



## THE American Community Survey THE American Community Survey

People are our most important resource. This Census Bureau survey collects information about education, employment, income, and housing—information your community uses to



plan and fund programs. Your response is important, and we keep your answers confidential.





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.** 

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

USCENSUSBUREAU

## **Start Here** This form asks for three types of information: • basic information about the people who are living or staying at the address on the mailing label above • specific information about this house, apartment, or mobile • more detailed information about each person living or staying What is your name? Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today's date. Last Name М First Name Area Code + Number Date (Month/Day/Year) How many people are living or staying at this address? Number of people Please turn to the next page to continue. FORM **ACS-1(2003)** (9-12-2003) OMB No. 0607-0810

U.S. DEPARTMENT OF COMMERCE



List of Res	sidents	What is this person's sex?	What is this person's age and what is this person's date of birth?  Print numbers in boxes.	How is this person related to Person 1?
Please fill out this form as soon as possible after receiving it in the mail.  • LIST everyone who is living or staying here for	Person 1  Last Name (Please print)  First Name MI	☐ Male ☐ Female	Age (in years)	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.)
<ul> <li>LIST anyone else staying here who does not have another usual place to stay.</li> <li>DO NOT LIST anyone who is living somewhere else for more than 2 months, such as a college student living away.</li> </ul>	Person 2  Last Name (Please print)  First Name MI	☐ Male ☐ Female	Age (in years)	Relationship of Person 2 to Person 1.  Husband or wife Son or daughter Housemate, roommate  Father or mother Grandchild In-law Other relative
If this place is a vacation home or a temporary residence where no one in this household stays for more than 2 months, do not list any names in the List of Residents. Complete only pages 4, 5, and 6	Person 3  Last Name (Please print)  First Name MI	Male Female	Age (in years)	Relationship of Person 3 to Person 1.  Husband or wife Son or daughter Brother or sister Father or mother Grandchild In-law Other relative
and return the form.  IF YOU ARE NOT SURE WHOM TO LIST, CALL 1-800-354-7271.	Person 4  Last Name (Please print)  First Name MI	Male Female	Age (in years)	Relationship of Person 4 to Person 1.  Husband or wife Roomer, boarder Housemate, roommate  Brother or sister Unmarried partner Grandchild In-law Other nonrelative
If there are more than	Person 5  Last Name (Please print)  First Name MI	Male Female	Age (in years)	Relationship of Person 5 to Person 1.  Husband or wife Roomer, boarder  Brother or sister Father or mother Grandchild In-law Other relative
five people, list them here. We may call you for more information about them.  After you've created the List of Residents, answer the questions across the top of the page for the first five people on the list.	Person 6  Last Name (Please print)  First Name MI	Person  Last Name  First Name	(Please print)	Person 8  Last Name (Please print)  First Name MI



What is this person's marital status?	NOTE: Please answer BOTH Quality Is this person Spanish/Hispanic/Latino?  Mark (X) the "No" box if not Spanish/Hispanic/Latino.	What is this person's race? Mai person considers himselflherself to	rk (X) one or more o be.	races to indicate what this
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group.	White ☐ Black or African American ☐ American Indian or Alaska Native – Print name of enrolled or principal tribe.  ☐	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian – Print race.	Native Hawaiian  Guamanian or Chamorro  Samoan  Other Pacific Islander − Print race below.  Some other race − Print race below.
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group.	White     Black or African American     American Indian or Alaska     Native − Print name of enrolled     or principal tribe.	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian – Print race.	
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group.	White Black or African American American Indian or Alaska Native – Print name of enrolled or principal tribe.	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian – Print race.	Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander – Print race below. Some other race – Print race below.
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group.	White Black or African American American Indian or Alaska Native – Print name of enrolled or principal tribe.	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian – Print race.	
Now married Widowed Divorced Separated Never married	No, not Spanish/Hispanic/Latino Yes, Mexican, Mexican Am., Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/ Latino — Print group.	White ☐ Black or African American ☐ American Indian or Alaska Native – Print name of enrolled or principal tribe.  ☐	Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian – Print race.	
Person 9  Last Name (Please p.	Person 1		o <b>n 11</b> ne (Please print)	Person 12  Last Name (Please print)
p	Lust Halle (r	Lust Null	, , , , , , , , , , , , , , , , , , ,	

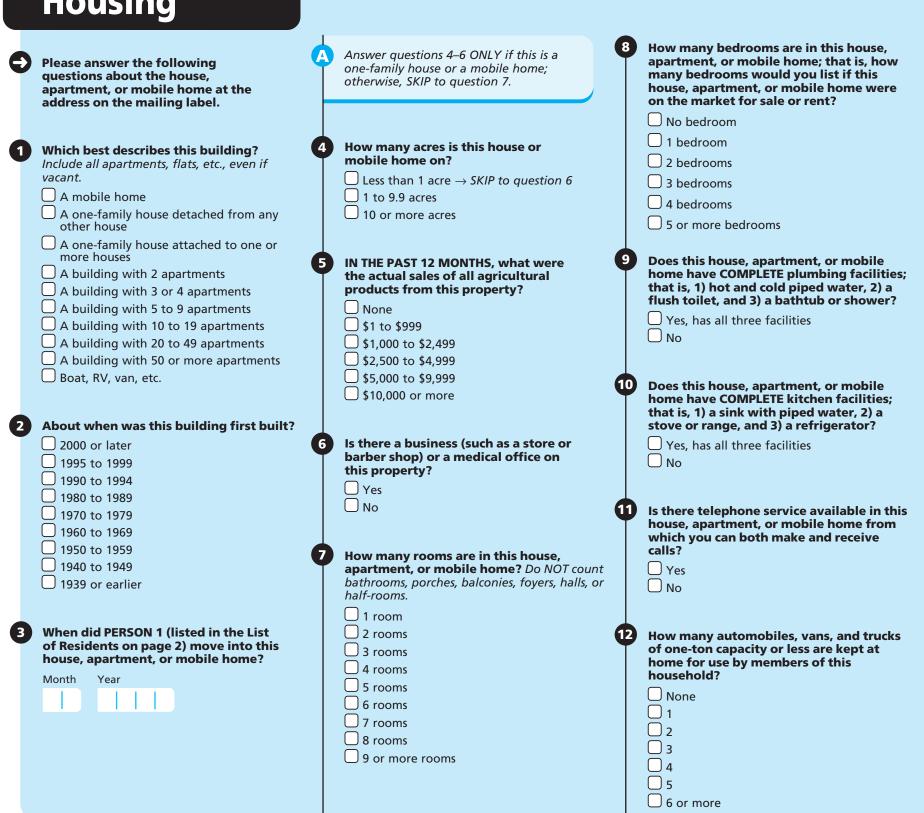
When you are finished, turn the page and continue with the Housing section.



**Housing information helps your community** 

plan for police and fire protection.

