

STUDY SERIES
(*Survey Methodology* #2013-17)

**Cognitive Pretesting for Navigation of 2013 ACS
Questionnaire Design Test Questionnaires**

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Report Issued: June 26, 2013

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The author acknowledges Aleia Clark and Ann Horwitz as cognitive interviewers for this study.

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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

COGNITIVE PRETESTING FOR NAVIGATION OF ACS QUESTIONNAIRE DESIGN TEST QUESTIONNAIRES

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 questionnaire¹. 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.

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.

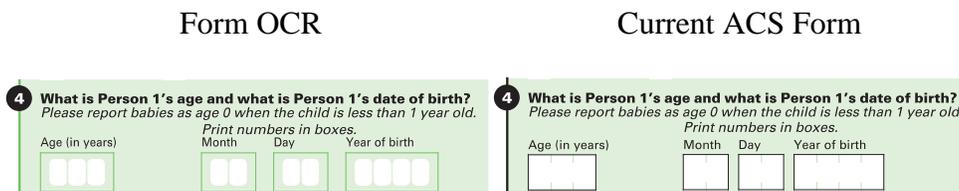
Form 85 is a 44-page questionnaire with standard paper dimensions of 8.5 inches x 11 inches. All sections of this form were reformatted to accommodate its page dimensions - which are smaller than the 28-page Control questionnaire - while keeping the same content as the current ACS questionnaire. The “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) system³. Second, the form has separated “halos” for multiple-choice answers when room allowed⁴. 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



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

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

FORM	COMPARED FORM	SEX	Race ⁵	AGE GROUP	EDUCATION	Online Banking	Online Internet Banking	Online Email	Internet Experience
36	85	F	Black	70-75	Bachelor's Degree	No	No	No	Never
36	85	M	Black	55-60	Graduate Degree	No	No	No	N/A
36	85	F	White	75-80	Bachelor's Degree	No	No	Yes	Rarely/Never
36	85	F	Black	50-55	High School	No	No	Yes	Once a Month
36	85	M	Black	60-65	Bachelor's Degree	No	No	Yes	N/A
36	85	F	Black	60-65	High School	No	No	No	A couple times a year
85	36	F	Black	60-65	High School	No	Sometimes	Yes	Daily
85	36	F	Black	55-60	Less than High School	No	No	No	Never
85	36	M	Black	60-65	Some College	No	No	No	Never
85	36	M	White	60-65	Some College (Associate's Degree)	No	No	Yes	2-3 times a week
85	36	M	Black	45-50	High School	No	No	No	2-3 times a week (at work)
OCR	Control	M	Black	75-80	Graduate Degree	No	No	Yes	Rarely/Never
OCR	Control	F	Hispanic White	80-85	High School	No	No	Yes	Daily
OCR	Control	M	Asian	75-80	College	No	No	No	Rarely/Never
OCR	Control	M	Black	50-55	Some College	No	No	No	Rarely/Never
OCR	Control	M	Black	50-55	High School	No	No	Yes	Rarely/Never
OCR	Control	F	Black	55-60	Some College	No	No	No	Rarely/Never
OCR	Control	F	Hispanic White	71-75	High School	No	No	Yes	Daily
OCR	Control	M	White	45-50	Graduate Degree	No	No	Yes	Daily
OCR	Control	F	White	50-55	Some College	No	No	Yes	Daily
OCR	Control	M	White	55-60	Some College	No	Yes	Yes	Monthly

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**

Skip Instruction	Form			Total
	36 (n = 6)	85 (n = 5)	OCR (n = 10)	
A	2	1	1	4
B			1	1
C	3	1	1	5
E		1		1
Q4		1	3	4
Q10	1	1	1	3
Total	6	5	7	17

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 dentils 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

Skip Instruction	Form			Total
	36 (n = 6)	85 (n = 5)	OCR (n = 10)	
H			1	1
I	2	2	5	9
J			1	1
K	2	2	3	7
L	1		1	2
8	2		1	3
10	1		2	3
14a	1	1	1	3
15a			3	3
20	1	1		2
25a		1	2	3
26	1		1	2
28			1	1
29a		1	1	2
29b			1	1
36	2	1		3
35b	1	1	1	3
39	1		1	2
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 be 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

Form Completed by Respondent	Secondary Form Shown for Comparison	Percentage Who Preferred the Form They Completed
Form 36: 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.	Form 85	1/6 (16.7%)
Form 85: 8.5” x 11” page size. Two-column layout for housing and detailed person questions. Zero blank pages at the back of the form.	Form 36	1/5 (20.0%)
Form OCR: (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 "dentils" 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.	Control Form (2013 ACS mail questionnaire): 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.	7/10 (70.0%)

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 easier⁶.

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

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

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APPENDIX I: ACS Form 36

13363015



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

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 1-800-354-7271. The telephone call is free.

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

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-877-833-5625. Usted también puede completar su entrevista por teléfono con un entrevistador que habla español. O puede responder por Internet en: <https://respond.census.gov/acs>

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

➔ Please print today's date.

Month Day Year

➔ 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 MI
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.

