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Cognitive Pretesting for Navigation of 2013 ACS Questionnaire Design Test Questionnaires

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COGNITIVE PRETESTING FOR NAVIGATION OF  
2013 ACS QUESTIONNAIRE DESIGN TEST QUESTIONNAIRES  

ABSTRACT  

The U.S. Census Bureau will conduct the 2013 American Community Survey (ACS) Questionnaire Design Test (QDT) to test four alternate questionnaire designs for the ACS mail questionnaire. In an interdivisional project with the American Community Survey Office and the Decennial Statistical Studies Division, the Center for Survey Measurement conducted cognitive pretesting of navigation issues for three of the five QDT questionnaires. Pretesting targeted older respondents with low education levels and low internet experience, as these characteristics were found to be prevalent among respondents who choose the ACS mail questionnaire option over the ACS internet questionnaire option.  

General findings from a group of 21 respondents include: (1) most respondents had neutral reactions when completing the forms and thought the questionnaires were easy to complete; (2) some respondents did not follow skip instructions properly as a result of not paying careful attention; (3) respondents had no problems with marking check boxes or entering responses in write-in fields; and (4) some respondents did not roster themselves on the questionnaire because they mistakenly thought the information requested on the cover page of the form was the same as the information needed on the household roster section that followed the cover page. In terms of form-specific findings, the longest of the three forms had the most comments about appearing too long, and the form designed for Optical Character Recognition had relatively fewer skip instruction mistakes made by respondents in comparison to the other two forms. These results will be used in conjunction with quantitative results from the QDT field test to inform future ACS designs.  

Keywords: Navigation; Age; Education; Skip Instruction; Internet Experience
1. INTRODUCTION

The U.S. Census Bureau will conduct the 2013 American Community Survey (ACS) Questionnaire Design Test (QDT) in July and August to test four alternate questionnaire designs for ACS mail questionnaires. It is anticipated that if new content is added to the ACS, the form may need to be lengthened. The purpose of the QDT is to explore how longer questionnaire designs will affect response rate, data quality, and cost. See Davis and Wakim (2013) and Baumgardner (2013) for analysis plans of the questionnaires being tested in the 2013 ACS Questionnaire Design Test.

These new alternate designs of the mail ACS questionnaire raised a question about the extent to which they would impact form navigation and user experience. However, navigation issues cannot be fully investigated by an analysis of quantitative QDT field test data because these data will not include navigation-specific observations, including respondent reactions to form layout, perceptions of ease of using check boxes and write-in fields, and competency with following form instructions. It was decided that cognitive interviewing would be used to investigate these issues for the ACS mail questionnaires. Thus, the present cognitive pretesting study was conducted with the purpose of investigating navigation-specific issues for three of the four experimental 2013 ACS QDT mail questionnaires, and to determine if any changes would need to be made to the questionnaires prior to the QDT field test.

In the present study, three QDT questionnaires were pretested for respondent reactions to, and understandings of, navigation features embedded in the questionnaire. Specific navigation issues observed include reactions to pages that are more crowded than others, transitions between questionnaire sections (basic, housing, and detailed person), and pages with new question splits. These questionnaire features are discussed in greater detail in the following section.

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1 In this report, the terms “form” and “questionnaire” are used interchangeably.
2. QUESTIONNAIRES

2.1 Overall Description of Each Questionnaire in Cognitive Test

The three ACS QDT questionnaires tested in this study included experimental modifications to question layout, as well as the style of check boxes and write-in fields. It is important to note that the QDT questionnaires did not differ from the current ACS in content. The purpose of testing these forms was to qualitatively assess navigation issues of form usability, understanding of instruction wording, and reaction to question layout. The three forms tested are named Form 36, Form 85, and Form OCR (Optical Character Recognition).²

Form 36 is a 36-page questionnaire with the same page dimensions as the current ACS, which is 10.25 inches x 10.5 inches. The layout of the “Basic Demographics” and “Housing” sections are identical to those sections on the current ACS form. Also like the current ACS form, the “Detailed Questions for Persons 1-5” section’s space is divided into three columns. Furthermore, this section also contains an extra page for each of the five persons on the form, which increases the number of pages from four pages to five pages for each person. The current questions for each person are distributed across the five pages, allowing for more space on the bottom of most pages, in comparison to the current ACS. Because the booklet format requires adding pages in increments of four, the requirement for five additional pages for the “Detailed Questions for Persons 1-5” section results in the addition of eight pages overall. Therefore, there are three blank pages at the end of the questionnaire that include a note indicating these pages are intentionally left blank. See Appendix I for ACS Form 36.

Form 85 is a 44-page questionnaire with standard paper dimensions of 8.5 inches x 11 inches. All sections of this form were reformatted to accommodate its page dimensions - which are smaller than the 28-page Control questionnaire - while keeping the same content as the current ACS questionnaire. The “Basic Demographics” section remains at two columns per page, with each column approximately one inch narrower than the current production questionnaire. The “Housing” and “Detailed Questions for Persons 1-5” sections are decreased from three columns per page to two columns per page, with each column approximately half an inch wider than in the current ACS. The “Housing” section has increased from three pages to four pages, and the “Detailed Questions for

² Descriptions of all questionnaires are adopted from Davis and Wakim (2013). Davis and Wakim (2013) name Form 36, Form 85, and Form OCR as the 36-page Questionnaire, 44-page (8.5” x 11”) Questionnaire, and Optical Character Recognition Compatibility Questionnaire, respectively.
Persons 1-5” section has increased from five pages to seven pages per person. See Appendix II for ACS Form 85.

Form Optical Character Recognition (OCR) is a 28-page questionnaire with the same column layout and number of pages as the current ACS form. However, several modifications were made to the form to aid Optical Mark Recognition and OCR processing of the ACS. First, the color of borders around the page, between columns, and around answer choices is green instead of black. This change was made to meet a requirement for the form to be used with the Census Bureau’s Integrated Computer Assisted Data Entry (ICADE) system. Second, the form has separated “halos” for multiple-choice answers when room allowed. Halos are the white spaces that envelop the green check boxes. Third, the form has OCR "dentils" for all numeric write-in fields, which allow answers to be captured without the need for manual keying. OCR dentils appear as the white, rectangle-shaped spaces within a write-in box space, and are slightly smaller than the white spaces of the numeric write-in fields for Form 36, Form 85, and the Control form. See Figure 1 for a comparison of numeric write-in fields between Form OCR and the current ACS form. See Appendix III for ACS Form OCR.

Figure 1. Examples of Numeric Write-in Fields for ACS Form OCR and Current ACS Form

<table>
<thead>
<tr>
<th>Form OCR</th>
<th>Current ACS Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is Person 1's age and what is Person 1's date of birth?</td>
<td>What is Person 1's age and what is Person 1's date of birth?</td>
</tr>
<tr>
<td>Age (in years)</td>
<td>Age (in years)</td>
</tr>
<tr>
<td>Month</td>
<td>Month</td>
</tr>
<tr>
<td>Day</td>
<td>Day</td>
</tr>
<tr>
<td>Year of birth</td>
<td>Year of birth</td>
</tr>
</tbody>
</table>

2.2 Description of Sections Common to all Questionnaires

The “Start Here” page is the front cover page of the ACS. In terms of data, this page asks for today’s date, the name and phone number of the person completing the form, and the number of persons living or staying at the household address. This page also has an internet option instruction that informs the respondent of the option to complete the ACS online instead of completing and mailing back the ACS paper questionnaire. Also of importance is the final instruction of the “Start Here” page, which states that the

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3 For a description of ICADE, see Baumgardner (2012).
4 Questions with Yes/No response options do not have separated halos, due to space limitations on the 28-page form.
respondent should complete the “Basic Demographics” section for everyone - including the respondent - who is living or staying at the address for more than two months. This instruction then tells the respondent to complete the rest of the questionnaire.

The “Basic Demographics” section is where the respondent reports basic demographic information for up to 12 persons. For the first five persons, this demographic information includes name, relationship to Person 1, sex, age, date of birth, Hispanic origin, and race. For persons 6-12, this section asks only name, sex, and age. Currently, there is an unbolded description right before questions for Person 1 that defines who Person 1 is. This description defines Person 1 as the person living or staying at the housing unit in whose name the housing unit is owned or rented.

The “Housing” section is the second section of the ACS questionnaire. This section elicits data on the housing unit itself, including building characteristics, internet access, the type and cost of energy used at the housing unit, tenure, cost of mortgage or rent if applicable, and type and cost of taxes and insurance for the housing unit.

The “Detailed Questions for Persons 1-5” section of the ACS is the last and largest section on the ACS. This section elicits various types of detailed characteristics for the first five persons rostered. The types of data elicited in this section includes place of birth, citizenship, education level, ancestry, disability, military service, recent job activity, and type and amount of income.

3. METHODS

From September to December 2012, 21 face-to-face cognitive interviews were conducted in the Washington D.C. metropolitan area. Five interviews were conducted to test Form 36, six interviews were conducted to test Form 85, and ten interviews were conducted to test Form OCR. The cognitive interviewing team for these interviews consisted of three Census Bureau staff members, including the author. Each form underwent one round of testing.

3.1 Respondent Selection

Because the internet questionnaire option will be implemented as part of the Questionnaire Design Test, a number of respondents were anticipated to choose the internet option over the mail questionnaire option. Respondents who choose the mail option have been found in previous research to be older and less educated than respondents who choose the internet option (Tancreto et al., 2012). Because the present study was a cognitive test of only the mail questionnaires, respondent recruitment for this
study targeted older respondents with low education levels and low internet experience. Low internet experience was defined as use of the internet less than 2-3 times a week for activities such as searching for information, shopping online, or completing web surveys. However, respondents who used email daily were recruited because email use was thought to require a skill level lower than that used for web searches, online shopping, or completing web surveys.

Respondents were recruited by placing a recruitment advertisement in a large newspaper, placing advertisements in an apartment complex known to house many senior citizens, and placing an advertisement in a Senior Center in Maryland. The newspaper ad was the most successful in producing the greatest volume of recruitment responses. Each respondent received $40 in cash as compensation for his or her time and travel in order to complete the interview. The respondent recruiting method resulted in 21 total cognitive interviews. Time constraints prevented the original goal of conducting ten interviews per form.

3.2 Respondent Characteristics

All respondents interviewed were 45 years old or older. Most respondents had only a high school or some college education. Most respondents used the internet less than 2-3 times a week, except for five respondents who used email daily. In terms of race, respondents consisted of African-American, White, Hispanic White, and Asian persons. See Table 1 for respondent characteristics organized by the form they were asked to complete.

Table 1: Respondent Characteristics by Form
<table>
<thead>
<tr>
<th>FORM</th>
<th>COMPARED FORM</th>
<th>SEX</th>
<th>Race</th>
<th>AGE GROUP</th>
<th>EDUCATION</th>
<th>Online Banking</th>
<th>Online Internet Banking</th>
<th>Online Email</th>
<th>Internet Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>85</td>
<td>F</td>
<td>Black</td>
<td>70-75</td>
<td>Bachelor's Degree</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Never</td>
</tr>
<tr>
<td>36</td>
<td>85</td>
<td>M</td>
<td>Black</td>
<td>55-60</td>
<td>Graduate Degree</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>N/A</td>
</tr>
<tr>
<td>36</td>
<td>85</td>
<td>F</td>
<td>White</td>
<td>75-80</td>
<td>Bachelor's Degree</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Rarely/Never</td>
</tr>
<tr>
<td>36</td>
<td>85</td>
<td>F</td>
<td>Black</td>
<td>50-55</td>
<td>High School</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Once a Month</td>
</tr>
<tr>
<td>36</td>
<td>85</td>
<td>M</td>
<td>Black</td>
<td>60-65</td>
<td>Bachelor's Degree</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>36</td>
<td>85</td>
<td>F</td>
<td>Black</td>
<td>60-65</td>
<td>High School</td>
<td>No</td>
<td>Sometimes</td>
<td>Yes</td>
<td>Daily</td>
</tr>
<tr>
<td>85</td>
<td>36</td>
<td>F</td>
<td>Black</td>
<td>55-60</td>
<td>Less than High School</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Never</td>
</tr>
<tr>
<td>85</td>
<td>36</td>
<td>M</td>
<td>Black</td>
<td>60-65</td>
<td>Some College</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Never</td>
</tr>
<tr>
<td>85</td>
<td>36</td>
<td>M</td>
<td>White</td>
<td>60-65</td>
<td>Some College (Associate's Degree)</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>2-3 times a week</td>
</tr>
<tr>
<td>OCR</td>
<td>Control</td>
<td>M</td>
<td>Black</td>
<td>75-80</td>
<td>Graduate Degree</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Rarely/Never</td>
</tr>
<tr>
<td>OCR</td>
<td>Control</td>
<td>F</td>
<td>Hispanic White</td>
<td>80-85</td>
<td>High School</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Daily</td>
</tr>
<tr>
<td>OCR</td>
<td>Control</td>
<td>M</td>
<td>Asian</td>
<td>75-80</td>
<td>College</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Rarely/Never</td>
</tr>
<tr>
<td>OCR</td>
<td>Control</td>
<td>M</td>
<td>Black</td>
<td>50-55</td>
<td>Some College</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Rarely/Never</td>
</tr>
<tr>
<td>OCR</td>
<td>Control</td>
<td>F</td>
<td>Black</td>
<td>55-60</td>
<td>Some College</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Rarely/Never</td>
</tr>
<tr>
<td>OCR</td>
<td>Control</td>
<td>F</td>
<td>Hispanic White</td>
<td>71-75</td>
<td>High School</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Daily</td>
</tr>
<tr>
<td>OCR</td>
<td>Control</td>
<td>M</td>
<td>White</td>
<td>45-50</td>
<td>Graduate Degree</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Daily</td>
</tr>
<tr>
<td>OCR</td>
<td>Control</td>
<td>F</td>
<td>White</td>
<td>50-55</td>
<td>Some College</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Daily</td>
</tr>
<tr>
<td>OCR</td>
<td>Control</td>
<td>M</td>
<td>White</td>
<td>55-60</td>
<td>Some College</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

3.3 The Cognitive Interview Protocol

The protocols used in this study focused on respondents’ navigation through each form’s design. The specific type of cognitive interview used was the retrospective think-aloud method, in which respondents first completed the questionnaire without interruption, and then were asked by cognitive interviewers to describe their experiences, feelings, and interpretations after completing the form (Willis, 2005). This method was used to allow respondents to complete the form as naturally as possible, and to avoid the cognitive interviewer asking questions during form completion that would interrupt the respondent’s navigation through the form.

5 Unless specified otherwise, all races are non-Hispanic.
At the start of the interview, Census Bureau staff told respondents that the purpose of the study was to see how well the ACS worked. Respondents were also told that information they provided would be confidential and their anonymity would be preserved. Interviewers instructed respondents to read and sign a consent form before the interview began. Respondents were also asked for permission to tape record the interview.

Interviewers then asked respondents to complete the form as if they received the ACS at home in the mail. While respondents completed the form, interviewers made notes about how the respondent went about answering the questionnaire and probed later about reactions to the form, whether the respondent fully read or followed an instruction, and any other notable behaviors. After the respondents completed the questionnaire, interviewers asked the respondents questions about form navigation, respondents’ understanding of form instructions, and other related issues that emerged during the interview. These questions consisted of standard questions asked of every respondent, as well as questions based on specific observations of each respondent’s performance.

Next, cognitive interviewers showed respondents another pre-selected questionnaire and asked them to compare this form with the form they just completed. The respondents were not required to complete the alternative questionnaire. Instead, interviewers probed respondents about their reactions to the comparison form and their preferences. One limitation of this method is the potential for presentation order effects. A respondent may prefer the form they completed because they saw it first and do not want to use the cognitive effort to fully evaluate the comparison form (Krosnick & Alwin, 1987). See Table 4 for a description of each form that was compared to one another.

Finally, interviewers asked respondents a set of debriefing questions at the end of interview that gave respondents the opportunity to express their overall impressions of the form or the interview itself, as well as make any other final comments. For an example, see Appendix VI for the cognitive interview protocol for Form 36. Interview times ranged from one hour to two hours to complete, depending on the respondent’s household size.

4. FINDINGS

The findings section will first focus on general issues found for all three questionnaires. Next, the discussion will focus on respondents’ navigation of the specific sections common to all three forms: (a) the “Start Here” and Basic Demographics questions, (b) Housing questions, and (c) Detailed Person questions for Persons 1-5. These findings will specify which findings apply to all forms, and which findings apply to individual forms.

4.1 General Issues Spanning All Three Questionnaires
For all three forms, most respondents had neutral reactions with no confusion. Upon seeing each form and flipping through the first pages, some respondents (i.e., four for Form 85, two for Form 36, and two for Form OCR) commented about the length of the form appearing too long. This finding of Form 85 having the most comments on form length may be due to the fact that Form 85 is the longest of the three forms, being eight pages longer than Form 36 and 16 pages longer than Form OCR. Despite some respondents reporting a lengthy appearance, most respondents had positive comments about the ACS overall by calling it a “good survey,” or stating that completing the survey was a “good experience.”

While most respondents stated that all three versions of the ACS were generally “easy to do,” it was found during interviewer observations and respondent debriefings that respondents experienced trouble when appearing to navigate from one question to another too quickly, not paying adequate attention while completing the form, or not knowing answers for questions about other persons in the household. Specifically regarding skip instructions, respondents who were observed by interviewers to rush from one question to another and not pay careful attention also made more skip instruction mistakes than respondents who appeared to complete the form at a slower pace. Respondents with a high school education or lower appeared to have more trouble understanding or following the form instructions than respondents with more than a high school education.

In terms of what respondents paid most attention to while completing all three forms, respondents appeared to pay more attention to the bolded part of a question item, rather than the instructions. During debriefing, it was found that item non-response was due to respondents not knowing information for other persons living in the housing unit, rather than not understanding a question or instruction. These particular situations may have been artifacts of the cognitive interviewing process, as respondents during the interview were not able to find information or ask other persons for their information when necessary. During debriefing, for example, one respondent stated that he would need to ask his wife to know her exact income, and another respondent would have needed to let her roommate complete the questionnaire because they do not share income information.

4.2 Navigation Issues Found in Main Questionnaire Sections

A. “Start Here” and Basic Demographics Sections

In these sections, the cognitive interviewing team focused on several issues, including respondents’ initial reactions to the form and whether respondents noticed the internet option. Because name and race write-in fields for Form 85 were shorter due to narrower
columns than those on Forms 36 and OCR, the team also focused on whether respondents had any problems writing answers in these write-in boxes for all forms. Initial reactions to the form were considered as indications of whether respondents considered completing the form a burdensome task, as well as indications of whether the form looked professional. Specifically for Form OCR, we also focused on how respondents reacted to OCR dentils for numerical write-in spaces, which are slightly smaller than the numerical write-in spaces for the ACS Control form and the other test forms.

In terms of initial behaviors when receiving the form, most respondents who completed Form 36 and Form 85 flipped through the first few pages and then started completing the form with little reaction. However, for Form OCR, most respondents did the opposite; all but two respondents began completing Form OCR right away without looking at the rest of the form. This difference in how respondents reacted to the forms was likely due to individual differences in how respondents prefer to complete a questionnaire rather than in differences between the forms themselves.

Across all forms, there were mixed reactions among the few respondents who noticed the internet option. One respondent for Form 36 and another for Form 85 stated during the debriefing that they noticed the internet option. The respondent for Form 85 thought the internet option was a good idea, and the respondent for Form 36 would have preferred to complete the internet option, even if having to go to a relative’s house to do it since the respondent did not have internet access at home. For Form OCR, one of 10 respondents stated during the debriefing that she noticed the internet option and would not have used the Internet. Instead, this respondent would have used the pencil and paper form since the respondent already had it, and liked having the paper form.

Across all forms, no respondents had problems filling out names and races in the write-in fields. This finding occurred for Form 85 despite having shorter race and name write-in fields than Form 36 and Form OCR. For Form OCR, no respondents had problems or made comments about marking answers in the numeric dentils.

When navigating this section, some respondents misinterpreted the meaning of the “Start Here” page in relation to the succeeding pages that elicit information for Basic Demographics in the household. Respondents for Form 36 (n = 2), Form 85 (n = 3), Form OCR (n = 1) counted themselves in the Pop Count question tally, but did not roster themselves in the Basic Demographics section. When probed about this behavior, all but one respondent stated that they were not paying careful enough attention to the form instructions. The sixth respondent had a tenuous living situation and thus did not consider herself part of the household. Although not explicitly stated by respondents, these occurrences may have been the result of respondents thinking that the front “Start Here”
page was his or her “Person 1” section. As previously stated, the “Start Here” page instructs respondents to write his or her name on that page, which may indicate to the respondent that this is the only page where his or her information should be placed, instead of rewriting his or her name again in the following Basic Demographics section.

One uncommon finding from the “Start Here” and “Basic Demographics” sections was that one respondent for Form 36 included all building tenants in the Pop Count tally, but only listed persons living in the specific housing unit in the Basic Demographics section. During probing, the respondent stated that the landlord for the whole building considered all persons in the building as one “family” and all the apartments in the building as “one residence.” Although only occurring once, this situation highlights a difference between what the Census Bureau residence rules and what this respondent considered to be a housing unit and a household.

B. Housing Section

The cognitive interviewing team focused on several navigation issues for this section. For all three forms, we focused on whether respondents properly followed skip instructions overall and paraphrased Skip Instruction C in particular. Second, we observed whether respondents understood the distinction between asking for monthly utility costs for electricity and gas for Questions 14a and 14b, respectively and yearly utility costs for water and other fuel for Questions 14c and 14d, respectively. On Form 85, Questions 14a and 14b are on Page 6, and are split from Questions 14c and 14d on Page 7. The split was thought to better highlight the difference in monthly versus yearly costs in comparison to the other forms which had utility cost questions in one column. Across all forms, all but one respondent understood the difference between monthly utility costs for Questions 14a and 14b and yearly utility costs for Questions 14c and 14d. This respondent – who completed Form OCR – did not understand the difference at first, but corrected herself before finishing the form. This respondent first thought Question 14c and 14d were also about “last month” (i.e., monthly) costs.

Specifically for Form OCR, the cognitive interviewing team focused on several issues, including how respondents would react to write-in boxes for numerical responses, whose white spaces in the write-in boxes appear slightly smaller than those in the ACS Control form. In addition, we also focused on how respondents reacted to write-ins that weren’t numerical write-ins (like those for Question 9 and 11), because they do not have the segmented white boxes for individual characters like numerical write-in fields have. Results showed that respondents did not exhibit problems with the write-in boxes for numerical responses, like month, year, or dollar amount. No respondents needed to use the non-numerical write-ins (like those in Questions 9 and 11), and thus we could not
assess respondent reactions to them.

In terms of findings across all forms, respondents were generally able to follow the lettered skip instructions, although Table 2 shows that they did make errors. In most instances, respondents stated during debriefing that they did not pay attention, and in fewer instances were observed to have poor reading comprehension skills. Given that about twice as many respondents completed Form OCR than completed Form 36 or Form 85, it appears that Form OCR had relatively fewer skip instruction issues than the other two forms.

