Please complete this form and return it as soon as possible after receiving it in the mail.

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.

Start Here

1. Please print today's date.
2. 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.
3. 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.

4. 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.
### Person 1
(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. What is Person 1’s name?</strong></td>
<td>Last Name (Please print)</td>
</tr>
<tr>
<td><strong>2. How is this person related to Person 1?</strong></td>
<td>Person 1</td>
</tr>
<tr>
<td><strong>3. What is Person 1’s sex? Mark (X) one box.</strong></td>
<td>Male</td>
</tr>
<tr>
<td><strong>4. What is Person 1’s age and what is Person 1’s date of birth?</strong></td>
<td><strong>Age (in years)</strong></td>
</tr>
<tr>
<td><strong>5. Is Person 1 of Hispanic, Latino, or Spanish origin?</strong></td>
<td>No, not of Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td><strong>6. What is Person 1’s race? Mark (X) one or more boxes.</strong></td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Japanese</td>
</tr>
</tbody>
</table>

### Person 2

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. What is Person 2’s name?</strong></td>
<td>Last Name (Please print)</td>
</tr>
<tr>
<td><strong>2. How is this person related to Person 1? Mark (X) one box.</strong></td>
<td>Husband or wife</td>
</tr>
<tr>
<td><strong>3. What is Person 2’s sex? Mark (X) one box.</strong></td>
<td>Male</td>
</tr>
<tr>
<td><strong>4. What is Person 2’s age and what is Person 2’s date of birth?</strong></td>
<td><strong>Age (in years)</strong></td>
</tr>
<tr>
<td><strong>5. Is Person 2 of Hispanic, Latino, or Spanish origin?</strong></td>
<td>No, not of Hispanic, Latino, or Spanish origin</td>
</tr>
<tr>
<td><strong>6. What is Person 2’s race? Mark (X) one or more boxes.</strong></td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Japanese</td>
</tr>
<tr>
<td>Question</td>
<td>Person 3</td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>1</td>
<td>What is Person 3’s name?</td>
</tr>
<tr>
<td>Last Name (Please print)</td>
<td>First Name</td>
</tr>
<tr>
<td>2</td>
<td>How is this person related to Person 1? Mark (X) one box.</td>
</tr>
<tr>
<td>Husband or wife</td>
<td>Son-in-law or daughter-in-law</td>
</tr>
<tr>
<td>Biological son or daughter</td>
<td>Other relative</td>
</tr>
<tr>
<td>Adopted son or daughter</td>
<td>Housemate or roommate</td>
</tr>
<tr>
<td>Stepmother or stepfather</td>
<td>Unmarried partner</td>
</tr>
<tr>
<td>Father or mother</td>
<td>Foster child</td>
</tr>
<tr>
<td>Grandparent</td>
<td>Other nonrelative</td>
</tr>
<tr>
<td>3</td>
<td>What is Person 3’s sex? Mark (X) one box.</td>
</tr>
<tr>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>4</td>
<td>What is Person 3’s age and what is Person 3’s date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.</td>
</tr>
<tr>
<td>Age (in years)</td>
<td>Month</td>
</tr>
<tr>
<td>5</td>
<td>Is Person 3 of Hispanic, Latino, or Spanish origin?</td>
</tr>
<tr>
<td>No, not of Hispanic, Latino, or Spanish origin</td>
<td>Yes, Mexican, Mexican Am., Chicano</td>
</tr>
<tr>
<td>Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</td>
<td>Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</td>
</tr>
<tr>
<td>6</td>
<td>What is Person 3’s race? Mark (X) one or more boxes.</td>
</tr>
<tr>
<td>White</td>
<td>Japanese</td>
</tr>
<tr>
<td>Black, African Am., or Negro</td>
<td>Korean</td>
</tr>
<tr>
<td>American Indian or Alaska Native — Print name of enrolled or principal tribe</td>
<td>Vietnamese</td>
</tr>
<tr>
<td>Filipino</td>
<td>Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.</td>
</tr>
<tr>
<td>Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</td>
<td>Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</td>
</tr>
<tr>
<td>Some other race – Print race.</td>
<td>Some other race – Print race.</td>
</tr>
</tbody>
</table>
### Person 5

