

## **Official Government Surveys Used to Determine Labor Force Participation**

### **A Supplement to Empower Mississippi's Interim Report on Labor Force Participation in Mississippi**

The NSPARC findings rely heavily on surveys conducted by the U.S. Census Bureau, including one that is designed in cooperation with the U.S. Bureau of Labor Statistics (BLS).

This supplement to Empower Mississippi's interim report on Mississippi's labor force contains the phone scripts for relevant sections of the Census Bureau's Current Population Survey (CPS), which is conducted monthly and produces data only at the state level.

This supplement also contains the questionnaire used in the American Community Survey (ACS), which is conducted annually and provides data at the local level as well as state and national levels.

Further descriptions of these surveys can be found on page 2 of the report's Appendix, which NSPARC's portion of the report.

The phone interview surveys can be difficult to navigate, so we have highlighted the questions in the CPS survey that are most relevant to our report. The interviewers use computer software that skips irrelevant questions, based on previous answers given, which is not possible with the printed version in this supplement. Many questions appear duplicative, but they simply appear in each relevant section, based on previous answers given, and are only asked once.

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## Basic CPS Items Booklet

### Labor Force Items

#### LABFOR

**I am going to ask a few questions about work-related activities (THE WEEK BEFORE LAST/LAST WEEK). By (the week before last/last week), I mean the week beginning on Sunday, (DATE), and ending on Saturday, (DATE).**

1      Continue

#### BUS

**(Do you/ Does NAME/ Does anyone in this household) have a business or a farm?**

1      Yes

2      No

#### BUSL

**Whose business or farm is it?**

♦ Enter all that apply, separate by commas.

♦ Probe: Anyone else?

- 1      Person1
- 2      Person2
- 3      Person3
- 4      Person4
- 5      Person5
- 6      Person6
- 7      Person7
- 8      Person8
- 9      Person9
- 10     Person10
- 11     Person11
- 12     Person12
- 13     Person13
- 14     Person14
- 15     Person15
- 16     Person16

#### WORK

**(THE WEEK BEFORE LAST/LAST WEEK), did (name/you) do ANY work for (pay/either pay or profit)?**

- 1 Yes
- 2 No
- 3 Retired
- 4 Disabled
- 5 Unable to work

**BUS1**

**(THE WEEK BEFORE LAST/LAST WEEK), did (name/you) do any unpaid work in the family business or farm?**

- 1 Yes
- 2 No

**BUS2**

**(Do / Does) (name/you) receive any payments or profits from the business?**

- 1 Yes
- 2 No

**RET**

**Last month (name/you) (was/were) reported to be retired. (Are / Is) (you/he/she) still retired?**

- 1. Yes
- 2. No
- 3. Was not retired last month

**DIS**

**Does (your/his/her) disability continue to prevent (you/he/she) from doing any kind of work for the next 6 months (or working in the family business)?**

- 1 Yes
- 2 No
- 3 Did not have a disability last month

**RET1 1**

**(Do / Does) (name/you) currently want a job, either full or part time?**

- 1 Yes or maybe, it depends
- 2 No
- 3 Has a job

**DIS1 1**

**Does (your/his/her) disability prevent (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**DIS2 1**

**(Do / Does) (name/you) have a disability that prevents (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**ABSNT**

**(THE WEEK BEFORE LAST/LAST WEEK), (in addition to the business) (name/you) have a job either full or part time? Include any job from which (name/you) (was/were) temporarily absent.**

- 1 Yes
- 2 No
- 3 Retired
- 4 Disabled
- 5 Unable to Work

**RET1 2**

The following two questions and all questions on the following page are the same as above but for a different person in the home.

**(Do / Does) (name/you) currently want a job, either full or part time?**

- 1 Yes or maybe, it depends
- 2 No
- 3. Has a job

**DIS1 2**

**Does (your/his/her) disability prevent (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes

2 No

**DIS2\_2**

**(Do / Does) (name/you) have a disability that prevents (you/he/she) from accepting any kind of work during the next six months?**

1 Yes  
2 No

**LAY**

**(THE WEEK BEFORE LAST/LAST WEEK), (was/were) (name/you) on layoff from a job?**

1 Yes  
2 No  
3 Retired  
4 Disabled  
5 Unable to work

**RET1\_3**

**(Do / Does) (name/you) currently want a job, either full or part time?**

1 Yes or maybe, it depends  
2 No  
3 Has a job

**DIS1\_3**

**Does (your/his/her) disability prevent (you/he/she) from accepting any kind of work during the next six months?**

1 Yes  
2 No  
3

**DIS2\_3**

**(Do / Does) (name/you) have a disability that prevents (you/he/she) from accepting any kind of work during the next six months?**