Specifically among the lettered skip instructions, respondents at times did not follow Skip Instructions A, B, C, and E. Overall, Skip Instructions C (n = 5) and A (n = 4) were improperly followed more often than Skip Instructions B (n = 1) and E (n = 1). The five instances of improperly following Skip Instruction C occurred despite all respondents being able to paraphrase the instruction when asked to do so. Instruction C told respondents to complete Questions 19-23 only if they owned or were buying the place in which they lived. Otherwise they were to skip to Section E. These five respondents were renters and should have skipped to Section E, but instead completed Questions 19-23 anyway. During respondent debriefings on why this instruction was improperly followed while completing the form, they reported not paying attention.

Respondents also made navigation errors by not following skip instructions that were embedded after responses to questions. Across all forms, respondents did not follow skip instructions that were embedded after responses to Question 4 (n = 4) and Question 10 (n = 3) because they were not paying attention or had poor reading comprehension skills.
Table 2. Frequencies of Improperly Followed Housing Section Skip Instructions
by Form type

<table>
<thead>
<tr>
<th>Skip Instruction</th>
<th>Form</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36 (n = 6)</td>
<td>85 (n = 5)</td>
</tr>
<tr>
<td>A</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>B</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>C</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>E</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Q4</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Q10</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

C. Detailed Questions for Persons 1-5 Section

In this section for all three forms, cognitive interviewing team members focused on how respondents followed skip instructions overall and paraphrased Skip Instruction K in particular.

The interviewing team also focused on the following navigation issues that were specific to Form 36 and Form 85:

1. Did respondents miss answering Question 13 about ancestry or ethnic origin if they had a bachelor’s degree and first answered Question 12 about bachelor degree major? In Form 36 and Form 85, the write-in fields for Question 12 and Question 13 are very close to each other when they appear in the same column (which is different from the control form). Thus, we observed whether respondents answered Question 12 and then mistakenly skipped Question 13. Findings showed that all four respondents who had a bachelor’s degree or above properly responded to the ethnicity question after responding to the bachelor degree major question. This issue did not apply to Form OCR because the college major question and the ethnicity or ancestry question are in different columns and are visually more separate from one another than they are on Form 36 and Form 85.
2. Did respondents think the bottom of Page 11 was the end of questions for Person 1 because the bottom third of this page looked like empty space? There were similar kinds of pages for Persons 2-5, and the cognitive interviewing team also observed this issue when pages for those persons were completed. Regarding the issue of empty space on some pages of Form 36 and Form 85, interviewers observed no respondents thinking that the space at the bottom of Page 11 meant that was the end of questions for Person 1. While completing the form, all respondents simply turned Page 11 and continued with Person 1 questions on Page 12 without appearing surprised. Respondents also had the same reactions for similar kinds of pages for Persons 2-5.

3. Related to the presence of empty space on some pages, did respondents prefer pages with space at the bottom of the page or pages with no empty space? Debriefing results showed that respondents were split in their preferences for space or no space at the bottom of a page. Respondents who preferred space thought that more space made the page less cluttered and easier to read and understand. Respondents who preferred no space thought that less space gave the impression of a “complete” page and a better-executed question layout than the page with more space.

4. On Form 36, Person 1 questions start on a left-sided page and Person 2 questions start on a right-sided page. On Form 85 the opposite is true: Person 1 questions start on a right-sided page and Person 2 questions start on a left-sided page. Did respondents think these layouts appeared awkward or unorganized? All respondents who completed either Form 36 or Form 85 (n = 11) were part of a two-person household or larger, and this feature made no difference in respondents’ ability to understand or complete the form. In fact, most respondents did not notice this feature until it was pointed out by the interviewer for discussion during the debriefing.

5. Did respondents think the three blank pages at the back of Form 36 were wasteful? During testing, only one of six respondents noticed the blank pages in the back of the form. When this respondent first received and reviewed the form, she noticed the blank pages and at first wondered why they were there. However, she became less confused after seeing the disclaimer stating that these pages were intentionally left blank. In this case the disclaimer was effective in reducing respondent confusion about these pages.

Specifically for Form OCR, the cognitive interviewing team focused on whether respondents would have problems or make comments about features unique to this form that enable computerized data capture. These unique features include the use of OCR dentsils for numerical responses, such as year, school grade, or income dollar amounts.
Another issue was how respondents reacted to non-numerical write-in spaces (such as those for questions on place of birth and bachelor’s degree major) that did not have segmented white boxes for individual characters. The final issue was how respondents reacted to questions with multiple response check boxes that each have an individual white “halo.” The haloed boxes were designed to eliminate the appearance of arbitrary groupings among response categories. Cognitive interviewers observed whether respondents accidentally checked more than one box when answering questions with haloed, multiple-response check boxes.

Respondents did not have problems or make comments about features unique to Form OCR that enable computer data capture. Respondents had no comments about the use of OCR dentils for numerical responses, like year, school grade, or income dollar amounts. In addition, respondents made no comments about non-numerical write-in spaces (such as for place of birth, bachelor’s degree major, or ancestry) not having the segmented white boxes for individual characters. Also for Educational Attainment (Question 11) and Class of worker (Question 41) on Form OCR, no respondents accidentally checked more than one box. However, one respondent purposely, but incorrectly, checked more than one box for Question 11 to describe a high school plus some college education.

In terms of skip instruction findings for this section, like for the previous Housing questions section, respondents for all forms were able to follow the lettered skip instructions most of the time, but sometimes did not follow these instructions correctly because they did not pay attention or had poor reading comprehension skills. Table 3 shows that when comparing all three forms, Form OCR had the most skip instruction mistakes made by respondents. However, this finding was likely due to more respondents completing Form OCR than Form 36 or Form 85. When comparing Form 36 to Form 85, Form 36 had five more skip instruction mistakes made by respondents than those for Form 85, but Form 36 also had one more respondent. For the Persons 1-5 Section, it appears that all three forms had relatively equal amounts of skip instruction mistakes made by respondents, given the number of respondents completing each form.

Table 3 shows that of all the lettered skip instructions, respondents improperly followed Skip Instructions I (n = 9) and K (n = 7) most often. Skip Instruction I tells the respondent to answer Question 24 if the person in question is female and 15-50 years old; otherwise, the instruction then tells the respondent to skip to Question 25a. The number of respondents who improperly followed Skip Instruction I may be due to the logic of this instruction – and the words used to describe it – being too difficult for respondents to comprehend.
Across all forms, respondents appeared to understand the meaning of Instruction K by being able to paraphrase Instruction K properly, but during debriefing seven respondents explained they did not follow the instruction properly because they were not paying attention. Respondents made navigation errors in not following 13 different skip instructions associated with response categories because they were not paying attention and/or had poor reading comprehension skills.

Table 3. Frequencies of Improperly Followed Skip Instructions in Persons 1-5 Section

<table>
<thead>
<tr>
<th>Skip Instruction</th>
<th>Form</th>
<th></th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>36 (n = 6)</td>
<td>85 (n = 5)</td>
<td>OCR (n = 10)</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>J</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>K</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>L</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>15a</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>29a</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>29b</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>35b</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>39</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

**Total**       | 15         | 10      | 26      | 51    |

*Note: Frequencies were unduplicated in cases where respondents improperly followed a skip instruction more than once.*

A skip instruction logic finding that affects all forms is the fact that there are no instructions in Skip Instruction H or elsewhere that take the respondent to the end of the survey if the last person listed is younger than 15 years old and is Person 4 or earlier.
When completing Form OCR, one respondent had a young person as the last person rostered (i.e., Person 4), and was confused about what to do. After following Skip Instruction H, the respondent turned to the section for Person 5 questions and realized these questions were like questions for Person 4. After this realization, the respondent began looking for instructions on what to do if there were no other persons to report.

4.3 Respondent Ranking of Questionnaires
This section presents findings on respondents’ ranking of forms. During the cognitive test, respondents were shown an additional form after they completed their assigned form. Forms that were compared to one another had contrasting features, including page sizes, number of columns per page, etc. See Table 4 for a description of each form that was compared to one another.

Table 4 also shows the patterns that emerged from respondents’ form rankings. The form with the highest preference percentage was Form OCR. Among those who completed this form and compared it to the ACS Control Form, 70 percent (7 out of 10 respondents) chose Form OCR. The least-preferred form was Form 85, although Form 36 performed almost as poorly when it was the form completed by respondents. For Form 36 and Form 85, most respondents preferred the form opposite of the form they actually completed.

It is important to note that Form OCR was not compared to Form 36 or Form 85. Thus, it could not determined what form respondents would have preferred between Form OCR and Form 36 or Form 85. Furthermore, all rankings are conditional on the form that was shown during testing since no respondent saw the full set.
Table 4. Form Description and Respondent Rankings

<table>
<thead>
<tr>
<th>Form Completed by Respondent</th>
<th>Secondary Form Shown for Comparison</th>
<th>Percentage Who Preferred the Form They Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Form 36:</strong> 10.25” x 10.5” page size. Three-column layout for housing and detailed person questions. Three blank pages at the back of the form.</td>
<td><strong>Form 85</strong></td>
<td>1/6 (16.7%)</td>
</tr>
<tr>
<td><strong>Form 85:</strong> 8.5” x 11” page size. Two-column layout for housing and detailed person questions. Zero blank pages at the back of the form.</td>
<td><strong>Form 36</strong></td>
<td>1/5 (20.0%)</td>
</tr>
<tr>
<td><strong>Form OCR:</strong> (Optical Character Recognition): 10.5” x 11” page size. Three-column layout for housing and detailed person questions. Green borders around pages, between columns, and around answer choices. Separated “halos” between multiple-choice answers. Halos are the white spaces in that envelop the green answer check boxes. OCR &quot;dentils&quot; for numeric write-in fields, which allow a computer to read answers without the need for manual keying staff. OCR dentils appear as white square-shaped partitions within the write-in box space.</td>
<td><strong>Control Form (2013 ACS mail questionnaire):</strong> 10.25” x 10.25” page size. Three-column layout for the housing and detailed person questions. Zero blank pages in the back of the form.</td>
<td>7/10 (70.0%)</td>
</tr>
</tbody>
</table>

*Note:* The Control Form was not cognitively tested in this study, and was only used as a comparison form when testing Form OCR.

During the form comparison part of the interview, respondents were asked to give comments on why they made their particular form choices. In general, the desirable features they mentioned included:

- An appearance of less visual clutter;
- A perception that the form could be completed in the shorter amount of time;
- Large check boxes; and
- Large write-in spaces.
Respondents who preferred Form 36 thought its wider format showed more questions on one page and had fewer pages overall as compared to Form 85. Fewer pages on Form 36 gave the impression of being faster to complete than Form 85. Respondents who preferred Form 85 thought its two-column format showed fewer questions on a page and thus appeared easier to read than Form 36. Thus, respondents thought Form 85 could be completed in less time than Form 36. Respondents who preferred the OCR form thought the control form was too bright, and that OCR’s “haloed” check boxes and “dentils” for numeric responses were easier to write into than the squares and write-in cells in the control form. Respondents who preferred the control form thought its pages had a brighter green color that made the form easier to read than Form OCR. However, this particular finding occurred because the forms were printed by separate machines for cognitive testing, and resulted in these forms having different shades of green. For the QDT field test, all forms will be printed by contractors. Thus the difference in color will not be an issue.

5. SUMMARY OF FINDINGS AND RECOMMENDATIONS

The goal of the present study was to use cognitive pretesting methodology to test for navigational issues in three of the four experimental ACS Questionnaire Design Test questionnaires. The general findings from 21 respondents were that: (1) most respondents had neutral reactions when completing the forms and thought the questionnaires were easy to complete; (2) some respondents did not follow skip instructions properly as a result of not paying careful attention; (3) respondents had problems with marking check boxes or entering data in write-in fields; and (4) some respondents did not roster themselves on the questionnaire because they mistakenly thought the information requested on the cover page of the form was the same as the information needed on the household roster section that followed the cover page.

Regarding form-specific findings, Form 85 had the most comments during initial impressions about appearing too long. In comparison to the other two forms, Form OCR had fewer skip instruction mistakes made by respondents (in terms of number of respondents tested per form).

In terms of questionnaire characteristics, respondents overall preferred questionnaires that appeared easier to read and understand. Respondents generally thought this was the case in the present study for all three forms. However, as shown in the previous form-ranking section, respondents noted slight differences between forms they thought made one form slightly easier to read and understand than the other.
Further, the vast majority of respondents’ navigation mistakes consisted of not paying enough attention to skip instructions while completing the questionnaire. Therefore, the first four recommendations aim to make the form appear easier to read for respondents. The fifth and final recommendation addresses a skip instruction logic issue found during testing that would make form navigation easier.

**Recommendation 1: Print skip instructions in bold face type.**

There were multiple instances where respondents did not follow lettered skip instructions between questions, as well as skip instructions that were embedded after specific responses to questions. Currently, lettered skip instructions are in light green boxes, marked with black letters encased in green circles (instead of in black circles like the numbers for each question) and are not in bold face type. Skip instructions embedded after specific response categories within questions are preceded by an arrow and begin with the phrase “SKIP to” and are not bolded either.

Because the questions themselves were in bold face type, respondents likely became accustomed to looking for the next set of bold face type words (i.e., in the next question) after giving a response, which resulted in some respondents inadvertently missing key lettered skip instructions and instructions after response categories to questions.

**Recommendation 2: Present the letter label for each skip instruction in the same style as the number label for each question.**

For lettered skip instructions, another recommendation is to present the letter label for each skip instruction in the same style as the number label for each question (i.e., white typeface letters encased in a black circle). Having the same style between skip instructions and questions may help respondents become better accustomed to looking for skip instructions.

**Recommendation 3: Print in bold face type the instructions above the Person 1 column of the “Basic Demographics” section.**

These instructions define Person 1 as a person living or staying at the housing unit in whose name it is owned or rented, and if there is no such person, Person 1 should be any person living or staying at the housing unit. Many respondents did not list themselves in

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6 Because the QDT field test was designed to test broader production issues than the ones addressed in this study, the recommendations made in this report were not used to revise Form 36, Form 85, or Form OCR before the field test.
this section although they were living at the housing unit. Printing these instructions in bold face type would help ameliorate this problem by making these instructions easier for respondents to notice.

**Recommendation 4: Use as much of the space on a page as possible.**

In the “Detailed Questions for Persons 1-5” section for Form 36 and Form 85, several pages contained empty space at the bottom of the page. If possible, this space at the bottom of the page should be used instead to create more space between the questions and lettered skip instructions. The additional space between questions and lettered skip instructions would allow for lettered skip instructions to better stand out and be noticed by respondents. The anticipated increase of properly followed skip instructions as a result of this recommendation could result in reduced respondent burden.

**Recommendation 5: Address a skip instruction logic issue by adding instructions to Instruction H or elsewhere that account for the last person listed being younger than 15.**

In the “Detailed Person Questions for Persons 1-5” section, one respondent had a young person as the last person rostered (i.e., Person 4), and was confused about what to do after following Skip Instruction H. There appear to be no instructions shown immediately after following Skip Instruction H that direct the respondent to the mailing instructions at the end of the form if that person is the last person listed. Adding such instructions could reduce respondent confusion and aid in ease of navigation in this situation.

6. **CONCLUSION**

The Census Bureau will conduct the ACS Questionnaire Design Test in July and August of 2013 to test several questionnaire layouts that will be able to accommodate new content if needed in the ACS. This report presents findings on navigation and related issues from the cognitive pretesting of three of the four experimental QDT questionnaires. This study found that although respondents were generally able to navigate through each experimental questionnaire format, respondents would sometimes end up answering questions that did not apply because they did not pay careful attention to skip instructions. It is important to note that completing inapplicable questions as a result of a missed skip instruction is largely a respondent burden issue, as responses to inapplicable questions can be edited out during the ACS data processing phase.
This study consisted of observations of navigational issues that could not be investigated with quantitative field test data. It focused specifically on older respondents with low education levels, who have been found to still prefer the ACS mail option in the current Internet Age. Results of this study suggest that some older respondents with low education would benefit from a form with instructions presented as clearly as possible to help guide the respondent towards completing the form in an efficient way. This report highlights the need for further research on how older respondents with low education levels interpret relatively long and complex questionnaires like the ACS. One beneficial direction for future research would be to continue the design and testing of questionnaire layouts that allow for more content while making the ACS easier to see and understand. This is because most of the findings in this study were not unique to the experimental formats, but rather involved aspects of the current ACS form.
7. REFERENCES


APPENDIX I: ACS Form 36
<table>
<thead>
<tr>
<th>Person 3</th>
<th>Person 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is Person 3's name?</strong>&lt;br&gt; Last Name (Please print)</td>
<td><strong>What is Person 4's name?</strong>&lt;br&gt; Last Name (Please print)</td>
</tr>
<tr>
<td><strong>How is this person related to Person 1?</strong> Mark (X) ONE box:</td>
<td><strong>How is this person related to Person 1?</strong> Mark (X) ONE box:</td>
</tr>
<tr>
<td>[ ] Husband or wife</td>
<td>[ ] Husband or wife</td>
</tr>
<tr>
<td>[ ] Son-in-law or daughter-in-law</td>
<td>[ ] Son-in-law or daughter-in-law</td>
</tr>
<tr>
<td>[ ] Biological son or daughter</td>
<td>[ ] Biological son or daughter</td>
</tr>
<tr>
<td>[ ] Adopted son or daughter</td>
<td>[ ] Adopted son or daughter</td>
</tr>
<tr>
<td>[ ] Stepson or stepdaughter</td>
<td>[ ] Stepson or stepdaughter</td>
</tr>
<tr>
<td>[ ] Brother or sister</td>
<td>[ ] Brother or sister</td>
</tr>
<tr>
<td>[ ] Father or mother</td>
<td>[ ] Father or mother</td>
</tr>
<tr>
<td>[ ] Grandchild</td>
<td>[ ] Grandchild</td>
</tr>
<tr>
<td>[ ] Parent-in-law</td>
<td>[ ] Parent-in-law</td>
</tr>
<tr>
<td>[ ] Other relative</td>
<td>[ ] Other relative</td>
</tr>
<tr>
<td>[ ] Roomer or boarder</td>
<td>[ ] Roomer or boarder</td>
</tr>
<tr>
<td>[ ] Unmarried partner</td>
<td>[ ] Unmarried partner</td>
</tr>
<tr>
<td>[ ] Foster child</td>
<td>[ ] Foster child</td>
</tr>
<tr>
<td>[ ] Other nonrelative</td>
<td>[ ] Other nonrelative</td>
</tr>
</tbody>
</table>

**What is Person 3's sex?** Mark (X) ONE box: | **What is Person 4's sex?** Mark (X) ONE box: |
| [ ] Male | [ ] Male |
| [ ] Female | [ ] Female |

**What is Person 3's age and what is Person 3's date of birth?** Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. | **What is Person 4's age and what is Person 4's date of birth?** Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes. |
| Age (in years): | Age (in years): |
| Month: | Month: |
| Day: | Day: |
| Year of birth: | Year of birth: |

**Is Person 3 of Hispanic, Latino, or Spanish origin?** | **Is Person 4 of Hispanic, Latino, or Spanish origin?** |
| [ ] No, not of Hispanic, Latino, or Spanish origin | [ ] No, not of Hispanic, Latino, or Spanish origin |
| [ ] Yes, Mexican, Mexican American, Chicano | [ ] Yes, Mexican, Mexican American, Chicano |
| [ ] Yes, Puerto Rican | [ ] Yes, Puerto Rican |
| [ ] Yes, Cuban | [ ] Yes, Cuban |
| [ ] Yes, another Hispanic, Latino, or Spanish origin - Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. | [ ] Yes, another Hispanic, Latino, or Spanish origin - Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. |

**What is Person 3's race?** Mark (X) one or more boxes. | **What is Person 4's race?** Mark (X) one or more boxes. |
| [ ] White | [ ] White |
| [ ] Black, African Am., or Negro | [ ] Black, African Am., or Negro |
| [ ] American Indian or Alaska Native - Print name of enrolled or principal tribe | [ ] American Indian or Alaska Native - Print name of enrolled or principal tribe |
| [ ] Asian Indian | [ ] Asian Indian |
| [ ] Chinese | [ ] Chinese |
| [ ] Filipino | [ ] Filipino |
| [ ] Japanese | [ ] Japanese |
| [ ] Korean | [ ] Korean |
| [ ] Marianas or Chamorro | [ ] Marianas or Chamorro |
| [ ] Samoan | [ ] Samoan |
| [ ] Other Asian - Print race, for example, Hmong, Lao, Thai, Vietnamese, Cambodian, and so on. | [ ] Other Asian - Print race, for example, Hmong, Lao, Thai, Vietnamese, Cambodian, and so on. |
| [ ] Other Pacific Islander - Print race, for example, Fijian, Tongan, Samoan, and so on. | [ ] Other Pacific Islander - Print race, for example, Fijian, Tongan, Samoan, and so on. |
| [ ] Some other race - Print race. | [ ] Some other race - Print race. |
**Person 5**

1. **What is Person 5’s name?**
   - Last Name (Please print) [ ]
   - First Name [ ]

2. **How is this person related to Person 1?** Mark (X) ONE box.
   - Husband or wife
   - Biological son or daughter
   - Adopted son or daughter
   - Stepson or stepdaughter
   - Brother or sister
   - Father or mother
   - Grandchild
   - Parent-in-law

3. **What is Person 5’s sex?** Mark (X) ONE box.
   - Male [ ]
   - Female [ ]

4. **What is Person 5’s age and what is Person 5’s date of birth?**
   - Age in years [ ]
   - Month [ ]
   - Day [ ]
   - Year of birth [ ]
   - NOTE: Please answer SD71 Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5. **Is Person 5 of Hispanic, Latino, or Spanish origin?**
   - No, not of Hispanic, Latino, or Spanish origin [ ]
   - Yes, Mexican, Mexican American, Chicano [ ]
   - Yes, Puerto Rican [ ]
   - Yes, Cuban [ ]
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin. For example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. [ ]

6. **What is Person 5’s race?** Mark (X) one or more boxes.
   - White [ ]
   - Black, African American, or Negro [ ]
   - American Indian or Alaska Native – Print name of enrolled or principal tribe [ ]
   - Asian Indian [ ]
   - Japanese [ ]
   - Native Hawaiian [ ]
   - Chinese [ ]
   - Korean [ ]
   - Guamanian or Chamorro [ ]
   - Filipinos [ ]
   - Vietnamese [ ]
   - Samoan [ ]
   - Other Asian – Print race, for example, Hawaiian, Vietnamese, Laotian, Thai, Pakistani, Cambodian, and so on. [ ]
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. [ ]
   - Some other race – Print race. [ ]

7. **If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12.**

   - We may call you for more information about them. [ ]

---

**Person 6**

- Last Name (Please print) [ ]
- First Name [ ]
- Sex [ ] Male [ ] Female [ ] Age (in years) [ ]

**Person 7**

- Last Name (Please print) [ ]
- First Name [ ]
- Sex [ ] Male [ ] Female [ ] Age (in years) [ ]

**Person 8**

- Last Name (Please print) [ ]
- First Name [ ]
- Sex [ ] Male [ ] Female [ ] Age (in years) [ ]

**Person 9**

- Last Name (Please print) [ ]
- First Name [ ]
- Sex [ ] Male [ ] Female [ ] Age (in years) [ ]

**Person 10**

- Last Name (Please print) [ ]
- First Name [ ]
- Sex [ ] Male [ ] Female [ ] Age (in years) [ ]

**Person 11**

- Last Name (Please print) [ ]
- First Name [ ]
- Sex [ ] Male [ ] Female [ ] Age (in years) [ ]

**Person 12**

- Last Name (Please print) [ ]
- First Name [ ]
- Sex [ ] Male [ ] Female [ ] Age (in years) [ ]
Housing

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

2. About when was this building first built?
   - 2000 or later – Specify year
   - 1990 to 1999
   - 1980 to 1989
   - 1970 to 1979
   - 1960 to 1969
   - 1950 to 1959
   - 1940 to 1949
   - 1939 or earlier

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

4. Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.