FORM ACS-1(X)QD36
(08-14-2012) Draft 9

OMB No. 0607-0810



Person 1	Person 2																								
<p>(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.)</p>																									
<p>1 What is Person 1's name? Last Name (Please print) <input type="text"/> First Name <input type="text"/> MI <input type="text"/></p>	<p>1 What is Person 2's name? Last Name (Please print) <input type="text"/> First Name <input type="text"/> MI <input type="text"/></p>																								
<p>2 How is this person related to Person 1? <input checked="" type="checkbox"/> Person 1</p>	<p>2 How is this person related to Person 1? Mark (X) ONE box.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Husband or wife</td> <td><input type="checkbox"/> Son-in-law or daughter-in-law</td> </tr> <tr> <td><input type="checkbox"/> Biological son or daughter</td> <td><input type="checkbox"/> Other relative</td> </tr> <tr> <td><input type="checkbox"/> Adopted son or daughter</td> <td><input type="checkbox"/> Roomer or boarder</td> </tr> <tr> <td><input type="checkbox"/> Stepson or stepdaughter</td> <td><input type="checkbox"/> Housemate or roommate</td> </tr> <tr> <td><input type="checkbox"/> Brother or sister</td> <td><input type="checkbox"/> Unmarried partner</td> </tr> <tr> <td><input type="checkbox"/> Father or mother</td> <td><input type="checkbox"/> Foster child</td> </tr> <tr> <td><input type="checkbox"/> Grandchild</td> <td><input type="checkbox"/> Other nonrelative</td> </tr> <tr> <td><input type="checkbox"/> Parent-in-law</td> <td></td> </tr> </table>	<input type="checkbox"/> Husband or wife	<input type="checkbox"/> Son-in-law or daughter-in-law	<input type="checkbox"/> Biological son or daughter	<input type="checkbox"/> Other relative	<input type="checkbox"/> Adopted son or daughter	<input type="checkbox"/> Roomer or boarder	<input type="checkbox"/> Stepson or stepdaughter	<input type="checkbox"/> Housemate or roommate	<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Unmarried partner	<input type="checkbox"/> Father or mother	<input type="checkbox"/> Foster child	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other nonrelative	<input type="checkbox"/> Parent-in-law									
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<p>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.</p> <p>Age (in years) <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/></p>	<p>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.</p> <p>Age (in years) <input type="text"/> Month <input type="text"/> Day <input type="text"/> Year of birth <input type="text"/></p>																								
<p>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.</p>																									
<p>5 Is Person 1 of Hispanic, Latino, or Spanish origin?</p> <p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. <input type="text"/></p>	<p>5 Is Person 2 of Hispanic, Latino, or Spanish origin?</p> <p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. <input type="text"/></p>																								
<p>6 What is Person 1's race? Mark (X) one or more boxes.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black, African Am., or Negro</p> <p><input type="checkbox"/> American Indian or Alaska Native – Print name of enrolled or principal tribe. <input type="text"/></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <input type="text"/></td> <td><input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. <input type="text"/></td> <td></td> </tr> </table> <p><input type="checkbox"/> Some other race – Print race. <input type="text"/></p>	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <input type="text"/>	<input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. <input type="text"/>		<p>6 What is Person 2's race? Mark (X) one or more boxes.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black, African Am., or Negro</p> <p><input type="checkbox"/> American Indian or Alaska Native – Print name of enrolled or principal tribe. <input type="text"/></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <input type="text"/></td> <td><input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. <input type="text"/></td> <td></td> </tr> </table> <p><input type="checkbox"/> Some other race – Print race. <input type="text"/></p>	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <input type="text"/>	<input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. <input type="text"/>	
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We may call you for more information about them. ↴</p> <p>Person 6 Last Name (Please print) <input style="width: 150px;" type="text"/> First Name <input style="width: 100px;" type="text"/> MI <input style="width: 20px;" type="text"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Age (in years) <input style="width: 30px;" type="text"/></p> <p>Person 7 Last Name (Please print) <input style="width: 150px;" type="text"/> First Name <input style="width: 100px;" type="text"/> MI <input style="width: 20px;" type="text"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Age (in years) <input style="width: 30px;" type="text"/></p> <p>Person 8 Last Name (Please print) <input style="width: 150px;" type="text"/> First Name <input style="width: 100px;" type="text"/> MI <input style="width: 20px;" type="text"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Age (in years) <input style="width: 30px;" type="text"/></p> <p>Person 9 Last Name (Please print) <input style="width: 150px;" type="text"/> First Name <input style="width: 100px;" type="text"/> MI <input style="width: 20px;" type="text"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Age (in years) <input style="width: 30px;" type="text"/></p> <p>Person 10 Last Name (Please print) <input style="width: 150px;" type="text"/> First Name <input style="width: 100px;" type="text"/> MI <input style="width: 20px;" type="text"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Age (in years) <input style="width: 30px;" type="text"/></p> <p>Person 11 Last Name (Please print) <input style="width: 150px;" type="text"/> First Name <input style="width: 100px;" type="text"/> MI <input style="width: 20px;" type="text"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Age (in years) <input style="width: 30px;" type="text"/></p> <p>Person 12 Last Name (Please print) <input style="width: 150px;" type="text"/> First Name <input style="width: 100px;" type="text"/> MI <input style="width: 20px;" type="text"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Age (in years) <input style="width: 30px;" type="text"/></p>
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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
-
-

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

- 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
-

- 8 Does this house, apartment, or mobile home have –**
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a flush toilet? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a sink with a faucet? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. a stove or range? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. a refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. telephone service from which you can both make and receive calls? <i>Include cell phones.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- 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.
- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Desktop, laptop, netbook, or notebook computer | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Handheld computer, smart mobile phone, or other handheld wireless computer | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Some other type of computer <i>Specify</i> ↴ | <input type="checkbox"/> | <input type="checkbox"/> |
-

- 10 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*

- 11 At this house, apartment, or mobile home – do you or any member of this household subscribe to the Internet using –**
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Dial-up service? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. DSL service? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Cable modem service? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Fiber-optic service? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Mobile broadband plan for a computer or a cell phone? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Satellite Internet service? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Some other service? <i>Specify service</i> ↴ | <input type="checkbox"/> | <input type="checkbox"/> |
-



Person 1 (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

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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

G Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 13.

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

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

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 **I** on the next page

21 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

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



Person 1 (continued)

I 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

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

- Yes → SKIP to question 30
 No – Did not work (or retired)

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

- Yes
 No → SKIP to question 35a

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. 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 1 (continued)

- 31 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.*
- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Ferryboat |
| <input type="checkbox"/> Taxicab | <input type="checkbox"/> Other method |

J 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
- | | | |
|--|--|--|
| | | |
|--|--|--|

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

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

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

- c. Has this person been informed that he or 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

- 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** on the next page
 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
- | | | |
|--|--|--|
| | | |
|--|--|--|



Person 2

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

Last Name

First Name MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

Year

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?

Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

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

b. What grade or level was this person attending?

Mark (X) ONE box.

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

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

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11
- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

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

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



Person 2 (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

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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 18.

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 **I** on the next page

21 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Person 2 (continued)

I 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

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

- Yes → SKIP to question 30
- No – Did not work (or retired)

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

- Yes
- No → SKIP to question 35a

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. 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)

31 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
- Motorcycle
- Bus or trolley bus
- Bicycle
- Streetcar or trolley car
- Walked
- Subway or elevated
- Worked at home → SKIP to question 39a
- Railroad
- Ferryboat
- Other method
- Taxicab

J 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)

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

Hour	Minute		
		:	
			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

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

Minutes

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

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

- Yes → SKIP to question 35c
- No

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

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
- No → SKIP to question 36

c. Has this person been informed that he or 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

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** on the next page
- 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

--	--	--	--



Person 2 (continued)

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.

