THE American Community Survey

This booklet shows the content of the American Community Survey questionnaire.

Start Here

Respond online today at:
https://respond.census.gov/acs

OR

Complete this form and mail it back as soon as possible.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.

If you need help or have questions about completing this form, please call 1-800-354-7271. The telephone call is free.

Telephone Device for the Deaf (TDD):
Call 1-800-877-8333. The telephone call is free.

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

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

Please print today’s date.

Month:   Day:   Year:

Please print the name and telephone number of the person who is filling out this form. We will only contact you if needed for official Census Bureau business.

Last Name

First Name

MI

Area Code + Number - 

How many people are living or staying at this address?

• INCLUDE everyone who is living or staying here for more than 2 months.
• INCLUDE yourself if you are living here for more than 2 months.
• INCLUDE anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
• DO NOT INCLUDE anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

OMN No. 0907-0610
OMM No. 0057-0836

INFORMATIONAL COPY
### Person 1

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

1. **What is Person 1's name?**
   - Last Name
   - First Name
   - MI

2. **How is this person related to Person 1?**
   - Person 1

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

4. **What is Person 1's age and what is Person 1's date of birth?**
   - Age (in years)
   - Print numbers in boxes.
   - Month
   - Day
   - Year of birth

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

5. **Is Person 1 of Hispanic, Latino, or Spanish origin?**
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican American, Chicano
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

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

### Person 2

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

2. **How is this person related to Person 1? Mark (X) one box.**
   - Opposite-sex husband/wife/spouse
   - Same-sex husband/wife/spouse
   - Biological son or daughter
   - Adopted son or daughter
   - Other relative
   - Foster child
   - Other nonrelative

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

4. **What is Person 2's age and what is Person 2's date of birth?**
   - Age (in years)
   - Print numbers in boxes.
   - Month
   - Day
   - Year of birth

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

5. **Is Person 2 of Hispanic, Latino, or Spanish origin?**
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican American, Chicano
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

6. **What is Person 2's race? Mark (X) one or more boxes.**
   - White
   - Black or African American
   - American Indian or Alaska Native – Print name of enrolled or principal tribe.
   - Asian Indian
   - Chinese
   - Filipino
   - Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   - Native Hawaiian
   - Japanese
   - Korean
   - Samoan
   - Other Pacific Islander – Print race, for example, Fiji, Tongan, and so on.
   - Some other race – Print race.
### Person 3

**What is Person 3's name?**

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

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

- Opposite-sex husband/wife/spouse
- Same-sex husband/wife/spouse
- Opposite-sex unmarried partner
- Same-sex unmarried partner
- Biological son or daughter
- Adopted son or daughter
- Foster child
- Stepson or stepdaughter
- Brother or sister
- Other relative

**What is Person 3's sex?** Mark (X) ONE box.

- Male
- Female

**What is Person 3's age and what is Person 3's date of birth?**

<table>
<thead>
<tr>
<th>Age (in years)</th>
</tr>
</thead>
</table>

Print numbers in boxes.

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year of birth</th>
</tr>
</thead>
</table>

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

**Is Person 3 of Hispanic, Latino, or Spanish origin?**

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

**What is Person 3's race?** Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native — Print name of enrolled or principal tribe.
- Asian Indian
- Chinese
- Filipino
- Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- Japanese
- Korean
- Vietnamese
- Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on.
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on.

**Some other race — Print race.**

### Person 4

**What is Person 4's name?**

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

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

- Opposite-sex husband/wife/spouse
- Same-sex husband/wife/spouse
- Opposite-sex unmarried partner
- Same-sex unmarried partner
- Biological son or daughter
- Adopted son or daughter
- Foster child
- Stepson or stepdaughter
- Brother or sister
- Other relative

**What is Person 4's sex?** Mark (X) ONE box.

- Male
- Female

**What is Person 4's age and what is Person 4's date of birth?**

<table>
<thead>
<tr>
<th>Age (in years)</th>
</tr>
</thead>
</table>

Print numbers in boxes.

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year of birth</th>
</tr>
</thead>
</table>

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

**Is Person 4 of Hispanic, Latino, or Spanish origin?**

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

**What is Person 4's race?** Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native — Print name of enrolled or principal tribe.
- Asian Indian
- Chinese
- Filipino
- Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- Japanese
- Korean
- Vietnamese
- Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on.
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander — Print race, for example, Fijian, Tongan, and so on.