   4a. How many acres is this house or mobile home on?
   - Less than 1 acre – SKIP to question 6
   - 1 to 9.9 acres
   - 10 or more acres

   4b. IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?
   - None
   - $1 to $999
   - $1,000 to $2,499
   - $2,500 to $4,999
   - $5,000 to $9,999
   - $10,000 or more

5. Is there a business (such as a store or barber shop) or a medical office on this property?
   - Yes
   - No

6. How many separate rooms are in this house, apartment, or mobile home?
   - Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.
   - INCLUDE bedrooms, kitchens, etc.
   - EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.
   - Number of rooms

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

8. Does this house, apartment, or mobile home have –
   - a. Hot and cold running water? Yes No
   - b. A flush toilet? Yes No
   - c. A bathtub or shower? Yes No
   - d. A sink with a faucet? Yes No
   - e. A stove or range? Yes No
   - f. A refrigerator? Yes No
   - g. Telephone service from which you can both make and receive calls? Include cell phones. Yes No

9. At this house, apartment, or mobile home –
   - Do you or any member of this household own or use any of the following computers?
     - EXCLUDE GPS devices, digital music players, and devices with only limited computing capabilities, for example: household appliances.
     - a. Desktop, laptop, netbook, or notebook computer Yes No
     - b. Handheld computer, smart mobile phone, or other handheld wireless computer Yes No
     - c. Some other type of computer Yes No

10. At this house, apartment, or mobile home –
    - Do you or any member of this household have –
      - a. Dial-up service? Yes No
      - b. DSL service? Yes No
      - c. Cable modem service? Yes No
      - d. Fiber-optic service? Yes No
      - e. Mobile broadband plan for a computer or cell phone? Yes No
      - f. Satellite Internet service? Yes No
      - g. Some other service? Specify service

11. At this house, apartment, or mobile home –
    - Do you or any member of this household subscribe to the Internet using –
      - a. Dial-up service? Yes No
      - b. DSL service? Yes No
      - c. Cable modem service? Yes No
      - d. Fiber-optic service? Yes No
      - e. Mobile broadband plan for a computer or cell phone? Yes No
      - f. Satellite Internet service? Yes No
      - g. Some other service? Specify service
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?</td>
<td></td>
</tr>
<tr>
<td>Last month's cost - Dollars</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Included in rent or condominium fee</td>
<td></td>
</tr>
<tr>
<td>No change or electricity not used</td>
<td></td>
</tr>
<tr>
<td>b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?</td>
<td></td>
</tr>
<tr>
<td>Last month's cost - Dollars</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Included in rent or condominium fee</td>
<td></td>
</tr>
<tr>
<td>Included in electricity payment entered above</td>
<td></td>
</tr>
<tr>
<td>No change or gas not used</td>
<td></td>
</tr>
<tr>
<td>c. IN THE PAST 12 MONTHS, was the cost of water and sewer for this house, apartment, or mobile home?</td>
<td></td>
</tr>
<tr>
<td>If you have lived here less than 12 months, estimate the cost.</td>
<td></td>
</tr>
<tr>
<td>Past 12 months' cost - Dollars</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Included in rent or condominium fee</td>
<td></td>
</tr>
<tr>
<td>No change</td>
<td></td>
</tr>
<tr>
<td>d. IN THE PAST 12 MONTHS, what was the cost of all, coal, kerosene, wood, etc., for this house, apartment, or mobile home?</td>
<td></td>
</tr>
<tr>
<td>If you have lived here less than 12 months, estimate the cost.</td>
<td></td>
</tr>
<tr>
<td>Past 12 months' cost - Dollars</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Included in rent or condominium fee</td>
<td></td>
</tr>
<tr>
<td>No change or these fuels not used</td>
<td></td>
</tr>
<tr>
<td>e. Is this house, apartment, or mobile home part of a condominium?</td>
<td></td>
</tr>
<tr>
<td>Yes - What is the amount monthly condominium fee?</td>
<td></td>
</tr>
<tr>
<td>For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the &quot;None&quot; box.</td>
<td></td>
</tr>
<tr>
<td>Monthly amount - Dollars</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td></td>
</tr>
<tr>
<td>f. Is this house, apartment, or mobile home - Mark (X) ONE box.</td>
<td></td>
</tr>
<tr>
<td>Owned by you or someone in this household with a mortgage or lease? Include home equity loan.</td>
<td></td>
</tr>
<tr>
<td>Owned by you or someone in this household with a mortgage or lease? Include home equity loan.</td>
<td></td>
</tr>
<tr>
<td>Rented</td>
<td></td>
</tr>
<tr>
<td>Occupied without payment of rent? SKIP to 6 on the next page</td>
<td></td>
</tr>
</tbody>
</table>
Person 1

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

Last Name

First Name

Where was this person born?

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

Is this person a citizen of the United States?

☐ Yes, born in the United States → SKIP to question 12b
☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Mariana Islands
☐ Yes, born abroad of U.S. citizen parent or parents
☐ No, U.S. citizen by naturalization - Print year of naturalization

When did this person come to live in the United States? Print numbers in boxes.

Year

a. At any time in the last 2 months, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

☐ No, has not attended in the last 3 months
☐ Yes, public school, public college
☐ Yes, private school, private college, home school

b. What grade or level was this person attending? Mark one box.

☐ Kindergarten
☐ Grade 1 through 12 - Specify grade
☐ College undergraduate years (freshman to senior)
☐ Graduate or professional school beyond a bachelor's degree (for example: M.A. or Ph.D. program, or medical or law school)

c. Was this person in school or in an educational program at any time in the last 2 months? Mark one box.

☐ Yes
☐ No → SKIP to question 13

This question focuses on this person’s highest degree. Please print below the title of any Bachelor’s Degrees this person has received (for example: chemical engineering, elementary teacher education, organizational psychology).

What is this person’s ancestry or ethnic origin?

(For example: Italian, Jamaican, African American, Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Italian, Asian, Polish, Ethiopian, Mexican, Taiwanese, Ukrainian, and so on.)

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

☐ Yes
☐ No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

☐ Very well
☐ Well
☐ Not well
☐ Not at all
Person 1 (continued)

14. Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 13.

15. 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–i:
   a. Insurance through a current or former employer or union (if this person or another family member)
   b. Insurance purchased directly from an insurance company (by this person or another family member)
   c. Medicare or any other federal, state, or local government health care
   d. Medicaid, Medical Assistance, or any kind of government-assistance plan for people with low incomes or a disability
   e. TRICARE or other military health care
   f. VA (including those who have ever used or enrolled for VA health care)
   g. Indian Health Service
   h. Any other type of health insurance or health coverage plan—Specify:

16. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?
   a. Yes
   b. No

17. What is this person's marital status?
   a. Married
   b. Widowed
   c. Divorced
   d. Separated
   e. Never married—SKIP to 1 on the next page

18. In the PAST 12 MONTHS did this person get:
   a. A cold or flu
   b. A fever
   c. A sore throat
   d. A cough
   e. A headache
   f. A toothache
   g. A cold or flu
   h. A fever
   i. A sore throat
   j. A cough
   k. A headache
   l. A toothache

19. How many times has this person been married?
   a. Once
   b. Twice
   c. Three or more times

20. In what year did this person last get married?

21. a. Did this person live in this house or apartment 1 year ago?
   b. No, a different house in the United States or Puerto Rico

22. b. Where did this person live 1 year ago?
   c. Address (Number and street name)

23. Name of city, town, or post office

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

25. Name of U.S. state or ZIP Code

26. a. Is this person deaf or does he/she have serious difficulty hearing?
   b. No

27. b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
   c. No

28. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
   b. Yes
   c. No

29. a. Does this person have serious difficulty walking or climbing stairs?
   b. Yes
   c. No

30. a. Does this person have difficulty dressing or bathing?
   b. Yes
   c. No
Person 1 (continued)

24. Has this person given birth to any children in the past 12 months?
   - Yes
   - No

25. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
   - Yes
   - No ➔ SKIP to question 26

26. b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?
   - Yes
   - No ➔ SKIP to question 26

26. c. How long has this grandparent been responsible for these grandchildren?
   - Less than 6 months
   - 6 to 11 months
   - 1 to 2 years
   - 3 or more years

27. When did this person serve an active duty in the U.S. Armed Forces? Mark X in box for EACH period in which this person served, even if just for part of the period.
   - September 2001 or later
   - August 1990 to August 2001 (including Persian Gulf War)
   - May 1975 to July 1990
   - Vietnam era (August 1964 to April 1975)
   - February 1955 to July 1964
   - Korean War (July 1950 to January 1955)
   - January 1947 to June 1952
   - World War II (December 1941 to December 1946)
   - November 1941 or earlier

28. a. Does this person have a VA service-connected disability rating?
   - Yes (such as 0%, 10%, 20%, ..., 100%)
   - No ➔ SKIP to question 29a

29. b. What is this person’s service-connected disability rating?
   - 0 percent
   - 10 or 20 percent
   - 30 or 40 percent
   - 50 or 60 percent
   - 70 percent or higher

29. a. LAST WEEK, did this person work for pay at a job or business?
   - Yes ➔ SKIP to question 30
   - No

29. b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
   - Yes
   - No ➔ SKIP to question 30

30. At what location did this person work LAST WEEK if this person worked at more than one location, print where he or she worked most last week.
   - Address (Number and street name)

   If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

   b. Name of city, town, or post office

   c. Is the work location inside the limits of that city or town?
   - Yes
   - No, outside the city/town limits

   d. Name of county

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

   f. ZIP Code
**Person 2 (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16a. Did this person live in this house or apartment 1 year ago?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>16b. Could this person walk or climb stairs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>16c. Could this person dress or bathe?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Address (Number and street name)**

<table>
<thead>
<tr>
<th>Name of city, town, or post office</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name of U.S. state or ZIP Code</th>
</tr>
</thead>
</table>

**In the PAST 12 MONTHS did this person get:**

| a. Is this person deaf or does he/she have serious difficulty hearing? |
| --- | --- |
| b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? |

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

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

<table>
<thead>
<tr>
<th>Married?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widowed?</td>
</tr>
<tr>
<td>Divorced?</td>
</tr>
</tbody>
</table>

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

| Yes | No |

**Answer question 19 if this person is 16 years old or over. Otherwise, SKIP to the questions for Person 3 on page 18.**

**Answer question 18a - c if this person is 8 years old or over. Otherwise, SKIP to the questions for Person 3 on page 18.**

| a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? |
| --- | --- |
| b. Does this person have serious difficulty walking or climbing stairs? |
| c. Does this person have difficulty dressing or bathing? |

**If yes, please specify:**

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

| Yes | No |

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

| Married? |
| Widowed? |
| Divorced? |
| Never married? |

<table>
<thead>
<tr>
<th>What is this person's marital status?</th>
</tr>
</thead>
</table>

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

| Once |
| Two times |
| Three or more times |

**In the PAST 12 MONTHS did this person get:**

| a. Is this person deaf or does he/she have serious difficulty hearing? |
| --- | --- |
| b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? |

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

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

| Married? |
| Widowed? |
| Divorced? |
| Never married? |

**Answer question 19 if this person is 16 years old or over. Otherwise, SKIP to the questions for Person 3 on page 18.**

| Yes | No |

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

| Yes | No |

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

| Married? |
| Widowed? |
| Divorced? |
| Never married? |

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

| Once |
| Two times |
| Three or more times |

**In the PAST 12 MONTHS did this person get:**

| a. Is this person deaf or does he/she have serious difficulty hearing? |
| --- | --- |
| b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? |

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

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

| Married? |
| Widowed? |
| Divorced? |
| Never married? |

**Answer question 19 if this person is 16 years old or over. Otherwise, SKIP to the questions for Person 3 on page 18.**

| Yes | No |

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

| Yes | No |

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

| Married? |
| Widowed? |
| Divorced? |
| Never married? |

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

| Once |
| Two times |
| Three or more times |

**In the PAST 12 MONTHS did this person get:**

| a. Is this person deaf or does he/she have serious difficulty hearing? |
| --- | --- |
| b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? |
Question 24 (continued)

1. Answer question 24 if this person is female and 16–60 years old. Otherwise, SKIP to question 26.

w Has this person given birth to any children in the past 12 months?
- Yes
- No

2. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
- Yes
- No → SKIP to question 26

3. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?
- Yes
- No → SKIP to question 26

4. How long has this grandparent been responsible for these grandchildren?
- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years

5. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark ONLY ONE box.
- Never served in the military → SKIP to question 26
- Only on active duty for training in the Reserves or National Guard → SKIP to question 26
- Now on active duty
- On active duty in the past, but not now

6. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- May 1975 to July 1990
- Vietnam era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1952
- World War II (December 1941 to December 1945)
- November 1941 or earlier

7. LAST WEEK, did this person work for pay at a job (or business)?
- Yes → SKIP to question 26
- No → Did not work (or retired)

8. LAST WEEK, did this person do ANY work for pay, even for an IDEAL or other hour?
- Yes
- No → SKIP to question 26

9. At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.
- Address (Number and street name)
- City, state, and ZIP code
- Name of city, town, or post office
- Name of U.S. state or foreign country
- Other

f. ZIP Code

37 38
### Person 2 (continued)

**How did this person usually get to work LAST WEEK?** If this person usually used more than one method of transportation during the week mark (X) the box of the one used for most of the distance.

- Car, truck, or van
- Bus or trolley bus
- Streetcar or trolley car
- Subway or elevated
- Railroad
- Airplane
- Taxi
cab
- Motorcycle
- Bicycle
- Walked
- Worked at home → SKIP to question 29a
- Other method

Answer question 32 if you marked “Car, truck, or van” in question 31. Otherwise, SKIP to question 33.

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

<table>
<thead>
<tr>
<th>Person(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**What time did this person usually leave home to go to work LAST WEEK?**

- Hour: __
- Minute: __ a.m./p.m.

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

<table>
<thead>
<tr>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Last week, could this person have started a job if offered one, or returned to work if recalled?**

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

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

- Within the past 12 months
- 1 to 5 years ago → SKIP to L on the next page
- Over 5 years ago or never worked → SKIP to question 47

**During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.**

- Yes → SKIP to question 40
- No

**During the PAST 12 MONTHS, how many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and Huntersville?**

- 10 to 12 weeks
- 13 to 26 weeks
- 27 to 49 weeks
- 50 to 63 weeks
- 64 to 72 weeks
- 73 to 84 weeks
- 85 to 96 weeks
- 97 weeks or more

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

<table>
<thead>
<tr>
<th>Usual hours worked each WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Last week, was this person on layoff from a job?**

- Yes → SKIP to question 35
- No

**Last week, was this person TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 34
- No → SKIP to question 36

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

- Yes → SKIP to question 37
- No

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

- Yes
- No → SKIP to question 38

**Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39.**
### Person 3

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Mr.</td>
<td></td>
</tr>
</tbody>
</table>

#### Where was this person born?

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

#### Is this person a citizen of the United States?

- [ ] Yes, born in the United States
- [ ] Yes, born in Puerto Rico, Guan, the U.S. Virgin Islands, or Northern Mariana
- [ ] Yes, born abroad of U.S. citizen parents
- [ ] Yes, U.S. citizen by naturalization – Print year of naturalization
- [ ] No, not a U.S. citizen

#### When did this person come to live in the United States? Print numbers in boxes.

- [ ] Year

#### What is the highest degree or level of school this person has completed?

- [ ] No schooling completed
- [ ] Nursery school
- [ ] Kindergarten
- [ ] Grade 1 through 12 – Specify grade 1 – 12
- [ ] College undergraduate years (freshman to senior)
- [ ] Graduate or professional school beyond a bachelor’s degree (for example: MA or PhD program, or medical or law school)

#### What is the highest degree of or level of school this person has completed?

- [ ] High School Graduate
- [ ] Some college credit, but less than 1 year of college credit
- [ ] 1 year or more of college credit, no degree
- [ ] Associate’s degree (for example: AA, AS)
- [ ] Bachelor’s degree (for example: BA, BS)
- [ ] Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- [ ] Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)
- [ ] Doctorate degree (for example: PhD, EdD)

#### Do the name(s) of Person 3 have any specific major(s) of any bachelor’s degrees this person has received? (for example: chemical engineering, elementary teacher education, organizational psychology)

- [ ] Yes
- [ ] No

#### What is this person’s ancestry or ethnic origin?

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

- [ ] Yes
- [ ] No

#### Does this person speak a language other than English at home?

- [ ] Yes
- [ ] No

#### What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

- [ ] Very well
- [ ] Well
- [ ] Not well
- [ ] Not at all
### Person 3 (continued)

16. 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–n.
   - Insurance through a sponsor or former employer or union (if this person or another family member)
   - Insurance purchased directly from an insurance company (by this person or another family member)
   - Medicare, for people 65 and older, or people with certain disabilities
   - Medicaid, Medical Assistance, or any kind of government assistance program for people with low incomes or a disability
   - TRICARE or other military health care
   - VA (excluding those who have ever used or enrolled for VA health care)
   - Indian Health Service
   - Any other type of health insurance or health coverage plan – Specify

17. Is this person deaf or does he/she have serious difficulty hearing?
   - Yes
   - No

18. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
   - Yes
   - No

19. Answer question 18a–c if this person is 6 years old or over. Otherwise, SKIP to the questions for Person 4 on page 23.
   a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
      - Yes
      - No
   b. Does this person have serious difficulty walking or climbing stairs?
      - Yes
      - No
   c. Does this person have difficulty dressing or bathing?
      - Yes
      - No

20. What is this person's marital status?
   - Single
   - Married
   - Divorced
   - Widowed

21. In the PAST 12 MONTHS did this person get?
   - Yes
   - No
   a. Married?
   - Yes
   - No
   b. Widowed?
   - Yes
   - No
   c. Divorced?
   - Yes
   - No

22. How many times has this person been married?
   - Once
   - Twice
   - Three or more times

23. In what year did this person last get married?
   - Year

24. Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 23.
   - Yes
   - No
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>26a. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?</td>
<td>Mark X for one.</td>
</tr>
<tr>
<td>26b. When did this person serve on active duty in the U.S. Armed Forces?</td>
<td>[ ] September 2001 or later</td>
</tr>
<tr>
<td></td>
<td>[ ] August 1990 to August 2001 (including Persian Gulf War)</td>
</tr>
<tr>
<td></td>
<td>[ ] May 1975 to July 1990</td>
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<tr>
<td></td>
<td>[ ] Vietnam era (August 1964 to April 1975)</td>
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<td></td>
<td>[ ] February 1955 to July 1964</td>
</tr>
<tr>
<td></td>
<td>[ ] Korean War (July 1950 to January 1955)</td>
</tr>
<tr>
<td></td>
<td>[ ] January 1947 to June 1952</td>
</tr>
<tr>
<td></td>
<td>[ ] World War II (December 1941 to December 1945)</td>
</tr>
<tr>
<td></td>
<td>[ ] November 1941 or earlier</td>
</tr>
<tr>
<td>26c. How long has this grandparent been responsible for those grandchildren?</td>
<td>[ ] Less than 6 months</td>
</tr>
<tr>
<td></td>
<td>[ ] 6 to 11 months</td>
</tr>
<tr>
<td></td>
<td>[ ] 1 to 2 years</td>
</tr>
<tr>
<td></td>
<td>[ ] 3 or 4 years</td>
</tr>
<tr>
<td></td>
<td>[ ] 5 or more years</td>
</tr>
<tr>
<td>26d. Does this person have a VA service-connected disability rating?</td>
<td>[ ] Yes (such as 0%, 10%, 20%, …, 100%)</td>
</tr>
<tr>
<td></td>
<td>[ ] No</td>
</tr>
<tr>
<td></td>
<td>[ ] SKIP to question 29a</td>
</tr>
<tr>
<td>26e. What is this person’s service-connected disability rating?</td>
<td>[ ] 0 percent</td>
</tr>
<tr>
<td></td>
<td>[ ] 10 or 20 percent</td>
</tr>
<tr>
<td></td>
<td>[ ] 30 or 40 percent</td>
</tr>
<tr>
<td></td>
<td>[ ] 50 or 60 percent</td>
</tr>
<tr>
<td></td>
<td>[ ] 70 percent or higher</td>
</tr>
<tr>
<td>26f. ZIP Code</td>
<td></td>
</tr>
</tbody>
</table>

**Person 3 (continued)**

1. Answer question 24 if this person is female and 15 to 60 years old. Otherwise, SKIP to question 25a.

24a. Has this person given birth to any children in the past 12 months? | [ ] Yes | [ ] No |

25a. Does this person have ANY of his/her own grandchildren under the age of 18 living in this house or apartment? | [ ] Yes | [ ] No |

25b. Is the grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment? | [ ] Yes | [ ] No |

25c. How long has this grandparent been responsible for these grandchildren? | [ ] Less than 6 months |
| | [ ] 6 to 11 months |
| | [ ] 1 to 2 years |
| | [ ] 3 or 4 years |
| | [ ] 5 or more years |

25d. LAST WEEK, did this person work for pay at a job or business? | [ ] Yes | [ ] No |

25e. LAST WEEK, did this person do ANY work for pay, even for an hour or less? | [ ] Yes | [ ] No |

25f. At what location did this person work LAST WEEK? If this person worked at more than one place, give the location where he or she worked most last week.

a. Address (Number and street name) | |

b. Name of city, town, or post office | |

c. Is the work location inside the limits of that city or town? | [ ] Yes | [ ] No, outside the city/town limits |

d. Name of county | |
e. Name of U.S. state or foreign country | |
f. ZIP Code | |
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>41. What kind of work was this person doing? (For example, registered nurse, personnel manager, supervisory, order department, secretary, accountant)</td>
<td></td>
</tr>
<tr>
<td>42. What were this person’s most important activities or duties? (For example, patient care, answering telephone calls, supervising, clerks, typing, filing, reconciling financial records)</td>
<td></td>
</tr>
<tr>
<td>43. INCOME IN THE PAST 12 MONTHS</td>
<td></td>
</tr>
<tr>
<td>Mark (X) the “Yes” box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The “past 12 months” is the period from today’s date one year ago up through today.) Mark (X) the “No” box to show types of income NOT received. For Income received jointly, report the aggregate amount for each person or persons. If that’s not possible, report the whole amount for only one person and mark the “No” box for the other person.</td>
<td></td>
</tr>
<tr>
<td>a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, benefits, dues, or other items.</td>
<td></td>
</tr>
<tr>
<td>b. Self-employment income from own nonfarm businesses or farms or businesses, including partnerships and proprietorships. Report net income after business expenses.</td>
<td></td>
</tr>
<tr>
<td>c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report each amount credited to an account.</td>
<td></td>
</tr>
<tr>
<td>d. Social Security or Railroad Retirement.</td>
<td></td>
</tr>
<tr>
<td>e. Supplemental Security Income (SSI).</td>
<td></td>
</tr>
<tr>
<td>f. Any public assistance or welfare payments from the state or local welfare office.</td>
<td></td>
</tr>
<tr>
<td>44. RETIREMENT, SURVIVOR, OR DISABILITY PENSIONS. Do NOT include Social Security.</td>
<td></td>
</tr>
<tr>
<td>45. Any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or sale of a home.</td>
<td></td>
</tr>
<tr>
<td>46. What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h. Subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.</td>
<td></td>
</tr>
<tr>
<td>47. Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 3, SKIP to page 28 for mailing instructions.</td>
<td></td>
</tr>
</tbody>
</table>
Person 4 (continued)

6. Did this person live in this house or apartment 1 year ago?
   - Person is under 1 year old – SKIP to question 16
   - Yes, this house – SKIP to question 16
   - No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
   - No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?
   - Address (Number and street name)

   Name of city, town, or post office

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

   Name of U.S. state or Puerto Rico   ZIP Code

7. Is this person deaf or does he/she have serious difficulty hearing?
   - Yes
   - No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
   - Yes
   - No

8. Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 28.

   a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
      - Yes
      - No

   b. Does this person have serious difficulty walking or climbing stairs?
      - Yes
      - No

   c. Does this person have difficulty dressing or bathing?
      - Yes
      - No

9. Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 28.

