-type: none"> ■ Providing three lines for open-ended responses seemed to prompt most respondents to put in enough detail that analysts could understand and classify their answers.

CAPI/CATI VERSION		
ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>What kind of place was this job or business?</p> <p>Include the main activity, product, or service provided at the location where employed. For example: elementary school, women's clothing store, fast food restaurant.</p> <hr/> <hr/> <p>Was this business mainly – manufacturing, wholesale trade, retail trade, or some other kind of business?</p> <p>Manufacturing Wholesale trade Retail trade Other (agriculture, construction, service, government, etc.)</p> <hr/> <hr/> <p>What was <(Name)>'s/your> main occupation or title? Be as specific as possible. For example: 4th grade teacher_____</p> <hr/> <hr/> <p>What were <(Name)>'s/your> most important activities or duties? Be as specific as possible. For example: instructing and evaluating students, creating lesson plans_____</p>	<p>Version 1</p> <p>¿Qué tipo de lugar era este empleo o negocio? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. Por ejemplo: escuela primaria, tienda de ropa de mujer, restaurante de comida rápida.</p> <hr/> <hr/> <p>¿Era este negocio principalmente de – manufactura, comercio al por mayor, comercio al por menor o algún otro tipo de negocio?</p> <p>Manufactura Comercio al por mayor Comercio al por menor Otro (agricultura, construcción, servicio, gobierno, etc.)</p> <hr/> <hr/> <p>¿Cuál era la ocupación o título principal de (Name)?/ ¿Cuál era su ocupación o título principal? Sea tan específico(a) como pueda. Por ejemplo: maestro(a) de 4^{to} grado_____</p> <hr/> <hr/> <p>¿Cuáles eran las actividades o deberes más importantes de <(Name)/usted>? Sea tan específico(a) como pueda. Por ejemplo: dar clases y evaluar a los estudiantes, planificar lecciones_____</p>	Same recommendations as Paper mode.

CAPI/CATI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 2</p> <p>What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. For example, elementary school, or construction</p> <p>Be as specific as possible.</p> <hr/> <hr/>	<p>Version 2</p> <p>¿Qué tipo de negocio o industria era ésta? Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. Por ejemplo: escuela primaria o construcción. Sea tan específico(a) como pueda.</p> <hr/> <hr/>	
<p>Was this business mainly – manufacturing, wholesale trade, retail trade, or some other kind of business?</p> <p>Manufacturing Wholesale trade Retail trade Other (agriculture, construction, service, government, etc.)</p> <hr/> <hr/>	<p>¿Era este negocio principalmente de - manufactura, comercio al por mayor, comercio al por menor o algún otro tipo de negocio?</p> <p>Manufactura Comercio al por mayor Comercio al por menor Otro (agricultura, construcción, servicio, gobierno, etc.)</p> <hr/> <hr/>	
<p>Please describe What was <(Name)'s/your> main occupation or title. For example, fourth grade teacher, or plumber. Be as specific as possible.</p> <hr/> <hr/>	<p>Por favor describa, ¿Cuál era la ocupación o título principal de <(Name)>? / ¿Cuál era su ocupación o título principal? Por ejemplo: maestro(a) de 4to grado o plomero. Sea tan específico(a) como pueda.</p> <hr/> <hr/>	
<p>What were <(Name)'s/your> most important activities or duties? For example, instructing and evaluating students in math, or installing plumbing in new buildings. Be as specific as possible.</p> <hr/> <hr/>	<p>¿Cuáles eran las actividades o deberes más importantes de <(Name)/usted>? Por ejemplo: dar clases de matemáticas y evaluar a los estudiantes o instalar la plomería en edificios nuevos. Sea tan específico(a) como pueda.</p> <hr/> <hr/>	

3.10 Retirement Income

PAPER VERSION

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 1</p> <p>Survivor or disability income, other than Social Security.</p> <p>Yes No</p> <p>Amount received \$_____ Is this for 1 month____ or 12 months____? (PLEASE CHECK ONE BOX)</p> <p>Retirement, survivor, disability payments, or Retirement account withdrawals or distributions, other than Social Security.</p> <p><i>DO NOT include Social Security or amounts rolled over into other retirement accounts. Retirement accounts include pensions or employer plans, 401(k), 403(b), and IRA or Roth IRA, or other accounts designed specifically for retirement savings. 401(k), 403(b), SEP, KEOUGH, SIMPLE accounts.</i></p> <p>Yes No</p> <p>Amount received \$_____ Is this for 1 month____ or 12 months____? (PLEASE CHECK ONE BOX) TOTAL AMOUNT for past 12 months_____</p> <p>Version 2</p> <p>Retirement, survivor, disability payments, or retirement account withdrawals or distributions. DO NOT include amounts rolled over into other retirement accounts.</p> <p>Yes No</p> <p>TOTAL AMOUNT for past 12 months_____</p>	<p>(Paper version was not tested in Spanish in Round 1)</p>	<p>For the paper instrument, we recommend using Version 1 that includes the examples of retirement accounts. We do, however, recommend several changes be made to those examples.</p> <ul style="list-style-type: none"> ■ Add the word “pension”, which seems to be more commonly understood than “employer plans”. ■ Cut down examples for paper to be consistent with CAI examples, removing SEP, KEOUGH and SIMPLE accounts. <p>For paper, we also recommend splitting the survivor and disability payments out of retirement, to be more consistent with CAI.</p> <ul style="list-style-type: none"> ■ We are concerned that some respondents may not be thinking of survivor and disability payments and may only be thinking about retirement income. <p>Remove reference to rollovers.</p> <ul style="list-style-type: none"> ■ Spanish language retirees had difficulty understanding this instruction. ■ While 3 English language retirees say they would count it as income, we think their responses were more hypothetical, rather than a reaction to the specific instruction to NOT include rollovers. ■ It may also further reduce respondent confusion by eliminating one of two conflicting instructions (“DO NOT INCLUDE” and “INCLUDE”) in the same question, particularly on the paper versions. <p>Clarify the instruction to not include Social Security by adding this to the bolded part of the question.</p>

PAPER VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
		<p>All items in the income series (not just related to survivor and retirement income) should allow respondents to report their income at an interval that is easiest for the respondent.</p> <p>Test “ingreso por jubilación” (retirement income) in Round 2.</p> <ul style="list-style-type: none"> ■ “Ingreso de retiro” (retirement income) and “ingreso de retiro del empleador” (employer retirement income) were confusing to respondents. The word “retiro” also carries the meaning of withdrawal, possibly adding to or causing respondent confusion. <p>Test “contribuciones o depósitos en una cuenta de jubilación” in Round 2.</p> <ul style="list-style-type: none"> ■ Respondents had difficulty with the term “contribuciones a una cuenta de retiro” (contributions to a retirement account). <p>Retest the term “empleador previo” in Round 2.</p> <p>The terms “antiguo empleador,” (former employer) “empleador anterior,” (former employer) and “empleador previo” (previous employer) are different according to Spanish language respondents.</p>

CATI/CAPI VERSION	ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
Version 1 Did <(Name)/you> receive any survivor or disability income, other than Social Security, DURING THE PAST 12 MONTHS? Yes No What was the amount received? \$ _____ Is this for 1 month ___ or 12 months ___? What was the amount? (Do not include Social Security) Did <(Name)/you> receive a pension or any retirement income from a previous employer or union or income from retirement accounts such as a 401(k), 403(b), IRA, or other accounts, NOT including Social Security, designed specifically for retirement savings DURING THE PAST 12 MONTHS? DO NOT include amounts rolled over into other retirement accounts. What was the amount received? \$ _____ Is this for 1 month ___ or 12 months ___? What was the amount? (Do not include Social Security) _____	Version 1 ¿Recibió <(Name)/usted> algún ingreso por sobreviviente o discapacidad, aparte del Seguro Social, DURANTE LOS ÚLTIMOS 12 MESES? Sí No Cantidad recibida \$ _____ ¿Es para 1 mes ___ o para 12 meses ___? ¿Cuál fue la cantidad? (No incluya Seguro Social) ¿Recibió <(Name)/usted> alguna pension u otro ingreso de retiro jubilación de un antiguo empleador o sindicato o ingreso de cuentas de retiro jubilación tales como 401(k), 403(b), IRA o de otras cuentas de jubilación retiro diseñadas específicamente para ahorros para la jubilación de retiro (SIN incluir el Seguro Social) DURANTE LOS ÚLTIMOS 12 MESES? NO incluya cantidades transferidas a otras cuentas de retiro. Cantidad recibida \$ _____ ¿Es para 1 mes ___ o para 12 meses ___? ¿Cuál fue la cantidad? (No incluya Seguro Social) _____	In addition to Paper recommendations, the following should be tested in Round 2. While we did not gather any respondent feedback on the preferred order of the CAI survivor/disability and retirement income items, we recommend putting the survivor/disability question first. This will better ensure that respondents are not thinking about these types of payments when answering about retirement income. Clarify the instruction to not include Social Security by adding it to the question text for disability, and removing the parentheticals in the retirement income amount question.	