1 Yes  
2 No

### **ABSRSN1**

**What was the main reason (you/he/she) (was/were) absent from work (THE WEEK BEFORE LAST/LAST WEEK)?**

- 1 On layoff (temporary or indefinite)
- 2 Slack work/business conditions
- 3 Waiting for new job to begin
- 4 Vacation/personal days
- 5 Own illness/injury/medical problems
- 6 Child care problems
- 7 Other family/personal obligation
- 8 Maternity/paternity leave
- 9 Labor dispute
- 10 Weather affected job
- 11 School/training
- 12 Civic/military duty
- 13 Does not work in the business
- 14 Other (specify)

### **ABSPD**

**(Are / Is) (you/he/she) being paid by (your/his/her) employer for any of the time off (the week before last/last week)?**

- 1 Yes
- 2 No

### **MJ**

**(THE WEEK BEFORE LAST/LAST WEEK), did (name/you) have more than one (job/job or business), including part time, evening or weekend work?**

- 1 Yes
- 2 No

### **MJNUM**

**Altogether, how many (jobs/ jobs or businesses) did (you/he/she) have?**

- 1 2 jobs
- 2 3 jobs
- 3 4 or more jobs

### **HRUSL1**

**How many hours per week (do/does) (name/you) USUALLY work at (your/his/her) (job?/ main job?)**

- ♦ Enter number of hours
- ♦ (00-99) Hours each week
- ♦ (V) Hours vary each week

## **HRUSL2**

**How many hours per week (do/does) (you/he/she) USUALLY work at (your/his/her) other (job/ jobs)?**

- ♦ Enter number of hours
- ♦ (00-99) Hours each week
- ♦ (V) Hours vary each week

## **HRFTPT**

**(Do / Does) (you/he/she) usually work 35 hours or more per week (at (your/his/her) job/in the family business/ at all (your/his/her) jobs combined)?**

- 1 Yes
- 2 No
- 3 Hours Vary

## **HRWANT**

**(Do / Does) (name/you) want to work a full time workweek of 35 hours or more per week?**

- 1 Yes
- 2 No
- 3 Regular hours are full-time

## **HRRSN1**

**Some people work part time because they cannot find full time work or because business is poor. Others work part time because of family obligations or other personal reasons. What is (name's/your) MAIN reason for working part time?**

- ♦ Probe if necessary: What is (name's/your) main reason for working part time instead of full time?
- 1 Slack work/business conditions
- 2 Could only find part-time work
- 3 Seasonal work

- 4 Child care problems
- 5 Other family/personal obligations
- 6 Health/medical limitations
- 7 School/training
- 8 Retired/Social Security limit on earnings
- 9 Full-time workweek is less than 35 hours
- 10 Other - specify

### **HRSPC1**

◆ Enter Verbatim Response

### **HRRSN2**

**What is the main reason (you/he/she) (do/does) not want to work full time?**

- 1 Child care problems
- 2 Other family/personal obligations
- 3 Health/medical limitations
- 4 School/training
- 5 Retired/Social Security limit on earnings
- 6 Full time work week less than 35 hours
- 7 Other - specify

### **HRSPC2**

◆ Enter Verbatim Response

### **HROFF1**

**Now I have some questions about the exact number of hours (name/you) worked (THE WEEK BEFORE LAST/LAST WEEK). (THE WEEK BEFORE LAST/LAST WEEK), did (you/he/she) lose or take off any hours from ((his/her) MAIN job/work), for ANY reason such as illness, slack work, vacation, or holiday?**

- 1 Yes
- 2 No

### **HROFF2**

**How many hours did (name/you) take off?**



◆ Enter number of hours

### **HROT1**

**(THE WEEK BEFORE LAST/LAST WEEK), did (name/you) work any overtime or extra hours (at (his/her) MAIN job that / that)(you/he/she) (do/does) not usually work?**

- 1 Yes
- 2 No

### **HROT2**

**How many ADDITIONAL hours did (you/he/she) work?**

◆ Enter number of hours

### **HRACT1**

**(LAST WEEK/THE WEEK BEFORE LAST), how many hours did ( you/he/she) ACTUALLY work at (your/his/her) (job?/MAIN job?)?**

- ◆ Enter number of hours
- ◆ (00 - 99)

### **HRACT2**

**(THE WEEK BEFORE LAST/LAST WEEK), how many hours did ( you/he/she) ACTUALLY work at (your/his/her) other (job/ jobs?)?**

- ◆ Enter number of hours
- ◆ (00 - 99)

### **ABSRSN2**

The following 4 questions are the same as above but for a different person in the home.