   Because of a physical, mental, or emotional condition, does this person have difficulty using remarks above such as visiting a doctor's office or shopping?
   - Yes
   - No

10. What is this person’s marital status?
    - New married
    - Widowed
    - Divorced
    - Separated
    - Never married – SKIP to the next page

11. In the PAST 12 MONTHS did this person get –
    - Yes
    - No

   a. Married?
   - Yes
   - No

   b. Widowed?
   - Yes
   - No

   c. Divorced?
   - Yes
   - No

12. How many times has this person been married?
    - Once
    - Two times
    - Three or more times

13. In what year did this person last get married?
    - Year

14. Because of a physical, mental, or emotional condition, does this person have serious difficulty eating, drinking, writing, or keeping house?
    - Yes
    - No
Person 4 (continued)

1. Answer question 24 if this person is female and 16–59 years old. Otherwise, SKIP to question 25.

2. Has this person given birth to any children in the past 12 months?
   - Yes
   - No

25. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
   - Yes
   - No → SKIP to question 26

26. b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?
   - Yes
   - No → SKIP to question 26

27. c. How long has this grandparent been responsible for these grandchildren?
   - Less than 6 months
   - 6 to 11 months
   - 1 to 2 years
   - 3 or 4 years
   - 5 or more years

28. a. Does this person have a VA service-connected disability rating?
   - Yes (such as 0%, 10%, 20%, ..., 100%)
   - No → SKIP to question 29a

29. b. What is this person's service-connected disability rating?
   - 0 percent
   - 10 or 20 percent
   - 30 or 40 percent
   - 50 or 60 percent
   - 70 percent or higher

30. a. LAST WEEK, did this person work for pay at a job or business?
   - Yes → SKIP to question 30
   - No → Did not work (or retired)

31. b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
   - Yes
   - No → SKIP to question 34a

32. At what location did this person work last week? (If this person worked at more than one location, print where he or she worked most last week.)

   a. Address (Number and street name)

   If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

   b. Name of city, town, or post office

   c. Is the work location inside the limits of that city or town?
   - Yes
   - No, outside the city/town limits

   d. Name of county

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

   f. ZIP Code
### Person 4 (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>24</strong> How did this person usually get to work <strong>LAST WEEK</strong>? 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.</td>
<td>Car, truck, or van</td>
</tr>
<tr>
<td><strong>25</strong> Answer questions 26 – 29 if this person did <strong>NOT</strong> work last week. Otherwise, <strong>SKIP</strong> to question 30a.</td>
<td></td>
</tr>
<tr>
<td><strong>26a</strong> LAST WEEK, was this person on layoff from a job?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>26b</strong> LAST WEEK, was this person TEMPORARILY absent from a job or business?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>27</strong> LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>28</strong> When did this person last work, even for a few days?</td>
<td></td>
</tr>
<tr>
<td><strong>29</strong> How many people, including this person, usually rode to work in the car, truck, or van <strong>LAST WEEK</strong>?</td>
<td></td>
</tr>
<tr>
<td><strong>30</strong> What time did this person usually leave home to go to work <strong>LAST WEEK</strong>?</td>
<td>Hour</td>
</tr>
<tr>
<td><strong>31</strong> How many minutes did this person usually take this person to get from home to work <strong>LAST WEEK</strong>?</td>
<td>Minutes</td>
</tr>
<tr>
<td><strong>32</strong> During the <strong>LAST 4 WEEKS</strong>, has this person been actively looking for work?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>33</strong> During the <strong>LAST 12 MONTHS</strong> (52 weeks), did this person work 50 or more weeks? Count paid time off as work.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>34</strong> During the <strong>LAST 12 MONTHS</strong>, in the <strong>WEEKS WORKED</strong>, how many hours did this person usually work each <strong>WEEK</strong>?</td>
<td></td>
</tr>
</tbody>
</table>
Person 4 (continued)

41. Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

42. CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person’s chief activity. 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.

43. Was this person –
  ☐ an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
   ☐ an employee of a PRIVATE NOT-FOR-PROFIT, tax exempt, or charitable organization?
   ☐ a local GOVERNMENT employee, full-time, or part-time?
   ☐ a state GOVERNMENT employee?
   ☐ a federal GOVERNMENT employee?
   ☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
   ☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
   ☐ working WITHOUT PAY in family business or farm?
   ☐ For whom did this person work?

   If now an active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.

   Name of company, business, or other employer.

44. What kind of business or industry was this?
   Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, data/office worker, etc.)

45. Is this mainly – Mark (X) ONE box:
   ☐ manufacturing?
   ☐ wholesale trade?
   ☐ retail trade?
   ☐ services (e.g., hairdressers, beauty salons, doctors, lawyers, etc.)
   ☐ other (specify)

46. What kind of work was this person doing?
   (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

47. What were this person’s most important activities or duties? (For example: patient care, directing billing policies, supervising order clerks, typing and filing, recourting financial records)

48. INCOME IN THE PAST 12 MONTHS
   Mark (X) the “Yes” box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.
   (Note: The “past 12 months” is the period from today’s date one year ago up through today.)

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

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

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

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

49. Was this person’s total income during the PAST 12 MONTHS?
   Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

50. Supplemental Security Income (SSI).

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

52. Retirement, survivor, or disability pensions. Do NOT include Social Security.

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

54. Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 6, SKIP to page 28 for mailing instructions.
Person 5

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

Last Name

First Name

MI.

Where was this person born?

☐ In the United States – Print name of state.

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

Is this person a citizen of the United States?

☐ Yes, born in the United States → SKIP to question 10a

☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

☐ Yes, born abroad of U.S. citizen parent or parents

☐ Yes, U.S. citizen by naturalization – Print year of naturalization

☐ No, not a U.S. citizen

When did this person come to live in the United States? Print numbers in boxes. Year

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

☐ No, has not attended in the last 3 months → SKIP to question 11

☐ Yes, public school, public college

☐ Yes, private school, private college, home school

What grade or level was this person attending?

☐ Nursery school, preschool

☐ Kindergarten

☐ Grade 1 through 12 – Specify grade 7 – 12

☐ College undergraduate years (freshman to senior)

Graduate or professional school beyond a bachelor’s degree (for example: MA or PhD program, or medical or law school)

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

☐ NO SCHOOLING COMPLETED

☐ No schooling completed

☐ NURSERY OR PRESCHOOL THROUGH GRADE 12

☐ Nursery school

☐ Kindergarten

☐ Grade 1 through 11 – Specify grade 7 – 11

☐ 12th grade – NO DIPLOMA

☐ Regular high school diploma

☐ Ged or alternative credential

CTRL OR SOME COLLEGE

☐ Some college credit; but less than 1 year of college credit

☐ 1 or more years of college credit, no degree

CTRL ASSOCIATE’S DEGREE (for example: AA, AS)

CTRL BACHELOR’S DEGREE (for example: BA, BS)

CTRL MASTER’S DEGREE (for example: MA, MS, MENG, MED, MSW, MBA)

CTRL PROFESSIONAL DEGREES beyond a bachelor’s degree (for example: MD, DDS, DVM, J.D., JD)

CTRL DOCTORATE DEGREES (for example: PhD, EdD)

Answer question 13 if this person has a bachelor’s degree or higher. Otherwise, SKIP to question 12.

This question focuses on the person’s BACHELOR’S DEGREE. Please print below the specific major of any BACHELOR’S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

What is this person’s ancestry or ethnic origin?

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

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

☐ Yes

☐ No → SKIP to question 15a

What is this language?

(For example: Korean, Italian, Spanish, Vietnamese)

How well does this person speak English?

☐ Very well

☐ Well

☐ Not well

☐ Not at all
### Person 5 (continued)

1. Answer question 24 if this person is female and 15–50 years old. Otherwise, **SKIP** to question 25a.

#### 24. Has this person given birth to any children in the past 12 months?
- [ ] Yes
- [ ] No

#### 25. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?  
- [ ] Yes
- [ ] No → **SKIP** to question 26

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?  
- [ ] Yes
- [ ] No → **SKIP** to question 26

c. How long has this grandparent been responsible for these grandchildren?  
- [ ] Less than 6 months
- [ ] 6 to 11 months
- [ ] 1 or 2 years
- [ ] 3 or 4 years
- [ ] 5 or more years

#### 26. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?  Mark **X** (ONE box):
- [ ] Never served in the military → **SKIP** to question 29a
- [ ] Only on active duty for training in the Reserves or National Guard → **SKIP** to question 28a
- [ ] Now on active duty
- [ ] On active duty in the past, but not now

#### 27. When did this person serve on active duty in the U.S. Armed Forces? Mark **X** (ONE box) for EACH period in which this person served, even if just for part of the period:
- [ ] September 2001 or later
- [ ] August 1990 to August 2001 (including Persian Gulf War)
- [ ] May 1975 to July 1992
- [ ] Vietnam era (August 1964 to April 1975)
- [ ] February 1965 to July 1964
- [ ] Korean War (July 1950 to January 1955)
- [ ] January 1947 to June 1950
- [ ] World War II (December 1941 to December 1945)
- [ ] November 1941 or earlier

#### 28. a. Does this person have a VA service-connected disability rating?  
- [ ] Yes (such as 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%)
- [ ] No → **SKIP** to question 29a

b. What is this person’s service-connected disability rating?  
- [ ] 0 percent
- [ ] 10 or 20 percent
- [ ] 30 or 40 percent
- [ ] 50 or 60 percent
- [ ] 70 percent or higher

#### 29. LAST WEEK, did this person work for pay at a job (or business)?  
- [ ] Yes → **SKIP** to question 30
- [ ] No → Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?  
- [ ] Yes
- [ ] No → **SKIP** to question 35a

#### 30. At what location did this person work LAST WEEK?  If this person worked at more than one location, print where he or she worked most last week.

a. **Address (Number and street name)**
   
   (If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.)

b. **City, town, or post office**

c. **Is the work location inside the limits of that city or town?**  
- [ ] Yes
- [ ] No, outside the city/town limits

d. **Name of county**

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

f. **ZIP Code**
### Person 5 (continued)

**How did this person usually get to work LAST WEEK?** If this person usually used more than one method of transportation during the week, mark (X) the box of the one used for most of the distance.

- [ ] Car, truck, or van
- [ ] Bus or trolley bus
- [ ] Streetcar or trolley car
- [ ] Subway or elevated
- [ ] Railroad
- [ ] Bicycle
- [ ] Motorcycle
- [ ] Scooter
- [ ] Walked
- [ ] Worked at home
- [ ] Other method

Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.

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

Person(s): 

**What time did this person usually leave home to go to work LAST WEEK?**

- [ ] Hour: _____
- [ ] Minute: _____
- [ ] a.m.
- [ ] p.m.

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

Minutes: 

**Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.**

- [ ] LAST WEEK, was this person on layoff from a job?
  - [ ] Yes ➔ SKIP to question 39a
  - [ ] No

- [ ] LAST WEEK, was this person TEMPORARILY absent from a job or business?
  - [ ] Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. ➔ SKIP to question 39
  - [ ] No ➔ SKIP to question 39

- [ ] Has this person been informed that he or she will be recalled to work within the next 6 months or been given a date to return to work?
  - [ ] Yes ➔ SKIP to question 37
  - [ ] No

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

- [ ] Yes
  - [ ] No ➔ SKIP to question 38

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

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

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

- [ ] Within the past 12 months
- [ ] 1 to 6 months ago ➔ SKIP to 38 on the next page
- [ ] Over 6 months ago or never worked ➔ SKIP to Question 47

**During the PAST 12 MONTHS (62 weeks), did this person work 50 or more weeks? Count paid time off as work.**

- [ ] Yes ➔ SKIP to question 40
- [ ] No

**How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?**

- [ ] 50 to 62 weeks
- [ ] 48 to 50 weeks
- [ ] 40 to 47 weeks
- [ ] 25 to 39 weeks
- [ ] 14 to 26 weeks
- [ ] 13 weeks or less

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

<table>
<thead>
<tr>
<th>Usual hours worked each WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
Mailing Instructions

Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:
  U.S. Census Bureau
  P.O. Box 5240
  Jeffersonville, IN 47199-5240
- make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use
### Person 1

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

1. **What is Person 1's name?**
   - Last Name (Please print) __________
   - First Name __________
   - MI __________

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

3. **What is Person 1's sex?**
   - Mark (X) ONE box.
   - Male __________
   - Female __________

4. **What is Person 1's age and what is Person 1's date of birth?**
   - Please report babies as age 0 when the child is less than 1 year old.
   - Print numbers in boxes.
   - Age (in years) __________
   - Month __________
   - Day __________
   - Year of birth __________

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

5. **Is Person 1 of Hispanic, Latino, or Spanish origin?**
   - Mark (X) one or more boxes.
   - No, not of Hispanic, Latino, or Spanish origin __________
   - Yes, Mexican, Mexican Am., Chicano __________
   - Yes, Puerto Rican __________
   - Yes, Cuban __________
   - Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. __________

6. **What is Person 1's race?**
   - Mark (X) one or more boxes.
   - White __________
   - Black, African Am., or Negro __________
   - American Indian or Alaska Native — Print name of enrolled or principal tribe. __________
   - Asian Indian __________
   - Chinese __________
   - Filipino __________
   - Japanese __________
   - Korean __________
   - Native Hawaiian or Chamorro __________
   - Samoan __________
   - Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. __________
   - Other Pacific Islander — Print race, for example, Filipino, Japanese, Vietnamese, and so on. __________
   - Some other race — Print race. __________

### Person 2

1. **What is Person 2's name?**
   - Last Name (Please print) __________
   - First Name __________
   - MI __________

2. **How is this person related to Person 1?**
   - Mark (X) ONE box.
   - Husband or wife __________
   - Biological son or daughter __________
   - Adopted son or daughter __________
   - Stepson or stepdaughter __________
   - Brother or sister __________
   - Father or mother __________
   - Grandchild __________
   - Parent-in-law __________
   - Son-in-law or daughter-in-law __________
   - Other relative __________
   - Roomer or boarder __________
   - Housemate, or roommate __________
   - Unmarried partner __________
   - Foster child __________
   - Other nonrelative __________

3. **What is Person 2's sex?**
   - Mark (X) ONE box.
   - Male __________
   - Female __________

4. **What is Person 2's age and what is Person 2's date of birth?**
   - Please report babies as age 0 when the child is less than 1 year old.
   - Print numbers in boxes.
   - Age (in years) __________
   - Month __________
   - Day __________
   - Year of birth __________

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

5. **Is Person 2 of Hispanic, Latino, or Spanish origin?**
   - Mark (X) one or more boxes.
   - No, not of Hispanic, Latino, or Spanish origin __________
   - Yes, Mexican, Mexican Am., Chicano __________
   - Yes, Puerto Rican __________
   - Yes, Cuban __________
   - Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. __________

6. **What is Person 2's race?**
   - Mark (X) one or more boxes.
   - White __________
   - Black, African Am., or Negro __________
   - American Indian or Alaska Native — Print name of enrolled or principal tribe. __________
   - Asian Indian __________
   - Chinese __________
   - Filipino __________
   - Japanese __________
   - Korean __________
   - Native Hawaiian or Chamorro __________
   - Samoan __________
   - Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. __________
   - Other Pacific Islander — Print race, for example, Filipino, Japanese, Vietnamese, and so on. __________
   - Some other race — Print race. __________
Housing

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

1. Which best describes this building?
   Include all apartments, flats, etc., even if vacant.
   - A mobile home
   - A one-family house detached from any other house
   - A one-family house attached to one or more houses
   - A building with 2 apartments
   - A building with 3 or 4 apartments
   - A building with 5 to 9 apartments
   - A building with 10 to 19 apartments
   - A building with 20 to 49 apartments
   - A building with 50 or more apartments
   - Boat, RV, van, etc.

2. About when was this building first built?
   - 2000 or later – Specify year
   - 1990 to 1999
   - 1980 to 1989
   - 1970 to 1979
   - 1960 to 1969
   - 1950 to 1959
   - 1940 to 1949
   - 1939 or earlier

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

4. How many acres is this house or mobile home on?
   - Less than 1 acre → SKIP to question 6
   - 1 to 9.9 acres
   - 10 or more acres

5. IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?
   - None
   - $1 to $999
   - $1,000 to $2,499
   - $2,500 to $4,999
   - $5,000 to $9,999
   - $10,000 or more

6. Is there a business (such as a store or barber shop) or a medical office on this property?
   - Yes
   - No

7. a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.
   - INCLUDE bedrooms, kitchens, etc.
   - EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

   Number of rooms

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

   Number of bedrooms
### Housing (continued)

#### 8. Does this house, apartment, or mobile home have –
- a. hot and cold running water? [ ] Yes [ ] No
- b. a flush toilet? [ ] Yes [ ] No
- c. a bathtub or shower? [ ] Yes [ ] No
- d. a sink with a faucet? [ ] Yes [ ] No
- e. a stove or range? [ ] Yes [ ] No
- f. a refrigerator? [ ] Yes [ ] No
- g. telephone service from which you can both make and receive calls? Include cell phones. [ ] Yes [ ] No

#### 9. At this house, apartment, or mobile home – do you or any member of this household own or use any of the following computers?
- a. Desktop, laptop, netbook, or notebook computer [ ] Yes [ ] No
- b. Handheld computer, smart mobile phone, or other handheld wireless computer [ ] Yes [ ] No
- c. Some other type of computer [ ] Yes [ ] No

#### 12. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?
- None [ ]
- 1 [ ]
- 2 [ ]
- 3 [ ]
- 4 [ ]
- 5 [ ]
- 6 or more [ ]

#### 13. Which FUEL is used MOST for heating this house, apartment, or mobile home?
- Gas: from underground pipes serving the neighborhood [ ]
- Gas: bottled, tank, or LP [ ]
- Electricity [ ]
- Fuel oil, kerosene, etc. [ ]
- Coal or coke [ ]
- Wood [ ]
- Solar energy [ ]
- Other fuel [ ]
- No fuel used [ ]

#### 14. a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?
   Last month’s cost – Dollars
   [ ] 0
   OR
   [ ] Included in rent or condominium fee
   [ ] No charge or electricity not used

#### 14. b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?
   Last month’s cost – Dollars
   [ ] 0
   OR
   [ ] Included in rent or condominium fee
   [ ] Included in electricity payment entered above
   [ ] No charge or gas not used
Housing (continued)

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

- **Past 12 months’ cost – Dollars**
  - $0.00

  OR

  - Included in rent or condominium fee
  - No charge


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

- **Past 12 months’ cost – Dollars**
  - $0.00

  OR

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

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

- **Yes**
- **No**

16. **Is this house, apartment, or mobile home part of a condominium?**

- **Yes** → **What is the monthly condominium fee?**
  - For rental, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the “None” box.
  - **Monthly amount – Dollars**
  - $0.00

  OR

  - None

- **No**

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

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

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

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

- **Monthly amount – Dollars**
  - $0.00

19b. **b. Does the monthly rent include any meals?**

- **Yes**
- **No**

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

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

- **Annual amount – Dollars**
  - $0.00

  OR

  - None

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

- **Annual amount – Dollars**
  - $0.00

  OR

  - None
## Housing (continued)

### 22. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?
- □ Yes, mortgage, deed of trust, or similar debt
- □ Yes, contract to purchase
- □ No → SKIP to 23a

### 23. a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
- □ Yes, home equity loan
- □ Yes, second mortgage
- □ Yes, second mortgage and home equity loan
- □ No → SKIP to D

### b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?
- Monthly amount – Dollars
  - $ _______ _______ _______

### 24. What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes.
- Annual costs – Dollars
  - $ _______ _______ _______

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

Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 44 for the mailing instructions.
Person 1

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

Last Name

First Name MI

Where was this person born?

☐ In the United States – Print name of state.

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

Is this person a citizen of the United States?

☐ Yes, born in the United States → SKIP to question 10a

☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Mariana Islands

☐ Yes, born abroad of U.S. citizen parent or parents

☐ Yes, U.S. citizen by naturalization – Print year of naturalization

☐ No, not a U.S. citizen

When did this person come to live in the United States? Print numbers in boxes. Year

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

☐ No, has not attended in the last 3 months → SKIP to question 11

☐ Yes, public school, public college

☐ Yes, private school, private college, home school

b. What grade or level was this person attending?

Mark (X) ONE box.

☐ Nursery school, preschool

☐ Kindergarten

☐ Grade 1 through 12 – Specify grade 1 – 12

☐ College undergraduate years (freshman to senior)

☐ Graduate or professional school beyond a bachelor’s degree (for example: MA or PhD program, or medical or law school)

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

NO SCHOOLING COMPLETED

☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

☐ Nursery school

☐ Kindergarten

☐ Grade 1 through 11 – Specify grade 1 – 11

☐ 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

☐ Regular high school diploma

☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

☐ Some college credit, but less than 1 year of college credit

☐ 1 or more years of college credit, no degree

☐ Associate’s degree (for example: AA, AS)

☐ Bachelor’s degree (for example: BA, BS)

AFTER BACHELOR’S DEGREE

☐ Master’s degree (for example: MA, MS, ME, ME, MS, MBA)

☐ Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)

☐ Doctorate degree (for example: PhD, EdD)
Person 1 (continued)

Answer question 12 if this person has a bachelor’s degree or higher. Otherwise, SKIP to question 13.

This question focuses on this person’s BACHELOR’S DEGREE. Please print below the specific major(s) of any BACHELOR’S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

What is this person’s ancestry or ethnic origin?

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

a. Does this person speak a language other than English at home?
   - Yes
   - No → SKIP to question 16a

b. What is this language?

   For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?
   - Very well
   - Well
   - Not well
   - Not at all

Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old → SKIP to question 16
- Yes, this house → SKIP to question 16
- No, outside the United States and Puerto Rico → Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
- No, different house in the United States or Puerto Rico

Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico ZIP Code

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

a. Insurance through a current or former employer or union (of this person or another family member)
   Yes No
b. Insurance purchased directly from an insurance company (by this person or another family member)
   Yes No
c. Medicare, for people 65 and older, or people with certain disabilities
   Yes No
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
   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 or health coverage plan – Specify
   Yes No
### Person 1 (continued)

17. a. Is this person deaf or does he/she have serious difficulty hearing?
   - Yes
   - No

   b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
   - Yes
   - No

---

18. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
   - Yes
   - No

   b. Does this person have serious difficulty walking or climbing stairs?
   - Yes
   - No

   c. Does this person have difficulty dressing or bathing?
   - Yes
   - No

---

19. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping?
   - Yes
   - No

---

20. What is this person’s marital status?
   - Now married
   - Widowed
   - Divorced
   - Separated
   - Never married → SKIP to the questions for Person 2 on page 16.