CATI/CAPI VERSION (continued)

ROUND 1 ENGLISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	ROUND 1 SPANISH (WITH ROUND 2 RECOMMENDATIONS HIGHLIGHTED)	RECOMMENDATIONS FOR ROUND 2 AND JUSTIFICATION
<p>Version 2</p> <p>Did <(Name)/you> receive any retirement income from a previous employer or union or income from retirement accounts such as a 401(k), 403(b), IRA, or other accounts designed specifically for retirement savings DURING THE PAST 12 MONTHS?</p> <p>DO NOT include amounts rolled over into other retirement accounts.</p> <p>Yes</p> <p>No</p> <p>What was the amount? (Do not include Social Security) _____</p> <p>Did <(Name)/you> receive any survivor or disability income DURING THE PAST 12 MONTHS?</p> <p>Yes</p> <p>No</p> <p>What was the amount? (Do not include Social Security) _____</p>	<p>Version 2</p> <p>¿Recibió <(Name)/usted> algún ingreso de retiro de un antiguo empleador o sindicato o ingreso de cuentas de retiro tales como 401(k), 403(b), IRA o de otras cuentas de retiro diseñadas específicamente para ahorros de retiro DURANTE LOS ÚLTIMOS 12 MESES?</p> <p>NO incluya cantidades transferidas a otras cuentas de retiro.</p> <p>Sí</p> <p>No</p> <p>¿Cuál fue la cantidad? (No incluya Seguro Social) _____</p> <p>¿Recibió <(Name)/usted> algún ingreso por sobreviviente o discapacidad DURANTE LOS ÚLTIMOS 12 MESES?</p> <p>Sí</p> <p>No</p> <p>¿Cuál fue la cantidad? (No incluya Seguro Social) _____</p>	

Round 2 Executive Summary Tables

4.1 Hispanic Origin and Race

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
Which categories describe Person 1? <i>Mark all boxes that apply AND print details in the spaces below.</i> White – Print details , for example, German, Irish, English, Cuban, or something else. _____ Hispanic, Latino, or Spanish origin – Print details , for example, Mexican or Mexican American, Puerto Rican, Colombian, Guatemalan, or something else. _____ Black or African Am. – Print details , for example, African American, Jamaican, Nigerian, Dominican, or something else. _____ Asian – Print details , for example, Chinese, Asian Indian, Vietnamese, or something else. _____ American Indian or Alaska Native – Print details , for example, Navajo Nation, Mayan, Chevak Native Village, or something else. _____ Middle Eastern or North African – Print details , for example, Lebanese, Iranian, Egyptian, or something else. _____	¿Cuáles de estas categorías describen a la Persona 1? Marque todas las casillas que apliquen Y escriba en los siguientes espacios su categoría específica. Blanco(a) – Especifique , por ejemplo, alemán, irlandés, inglés, cubano, etc. _____ Origen hispano, latino o español – Especifique , por ejemplo, mexicano o mexicano americano, puertorriqueño, colombiano, guatemalteco, etc. _____ Negro(a) o afroamericano(a) – Especifique , por ejemplo, afroamericano, jamaicano, nigeriano, dominicano, etc. _____ Asiático(a) – Especifique , por ejemplo, chino, indio asiático, vietnamita, etc. _____ Indígena de las Américas o nativo(a) de Alaska – Especifique , por ejemplo, Navajo Nation, Maya, Chevak Native Village, etc. _____ Del Medio Oriente o del Norte de África – Especifique , por ejemplo, libanés, iraní, egipcio, etc. _____	Keep the reference to “categories” rather than “race or origin.” ■ The revised Hispanic origin and race item tested well in all three modes among the 41 Round 2 respondents. Respondents appeared to interpret the question as intended, and 33 out of 41 provided an answer that matched how they described themselves during subsequent probing. Bold the text “print details” in order to provide greater emphasis that this task is not optional. ■ While all CAI respondents provided an answer to the detailed category, slightly more than one-third of respondents in the Paper mode left the box blank. Update the examples to reflect origins that more obviously apply to Hispanics. ■ Among 23 Hispanic respondents in both languages and across modes, 4 respondents reported only one category when in fact more than one category applied to them. This often happened because they didn’t find their origin in the examples. Note that 6 Hispanic respondents accurately answered with more than one category and 13 accurately responded with a single category.

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
Native Hawaiian or Other Pacific Islander – Print details , for example, Native Hawaiian, Guamanian or Chamorro, Fijian, or something else. _____	Nativo(a) de Hawaii o de otra de las islas del Pacífico – Especifique , por ejemplo, Nativo de Hawaii, guameño o Chamorro, fijiano, etc. _____	<ul style="list-style-type: none"> ■ Add “Cuban” to the White category to emphasize that White is not just intended to mean European; ■ Add “Guatemalan” to the Hispanic category so that a Central American country is represented; ■ Add “Dominican” to the Black category to encourage Afro-Latinos to mark both Black and Hispanic. <p>Add back a “closing” phrase (“or something else”) to enhance verbal administration of the examples list and to emphasize that the list is not exhaustive.</p>
Some other race or origin – Print details . _____	Alguna otra raza u origen – Especifique . _____	<ul style="list-style-type: none"> ■ In Round 1, we recommended removing the phrase “and so on” from the end of the examples list as it was redundant with the phrase “for example” and was too vague an instruction for encouraging respondents to think beyond that specific list. In Round 2, we observed 10 respondents across all modes and languages interpreting the list of examples as exhaustive. We also noticed that in the CAI administration, the list of examples seemed to end too abruptly without some extending phrase at the end. We believe the phrase “or something else” more explicitly encourages respondents to think of other examples than does the phrase “and so on.” In Spanish, the phrase “etc.” (which was also used in Round 1) continues to be the best translation for extending the list of examples. For mode consistency, we recommend also adding this phrase in the paper mode. <p>Retain the current order of the categories and the MENA category.</p> <ul style="list-style-type: none"> ■ Respondents tended to not pay attention to the order, though 4 respondents thought alphabetical ordering could be a viable alternative. ■ As in Round 1, MENA respondents were pleased to see this category and they used it for their responses.

CATI VERSION	ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>I'm going to read a list of categories. You may choose all that apply.</p> <p><Is (Name)/Are you> White; Hispanic, Latino, or Spanish origin; Black or African American; Asian; American Indian or Alaska Native; Middle Eastern or North African; Native Hawaiian or Other Pacific Islander; or Some other race or origin?</p> <p>White Hispanic, Latino, or Spanish origin Black or African American Asian American Indian or Alaska Native Middle Eastern or North African Native Hawaiian or Other Pacific Islander Some other race or origin</p> <p>You said that <(Name)> is/you are:</p> <p>WHITE HISPANIC, LATINO, OR SPANISH BLACK OR AFRICAN AMERICAN ASIAN AMERICAN INDIAN OR ALASKA NATIVE MIDDLE EASTERN OR NORTH AFRICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER SOME OTHER RACE</p> <p>Now, I'm going to collect detailed information. You may give more than one response.</p> <p>What are <(Name)'s/your> specific categories for WHITE? For example, German, Irish, English, Cuban, or something else. _____</p> <p>What are <(Name)'s/your> specific categories</p>	<p>Voy a leer una lista de categorías. Puede seleccionar todas las que se aplican.</p> <p>¿Es <(Name)/usted> blanco(a); de origen hispano, latino o español; negro(a) o afroamericano(a); asiático(a); indígena de las Américas o nativo(a) de Alaska; del Medio Oriente o del Norte de África; nativo(a) de Hawaii o de otra de las islas del Pacífico; o de alguna otra raza u origen?</p> <p>Blanco(a) De origen hispano, latino o español Negro(a) o afroamericano(a) Asiático(a) Indígena de las Américas o nativo(a) de Alaska Del Medio Oriente o del Norte de África Nativo(a) de Hawaii o de otra de las islas del Pacífico Alguna otra raza u origen</p> <p>Usted dijo que <(Name)/usted> es:</p> <p>BLANCO(A) DE ORIGEN HISPANO, LATINO O ESPAÑOL NEGRO(A) O AFROAMERICANO(A) ASIÁTICO(A) INDÍGENA DE LAS AMÉRICAS O NATIVO(A) DE ALASKA DEL MEDIO ORIENTE O DEL NORTE DE ÁFRICA NATIVO(A) DE HAWAII O DE OTRA DE LAS ISLAS DEL PACÍFICO ALGUNA OTRA RAZA</p> <p>Ahora voy a recopilar información detallada. Usted puede proveer más de una respuesta.</p> <p>¿Cuáles son las categorías específicas para la</p>	<p>Same recommendations as Paper mode, unless not applicable to CATI.</p>	

PAPER VERSION	ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
	<p>for HISPANIC, LATINO, OR SPANISH origin? For example, Mexican or Mexican American, Puerto Rican, Colombian, Guatemalan, or something else. _____</p> <p>What are <(Name)'s/your> specific categories for BLACK OR AFRICAN AMERICAN? For example, African American, Jamaican, Nigerian, Dominican, or something else. _____</p> <p>What are <(Name)'s/your> specific categories for ASIAN? For example, Chinese, Asian Indian, Vietnamese, or something else. _____</p> <p>What are <(Name)'s/your> specific categories for AMERICAN INDIAN OR ALASKA NATIVE? For example, Navajo Nation, Mayan, Chevak Native Village, or something else. _____</p> <p>What are <(Name)'s/your> specific categories for MIDDLE EASTERN OR NORTH AFRICAN? For example, Lebanese, Iranian, Egyptian, or something else. _____</p> <p>What are <(Name)'s/your> specific categories for NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER? For example, Native Hawaiian, Guamanian or Chamorro, Fijian, or something else. _____</p> <p>What are <(Name)'s/your> specific categories for OTHER RACE OR ORIGIN? _____</p>	<p>respuesta de BLANCO(A) de <(Name)/usted>? Por ejemplo, alemán, irlandés, inglés, cubano, etc. _____</p> <p>¿Cuáles son las categorías específicas para la respuesta de HISPANO, LATINO O ESPAÑOL de <(Name)/usted>? Por ejemplo, mexicano o mexicano americano, puertorriqueño, colombiano, guatemalteco, etc. _____</p> <p>¿Cuáles son las categorías específicas para la respuesta de NEGRO(A) O AFROAMERICANO(A) de <(Name)/usted>? Por ejemplo, afroamericano, jamaicano, nigeriano, dominicano, etc. _____</p> <p>¿Cuáles son las categorías específicas para la respuesta de ASIÁTICO(A) de <(Name)/usted>? Por ejemplo, chino, indio asiático, vietnamita, etc. _____</p> <p>¿Cuáles son las categorías específicas para la respuesta de INDÍGENA DE LAS AMÉRICAS O NATIVO(A) DE ALASKA de <(Name)/usted>? Por ejemplo, Navajo Nation, Maya, Chevak Native Village, etc. _____</p> <p>¿Cuáles son las categorías específicas para la respuesta de DEL MEDIO ORIENTE O DEL NORTE DE ÁFRICA de <(Name)/usted>? Por ejemplo, libanés, iraní, egipcio, etc. _____</p> <p>¿Cuáles son las categorías específicas para la respuesta de NATIVO(A) DE HAWAII O DE OTRA DE LAS ISLAS DEL PACÍFICO de <(Name)/usted>? Por ejemplo, Nativo de</p>	

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
	Hawaii, guameño o Chamorro, fiyiano, etc. ¿Cuáles son las categorías específicas para la respuesta de ALGUNA OTRA RAZA U ORIGEN de <(Name)/usted>?	