**What was the main reason ( you/he/she) (was/were) absent from work (THE WEEK BEFORE LAST/LAST WEEK)?**

- 1. On layoff (temporary or indefinite)
- 2. Slack work/business conditions
- 3. Waiting for new job to begin
- 4. Vacation/personal days
- 5. Own illness/injury/medical problems
- 6. Child care problems
- 7. Other family/personal obligation
- 8. Maternity/paternity leave
- 9. Labor dispute
- 10. Weather affected job
- 11. School/training

12. Civic/military duty
13. Does not work in the business
14. Other (specify)

### **ABSPC2**

♦Enter Verbatim Response

### **HRRSN3**

**What is the main reason (name/you) worked less than 35 hours (THE WEEK BEFORE LAST/LAST WEEK)?**

- 1 Slack work/business conditions
- 2 Seasonal work
- 3 Job started or ended during week
- 4 Vacation/personal day
- 5 Own illness/injury/medical appointment
- 6 Holiday (legal or religious)
- 7 Child care problems
- 8 Other family/personal obligations
- 9 LaborDispute
- 10 Weather affected job
- 11 School/training
- 12 Civic/Military duty
- 13 Other reason

### **HRSPC3**

♦Enter Verbatim Response

### **HRAVL**

**(THE WEEK BEFORE LAST/LAST WEEK), could (name/you) have worked full time IF the hours had been available?**

- 1 Yes
- 2 No

### **LAYDT**

**Has (name's/your) employer given (you/he/she) a date to return to work?**

- 1 Yes
- 2 No

### **LAY6M**

**(Have / Has) (you/he/she) been given any indication that ( you/he/she) will be recalled to work within the next 6 months?**

- 1 Yes
- 2 No

### **LAYAVL**

**Could (you/he/she) have returned to work (THE WEEK BEFORE LAST/LAST WEEK) IF (you/he/she) had been recalled?**

- 1 Yes
- 2 No

### **LAYAVR**

**Why is that?**

- 1 Own temporary illness
- 2 Going to school
- 3 Other

### **LAYAVS**

♦ [Enter specific reason](#)

### **LAYLK**

**Even though (you/he/she) (expect/expects) to be called back to work, (have/has) (you/he/she) been looking for work during the last 4 weeks?**

- 1 Yes
- 2 No

### **LAYDR1**

**As of the end of (THE WEEK BEFORE LAST/LAST WEEK), how long had/has (you/he/she) been on layoff?**

- 1 Weeks
- 2 Months
- 3 Years

### **LAYDR2**

- ◆ Do not read to respondent
- ◆ Enter number of (weeks, months, years)

### **LAYDR3**

**We would like to have that in weeks, IF possible, exactly how many weeks had (name/you) been on layoff?**

- ◆ Enter number of weeks

### **LAYFT**

**Is the job from which (name/you) (are / is) on layoff a full time job of 35 hours or more per week?**

- 1 Yes
- 2 No

### **LK**

**(Have / Has) (name/you) been doing anything to find work during the last 4 weeks?**

- 1 Yes
- 2 No
- 3 Retired
- 4 Disabled
- 5 Unable to work

### **DIS1 4**

**Does (your/his/her) disability prevent (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

### **DIS2 4**

**(Do / Does) (name/you) have a disability that prevents (you/he/she) from accepting any kind of work during the next six months?**

- 1      Yes
- 2      No

## **LKM**

**What are all the things (you/he/she) (have/has) done to find work during the last 4 weeks?**

♦ Do not read answer categories

Enter (0) for no additional answer

- 1 Contact employer directly/interview
- 2 Contacted public employment agency
- 3 Contacted private employment agency
- 4 Contacted friends or relatives
- 5 Contacted school/university employment center
- 6 Sent out resumes/filled out applications
- 7 Checked union/professional registers
- 8 Placed or answered ads
- 9 Other active
- 10 Looked at ads
- 11 Attended job training programs/courses
- 12 Other passive
- 13 Nothing

## **LKMSP**

♦ Enter verbatim response

## **LKDK**

**You said (name/you) (have/has) been trying to find work. How did ( you/he/she) go about looking?**

♦ Do not read answer categories

Enter (0) for no additional answer

- 1 Contact employer directly/interview
- 2 Contacted public employment agency
- 3 Contacted private employment agency
- 4 Contacted friends or relatives
- 5 Contacted school/university employment center
- 6 Sent out resumes/filled out applications
- 7 Checked union/professional registers
- 8 Placed or answered ads
- 9 Other active
- 10 Looked at ads
- 11 Attended job training programs/courses
- 12 Other passive
- 13 Nothing