## **Housing**





## **Housing (continued)**

13	Which FUEL is used MOST for heating this house, apartment, or mobile home?  Gas: from underground pipes serving the neighborhood  Gas: bottled, tank, or LP  Electricity  Fuel oil, kerosene, etc.  Coal or coke  Wood  Solar energy  Other fuel  No fuel used	d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.  Past 12 months' cost – Dollars  OR  Included in rent or condominium fee  No charge or these fuels not used  B. Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 19.  a. What is the monthly rent for this house, apartment, or mobile home?  Monthly amount – Dollars  \$ .00  b. Does the monthly rent include any
14		At any time DURING THE PAST  12 MONTHS, did anyone in this household receive Food Stamps?  Yes   What was the value of the Food Stamps received during the past 12 months?  Past 12 months' value   Dollars  BUYING this house, apartment, or mobile home. Otherwise, SKIP to and the next page.
	b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?  Last month's cost – Dollars  .00  OR  Included in rent or condominium fee  Included in electricity payment entered above  No charge or gas not used  c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If	Is this house, apartment, or mobile home part of a condominium?    Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.    Monthly amount - Dollars   \$ .00



## **Housing (continued)**

20	What are the annual real estate taxes on THIS property?  Annual amount – Dollars  OR  None	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	Answer questions 25a–c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.
23	What is the annual payment for fire, hazard, and flood insurance on THIS property?  Annual amount – Dollars  OR  None	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 □	<ul> <li>a. Do you or any member of this household live or stay at this address year round?</li> <li>Yes → SKIP to the questions for Person 1 on the next page</li> <li>No</li> <li>b. How many months a year do members of this household stay at this address?</li> </ul>
<b>22</b>	<ul> <li>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 23a</li> <li>b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.</li> <li>Monthly amount – Dollars</li> </ul>	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  \$ .00  OR  No regular payment required	C. What is the main reason members of this household are staying at this address?  ☐ This is their permanent address ☐ This is their seasonal or vacation address ☐ To be close to work ☐ To attend school or college ☐ Looking for permanent housing ☐ Other reason(s)— Specify  ☐ Other reason(s)— Specify ☐
	S  OR  No regular payment required → SKIP to question 23a  c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?  Yes, taxes included in mortgage payment  No, taxes paid separately or taxes not required	Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to   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  \$ .00	Continue with the questions about PERSON 1 on the next page.