CAPI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>Please look at Card B and choose all categories that apply.</p> <p><Is (Name)/Are you> White; Hispanic, Latino, or Spanish origin; Black or African American; Asian; American Indian or Alaska Native; Middle Eastern or North African; Native Hawaiian or Other Pacific Islander; or Some other race or origin?</p> <p>(Card B shows what is listed below)</p> <p>Choose all categories that apply.</p> <p>White – For example, German, Irish, English, Cuban, or something else.</p> <p>Hispanic, Latino, or Spanish origin – For example, Mexican or Mexican American, Puerto Rican, Colombian, Guatemalan or something else.</p> <p>Black or African American – For example, African American, Jamaican, Nigerian, Dominican, or something else.</p> <p>Asian – For example, Chinese, Asian Indian, Vietnamese, or something else.</p> <p>American Indian or Alaska Native – For example, Navajo Nation, Mayan, Chevak Native Village, or something else.</p>	<p>Por favor, vea la Tarjeta B y seleccione todas las categorías que apliquen.</p> <p>¿Es <(Name)/usted> blanco(a); de origen hispano, latino o español; negro(a) o afroamericano(a); asiático(a); indígena de las Américas o nativo(a) de Alaska; del Medio Oriente o del Norte de África; Nativo(a) de Hawaii o de otra de las islas del Pacífico; o de alguna otra raza u origen?</p> <p>(Card B shows what is listed below)</p> <p>SELECCIONE TODAS LAS CATEGORÍAS QUE APLIQUEN.</p> <p>Blanco(a) – Por ejemplo, alemán, irlandés, inglés, cubano, etc.</p> <p>Origen hispano, latino o español – Por ejemplo, mexicano o mexicano americano, puertorriqueño, colombiano, guatemalteco, etc.</p> <p>Negro(a) o afroamericano(a) – Por ejemplo, afroamericano, jamaicano, nigeriano, dominicano, etc.</p> <p>Asiático(a) – Por ejemplo, chino, indio asiático, vietnamita, etc.</p> <p>Indígena de las Américas o Nativo(a) de Alaska – Por ejemplo, Navajo Nation, Maya, Chevak Native</p>	<p>Same recommendations as Paper mode, unless not applicable to CAPI.</p>

CAPI VERSION	ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>Middle Eastern or North African – For example, Lebanese, Iranian, Egyptian, or something else.</p> <p>Native Hawaiian or Other Pacific Islander – For example, Native Hawaiian, Guamanian or Chamorro, Fijian, or something else.</p> <p>Some other race or origin</p> <p>You said that <(Name)> is/you are:</p> <p>WHITE</p> <p>HISPANIC, LATINO, OR SPANISH</p> <p>BLACK OR AFRICAN AMERICAN</p> <p>ASIAN</p> <p>AMERICAN INDIAN OR ALASKA NATIVE</p> <p>MIDDLE EASTERN OR NORTH AFRICAN</p> <p>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</p> <p>SOME OTHER RACE OR ORIGIN</p> <p>Now, I'm going to collect detailed information. You may give more than one response.</p> <p>What are <(Name)>'s/your> specific categories for WHITE? For example, German, Irish, English, Cuban, or something else.</p> <p>What are <(Name)>'s/your> specific categories for HISPANIC, LATINO, OR SPANISH? For example, Mexican or Mexican American, Puerto Rican, Colombian, Guatemalan, or something else.</p> <p>What are <(Name)>'s/your> specific categories for BLACK OR AFRICAN AMERICAN? For example, African American, Jamaican, Nigerian, Dominican, or something else.</p>	<p>Village, etc.</p> <p>Del Medio Oriente o del Norte de África – Por ejemplo, libanés, iraní, egipcio, etc.</p> <p>Indígeno(a) de Hawái o de otra de las islas del Pacífico – Por ejemplo, Nativo de Hawái, guameño o Chamorro, fijiano, etc.</p> <p>Alguna otra raza u origen</p> <p>Usted dijo que <(Name)/usted> es:</p> <p>BLANCO(A)</p> <p>DE ORIGEN HISPANO, LATINO O ESPAÑOL</p> <p>NEGRO(A) O AFRICANO(A)</p> <p>AMERICANO(A)</p> <p>ASIÁTICO(A)</p> <p>INDÍGENA DE LAS AMÉRICAS O</p> <p>NATIVO(A) DE ALASKA</p> <p>DEL MEDIO ORIENTE O DEL NORTE DE ÁFRICA</p> <p>NATIVO(A) DE HAWAII O DE OTRA DE LAS ISLAS DEL PACÍFICO</p> <p>ALGUNA OTRA RAZA O ORIGEN</p> <p>Ahora voy a recopilar información detallada. Usted puede proveer más de una respuesta.</p> <p>¿Cuáles son las categorías específicas para la respuesta de BLANCO de <(Name)/usted>? Por ejemplo, alemán, irlandés, inglés, cubano, etc.</p> <p>¿Cuáles son las categorías específicas para la respuesta de HISPANO, LATINO O ESPAÑOL de <(Name)/usted>? Por ejemplo, mexicano o mexicano americano, puertorriqueño, colombiano, guatemalteco, etc.</p> <p>¿Cuáles son las categorías específicas para la</p>		

CAPI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
What are <(Name)'s/your> specific categories for ASIAN? For example, Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, or something else.	respuesta de NEGRO O AFROAMERICANO de <(Name)/usted>? Por ejemplo, afroamericano, jamaicano, nigeriano, dominicano, etc.	
What are <(Name)'s/your> specific categories for AMERICAN INDIAN OR ALASKA NATIVE? For example, Navajo Nation, Mayan, Chevak Native Village, or something else.	¿Cuáles son las categorías específicas para la respuesta de ASIÁTICO de <(Name)/usted>? Por ejemplo, chino, indio asiático, vietnamita, etc.	
What are <(Name)'s/your> specific categories for MIDDLE EASTERN OR NORTH AFRICAN? For example, Lebanese, Iranian, Egyptian, or something else.	¿Cuáles son las categorías específicas para la respuesta de INDÍGENA DE LAS AMÉRICAS O NATIVO DE ALASKA de <(Name)/usted>? Por ejemplo, Navajo Nation, Maya, Chevak Native Village, etc.	
What are <(Name)'s/your> specific categories for NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER? For example, Native Hawaiian, Guamanian or Chamorro, Fijian, or something else.	¿Cuáles son las categorías específicas para la respuesta DEL MEDIO ORIENTE O DEL NORTE DE ÁFRICA de <(Name)/usted>? Por ejemplo, libanés, iraní, egipcio, etc.	
What are <(Name)'s/your> specific categories for SOME OTHER RACE OR ORIGIN?	¿Cuáles son las categorías específicas para la respuesta de NATIVO DE HAWAII O DE OTRA DE LAS ISLAS DEL PACÍFICO de <(Name)/usted>? Por ejemplo, Nativo de Hawaii, guameño o Chamorro, fiyiano, etc. ¿Cuáles son las categorías específicas para la respuesta de ALGUNA OTRA RAZA U ORIGEN de <(Name)/usted>?	

4.2 Telephone Service

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>At this house, apartment or mobile home, can you or any member of this household both make and receive phone calls? At this house, apartment, or mobile home—do you or any member of this household have telephone service from which you can both make and receive calls? Include voice service from a telephone company, cell or mobile phone provider, cable company, or any other voice provider.</p> <p>Yes No</p>	<p>En esta casa, apartamento o casa móvil, ¿puede usted o algún miembro del hogar hacer y recibir llamadas telefónicas? En esta casa, apartamento o casa móvil, ¿tiene usted o algún miembro del hogar servicio telefónico con el cual se puedan hacer y recibir llamadas? Incluya servicios de voz de una compañía telefónica, proveedor de teléfono celular o móvil, compañía de cable o cualquier otro proveedor de servicios de voz.</p> <p>Sí No</p>	<p>Remove mention of types of telephone service from the question so that respondents are focused on what it's really asking, which is their ability to contact emergency services from their homes and communicate with others over the phone.</p> <ul style="list-style-type: none"> The current question focuses on types of telephone service, which are becoming increasingly more varied and complex. Attempting to encompass all types in a lengthy instruction is burdensome for respondents to read and introduces potential response error from those who may become confused about what type of service the question is asking about. In both Rounds 1 and 2, we observed two respondents with cell service only misreporting because they interpreted the question as asking about landline service only. This problem is likely to increase as more of the U.S. population switches to cell service only. Removing mention of types of telephone service is one strategy for addressing response error such as this. <p>If the current question format is retained, use the phrase “cell phone” or “cellular phone” without “mobile”. Use the same term across the telephone and Internet access questions.</p> <ul style="list-style-type: none"> Both English and Spanish respondents tended to use “cell” when describing in their own words how they make calls. Our expert reviewers recommend choosing only one term, to reduce both question length and cognitive burden.

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
		<ul style="list-style-type: none"> ■ The word “mobile” is currently used in three different contexts within the Housing section – mobile phone provider, mobile home, mobile broadband. Using “cell” at the telephone service question eliminates one of those which may in turn reduce cognitive burden. <p>Retain the telephone question in its current position relative to the computer/Internet questions.</p> <ul style="list-style-type: none"> ■ Findings from Round 1, in which we tested the telephone question appearing both before and after the computer/Internet questions, did not point to either order having an impact on response. Round 2 testing produced no evidence that respondents in the Paper mode thought the telephone service question was redundant with the subsequent computer/Internet questions.