## **LKDKS**

♦ Enter verbatim response

## **LKPS**

**Can you tell me more about what (he/she) did to search for work?**

♦ Do not read answer categories  
Enter (0) for no additional answer

- 1 Contact employer directly/interview
- 2 Contacted public employment agency
- 3 Contacted private employment agency
- 4 Contacted friends or relatives
- 5 Contacted school/university employment center
- 6 Sent out resumes/filled out applications
- 7 Checked union/professional registers
- 8 Placed or answered ads
- 9 Other active
- 10 Looked at ads
- 11 Attended job training programs/courses
- 12 Other passive
- 13 Nothing

## **LKPSP**

♦ Enter verbatim response

## **LKAVL**

**(THE WEEK BEFORE LAST/LAST WEEK), could (you/he/she) have started a job if one had been offered?**

- 1 Yes
- 2 No

## **LKA VR**

**Why is that?**

- 1 Waiting for new job to begin
- 2 Own temporary illness
- 3 Going to school
- 4 Other (specify)

## **LKA VS**

♦ Enter verbatim response

## **LKLL1**



**BEFORE (name/you) started looking for work, what (was/were) (you/he/she) doing: working, going to school, or something else?**

- 1 Working
- 2 School
- 3 Left military service
- 4 Something ELSE

**LKLL1S**

♦ Enter verbatim response

**LKLL2**

**Did (you/he/she) lose or quit that job, or was it a temporary job that ended?**

- 1 Lost job
- 2 Quit job
- 3 Temporary job ended

**LKLW**

**When did (you/he/she) last work at (a/that) job or business?**

- 1 Within the last 12 months
- 2 More than 12 months ago
- 3 Never worked

**CERT3**

**Earlier you told me (you/name) had a currently active professional certification or license. Is (your/his/her) certification or license required for (your/his/her) ...**

- a) job
- b) main job?
- c) job from which (you/he/she/) (are/is) on layoff?
- d) job at which (you/he/she) last worked?

1. Yes
2. No
3. Don't have a currently active certification or license

**LKDATM**

♦ Ask if necessary, otherwise verify

**What was the month and year that (you/he/she) last worked?**

♦ Enter month

- |    |           |
|----|-----------|
| 1  | January   |
| 2  | February  |
| 3  | March     |
| 4  | April     |
| 5  | May       |
| 6  | June      |
| 7  | July      |
| 8  | August    |
| 9  | September |
| 10 | October   |
| 11 | November  |
| 12 | December  |

### **LKDATY**

**What was the month and year that (you/he/she) last worked?**

♦ Enter year

### **LKDR1**

**As of the end of (THE WEEK BEFORE LAST/LAST WEEK), how long had (you/he/she) been looking for work?**

- |   |        |
|---|--------|
| 1 | Weeks  |
| 2 | Months |
| 3 | Years  |

### **LKDR2**

♦ Do not read to the respondent

♦ Enter number of (weeks, months, years)

### **LKDR3**

**We would like to have that in weeks if possible. Exactly how many weeks (have/has) (name/you) been looking for work?**

♦ Enter number of weeks

**LKFT**

**(Have / Has) (you/he/she) been looking for full time work of 35 hours or more per week?**

- 1 Yes
- 2 No
- 3 Doesn't matter

**DWWNT**

**(Do / Does) (name/you) currently want a job, either full or part time?**

- 1 Yes, or maybe, it depends
- 2 No
- 3 Retired
- 4 Disabled
- 5 Unable to work

**DIS1 5**

**Does (your/his/her) disability prevent (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**DIS2 5**

**(Do / Does) (name/you) have a disability that prevents (you/he/she) from accepting any kind of work during the next six months?**

- 1 Yes
- 2 No

**DWRSN**

**What is the main reason (you/he/she) (was/were) not looking for work during the LAST 4 WEEKS?**

- 1 Believes no work available in line of work or area
- 2 Couldn't find any work
- 3 Lacks necessary schooling, training, skills or experience

- 4 Employers think too young or too old
- 5 Other types of discrimination
- 6 Can't arrange child care
- 7 Family responsibilities
- 8 In school or other training
- 9 Ill health, physical disability
- 10 Transportation problems
- 11 Other