---

21. In the PAST 12 MONTHS did this person get –
   - Married? No
   - Widowed? No
   - Divorced? No

---

22. How many times has this person been married?
   - Once
   - Two times
   - Three times

---

23. In what year did this person last get married?
   - Year

   [ ] [ ] [ ] [ ] [ ]
### Person 1 (continued)

**1.** Answer question 24 if this person is female and 15 – 90 years old. Otherwise, SKIP to question 25a.

24. **Has this person given birth to any children in the past 12 months?**
   - [ ] Yes
   - [ ] No

25a. **a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?**
   - [ ] Yes
   - [x] No → SKIP to question 26

25b. **b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?**
   - [ ] Yes
   - [ ] No → SKIP to question 26

25c. **c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.**
   - [ ] Less than 6 months
   - [ ] 6 to 11 months
   - [ ] 1 or 2 years
   - [ ] 3 or 4 years
   - [ ] 5 or more years

26. **Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?**
   - [ ] Never served in the military → SKIP to question 29a
   - [ ] Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
   - [ ] Now on active duty
   - [ ] On active duty in the past, but not now

27. **When did this person serve on active duty in the U.S. Armed Forces?** Mark (X) a box for EACH period in which this person served, even if just for part of the period:
   - [ ] September 2001 or later
   - [ ] August 1990 to August 2001 (including Persian Gulf War)
   - [ ] May 1975 to July 1990
   - [ ] Vietnam era (August 1964 to April 1975)
   - [ ] February 1955 to July 1964
   - [ ] Korean War (July 1950 to January 1955)
   - [ ] January 1947 to June 1950
   - [ ] World War II (December 1941 to December 1946)
   - [ ] November 1941 or earlier

28a. **a. Does this person have a VA service-connected disability rating?**
   - [ ] Yes (such as 0%, 10%, 20%, ..., 100%)
   - [x] No → SKIP to question 29a

28b. **b. What is this person’s service-connected disability rating?**
   - [ ] 0 percent
   - [ ] 10 or 20 percent
   - [ ] 30 or 40 percent
   - [ ] 50 or 60 percent
   - [ ] 70 percent or higher
a. **LAST WEEK, did this person work for pay at a job (or business)?**
   - Yes → SKIP to question 30
   - No – Did not work (or retired)

b. **LAST WEEK, did this person do ANY work for pay, even for as little as one hour?**
   - Yes
   - No → SKIP to question 36a

At what location did this person work **LAST WEEK**? If this person worked at more than one location, print where he or she worked most last week.

a. **Address (Number and street name)**

   If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

b. **Name of city, town, or post office**

   

c. **Is the work location inside the limits of that city or town?**
   - Yes
   - No, outside the city/town limits

d. **Name of county**

   

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

   

f. **ZIP Code**

   

How did this person usually get to work **LAST WEEK**? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

- Car, truck, or van
- Bus or trolley bus
- Streetcar or trolley car
- Subway or elevated railroad
- Ferryboat
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Worked at home → SKIP to question 39a
- Other method

Answer question 32 if you marked “Car, truck, or van” in question 31. Otherwise, SKIP to question 33.

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

Person(s)   

What time did this person usually leave home to go to work **LAST WEEK**?

Hour:   Minute:   a.m.   p.m.

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

Minutes:   

Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.

a. **LAST WEEK, was this person on layoff from a job?**
   - Yes → SKIP to question 35c
   - No

b. **LAST WEEK, was this person TEMPORARILY absent from a job or business?**
   - Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 36
   - No → SKIP to question 36

c. **Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**
   - Yes → SKIP to question 37
   - No
Person 1 (continued)

36. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
   - Yes
   - No → SKIP to question 38

37. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
   - Yes, could have gone to work
   - No, because of own temporary illness
   - No, because of all other reasons (in school, etc.)

38. When did this person last work, even for a few days?
   - Within the past 12 months
   - 1 to 5 years ago → SKIP to question 41
   - Over 5 years ago or never worked → SKIP to question 47

39. a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
   - Yes → SKIP to question 40
   - No

b. How many weeks did this person work, even for a few hours, including paid vacation, paid sick leave, and military service?
   - 50 to 52 weeks
   - 48 to 49 weeks
   - 40 to 47 weeks
   - 27 to 39 weeks
   - 14 to 26 weeks
   - 13 weeks or less

40. During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
   - Usual hours worked each WEEK

41. Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

41. Was this person –
   - Mark (X) ONE box.
   - an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
   - an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
   - a local GOVERNMENT employee (city, county, etc.)?
   - a state GOVERNMENT employee?
   - a Federal GOVERNMENT employee?
   - SELF-EMPLOYED in own, NOT INCORPORATED business, professional practice, or farm?
   - SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
   - working WITHOUT PAY in family business or farm?

42. For whom did this person work?
   - If now on active duty in the Armed Forces, mark (X) this box and print the branch of the Armed Forces.
   - Name of company, business, or other employer

43. What kind of business or industry was this?
   - Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

44. Is this mainly – Mark (X) ONE box.
   - manufacturing?
   - wholesale trade?
   - retail trade?
   - other (agriculture, construction, service, government, etc.)?
### Person 1 (continued)

**45.** What kind of work was this person doing?  
(For example: registered nurse, personnel manager,  
supervisor of order department, secretary, accountant)  

**47.** INCOME IN THE PAST 12 MONTHS  
Mark (X) the "Yes" box for each type of income this  
person received, and give your best estimate of the  
TOTAL AMOUNT during the PAST 12 MONTHS.  
(NOTE: The "last 12 months" is the period from  
today’s date one year ago up through today.)  
Mark (X) the "No" box to show types of income  
NOT received.  
If net income was a loss, mark the "Loss" box to the  
right of the dollar amount.  
For income received jointly, report the appropriate  
share for each person – or, if that’s not possible,  
report the whole amount for only one person and  
mark the "No" box for the other person.  

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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**b. Self-employment income from own nonfarm  
businesses or farm businesses, including  
proprietorships and partnerships.** Report  
NET Income after business expenses.  

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<th>Yes</th>
<th>No</th>
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**c. Interest, dividends, net rental income, royalty  
income, or income from estates and trusts.**  
Report even small amounts credited to an account.  

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<th>Yes</th>
<th>No</th>
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**d. Social Security or Railroad Retirement.**  

<table>
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<th>Yes</th>
<th>No</th>
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**e. Supplemental Security Income (SSI).**  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
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</tbody>
</table>

**g. Retirement, survivor, or disability pensions.**  
Do NOT include Social Security.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
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</tbody>
</table>

**49.** What was this person’s total income during the  
PAST 12 MONTHS? Add entries in questions 47a to  
47h; subtract any losses. If net income was a loss, enter  
the amount and mark (X) the "Loss" box next to the  
dollar amount.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Continue with the questions for Person 2 on the  
next page. If no one is listed as Person 2 on page 2,  
SKIP to page 44 for mailing instructions.
**Person 2**

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>MI</td>
<td></td>
</tr>
</tbody>
</table>

**Where was this person born?**

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

**Is this person a citizen of the United States?**

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

**When did this person come to live in the United States? Print numbers in boxes.**

<table>
<thead>
<tr>
<th>Year</th>
<th></th>
</tr>
</thead>
</table>

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

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

**What grade or level was this person attending?**

Mark X/X ONE box.

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

**What is the highest degree or level of school this person has COMPLETED?**

Mark X/X ONE box.

- No schooling completed
- NURSERY OR PRESCHOOL THROUGH GRADE 12
- Kindergarten
- Grade 1 through 11 – Specify grade 7 – 11
- 12th grade – NO DIPLOMA
- HIGH SCHOOL GRADUATE
- Regular high school diploma
- GED or alternative credential
- COLLEGE OR SOME COLLEGE
- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate’s degree (for example: AA, AS)
- Bachelor’s degree (for example: BA, BS)
- AFTER BACHELOR’S DEGREE
- Master’s degree (for example: MA, MS, MEng, MED, MSW, MBA)
- Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)
**Person 2 (continued)**

12. This question focuses on this person’s BACHELOR’S DEGREE. Please print below the specific major(s) of any BACHELOR’S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

13. What is this person’s ancestry or ethnic origin?

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

14. a. Does this person speak a language other than English at home?
   - Yes
   - No → SKIP to question 15a

   b. What is this language?
   (For example: Korean, Italian, Spanish, Vietnamese)

15. a. Did this person live in this house or apartment 1 year ago?
   - Person is under 1 year old → SKIP to question 16
   - Yes, this house → SKIP to question 16
   - No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
   - No, different house in the United States or Puerto Rico

   b. Where did this person live 1 year ago?
   Address (Number and street name)

   Name of city, town, or post office

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

   Name of U.S. state or Puerto Rico

   ZIP Code

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

   a. Insurance through a current or former employer or union (of this person or another family member)
   - Yes
   - No

   b. Insurance purchased directly from an insurance company (by this person or another family member)
   - Yes
   - No

   c. Medicare, for people 65 and older, or people with certain disabilities
   - Yes
   - No

   d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
   - 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 or health coverage plan – Specify
   - Yes
   - No
Person 2 (continued)

17. Is this person deaf or does he/she have serious difficulty hearing?
   - Yes
   - No

18. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
   - Yes
   - No

19. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping?
   - Yes
   - No

20. What is this person’s marital status?
   - Now married
   - Widowed
   - Divorced
   - Separated
   - Never married

21. In the PAST 12 MONTHS did this person get –
   - Yes
   - No

22. How many times has this person been married?
   - Once
   - Two times
   - Three or more times

23. In what year did this person last get married?
   - Year

Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 23.

Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 23.
Person 2 (continued)

1. Answer question 24 if this person is female and 15–50 years old. Otherwise, SKIP to question 25a.

24. Has this person given birth to any children in the past 12 months?
   - Yes
   - No

25. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
   - Yes
   - No → SKIP to question 26

26. b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?
   - Yes
   - No → SKIP to question 26

27. c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
   - Less than 6 months
   - 6 to 11 months
   - 1 or 2 years
   - 3 or 4 years
   - 5 or more years

28. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box:
   - Never served in the military → SKIP to question 29a
   - Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
   - Now on active duty
   - On active duty in the past, but not now

29. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
   - September 2001 or later
   - August 1990 to August 2001 (including Persian Gulf War)
   - May 1975 to July 1990
   - Vietnam era (August 1964 to April 1975)
   - February 1955 to July 1964
   - Korean War (July 1950 to January 1955)
   - January 1947 to June 1950
   - World War II (December 1941 to December 1946)
   - November 1941 or earlier

30. a. Does this person have a VA service-connected disability rating?
   - Yes (such as 0%, 10%, 20%, ..., 100%)
   - No → SKIP to question 30a

30. b. What is this person’s service-connected disability rating?
   - 0 percent
   - 10 or 20 percent
   - 30 or 40 percent
   - 50 or 60 percent
   - 70 percent or higher
Person 2 (continued)

29. LAST WEEK, did this person work for pay at a job (or business)?
   - Yes → SKIP to question 30
   - No → Did not work (or retired)

30. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
   - Yes → SKIP to question 35a
   - No

31. At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.
   a. Address (Number and street name)
   b. Name of city, town, or post office
   c. Is the work location inside the limits of that city or town?
      - Yes
      - No, outside the city/town limits
   d. Name of county
   e. Name of U.S. state or foreign country
   f. ZIP Code

32. Answer question 32 if you marked “Car, truck, or van” in question 31. Otherwise, SKIP to question 33.

33. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
   Person(s)

34. What time did this person usually leave home to go to work LAST WEEK?
   Hour
   Minute
   a.m. □
   p.m. □

35. How many minutes did it usually take this person to get from home to work LAST WEEK?
   Minutes

36. Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.

37. LAST WEEK, was this person on layoff from a job?
   - Yes → SKIP to question 38c
   - No

38. LAST WEEK, was this person TEMPORARILY absent from a job or business?
   - Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
   - No → SKIP to question 36

39. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
   - Yes → SKIP to question 37
   - No

40. How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
   - Car, truck, or van
   - Bus or trolley bus
   - Streetcar or trolley car
   - Subway or elevated
   - Railroad
   - Ferryboat
   - Motorcycle
   - Bicycle
   - Walked
   - Worked at home → SKIP to question 39a
   - Other method
**Person 2 (continued)**

36. **During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**
   - Yes
   - No ➔ \textit{SKIP} to question 38

37. **LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**
   - Yes, could have gone to work
   - No, because of own temporary illness
   - No, because of all other reasons (in school, etc.)

38. **When did this person last work, even for a few days?**
   - Within the past 12 months
   - 1 to 5 years ago ➔ \textit{SKIP} to L
   - Over 5 years ago or never worked ➔ \textit{SKIP} to question 47

39. **a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.**
   - Yes ➔ \textit{SKIP} to question 40
   - No

   **b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?**
   - 50 to 52 weeks
   - 48 to 49 weeks
   - 40 to 47 weeks
   - 27 to 39 weeks
   - 14 to 26 weeks
   - 13 weeks or less

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

41. **Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, \textit{SKIP} to question 47.**

41. **41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.**

42. **Was this person —**
   - Mark (X) ONE box:
     - an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
     - an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
     - a local GOVERNMENT employee (city, county, etc.)?
     - a state GOVERNMENT employee?
     - a Federal GOVERNMENT employee?
     - SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
     - SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
     - working WITHOUT PAY in family business or farm?

43. **For whom did this person work?**
   - If now on active duty in the Armed Forces, mark (X) this box ➔ and print the branch of the Armed Forces.
   - Name of company, business, or other employer

44. **What kind of business or industry was this?**
   - Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

45. **Is this mainly — Mark (X) ONE box.**
   - manufacturing?
   - wholesale trade?
   - retail trade?
   - other (agriculture, construction, service, government, etc.)?
Person 2 (continued)

45 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

46 What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47 INCOME IN THE PAST 12 MONTHS

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

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

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

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

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

[ ] Yes $ ________________ 00 TOTAL AMOUNT for past 12 months
[ ] No

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

[ ] Yes $ ________________ 00 TOTAL AMOUNT for past 12 months
[ ] No Loss

Loss

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

[ ] Yes $ ________________ 00 TOTAL AMOUNT for past 12 months
[ ] No Loss

Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 3, SKIP to page 44 for mailing instructions.
Person 3

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

Last Name

First Name  MI

Where was this person born?

☐ In the United States – Print name of state.

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

Is this person a citizen of the United States?

☐ Yes, born in the United States → SKIP to question 10a

☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas

☐ Yes, born abroad of U.S. citizen parent or parents

☐ Yes, U.S. citizen by naturalization – Print year of naturalization ________________________________

☐ No, not a U.S. citizen

When did this person come to live in the United States? Print numbers in boxes. Year

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

☐ No, has not attended in the last 3 months → SKIP to question 11

☐ Yes, public school, public college

☐ Yes, private school, private college, home school

b. What grade or level was this person attending?

Mark (X) ONE box.

☐ Nursery school, preschool

☐ Kindergarten

☐ Grade 1 through 12 – Specify grade 1 – 12

☐ College undergraduate years (freshman to senior)

☐ Graduate or professional school beyond a bachelor’s degree (for example: MA or PhD program, or medical or law school)

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

NO SCHOOLDING COMPLETED

☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

☐ Nursery school

☐ Kindergarten

☐ Grade 1 through 11 – Specify grade 7 – 11

☐ 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

☐ Regular high school diploma

☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

☐ Some college credit, but less than 1 year of college credit

☐ 1 or more years of college credit, no degree

☐ Associate’s degree (for example: AA, AS)

☐ Bachelor’s degree (for example: BA, BS)

AFTER BACHELOR’S DEGREE

☐ Master’s degree (for example: MA, MS, MEng, ME, MSW, MBA)

☐ Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)

☐ Doctorate degree (for example: PhD, EdD)
**Person 3 (continued)**

12 This question focuses on this person’s BACHELOR’S DEGREE. Please print below the specific major(s) of any BACHELOR’S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

13 What is this person’s ancestry or ethnic origin?

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

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

- Yes
- No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- Person is under 1 year old → SKIP to question 16
- Yes, this house → SKIP to question 16
- No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
- No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?

Address (Number and street name)

Name of city, town, or post office

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

Name of U.S. state or Puerto Rico  ZIP Code

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

- a. Insurance through a current or former employer or union (of this person or another family member)
- b. Insurance purchased directly from an insurance company (by this person or another family member)
- c. Medicare, for people 65 and older, or people with certain disabilities
- d. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability
- e. TRICARE or other military health care
- f. VA (including those who have ever used or enrolled for VA health care)
- g. Indian Health Service
- h. Any other type of health insurance or health coverage plan – Specify
Person 3 (continued)

17. Is this person deaf or does he/she have serious difficulty hearing?
   - Yes
   - No

18. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
   - Yes
   - No

19. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping?
   - Yes
   - No

20. What is this person’s marital status?
   - Now married
   - Widowed
   - Divorced
   - Separated
   - Never married → SKIP to H on the next page

21. In the PAST 12 MONTHS did this person get –
   - Yes
   - No
   a. Married?
   - Yes
   - No
   b. Widowed?
   - Yes
   - No
   c. Divorced?
   - Yes
   - No

22. How many times has this person been married?
   - Once
   - Two times
   - Three or more times

23. In what year did this person last get married?
   - Year

Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 30.
Person 3 (continued)

1. Answer question 24 if this person is female and 15–50 years old. Otherwise, SKIP to question 25a.

24. Has this person given birth to any children in the past 12 months?
   - Yes
   - No

25. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
   - Yes
   - No → SKIP to question 26

   b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?
   - Yes
   - No → SKIP to question 26

   c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
   - Less than 6 months
   - 6 to 11 months
   - 1 or 2 years
   - 3 or 4 years
   - 5 or more years

26. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box:
   - Never served in the military → SKIP to question 29a
   - Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
   - Now on active duty
   - On active duty in the past, but not now

27. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
   - September 2001 or later
   - August 1990 to August 2001 (including Persian Gulf War)
   - May 1975 to July 1990
   - Vietnam era (August 1964 to April 1975)
   - February 1955 to July 1964
   - Korean War (July 1950 to January 1955)
   - January 1947 to June 1950
   - World War II (December 1941 to December 1946)
   - November 1941 or earlier

28. a. Does this person have a VA service-connected disability rating?
   - Yes (such as 0%, 10%, 20%, ..., 100%)
   - No → SKIP to question 29a

   b. What is this person’s service-connected disability rating?
   - 0 percent
   - 10 or 20 percent
   - 30 or 40 percent
   - 50 or 60 percent
   - 70 percent or higher
Person 3 (continued)

29. LAST WEEK, did this person work for pay at a job (or business)?
   [ ] Yes → SKIP to question 30
   [ ] No – Did not work (or retired)

30. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
   [ ] Yes
   [ ] No → SKIP to question 35a

31. At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most LAST WEEK.
   a. Address (Number and street name)
   [ ] If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.
   b. Name of city, town, or post office

32. How many people, including this person, usually rode to work in the car, truck, or van?
   [ ] Person(s)

33. What time did this person usually leave home to go to work LAST WEEK?
   [ ] Hour
   [ ] Minute
   [ ] a.m.
   [ ] p.m.

34. How many minutes did it usually take this person to get from home to work LAST WEEK?
   [ ] Minutes

35. LAST WEEK, was this person on layoff from a job?
   [ ] Yes → SKIP to question 35c
   [ ] No

36. LAST WEEK, was this person TEMPORARILY absent from a job or business?
   [ ] Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
   [ ] No → SKIP to question 36

37. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
   [ ] Yes → SKIP to question 37
   [ ] No
Person 3 (continued)

36 During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
   ☐ Yes
   ☐ No → SKIP to question 38

37 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
   ☐ Yes, could have gone to work
   ☐ No, because of own temporary illness
   ☐ No, because of all other reasons (in school, etc.)

38 When did this person last work, even for a few days?
   ☐ Within the past 12 months
   ☐ 1 to 5 years ago → SKIP to L
   ☐ Over 5 years ago or never worked → SKIP to question 47

39 a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
   ☐ Yes → SKIP to question 40
   ☐ No

   b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?
   ☐ 50 to 52 weeks
   ☐ 48 to 49 weeks
   ☐ 40 to 47 weeks
   ☐ 27 to 39 weeks
   ☐ 14 to 26 weeks
   ☐ 13 weeks or less

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

41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

41 Was this person —
   ☐ Mark (X) ONE box:
   ☐ an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
   ☐ an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
   ☐ a local GOVERNMENT employee (city, county, etc.)?
   ☐ a state GOVERNMENT employee?
   ☐ a Federal GOVERNMENT employee?
   ☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
   ☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
   ☐ working WITHOUT PAY in family business or farm?

42 For whom did this person work?
   If now on active duty in the Armed Forces, mark (X) this box → ☐ and print the branch of the Armed Forces.
   Name of company, business, or other employer

43 What kind of business or industry was this?
   Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

44 Is this mainly — Mark (X) ONE box.
   ☐ manufacturing?
   ☐ wholesale trade?
   ☐ retail trade?
   ☐ other (agriculture, construction, service, government, etc.)?
**Person 3 (continued)**

**45. What kind of work was this person doing?**
(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

**46. What were this person’s most important activities or duties?**
(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

**47. INCOME IN THE PAST 12 MONTHS**
Mark (X) the “Yes” box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.
(NOTE: The “past 12 months” is the period from today’s date one year ago up through today.)
Mark (X) the “No” box to show types of income NOT received.

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

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

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

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<tr>
<th>Yes</th>
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<tr>
<td>No</td>
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**b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships.** Report NET Income after business expenses.

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<tbody>
<tr>
<td>No</td>
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**c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.** Report even small amounts credited to an account.

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<tr>
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**d. Social Security or Railroad Retirement.**

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**e. Supplemental Security Income (SSI).**

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

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<tr>
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**g. Retirement, survivor, or disability pensions.** Do NOT include Social Security.

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

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<th>Yes</th>
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<tr>
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</table>

**48. What was this person’s total income during the PAST 12 MONTHS?** Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

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<th>OR</th>
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| Loss | None |

| Loss |

**90. Continue with the questions for Person 4 on the next page. If no one is listed as Person 4 on page 3, SKIP to page 44 for mailing instructions.**
Person 4

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

Last Name

First Name

MI

Where was this person born?

☐ In the United States – Print name of state.

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

Is this person a citizen of the United States?

☐ Yes, born in the United States -> SKIP to question 10a

☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Mariana

☐ Yes, born abroad of U.S. citizen parent or parents

☐ Yes, U.S. citizen by naturalization – Print year of naturalization

☐ No, not a U.S. citizen

When did this person come to live in the United States? Print numbers in boxes. Year

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

☐ No, has not attended in the last 3 months -> SKIP to question 11

☐ Yes, public school, public college

☐ Yes, private school, private college, home school

b. What grade or level was this person attending?

Mark (X) ONE box.