CAPI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>At this [house/apartment/mobile home/unit] – can you or any member of this household both make and receive phone calls? do you or any member of this household have telephone service from which you can both make and receive calls?</p> <p>Include voice service from a telephone company, cell or mobile phone provider, cable company, or any other voice provider.</p> <p>Yes No</p>	<p>En {esta casa/este apartamento/esta casa móvil/ esta vivienda}, ¿puede usted o algún miembro del hogar hacer y recibir llamadas telefónicas?</p> <p>En {esta casa/este apartamento/esta casa móvil/ esta vivienda}, ¿tiene usted o algún miembro del hogar servicio telefónico con el cual se puedan hacer y recibir llamadas?</p> <p>Incluya servicios de voz de una compañía telefónica, proveedor de teléfono celular o móvil, compañía de cable o cualquier otro proveedor de servicios de voz.</p> <p>Sí No</p>	<p>Same recommendations as Paper mode. In addition, for consistency with the Paper mode, move the question from its current position immediately before the Internet access questions to immediately after the facilities questions.</p>

4.3 Computer and Internet

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?</p> <p>Desktop or laptop (Yes/No) Smartphone (Yes/No) Tablet or other portable wireless computer (Yes/No) Some other type of computer (Yes/No) Specify _____</p> <p>-----</p> <p>At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?</p> <p>Yes, by paying a cell phone company or Internet service provider Yes, without paying a cell phone company or Internet service provider (SKIP to next page) No Internet access to the Internet at this house, apartment, or mobile home (SKIP to next page)</p> <p>-----</p> <p>At this house, apartment, or mobile home – Do you or any member of this household have access to the Internet using – Cellular data such as mobile broadband, 4G or LTE for a smartphone or other mobile device Mobile broadband Internet service for a smartphone or other mobile device? (Yes/No)</p>	<p>En esta casa, apartamento o casa móvil, ¿tiene o usa usted o algún otro miembro de este hogar alguno de los siguientes tipos de computadoras?</p> <p>Computadora de escritorio o laptop computadora portátil (Sí/No) Smartphone (Sí/No) Tableta u otra computadora de mano inalámbrica (Sí/No) Algún otro tipo de computadora (Sí/No) Especifique _____</p> <p>-----</p> <p>En esta casa, apartamento o casa móvil, ¿tiene aeeeede usted o algún otro miembro de este hogar acceso a la Internet?</p> <p>Sí, por pagando a una compañía de teléfonos celulares o proveedor de servicio de Internet Sí, sin pagando a una compañía de teléfonos celulares o proveedor de servicio de Internet (PASE A la siguiente página) No hay acceso a Internet en esta casa, apartamento o casa móvil (PASE A la siguiente página)</p> <p>-----</p> <p>En esta casa, apartamento o casa móvil, ¿Tiene aeeeede usted o algún otro miembro de este hogar acceso a la Internet a través de – Datos celulares, como banda ancha móvil (mobile broadband), 4G o LTE para un smartphone u otro aparato móvil? Servicio de Internet de banda ancha móvil (mobile broadband) para un smartphone u otro aparato móvil? (Sí/No)</p>	<p>Use “have access to the Internet” instead of “access the Internet.”</p> <ul style="list-style-type: none"> Four respondents answered the question thinking about their habits of Internet use at home rather than focusing on their actual ability to access the Internet at their house. We anticipate this becoming more of an issue as Internet access technology grows increasingly mobile. We further believe that “have access to the Internet” more accurately conveys the intent of this question. <p>Skip respondents who answer “yes, without paying” past the subsequent question about types of access.</p> <ul style="list-style-type: none"> Since one of the Round 1 revisions from Round 1 was to add cell phone plans into the Internet access question, those who are saying they do not pay a cell phone company or Internet service provider do not need to be asked what type of access they have in their household because they will be accessing open or publicly available Internet services such as their neighbor’s WiFi, an Internet café, or a community-wide Internet service. <p>Remove the phrase “at this house, apartment or mobile home” from question 12 (types of Internet access) and add “installed in this household” to the end of the broadband high speed, satellite, and dial-up categories.</p> <ul style="list-style-type: none"> Most respondents misunderstood the terms mobile broadband or broadband (high speed). This suggestion should help respondents more easily differentiate between smartphone data plans, which are not tied specifically to a place, and other ways of having access to the Internet

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>Broadband (high speed) Internet service <u>installed in this house, apartment, or mobile home</u>, such as cable, fiber optic, or DSL service <u>installed in this household</u>? (Yes/No)</p> <p>Satellite Internet service <u>installed in this household</u>? (Yes/No)</p> <p>Dial-up Internet service <u>installed in this household</u>? (Yes/No)</p> <p>Some other service? (Yes/No) Specify service _____</p>	<p>Servicio de Internet de <u>broadband</u> banda ancha (alta velocidad) <u>instalada en esta casa, apartamento o casa móvil</u>, tales como servicio de cable, fibra óptica, o <u>DSL instalado en este hogar</u>? (Sí/No)</p> <p>Servicio de Internet por satélite <u>instalado en este hogar</u>? (Sí/No)</p> <p>Servicio de Internet de conexión <u>Dial Up</u> <u>instalado en este hogar</u>? (Sí/No)</p> <p>Algún otro servicio? (Sí/No) Especifique el servicio _____</p>	<p>that <u>are</u> tied to a place. Redesign the mobile broadband category to put less emphasis on duplicative use of the term “broadband.”</p> <ul style="list-style-type: none"> ■ Most respondents misunderstood the term “mobile broadband” and at least 8 (4 English, 4 Spanish) answered incorrectly because of their misinterpretation. Some also confused it with the broadband (high speed) category. ■ We suggest using a phrase such as “cellular data” that more obviously differentiates this category from the broadband (high speed) category. Also, 17 respondents (10 English, 7 Spanish) used the terms 3G, 4G, or LTE to describe the way they access the Internet on their smartphones. Therefore, our suggested revision includes terminology that respondents themselves use to describe their smartphone data plans. ■ Move the examples for broadband (high speed) closer to the beginning of that category. ■ To increase the likelihood that respondents will notice the examples, and to match the suggested formatting for the mobile broadband category (with examples immediately following the category name) and the other two categories (with “installed in this household” appearing at the end), we suggest moving the examples of cable, fiber optic, and DSL immediately after “broadband or high speed Internet service.” ■ In Spanish, we recommend using the English term “broadband” rather than “banda acha.” In combination with “alta velocidad,” we think this will produce higher recognition and understanding.

CAI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>At this <house/apartment/mobile home/unit>, do you or any member of this household own or use a desktop or laptop computer?</p> <p>Yes No</p> <p>At this <house/apartment/mobile home/unit> Do you or any member of this household own or use a smartphone?</p> <p>Yes No</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use a tablet or other portable wireless computer?</p> <p>Yes No</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household own or use some other type of computer?</p> <p>Yes No</p> <p>What is this other type of computer? _____</p> <p>-----</p> <p>At this <house/apartment/mobile home/unit>, do you or any member of this household pay for a plan for a smartphone or mobile device to access the Internet and make phone calls?</p> <p>Yes (Skip to Internet Access) No</p>	<p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿tiene o usa usted o algún otro miembro de este hogar una computadora de escritorio o laptop computadora portátil?</p> <p>Sí No</p> <p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene o usa usted o algún otro miembro de este hogar una smartphone?</p> <p>Sí No</p> <p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene o usa usted o algún otro miembro de este hogar una tableta u otra computadora de mano inalámbrica?</p> <p>Sí No</p> <p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Tiene o usa usted o algún otro miembro de este hogar algún otro tipo de computadora?</p> <p>Sí No</p> <p>¿Cuál es este otro tipo de computadora? _____</p> <p>-----</p> <p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿paga usted o algún otro miembro de este hogar por un plan para un smartphone o aparato móvil para acceder a la Internet y para hacer llamadas?</p>	<p>Same recommendations as Paper mode, along with the following additional recommendations.</p> <p>Remove the phrase “at this house, apartment or mobile home” from question 12 (types of Internet access) and use “installed in this <house/apartment/mobile home/unit” at the end of the broadband high speed, satellite, and dial-up categories.</p> <p>Eliminate the CAI question about smartphone data plans. This would also require adding ‘smartphone’ to the CAI question about computer devices.</p> <ul style="list-style-type: none"> ■ This question is cognitively difficult to process and introduces a high likelihood of response error among those whose situations do not exactly match all four parts of this question. Almost all Round 2 respondents with smartphones also paid for Internet data plans, which is the most common situation for those with smartphones. While all of them answered the question correctly, over three-quarters of them were unable to tend to all parts of the question. The one respondent with an atypical situation – she had a smartphone but did not pay for a data plan on it – answered ‘yes’ when she should have said ‘no’. ■ The Census Bureau will be able to more accurately measure use of paid smartphone data plans by combining data from the questions on computer devices (which asks about smartphones in a separate category), internet access (which asks about paying a cell phone or Internet service provider for Internet access), and

CAI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p><Telephone Service question here></p> <p>At this <house/apartment/mobile home/unit>, do you or any member of this household have access to the Internet?</p> <p>Yes</p> <p>No (Skip to next vehicle question)</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household pay a cell phone company or Internet service provider to access the Internet?</p> <p>Yes</p> <p>No (Skip to vehicle question)</p> <hr/> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using cellular data such as mobile broadband, 4G or LTE for a smartphone or other mobile device mobile broadband Internet service for a smartphone or other mobile device?</p> <p>Yes</p> <p>No</p> <p>At this <house/apartment/mobile home/unit>, Do you or any member of this household access the Internet using broadband or high speed Internet service such as cable, fiber optic, or DSL service installed in this <house/apartment/mobile home/unit>?</p> <p>Yes</p> <p>No</p>	<p>Sí (Skip to Internet Access) No</p> <p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿tiene acceso usted o algún otro miembro de este hogar acceso a la Internet?</p> <p>Sí No (Skip vehicle question)</p> <p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Paga usted o algún otro miembro de este hogar a una compañía de teléfonos celulares o proveedor de servicio de Internet para acceder a la Internet?</p> <p>Sí No (Skip vehicle question)</p> <hr/> <p>¿Accede usted o algún otro miembro de este hogar a la Internet usando datos celulares, como banda ancha móvil (<i>mobile broadband</i>), 4G o LTE para un <i>smartphone</i> u otro aparato móvil?</p> <p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿accede usted o algún otro miembro de este hogar a la Internet usando un servicio de Internet de banda ancha móvil (<i>mobile broadband</i>) para un <i>smartphone</i> u otro aparato móvil?</p> <p>Sí No</p> <p>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Accede usted o algún otro miembro de este hogar a la Internet usando servicio de Internet de <i>broadband</i> banda ancha o alta velocidad instalada en <esta casa/este apartamento/esta casa móvil/esta vivienda>, tales como servicio de cable, fibra óptica, o <i>DSL</i> instalado en <esta casa/este apartamento/esta casa móvil/esta vivienda>?</p>	<p>type of internet access (which asks about mobile broadband plans in a separate category).</p> <p>For consistency with the Paper mode, move the telephone question from its current position immediately before the Internet access questions to immediately after the facilities questions.</p>

CAI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p><i>At this <house/apartment/mobile home/unit></i> Do you or any member of this household access the Internet using a satellite Internet service <i>installed in this <house/apartment/mobile home/unit></i>?</p> <p>Yes No</p>	<p>Sí No</p> <p><i>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Accede usted o algún otro miembro de este hogar a la Internet usando un servicio de Internet por satélite instalado en <esta casa/este apartamento/esta casa móvil/esta vivienda>?</i></p> <p>Sí No</p>	
<p><i>At this <house/apartment/mobile home/unit></i> Do you or any member of this household access the Internet using a dial-up Internet service <i>installed in this <house/apartment/mobile home/unit></i>?</p> <p>Yes No</p>	<p><i>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Accede usted o algún otro miembro de este hogar a la Internet usando servicio de Internet de conexión Dial Up instalado en <esta casa/este apartamento/esta casa móvil/esta vivienda>?</i></p> <p>Sí No</p>	
<p><i>At this <house/apartment/mobile home/unit></i> Do you or any member of this household access the Internet using some other service?</p> <p>Yes No</p> <p>What is this other type of Internet service? _____</p>	<p><i>En <esta casa/este apartamento/esta casa móvil/esta vivienda>, ¿Accede usted o algún otro miembro de este hogar a la Internet usando algún otro servicio?</i></p> <p>Sí No</p> <p><i>¿Cuál es este otro tipo de servicio de Internet? _____</i></p>	