**What is Person 5’s name?**
- Last Name (Please print)
- First Name
- **Middle Initial**

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

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

**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.
- **Age (in years)**
- **Month**
- **Day**
- **Year of birth**

**Is Person 5 of Hispanic, Latino, or Spanish origin?**
- **Yes**, Cuban
- **Yes**, Mexican, Mexican Am., Chicano
- **Yes**, Puerto Rican
- **Yes**, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.
- **No**, not of Hispanic, Latino, or Spanish origin

**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.
- Other Asian – Print race, for example, Hmong, Lao, Chinese, Thai, Cambodian, and so on.
- Other Asian Indian
- Japanese
- Korean
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
- Some other race – Print race.

---

### Person 6

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th><strong>Middle Initial</strong></th>
</tr>
</thead>
</table>

**Sex**
- **Male**
- **Female**

**Age (in years)**

---

### Person 7

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th><strong>Middle Initial</strong></th>
</tr>
</thead>
</table>

**Sex**
- **Male**
- **Female**

**Age (in years)**

---

### Person 8

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th><strong>Middle Initial</strong></th>
</tr>
</thead>
</table>

**Sex**
- **Male**
- **Female**

**Age (in years)**

---

### Person 9

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th><strong>Middle Initial</strong></th>
</tr>
</thead>
</table>

**Sex**
- **Male**
- **Female**

**Age (in years)**

---

### Person 10

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th><strong>Middle Initial</strong></th>
</tr>
</thead>
</table>

**Sex**
- **Male**
- **Female**

**Age (in years)**

---

### Person 11

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th><strong>Middle Initial</strong></th>
</tr>
</thead>
</table>

**Sex**
- **Male**
- **Female**

**Age (in years)**

---

### Person 12

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th><strong>Middle Initial</strong></th>
</tr>
</thead>
</table>

**Sex**
- **Male**
- **Female**

**Age (in years)**

---

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

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

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

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

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

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

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

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

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

8. Does this house, apartment, or mobile home have–
   - a. hot and cold running water?
   - b. a flush toilet?
   - c. a bathtub or shower?
   - d. a sink with a faucet?
   - e. a stove or range?
   - f. a refrigerator?
   - g. telephone service from which you can both make and receive calls? Include cell phones.

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

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td>LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home? Last month’s cost – Dollars</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td>LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td>IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? Past 12 months’ cost – Dollars</td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td>IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? Past 12 months’ cost – Dollars</td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td>IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card?</td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td>Is this house, apartment, or mobile home part of a condominium? Yes OR No</td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td>IN THE PAST 12 MONTHS, what was the cost of electricity for this house, apartment, or mobile home? Monthly amount – Dollars OR No charge or electricity not used</td>
</tr>
<tr>
<td><strong>8.</strong></td>
<td>Is this house, apartment, or mobile home part of a condominium? Yes OR No</td>
</tr>
<tr>
<td><strong>9.</strong></td>
<td>Answer questions 15a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to 16.</td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td>What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars</td>
</tr>
<tr>
<td><strong>11.</strong></td>
<td>Does the monthly rent include any meals? Yes OR No</td>
</tr>
<tr>
<td><strong>12.</strong></td>
<td>About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale? Amount – Dollars OR None</td>
</tr>
<tr>
<td><strong>13.</strong></td>
<td>What are the annual real estate taxes on THIS property? Annual amount – Dollars OR None</td>
</tr>
<tr>
<td><strong>14.</strong></td>
<td>What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars OR None</td>
</tr>
<tr>
<td><strong>15.</strong></td>
<td>About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale? Amount – Dollars OR None</td>
</tr>
<tr>
<td><strong>16.</strong></td>
<td>What are the annual real estate taxes on THIS property? Annual amount – Dollars OR None</td>
</tr>
<tr>
<td><strong>17.</strong></td>
<td>What is the annual payment for fire, hazard, and flood insurance on THIS property? Annual amount – Dollars OR None</td>
</tr>
</tbody>
</table>