## **Person 1**

Last Name   Miles   Signature   Signatur		Please copy the name of Person 1 from the List of Residents on page 2, then continue answering questions below.	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	a. Did this person live in this house or apartment 1 year ago?
Nursery school to 4th grade   No, outside the United State   Shy prade or 6th grade   Shy prade   S			highest degree received.	Person is under 1 year old → SKIP to the questions for Person 2 on page 10.
Sth grade or fish grade   Sth grade or fish grade   Sth grade or fish grade   Sth grade or sth grade   Sth grade or sth grade   Sth grade or sth grade   Sth gr				$\square$ Yes, this house $\rightarrow$ SKIP to $\square$
This grade or 8th grade   This grade or 8th grade   This grade   Thi	l	First Name MI		No, outside the United States – Print na
Where was this person born?   In the United States − Print name of state.   In the United States − Print name of foreign country, or Puerto Rico, Guam, etc.   Ith grade				foreign country, or Puerto Rico, Guam,
Outside the United States - Print name of foreign country, or Puerto Rico, Guam, etc.				below; then SKIP to
11th grade   12th grade - NO DIPLOMA				
Outside the United States − Print name of foreign country, or Puerto Rico, Guam, etc.		In the United States – Print name of state.		No, different house in the United State
Outside the United States — Print name of foreign country, or Puerto Rico, Guam, etc.				No, unreferre riouse in the officed state
Some college credit, but less than 1 year   1 or more years of college, no degree   Associate degree (for example: AA, AS)   Bachelor's degree (for example: AA, AS)   Bachelor's degree (for example: BA, AB, BS)   Master's degree (for example: BA, AB, BS)   MEd, MSW, MBA)   Professional degree (for example: MA, MS, MEng, MEd, MSW, MBA)   Professional degree (for example: MA, DDS, DVM, LB, JD)   Doctorate degree (for example: PhD, EdD)   No, not a citizen of the United States   What is this person attended regular school or college? Include only nursery a preschool, kindergarten, learnet only nursery a preschool, kindergarten, learnet, political p	ſ	Outside the United States - Print name of foreign		b. Where did this person live 1 year ago?
Some college credit, but less than 1 year   or more years of college, no degree   Associate degree (for example: AA, AS)   Bachelor's degree (for example: BA, AB, BS)   Waster's degree (for example: BA, AB, BS)   Waster's degree (for example: MA, MS, MEng, MEM, MSW, MBA)   Professional degree (for example: MA, MS, MEng, ME, MSW, MBA)   Professional degree (for example: MA, DDS, DVM, ILB, JD)   Doctorate degree (for example: MA, DDS, DVM, ILB, JD)   Doctorate degree (for example: MA, MS, MEng, ME, MSW, MBA)   Professional degree (for example: MA, DDS, DVM, ILB, JD)   Doctorate degree (for example: MA, MS, MEng, ME, MSW, MBA)   Master's degree (for example: MA, MS, MEng, ME, MSW, MBA)   Professional degree (for example: MA, DDS, DVM, ILB, JD)   Doctorate degree (for example: PhD, EdD)   Doctorate degree (for example: PhD, EdD)   Doctorate degree (for example: PhD, EdD)   Doctorate degree (for example: MA, MS, MEng, ME, MSW, MBA)   Master's degree (for example: MA, MS, MEng, ME, MS, MEng, ME, MSW, MBA)   Doctorate degree (for example: MA, MS, MEng, ME, MS,			DIPLOMA or the equivalent (for example: GED)	Name of city, town, or post office
1 or more years of college, no degree   Associate degree (for example: AA, AS)   Balchelor's degree (for example: AA, AS)   Balchelor's degree (for example: AA, AB, BS)   Master's degree (for example: AB, AB, BS)   Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)   Professional degree (for example: MD, DDS, DVM, LLB, JD)   Professional degree (for example: MD, DDS, DVM, LLB, JD)   Doctorate degree (for example: MD, DDS, DVM, LLB, JD)   Doctorate degree (for example: PhD, EdD)   Name of county   Yes   No, outside the city/town lim Name of county   Yes   No, outside the city/town lim Name of county   Yes   No, outside the city/town lim Name of county   Yes   No, outside the city/town lim Name of county   Yes   No, outside the city/town lim Name of county   Yes   No, outside the city/town lim Name of county   Yes   No, outside the city/town lim Name of county   Yes   No, outside the city/town lim Name of county   Yes   No, outside the city or town?   Yes   No, outside the city town?   No,				and the state of t
Yes, born in the United States → Skip to 10a   wes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas   Yes, born abroad of American parent or parents   Yes, born abroad of American parent or parents   Yes, U.S. citizen by naturalization   No, not a citizen of the United States   No, not a citizen of the United States   When did this person come to live in the United States? Print numbers in boxes.  Year   What is this person's ancestry or ethnic origin?   Name of county   Name of state   Name of county   Name of state   Name				
Yes, born in the United States → Skip to 10a	3	Is this person a CITIZEN of the United States?	Associate degree (for example: AA, AS)	c. Did this person live inside the limits of t
Islands, or Northern Marianas   MEd, MSW, MBA    Professional degree (for example: MD, DDS, DVM, LLB, JD)   Doctorate degree (for example: PhD, EdD)   Name of county	(	Yes, born in the United States → Skip to 10a	Bachelor's degree (for example: BA, AB, BS)	city or town?
Yes, born abroad of American parent or parents   Yes, U.S. citizen by naturalization   No, not a citizen of the United States      When did this person come to live in the United States? Print numbers in boxes. Year	(	Yes, born in Puerto Rico, Guam, the U.S. Virgin	Master's degree (for example: MA, MS, MEng,	Yes
Yes, U.S. citizen by naturalization   Doctorate degree (for example: PhD, EdD)	(			No, outside the city/town limits
No, not a citizen of the United States	,			Name of county
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 regular school or college? Include only nursery or preschool, kindergarten, elementary 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, preschool  Kindergarten  Grade 1 to grade 4  Grade 5 to grade 8  Grade 9 to grade 12  What is this person's ancestry or ethnic origin?  What is this person's ancestry or ethnic origin?  It is 5 years old or over. Otherwise, SKi questions 15 and 16 ONLY II is 5 years old or over. Otherwise, SKi questions for PERSON 2 on page 10.  For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  It is 5 years old or over. Otherwise, SKi questions 15 and 16 ONLY II is 5 years old or over. Otherwise, SKi questions 15 and 16 ONLY II is 7 years old or over. Otherwise, SKi questions for PERSON 2 on page 10.  It is 5 years old or over. Otherwise, SKi questions 15 and 16 ONLY II is 7 years old or over. Otherwise, SKi questions 15 and 16 ONLY III is 7 years old or over. Otherwise, SKi questions 15 and 16 ONLY III is 7 years old or over. Otherwise, SKi questions 15 and 16 ONLY III is 7 years old or over. Otherwise, SKi questions 15 and 16 ONLY III is 7 years old or over. Otherwise, SKi questions 15 and 16 ONLY III is 7 years old or over. Otherwise, SKi questions 15 and 16 ONLY III is 7 years old or over. Otherwise, SKi questions 15 and 16 ONLY III is 7 years old or over. Otherwise, SKi questions 15 and 16 ONLY III is 7 years old or over. Otherwise, SKi questions 15 and 16 ONLY III is 7 years old or over. Otherwise, SKi questions 15 and 16 ONLY III is 7 years old or over. Otherwise, SKi questions 15 and 16 ONLY III is 7 years old or over. Otherwise, SKi quest			Doctorate degree (for example: PhD, EdD)	
When did this person come to live in the United States? Print numbers in boxes.  Year	(	No, not a citizen of the United States		Name of state ZIP Code
To a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary 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, private college □ Yes, private school, private college □ Nursery school, preschool □ Kindergarten □ Grade 1 to grade 4 □ Grade 5 to grade 8 □ Grade 9 to grade 12 □ College undergraduate years (freshman to senior) □ Not well □ Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SkI, questions for PERSON 2 on page 10. □ Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SkI, questions for PERSON 2 on page 10. □ Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SkI, questions for PERSON 2 on page 10. □ Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SkI, questions for PERSON 2 on page 10. □ Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SkI, questions for PERSON 2 on page 10. □ Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SkI, questions for PERSON 2 on page 10. □ Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SkI, questions for PERSON 2 on page 10. □ Does this person have any of the long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SkI, questions for PERSON 2 on page 10. □ Does this person have any of the long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially lim one or more basic physical activities such as walking, climbing or carrying?  □ C. How well does this person speak English? □ Very well □ Well □ Not well	9 1	When did this person come to live in the	What is this person's ancestry or ethnic origin?	lume of state
a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary 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, private college Yes, private school, private college Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior)  (For example: Italian, Jamaican, African Am., Cambodiane, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  (For example: Italian, Jamaican, African Am., Cambodiane, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  13  a. Does this person speak a language other than English at home? Yes No → SKIP to question 14  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese C. How well does this person speak English? Yery well Well Not well  Descriptions:  Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SKI questions for PERSON 2 on page 10.  Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SKI questions for PERSON 2 on page 10.  For example: Korean, Italian, Spanish, Vietnamese C. How well does this person speak English? Well Not well  Descriptions:  Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SKI questions for PERSON 2 on page 10.  Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SKI questions for PERSON 2 on page 10.  Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SKI questions for PERSON 2 on page 10.  Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SKI questions for PERSON 2 on page 10.  Answer questions 15 and 16 ONLY III is 5 years old or over. Otherwise, SKI questions for person on.)				
a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary 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  b. What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool  Kindergarten  Grade 1 to grade 4  Grade 5 to grade 8  Grade 9 to grade 12  College undergraduate years (freshman to senior)  a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, kindergarten, elementary school, a high school diploma or a college degree.  No, has not attended in the last 3 months → SKIP to question 11  Yes, private school, private college  No → SKIP to question 14  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese or person have any difficulty in doing following activities:  Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  Does this person have any of the long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially lim one or more basic physical activity b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese  C. How well does this person speak English?  Well  Well  Descriptions for PERSON 2 on page 10.  Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)		Year		
a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary 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  b. What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior)  At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, kindergarten, elementary school, a high school diploma or a college degree.  No, has not attended in the last 3 months → SKIP to question 11  No, has not attended in the last 3 months → SKIP to question 14  a. Does this person have any of the long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially lim one or more basic physical activity b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese C. How well does this person speak English?  Very well  Well  Not well  Description, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Polish,			(For example: Italian Jamaisan African Am	Answer guestions 15 and 16 ONLY IF this perso
person attended regular school or college? Include only nursery or preschool, kindergarten, elementary 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  Nursery school, preschool  Kindergarten  Grade 1 to grade 4  Grade 5 to grade 8  Grade 9 to grade 12  College undergraduate years (freshman to senior)  Does this person have any of the long-lasting conditions:  a. Does this person have any of the long-lasting conditions:  a. Does this person have any of the long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese  c. How well does this person speak English?  Very well  Well  Not well  A. Condition that substantially lim one or more basic physical activit such as walking, climbing stairs, reaching, lifting, or carrying?  For example: Korean, Italian, Spanish, Vietnamese  C. How well does this person speak English?  Very well  Well  Does this person have any of the long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially lim one or more basic physical activit such as walking, climbing stairs, reaching, lifting, or carrying?  For example: Korean, Italian, Spanish, Vietnamese  C. How well does this person speak English?  Very well  Well  Department of the long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially lim one or more basic physical activit such as walking, climbing or activities.  a. Blindness, deafness, or a severe vision or hearing impairment?  b. Westalian Article of the long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. Westalian Article of the long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. We		2 At any time IN THE LAST 2 MONTHS has this	Cambodian, Cape Verdean, Norwegian,	is 5 years old or over. Otherwise, SKIP to the
College undergraduate years (freshman to senior)   Warainian, and so on.)	י ע	person attended regular school or college?		questions for PERSON 2 on page 10.
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  No → SKIP to question 14  b. What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool  Kindergarten  Grade 1 to grade 4  Grade 5 to grade 8  Grade 9 to grade 12  College undergraduate years (freshman to senior)  Does this person have any of the long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially lim one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?  For example: Korean, Italian, Spanish, Vietnamese  C. How well does this person speak English?  Very well  Well  Not well  Not well  Does this person have any of the long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially lim one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?  For example: Korean, Italian, Spanish, Vietnamese  C. How well does this person speak English?  Well  Not well  Does this person have any of the long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially lim one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?  Endes the long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially lim one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?  Because of a physical activities one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?  C. How well does this person speak English?  Dies this person have any of the long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condit		Include only nursery or preschool, kindergarten,	Ukrainian, and so on.)	
<ul> <li>No, has not attended in the last 3 months → SKIP to question 11</li> <li>Yes, public school, public college</li> <li>Yes, private school, private college</li> <li>No → SKIP to question 14</li> <li>No → SKIP to question 14</li> <li>A condition that substantially lim one or more basic physical activit such as walking, climbing stairs, reaching, lifting, or carrying?</li> <li>For example: Korean, Italian, Spanish, Vietnamese</li> <li>Grade 1 to grade 4</li> <li>Grade 5 to grade 8</li> <li>Grade 9 to grade 12</li> <li>College undergraduate years (freshman to senior)</li> <li>Not well</li> <li>Inglesting conditions:</li> <li>a. Blindness, deafness, or a severe vision or hearing impairment?</li> <li>b. A condition that substantially lim one or more basic physical activit such as walking, climbing stairs, reaching, lifting, or carrying?</li> <li>For example: Korean, Italian, Spanish, Vietnamese</li> <li>C. How well does this person speak English?</li> <li>Very well</li> <li>Well</li> <li>Not well</li> <li>D. Dressing, bathing, or getting arounce</li> </ul>		high school diploma or a college degree.		Does this person have any of the following
months → SKIP to question 11  Yes, public school, public college Yes, private school, private college  No → SKIP to question 14  b. What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior)  than English at home? Yes No → SKIP to question 14 b. A condition that substantially lim one or more basic physical activit such as walking, climbing stairs, reaching, lifting, or carrying?  For example: Korean, Italian, Spanish, Vietnamese C. How well does this person speak English?  Very well Well Not well  Not well  Description or hearing impairment?  b. A condition that substantially lim one or more basic physical activit such as walking, climbing stairs, reaching, lifting, or carrying?  C. How well does this person speak English? Well Not well  Description or hearing impairment?  D. A condition that substantially lim one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?  C. How well does this person speak English?  Well Description or hearing impairment?  D. A condition that substantially lim one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?  C. How well does this person speak English?  Well Description or hearing impairment?  D. A condition that substantially lim one or more basic physical activities.  A condition that substantially lim one or more basic physical activities.  A condition that substantially lim one or more basic physical activities.  A condition that substantially lim one or more basic physical activities.  A condition that substantially lim one or more basic physical activities.  A condition that substantially lim one or more basic physical activities.  A condition that substantially lim one or more basic physical activities.  A condition that substantially lim one or more basic physical activities.		No, has not attended in the last 3		
Yes, public school, private college  Yes, private school, private college  b. What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool  Kindergarten  Grade 1 to grade 4  Grade 5 to grade 8  Grade 9 to grade 12  College undergraduate years (freshman to senior)  Yes  Vision or hearing impairment?  b. A condition that substantially lim one or more basic physical activit such as walking, climbing stairs, reaching, lifting, or carrying?  For example: Korean, Italian, Spanish, Vietnamese  C. How well does this person speak English?  Very well  Well  Not well  Dressing, bathing, or getting arou		months → SKIP to question 11	than English at home?	Yes
b. What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool  Kindergarten  Grade 1 to grade 4  Grade 5 to grade 8  Grade 9 to grade 12  College undergraduate years (freshman to senior)  b. What is this language?  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese  c. How well does this person speak English?  Very well  Well  Not well  Dressing, bathing, or getting arouse.				
b. What is this language?  Such as walking, climbing stairs, reaching, lifting, or carrying?  Such as walking, climbing stairs, reaching, lifting, or carrying?  For example: Korean, Italian, Spanish, Vietnamese  Grade 1 to grade 4  Grade 5 to grade 8  Grade 9 to grade 12  College undergraduate years (freshman to senior)  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese  c. How well does this person speak English?  Very well  Well  Not well  Dressing, bathing, or getting arounds.		Yes, private school, private college	$\bigcup$ No $\rightarrow$ SKIP to question 14	b. A condition that substantially limits
Nursery school, preschool  Kindergarten  Grade 1 to grade 4  Grade 5 to grade 8  Grade 9 to grade 12  College undergraduate years (freshman to senior)  For example: Korean, Italian, Spanish, Vietnamese  C. How well does this person speak English?  Very well  Well  Not well  Not well  Not well  Recause of a physical, mental, or condition lasting 6 months or mental	I		h What is this language?	
Kindergarten  Grade 1 to grade 4  Grade 5 to grade 8  Grade 9 to grade 12  College undergraduate years (freshman to senior)  For example: Korean, Italian, Spanish, Vietnamese  C. How well does this person speak English?  Very well  Well  Not well  For example: Korean, Italian, Spanish, Vietnamese  c. How well does this person speak English?  Well  Not well  Because of a physical, mental, or condition lasting 6 months or mental, or person have any difficulty in doing activities:  a. Learning, remembering, or concentrating?  b. Dressing, bathing, or getting around the person speak English?  One of the person have any difficulty in doing activities:  A person have any difficulty in doing activities:  Descause of a physical, mental, or condition lasting 6 months or men			o. IIIacis ans language:	
Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior)  Condition lasting 6 months or me person have any difficulty in doing activities:  Well  Not well  Description as the person speak English?  Output  Description as the person have any difficulty in doing activities:  a. Learning, remembering, or concentrating?  b. Dressing, bathing, or getting around the person have any difficulty in doing activities:			For example: Korean Italian Spanish Vietnamese	6 Passure of a physical passure!
C. How well does this person speak English?  Grade 5 to grade 8  Very well  College undergraduate years (freshman to senior)  C. How well does this person speak English?  Well  Not well  D. Not well  C. How well does this person speak English?  Well  Not well  D. Pressing, bathing, or getting around the person have any difficulty in doing activities:  A. Learning, remembering, or concentrating?  B. Dressing, bathing, or getting around the person have any difficulty in doing activities:			Tor example. Notean, Italian, Spanish, Vietnamese	condition lasting 6 months or more, does
Grade 9 to grade 12  College undergraduate years (freshman to senior)  Very well  Well  Not well  Not well  Description or getting around the properties of			c. How well does this person speak English?	person have any difficulty in doing any of
College undergraduate years (freshman to senior)  Well  Well  Not well  a. Learning, remembering, or concentrating?  b. Dressing, bathing, or getting around the properties of			Very well	
senior) Not well b. Dressing, bathing, or getting around the contracting of getting around the contracting around the contracting of getting around the contracting around the contrac				
			Not well	3
Graduate or professional school  (for example: medical, dental, or law school)  Not at all  inside the home?		Jerrior)		