4.4 Health Insurance, Premiums and Subsidies

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.</p> <p><i>Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</i></p> <p>a. Insurance through a current or former employer or union (of this person or another family member) b. Medicare, for people 65 and older, or people with certain disabilities c. Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low income d. Insurance purchased directly from an insurance company or through a State or Federal Marketplace, health care.gov, or a similar state website (by this person or another family member) 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 NOT listed above – <i>Specify Name of plan _____</i></p> <hr/> <p>Answer questions 16a and 16b if you marked "Yes" in question 15d. Otherwise, SKIP to question 17</p>	<p>¿Tiene esta persona cobertura ACTUALMENTE de cualquiera de los siguientes tipos de seguros de salud o planes de cobertura de seguro de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a-h.</p> <p>NO incluya los planes que cubren solamente un tipo de servicios, tales como planes dentales, de medicamentos o de la vista.</p> <p>a. Seguro a través de su empleador o sindicato (<i>union</i>), actual o previo, (de esta persona o de cualquier otro miembro de la familia) b. Medicare, para personas que tienen 65 años o más, o personas con ciertos impedimentos c. Medicaid, Medical Assistance o cualquier otro tipo de plan de asistencia estatal o gubernamental para personas con un ingreso bajo d. Seguro adquirido directamente de una compañía de seguro o a través del Mercado de seguros estatal o federal, CuidadoDeSalud.gov o un sitio web estatal similar (por esta persona o por cualquier otro miembro de la familia) e. TRICARE o cualquier otro seguro de salud militar f. Administración de Veteranos (VA) (incluye a esas personas que alguna vez hayan usado o se hayan registrado en el sistema de cuidado médico de la VA) g. Servicio de Salud Indio (Indian Health Service) h. Cualquier otro tipo de seguro de salud NO mencionado anteriormente – <i>Nombre del plan</i> <i>Especifique _____</i></p> <hr/>	<p>Skip all but those who answer "yes" to item D past the premiums and subsidy questions.</p> <ul style="list-style-type: none"> ■ It appears the premium and subsidy questions are most relevant for those who are covered under the ACA. Skipping all others around these questions reduces both respondent burden and the risk of false positives from respondents to whom the questions don't really apply. ■ Given that Medicaid recipients are by definition receiving subsidized health care, skipping such respondents around the premium and subsidy questions further reduces the risk of response error. ■ Ideally the questions would be asked only of those covered under the ACA. However, it would be too complicated to separate out those who purchase insurance directly (but not through the ACA) in a skip instruction. <p>Retain all other aspects of the Round 2 versions of the health insurance, premiums and subsidies questions.</p> <ul style="list-style-type: none"> ■ Round 2 findings did not strongly suggest updates to any other revisions from Round 1.

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>Does this person or another family member pay a premium for this health insurance plan? <i>A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.</i></p> <p>Yes</p> <p>No</p> <p>Based on family income, does this person or another family member receive financial assistance through a subsidy or tax credit to help pay part or all of the cost of the premium for this plan?</p> <p>Yes</p> <p>No</p>	<p>Conteste las preguntas 16a y 16b si marcó "Sí" en la pregunta 15d. De lo contrario, PASE a la pregunta 17</p> <p>¿Paga esta persona u otro miembro de la familia una prima o cuota por este seguro de salud? <i>Una prima o cuota es una cantidad fija de dinero que se paga regularmente para la cobertura de salud. No incluye los copagos, deducibles ni otros gastos, tales como los costos de las medicinas recetadas.</i></p> <p>Sí</p> <p>No</p> <p>¿Basado en el ingreso de la familia, ¿recibe esta persona u otro miembro de la familia asistencia financiera a través de un subsidio o crédito de impuestos para ayudar a pagar parte o todo del costo de la prima o cuota para este plan?</p> <p>Sí</p> <p>No</p>	

CAI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>I am now going to ask you some questions about (your/<Name>'s) health insurance and health coverage. Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> <p>a. (Are you/Is <Name>) currently covered by health insurance through an employer or union? Include coverage from current or former employers or unions of (yours/his/hers) or another family member.</p> <p>Yes No</p> <p>b. (Are you/Is <Name>) currently covered by Medicare, for people age 65 or older or people with certain disabilities?</p> <p>Yes No</p> <p>c. (Are you/Is <Name>) currently covered by Medicaid, Medical Assistance, or any kind of state or government-assistance plan for those with low incomes?</p> <p>Yes No</p> <p>d. (Are you/Is <Name>) currently covered by health insurance purchased directly from an insurance company or through a State or Federal Marketplace, Health care.gov, or a similar state website by <you/him/her> or another family member?</p> <p>Yes No</p>	<p>Ahora le voy a hacer preguntas acerca de (su seguro y cobertura de salud/el seguro y cobertura de salud de <Name>). NO incluya los planes que cubren solamente un tipo de servicios, tales como planes dentales, de medicamentos o de la vista.</p> <p>a. ¿Tiene (usted/<Name>) cobertura actualmente de un plan de seguro de salud a través de un empleador o sindicato (<i>union</i>) actual o previo? Incluya cobertura de empleadores o sindicatos (<i>unions</i>) actuales o previos (suyos/de él/de ella) o de algún otro miembro de la familia.</p> <p>Sí No</p> <p>b. ¿Tiene [usted/< Name>] cobertura actualmente de Medicare, para personas que tienen 65 años o más, o personas con ciertas discapacidades?</p> <p>Sí No</p> <p>c. ¿Tiene [usted/< Name>] cobertura actualmente de Medicaid, Medical Assistance o cualquier otro tipo de plan de asistencia estatal o gubernamental para personas con un ingreso bajo?</p> <p>Sí No</p> <p>d. ¿Tiene [usted/< Name>] cobertura actualmente de un plan de seguro de salud comprado por <usted/él/ella> u otro miembro de la familia directamente a una compañía de seguros o a través del Mercado de seguros estatal o federal, CuidadoDeSalud.gov, o un sitio web estatal similar?</p> <p>Sí No</p>	<p>Same recommendations as Paper mode, along with the following additional recommendations.</p> <p>Add an edit check to those who report both Medicaid and insurance purchased directly.</p> <ul style="list-style-type: none"> ■ In both Rounds 1 and 2, we observed Medicaid respondents who double-counted their insurance type because they had signed up for Medicaid through a state or Federal marketplace website. <p>Match the wording of item H more closely to that of the other category on Paper. For consistency with CAI, reword the “specify” instruction on Paper to say “name of plan.”</p> <ul style="list-style-type: none"> ■ Although we observed fewer respondents double-counting in Round 2 than in Round 1, we notice a slight trend in Round 2 for respondents to incorrectly report an insurance type in item H that should have been reported in a previous category. While we don’t expect respondents to notice or fully understand the distinction between “types” of plans and actual number of plans they have, adding words that remind them not to include insurance types that have already been listed may help reduce such errors.

CAI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
e. (Are you/Is <Name>) currently covered by TRICARE or other military health care? Yes No	e. ¿Tiene [usted/< Name>] cobertura actualmente de TRICARE o cualquier otro seguro de salud militar? Sí No	
f. (Are you/Is <Name>) currently covered through the VA or [have you/has <Name>] ever used or enrolled for VA health care? Yes No	f. ¿Tiene [usted/< Name>] cobertura actualmente a través de la Administración de Veteranos (VA) o ha usado o se ha registrado [usted/<él/ella>] alguna vez para cuidado de la salud en la Administración de Veteranos (VA)? Sí No	
g. (Are you/Is <Name>) currently covered through the Indian Health Service? Yes No	g. ¿Tiene [usted/< Name>] cobertura actualmente a través del Servicio de Salud Indio (Indian Health Service)?	
h. (Are you/Is <Name>) currently covered by any other type of health insurance or health coverage plan NOT already mentioned? Yes No	h. ¿Tiene [usted/< Name>] cobertura actualmente por cualquier otro tipo de seguro de salud o plan de cobertura de seguro de salud que NO se haya mencionado?? Sí No	
What is the name of the health care plan? [AFTER PARTS B-H, IF YES TO PART A AND ANY OTHER PLAN] I recorded that (you/<NAME>) (have/has) insurance through an employer or union AND (READ PLAN). These are two different plans, is that correct? Yes (SKIP to Premiums or Daily Activities, as applicable) No	¿Cuál es el nombre del plan de seguro de salud? [AFTER PARTS B-H, IF YES TO PART A AND ANY OTHER PLAN] He anotado que (usted/<NAME>) tiene seguro de salud a través de un empleador o sindicato (<i>union</i>) Y (READ PLAN). Estos son dos planes diferentes, ¿es esto correcto? Sí (SKIP to Premiums or Daily Activities, as applicable) No	
Which of these best describes (your/<NAME>'s) plan?		