- 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.)?

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 Loss
 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 → \$ _____ .00 Loss
 No
TOTAL AMOUNT for past 12 months

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

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.

OR \$ _____ .00 Loss
None TOTAL AMOUNT for past 12 months

➔ 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 36 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

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

Year

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?

Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

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

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

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

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

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

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

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



Person 3 (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

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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> | <input type="checkbox"/> | <input type="checkbox"/> |

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

G Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 23.

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

H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 23.

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 **I** on the next page

21 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

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



Person 3 (continued)

I 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

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

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

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. 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 3 (continued)

31 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.

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

J 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	<input type="checkbox"/> a.m.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> p.m.

34 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.

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

- Yes → SKIP to question 35c
 No

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

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

c. Has this person been informed that he or 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

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** on the next page
 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



Person 4

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

Last Name

First Name MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

Year

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

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

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

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

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

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

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

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



Person 4 (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

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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

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

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 **I** on the next page

21 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

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



Person 4 (continued)

I 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

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

- Yes → SKIP to question 30
 No – Did not work (or retired)

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

- Yes
 No → SKIP to question 35a

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. 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)

31 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.

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Ferryboat |
| <input type="checkbox"/> Taxicab | <input type="checkbox"/> Other method |

J 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	<input type="checkbox"/> a.m.
<table border="1" style="width: 20px; height: 20px;"></table>	<table border="1" style="width: 20px; height: 20px;"></table>	<input type="checkbox"/> p.m.

34 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.

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

- Yes → SKIP to question 35c
 No

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

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

c. Has this person been informed that he or 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

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** on the next page
 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

--	--



Person 5

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

Last Name

First Name MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

Year

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

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

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

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

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

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

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

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



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

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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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
-

G Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 36.

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

H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 36.

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 **I** on the next page

21 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

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



Person 5 (continued)

24 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

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

- Yes → SKIP to question 30
 No – Did not work (or retired)

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

- Yes
 No → SKIP to question 35a

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. 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 5 (continued)

31 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.

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Ferryboat |
| <input type="checkbox"/> Taxicab | <input type="checkbox"/> Other method |

J 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	<input type="checkbox"/> a.m.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> p.m.

34 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.

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

- Yes → SKIP to question 35c
 No

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

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

c. Has this person been informed that he or 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

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** on the next page
 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



Person 5 (continued)

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.

- 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.)?

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 Loss
 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 → \$ _____ .00 Loss
 No
TOTAL AMOUNT for past 12 months

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

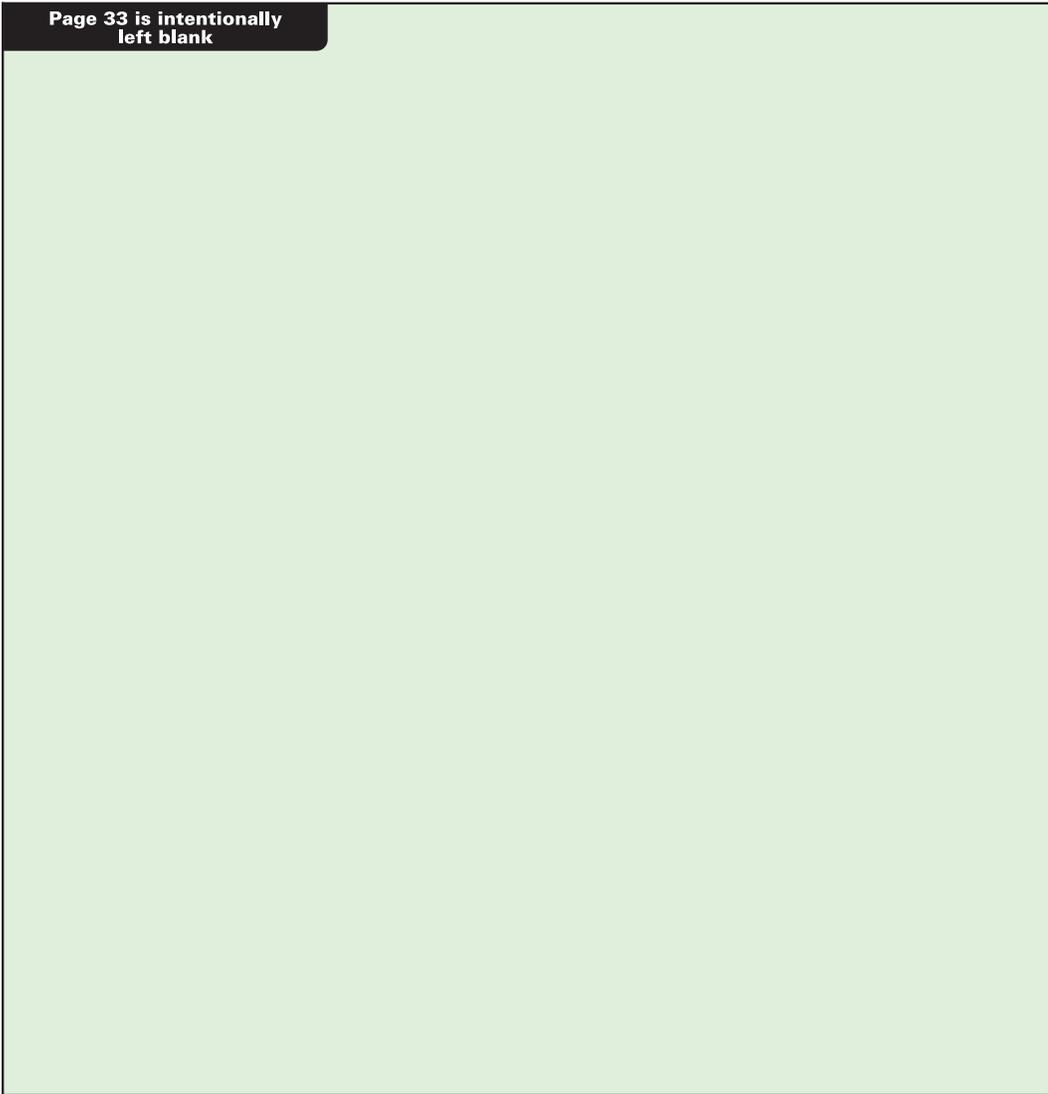
48 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