## Person 1 (continued)

ld or over. Otherwise, SKIP to the	21	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.	25	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.
n lasting 6 months or more, does this ave any difficulty in doing any of the gactivities:  outside the home alone to visit a doctor's office?	s e No	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		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 33
d 15–50 years old. Otherwise, SKIP		Korean War (July 1950 to January 1955)  January 1947 to June 1950  World War II (December 1941 to December 1946)  November 1941 or earlier	•	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
person given birth to any children in 12 months?	22	In total, how many years of active-duty military service has this person had?  Less than 2 years	26	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
children under the age of 18 living increase or apartment?	n has	2 years or more  LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.  Yes  No → SKIP to question 29  At what location did this person work LAST WEEL	28 K? 28	What time did this person usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.  How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes  Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.
reference of A years  reference of A years	onal the	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	29	<ul> <li>a. LAST WEEK, was this person on layoff from a job?  ☐ Yes → SKIP to question 29c ☐ No</li> <li>b. LAST WEEK, was this person TEMPORARILY absent from a job or business? ☐ Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 32 ☐ No → SKIP to question 30</li> <li>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 31 ☐ No</li> </ul>
	ave any difficulty in doing any of the gactivities:  Solutside the home alone to rivisit a doctor's office?  Ig at a job or business?  Suestion 18 ONLY IF this person is and 15–50 years old. Otherwise, SKIP on 19a.  Seerson given birth to any children in 12 months?  SKIP to question 20  Grandparent currently responsible for the basic needs of any child(ren) under the age of 18 who in this house or apartment?  SKIP to question 20  Grandparent currently responsible for the basic needs of any child(ren) under the age of 18 who in this house or apartment?  SKIP to question 20  Ing has this grandparent been is ble for the (se) grandchild(ren)? If ndparent is financially responsible for the an one grandchild, answer the question grandchild for whom the grandparent is sponsible for the longest period of time is than 6 months  The thin the thin the thin the grandparent is the forces, military Reserves, or Native duty does not include training for the longest period of time are forces, military Reserves, or Native duty does not include training for the longest period of the longer period perio	do or over. Otherwise, SKIP to the for PERSON 2 on page 10.  of a physical, mental, or emotional hasting 6 months or more, does this ave any difficulty in doing any of the gractivities:  outside the home alone to yes No visit a doctor's office?  grat a job or business?  duestion 18 ONLY IF this person is dot 15-50 years old. Otherwise, SKIP on 19a.  person given birth to any children in 12 months?  person given birth to any children in 12 mo	tid or over. Otherwise, SKIP to the for PERSON 2 on page 10.  In the U.S. Armed Forces? Mark (X) a box for £ACH 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  May 1975 to August 1984 to April 1975)  March 1981 to July 1990  May 1975 to August 1984 to April 1975)  March 1981 to July 1990  May 1975 to August 1984 to April 1975)  March 1981 to July 1990  May 1975 to August 1984 to April 1975)  March 1981 to July 1990  May 1975 to August 1984 to April 1975)  March 1981 to July 1990  May 1975 to August 1984 to April 1975)  March 1981 to July 1990  May 1975 to August 1984 to April 1975)  March 1981 to July 1990  May 1975 to August 1984 to April 1975)  March 1981 to July 1990  May 1975 to August 1984 to April 1975)  March 1981 to July 1990  May 1975 to August 1984 to April 1975)  March 1981 to July 1994  Period in 497  February 1995 to Yebra 1981 to August 1984 to April 1975  November 1941 or July 1991  Les tan 1981 to July 1994  Les tan 1981 to July 1994  Les tan 1981 to July 1994  Les tan 1981 to	id or over. Otherwise, SKIP to the for PERSON 2 on page 10.  for a physical, mental, or emotional lasting 6 months or more, does this ave any difficulty in doing any of the pactivities:  a partities:  a partitie