CAI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>[AFTER PARTS C-D, IF YES TO BOTH C AND D]</p> <p>I recorded that (you/<NAME>) (have/has) insurance through Medicaid, Medical Assistance, or a state or government-assistance plan AND health insurance purchased directly from an insurance company or through a State or Federal Marketplace. These are two different plans, is that correct?</p> <p>Yes (SKIP to TRICARE question)</p> <p>No</p> <p>Which of these best describes (your/<NAME>'s) plan?</p> <p>Person 2+: I am now going to ask you some questions about (your/<Person 2+ Name>'s) health insurance and health coverage. Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> <p>(Are you/Is <Name>) currently covered by health insurance through an employer or union? Include coverage from current or former employers or unions of (yours/his/hers) or another family member.</p> <p>Yes No Same type as Person 1</p> <p>[IF SAME TYPE AS PERSON 1] Earlier I recorded that < Person 1 Name is/you are> currently covered by <read full type of first insurance marked for PERSON 1>. (Do you/Does <Person 2+ Name>) have this same</p>	<p>¿Cuál de las siguientes mejor describe el plan (suyo /de [NAME])?</p> <p>[AFTER PARTS C-D, IF YES TO BOTH C AND D]</p> <p>He anotado que (usted/<NAME>) tiene seguro de Medicaid, Medical Assistance o un plan de asistencia estatal o gubernamental Y un plan de seguro de salud comprado por <usted/él/ella> u otro miembro de la familia directamente a una compañía de seguros o a través del Mercado de seguros estatal o federal. Estos son dos planes diferentes, ¿es esto correcto?</p> <p>Sí (SKIP to TRICARE question)</p> <p>No</p> <p>¿Cuál de las siguientes mejor describe el plan (suyo /de [NAME])?</p> <p>Persona 2+: Ahora le voy a hacer preguntas acerca de (su seguro y cobertura de salud/el seguro y cobertura de salud de <Person 2+ Name>. NO incluya los planes que cubren solamente un tipo de servicios, tales como planes dentales, de medicamentos o de la vista.</p> <p>¿Tiene (usted/<Name>) cobertura actualmente de un plan de seguro de salud a través de un empleador o sindicato (<i>union</i>) actual o previo? Incluya cobertura de empleadores o sindicatos (<i>unions</i>) actuales o previos (suyos/de él/de ella) o de algún otro miembro de la familia.</p> <p>Sí No Mismo tipo que la Persona 1</p>	

CAI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>type of health insurance or health coverage?</p> <p>Yes No</p> <p>I also recorded that (< Person 1 Name> is/you are) currently covered by <read full type of second insurance marked for PERSON 1>. (Do you/Does <Person 2+ Name>) have this same type of health insurance or health coverage?</p> <p>(Are you/Is <Person2+ Name>) covered by any other health insurance plan? Do NOT include plans that cover only one type of service, such as dental, drug or vision plans.</p> <p>-----</p> <p>If “Yes” in question 15d, Continue. Otherwise, SKIP to question 17</p> <p><Do you/Does (Name)> or another family member pay a premium for this health insurance plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.</p> <p>Yes No</p> <p>Based on family income, <do you/does (Name)> or another family member receive financial assistance through a subsidy or tax credit to help pay part or all of the cost of the premium for this plan?</p> <p>Yes No</p>	<p>[SI MISMO TIPO QUE LA PERSONA 1] He anotado antes que (<Person 1>/usted) tiene actualmente cobertura de <read full type of insurance marked for PERSON 1> como <PERSON 1>. ¿Tiene (usted/<Person 2+ Name>) el mismo tipo de seguro de salud o cobertura de salud?</p> <p>Sí No</p> <p>He anotado también que (<Person 1 Name> /usted) tiene actualmente cobertura de <read full type of insurance marked for PERSON 1>. ¿Tiene (usted/<Person 2+ Name>) el mismo tipo de seguro de salud o cobertura de salud?</p> <p>Sí No</p> <p>¿Tiene (usted/<Person 2+ Name>) cobertura de cualquier otro plan de seguro de salud? NO incluya los planes que cubren solamente un tipo de servicios, tales como planes dentales, de medicamentos o de la vista.</p> <p>Sí No</p> <p>-----</p> <p>If “Yes” in question 15d, Continue. Otherwise, SKIP to question 17</p> <p>¿Paga <usted/(Name)> u otro miembro de la familia una prima o cuota por este seguro de salud? Una prima o cuota es una cantidad fija de dinero que se paga con regularidad para tener cobertura de salud. No incluye los copagos, deducibles ni otros</p>	

CAI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
	<p>gastos, tales como los costos de las medicinas recetadas.</p> <p>Sí No</p> <p>Basado en el ingreso de la familia, ¿recibe <usted/(Name)> u otro miembro de la familia asistencia financiera a través de un crédito de subsidio o impuestos para ayudar a pagar parte o todo el costo de la prima o cuota para este plan?</p> <p>Sí No</p>	

4.5 Cohabitation and Domestic Partnership

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>What is this person's current marital status?</p> <p>Now married → SKIP next two questions</p> <p>Widowed</p> <p>Divorced</p> <p>Separated</p> <p>Never married</p> <hr/>	<p>¿Cuál es el estado civil actual de esta persona?</p> <p>Casado(a) actualmente → PASE <i>dos preguntas</i></p> <p>Viudo(a)</p> <p>Divorciado(a)</p> <p>Separado(a)</p> <p>Nunca se ha casado</p> <hr/>	<p>Retain current wording.</p> <ul style="list-style-type: none"> ■ With so few respondents to this series of questions, we do not have any recommendations for revision. We did not detect any significant problems among the three cohabiting respondents. Further testing on a larger scale is needed to confirm that data from these questions will be valid and reliable.
<p>Is this person currently living with a boyfriend/girlfriend or partner in this household?</p> <p>Yes</p> <p>No</p> <hr/>	<p>¿Vive esta persona actualmente con su novio/novia o pareja en este hogar?</p> <p>Sí</p> <p>No</p> <hr/>	
<p>Is this person currently in a registered domestic partnership or civil union?</p> <p>Yes</p> <p>No</p>	<p>¿Tiene esta persona actualmente una pareja por una unión legal reconocida por el gobierno estatal o local?</p> <p>Sí</p> <p>No</p>	

CAI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>I will now be asking about <your/(Name)'s> marital status.</p> <p><Is (Name)/Are you> currently married, widowed, divorced, separated, or never married? Now married → SKIP next two questions</p> <p>Widowed Divorced Separated Never married</p> <hr/> <p><Is (Name)/Are you> currently living with a boyfriend, girlfriend, or partner in this household?</p> <p>Yes No</p> <hr/> <p><Is (Name)/Are you> currently in a registered domestic partnership or civil union?</p> <p>Yes No</p>	<p>Ahora, le voy a preguntar acerca <de su estado civil/del estado civil de (Name)>.</p> <p>¿Está <(Name)/usted> actualmente casado(a), viudo(a), divorciado(a), separado(a) o nunca se ha casado?</p> <p>Casado(a) actualmente → PASE <i>dos preguntas siguientes</i> Viudo(a) Divorciado(a) Separado(a) Nunca se ha casado</p> <hr/> <p>¿Vive <(Name)/usted> actualmente con su novio, novia, o pareja en este hogar?</p> <p>Sí No</p> <hr/> <p>¿Tiene <(Name)/usted> actualmente una pareja por una unión legal reconocida por el gobierno estatal o local?</p> <p>Sí No</p>	<p>Same recommendation as Paper mode.</p>

4.6 Journey to Work: Commuting Mode

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>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. Mark (X) ONE box for the method of transportation used for most of the distance.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Car, truck, or van <input type="checkbox"/> Bus <input type="checkbox"/> Subway or elevated rail <input checked="" type="checkbox"/> Commuter rail or Long-distance train or commuter rail <input type="checkbox"/> Light rail, streetcar, or trolley <input type="checkbox"/> Ferryboat <input type="checkbox"/> Taxicab <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walked <input type="checkbox"/> Worked from home → SKIP to 39a <input type="checkbox"/> Other method 	<p>¿Cómo llegó usualmente esta persona al trabajo LA SEMANA PASADA? Marque (X) en UNA casilla para el medio de transporte que utilizó por más distancia. Si esta persona usualmente utilizó más de un medio de transporte durante el viaje, marque (X) la casilla correspondiente al que utilizó por más distancia.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Automóvil, camion o van <input type="checkbox"/> Autobús <input type="checkbox"/> Tren subterráneo o elevado <input checked="" type="checkbox"/> Tren para áreas cercanas, Tren para largas distancias o tren para áreas cercanas <input type="checkbox"/> Tren ligero o tranvía <input type="checkbox"/> Lancha (ferry) <input type="checkbox"/> Taxi <input type="checkbox"/> Motocicleta <input type="checkbox"/> Bicicleta <input type="checkbox"/> Caminó <input type="checkbox"/> Trabajó desde el hogar → PASE a la pregunta 39a <input type="checkbox"/> Otro método 	<p>Reverse the order of the commuter/long-distance rail category.</p> <ul style="list-style-type: none"> ■ There was a trend among Round 2 respondents to revert to the “commuter rail” category when they were unsure how to categorize the type of rail transit they or their household members take. Reversing the order in which the rail types in this category appear may help alleviate the issue. <p>Simplify the instructions to mark only one response category, or allow respondents to mark more than one.</p> <ul style="list-style-type: none"> ■ Eight of 35 respondents marked more than one category for their response. Simplifying them can better ensure respondents notice and correctly follow the instructions to mark only one answer. ■ Consider allowing respondents to select more than one response.

CATI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>LAST WEEK, how did <(Name)/you> USUALLY get to work?</p> <p>(If <he/she/(Name)/you> usually used more than one method of transportation during the trip, report the one used for most of the distance.)</p> <p>Car, truck, or van Bus Subway or elevated rail Commuter rail or Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Taxicab Motorcycle Bicycle Walked Worked from home → SKIP to 39a Other method</p>	<p>¿Cómo llegó <(Name)/usted> usualmente al trabajo LA SEMANA PASADA?</p> <p>(Si <él/ella/(Name)/usted> usualmente utilizó más de un medio de transporte durante el viaje, diga cuál fue el que utilizó por más distancia.)</p> <p>Automóvil, camión, o <i>van</i> Autobús Tren subterráneo o elevado Tren para áreas cercanas, Tren para largas distancias o tren para áreas cercanas Tren ligero o tranvía Lancha (ferry) Taxi Motocicleta Bicicleta Caminó Trabajó desde el hogar → <i>PASE a la pregunta 39a</i> Otro método</p>	Same recommendations as Paper mode, unless not applicable to CATI.

CAPI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p><Using Card G,> LAST WEEK, how did <(Name)/you> USUALLY get to work?</p> <p>(If <he/she/(Name)/you> usually used more than one method of transportation during the trip, report the one used for most of the distance.)</p> <p>Car, truck, or van Bus Subway or elevated rail Commuter rail or Long-distance train or commuter rail Light rail, streetcar, or trolley Ferryboat Taxicab Motorcycle Bicycle Walked Worked from home → SKIP to 39a Other method</p>	<p><Usando la Tarjeta G> ¿cómo llegó<(Name)/usted> usualmente al trabajo LA SEMANA PASADA?</p> <p>(Si <él/ella/(Name)/usted> usualmente utilizó más de un medio de transporte durante el viaje, diga cuál fue el que utilizó por más distancia.)</p> <p>Automóvil, camión, o <i>van</i> Autobús Tren subterráneo o elevado Tren para áreas cercanas, tTren para largas distancias o tren para áreas cercanas Tren ligero o tranvía Lancha (ferry) Taxi Motocicleta Bicicleta Caminó Trabajó desde el hogar → <i>PASE a la pregunta 39a</i> Otro método</p>	Same recommendations as Paper mode, unless not applicable to CAPI.