---

**Housing (continued)**

1. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?
   - Last month’s cost – Dollars

2. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?
   - Last month’s cost – Dollars

3. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home?
   - Past 12 months’ cost – Dollars

4. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home?
   - Past 12 months’ cost – Dollars

5. IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card?
   - Yes OR No

6. Is this house, apartment, or mobile home part of a condominium?
   - Yes OR No

7. Is this house, apartment, or mobile home part of a condominium?
   - Yes OR No

8. In the past 12 months, what was the cost of electricity for this house, apartment, or mobile home?
   - Monthly amount – Dollars

9. Is this house, apartment, or mobile home part of a condominium?
   - Yes OR No

10. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?
    - Amount – Dollars

11. What are the annual real estate taxes on this property?
    - Annual amount – Dollars

12. What is the annual payment for fire, hazard, and flood insurance on this property?
    - Annual amount – Dollars

---

**INFORMATIONAL COPY**
a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?
   - Yes, mortgage, deed of trust, or similar debt
   - Yes, contract to purchase
   - No ➔ SKIP to question 20a

b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.
   Monthly amount – Dollars
   $ _ _ _ _ _ _ _ _ 
   OR
   - No regular payment required ➔ SKIP to question 20a

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
   - Yes, taxes included in mortgage payment
   - No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?
   - Yes, insurance included in mortgage payment
   - No, insurance paid separately or no insurance

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

   b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?
   Monthly amount – Dollars
   $ _ _ _ _ _ _ _ _ 
   OR
   - No regular payment required ➔ SKIP to D

21. What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes.
   Annual costs – Dollars
   $ _ _ _ _ _ _ _ _ 
   Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to E.

22. a. Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.
Person 1

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

Last Name
First Name
MI

Where was this person born?
- In the United States – Print name of state.
- Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

Is this person a citizen of the United States?
- Yes, born in the United States
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Mariana Islands
- Yes, U.S. citizen by naturalization
- No, not a U.S. citizen

When did this person come to live in the United States?
Year

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box.
- No schooling completed
- Nursery or preschool through grade 12
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11
- 12th grade – NO DIPLOMA
- High school graduate
- GED or alternative credential
- College or some college
- After bachelor’s degree
- Master’s degree
- Professional degree beyond a bachelor’s degree
- Doctorate degree

What is this person’s ancestry or ethnic origin?
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Hispanic, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

Did this person live in this house or apartment 1 year ago?
- 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 15
- No, different house in the United States or Puerto Rico
- Yes, this house

Where did this person live 1 year ago?
Address (Number and street name)
Name of U.S. county or municipio in Puerto Rico
Name of U.S. state or Puerto Rico
ZIP Code

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

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

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

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

How well does this person speak English?
- Very well
- Well
- Not well
- Not at all
Person 1 (continued)

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

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

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

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

20. In the PAST 12 MONTHS did this person get:
   - Married?
   - Widowed?
   - Divorced?

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

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

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

24. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
   - Yes
   - No

25. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
   - Yes, now on active duty
   - Yes, on active duty during the last 12 months, but not now
   - Yes, on active duty in the past, but not during the last 12 months
   - No, training for Reserves or National Guard only ➔ SKIP to question 27a
   - No, never served in the military ➔ SKIP to question 28a

26. 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)
   - September 1980 to July 1990
   - May 1975 to August 1980
   - Vietnam era (August 1964 to April 1975)
   - March 1961 to July 1964
   - February 1955 to February 1961
   - Korean War (July 1950 to January 1955)
   - January 1947 to June 1950
   - World War II (December 1941 to December 1946)
   - November 1941 or earlier

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

28. 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)

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

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

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

**28.** How did this person usually get to work LAST WEEK? If this person 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 38a
- Other method

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

**30.** How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
- HOW MANY PEOPLE, INCLUDING THIS PERSON, USUALLY RODE TO WORK IN THE CAR, TRUCK, OR VAN LAST WEEK?