#### Person 1 (continued)

<b>30 31 32</b>	the last 4 weeks?  Yes  No → SKIP to question 32  LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?  Yes, could have gone to work	36	For whom did this person work?  If now on active duty in the Armed Forces, mark (X) this box → □ and print the branch of the Armed Forces.  Name of company, business, or other employer  What kind of business or industry was this?  Describe the activity at the location where employed.  (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)		<ul> <li>b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.</li> <li>Yes → \$ .00 Loss</li> <li>No TOTAL AMOUNT for past 12 MONTHS</li> <li>c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.</li> <li>Yes → \$ .00 Loss</li> </ul>
33	few days?  ☐ Within the past 12 months ☐ 1 to 5 years ago → SKIP to question 35 ☐ Over 5 years ago or never worked → SKIP to question 41  During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service.  Weeks	38	Is this mainly – Mark (X) one box.  manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?  What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)		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
35	Usual hours worked each WEEK?  Usual hours worked each WEEK  Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP	41	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)  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.	42	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  What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	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?		☐ Yes → \$ .00 ☐ No TOTAL AMOUNT for past 12 MONTHS	9	None OR  TOTAL AMOUNT for past 12 MONTHS  Continue with the questions for Person 2 on the next page. If only 1 person is listed in the List of Residents, SKIP to page 24 for mailing instructions.

## Person 2

0	Please copy the name of Person 2 from the List of Residents on page 2, then continue answering questions below.  Last Name	4	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	14	<ul> <li>a. Did this person live in this house or apartment 1 year ago?</li> <li>Person is under 1 year old → SKIP to the questions for Person 3 on page 13.</li> <li>Yes, this house → SKIP to F</li> </ul>	
	First Name MI		Nursery school to 4th grade  5th grade or 6th grade  7th grade or 8th grade		<ul> <li>No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to F</li> </ul>	f
7	Where was this person born?  In the United States – Print name of state.  Outside the United States – Print name of foreign		9th grade 10th grade 11th grade 12th grade – NO DIPLOMA HIGH SCHOOL GRADUATE – high school		No, different house in the United States  b. Where did this person live 1 year ago?	
8	country, or Puerto Rico, Guam, etc.  Is this person a CITIZEN of the United States?		DIPLOMA or the equivalent (for example: GED)  Some college credit, but less than 1 year  1 or more years of college, no degree  Associate degree (for example: AA, AS)		Name of city, town, or post office	
	Yes, born in the United States → Skip to 10a  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of American parent or parents  Yes, U.S. citizen by naturalization  No, not a citizen of the United States		Bachelor's degree (for example: BA, AB, BS)  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)		c. Did this person live inside the limits of the city or town?  Yes No, outside the city/town limits  Name of county	
9	When did this person come to live in the United States? Print numbers in boxes.  Year	12	What is this person's ancestry or ethnic origin?		Name of state ZIP Code	
10	a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.		(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	<b>(3</b>	Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 3 on page 13.  Does this person have any of the following long-lasting conditions:	
	<ul> <li>No, has not attended in the last 3 months → SKIP to question 11</li> <li>Yes, public school, public college</li> <li>Yes, private school, private college</li> <li>b. What grade or level was this person</li> </ul>	<b>B</b>	<ul> <li>a. Does this person speak a language other than English at home?</li> <li>Yes</li> <li>No → SKIP to question 14</li> </ul>		a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially limits one or more basic physical activities	<b>)</b>
	attending? Mark (X) ONE box.  Nursery school, preschool  Kindergarten  Grade 1 to grade 4  Grade 5 to grade 8		b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese  c. How well does this person speak English?	16	such as walking, climbing stairs, reaching, lifting, or carrying?  Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:	)
	Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school)		<ul><li>Very well</li><li>Well</li><li>Not well</li><li>Not at all</li></ul>		a. Learning, remembering, or concentrating?  b. Dressing, bathing, or getting around inside the home?	, )

Survey information helps your community get financial assistance for roads, hospitals, schools, and more.



## Person 2 (continued)

<b>G</b>	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 3 on page 13.  Because of a physical, mental, or emotional	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	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 Bicycle
	condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:  a. Going outside the home alone to shop or visit a doctor's office?  b. Working at a job or business?	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	Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxicab  Streetcar or trolley car Walked Worked at home → SKIP to question 33 Other method
Œ	Answer question 18 ONLY IF this person is female and 15—50 years old. Otherwise, SKIP to question 19a.	<ul> <li>─ Korean War (July 1950 to January 1955)</li> <li>─ January 1947 to June 1950</li> <li>─ World War II (December 1941 to December 1946)</li> <li>─ November 1941 or earlier</li> </ul>	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
18	Has this person given birth to any children in the past 12 months?  Yes No	In total, how many years of active-duty military service has this person had?  Less than 2 years  2 years or more	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)
<b>1</b>	<ul> <li>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 20</li> <li>b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who</li> </ul>	•	What time did this person usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.
	live(s) in this house or apartment?  ☐ Yes ☐ No → SKIP to question 20	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.	How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes
	c. How long has this grandparent been responsible for the(se) grandchild(ren)? 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	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.	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.
	☐ 6 to 11 months ☐ 1 or 2 years ☐ 3 or 4 years	b. Name of city, town, or post office	a. LAST WEEK, was this person on layoff from a job?
20	5 or more years  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	c. Is the work location inside the limits of that city or town?  Yes No, outside the city/town limits  d. Name of county	Yes → SKIP to question 29c  No  No  No  No  No  No  No  No  No  N
	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 23  No, never served in the military → SKIP to question 23	e. Name of U.S. state or foreign country  f. ZIP Code	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 31 ☐ No



## Person 2 (continued)

30	the last 4 weeks?  Yes  No → SKIP to question 32	6 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	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.  Yes   Loss
<b>3</b>	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.)	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)	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.
32	Over 5 years ago or never worked → SKIP to question 41	Is this mainly – Mark (X) one box.  manufacturing? wholesale trade? retail trade?	Yes → \$ .00  Loss  No TOTAL AMOUNT for past 12 MONTHS  d. Social Security or Railroad Retirement.  Yes → \$ .00  No TOTAL AMOUNT for past
33	Weeks  Weeks  Weeks  Weeks	other (agriculture, construction, service, government, etc.)?  What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	e. Supplemental Security Income (SSI).  ☐ Yes → \$ .00 ☐ No TOTAL AMOUNT for past
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?  Usual hours worked each WEEK	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)	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
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.  35-40 CURRENT OR MOST RECENT JOB ACTIVITY.	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	g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.  ☐ Yes → \$ .00
35	Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.  Was this person –  Mark (X) ONE box.  an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?  an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?  a local GOVERNMENT employee (city, county, etc.)?  a state GOVERNMENT employee?  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  Working WITHOUT PAY in family business or farm?	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	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  What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.  None OR \$ .00 Loss  TOTAL AMOUNT for past 12 MONTHS  Continue with the questions for Person 3 on the next page. If only 2 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.