**Some other race — Print race.**
### Person 5

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

2. **How is this person related to Person 1?** Mark (X) ONE box.
   - Opposite-sex husband/wife/spouse  
   - Father or mother  
   - Same-sex husband/wife/spouse  
   - Grandchild  
   - Same-sex unmarried partner  
   - Parent-in-law  
   - Biological son or daughter  
   - Son-in-law or daughter-in-law  
   - Adopted son or daughter  
   - Other relative  
   - Stepson or stepdaughter  
   - Roommate or housemate  
   - Foster child  
   - Other nonrelative

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

4. **What is Person 5’s age and what is Person 5’s date of birth?**
   - Please report babies as age 0 when the child is less than 1 year old.
   - Print numbers in boxes.
   - Age (in years)  
   - Month  
   - Day  
   - Year of birth

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

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

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

### Person 6

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

### Person 7

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

### Person 8

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

### Person 9

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

### Person 10

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

### Person 11

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

### Person 12

- Last Name (Please print)  
- First Name  
- MI
- Sex  
  - Male  
  - Female
- Age (in years)
### Housing

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

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

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

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

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

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

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

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

7. Does this house, apartment, or mobile home have—
   - a. hot and cold running water?
   - b. a bathtub or shower?
   - c. a sink with a faucet?
   - d. a stove or range?
   - e. a refrigerator?

8. Can you or any member of this household both make and receive phone calls when at this house, apartment, or mobile home?
   - Include calls using cell phones, land lines, or other phone devices.
     - Yes
     - No

9. At this house, apartment, or mobile home — do you or any member of this household own or use any of the following types of computers?
   - a. Desktop or laptop
   - b. Smartphone
   - c. Tablet or other portable wireless computer
   - d. Some other type of computer

10. At this house, apartment, or mobile home — do you or any member of this household have access to the Internet?
    - Yes, by paying a cell phone company or Internet service provider
    - Yes, without paying a cell phone company or Internet service provider — SKIP to question 12
    - No access to the Internet at this house, apartment, or mobile home — SKIP to question 12

11. Do you or any member of this household have access to the Internet using a—
    - a. Cellular data plan for a smartphone or other mobile device?
    - b. Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?
    - c. Satellite Internet service installed in this household?
    - d. Dial-up Internet service installed in this household?
    - e. Some other service?
      - Specify: [__]
Housing (continued)

12 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

☐ None
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6 or more

13 Which FUEL is used MOST for heating this house, apartment, or mobile home?

☐ Gas: from underground pipes serving the neighborhood
☐ Gas: bottled, tank, or LP
☐ Electricity
☐ Fuel oil, kerosene, etc.
☐ Coal or coke
☐ Wood
☐ Solar energy
☐ Other fuel
☐ No fuel used

14 a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?

Last month’s cost – Dollars

☐ $ .00

☐ OR

☐ Included in rent or condominium fee
☐ No charge or electricity not used

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 you have lived here less than 12 months, estimate the cost.

Past 12 months’ cost – Dollars

☐ $ .00

☐ OR

☐ Included in rent or condominium fee
☐ No charge

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

Past 12 months’ cost – Dollars

☐ $ .00

☐ OR

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

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

☐ Yes
☐ No

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

☐ Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the “None” box.

Monthly amount – Dollars

☐ $ .00

☐ OR

☐ None

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

☐ Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?
☐ Rented?
☐ Occupied without payment of rent? → SKIP to C on the next page
22. 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
22. b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.
   Monthly amount – Dollars
   $ .00
   OR
   [ ] No regular payment required → SKIP to question 23a
22. 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
22. 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

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

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

24. What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?
   Exclude real estate taxes.
   Annual costs – Dollars
   $ .00

E. Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.
**Person 1 (continued)**

16. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.
   a. Insurance through a current or former employer or union (of this person or another family member)  
   b. Insurance purchased directly from an insurance company (by this person or another family member)  
   c. Medicare, for people 65 and older, or people with certain disabilities  
   d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  
   e. TRICARE or other military health care  
   f. VA (enrolled for VA health care)  
   g. Indian Health Service  
   h. Any other type of health insurance or health coverage plan – Specify  

Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.