4.7 Journey to Work: Time Left for Work

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
LAST WEEK, what time did this person's trip to work usually begin? Hour Minute a.m. p.m.	LA SEMANA PASADA, ¿a qué hora usualmente comenzó esta persona su viaje al trabajo? Hora Minutos a.m. p.m.	We recommend proceeding with this question as worded for the field test. <ul style="list-style-type: none"> ■ While respondents used some rounding and estimation strategies to answer the question, most understood what the question was asking and did not report difficulties in coming up with their answer. ■ None of the respondents who understood what the question was asking felt it was intrusive. ■ Respondents appeared to answer the time left for work question more accurately for other household members than did Round 1 respondents answering the time arrived at work question for other household members.

CAI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
LAST WEEK, what time did <your/(Name)'s> trip to work usually begin? (What hour)? (How many minutes past that hour?) (Was that AM or PM)?	LA SEMANA PASADA, ¿a qué hora usualmente comenzó <(Name)/usted> su viaje al trabajo? (¿Cuántos minutos pasado esa hora?) (¿Durante la mañana o por la tarde (AM o PM)?)	Same recommendation as Paper mode.

4.8 Weeks Worked

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Over the past 52 weeks, since one year ago today, did this person work EVERY week, even for a few hours? Count paid vacation, paid sick leave, and military service as work.</p> <ul style="list-style-type: none"> • Yes SKIP TO QUESTION 39 • No <p>How many WEEKS did this person work, even for a few hours, including paid time off? Over the past 52 weeks, since one year ago today, how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.</p> <p>weeks _____</p>	<p>Durante las últimas 52 semanas, es decir desde hoy hace un año, ¿trabajó esta persona TODAS las semanas, incluso si solo fueron por unas pocas horas? Durante los ÚLTIMOS 12 MESES (52 semanas), ¿trabajó esta persona 50 semanas o más? Incluya vacaciones pagadas, licencia por enfermedad pagada, y servicio militar como trabajo.</p> <ul style="list-style-type: none"> • Sí → PASE a la pregunta 39 • No <p>Durante las últimas 52 semanas, es decir desde hoy hace un año, ¿cuántas SEMANAS trabajó esta persona? Incluya vacaciones o licencias pagadas e incluya semanas en que la persona únicamente trabajó por unas pocas horas. ¿Cuántas SEMANAS trabajó esta persona, aunque haya sido por algunas horas, incluso tiempo libre pagado?</p> <p>semanas _____</p>	<p>Clarify reference period by saying “Over the past 52 weeks, since one year ago today...”</p> <ul style="list-style-type: none"> ■ Similar to Round 1, in Round 2 there was a high degree of error and inaccuracy in reporting the number of weeks worked. There continues to be a problem of misunderstanding the desired timeframe for the question, with fully 19 out of 37 respondents misinterpreting the reference period as something other than the last 12 months, and 8 saying it would have changed their answer if they had used the correct timeframe. Modify question 38a to ask if the person worked EVERY week rather than 50 or more weeks and skip those who answer “yes” past 38b. ■ Seven out of the 16 respondents who said they had worked 50 or more weeks in the past 12 months had not actually worked the full year. This gate question is essentially asking if the person worked a full year, so the recommended approach removes the need to calculate weeks and instead asks if the person worked every week over the past 52 weeks. ■ Again noting that 19 out of 37 respondents misinterpreted the desired reporting period for the question, we recommend repeating the wording of “Over the past 52 weeks, since 1 year ago today” when asking for the number of weeks worked. <p>To reduce reporting errors, repeat reference period in question 38b.</p>

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
		<p>In 38b, move information about including weeks where even a few hours are worked from the question to the instruction.</p> <ul style="list-style-type: none"> The addition of the reference period to 38b makes the question quite lengthy. Because we have added the instruction to include weeks worked “even for a few hours to the question wording in 38a, it seems safe to move that same information from the question wording to the instruction in 38b. Furthermore, including the reference period and the types of weeks to count (those in which only a few hours are worked; those for which the person took paid time off) in both questions may increase the chances that respondents pay attention to them, thus improving accuracy of reporting.

CAI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>During the PAST 12 MONTHS or 52 weeks, did <(Name)/you> work 50 or more weeks? Over the past 52 weeks, since one year ago today, did <(Name)/you> work EVERY week, even for a few hours? Count paid vacation, paid sick leave, and military service as work.</p> <ul style="list-style-type: none"> • Yes SKIP TO QUESTION 39 • No <p>How many WEEKS did <(Name)/you> work, even for a few hours, including paid time off? Over the past 52 weeks, since one year ago today, how many WEEKS did <(Name)/you> work? Include paid time off and include weeks when the person only worked for a few hours.</p> <p>weeks _____</p>	<p>Durante las últimas 52 semanas, es decir desde hoy hace un año, ¿trabajó <(Name)/usted> TODAS las semanas, incluso si solo fueron por unas pocas horas? Durante los ÚLTIMOS 12 MESES o 52 semanas, ¿trabajó <(Name)/usted> 50 semanas o más? Incluya vacaciones pagadas, licencia por enfermedad pagada, y servicio militar como trabajo.</p> <ul style="list-style-type: none"> • Sí SKIP TO QUESTION 39 • No <p>Durante las últimas 52 semanas, es decir desde hoy hace un año, ¿cuántas SEMANAS trabajó <(Name)/usted>? Incluya vacaciones o licencias pagadas e incluya semanas en que la persona únicamente trabajó por unas pocas horas.</p> <p>semanas _____</p>	Same recommendations as Paper mode.

4.9 Class of Worker

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>DESCRIPTION OF EMPLOYMENT. <i>The next series of questions is about the type of employment this person had last week.</i></p> <p><i>If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.</i></p> <p>Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.</p> <p>PRIVATE SECTOR EMPLOYEE</p> <ul style="list-style-type: none"> <input type="radio"/> For-profit company or organization <input type="radio"/> Non-profit organization (including tax-exempt and charitable organizations) <p>GOVERNMENT EMPLOYEE</p> <ul style="list-style-type: none"> <input type="radio"/> Local government (for example: city or county school district) <input type="radio"/> State government (including state colleges/universities) <input type="radio"/> Active duty U.S. Armed Forces or Commissioned Corps <input type="radio"/> Federal government civilian employee <p>SELF-EMPLOYED or OTHER:</p> <ul style="list-style-type: none"> <input type="radio"/> Owner of non-incorporated business, professional practice, or farm <input type="radio"/> Owner of incorporated business, professional practice, or farm <input type="radio"/> Worked without pay in a for-profit family business or farm for 15 hours or more per week 	<p>DESCRIPCIÓN DEL EMPLEO. <i>La serie de preguntas que sigue es sobre el tipo de empleo que esta persona tenía la semana pasada.</i></p> <p><i>Si esta persona tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si esta persona no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.</i></p> <p>¿Cuál de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo más reciente en los últimos 5 años? Marque (X) UNA casilla.</p> <p>EMPLEADO DEL SECTOR PRIVADO:</p> <ul style="list-style-type: none"> ○ Compañía u organización con fines de lucro ○ Organización sin fines de lucro (incluidas las organizaciones exentas de impuestos y las organizaciones caritativas) <p>EMPLEADO DEL GOBIERNO:</p> <ul style="list-style-type: none"> ○ Gobierno local (por ejemplo: distrito escolar de la ciudad o condado) ○ Gobierno estatal (incluyendo universidades estatales) ○ Servicio activo en las Fuerzas Armadas de los EE. UU. en el Cuerpo de Comisionados ○ Empleado civil del gobierno federal <p>EMPLEADO POR CUENTA PROPIA u OTRO:</p> <ul style="list-style-type: none"> ○ Negocio, práctica profesional o finca propia no incorporada ○ Negocio, práctica profesional o finca propia incorporada ○ Trabajó sin pago en un negocio o finca de la familia con fines de lucro 15 horas o más a la semana 	<p>Retain the Round 2 wording for the Content Test.</p> <ul style="list-style-type: none"> ■ The revised classification of work item tested well, overall, in all three modes and both languages. Most respondents appeared to interpret the questions as intended and there was no underlying pattern among the nine respondents who did not answer accurately.

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
What was the name of this person's employer, business, agency, or branch of the Armed Forces? _____	¿Cuál era el nombre del empleador, negocio, agencia o rama de las Fuerzas Armadas de esta persona? _____	

CATI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
The next series of questions is about the type of employment <(Name)/you> had last week.	La serie de preguntas que sigue es sobre el tipo de empleo que <(Name)/usted> tenía la semana pasada.	Retain the Round 2 wording for the Content Test.
If <(Name)/you> had more than 1 job, describe the one at which the most hours were worked. If <(Name)/you> did not work last week, describe the most recent employment in the past five years.	Si <(Name)/usted> tenía más de 1 empleo, describa el empleo en el que trabajó más horas. Si <(Name)/usted> no trabajó la semana pasada, describa su empleo más reciente en los últimos cinco años.	
I am going to read 5 categories. Please pick the one that best describes <(Name)'s/your> employment – a private organization or company, government, active duty U.S. Armed Forces or Commissioned Corps, self-employed, or worked without pay in a for-profit family business or farm.	Voy a leer 5 categorías. Por favor, escoja la que mejor describe <su empleo/el empleo de (Name)> - una organización o compañía privada, el gobierno, servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados, empleado por cuenta propia, o trabajó sin pago en un negocio o finca de la familia con fines de lucro.	
Private company or organization Government Active duty U.S. Armed Forces or Commissioned Corps Self-employed Worked without pay in a for-profit family business or farm	Compañía u organización privada Gobierno Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados Empleado por cuenta propia Trabajó sin pago en un negocio o finca de la familia con fines de lucro	
Did <(Name)/you> work for a for-profit company or non-profit organization ? For-profit company Non-profit organization	¿Trabajó <(Name)/usted> para una compañía con fines de lucro o una organización sin fines de lucro? Compañía con fines de lucro Organización sin fines de lucro	