## **Person 3**

	Person 3		bout children helps ity plan for child care, d recreation.
7	Please copy the name of Person 3 from the List of Residents on 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.	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  Nursery school to 4th grade  5th grade or 6th grade  7th grade or 8th grade  9th grade  10th grade  11th grade  12th grade – NO DIPLOMA  HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)	<ul> <li>a. Did this person live in this house or apartment 1 year ago?</li> <li>Person is under 1 year old → SKIP to the questions for Person 4 on page 16.</li> <li>Yes, this house → SKIP to No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to No, different house in the United States</li> <li>b. Where did this person live 1 year ago?</li> <li>Name of city, town, or post office</li> </ul>
⊕ 8	Is this person a CITIZEN of the United States?  Yes, born in the United States → Skip to 10a  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of American parent or parents  Yes, U.S. citizen by naturalization  No, not a citizen of the United States	Some college credit, but less than 1 year  1 or more years of college, no degree  Associate degree (for example: AA, AS)  Bachelor's degree (for example: BA, AB, BS)  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)	c. Did this person live inside the limits of the city or town?  Yes No, outside the city/town limits  Name of county
9	When did this person come to live in the United States? Print numbers in boxes.  Year  a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten,	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.)	Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16.
	months → SKIP to question 11  Yes, public school, public college  Yes, private school, private college  b. What grade or level was this person attending? Mark (X) ONE box.  Nursery school, preschool  Kindergarten  Grade 1 to grade 4	a. Does this person speak a language other than English at home?  Yes No → SKIP to question 14  b. What is this language?  For example: Korean, Italian, Spanish, Vietnamese	long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
	Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school)	c. How well does this person speak English?  Very well  Well  Not well  Not at all	following activities:  a. Learning, remembering, or concentrating?  b. Dressing, bathing, or getting around inside the home?



## Person 3 (continued)

Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16.  Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:  a. Going outside the home alone to shop or visit a doctor's office?  b. Working at a job or business?	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	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  How did this person usually get to work LAST WEEK? Worked at none Motorcycle Bicycle Walked Worked at home → SKIP to question 33 Other method
Answer question 18 ONLY IF this person is female and 15—50 years old. Otherwise, SKIP to question 19a.	Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
Yes No	In total, how many years of active-duty military service has this person had?  □ Less than 2 years □ 2 years or more  LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. □ Yes □ No → SKIP to question 29  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	what time did this person usually leave nome to go to work LAST WEEK?  Hour Minute a.m. p.m.  How many minutes did it usually take this person to get from home to work LAST WEEK?
$\bigcup$ No, never served in the military $\rightarrow$ <i>SKIP to question 23</i>		U No



#### Person 3 (continued)

30	Has this person been looking for work during the last 4 weeks?  Yes	For whom did this person work?  If now on active duty in the Armed Forces, mark (X) this box $\rightarrow$	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET
		and print the branch of the Armed Forces.	income after business expenses.
31	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	Name of company, business, or other employer	Yes → \$ .00 Loss  No TOTAL AMOUNT for past 12 MONTHS
<b>3</b>	Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in school, etc.)	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)	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
32	When did this person last work, even for a few days?		No TOTAL AMOUNT for past
	Within the past 12 months  1 to 5 years ago → SKIP to question 35	Is this mainly – Mark (X) one box.	12 MONTHS
	Over 5 years ago or never worked → SKIP to question 41	manufacturing?	d. Social Security or Railroad Retirement.
33	During the PAST 12 MONTHS, how many	wholesale trade? retail trade?	☐ Yes → \$ .00 ☐ No TOTAL AMOUNT for past
3	WEEKS did this person work? Count paid vacation, paid sick leave, and military service.	other (agriculture, construction, service, government, etc.)?	12 MONTHS
	Weeks		e. Supplemental Security Income (SSI).
		What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	$\square$ Yes $\rightarrow$ \$ .00 $\square$ No TOTAL AMOUNT for past
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	supervisor of order department, secretary, accountantly	12 MONTHS  f. Any public assistance or welfare payments
	Usual hours worked each WEEK	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)	from the state or local welfare office. $ \begin{array}{c}                                     $
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.	INCOME IN THE PAST 12 MONTHS.	g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
	<b>35-40 CURRENT OR MOST RECENT JOB ACTIVITY.</b> 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	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	☐ Yes → \$ .00 ☐ No TOTAL AMOUNT for past 12 MONTHS
	most hours. If this person had no job or business last week, give information for his/her last job or business.	Mark (X) the "No" box to show types of income	h. Any other sources of income received regularly such as Veterans' (VA) payments, unemploy- ment compensation, child support or alimony.
35	Was this person –  Mark (X) ONE box.	NOT received.  If net income was a loss, mark the "Loss" box to the	Do NOT include lump sum payments such as money from an inheritance or the sale of a home.
	an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary,	right of the dollar amount.	☐ Yes → \$ .00
	or commissions?  an employee of a PRIVATE NOT FOR PROFIT,	For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and	No TOTAL AMOUNT for past 12 MONTHS
	tax-exempt, or charitable organization?	mark the "No" box for the other person.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to
	county, etc.)?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions	41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the
	a state GOVERNMENT employee?  a Federal GOVERNMENT employee?	for taxes, bonds, dues, or other items.	dollar amount.
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	Yes → \$ .00 No TOTAL AMOUNT for past	TOTAL AMOUNT for past
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	12 MONTHS	12 MONTHS  Continue with the questions for Person 4 on the
	working WITHOUT PAY in family business or farm?		Continue with the questions for Person 4 on the next page. If only 3 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.



Knowing about age, race, and sex helps your community better meet the needs of everyone.

## Person 4

9	Please copy the name of Person 4 from the List of Residents on page 2, then continue answering questions below.  Last Name	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	<ul> <li>a. Did this person live in this house or apartment 1 year ago?</li> <li>Person is under 1 year old → SKIP to the questions for Person 5 on page 19.</li> </ul>
	M	Nursery school to 4th grade	Yes, this house $\rightarrow$ SKIP to
	First Name MI	5th grade or 6th grade	No, outside the United States – Print na foreign country, or Puerto Rico, Guam,
		7th grade or 8th grade	below; then SKIP to F
7	Where was this person born?	9th grade	
	In the United States – Print name of state.	10th grade	No, different house in the United State
		11th grade	No, different house in the officed state
		12th grade – <b>NO DIPLOMA</b>	b. Where did this person live 1 year ago?
	Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.	HIGH SCHOOL GRADUATE –high school DIPLOMA or the equivalent (for example: GED)	Name of city, town, or post office
		Some college credit, but less than 1 year	
		1 or more years of college, no degree	
8	Is this person a CITIZEN of the United States?	Associate degree (for example: AA, AS)	c. Did this person live inside the limits of t
	Yes, born in the United States $\rightarrow$ <i>Skip to 10a</i>	Bachelor's degree (for example: BA, AB, BS)	city or town?
	Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	Yes  No, outside the city/town limits
	Yes, born abroad of American parent or parents	Professional degree (for example: MD, DDS, DVM, LLB, JD)	Name of county
	Yes, U.S. citizen by naturalization	Doctorate degree (for example: PhD, EdD)	rune or county
	No, not a citizen of the United States	Doctorate degree (for example, PhD, EdD)	
9	When did this person come to live in the United States? Print numbers in boxes. Year	What is this person's ancestry or ethnic origin?	Name of state ZIP Code
		(For example: Italian, Jamaican, African Am.,	
10	a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten,	Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Answer questions 15 and 16 ONLY IF this perso is 5 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 19.
	elementary school, and schooling which leads to a high school diploma or a college degree.		15 Does this person have any of the followin
	No, has not attended in the last 3 months $\rightarrow$ SKIP to question 11	a. Does this person speak a language other than English at home?	long-lasting conditions:
	Yes, public school, public college	Yes	a. Blindness, deafness, or a severe
	Yes, private school, private college	No $\rightarrow$ SKIP to question 14	vision or hearing impairment?
		No → 3KIF to question 14	b. A condition that substantially limits one or more basic physical activities
	b. What grade or level was this person attending? Mark (X) ONE box.	b. What is this language?	such as walking, climbing stairs,
	Nursery school, preschool		reaching, lifting, or carrying?
	Kindergarten	For example: Korean, Italian, Spanish, Vietnamese	16 Because of a physical, mental, or emotion
			condition lasting 6 months or more, does
	U Grade 1 to grade 4	c. How well does this person speak English?	person have any difficulty in doing any of
	Grade 1 to grade 4		following activities:
	Grade 5 to grade 8	Very well	following activities: Yes
	Grade 5 to grade 8 Grade 9 to grade 12	☐ Very well ☐ Well	a. Learning, remembering, or
	Grade 5 to grade 8	Very well	Vec