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

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

**33.** LAST WEEK, was this person TEMPORARILY absent from a job or business?
- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 27
- No → SKIP to question 35

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

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

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

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

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

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

**40.** How did this person usually get to work LAST WEEK? If this person 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 38a
- Other method

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

**42.** How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
- HOW MANY PEOPLE, INCLUDING THIS PERSON, USUALLY RODE TO WORK IN THE CAR, TRUCK, OR VAN LAST WEEK?

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

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

**45.** 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 27
- No → SKIP to question 35

**46.** 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 39
- No

**47.** 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

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

**49.** How many hours did this person usually work each WEEK?
- Usual hours worked each WEEK

**50.** During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
- Yes
- No → SKIP to question 37

**51.** 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.)

**52.** When did this person last work, even for a few days?
- Within the past 12 months
- 1 to 5 years ago → SKIP to question 46
- Over 5 years ago or never worked → SKIP to question 46

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

**54.** 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

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

**56.** How many hours did this person usually work each WEEK?
- Usual hours worked each WEEK
### Person 1 (continued)

**40 – 45 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Was this person</strong></td>
<td></td>
</tr>
</tbody>
</table>
- 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? |
| **For whom did this person work?** | 
Name of company, business, or other employer. |
| **What kind of business or industry was this?** | 
Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank) |
| **Is this mainly** | 
- manufacturing? 
- wholesale trade? 
- retail trade? 
- other (agriculture, construction, service, government, etc.)? |

**46 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.)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>What kind of work was this person doing?</strong></td>
<td></td>
</tr>
</tbody>
</table>
- Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. |
| **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) |
| **Social Security or Railroad Retirement.** | 
Yes ➔ No |
| **Supplemental Security Income (SSI).** | 
Yes ➔ No |
| **Any public assistance or welfare payments from the state or local welfare office.** | 
Yes ➔ No |
| **Retirement, survivor, or disability pensions.** | 
Do NOT include Social Security. |
| **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. |

**47 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)

**48 What kind of work was this person doing?**

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

**49 How much money do you receive from**

<table>
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</thead>
<tbody>
<tr>
<td><strong>Interest, dividends, net rental income, royalty income, or income from estates and trusts.</strong></td>
<td></td>
</tr>
</tbody>
</table>
Report even small amounts credited to an account. |
| **Retirement, survivor, or disability pensions.** | 
Do NOT include Social Security. |
| **Any public assistance or welfare payments from the state or local welfare office.** | 
Yes ➔ No |
| **Supplemental Security Income (SSI).** | 
Yes ➔ No |
| **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. |

**49 How much money do you receive from**

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Report even small amounts credited to an account. |

**50 What was this person’s total income during the PAST 12 MONTHS?**

Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

<table>
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<th>Options</th>
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</thead>
<tbody>
<tr>
<td><strong>Total income for the past 12 months</strong></td>
<td></td>
</tr>
</tbody>
</table>
Yes ➔ No |

**51 What was this person's total income during the PAST 12 MONTHS?**

Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

<table>
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</table>
Yes ➔ No |

**52 What was this person’s total income during the PAST 12 MONTHS?**

Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

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</table>
Yes ➔ No |

**53 What was this person’s total income during the PAST 12 MONTHS?**

Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

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</table>
Yes ➔ No |

**54 What was this person’s total income during the PAST 12 MONTHS?**

Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.

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<td></td>
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</tbody>
</table>
Yes ➔ No |
The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.
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

The Census Bureau estimates that, for the average household, this form will take 38 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-11INFO(2008)KFI (07-31-2007)