OR \$ _____ .00 Loss
None TOTAL AMOUNT for past 12 months

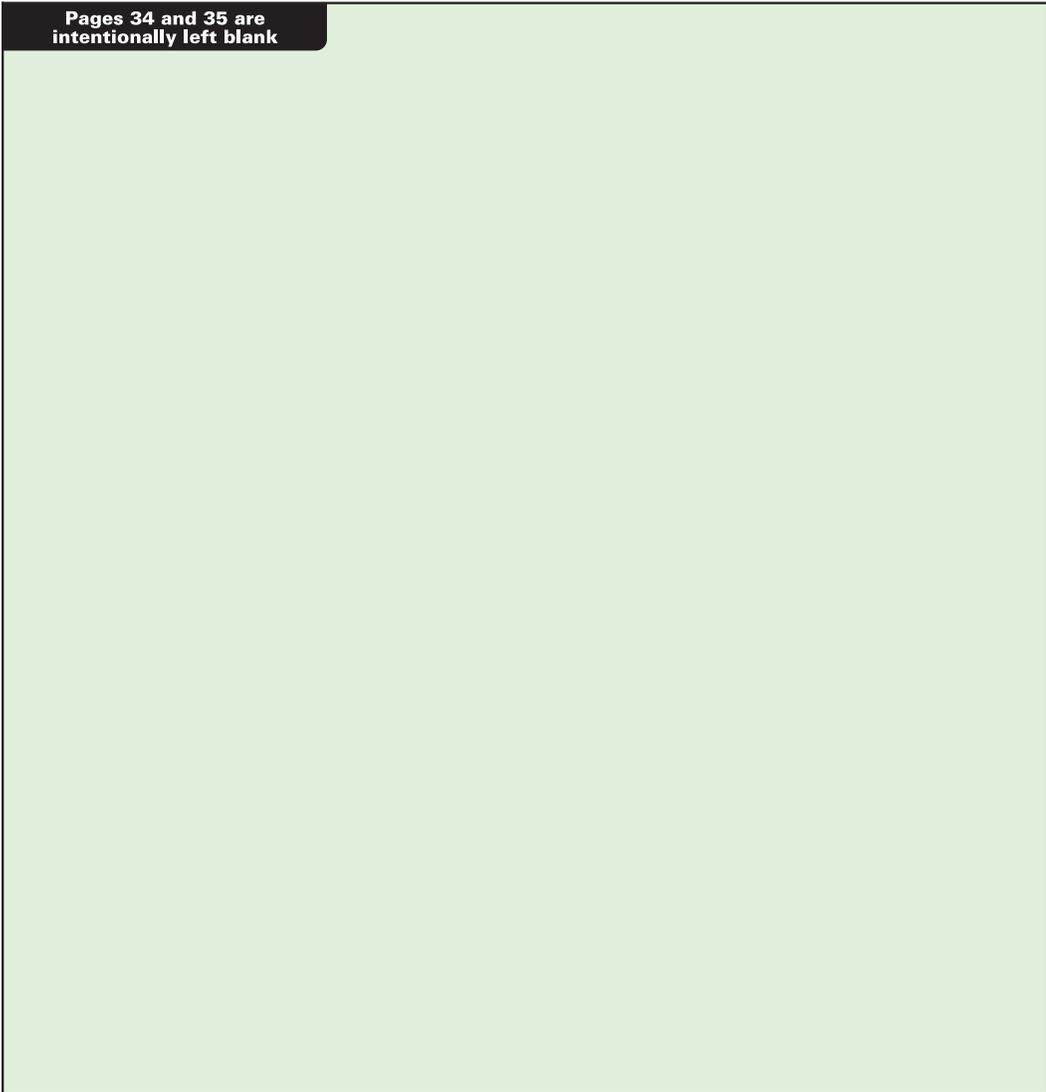
➔ Now continue with the mailing instructions on page 36.