#### Person 4 (continued)

7	Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 19.  Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:  a. Going outside the home alone to shop or visit a doctor's office?  b. Working at a job or business?	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)	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 33  Ferryboat Other method Taxicab
18	female and 15—50 years old. Otherwise, SKIP to question 19a.  Has this person given birth to any children in	January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
	the past 12 months?  Yes No	In total, how many years of active-duty military service has this person had?  Less than 2 years  2 years or more	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?  Person(s)
<b>(</b>	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 20  b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?  Yes  No → SKIP to question 20	LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.  Yes  No → SKIP to question 29  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.	go to work LAST WEEK?  Hour Minute
	c. How long has this grandparent been responsible for the(se) grandchild(ren)? 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	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	Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.
	1 or 2 years 3 or 4 years	b. Name of City, town, or post office	a. LAST WEEK, was this person on layoff from a job?
20	The strip of the 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	c. Is the work location inside the limits of that city or town?  Yes No, outside the city/town limits  d. Name of county	Yes → SKIP to question 29c  No  No  No  No  No  No  No  No  No  N
	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 23  No, never served in the military → SKIP to question 23	e. Name of U.S. state or foreign country  f. ZIP Code	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 31 ☐ No



## Person 4 (continued)

30	Has this person been looking for work during the last 4 weeks?  ☐ Yes ☐ No → SKIP to question 32	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.	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
3	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	Describe the activity at the location where employed.	Yes → \$ .00 Loss  No TOTAL AMOUNT for past 12 MONTHS  c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.
32	<ul> <li>No, because of all other reasons (in school, etc.)</li> <li>When did this person last work, even for a few days?</li> <li>Within the past 12 months</li> <li>1 to 5 years ago → SKIP to question 35</li> <li>Over 5 years ago or never worked → SKIP to</li> </ul>	(For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	Report even small amounts credited to an account.  Yes > \$ .00  Loss  No TOTAL AMOUNT for past 12 MONTHS  d. Social Security or Railroad Retirement.
33	question 41  During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service.  Weeks		Yes → \$ .00  No TOTAL AMOUNT for past 12 MONTHS  e. Supplemental Security Income (SSI).  Yes → \$ .00
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?  Usual hours worked each WEEK	example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)  What were this person's most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	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
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.		12 MONTHS  g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
35	35-40 CURRENT OR MOST RECENT JOB ACTIVITY.  Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business.  Was this person –  Mark (X) ONE box.  an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?  an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?  a local GOVERNMENT employee (city, county, etc.)?  a state GOVERNMENT employee?	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.	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  What was this person's total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	□ 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?	Yes → \$ .00  No TOTAL AMOUNT for past 12 MONTHS	None OR  TOTAL AMOUNT for past 12 MONTHS  Continue with the questions for Person 5 on the next page. If only 4 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.



## Person 5

Ship grade   This grade   Thi	Person 5	Your answers community p	lan for the future.
No schooling completed   No schooling country to the difference of the grade   Sch grade or 8th grade   Sch grade   Sch grade or 8th grade or 8th grade   Sch grade or 8t	List of Residents on page 2, then continue answering questions below.	this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.	apartment 1 year ago?  Person is under 1 year old $\rightarrow$ SKIP to the
The United States = Print name of state.	First Name MI	Nursery school to 4th grade  5th grade or 6th grade  7th grade or 8th grade	Yes, this house → SKIP to F  No, outside the United States – Print nan foreign country, or Puerto Rico, Guam, e
Outside the United States − Print name of foreign country, or Puerto Rico, Guam, etc.    HiGH SCHOOL GRADUATE − high school DIPLOMA or the equivalent (for example: GED)   Some college credit, but less than 1 year   1 or more years of college, no degree   Associate degree (for example: BA, AB, BS)   Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)   Professional degree (for example: MD, DDS, DVM, LIB, DJ)   Doctorate degree (for example: PhD, EdD)   Mame of cutty or town?   Yes   Ves   To degree (for example: MD, DDS, DVM, LIB, DJ)   Doctorate degree (for example: PhD, EdD)   Doctorate degree (for example: PhD, EdD)   Doctorate degree (for example: PhD, EdD)   Doctorate degree (for example: Italian, Jamaican, African Am, Cambodian, Cage Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)   What is this person speak a language other than English at home?   Seyar old or over. Otherwise, SKIP to the mailing instructions on page 24.   To define the last 3 months → SKIP to question 11   Yes, public school, public college   No → SKIP to question 14   Does this person have any of the following long-lasting conditions: a limitance or more basic explosion or hearing impairment?   Does this person have any of the following long-lasting conditions: a limitance or more basic explosion or hearing impairment?   Does this person have any of the following long-lasting conditions: a limitance or more basic explosion or hearing impairment?   Does this person have any of the following long-lasting conditions: a limitance or more basic explosion or hearing impairment?   Does this person have any of the following long-lasting conditions: a limitance or more basic explosion or more ba		10th grade 11th grade	No, different house in the United States
3 Is this person a CITIZEN of the United States?    Yes, born in the United States → Skip to 10a   Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas   Yes, U.S. citizen by naturalization   No, no rat citizen of the United States  3 When did this person come to live in the United States? Print numbers in boxes.  Year    What is this person's ancestry or ethnic origin?    What is this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary 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, public school, public college   Yes, public school, public college   Nursery school, preschool   Kindergarten   Grade 1 to grade 4   Grade 5 to grade 8   Grade 9 to grade 12   College undergraduate years (freshman to senior)    State of the United States   A, A, B, B, B, Blachlor's degree (for example: AA, AS, B, B, B, Blachlor's degree (for example: AA, AS, B,		HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED) Some college credit, but less than 1 year	
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 regular school or college? Include only nursery or preschool, kindergarten, elementary 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 Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior)  What is this person's ancestry or ethnic origin?  What is this person's ancestry or ethnic origin?  Name of state ZIP Code  Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SkIP to the mailing instructions on page 24.  For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lainan, Korean, Lainan, Korean, Publis, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  Dominican, French Canadian, Haitian, Korean, Publis, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)  Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SkIP to the mailing instructions on page 24.  Does this person have any of the following long-lasting conditions:  a. Does this person have any of the following long-lasting conditions:  Name of state    Parswer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SkIP to the mailing instructions on page 24.    Does this person have any of the following long-lasting conditions:  a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?    Does this person have any of the following long-lasting conditions:    Does this person have any of the following long-lasting conditions:    Does this person ha	Yes, born in the United States → Skip to 10a  Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas  Yes, born abroad of American parent or parents  Yes, U.S. citizen by naturalization	Associate degree (for example: AA, AS)  Bachelor's degree (for example: BA, AB, BS)  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree (for example: MD, DDS, DVM, LLB, JD)	city or town?  Yes  No, outside the city/town limits
a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary 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, private college Yes, private school, private college No → SKIP to question 14  b. What grade or level was this person attending? Mark (X) ONE box. Nursery school, preschool Kindergarten Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior)  At any time IN THE LAST 3 MONTHS, has this person shade any condition, french Canadian, Haitian, Korean, Italian, French Canadian, Haitian, Korean, Italian, Mexican, Taiwanese, Ukrainian, and so on.)  All SWER question 13 and 10 OML 19 for the mailing instructions on page 24.  In All Yer Is person the senior of the mailing instructions on page 24.  The policy is person of or over. Otherwise, SKIP to the mailing instructions on page 24.  The policy is person have any of the following long-lasting conditions:  a. Does this person have any of the following long-lasting conditions:  yes a. Blindness, deafness, or a severe vision or hearing impairment?  b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?  For example: Korean, Italian, Spanish, Vietnamese  c. How well does this person speak English?  Well  Well  Not well  Pressing hathing, or netting around	9 When did this person come to live in the United States? Print numbers in boxes.	What is this person's ancestry or ethnic origin?	Name of state ZIP Code
<ul> <li>No, has not attended in the last 3 months → SKIP to question 11</li> <li>Yes, public school, public college</li> <li>Yes, private school, private college</li> <li>No → SKIP to question 14</li> <li>No ← Condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?</li> <li>C. How well does this person speak English?</li> <li>Very well</li> <li>Well</li> <li>No twell</li> </ul>	person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a	Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 24.
b. What grade or level was this person attending? Mark (X) ONE box.    Nursery school, preschool     Kindergarten     Grade 1 to grade 4     Grade 5 to grade 8     Grade 9 to grade 12     College undergraduate years (freshman to senior)     Well     Not well     Oresing bathing or getting around     Dressing bathing or getting around     One or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?     Secause of a physical, mental, or emotional condition lasting 6 months or more, does the person have any difficulty in doing any of the following activities:   Yes     One or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?     Because of a physical, mental, or emotional condition lasting 6 months or more, does the person have any difficulty in doing any of the following activities:   Yes     One or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?     Dressing bathing or getting around stairs activities such as walking, climbing stairs, reaching, lifting, or carrying?     Dressing bathing or getting around stairs activities such as walking, climbing stairs, reaching, lifting, or carrying?     Dressing bathing or getting around stairs activities such as walking, climbing stairs, reaching, lifting, or carrying?     Dressing bathing or getting around stairs activities such as walking, climbing stairs, reaching, lifting, or carrying?     Dressing bathing or getting around stairs activities such as walking, climbing stairs, reaching, lifting such as walking, climbing stairs, reaching, lifting, or carrying?     Dressing bathing or getting around stairs activities such as walking, climbing stairs, reaching, lifting stairs, reachi	No, has not attended in the last 3 months → SKIP to question 11  Yes, public school, public college	a. Does this person speak a language other than English at home?  Yes	long-lasting conditions:  a. Blindness, deafness, or a severe
For example: Korean, Italian, Spanish, Vietnamese  Grade 1 to grade 4 Grade 5 to grade 8 Grade 9 to grade 12 College undergraduate years (freshman to senior)  For example: Korean, Italian, Spanish, Vietnamese  C. How well does this person speak English?  Very well Well Well Not well  For example: Korean, Italian, Spanish, Vietnamese  C. How well does this person speak English?  Very well  Not well  Pressing hathing or getting around	b. What grade or level was this person attending? Mark (X) ONE box.		one or more basic physical activities such as walking, climbing stairs,
College undergraduate years (freshman to senior)  Well  Not well  A. Learning, remembering, or concentrating?  b. Dressing, bathing, or getting around	☐ Kindergarten ☐ Grade 1 to grade 4	c. How well does this person speak English?	condition lasting 6 months or more, does the person have any difficulty in doing any of t
	College undergraduate years (freshman to	Well	a. Learning, remembering, or