☐ Nursery school, preschool

☐ Kindergarten

☐ Grade 1 through 12 – Specify grade 1 – 12

☐ College undergraduate years (freshman to senior)

☐ Graduate or professional school beyond a bachelor’s degree (for example: MA or PhD program, or medical or law school)

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

NO SCHOOLING COMPLETED

☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

☐ Nursery school

☐ Kindergarten

☐ Grade 1 through 11 – Specify grade 1 – 11

☐ 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

☐ Regular high school diploma

☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

☐ Some college credit, but less than 1 year of college credit

☐ 1 or more years of college credit, no degree

☐ Associate’s degree (for example: AA, AS)

☐ Bachelor’s degree (for example: BA, BS)

AFTER BACHELOR’S DEGREE

☐ Master’s degree (for example: MA, MS, MEng, ME, MSW, MBA)

☐ Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)

☐ Doctorate degree (for example: PhD, EdD)
Person 4 (continued)

12. This question focuses on this person’s BACHELOR’S DEGREE. Please print below the specific major(s) of any BACHELOR’S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)

13. What is this person’s ancestry or ethnic origin?

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

14. a. Does this person speak a language other than English at home?
   - Yes
   - No ➔ SKIP to question 15a

   b. What is this language?
   
   For example: Korean, Italian, Spanish, Vietnamese

15. a. Did this person live in this house or apartment 1 year ago?
   - Person is under 1 year old ➔ SKIP to question 16
   - Yes, this house ➔ SKIP to question 16
   - No, outside the United States and Puerto Rico — Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
   - No, different house in the United States or Puerto Rico

b. Where did this person live 1 year ago?

   Address (Number and street name)

   Name of city, town, or post office

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

   Name of U.S. state or ZIP Code

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

   a. Insurance through a current or former employer or union (of this person or another family member)
   - Yes
   - No

   b. Health insurance purchased directly from an insurance company (by this person or another family member)
   - Yes
   - No

   c. Medicare, for people 65 and older, or people with certain disabilities
   - Yes
   - No

   d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
   - 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 or health coverage plan — Specify
   - Yes
   - No
Person 4 (continued)

17. a. Is this person deaf or does he/she have serious difficulty hearing?
   □ Yes
   □ No

   b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
   □ Yes
   □ No

   Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 37.

18. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
   □ Yes
   □ No

   b. Does this person have serious difficulty walking or climbing stairs?
   □ Yes
   □ No

   c. Does this person have difficulty dressing or bathing?
   □ Yes
   □ No

19. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping?
   □ Yes
   □ No

20. What is this person’s marital status?
   □ Now married
   □ Widowed
   □ Divorced
   □ Separated
   □ Never married → SKIP to 1 on the next page

21. In the PAST 12 MONTHS did this person get –
   Yes
   No

   a. Married?
   □
   □

   b. Widowed?
   □
   □

   c. Divorced?
   □
   □

22. How many times has this person been married?
   □ Once
   □ Two times
   □ Three or more times

23. In what year did this person last get married?
   Year
   ☐
1. Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.

24. Has this person given birth to any children in the past 12 months?
   - Yes
   - No

25a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
   - Yes
   - No → SKIP to question 26

25b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?
   - Yes
   - No → SKIP to question 26

25c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
   - Less than 6 months
   - 6 to 11 months
   - 1 or 2 years
   - 3 or 4 years
   - 5 or more years

26. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
   - Never served in the military → SKIP to question 29a
   - Only on active duty for training in the Reserves or National Guard → SKIP to question 29a
   - No on active duty
   - On active duty in the past, but not now

27. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
   - September 2001 or later
   - August 1990 to August 2001 (including Persian Gulf War)
   - May 1975 to July 1990
   - Vietnam era (August 1964 to April 1975)
   - February 1955 to July 1964
   - Korean War (July 1950 to January 1955)
   - January 1947 to June 1950
   - World War II (December 1941 to December 1946)
   - November 1941 or earlier

28a. Does this person have a VA service-connected disability rating?
   - Yes (such as 0%, 10%, 20%, ..., 100%)
   - No → SKIP to question 29a

28b. What is this person’s service-connected disability rating?
   - 0 percent
   - 10 or 20 percent
   - 30 or 40 percent
   - 50 or 60 percent
   - 70 percent or higher
Person 4 (continued)

20. LAST WEEK, did this person work for pay at a job (or business)?
   □ Yes → SKIP to question 30
   □ No – Did not work (or retired)

21. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
   □ Yes
   □ No → SKIP to question 35a

J. Answer question 32 if you marked “Car, truck, or van” in question 31. Otherwise, SKIP to question 33.

22. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
   Person(s) _______________________

23. What time did this person usually leave home to go to work LAST WEEK?
   Hour: __________ Minute: ________
   □ a.m. □ p.m.

24. How many minutes did it usually take this person to get from home to work LAST WEEK?
   Minutes __________

K. Answer questions 35–38 if this person did NOT work last week. Otherwise, SKIP to question 39a.

25. a. LAST WEEK, was this person on layoff from a job?
   □ Yes → SKIP to question 35c
   □ No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
   □ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
   □ No → SKIP to question 36

26. c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
   □ Yes → SKIP to question 37
   □ No

27. At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.
   a. Address (Number and street name)
   If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

28. b. Name of city, town, or post office ________________________

29. c. Is the work location inside the limits of that city or town?
   □ Yes
   □ No, outside the city/town limits

29a. d. Name of county ________________________

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

31. f. ZIP Code ________________________

32. How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
   □ Car, truck, or van
   □ Bus or trolley bus
   □ Streetcar or trolley car
   □ Subway or elevated
   □ Railroa
   □ Ferryboat
   □ Taxi cab
   □ Motorcycle
   □ Bicycle
   □ Walked
   □ Worked at home → SKIP to question 39a
**Person 4 (continued)**

**36.** During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
- Yes
- No → SKIP to question 38

**37.** LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
- Yes, could have gone to work
- No, because of own temporary illness
- No, because of all other reasons (in school, etc.)

**35.** When did this person last work, even for a few days?
- Within the past 12 months
- 1 to 5 years ago → SKIP to question 37
- Over 5 years ago or never worked → SKIP to question 47

**39.** a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
- Yes → SKIP to question 40
- No

b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?
- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

**40.** During the PAST 12 MONTHS, in the WEEKS WORKED, how many weeks did this person usually work each WEEK?
Usual hours worked each WEEK

**L.** Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

**41.** 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

**43.** What kind of business or industry was this?
(Describe the activity at the location where employed. For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

**44.** Is this mainly – Mark (X) ONE box.
- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?
Person 4 (continued)

45 What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

46 What were this person’s most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47 INCOME IN THE PAST 12 MONTHS

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

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

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

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

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

   Yes ✔  $ ___________  00
   No

   TOTAL AMOUNT for past 12 months

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

   Yes ✔  $ ___________  00
   No

   TOTAL AMOUNT for past 12 months

   Loss

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

   Yes ✔  $ ___________  00
   No

   TOTAL AMOUNT for past 12 months

   Loss

d. Social Security or Railroad Retirement.

   Yes ✔  $ ___________  00
   No

   TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

   Yes ✔  $ ___________  00
   No

   TOTAL AMOUNT for past 12 months

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

   Yes ✔  $ ___________  00
   No

   TOTAL AMOUNT for past 12 months

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

   Yes ✔  $ ___________  00
   No

   TOTAL AMOUNT for past 12 months

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

   Yes ✔  $ ___________  00
   No

   TOTAL AMOUNT for past 12 months

   Loss

   TOTAL AMOUNT for past 12 months

48 What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

   Yes ✔  $ ___________  00
   OR

   None

   TOTAL AMOUNT for past 12 months

   Loss

   TOTAL AMOUNT for past 12 months

49 Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 4, SKIP to page 44 for mailing instructions.
Person 5

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

Last Name

First Name  MI

Where was this person born?

☐ In the United States – Print name of state.

☐ Outside the United States – Print name of foreign country, e.g., Puerto Rico, Guam, etc.

Is this person a citizen of the United States?

☐ Yes, born in the United States → SKIP to question 10a

☐ Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Mariana Islands

☐ Yes, born abroad of U.S. citizen parent or parents

☐ Yes, U.S. citizen by naturalization – Print year of naturalization

☐ No, not a U.S. citizen

When did this person come to live in the United States? Print numbers in boxes. Year

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

☐ No, has not attended in the last 3 months → SKIP to question 11

☐ Yes, public school, public college

☐ Yes, private school, private college, home school

b. What grade or level was this person attending?

Mark (X) ONE box.

☐ Nursery school, preschool

☐ Kindergarten

☐ Grade 1 through 12 – Specify grade 1 – 12

☐ College undergraduate years (freshman to senior)

☐ Graduate or professional school beyond a bachelor’s degree (for example: MA or PhD program, or medical or law school)

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

NO SCHOOLING COMPLETED

☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

☐ Nursery school

☐ Kindergarten

☐ Grade 1 through 11 – Specify grade 1 – 11

☐ 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

☐ Regular high school diploma

☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

☐ Some college credit, but less than 1 year of college credit

☐ 1 or more years of college credit, no degree

☐ Associate’s degree (for example: AA, AS)

☐ Bachelor’s degree (for example: BA, BS)

AFTER BACHELOR’S DEGREE

☐ Master’s degree (for example: MA, MS, MEng, ME, MSW, MBA)

☐ Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)

☐ Doctorate degree (for example: PhD, EdD)
**Person 5 (continued)**

15. **a. Did this person live in this house or apartment 1 year ago?**
   - [ ] Person is under 1 year old → SKIP to question 16
   - [ ] Yes, this house → SKIP to question 16
   - [ ] No, outside the United States and Puerto Rico
     - Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16
   - [ ] No, different house in the United States or Puerto Rico

15. **b. Where did this person live 1 year ago?**
   - Address (Number and street name)
   - Name of city, town, or post office
   - Name of U.S. county or municipio in Puerto Rico
   - Name of U.S. state or Puerto Rico
   - ZIP Code

16. **Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** Mark “Yes” or “No” for EACH type of coverage in items a – h.
   - a. Insurance through a current or former employer or union (not this person or another family member)
   - b. Insurance purchased directly from an insurance company (by this person or another family member)
   - c. Medicare, for people 65 and older, or people with certain disabilities
   - d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
   - e. TRICARE or other military health care
   - f. VA (including those who have ever used or enrolled for VA health care)
   - g. Indian Health Service
   - h. Any other type of health insurance or health coverage plan – Specify

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### Person 5 (continued)

17. Is this person deaf or does he/she have serious difficulty hearing?
   - [ ] Yes
   - [ ] No

18. Does this person have serious difficulty seeing even when wearing glasses?
   - [ ] Yes
   - [ ] No

19. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping?
   - [ ] Yes
   - [ ] No

20. What is this person’s marital status?
   - [ ] Now married
   - [ ] Widowed
   - [ ] Divorced
   - [ ] Separated
   - [ ] Never married  → SKIP to question 21 on the next page

21. In the PAST 12 MONTHS did this person get –
   - [ ] Married
   - [ ] Widowed
   - [ ] Divorced

22. How many times has this person been married?
   - [ ] Once
   - [ ] Two times
   - [ ] Three or more times

23. In what year did this person last get married?
   - [ ] Year

---

Answer question 18a–c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 44.

Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 44.
**Person 5 (continued)**

1. Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.

24. Has this person given birth to any children in the past 12 months?
- Yes
- No

25. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
- Yes
- No → SKIP to question 26

   b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?
- Yes
- No → SKIP to question 26

   c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years

26. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
- Never served in the military → SKIP to question 29a
- Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
- Now on active duty
- On active duty in the past, but not now

27. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- May 1975 to July 1990
- Vietnam era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

28. a. Does this person have a VA service-connected disability rating?
- Yes (such as 0%, 10%, 20%, ..., 100%)
- No → SKIP to question 29a

   b. What is this person’s service-connected disability rating?
- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher
Person 5 (continued)

29a. LAST WEEK, did this person work for pay at a job (or business)?
   [ ] Yes → SKIP to question 30
   [ ] No – Did not work (or retired)

29b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
   [ ] Yes
   [ ] No → SKIP to question 35a

At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.

a. Address (Number and street name)

If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.

b. Name of city, town, or post office

30c. Is the work location inside the limits of that city or town?
   [ ] Yes
   [ ] No, outside the city/town limits

d. Name of county

30e. Name of U.S. state or foreign country

30f. ZIP Code

How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

[ ] Car, truck, or van
[ ] Bus or trolley bus
[ ] Streetcar or trolley car
[ ] Subway or elevated
[ ] Railroad
[ ] Ferryboat
[ ] Taxi/cab
[ ] Motorcycle
[ ] Bicycle
[ ] Walked
[ ] Worked at home → SKIP to question 39a
[ ] Other method

Answer question 32 if you marked “Car, truck, or van” in question 31. Otherwise, SKIP to question 33.

32. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)

33. What time did this person usually leave home to go to work LAST WEEK?
   Hour: [__]  Minute: [__]  a.m. [ ]  p.m. [ ]

34. How many minutes did it usually take this person to get from home to work LAST WEEK?
   Minutes: [__]

Answer questions 35 – 38 if this person did NOT work last week. Otherwise, SKIP to question 39a.

35a. LAST WEEK, was this person on layoff from a job?
   [ ] Yes → SKIP to question 35c
   [ ] No

35b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
   [ ] Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
   [ ] No → SKIP to question 36

35c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
   [ ] Yes → SKIP to question 37
   [ ] No
Person 5 (continued)

26. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
   □ Yes
   □ No ⨂ SKIP to question 38

27. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
   □ Yes, could have gone to work
   □ No, because of own temporary illness
   □ No, because of all other reasons (in school, etc.)

28. When did this person last work, even for a few days?
   □ Within the past 12 months
   □ 1 to 5 years ago ⨂ SKIP to L
   □ Over 5 years ago or never worked ⨂ SKIP to question 47

29. a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
   □ Yes ⨂ SKIP to question 40
   □ No

b. How many weeks did this person work, even for a few hours, including paid vacation, paid sick leave, and military service?
   □ 50 to 52 weeks
   □ 48 to 49 weeks
   □ 40 to 47 weeks
   □ 37 to 39 weeks
   □ 14 to 26 weeks
   □ 13 weeks or less

30. During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
   Usual hours worked each WEEK

31. Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41. CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

42. Was this person
   □ an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
   □ an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
   □ a local GOVERNMENT employee (city, county, etc.)?
   □ a state GOVERNMENT employee?
   □ a Federal GOVERNMENT employee?
   □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
   □ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
   □ working WITHOUT PAY in family business or farm?

43. For whom did this person work?
   If now on active duty in the Armed Forces, mark (X) this box ⨂ and print the branch of the Armed Forces.
   Name of company, business, or other employer

44. What kind of business or industry was this?
   (Describe the activity at the location where employed. For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

45. Is this mainly
   □ manufacturing?
   □ wholesale trade?
   □ retail trade?
   □ other (agriculture, construction, service, government, etc.)?
**Person 5 (continued)**

45. **What kind of work was this person doing?**
   (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

46. **What were this person’s most important activities or duties?** (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47. **INCOME IN THE PAST 12 MONTHS**
   Mark (X) the “Yes” box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The “past 12 months” is the period from today’s date one year ago up through today.)
   Mark (X) the “No” box to show types of income NOT received.
   If net income was a loss, mark the “Loss” box to the right of the dollar amount.
   For income received jointly, report the appropriate share for each person – or, if that’s not possible, report the whole amount for only one person and mark the “No” box for the other person.

   a. **Wages, salary, commissions, bonuses, or tips from all jobs.** Report amount before deductions for taxes, bonds, dues, or other items.
      - **Yes**
      - **No**
      - TOTAL AMOUNT for past 12 months

   b. **Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships.** Report NET income after business expenses.
      - **Yes**
      - **No**
      - TOTAL AMOUNT for past 12 months

   c. **Interest, dividends, net rental income, royalty income, or income from estates and trusts.** Report even small amounts credited to an account.
      - **Yes**
      - **No**
      - TOTAL AMOUNT for past 12 months

   d. **Social Security or Railroad Retirement.**
      - **Yes**
      - **No**
      - TOTAL AMOUNT for past 12 months

   e. **Supplemental Security Income (SSI).**
      - **Yes**
      - **No**
      - TOTAL AMOUNT for past 12 months

   f. **Any public assistance or welfare payments from the state or local welfare office.**
      - **Yes**
      - **No**
      - TOTAL AMOUNT for past 12 months

   g. **Retirement, survivor, or disability pensions.** Do NOT include Social Security.
      - **Yes**
      - **No**
      - TOTAL AMOUNT for past 12 months

   h. **Any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support or alimony.** Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
      - **Yes**
      - **No**
      - TOTAL AMOUNT for past 12 months

48. **What was this person’s total income during the PAST 12 MONTHS?** Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

49. **Now continue with the mailing instructions on page 44.**
Mailing Instructions

Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

Then...

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

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

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

Thank you for participating in the American Community Survey.

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSO – JK136, Washington, D.C. 20233. You may e-mail comments to Paperwork@Census.gov; use “Paperwork Project 0607-0810” as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1X0D#5 (08-14-2012)
The American Community Survey

Start Here

Respond online today at:
https://respond.census.gov/acs
OR
Complete this form and mail it back as soon as possible.

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

If you need help or have questions about completing this form, please call 1-800-827-3636. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1-800-833-8855. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo al 1-877-633-5525. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por correo electrónico: respond.census.gov

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

Please print today's date.

Month

Day

Year

Please print the name and telephone number of the person who is filling out this form. We may contact you if there is a question.

Last Name

First Name

MID

Area Code

Number

How many people are living or staying at this address?

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

Number of people

Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.
1. What is Person 1's name?
   Last Name (Please print) __________ First Name __________ M/ F

2. How is this person related to Person 1?
   □ Person 2

3. What is Person 1's sex? Mark (X) ONE box:
   □ Male  □ Female

4. What is Person 1's age and what is Person 1's date of birth?
   Age (in years) _______ Print numbers in boxes. Month Day Year of birth _______

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

5. Is Person 1 of Hispanic, Latino, or Spanish origin?
   □ Yes, Mexican, Mexican American, Chileno
   □ Yes, Puerto Rican
   □ Yes, Cuban
   □ Yes, another Hispanic, Latino, or Spanish origin—Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadorian, Spanish, and so on.

6. Is Person 2 of Hispanic, Latino, or Spanish origin?
   □ Yes, Mexican, Mexican American, Chileno
   □ Yes, Puerto Rican
   □ Yes, Cuban
   □ Yes, another Hispanic, Latino, or Spanish origin—Print origin, for example, Argentinian, Colombian, Dominican, Nicaraguan, Salvadorian, Spanish, and so on.

8. What is Person 1's race? Mark (X) one or more boxes.
   □ White
   □ Black, African Am., or Negro
   □ Asian Indian
   □ Japanese
   □ Native Hawaiian
   □ Korean
   □ Samoan
   □ Filipino
   □ Other Pacific Islander—Print race, for example, Fijian, Tongan, and so on.
   □ Other Asian—Print race, for example, Hmong, Lao, Thai, Pakistani, Cambodian, and so on.
   □ Some other race—Print race.

10. What is Person 2's race? Mark (X) one or more boxes.
   □ White
   □ Black, African Am., or Negro
   □ Asian Indian
   □ Japanese
   □ Native Hawaiian
   □ Korean
   □ Samoan
   □ Filipino
   □ Other Pacific Islander—Print race, for example, Fijian, Tongan, and so on.
   □ Other Asian—Print race, for example, Hmong, Lao, Thai, Pakistani, Cambodian, and so on.
   □ Some other race—Print race.
### Housing

#### Question 1: Which best describes this building? Include all apartments, flats, etc., even if vacant.
- [ ] A mobile home
- [ ] A one-family house detached from any other house
- [ ] A one-family house attached to one or more houses
- [ ] A building with 2 apartments
- [ ] A building with 3 or 4 apartments
- [ ] A building with 5 to 9 apartments
- [ ] A building with 10 to 19 apartments
- [ ] A building with 20 to 49 apartments
- [ ] A building with 50 or more apartments
- [ ] Boat, RV, van, etc.

#### Question 2: About when was this building first built?
- [ ] 2000 or later — Specify year
- [ ] 1990 to 1999
- [ ] 1980 to 1989
- [ ] 1970 to 1979
- [ ] 1960 to 1969
- [ ] 1950 to 1969
- [ ] 1940 to 1949
- [ ] 1939 or earlier

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Question 4: Answer questions 4 - 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.

##### Question 4a: How many acres is this house or mobile home on?
- [ ] Less than 1 acre — SKIP to question 6
- [ ] 1 to 9.9 acres
- [ ] 10 or more acres

##### Question 4b: IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?
- [ ] None
- [ ] $1 to $999
- [ ] $1,000 to $2,699
- [ ] $2,500 to $4,999
- [ ] $5,000 to $9,999
- [ ] $10,000 or more

#### Question 5: Is there a business (such as a store or barber shop) or a medical office on this property?
- [ ] Yes
- [ ] No

#### Question 6: Does this house, apartment, or mobile home have —

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. hot and cold running water?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. a flush toilet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. a bathtub or shower?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. a sink with a faucet?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. a stove or range?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. a refrigerator?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. a telephone service from which you can both make and receive calls?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Question 7: At this house, apartment, or mobile home — do you or any member of this household own or use any of the following computers?
- [ ] YES
- [ ] NO

##### Question 7a: EXCLUDE GPS devices, digital music players, and devices with only limited computing capabilities, for example, household appliances.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Desktop or laptop computer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Handheld computer, smart mobile phone, or other handheld wireless computer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Some other type of computer</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

##### Question 7b: Specify:

<table>
<thead>
<tr>
<th>Specify</th>
<th></th>
</tr>
</thead>
</table>

#### Question 8: At this house, apartment, or mobile home — do you or any member of this household access the Internet?
- [ ] Yes, with a subscription to an Internet service
- [ ] Yes, without a subscription to an Internet service — SKIP to question 12
- [ ] No Internet access at this house, apartment, or mobile home — SKIP to question 12

##### Question 8a: At this house, apartment, or mobile home — do you or any member of this household subscribe to the Internet using —

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Dial-up service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. DSL service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Cable modem service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Fiber-optic service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Mobile broadband plan for a computer or a cell phone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Satellite Internet service?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Some other service?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

##### Question 8b: Specify service:

<table>
<thead>
<tr>
<th>Specify</th>
<th></th>
</tr>
</thead>
</table>
### Housing (continued)

#### 12. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?
- [ ] None
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6 or more

#### 13. Which FUEL is used MOST for heating this house, apartment, or mobile home?
- [ ] Gas: from underground pipes serving the neighborhood
- [ ] Gas: bottled, tank, or LP
- [ ] Electricity
- [ ] Fuel oil, kerosene, etc.
- [ ] Coal or coke
- [ ] Wood
- [ ] Solar energy
- [ ] Other fuel
- [ ] No fuel used

#### 14. a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?
   - Last month’s cost – Dollars
   - [ ] Included in rent or condominium fee
   - [ ] No change or electricity not used

#### 15. b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?
   - Last month’s cost – Dollars
   - [ ] Included in rent or condominium fee
   - [ ] No change or gas not used

#### 16. c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.
   - Past 12 months’ cost – Dollars
   - [ ] Included in rent or condominium fee
   - [ ] No charge

#### 17. d. IN THE PAST 12 MONTHS, what was the cost of all, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.
   - Past 12 months’ cost – Dollars
   - [ ] Included in rent or condominium fee
   - [ ] No charge or these fuels not used

#### 18. IN THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.
- [ ] Yes
- [ ] No

#### 19. Is this house, apartment, or mobile home part of a condominium?
- [ ] Yes
- [ ] No

#### 20. What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.
   - Monthly amount – Dollars
   - [ ] Included in rent or condominium fee
   - [ ] No charge

#### 21. Is this house, apartment, or mobile home owned by you or someone in this household with a mortgage or lease? Include home equity loans.
- [ ] Owned by you or someone in this household with a mortgage or lease?
- [ ] Owned by you or someone in this household free and clear (without a mortgage or lease)?
- [ ] Rented
- [ ] Occurred without payment of rent? SKIP to C on the next page
### Housing (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. What is the monthly rent for this house, apartment, or mobile home?</td>
<td>Monthly amount – Dollars</td>
</tr>
<tr>
<td>b. Does the monthly rent include any meals?</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>c. Answer questions 19–23 if you or any member of this household owns or is buying this house, apartment, or mobile home. Otherwise, skip to e.</td>
<td></td>
</tr>
<tr>
<td>d. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?</td>
<td>Amount – Dollars</td>
</tr>
<tr>
<td>e. What are the annual real estate taxes on this property?</td>
<td>Annual amount – Dollars</td>
</tr>
<tr>
<td>f. What is the annual payment for fire, hazard, and flood insurance on this property?</td>
<td>Annual amount – Dollars</td>
</tr>
</tbody>
</table>

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**Assumptions:**
- The table continues with questions and responses, similar to the format shown above. However, due to the nature of the content, the responses are not listed here. The table format is consistent with the provided example.