CATI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
Did <(Name)/you> work for a local, state, or federal government? Local State Federal	¿Trabajó <(Name)/usted> para un gobierno local, estatal o federal? Local Estatal Federal	
Was <(Name)'s/your> self-employed business, professional practice, or farm incorporated or not incorporated? Incorporated Not incorporated	¿Era el negocio por cuenta propia, práctica profesional, o finca de <(Name)/usted> incorporado o no incorporado? Incorporado No incorporado	
Did <(Name)/you> work without pay in this for-profit family business or farm for 15 hours or more per week? Yes No	¿Trabajó <(Name)/usted> sin pagopara este negocio o finca de la familia con fines de lucro 15 horas o más a la semana? Sí No	
-----	-----	
What was the name of <(Name)'s/your> employer, business, or agency?	¿Cuál era el nombre del empleador, negocio o agencia de (Name)?/¿Cuál era el nombre de su empleador, negocio o agencia?	
Which branch of the Armed Forces or Commissioned Corps did <(Name)/you> work for? U.S. Army U.S. Navy U.S. Air Force U.S. Marine Corps U.S. Coast Guard U.S. Public Health Service National Oceanic and Atmospheric Administration (NOAA)	Para qué rama de las Fuerzas Armadas o del Cuerpo de Comisionados trabajó <(Name)/usted>? Ejército de los EE. UU. Marina de los EE. UU. Fuerza Aérea de los EE. UU. Infantería de Marina de los EE. UU. Servicio de Guardacostas de los EE.UU. Servicios de Salud Pública de los EE. UU. Administración Nacional Oceánica y Atmosférica (NOAA)	

CAPI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>The next series of questions is about the type of employment <(Name)/you> had last week.</p> <p>If <(Name)/you> had more than 1 job, describe the one at which the most hours were worked. If <(Name)/you> did not work last week, describe the most recent employment in the past five years.</p> <p>Let's start with the first question. Using CARD H, which one of the following best describes <(Name)'s/your> employment?</p> <p>(Card H shows what is listed below)</p> <p>PRIVATE SECTOR EMPLOYEE For-profit company or organization Non-profit organization (including tax-exempt and charitable organizations)</p> <p>GOVERNMENT EMPLOYEE Local government (for example: city or county school district) State government (including state colleges/ universities) Active duty U.S. Armed Forces or Commissioned Corps Federal Government civilian employee</p> <p>SELF-EMPLOYED OR OTHER Owner of non-incorporated business, professional practice, or farm Owner of incorporated business, professional practice, or farm Worked without pay in a for-profit family business or farm for 15 hours or more per week</p> <hr/>	<p>La serie de preguntas que sigue es sobre el tipo de empleo que <usted/Nombre> tenía la semana pasada.</p> <p>Si <usted/Nombre> tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si <usted/Nombre> no trabajó la semana pasada, describa el empleo más reciente en los últimos cinco años.</p> <p>Empezamos con la primera pregunta. Usando la TARJETA H, ¿cuál de las siguientes opciones describe mejor <su empleo/ el empleo de (Name)>?</p> <p>(Card H shows what is listed below)</p> <p>EMPLEADO DEL SECTOR PRIVADO: Compañía u organización con fines de lucro Organización sin fines de lucro (incluidas las organizaciones exentas de impuestos y las organizaciones caritativas)</p> <p>EMPLEADOR DEL GOBIERNO: Gobierno local (por ejemplo: distrito escolar de la ciudad o condado) Gobierno estatal (incluyendo universidades estatales) Servicio activo en las Fuerzas Armadas de los EE. UU. o en el Cuerpo de Comisionados Empleado civil del gobierno federal</p> <p>EMPLEADO POR CUENTA PROPIA U OTRO: Propietario(a) de un negocio, una práctica profesional o una finca no incorporada Propietario(a) de un negocio, una práctica profesional o una finca incorporada Trabajó sin pago en un negocio o finca de la familia con fines lucro 15 horas o más a la semana-----</p> <hr/> <p>¿Cuál era el nombre del empleador, negocio o agencia de (Name)?/¿Cuál era el nombre de su empleador,</p>	<p>Retain the Round 2 wording for the Content Test.</p>

CAPI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>What was the name of <(Name)'s/your> employer, business, or agency?</p> <p>Which branch of the Armed Forces or Commissioned Corps did <(Name)/you> work for?</p> <p>U.S. Army U.S. Navy U.S. Air Force U.S. Marine Corps U.S. Coast Guard U.S. Public Health Service National Oceanic and Atmospheric Administration (NOAA)</p>	<p>negocio o agencia?</p> <p>Para qué rama de las Fuerzas Armadas o del Cuerpo de Comisionados trabajó <(Name)/usted>?</p> <p>Ejército de los EE. UU. Marina de los EE. UU. Fuerza Aérea de los EE. UU. Infantería de Marina de los EE. UU. Servicio de Guardacostas de los EE.UU. Servicios de Salud Pública de los EE. UU. Administración Nacional Oceánica y Atmosférica (NOAA)</p>	

4.10 Industry and Occupation

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
What kind of business or industry was this? <i>Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction, or something else)</i> _____	¿Qué tipo de negocio o industria era este? <i>Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. (Por ejemplo: escuela primaria, construcción residencial, etc.)</i> _____	Add a “closing” phrase (“or something else”/”etc.”) to enhance verbal administration of the examples lists and to emphasize that the lists are not exhaustive.
Was this mainly – <i>Mark (X) ONE box.</i> manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)? _____	¿Era este principalmente de – <i>Marque (X) UNA casilla.</i> manufactura? comercio al por mayor? comercio al por menor? otro (agricultura, construcción, servicio, gobierno, etc.)? _____	■ To enhance verbal administration of the examples lists and to emphasize that the lists are not exhaustive, we recommend adding in a “closing” phrase. For consistency across items, we recommend adding the new phrase to all the industry and occupation items, even though difficulty with the examples only appeared in the kind of industry and most important activities questions. The phrase “or something else” will help the respondents understand that non-listed responses are welcome. In Spanish, the phrase “etc.” is the best translation for extending the list of examples.
What was this person’s main occupation? <i>(For example: 4th grade teacher, entry-level plumber, or something else)</i> _____	¿Cuál era la ocupación principal de esta persona? <i>(Por ejemplo: maestro(a) de 4^{to} grado, plomero(a) principiante, etc.)</i> _____	
Describe this person’s most important activities or duties. <i>(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details, or something else)</i> _____	Describa las actividades o deberes más importantes de esta persona. <i>(Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para los detalles del trabajo, etc.)</i> _____	

CAI VERSION	ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>What kind of business or industry was this?</p> <p>Include the main activity, product, or service provided at the location where employed. For example: elementary school, residential construction, or something else.</p> <hr/> <hr/>	<p>¿Qué tipo de negocio o industria era ésta?</p> <p>Incluya la actividad, producto o servicio principal que se ofrecía en el lugar de empleo. Por ejemplo: escuela primaria, construcción residencial, etc.</p> <hr/> <hr/>	<p>Same recommendations as Paper mode</p>	
<p>Was this mainly – manufacturing, wholesale trade, retail trade, or some other kind of business?</p> <p>Manufacturing Wholesale trade Retail trade Other (agriculture, construction, service, government, etc.)</p> <hr/> <hr/>	<p>¿Era este principalmente de – manufactura, comercio al por mayor, comercio al por menor o algún otro tipo de negocio?</p> <p>Manufactura Comercio al por mayor Comercio al por menor Otro (agricultura, construcción, servicio, gobierno, etc.)</p> <hr/> <hr/>		
<p>What was <(Name)>’s/your> main occupation? For example: 4th grade teacher, entry-level plumber, or something else _____</p> <hr/> <hr/>	<p>¿Cuál era la ocupación principal de (Name)?/ ¿Cuál era su ocupación principal? Por ejemplo: maestro(a) de 4^{to} grado, plomero(a) principiante, etc. _____</p> <hr/> <hr/>		
<p>Describe <(Name)>’s/your> most important activities or duties. For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details, or something else._____</p>	<p>Describa las actividades o deberes más importantes de <(Name)/usted>. Por ejemplo: dar clases y evaluar a los estudiantes y planificar lecciones, montar e instalar tramos de tubería y revisar los planes de construcción para los detalles del trabajo, etc. _____</p>		

4.11 Retirement Income

PAPER VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>Retirement income, pensions, survivor or disability income.</p> <p><i>Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement.</i></p> <p>Do not include Social Security.</p> <p>Yes No</p> <p>TOTAL AMOUNT for past 12 months_____</p>	<p>Ingreso de jubilación, pensiones, ingreso de sobreviviente o discapacidad.</p> <p><i>Incluye ingreso de un empleador o sindicato (union) previo, o alguna cantidad retirada o distribuida regularmente de una cuenta IRA, Roth IRA, 401(k), 403(b) u otras cuentas diseñadas específicamente para la jubilación.</i></p> <p>NO incluya Seguro Social.</p> <p>Sí No</p> <p>CANTIDAD TOTAL en los últimos 12 meses_____</p>	<p>a. Retain the current item wording in both English and Spanish.</p> <ul style="list-style-type: none"> ■ Most respondents were able to answer easily and accurately about their retirement income and appeared to be interpreting the instructions and examples correctly. ■ Spanish respondents' preferences for the terms probed on did not provide strong enough evidence to revise the Spanish wording.

CAI VERSION

ROUND 2 ENGLISH (WITH FINAL CHANGES HIGHLIGHTED)	ROUND 2 SPANISH (WITH FINAL CHANGES HIGHLIGHTED)	FINAL RECOMMENDATION AND JUSTIFICATION
<p>Did <(Name)/you> receive any survivor or disability income DURING THE PAST 12 MONTHS?</p> <p>Yes No</p> <p>What was the amount? (Do not include Social Security)</p> <p>Did <(Name)/you> receive a pension or any retirement income from a previous employer or union, or any regular withdrawals or distributions from retirement accounts such as a 401(k), 403(b), IRA, Roth IRA, or other accounts designed specifically for retirement DURING THE PAST 12 MONTHS?</p> <p>What was the amount? (Do not include Social Security) _____</p>	<p>¿Recibió <(Name)/usted> algún ingreso por sobreviviente o discapacidad DURANTE LOS ÚLTIMOS 12 MESES?</p> <p>Sí No</p> <p>¿Cuál fue la cantidad? (No incluya Seguro Social)</p> <p>¿Recibió <(Name)/usted> una pensión o algún ingreso de jubilación de un empleador o sindicato (<i>union</i>) previo, o alguna cantidad retirada o distribuida regularmente de cuentas de jubilación tales como 401(k), 403(b), IRA o de otras cuentas diseñadas específicamente para la jubilación DURANTE LOS ÚLTIMOS 12 MESES?</p> <p>¿Cuál fue la cantidad? (No incluya Seguro Social) _____</p>	Same recommendations as Paper mode