## Person 5 (continued)

Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:  a. Going outside the home alone to shop or visit a doctor's office?  b. Working at a job or business?  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	Streetcar or trolley car Subway or elevated Railroad Ferryboat Taxicab  Streetcar or trolley car Walked Worked at home → SKIP to question 33 Other method
Answer question 18 ONLY IF this person is female and 15—50 years old. Otherwise, SKIP to question 19a.    Korean War (July 1950 to January 1955)	Answer question 26 ONLY IF you marked "Car, truck, or van" in question 25. Otherwise, SKIP to question 27.
18	go to work LAST WEEK?  Hour Minute a.m. p.m.  How many minutes did it usually take this person to get from home to work LAST WEEK?  Minutes  Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.  29  a. LAST WEEK, was this person on layoff from a job?



## Person 5 (continued)

30	Has this person been looking for work during	For whom did this person work?	b. Self-employment income from own nonfarm
	the last 4 weeks?  Yes	If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.	businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
31	No → SKIP to question 32  LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	Name of company, business, or other employer	☐ Yes → \$ .00 ☐ Loss ☐ No TOTAL AMOUNT for past
	Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in school, etc.)	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)	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts.  Report even small amounts credited to an account.
32	When did this person last work, even for a few days?		Yes → \$ .00 Loss  No TOTAL AMOUNT for past
	<ul> <li>Within the past 12 months</li> <li>1 to 5 years ago → SKIP to question 35</li> <li>Over 5 years ago or never worked → SKIP to</li> </ul>	Is this mainly – Mark (X) one box.  manufacturing?	12 MONTHS  d. Social Security or Railroad Retirement.
33	question 41  During the PAST 12 MONTHS, how many	wholesale trade?	☐ Yes → \$ .00 ☐ No TOTAL AMOUNT for past
9	<b>WEEKS did this person work?</b> Count paid vacation, paid sick leave, and military service.	other (agriculture, construction, service, government, etc.)?	12 MONTHS  e. Supplemental Security Income (SSI).
	Weeks 39	What kind of work was this person doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	☐ Yes → \$ .00 ☐ No TOTAL AMOUNT for past
34	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	, , , , , , , , , , , , , , , , , , , ,	12 MONTHS  f. Any public assistance or welfare payments
	Usual hours worked each WEEK	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)	from the state or local welfare office.  ☐ Yes → \$ .00 ☐ No TOTAL AMOUNT for past
K	Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.	INCOME IN THE PAST 12 MONTHS.	12 MONTHS  g. Retirement, survivor, or disability pensions.  Do NOT include Social Security.
	35-40 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	Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)	Yes → \$ .00  No TOTAL AMOUNT for past 12 MONTHS
35	most hours. If this person had no job or business last week, give information for his/her last job or business.  Was this person –	Mark (X) the "No" box to show types of income NOT received.	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
	Mark (X) ONE box.  an employee of a PRIVATE FOR PROFIT company	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	from an inheritance or the sale of a home.
	or business, or of an individual, for wages, salary, or commissions?  an employee of a PRIVATE NOT FOR PROFIT, tax-exempt, or charitable organization?	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.	No TOTAL AMOUNT for past 12 MONTHS  What was this person's total income during the
	a local GOVERNMENT employee (city, county, etc.)?	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions	PAST 12 MONTHS? Add entries in questions 41 a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the
	a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED	for taxes, bonds, dues, or other items.	dollar amount.  None OR  None OR
	business, professional practice, or farm?  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?	No TOTAL AMOUNT for past 12 MONTHS	TOTAL AMOUNT for past 12 MONTHS
	working WITHOUT PAY in family business or farm?		Now continue with the mailing instructions on page 24.









# **Mailing Instructions**

- Please make sure you have...
  - put all names on the List of Residents and answered the questions across the top of the page
  - answered all Housing questions
  - answered all Person questions for each person on the List of Residents.
- Then...

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- put the completed questionnaire into the postage-paid return envelope. (It is addressed to the U.S. Census Bureau Processing Center in Jeffersonville, Indiana.)
- make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the American Community Survey.

For Census Bureau Use		
POP EDIT PHONE	JIC1	JIC2
EDIT CLERK TELEPHONE CLERK	JIC3	JIC4

The Census Bureau estimates that, for the average household, this form will take 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, 4700 Silver Hill Road, Stop 1500, Washington, D.C. 20233-1500. 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(2003) (9-12-2003)