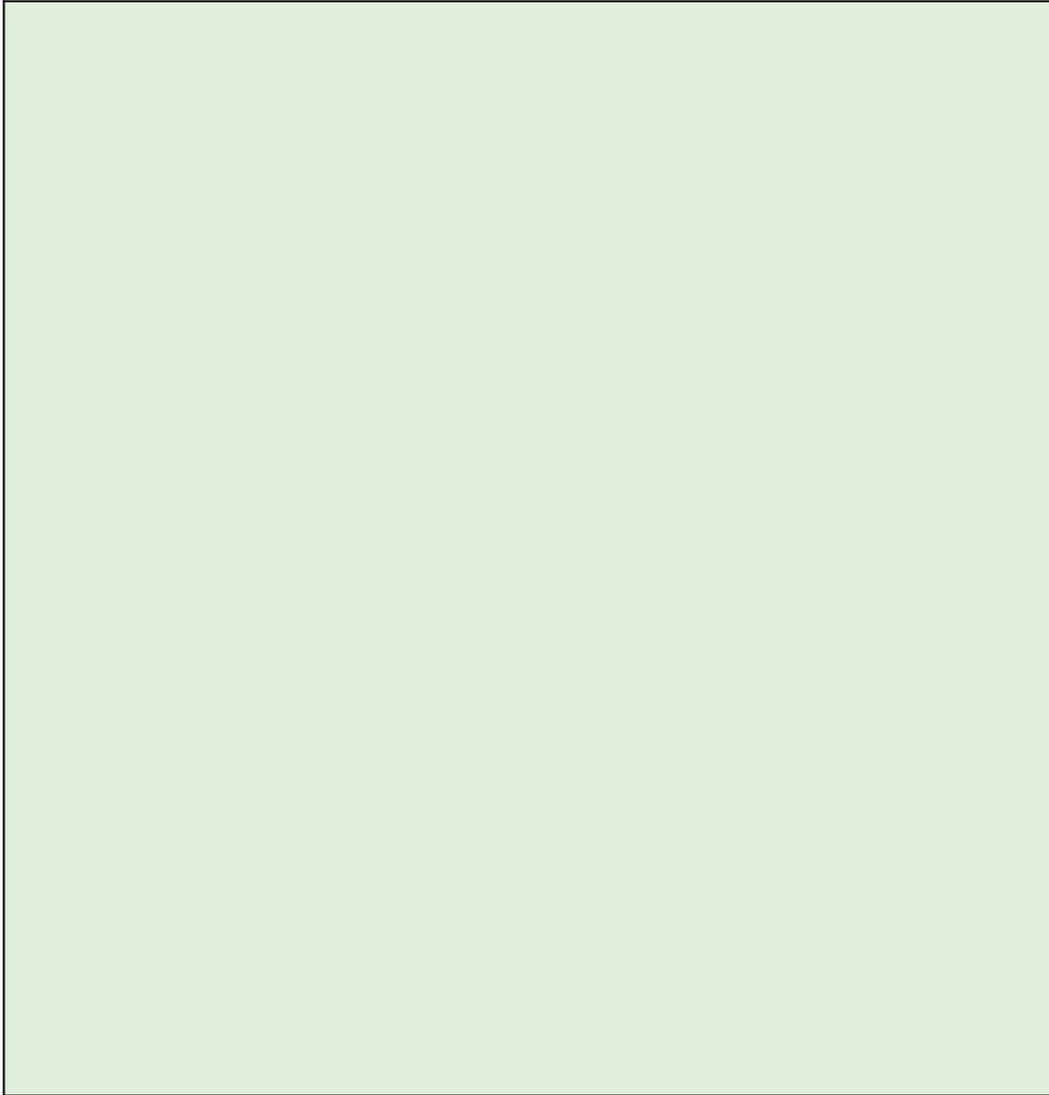


**Page 33 is intentionally
left blank**



Pages 34 and 35 are intentionally left blank





Mailing Instructions

➔ Please make sure you have...

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

➔ Then...

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

Thank you for participating in the American Community Survey.

For Census Bureau Use

POP <input type="checkbox"/>	EDIT <input type="checkbox"/>	PHONE <input type="checkbox"/>	JIC1 <input type="checkbox"/>	JIC2 <input type="checkbox"/>
EDIT CLERK <input type="checkbox"/>	TELEPHONE CLERK <input type="checkbox"/>		JIC3 <input type="checkbox"/>	JIC4 <input type="checkbox"/>

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0936, U.S. Census Bureau, 4600 Silver Hill Road, AMSD - 3K138, Washington, D.C. 20233. You may e-mail comments to Paperwork@census.gov; use "Paperwork Project 0607-0936" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the bottom right on the front cover of this form.

Form ACS-1(X)QD36 (08-14-2012)





U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

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
1-800-354-7271.**
The telephone call is free.

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

¿NECESITA AYUDA? Si usted habla
español y necesita ayuda para completar
su cuestionario, llame sin cargo alguno al
1-877-833-5625. Usted también puede
completar su entrevista por teléfono con
un entrevistador que habla español.
O puede responder por Internet en:
<https://respond.census.gov/acs>

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

➔ **Please print today's date.**

Month Day Year

➔ **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 MI
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 your-
self, who is living or staying at this address for more
than 2 months. Then complete the rest of the form.**



Person 1	Person 2																								
<p>(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.)</p> <p>1 What is Person 1's name? Last Name (Please print) First Name MI <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>2 How is this person related to Person 1? Mark (X) ONE box. <input checked="" type="checkbox"/> Person 1</p> <p>3 What is Person 1's sex? Mark (X) ONE box. <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>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 <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.</p> <p>5 Is Person 1 of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↴ <input style="width: 100%;" type="text"/></p> <p>6 What is Person 1's race? Mark (X) one or more boxes. <input type="checkbox"/> White <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> American Indian or Alaska Native – Print name of enrolled or principal tribe. ↴ <input style="width: 100%;" type="text"/></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴</td> <td><input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↴</td> <td></td> </tr> </table> <p><input type="checkbox"/> Some other race – Print race. ↴ <input style="width: 100%;" type="text"/></p>	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴	<input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↴		<p>1 What is Person 2's name? Last Name (Please print) First Name MI <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 20px;" type="text"/></p> <p>2 How is this person related to Person 1? Mark (X) ONE box. <input type="checkbox"/> Husband or wife <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Other relative <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Brother or sister <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Father or mother <input type="checkbox"/> Foster child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Parent-in-law</p> <p>3 What is Person 2's sex? 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<p>5 Is Person 3 of Hispanic, Latino, or Spanish origin?</p> <p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↴</p> <input style="width: 100%;" type="text"/>	<p>5 Is Person 4 of Hispanic, Latino, or Spanish origin?</p> <p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. ↴</p> <input style="width: 100%;" type="text"/>																																
<p>6 What is Person 3's race? Mark (X) one or more boxes.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black, African Am., or Negro</p> <p><input type="checkbox"/> American Indian or Alaska Native – Print name of enrolled or principal tribe. ↴</p> <input style="width: 100%;" type="text"/> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴</td> <td><input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↴</td> <td></td> </tr> </table> <p><input type="checkbox"/> Some other race – Print race. ↴</p> <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴	<input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↴		<p>6 What is Person 4's race? Mark (X) one or more boxes.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black, African Am., or Negro</p> <p><input type="checkbox"/> American Indian or Alaska Native – Print name of enrolled or principal tribe. ↴</p> <input style="width: 100%;" type="text"/> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Native Hawaiian</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴</td> <td><input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↴</td> <td></td> </tr> </table> <p><input type="checkbox"/> Some other race – Print race. ↴</p> <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↴	<input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↴									
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Person 5

1 What is Person 5's name? Last Name (Please print) First Name MI

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

<input type="checkbox"/> Husband or wife	<input type="checkbox"/> Son-in-law or daughter-in-law
<input type="checkbox"/> Biological son or daughter	<input type="checkbox"/> Other relative
<input type="checkbox"/> Adopted son or daughter	<input type="checkbox"/> Roomer or boarder
<input type="checkbox"/> Stepson or stepdaughter	<input type="checkbox"/> Housemate or roommate
<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Unmarried partner
<input type="checkbox"/> Father or mother	<input type="checkbox"/> Foster child
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other nonrelative
<input type="checkbox"/> 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? 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 5 of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

6 What is Person 5's race? Mark (X) one or more boxes.

White

Black, African Am., or Negro

American Indian or Alaska Native – Print name of enrolled or principal tribe.

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	<input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.	

Some other race – Print race.