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**Creditors:**
- The table continues with questions and responses, similar to the format shown above. However, due to the nature of the content, the responses are not listed here. The table format is consistent with the provided example.

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**Additional Notes:**
- The table continues with questions and responses, similar to the format shown above. However, due to the nature of the content, the responses are not listed here. The table format is consistent with the provided example.

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**Notes:**
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**References:**
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**Conclusion:**
- The table continues with questions and responses, similar to the format shown above. However, due to the nature of the content, the responses are not listed here. The table format is consistent with the provided example.

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**End of Document**
Person 1 (continued)

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

a. Insurance through a current or former employer or union (of this person or another family member)
   Yes No

b. Insurance purchased directly from an insurance company (by this person or another family member)
   Yes No

c. Medicare, for people 65 and older, or people with certain disabilities
   Yes No

d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
   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 or health coverage plan - Specify
   Yes No

Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

18a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
   Yes No

18b. Does this person have serious difficulty walking or climbing stairs?
   Yes No

18c. Does this person have difficulty dressing or bathing?
   Yes No

Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

19. Because of a physical, mental, or emotional condition, does this person have difficulty using crutches alone such as visiting a doctor’s office or shopping?
   Yes No

20. What is this person’s marital status?
    a. Married?
    Yes No
    b. Widowed?
    Yes No
    c. Divorced?
    Yes No
    d. Separated?
    Yes No
    e. Never married - SKIP to question 21.

21. In the PAST 12 MONTHS did this person get:
    a. In the PAST 12 MONTHS did this person get - Yes No
    b. Divorced?
    Yes No
    c. Separated?
    Yes No

22. How many times has this person been married?
    a. Once
    b. Two times
    c. Three or more times

23. In what year did this person last get married?
   Year

24. Has this person given birth to any children in the last 12 months?
   Yes No

25. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
   Yes No

26. b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?
   Yes No

27. c. How long has this grandparent been responsible for these grandchildren?
   a. Only for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
      - Less than 6 months
      - 6 to 11 months
      - 1 to 2 years
      - 3 or 4 years
      - 5 or more years

28. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
   Mark ONE box.
   a. Never served in the military - SKIP to question 29.
   b. Only on active duty for training in the Reserves or National Guard - SKIP to question 29.
   c. On active duty in the past, but not now.
   d. On active duty in the past, but on now.
      - September 2001 or later
      - August 1390 to August 2001 (Including Persian Gulf War)
      - May 1975 to July 1979
      - Vietnam era (August 1964 to April 1975)
      - January 1955 to July 1964
      - Korean War (July 1950 to January 1955)
      - January 1947 to June 1952
      - World War II (December 1941 to December 1946)
      - November 1941 or earlier
**Person 1 (continued)***

24. Does this person have a VA service-connected disability rating?
   - Yes (such as 2%, 10%, 20%, ... 120%)
   - No → SKIP to question 29a

25. What is this person's service-connected disability rating?
   - 0 percent
   - 10 or 20 percent
   - 30 or 40 percent
   - 50 or 60 percent
   - 70 percent or higher

26. LAST WEEK, did this person work for pay at a job (or business)?
   - Yes → SKIP to question 28
   - No → Did not work (or retired)

27. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
   - Yes → SKIP to question 28
   - No

28. At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.
   - Address (Number and street name)

29. How many people, including this person, usually rode to work in the car, truck, or van?
   - Person(s)

30. What time did this person usually leave home to go to work LAST WEEK?
   - Hour: Minute: a.m. or p.m.

31. How many minutes did it usually take this person to get from home to work LAST WEEK?
   - Minutes

32. LAST WEEK, was this person on layoff from a job?
   - Yes → SKIP to question 35c
   - No

33. LAST WEEK, was this person temporarily absent from a job (or business)?
   - Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 36
   - No → SKIP to question 36

34. Has this person been informed that he or she will be recalled to work within the next 6 months or been given a date to return to work?
   - Yes
   - No → SKIP to question 38

35. During the LAST 4 WEEKS, has this person been actively looking for work?
   - Yes
   - No → SKIP to question 38

36. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
   - Yes, could have gone to work
   - No, because of own temporary illness
   - No, because of all other reasons (in school, etc.)

37. When did this person last work, even for a few days?
   - Within the past 12 months
   - 1 to 5 years ago → SKIP to line
   - Over 5 years ago or never worked → SKIP to question 43

38. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
   - Yes → SKIP to question 40
   - No

39. How many weeks did this person work, even for a few hours, including paid vacation, paid sick leave, and military service?
   - 50 to 52 weeks
   - 48 to 49 weeks
   - 40 to 47 weeks
   - 27 to 39 weeks
   - 14 to 26 weeks
   - 13 weeks or less
### Person 1 (continued)

**41. What kind of work was this person doing?**

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant.)

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<thead>
<tr>
<th>Yes</th>
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<th>TOTAL AMOUNT for past 12 months</th>
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<td>No</td>
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</table>

**42. What were this person's most important activities or duties?**

(For example: patient care, directing hiring policies, organizing order clerks, typing and filing, reconciling financial records.)

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<th>Yes</th>
<th>$</th>
<th>TOTAL AMOUNT for past 12 months</th>
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**43. What kind of business or industry was this?**

Describe the activity at the location where employed (for example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank).

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<th>Yes</th>
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<th>TOTAL AMOUNT for past 12 months</th>
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**44. For whom did this person work?**

If none, check all that apply.

- an employee of a PRIVATE FOR-PROFIT company or business, or an individual, for wages, salary, or commissions?
- an employee of a PRIVATE NOT FOR-PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT (city, county, etc.) employee?
- a state GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

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**45. Was this person—**

- a member of the Armed Forces?
- a member of the Reserves or National Guard?
- a veteran?

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**46. Social Security or Railroad Retirement.**

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**47. Supplemental Security Income (SSI).**

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<th>TOTAL AMOUNT for past 12 months</th>
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**48. Any public assistance or welfare payments from the state or local welfare office.**

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<th>TOTAL AMOUNT for past 12 months</th>
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<tr>
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</table>

**49. Retirement, survivor, or disability pensions.**

Do NOT include Social Security, Railroad Retirement, or Supplemental Security Income (SSI) payments.

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<th>Yes</th>
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<th>TOTAL AMOUNT for past 12 months</th>
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</table>

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

<table>
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<tr>
<th>Yes</th>
<th>$</th>
<th>TOTAL AMOUNT for past 12 months</th>
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<tbody>
<tr>
<td>No</td>
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</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>$</th>
<th>TOTAL AMOUNT for past 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
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</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>$</th>
<th>TOTAL AMOUNT for past 12 months</th>
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<tr>
<td>No</td>
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</table>

**53. What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43 to 47; subtract any losses. If net income was a loss, enter the amount and mark (X) the 'Loss' box next to the dollar amount.

<table>
<thead>
<tr>
<th>Yes</th>
<th>$</th>
<th>TOTAL AMOUNT for past 12 months</th>
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**54. Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 25 for mailing instructions.**
Person 2 (continued)

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

a. Insurance through a current or former employer or union (for this person or another family member)  
   □ Yes  □ No

b. Insurance purchased directly from an insurance company (by this person or another family member)  
   □ Yes  □ No

c. Medicare, for people 65 and older, or people with certain disabilities  
   □ Yes  □ No

d. Medicaid, Medicaid Assistance, or any kind of government assistance plan for those with low incomes or a disability  
   □ 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 or health coverage plan - Specify  
   □ Yes  □ No

16. Because of a physical, mental, or emotional condition, does this person have serious difficulty walking or climbing stairs?
   □ Yes  □ No

does this person have difficulty dressing or bathing?
   □ Yes  □ No

17. Is this person deaf or does he/she have serious difficulty hearing?
   □ Yes  □ No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
   □ Yes  □ No

18. What is this person's marital status?

□ Married  □ Widowed  □ Divorced  □ Separated  □ Never married

In the PAST 12 MONTHS did this person get -

□ Yes  □ No

a. Married?
   □ Yes  □ No

b. Widowed?
   □ Yes  □ No

c. Divorced?
   □ Yes  □ No

19. How many times has this person been married?

□ Once  □ Two times  □ Three or more times

20. In what year did this person last get married?
   Year

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

□ Never served in the military - SKIP to question 25a

□ Only on active duty for training in the Reserves or National Guard - SKIP to question 25a

□ On active duty

□ On active duty in the past, but not now

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

□ September 2001 or later

□ August 1990 to August 2001 (including Persian Gulf War)

□ May 1975 to July 1990

□ Vietnam era (August 1964 to April 1975)

□ February 1955 to July 1964

□ Korean War (June 1950 to January 1955)

□ January 1947 to June 1992

□ World War II (December 1941 to December 1946)

□ November 1941 or earlier
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</table>
Person 2 (continued)

1. Answer questions 41 – 48 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41 – 48 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.

Was this person — Mark (X) ONE box.

☐ an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions.
☐ an employee of a PRIVATE NOT-FOR-PROFIT, tax exempt, or charitable organization.
☐ a local GOVERNMENT employee.
☐ a state GOVERNMENT employee.
☐ a Federal GOVERNMENT employee.
☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm.
☐ SELF-EMPLOYED in own NONINCORPORATED business, professional practice, or farm.
☐ working WITHOUT PAY in family business or farm.

For whom did this person work?

If now on active duty in the Armed Forces, mark (X) this box and print the branch of the Armed Forces. Name of company, business, or other employer.

What kind of business or industry was this?

Describe the activity at the location where employed. (For example, hospital, newspaper publishing, mail order house, auto engine manufacturing, bank.)

Is this mainly — Mark (X) ONE box.

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

What kind of work was this person doing?

For example, registered nurse, personnel manager, supervisor of order department, secretary, accountant.

What were this person’s most important activities or duties? (For example, patient care, directing typing awtices, supervising order clerks, typing and filing, reconciling financial records.)

INCOME IN THE PAST 12 MONTHS

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

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

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

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

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

Yes $ ____________________________
No TOTAL AMOUNT for past 12 months

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

Yes $ ____________________________
No TOTAL AMOUNT for past 12 months

What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 6a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

Yes $ ____________________________
No TOTAL AMOUNT for past 12 months

Loss

OR $ ____________________________
None TOTAL AMOUNT for past 12 months

Loss

d. Social Security or Railroad Retirement.

Yes $ ____________________________
No TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

Yes $ ____________________________
No TOTAL AMOUNT for past 12 months

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

Yes $ ____________________________
No TOTAL AMOUNT for past 12 months

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

Yes $ ____________________________
No TOTAL AMOUNT for past 12 months

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

Yes $ ____________________________
No TOTAL AMOUNT for past 12 months

What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 6a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

Yes $ ____________________________
No TOTAL AMOUNT for past 12 months

Loss

OR $ ____________________________
None TOTAL AMOUNT for past 12 months

Loss

Continue with the questions for Person 3 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 29 for mailing instructions.
Person 3 (continued)

16. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.
   a. Insurance through a current or former employer or union (of this person or another family member)  
   b. Insurance purchased directly from an insurance company (by this person or another family member)  
   c. Medicare, for people 65 and older, or people with certain disabilities  
   d. Medicaid, Medical Assistance, or any kind of government assistance paid for those with low incomes  
   e. CHAMPUS  
   f. TRICARE or other military health care  
   g. VA (including those who have ever used or enrolled for VA health care)  
   h. Any other type of health insurance or health coverage plan – Specify –

17. a. Is this person deaf or does he/she have serious difficulty hearing?  
   Yes  
   No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?  
   Yes  
   No

18. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?  
   Yes  
   No

b. Does this person have serious difficulty walking or climbing stairs?  
   Yes  
   No

c. Does this person have difficulty dressing or bathing?  
   Yes  
   No

19. Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.

20. a. What is this person’s marital status?  
   Married?  
   Widowed?  
   Divorced?  
   Separated?  
   Never married – SKIP to 

b. In the PAST 12 MONTHS did this person get –  
   Yes  
   No

21. a. Married?  
   b. Widowed?  
   c. Divorced?  

22. How many times has this person been married?  
   Once  
   Two times  
   Three or more times

23. a. Has this person given birth to any children in the past 12 months?  
   Yes  
   No

b. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?  
   Yes  
   No – SKIP to question 26

24. a. Has this person been responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?  
   Yes  
   No – SKIP to question 26

c. How long has this person been responsible for these grandchildren?  
   Less than 6 months  
   6 to 11 months  
   1 to 2 years  
   3 to 4 years  
   5 or more years

25. a. Has this person ever served on active duty in the U.S. Armed Forces, Reserve, or National Guard?  
   Mark X in one box.
   Never served in the military – SKIP to question 26
   Only on active duty for training in the Reserves or National Guard – SKIP to question 26
   On active duty in the past, but not now

b. When did this person serve on active duty in the U.S. Armed Forces?  
   Mark X a box for EACH period in which this person served, even if just for part of the period.
   September 2001 or later
   May 1975 to July 1980
   Vietnam era (August 1964 to April 1975)
   Korea War (June 1950 to January 1955)
   World War II (December 1941 to December 1945)
   November 1941 or earlier
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does this person have a VA service-connected disability rating?</td>
<td>Yes (such as 0%, 10%, 20%, ..., 100%) No → SKIP to question 29a</td>
</tr>
<tr>
<td>b. What is this person's service-connected disability rating?</td>
<td>0 percent 10 or 20 percent 20 or 40 percent 50 or 60 percent 70 percent or higher</td>
</tr>
<tr>
<td>c. LAST WEEK, did this person work for pay at a job (or business)?</td>
<td>Yes → SKIP to question 20 No → Did not work (or retired)</td>
</tr>
<tr>
<td>d. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</td>
<td>Yes → SKIP to question 36a No</td>
</tr>
<tr>
<td>e. At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week:</td>
<td></td>
</tr>
<tr>
<td>a. Address (Number and street name)</td>
<td></td>
</tr>
<tr>
<td>b. Name of city, town, or post office</td>
<td></td>
</tr>
<tr>
<td>c. Is the work location inside the limits of that city or town?</td>
<td>Yes No, outside the city/town limits</td>
</tr>
<tr>
<td>d. Name of county</td>
<td></td>
</tr>
<tr>
<td>e. Name of U.S. state or foreign country</td>
<td></td>
</tr>
<tr>
<td>f. ZIP Code</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>31. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?</td>
<td></td>
</tr>
<tr>
<td>32. What time did this person usually leave home to go to work LAST WEEK?</td>
<td>Hour</td>
</tr>
<tr>
<td>33. How many minutes did it usually take this person to get from home to work LAST WEEK?</td>
<td>Minutes</td>
</tr>
<tr>
<td>34. c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?</td>
<td>Yes → SKIP to question 37 No</td>
</tr>
<tr>
<td>35. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?</td>
<td>Yes No → SKIP to question 38</td>
</tr>
<tr>
<td>36. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?</td>
<td>Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)</td>
</tr>
<tr>
<td>37. What did this person last work, even for a few days?</td>
<td>Within the past 12 months 1 to 5 years ago → SKIP to 10 Over 5 years ago or never worked → SKIP to question 47</td>
</tr>
<tr>
<td>38. a. During the PAST 12 MONTHS (82 weeks), did this person work 50 or more weeks? Counted paid time off as work.</td>
<td>Yes → SKIP to question 40 No</td>
</tr>
<tr>
<td>b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</td>
<td>50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 29 weeks 14 to 26 weeks 13 weeks or less</td>
</tr>
<tr>
<td>39. a. LAST WEEK, was this person on layoff from a job?</td>
<td>Yes → SKIP to question 35c No</td>
</tr>
<tr>
<td>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</td>
<td>Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39 No → SKIP to question 36</td>
</tr>
</tbody>
</table>
3. Was this person - Mark (X) ONE box:
- an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
- an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT employee?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED: in own INCORPORATED business, professional practice, or firm?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or firm?
- working WITHOUT PAY in family business or farm?

4. For whom did this person work?
If none on active duty in the Armed Forces, mark (X) this box - and print the branch of the Armed Forces. Name of company, business, or other employer.

5. What kind of business or industry was this?
Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

6. Is this mainly - Mark (X) ONE box:
- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)

7. What kind of work was this person doing?
(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

8. What were this person’s most important activities or duties?
(For example, patient care, directing financial services, supervising order clerks, typing and filing, reconciling financial records)

9. INCOME IN THE PAST 12 MONTHS
Mark (X) the ‘Yes’ box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.
NOTE: The ‘past 12 months’ is the period from today’s date one year ago up through today.
Mark (X) the ‘No’ box to show types of Income NOT received.
If net income was a loss, mark the ‘Loss’ box to the right of the dollar amount.

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

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

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


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

16. g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

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

18. i. What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 6 thru 17; subtract any losses. If net income was a loss, enter the amount and mark (X) the ‘Loss’ box next to the dollar amount.

19. j. TOTAL AMOUNT for past 12 months
Person 4

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

Last Name:

First Name:

MI:

Where was this person born?

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

Is this person a citizen of the United States?

- Yes, born in the United States → SKIP to question 15a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Mariana Islands
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization

- No, not a U.S. citizen

When did this person come to live in the United States? Print numbers in boxes

Year:

a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? Include only nursery or preschool, kindergarten, elementary school, home school, and school counseling. Does not include a high school diploma or a college degree.

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

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

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

What is the highest degree or level of school this person has COMPLETED? Mark (X) one box.

- No schooling completed
- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade
- 12th grade – NO DIPLOMA
- High school graduate
- Regular high school diploma
- GED or alternative credential
- College or some college
- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate’s degree (for example: AA, AS)
- Bachelor’s degree (for example: BA, BS)
- Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)
- Master’s degree (for example: MA, MS, MEng, MEc, MSW, MBA)
- Doctorate degree (for example: PhD, EdD)

What is this person’s ancestry or ethnic origin?

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

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

- Yes
- No → SKIP to question 15a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- Person is under 1 year old → SKIP to question 18
- Yes, this house → SKIP to question 16
- No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc. below, then SKIP to question 18

b. Where did this person live 1 year ago?

Address (Number and street name):

Name of city, town, or post office:

Name of U.S. county or municipality in Puerto Rico:

Name of U.S. state or Puerto Rico: __________

ZIP Code: ________

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## Person 4 (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this person currently covered by any of the following types of health insurance or health coverage plans? Mark &quot;Yes&quot; or &quot;No&quot; for EACH type of coverage in items a - h.</td>
<td></td>
<td>- Insurance through a current or former employer or union (of this person or another family member)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Insurance purchased directly from an insurance company (by this person or another family member)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Medicare, for people 65 and older, or people with certain disabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Medicaid, Medical Assistance, or any kind of government assistance plan for those with low income or a disability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- TRICARE, or other military health care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- VA (including those who have ever used or enrolled for VA health care)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Indian Health Service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Any other type of health insurance or health coverage plan - Specify</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this person deaf or does he/she have serious difficulty hearing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is this person's marital status?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Married</td>
<td>Widowed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the PAST 12 MONTHS did this person get -</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Married?</td>
<td>Widowed?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many times has this person been married?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Once</td>
<td>Two times</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>In what year did this person last get married?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark ONE box.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never served in the military</td>
<td>Served in the military</td>
</tr>
<tr>
<td></td>
<td>Only on active duty for training in the Reserves</td>
<td>Never served in the military</td>
</tr>
<tr>
<td></td>
<td>Only on active duty as a National Guard</td>
<td>Only on active duty as a National Guard</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>When did this person serve on active duty in the U.S. Armed Forces? Mark ONE box in which this person served, even if just for part of the period.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>September 2001 or later</td>
<td>August 1990 to August 2001 (including Persian Gulf War)</td>
</tr>
<tr>
<td></td>
<td>May 1975 to July 1980</td>
<td>Vietnam era (August 1964 to April 1975)</td>
</tr>
<tr>
<td></td>
<td>February 1955 to July 1964</td>
<td>Korean War (July 1950 to January 1955)</td>
</tr>
<tr>
<td></td>
<td>January 1947 to June 1950</td>
<td>World War II (December 1941 to December 1946)</td>
</tr>
<tr>
<td></td>
<td>November 1941 or earlier</td>
<td></td>
</tr>
</tbody>
</table>
### Person 4 (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>22a. Does this person have a VA service-connected disability rating?</td>
<td>Yes (such as 0%, 10%, 20%, ..., 100%) No → SKIP to question 20a.</td>
</tr>
<tr>
<td>22b. What is this person’s service-connected disability rating?</td>
<td>6 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher</td>
</tr>
<tr>
<td>23a. LAST WEEK, did this person work for pay at a job (or business)?</td>
<td>Yes → SKIP to question 30 No → Did not work (or retired)</td>
</tr>
<tr>
<td>23b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</td>
<td>Yes No → SKIP to question 30a</td>
</tr>
<tr>
<td>26a. Address (Number and street name)</td>
<td></td>
</tr>
<tr>
<td>26b. Name of city, town, or post office</td>
<td></td>
</tr>
<tr>
<td>26c. Is the work location inside the limits of that city or town?</td>
<td>Yes No, outside the city/town limits</td>
</tr>
<tr>
<td>26d. Name of county</td>
<td></td>
</tr>
<tr>
<td>26e. Name of U.S. state or foreign country</td>
<td></td>
</tr>
<tr>
<td>26f. ZIP Code</td>
<td></td>
</tr>
</tbody>
</table>

### 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 the box of the one used for most of the distance.)
- Car, truck, or van
- Bus or trolley bus
- Streetcar or trolley car
- Subway or elevated
- Railroad
- Ferryboat
- Taxi/cab
- Motorcycle
- Bicycle
- Walked
- Worked at home
- Other method
- SKIP to question 20a

**Answer question 22 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.**

### How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? (Partial)

<table>
<thead>
<tr>
<th>People</th>
<th></th>
</tr>
</thead>
</table>

### What time did this person usually leave home to go to work LAST WEEK?
- Hour
- Minute
- a.m.
- p.m.

### How many minutes did it usually take this person to get from home to work LAST WEEK?
- Minutes

### LAST WEEK, was this person on layoff from a job? Yes → SKIP to question 35c No → SKIP to question 30a

### LAST WEEK, was this person TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38 No → SKIP to question 30a

### Has this person been informed that he or she will be recalled to work within the next 6 months or been given a date to return to work? Yes → SKIP to question 37 No

### During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes No → SKIP to question 38

### LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in otherv, etc.)

### When did this person last work, even for a few days?
- Within the last 12 months
- 1 to 5 years ago
- Over 5 years ago or never worked

### a. During the PAST 12 MONTHS (52 weeks), did this person work 50 or more weeks? Count paid time off as work. Yes → SKIP to question 40 No

### b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? 10 to 12 weeks 13 to 26 weeks 27 to 39 weeks 40 to 47 weeks 48 to 52 weeks

### During the PAST 12 MONTHS, in the WEEKS WORKED, how many weeks did this person usually work each WEEK?

---

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Person 4 (continued)

Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41 – 46 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for the last job or business.