17. a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such as prescription costs.
   - Yes  
   - No  

b. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?
   - Yes  
   - No  

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

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

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

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

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

Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

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

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

22. In the PAST 12 MONTHS, did this person get –
   a. Married?  
   - Yes  
   - No  

b. Widowed?  
   - Yes  
   - No  

c. Divorced?  
   - Yes  
   - No

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

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

25. In the PAST 12 MONTHS, has this person given birth to any children?
   - Yes  
   - No

26. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
   - Yes  
   - No  
   
   b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?
   - Yes  
   - No  

27. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
   - Never served in the military  
   - On active duty for training in the Reserves or National Guard  
   - On active duty  

28. When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
   - September 2001 or later  
   - August 1990 to August 2001 (including Persian Gulf War)  
   - May 1975 to July 1990  
   - Vietnam era (August 1964 to April 1975)  
   - February 1955 to July 1964  
   - Korean War (July 1950 to January 1955)  
   - January 1947 to June 1959  
   - World War II (December 1941 to December 1946)  
   - November 1941 or earlier
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Does this person have a VA service-connected disability rating?</td>
<td>Yes (such as 0%, 10%, 20%, ..., 100%)</td>
</tr>
<tr>
<td>b. What is this person's service-connected disability rating?</td>
<td>0 percent</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. LAST WEEK, did this person work for pay at a job (or business)?</td>
<td>Yes → SKIP to question 31</td>
</tr>
<tr>
<td>b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. LAST WEEK, did this person work LAST WEEK?</td>
<td>YES</td>
</tr>
<tr>
<td>b. How many minutes did it usually take this person to get from home to work LAST WEEK?</td>
<td>Minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST WEEK, what time did this person's trip to work usually begin?</td>
<td>Hour</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many people, including this person, usually rode to work in the car, truck, or van?</td>
<td>Person(s)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>How did this person usually get to work LAST WEEK?</td>
<td>Car, truck, or van</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has this person been informed that he or she will be recalled to work within the next 6 months or been given a date to return to work?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?</td>
<td>Yes, could have gone to work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>When did this person last work, even for a few days?</td>
<td>Within the past 12 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY WEEK?</td>
<td>Count paid vacation, paid sick leave, and military service as work.</td>
</tr>
<tr>
<td>b. During the PAST 12 MONTHS (52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.</td>
<td>Weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. LAST WEEK, was this person on layoff from a job?</td>
<td>Yes → SKIP to question 36c</td>
</tr>
<tr>
<td>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</td>
<td>Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39</td>
</tr>
</tbody>
</table>
Person 1 (continued)

M Answer questions 42a – f if this person worked in the past 5 years. Otherwise, SKIP to question 43.

42 DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years.

a. Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years? Mark (X) ONE box.

PRIVATE SECTOR EMPLOYEE

☐ For-profit company or organization

☐ Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

☐ Local government (for example: city or county school district)

☐ State government (including state colleges/universities)

☐ Active duty U.S. Armed Forces or Commissioned Corps

☐ Federal government civilian employee

SELF-EMPLOYED OR OTHER

☐ Owner of non-incorporated business, professional practice, or farm

☐ Owner of Incorporated business, professional practice, or farm

☐ Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly — Mark (X) ONE box.

☐ manufacturing?

☐ wholesale trade?

☐ retail trade?

☐ other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

43 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS.

(Note: The "past 12 months" is the period from today's date one year ago up through today.)

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

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

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

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

☐ Yes $ ____________

☐ No TOTAL AMOUNT for past 12 months

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

☐ Yes $ ____________

☐ No TOTAL AMOUNT for past 12 months

Loss

Loss

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

☐ Yes $ ____________

☐ No TOTAL AMOUNT for past 12 months

Loss

Loss

44 What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to 43h. Subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

☐ Yes $ ____________

☐ No TOTAL AMOUNT for past 12 months

Loss

Loss

Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 2, SKIP to page 28 for mailing instructions.
The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.
Mailing Instructions

Please make sure you have...

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

Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:
  U.S. Census Bureau
  P.O. Box 5240
  Jeffersonville, IN 47199-5240

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

Thank you for participating in the American Community Survey.

For Census Bureau Use

<table>
<thead>
<tr>
<th>POP</th>
<th>EDIT</th>
<th>PHONE</th>
<th>JIC1</th>
<th>JIC2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>EDIT CLERK</td>
<td>TELEPHONE CLERK</td>
<td>JIC3</td>
<td>JIC4</td>
<td></td>
</tr>
</tbody>
</table>

The Census Bureau estimates that, for the average household, this form will take 40 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0610 and 0607-0836, U.S. Census Bureau, 4600 Silver Hill Road, AMSD - JK138, Washington, D.C. 20233. You may e-mail comments to AMSD Paperwork@Census.gov; use "Paperwork Project 0607-0610 and 0607-0836" as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-11INFO(2019) (08-02-2018)