→ **If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. We may call you for more information about them.**

Person 6

Last Name (Please print) First Name MI

Sex Male Female Age (in years)

Person 7

Last Name (Please print) First Name MI

Sex Male Female Age (in years)

Person 8

Last Name (Please print) First Name MI

Sex Male Female Age (in years)

Person 9

Last Name (Please print) First Name MI

Sex Male Female Age (in years)

Person 10

Last Name (Please print) First Name MI

Sex Male Female Age (in years)

Person 11

Last Name (Please print) First Name MI

Sex Male Female Age (in years)

Person 12

Last Name (Please print) First Name MI

Sex Male Female Age (in years)



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

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

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



Person 1

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

Last Name

First Name

MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

- Yes, born in the United States → SKIP to question 10a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization →

No, not a U.S. citizen

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

Year

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

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

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

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

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

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11 →

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)



Person 1 (continued)

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

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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↘ | <input type="checkbox"/> | <input type="checkbox"/> |



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

G Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 16.

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

H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 16.

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 **I** on the next page

21 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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Person 1 (continued)

I 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 1 (continued)

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

- Yes → SKIP to question 30
- No – Did not work (or retired)

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

- Yes
- No → SKIP to question 35a

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. 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

31 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.*

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

J 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

	:		<input type="checkbox"/> a.m.
			<input type="checkbox"/> p.m.

34 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.

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

- Yes → SKIP to question 35c
- No

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

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
- No → SKIP to question 36

c. Has this person been informed that he or 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 **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

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- 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.

- 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 2

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

Last Name

First Name

MI

- 7 Where was this person born?

 In the United States – Print name of state.

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

- 8 Is this person a citizen of the United States?

- Yes, born in the United States → SKIP to question 10a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization →

 No, not a U.S. citizen

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

Year

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

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

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

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

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

NO SCHOOLING COMPLETED

 No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11 →

 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)



Person 2 (continued)

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

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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 2 (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

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

- 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

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

- 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 **I** 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

--	--	--	--	--	--



Person 2 (continued)

I 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 2 (continued)

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

- Yes → SKIP to question 30
 No – Did not work (or retired)

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

- Yes
 No → SKIP to question 35a

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. **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**

31 **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.

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

J 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

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

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

- Yes → SKIP to question 35c
 No

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

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

c. **Has this person been informed that he or 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 2 (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

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.

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

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

Last Name

First Name

MI

- 7 Where was this person born?

In the United States – Print name of state.

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

- 8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

Year

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

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

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12

College undergraduate years (freshman to senior)

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

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

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

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

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

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

Doctorate degree (for example: PhD, EdD)



Person 3 (continued)

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

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.

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
f. VA (including those who have ever used or enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>
g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other type of health insurance or health coverage plan – Specify ↴	<input type="checkbox"/>	<input type="checkbox"/>



Person 3 (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

G Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 30.

- 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

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

- 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 **I** on the next page

- 21** In the PAST 12 MONTHS did this person get –

	Yes	No
a. Married?	<input type="checkbox"/>	<input type="checkbox"/>
b. Widowed?	<input type="checkbox"/>	<input type="checkbox"/>
c. Divorced?	<input type="checkbox"/>	<input type="checkbox"/>

- 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



Person 3 (continued)

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

- Yes → SKIP to question 30
 No – Did not work (or retired)

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

- Yes
 No → SKIP to question 35a

- 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. 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**

- 31 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.

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

- J** 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

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

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

- Yes → SKIP to question 35c
 No

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

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

- c. Has this person been informed that he or 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

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.

- 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 4

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

Last Name

First Name

MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

- Yes, born in the United States → SKIP to question 10a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization

No, not a U.S. citizen

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

Year

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

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

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

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

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

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)



Person 4 (continued)

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

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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↘ | <input type="checkbox"/> | <input type="checkbox"/> |



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

G 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

H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 37.

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 **I** on the next page

21 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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Person 4 (continued)

I 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 4 (continued)

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

- Yes → *SKIP to question 30*
 No – Did not work (or retired)

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

- Yes
 No → *SKIP to question 35a*

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. **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**

31 **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.*

- | | |
|---|---|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → <i>SKIP to question 39a</i> |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

J *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

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

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

- Yes → *SKIP to question 35c*
 No

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

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → *SKIP to question 38*
 No → *SKIP to question 36*

c. **Has this person been informed that he or 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 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.)

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

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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.

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 5

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

Last Name

First Name

MI

- 7 Where was this person born?

In the United States – Print name of state.

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

- 8 Is this person a citizen of the United States?

- Yes, born in the United States → SKIP to question 10a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization

No, not a U.S. citizen

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

Year

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

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

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

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

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

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11

- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)



Person 5 (continued)

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

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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↘ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 5 (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

G Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 44.

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

H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 44.

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 **I** on the next page

21 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

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

--	--	--	--	--	--



Person 5 (continued)

I 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)

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

- Yes → SKIP to question 30
 No – Did not work (or retired)

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

- Yes
 No → SKIP to question 35a

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. 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

31 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.*

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

J 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

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

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

- Yes → SKIP to question 35c
 No

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

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

c. Has this person been informed that he or 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)

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

--	--	--	--	--	--

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.

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.)?



Mailing Instructions

→ Please make sure you have...

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

→ Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

**U.S. Census Bureau
P.O. Box 5240
Jeffersonville, IN 47199-5240**

- make sure the barcode above your address shows in the window of the return envelope.

**Thank you for participating in
the American Community Survey.**

For Census Bureau Use

POP <input type="checkbox"/>	EDIT <input type="checkbox"/>	PHONE <input type="checkbox"/>	JIC1 <input type="checkbox"/>	JIC2 <input type="checkbox"/>
EDIT CLERK <input type="checkbox"/>	TELEPHONE CLERK <input type="checkbox"/>	JIC3 <input type="checkbox"/>	JIC4 <input type="checkbox"/>	

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, AMSD – 3K138, 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-1(X)QD85 (08-14-2012)



APPENDIX III: ACS Form OCR

13022017



U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

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
1-800-354-7271. The telephone call is free.

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

¿NECESITA AYUDA? Si usted habla español y
necesita ayuda para completar su cuestionario,
llame sin cargo alguno al **1-877-833-5625**.
Usted también puede completar su entrevista
por teléfono con un entrevistador que habla
español. O puede responder por Internet en:
<https://respond.census.gov/acs>

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

➔ Please print today's date.

Month Day Year

➔ 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 MI

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.