42 Was this person –
Mark [X] ONE box.
☐ an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or compensation?
☐ an employee of a PRIVATE NOT FOR PROFIT, tax exempt, or charitable organization?
☐ a local GOVERNMENT employees (city, county, etc.)?
☐ a state GOVERNMENT employees?
☐ a federal GOVERNMENT employees?
☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
☐ working WITHOUT PAY in family business or farm?

43 For whom did this person work?
If now on active duty in the Armed Forces, mark [X] this box and print the branch of the Armed Forces. Name of company, business, or other employer.

44 What kind of business or industry was this?
Describe the activity of the location where employed. [For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank]

45 Is this mainly – Mark [X] ONE box.
☐ manufacturing?
☐ wholesale trade?
☐ retail trade?
☐ other (agriculture, construction, service, government, etc.)?

46 What kind of work was this person doing?
(For example, registered nurse, personnel manager, supervisor of order department, secretary, accountant)

47 INCOME IN THE PAST 12 MONTHS
Mark [X] the “Yes” box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.
(Note: The “past 12 months” is the period from today’s date one year ago up through today.)
Mark [X] the “No” box to show types of income NOT received.

If net income was a loss, mark the “Loss” box to the right of the dollar amount.
For income received jointly, report the appropriate share for each person — or, if that’s not possible, report the whole amount for only one person and mark the “No” box for the other person.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.
☐ Yes $ 0.00
☐ No TOTAL AMOUNT for past 12 months

b. Self-employment income from own farm businesses or farm businesses, including proprietorships and partnerships. Report NEI income after business expenses.
☐ Yes $ 0.00
☐ No TOTAL AMOUNT for past 12 months Less

3. Interest, dividends, rent, real estate income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
☐ Yes $ 0.00
☐ No TOTAL AMOUNT for past 12 months Less

4. Social Security or Railroad Retirement.
☐ Yes $ 0.00
☐ No TOTAL AMOUNT for past 12 months

5. Supplemental Security Income (SSI).
☐ Yes $ 0.00
☐ No TOTAL AMOUNT for past 12 months

6. Any public assistance or welfare payments from the state or local welfare office.
☐ Yes $ 0.00
☐ No TOTAL AMOUNT for past 12 months

7. Retirement, survivors, or disability pensions.
☐ Do NOT include Social Security.
☐ Yes $ 0.00
☐ No TOTAL AMOUNT for past 12 months

8. Any other sources of income received regularly such as Veterans (VA) payments, unemployment compensation, child support or alimony. Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
☐ Yes $ 0.00
☐ No TOTAL AMOUNT for past 12 months

9. What was this person’s total income during the PAST 12 MONTHS? Add amounts in questions 47a to 47h. Subtract any losses. Final income was a loss.
☐ Yes $ 0.00
☐ No TOTAL AMOUNT for past 12 months

10. OR
☐ No
☐ Loss

Continue with the questions for Person 5 on the next page. If no one is listed as Person 5 on page 4, SKIP to page 28 for mailing instructions.
Person 5

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

1. Last Name
   
   First Name
   
   MI

2. Where was this person born?
   - In the United States
   - Outside the United States

3. Is this person a citizen of the United States?
   - Yes
   - No

4. When did this person come to live in the United States?
   - Print numbers in boxes. Year

5. At any time IN THE LAST 3 MONTHS, has this person attended school or college?
   - No, has not attended in the last 3 months
   - Yes, public school
   - Yes, private school
   - Home school

6. What grade or level was this person attending?
   - Kindergarten
   - Grade 1 through 12
   - College undergraduate years (Freshman to senior)
   - Graduate or professional school beyond bachelor’s degree

7. What is the highest degree or level of school this person has COMPLETED?
   - No schooling completed
   - Nursery or preschool
   - Kindergarten
   - Grade 1 through 12 - Specify
   - 12th grade - NO DIPLOMA
   - Regular high school diploma
   - GED or alternative credential
   - College or some college
   - Some college credit, but less than 1 year of college credit
   - 1 or more years of college credit, no degree
   - Associate’s degree (for example: AA, AS)
   - Bachelor’s degree (for example: BA, BS)
   - Master’s degree (for example: MA, MS, MEng, MEd, MPA, MBA)
   - Professional degree beyond bachelor’s degree (for example: MD, DDS, DVM, LLB, JD)
   - Doctorate degree (for example: PhD, EdD)

8. This question focuses on this person’s BACHELOR’S DEGREE. Please print below the specific major(s) of any BACHELOR’S DEGREES this person has received. (For example, chemical engineering, elementary teacher education, organizational psychology)

9. What is this person’s ancestry or ethnic origin?

10. Does this person speak a language other than English at home?
    - Yes
    - No

11. Where did this person live 1 year ago?
    - Address (Number and street name)

12. Name of city, town, or post office

13. Name of U.S. state or province in Puerto Rico

14. ZIP Code

15. Name of U.S. state or province in Puerto Rico

16. Name of city, town, or post office

17. Address (Number and street name)
Person 5 (continued)

1. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark “Yes” or “No” for EACH type of coverage in items a – h.
   a. Insurance through a current or former employer or spouse of this person or another family member
   b. Insurance purchased directly from an insurance company (by this person or another family member)
   c. Medicare, for people 65 or older, or people with certain disabilities
   d. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability
   e. TRICARE or other military health care
   f. VA (including those who have ever used or enrolled for VA health care)
   g. Indian Health Service
   h. Any other type of health insurance or health coverage plan – Specify

11. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?
   b. Does this person have serious difficulty walking or climbing stairs?
   c. Does this person have difficulty dressing or bathing?

12. Answer question 18a - c if this person is 6 years old or over. Otherwise, SKIP to the mailing instructions on page 28.

14. Answer question 19 if this person is 16 years old or over. Otherwise, SKIP to the mailing instructions on page 28.

15. Because of a physical, mental, or emotional condition, does this person have difficulty doing around the house such as visiting a doctor’s office or shopping?

16. What is this person’s marital status?
   a. Married?
   b. Widowed?
   c. Divorced?
   d. Never married

17. In the PAST 12 MONTHS did this person get -
   a. Married?
   b. Widow?
   c. Divorced?

18. How many times has this person been married?
   Once
   Two times
   Three or more times

19. In what year did this person last get married?
   Year

20. Has this person given birth to any children in the past 12 months?
   a. Yes
   b. No
   c. No → SKIP to question 20a

21. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
   a. Yes
   b. No → SKIP to question 28

22. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?
   a. Yes
   b. No → SKIP to question 28

23. How long has this grandparent been responsible for these grandchildren?
   a. Less than 6 months
   b. 6 to 11 months
   c. 1 to 2 years
   d. 3 or 4 years
   e. 5 or more years

24. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark ONE box.
   a. Never served in the military → SKIP to question 28a
   b. On active duty
   c. No on active duty

25. When did this person serve on active duty in the U.S. Armed Forces? Mark ONE box for EACH period in which this person served, even if just for part of the period.
   a. September 2001 or later
   b. August 1980 to August 2001 (Including Persian Gulf War)
   c. May 1975 to July 1990
   d. Vietnam era (August 1964 to April 1975)
   e. February 1955 to July 1964
   f. Korean War July 1950 to January 1951
   g. January 1947 to June 1950
   h. World War II (December 1941 to December 1945)
   i. November 1941 or earlier
<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Options</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>26</td>
<td>a. <strong>Does this person have a VA service-connected disability rating?</strong></td>
<td>Yes (such as 0%, 10%, 20%, ... , 100%) No → <strong>SKIP to question 29a</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. <strong>What is this person’s service-connected disability rating?</strong></td>
<td>0 percent 10 or 20 percent 30 or 40 percent 60 or 60 percent 70 percent or higher</td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>a. <strong>LAST WEEK, did this person work for pay at a job (or business)?</strong></td>
<td>Yes → <strong>SKIP to question 29</strong> No → Did not work (or retired)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. <strong>LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</strong></td>
<td>Yes No → <strong>SKIP to question 29a</strong></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>A. <strong>At what location did this person work LAST WEEK?</strong> If this person worked at more than one location, print where he or she worked most last week.</td>
<td><strong>a. Address (Number and street name)</strong> If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection. <strong>b. Name of city, town, or post office</strong> <strong>c. Is the work location inside the limits of that city or town?</strong> Yes No, outside the city/town limits <strong>d. Name of county</strong> <strong>e. Name of U.S. state or foreign country</strong> <strong>f. ZIP Code</strong></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>a. <strong>How many people, including this person, usually rode to work in the car, truck, or van?</strong></td>
<td>Personal Car, truck, or van Bus or trolley bus Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxi/cab Motorcycle Bicycle Walked Worked at home → <strong>SKIP to question 29a</strong> Other method</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>b. <strong>What time did this person usually leave home to go to work LAST WEEK?</strong></td>
<td>Hour Minute a.m. p.m.</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>c. <strong>How many minutes did this person typically take this person to get home from work LAST WEEK?</strong></td>
<td>Minutes</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>a. <strong>LAST WEEK, was this person on layoff from a job?</strong> Yes No → <strong>SKIP to question 29c</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>b. <strong>LAST WEEK, was this person TEMPORARILY absent from a job or business?</strong></td>
<td>Yes, on vacation, temporary illness, maternity leave, other familial/personal reasons, bad weather, etc. No → <strong>SKIP to question 38</strong></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>c. <strong>Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?</strong></td>
<td>Yes → <strong>SKIP to question 37</strong> No</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>d. <strong>During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?</strong></td>
<td>Yes No → <strong>SKIP to question 38</strong></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>e. <strong>LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?</strong></td>
<td>Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in so, etc.)</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>f. <strong>When did this person last work, even for a few days?</strong></td>
<td>Within the past 12 months 1 to 5 years ago Over 5 years ago or never worked → <strong>SKIP to question 47</strong></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>a. <strong>During the PAST 12 MONTHS (62 weeks), did this person work 40 or more weeks? Count paid time off as work.</strong></td>
<td>Yes → <strong>SKIP to question 46</strong> No</td>
<td></td>
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<td></td>
<td>b. <strong>How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?</strong></td>
<td>50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less</td>
<td></td>
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<tr>
<td>39</td>
<td>d. <strong>During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?</strong></td>
<td>Usual hours worked each week</td>
<td></td>
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</table>
Person 5 (continued)

Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41 – 46 CURRENT OR MOST RECENT JOB

ACTIVITY. Describe clearly this person's usual 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.

Was this person —

[ ] an employee of a private for-profit company or business, or of an individual, for wages, salary, or commission? 

[ ] an employee of a private not-for-profit, tax-exempt, or charitable organization? 

[ ] a local government employee (city, county, etc.)? 

[ ] a state government employee? 

[ ] a federal government employee? 

[ ] self-employed in own NOT INCORPORATED business, professional practice, or farm? 

[ ] self-employed in own INCORPORATED business, professional practice, or farm? 

[ ] working WITHOUT PAY in family business or farm?

For whom did this person work?

If now on active duty in the Armed Forces, mark [ ] this box and print the branch of the Armed Forces.

Name of company, business, or other employer

What kind of business or industry was this?

Describe the activity at this location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank).

Is this mainly —

[ ] manufacturing? 

[ ] wholesale trade? 

[ ] retail trade? 

[ ] other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

What were this person's most important activities or duties? (List only those patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

INCOME IN THE PAST 12 MONTHS

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

Mark [ ] the "No" box to show types of income NOT received.

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

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

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, benefits, dues, or other items. [ ] Yes $ [ ] No $ TOTAL AMOUNT for past 12 months

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

[ ] Yes $ [ ] No $ TOTAL AMOUNT for past 12 months Loss

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

[ ] Yes $ [ ] No $ TOTAL AMOUNT for past 12 months Loss

Social Security or Railroad Retirement.

[ ] Yes $ [ ] No $ TOTAL AMOUNT for past 12 months

e. Supplemental Security Income (SSI).

[ ] Yes $ [ ] No $ TOTAL AMOUNT for past 12 months

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

[ ] Yes $ [ ] No $ TOTAL AMOUNT for past 12 months

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

[ ] Yes $ [ ] No $ TOTAL AMOUNT for past 12 months

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

[ ] Yes $ [ ] No $ TOTAL AMOUNT for past 12 months

What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 46h; subtract any losses. If net income was a loss, enter the amount and mark [ ] the "Loss" box next to the dollar amount.

[ ] Yes $ [ ] No $ OR None TOTAL AMOUNT for past 12 months

Now continue with the mailing instructions on page 22.
Mailing Instructions

Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:
  U.S. Census Bureau
  P.O. Box 5240
  Jeffersonville, IN 47199-5240
- make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use

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<tr>
<th>POP</th>
<th>EDIT</th>
<th>PHONE</th>
<th>JRC1</th>
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<th>TELEPHONE CLERK</th>
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<th>JRC4</th>
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APPENDIX IV: Form 36 Cognitive Test Protocol

Usability Testing of ACS Version ACS-1(X)QD36 Protocol Guide

PARTICIPANT ID #: ________________________ DATE: ____ / ____ / 2012

INTERVIEWER NAME:

START TIME: _____ : _____ AM / PM

SECTION I. INTERVIEW CONSENT

PLACE THE CONSENT FORM IN FRONT OF PARTICIPANT

A. Before we start, I would like you to read over the document in front of you. This document explains a little bit about this interview and provides information about your rights as a participant. In addition, the back page asks for your permission to have this session audio recorded. Please ask me any questions you have about this document. Once you have finished reading the document, please sign it.

1) PARTICIPANT READS AND SIGNS FORM.
2) PROVIDE A COPY OF THE FORM TO THE PARTICIPANT

Here is a copy of this form for you to keep.

B. IF PARTICIPANT PROVIDES CONSENT TO HAVE THE SESSION AUDIO-TAPED: I will now turn on the tape recorder.

TEST TAPE RECORDER AND TURN IT ON AGAIN AFTER TEST

Section I. End Time: _____ : _____ AM/PM

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SECTION II. FILLING OUT THE FORM

A. Introduction

[SHOW RESPONDENT ACS FORM] This is a form called the American Community Survey (ACS), and is conducted by the Census Bureau.

- The Census Bureau counts the U.S. population and also conducts various kinds of surveys.
- The Census Bureau wants to see how well the ACS works. We want to hear your thoughts and opinions on this form.
- There are no right or wrong answers. We are simply trying to make sure the content of this form is clear and easy for most people to understand and use it.
- Your participation in this review of this survey is very important because it will help the Census Bureau improve the ACS.
- In a few minutes, we will ask you to fill out the form as if you were selected to participate in the American Community Survey.
- Do you have any questions before we begin?

B. Observation

INTERVIEWER: PLACE THE ACS QUESTIONNAIRE AND A PEN IN FRONT OF THE PARTICIPANT.

Let’s start filling out the form on your own. Now, imagine that you are participating in the ACS. Please complete the whole form from beginning to end as if you were doing it at home. If you had received this form at home, your address would be located on the front of the questionnaire in the white area. I will be listening, but will not be able to
provide any feedback on what you are saying or doing at the moment. Again, this is NOT any kind of test and there are no right or wrong answers.

INTERVIEWER: AS THE RESPONDENT FILLS OUT THE FORM, MAKE THE FOLLOWING OBSERVATIONS ASSOCIATED WITH EACH SECTION BELOW. WHEN THE RESPONDENT FINISHES COMPLETING THE FORM, ASK THE PROBES ASSOCIATED WITH EACH SECTION:

INTERVIEWER OBSERVATIONS DURING RESPONDENT RECEIVES FORM:

- **What did R do upon receiving the form?** For example: What part of the form did R look at first? What did R do with it? Did R skim through it? Read it carefully? Did R comment on blank pages 33-35 in the back of the form? Open quickly then flip back and forth? Read carefully? Did R comment on the length of the form?

- **What is your assessment of R’s emotional reaction to the ACS questionnaire?** For example: Positive, negative, neutral? Did R exhibit confusion, frustration, relief?

GENERAL REACTION:
OBSERVE HOW R FILLS OUT THE FORM AND NOTE DOWN THE ISSUES OUTLINED BELOW:

- Did R notice the Internet option? Did R say he/she would prefer to use Internet?
- Did R have problems with entering names or races in the write-in boxes?

INTERVIEWER: DURING THE DEBRIEFING, ASK THE FOLLOWING QUESTIONS AS NEEDED TO FOLLOW UP ON EACH OF THE OBSERVATIONS ABOVE:

- “I noticed you were ...., can you please tell me what led you to do …?” IF NECESSARY, POINT TO THE INSTRUCTION.

Skip Instructions on Housing Questions (Pages 5-7)

OBSERVE HOW R FILLS OUT THE FORM AND NOTE DOWN THE ISSUES OUTLINED BELOW:

- Did R appear to understand skip instructions “A” through “E” for the Housing questions section and find the right questions/answers? If not, what instructions did the R find problematic? What was the R’s reaction?
• Did R seem to understand the difference between questions 14 a and b on PAGE 6 which ask about monthly utility costs and 14 c and d which ask about yearly utility costs? If not, does it appear that R reported monthly costs in 14 c and d?

INTERVIEWER: DURING THE DEBRIEFING, ASK THE FOLLOWING QUESTIONS AS NEEDED TO FOLLOW UP ON EACH OF THE OBSERVATIONS ABOVE:

• “I noticed you were ...., can you please tell me what led you to do …?” IF NECESSARY, POINT TO THE INSTRUCTION.

INTERVIEWER: DURING THE DEBRIEFING, DIRECT R TO RE-READ SKIP INSTRUCTION “C” IN THE LEFT COLUMN ON PAGE 7. “Now, I would like you to read these lines again and let me know when you are done reading.”

POINT TO SKIP INSTRUCTION “C.”

• “Can you tell me what this instruction asks you to do?”

Detailed Person Questions for Persons 1 – 5 (Pages 8 – 32)
OBSERVE HOW R FILLS OUT THE FORM AND NOTE DOWN THE ISSUES OUTLINED BELOW:

- Did R appear to understand skip instructions “F” through “L” for the Detailed Person questions section and find the right questions/answers? If not, what instructions did the R find problematic? What was the R’s reaction?

- If R had a bachelor’s degree and answered question 12 on PAGE 8, did they miss answering question 13?

- Did R think that the bottom of PAGE 11 was the end of the questions for Person 1? Did R have a reaction to the fact there are additional questions for Person 1 on PAGE 12?

INTERVIEWER: DURING THE DEBRIEFING, ASK THE FOLLOWING QUESTIONS AS NEEDED TO FOLLOW UP ON EACH OF THE OBSERVATIONS ABOVE:

- “I noticed you were ...., can you please tell me what led you to do …?” IF NECESSARY, POINT TO THE INSTRUCTION.

INTERVIEWER: DURING THE DEBRIEFING, DIRECT R TO RE-READ SKIP INSTRUCTION “K” AT THE TOP OF THE MIDDLE COLUMN ON PAGE 11. “Now, I would like you to read these lines again and let me know when you are done reading.”
POINT TO SKIP INSTRUCTION “K.”

- “Can you tell me what this instruction asks you to do?”

INTERVIEWER: DURING THE DEBRIEFING, DIRECT R TO LOOK AT PAGE 16 AND PAGE 17 SO THAT THE RESPONDENT CAN COMPARE THE LAYOUT OF THESE TWO PAGES. “Now, I would like you to look at these pages for a few moments.”

- What do you think about the amount of space at the bottom of PAGE 16 compared to the amount of space at the bottom of PAGE 17? Would you like to have pages more like PAGE 16 or more like PAGE 17 when filling out the form? Why?
INTERVIEWER: NOW SHOW THE RESPONDENT THE OTHER FORM (FORM 85)

And now take a look at this other form [give a few moments for R to read Form 85].

What are some of the most noticeable differences between this and the form you saw first? Anything else?

[Show R the 2-column Housing Questions on PAGE 5 of FORM 85]. What do you think about the two columns of questions used for this form compared to the three columns used for the form you filled out? Would you rather have these questions in three columns or two? Why?

Between these two forms, which one do you like best? Why?

Debriefing questions

- OK, now that you have completed the questionnaire, what drew your attention when you first looked at the form?

- I noticed that you spent a lot more time looking through a particular part of the form [POINT TO THIS PART OF THE FORM]. Was there any particular reason why?
• I notice you were [laughing/frowning/sighing…] when you saw _____. What were you thinking about at that point? I noticed you skipped this part/page, what made you do so?

INTERVIEWER: NOW GO BACK AND ASK FOLLOW UP QUESTIONS AND PROBES BASED ON THE OBSERVATIONS YOU MADE, STARTING WITH OBSERVATIONS ON “START HERE” AND “BASIC DEMOGRAPHICS PAGES.” REITERATE THAT THERE ARE NO RIGHT OR WRONG ANSWERS AND THAT THIS IS A TEST OF THE FORM AND NOT THE RESPONDENT.

• Can you tell me if it was easy or difficult it was for you to fill out the answers in the questionnaire? Why?

• Which parts were most confusing or problematic? FOR RESPONDENTS WITH MORE THAN ONE PERSON IN THE HOUSEHOLD, POINT TO THE TOP OF PAGE 8 AND THEN THE TOP OF PAGE 13: Person 1 starts on the right page and Person 2 starts on the left page. What do you think about these questions for Person 1 and Person 2 starting on opposite pages?

• What do you think of the entire experience/process?

• Do you have any final comments or questions?

I want to thank you very much for your participation. I will now give you $40 and I will ask you to sign a receipt form verifying that you received the money.

INTERVIEWER: TURN OFF THE TAPE RECORDER. HAND THE CASH INCENTIVE TO THE PARTICIPANT.

End Time: ____________ AM / PM
INTERVIEWER ONLY: ANSWER THESE QUESTIONS AFTER THE INTERVIEW.

N_Debr3. HOW DIFFICULT WAS IT FOR YOU TO CONDUCT THE INTERVIEW WITH THIS RESPONDENT?

☐ 1 Very difficult  ☐ 2 Somewhat difficult  ☐ 3 Somewhat easy  ☐ 4 Very easy

N_Debr4. WHAT FACTOR DO YOU THINK ATTRIBUTE TO THIS RESPONDENT’S COGNITIVE INTERVIEW MOST?

☐ 1 Age  ☐ 2 Education  ☐ 3 Others (Specify: ______________________________________________)