FORM **ACS-1(X)QD280**
(10-23-2012) 02

OMB No. 0607-0810



Person 1	Person 2
<p>(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.)</p>	
<p>1 What is Person 1's name? Last Name <i>(Please print)</i> First Name MI</p>	<p>1 What is Person 2's name? Last Name <i>(Please print)</i> First Name MI</p>
<p>2 How is this person related to Person 1? Mark (X) ONE box.</p> <p><input checked="" type="checkbox"/> Person 1</p>	<p>2 How is this person related to Person 1? Mark (X) ONE box.</p> <p><input type="checkbox"/> Husband or wife <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Other relative <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Brother or sister <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Father or mother <input type="checkbox"/> Foster child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other nonrelative <input type="checkbox"/> Parent-in-law</p>
<p>3 What is Person 1's sex? Mark (X) ONE box.</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>3 What is Person 2's sex? Mark (X) ONE box.</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>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.</p> <p>Age (in years) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Print numbers in boxes. Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>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.</p> <p>Age (in years) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Print numbers in boxes. Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p>→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.</p>	
<p>5 Is Person 1 of Hispanic, Latino, or Spanish origin?</p> <p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – <i>Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> <input type="text"/></p>	<p>5 Is Person 2 of Hispanic, Latino, or Spanish origin?</p> <p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – <i>Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</i> <input type="text"/></p>
<p>6 What is Person 1's race? Mark (X) one or more boxes.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> <input type="text"/></p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> <input type="text"/></p> <p><input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> <input type="text"/></p> <p><input type="checkbox"/> Some other race – <i>Print race.</i> <input type="text"/></p>	<p>6 What is Person 2's race? Mark (X) one or more boxes.</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> American Indian or Alaska Native – <i>Print name of enrolled or principal tribe.</i> <input type="text"/></p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> <input type="text"/></p> <p><input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> <input type="text"/></p> <p><input type="checkbox"/> Some other race – <i>Print race.</i> <input type="text"/></p>



Person 3			Person 4		
1	What is Person 3's name? Last Name (Please print) _____ First Name _____ MI _____		1	What is Person 4's name? Last Name (Please print) _____ First Name _____ MI _____	
2	How is this person related to Person 1? Mark (X) ONE box. <input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other nonrelative		2	How is this person related to Person 1? Mark (X) ONE box. <input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law <input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Foster child <input type="checkbox"/> Other nonrelative	
3	What is Person 3's sex? Mark (X) ONE box. <input type="checkbox"/> Male <input type="checkbox"/> Female		3	What is Person 4's sex? Mark (X) ONE box. <input type="checkbox"/> Male <input type="checkbox"/> Female	
4	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. Age (in years) _____ Print numbers in boxes. Month _____ Day _____ Year of birth _____		4	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. 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.			→ 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 3 of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.		5	Is Person 4 of Hispanic, Latino, or Spanish origin? <input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin <input type="checkbox"/> Yes, Mexican, Mexican Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.	
6	What is Person 3's race? Mark (X) one or more boxes. <input type="checkbox"/> White <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> American Indian or Alaska Native – Print name of enrolled or principal tribe. <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. <input type="checkbox"/> Some other race – Print race.		6	What is Person 4's race? Mark (X) one or more boxes. <input type="checkbox"/> White <input type="checkbox"/> Black, African Am., or Negro <input type="checkbox"/> American Indian or Alaska Native – Print name of enrolled or principal tribe. <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. <input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. <input type="checkbox"/> Some other race – Print race.	



Person 5

1 What is Person 5's name?
 Last Name (Please print) First Name MI

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

<input type="checkbox"/> Husband or wife	<input type="checkbox"/> Son-in-law or daughter-in-law
<input type="checkbox"/> Biological son or daughter	<input type="checkbox"/> Other relative
<input type="checkbox"/> Adopted son or daughter	<input type="checkbox"/> Roomer or boarder
<input type="checkbox"/> Stepson or stepdaughter	<input type="checkbox"/> Housemate or roommate
<input type="checkbox"/> Brother or sister	<input type="checkbox"/> Unmarried partner
<input type="checkbox"/> Father or mother	<input type="checkbox"/> Foster child
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other nonrelative
<input type="checkbox"/> 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?
 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 5 of Hispanic, Latino, or Spanish origin?

No, not of Hispanic, Latino, or Spanish origin
 Yes, Mexican, Mexican Am., Chicano
 Yes, Puerto Rican
 Yes, Cuban
 Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

6 What is Person 5's race? Mark (X) one or more boxes.

White
 Black, African Am., or Negro
 American Indian or Alaska Native – Print name of enrolled or principal tribe.

<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.	<input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.	

Some other race – Print race.

→ **If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. We may call you for more information about them.**

Person 6
 Last Name (Please print) First Name MI
 Sex Male Female Age (in years)

Person 7
 Last Name (Please print) First Name MI
 Sex Male Female Age (in years)

Person 8
 Last Name (Please print) First Name MI
 Sex Male Female Age (in years)

Person 9
 Last Name (Please print) First Name MI
 Sex Male Female Age (in years)

Person 10
 Last Name (Please print) First Name MI
 Sex Male Female Age (in years)

Person 11
 Last Name (Please print) First Name MI
 Sex Male Female Age (in years)

Person 12
 Last Name (Please print) First Name MI
 Sex Male Female Age (in years)



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

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

- 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

- 8 Does this house, apartment, or mobile home have –**
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a flush toilet? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a sink with a faucet? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. a stove or range? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. a refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. telephone service from which you can both make and receive calls? <i>Include cell phones.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- 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.
- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Desktop, laptop, netbook, or notebook computer | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Handheld computer, smart mobile phone, or other handheld wireless computer | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Some other type of computer | <input type="checkbox"/> | <input type="checkbox"/> |
- Specify*

- 10 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

- 11 At this house, apartment, or mobile home – do you or any member of this household subscribe to the Internet using –**
- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Dial-up service? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. DSL service? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Cable modem service? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Fiber-optic service? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Mobile broadband plan for a computer or a cell phone? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Satellite Internet service? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Some other service? <i>Specify service</i> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Person 1

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

Last Name

First Name MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?

Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

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

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12

College undergraduate years (freshman to senior)

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

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

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

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

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

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

Doctorate degree (for example: PhD, EdD)

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

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



Person 1 (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.
- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify | <input type="checkbox"/> | <input type="checkbox"/> |

- 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

G Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

- 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

H 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 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 **I**

- 21** In the PAST 12 MONTHS did this person get –
- | | | |
|--------------|--------------------------|--------------------------|
| | Yes | No |
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 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
-

I 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



Person 1 (continued)

- 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

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

Yes → SKIP to question 30
 No – Did not work (or retired)

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

Yes
 No → SKIP to question 35a

- 30 a.** 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

- 31** 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

J 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

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

- 35 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

- 35 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

- 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



Person 1 (continued)

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.

- 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.)?

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 Loss
 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 → \$, , . .00 Loss
 No TOTAL AMOUNT for past 12 months

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

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.

OR \$, , . .00 Loss
 None TOTAL AMOUNT for past 12 months

→ Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 28 for mailing instructions.



Person 2

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

Last Name

First Name MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

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

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

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12

College undergraduate years (freshman to senior)

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

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

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11

12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

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

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

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

Doctorate degree (for example: PhD, EdD)

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

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



Person 2 (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.
- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify → | <input type="checkbox"/> | <input type="checkbox"/> |

- 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

G Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.

- 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

H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 16.

- 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 **I**

- 21** In the PAST 12 MONTHS did this person get –
- | | | |
|--------------|--------------------------|--------------------------|
| | Yes | No |
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

- 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
-

I 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



Person 2 (continued)

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

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

- Yes → SKIP to question 30
- No – Did not work (or retired)

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

- Yes
- No → SKIP to question 35a

30 a. 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

31 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.

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

J 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

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

35 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

35 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

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



Person 2 (continued)

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.

- 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.)?

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 Loss
 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 → \$, , , , , , , , .00 Loss
 No TOTAL AMOUNT for past 12 months

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

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.

OR \$, , , , , , , , .00 Loss
None TOTAL AMOUNT for past 12 months

→ 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 28 for mailing instructions.



Person 3

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

Last Name

First Name MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

Year

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?

Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

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

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12

College undergraduate years (freshman to senior)

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

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

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11

12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

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

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

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

Doctorate degree (for example: PhD, EdD)

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

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



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.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify → | <input type="checkbox"/> | <input type="checkbox"/> |

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

G Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.

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

H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 20.

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 **I**

21 In the PAST 12 MONTHS did this person get –

- | | | |
|--------------|--------------------------|--------------------------|
| | Yes | No |
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

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

I 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



Person 3 (continued)

28 a. Does this person have a VA service-connected disability rating?

- Yes → SKIP to question 10%
- 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 a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 30
- No – Did not work (or retired)

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

- Yes
- No → SKIP to question 35a

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. 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

31 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.

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

J 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

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

35 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

35 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

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



Person 4

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

Last Name

First Name MI

7 Where was this person born?

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

8 Is this person a citizen of the United States?

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

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

Year

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?

Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
 No, has not attended in the last 3 months → SKIP to question 11
 Yes, public school, public college
 Yes, private school, private college, home school

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

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

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

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

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

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



Person 4 (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.

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan - Specify | <input type="checkbox"/> | <input type="checkbox"/> |

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

G Answer question 18a - c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.

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

H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 24.

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 **I**

21 In the PAST 12 MONTHS did this person get -

- | | | |
|--------------|--------------------------|--------------------------|
| | Yes | No |
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

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

I 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



Person 4 (continued)

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

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

- Yes → SKIP to question 30
- No – Did not work (or retired)

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

- Yes
- No → SKIP to question 35a

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. 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

31 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.

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at home → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

J 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?

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

Hour	Minute		<input type="checkbox"/> a.m.
<input type="text"/>	<input type="text"/>	:	<input type="checkbox"/> p.m.

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

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

35 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

35 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

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



Person 4 (continued)

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.

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 →

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.)?

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 Loss
 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 → \$, , , , , .00 Loss
 No TOTAL AMOUNT for past 12 months

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

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.

OR \$, , , , , .00 Loss
 None TOTAL AMOUNT for past 12 months

→ 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 4, then continue answering questions below.

Last Name

First Name MI

7 Where was this person born?

In the United States – Print name of state.

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

8 Is this person a citizen of the United States?

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

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

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

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

No, not a U.S. citizen

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

Year

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

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

Yes, public school, public college

Yes, private school, private college, home school

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

Nursery school, preschool

Kindergarten

Grade 1 through 12 – Specify grade 1 – 12

College undergraduate years (freshman to senior)

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

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

NO SCHOOLING COMPLETED

No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11

12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

COLLEGE OR SOME COLLEGE

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

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

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

Doctorate degree (for example: PhD, EdD)

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

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



Person 5 (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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Indian Health Service | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify | <input type="checkbox"/> | <input type="checkbox"/> |

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

G Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 28.

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

H Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 28.

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 **I**

21 In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

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

I 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



Person 5 (continued)

- 28 a.** Does this person have a VA service-connected disability rating?

- Yes → SKIP to question 30
 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 a.** LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 30
 No – Did not work (or retired)

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

- Yes
 No → SKIP to question 35a

- 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.** 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

- 31** 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
 Motorcycle
 Bus or trolley bus
 Bicycle
 Streetcar or trolley car
 Walked
 Subway or elevated
 Worked at home → SKIP to question 39a
 Railroad
 Ferryboat
 Other method
 Taxicab

J 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

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

- 35 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

- 35 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

- 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



Person 5 (continued)

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.

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 →

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.)?

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 Loss

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 → \$, , .00 Loss

No TOTAL AMOUNT for past 12 months

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

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.

OR \$, , .00 Loss

None TOTAL AMOUNT for past 12 months

➔ Now continue with the mailing instructions on page 28.



Mailing Instructions

→ Please make sure you have...

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

→ Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:

**U.S. Census Bureau
P.O. Box 5240
Jeffersonville, IN 47199-5240**

- make sure the barcode above your address shows in the window of the return envelope.

**Thank you for participating in
the American Community Survey.**

For Census Bureau Use

POP <input type="text"/>	EDIT <input type="text"/>	PHONE <input type="text"/>
EDIT CLERK <input type="text"/>	TELEPHONE CLERK <input type="text"/>	

JIC1 <input type="text"/>	JIC2 <input type="text"/>
JIC3 <input type="text"/>	JIC4 <input type="text"/>

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, AMSD - 3K138, 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-1(X)QD280 (10-23-2012)



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

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:

“Start Here” page and “Basic Demographics” pages

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?”

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?

SECTION III. FORM COMPARISON



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:

_____)