### **DWRSP**

♦ Enter verbatim response

### **DWLK**

**Did (name/you) look for work at any time during the last 12 months?**

- 1 Yes
- 2 No

### **DWWK**

**Did (you/he/she) actually WORK at a job or business during the last 12 months?**

- 1 Yes
- 2 No

### **DW4WK**

**Did (you/he/she) do any of this work during the last 4 weeks?**

- 1 Yes
- 2 No

### **DWLKWK**

**And since (name/you) LEFT that job or business (have/has) (you/he/she) looked for work?**

- 1 Yes
- 2 No

### **DWAVL**

**(THE WEEK BEFORE LAST/LAST WEEK), could (you/he/she) have started a job IF one had been offered?**

- 1 Yes
- 2 No

### **DWAVR**

**Why is that?**

- 1 Own temporary illness
- 2 Going to school
- 3 Other (SPECIFY)

### **DWAVS**

♦ [Enter verbatim response](#)

### **JHWK**

**(Have / Has) (name/you) worked at a job or business at any time during the past 12 months?**

- 1 Yes
- 2 No

### **JHDP1**

**Did (you/he/she) do any of this work during the last 4 weeks?**

- 1 Yes
- 2 No
- 3

### **JHRSN**

**What is the main reason (you/he/she) left (your/his/her) last job?**

- 1 Personal, family (including pregnancy)
- 2 Return to school
- 3 Health
- 4 Retirement or old age
- 5 Temporary, seasonal or intermittent job completed
- 6 Slack work or business conditions
- 7 Unsatisfactory work arrangements (hours, pay, etc)
- 8 Other (specify)

## **JHRSP**

♦ Enter verbatim reason

## **JHWANT**

**(Do / Does) (name/you) intend to look for work during the next 12 months?**

- 1 Yes, or it depends
- 2 No

## **IODP1**

**Last month, it was reported that (name/you) worked for (input.IO1NAM). (Do / Does) (you/he/she) still work for (input.IO1NAM)**

- 1 Yes
- 2 No

## **IODP2**

**Have the usual activities and duties of (your/his/her) job changed since last month?**

- 1 Yes
- 2 No

## **IODP3**

**Last month (name/you) (was/were) reported as (a/an) (input.IO1OCC) and (your/his/her) usual activities were (input.IO1DT1 8500.IO1DT2). Is this an accurate description of (your/his/her) current job?**

- 1 Yes
- 2 No

## **IO1INT**

**(Were/Was) (name/you) employed by government, by a private company, a nonprofit organization, or (was/were) ( you/he/she) self -(or working in the family business?)?**

- 1 Government
- 2 Private-for-profit company
- 3 Non-profit organization including tax exempt and charitable organizations
- 4 Self-employed
- 5 Working in the family business

**IO1GVT**

**Would that be the federal, state, or local government?**

- 1 Fed
- 2 State
- 3 Local

**IO1INC**

**(Is/Was) this business incorporated?**

- 1 Yes
- 2 No

**PDEMP1**

**(Do/Does) (name/you) usually have any paid employees?**

- 1 Yes
- 2 No

**NMEMP1**

**Excluding all owners, how many paid employees does (name's/your) business usually have?**

**IO1WP**

**(Were/Was) (name/you) working for pay?**

- 1 Yes
- 2 No

**IO1NMP**

**What is the name of the (company/non-profit organization) for which (you/he/she) work (at**

main job)/worked (at main job)/works (at main job) (work/works/worked)

♦ Do not read to respondent

(name of company, business, organization or other employer)

### **IO1NMG**

**What is the name of the government agency for which (you/he/she) (work/works)**

### **IO1NMB**

**What is the name of (your/name's) business?**

### **IO1IND**

**What kind of business or industry is this?**

♦ Read if necessary: What do they make or do where (you/he/she) (work/works)?

### **IO1MFG**

♦ Ask if necessary: Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something ELSE?

- 1      Manufacturing
- 2      Retail trade
- 3      Wholesale trade
- 4      Something else

### **IO1OCC**

**What kind of work (DO/DOES/DID) (name/you) do, that is, what (is/was) (your/his/her) occupation?** For example: plumber, typist, farmer

### **IO1DT1**

**What (are / were) (your/his/her) usual activities or duties at this job?**

For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.

### **IO1DT2**

What (are / were) (your/his/her) usual activities or duties at this job?

For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.



**PDEMP1A**

**(Do/Does) (name/you) usually have any paid employees?**

- 1      Yes
- 2      No

**NMEMP1A**

**Excluding all owners, how many paid employees does (name's/your) business usually have?**

**IO1WPA**

**(Were/Was) (name/you) working for pay?**

- 1      Yes
- 2      No

**IO1NMBA**

**What is the name of (your/name's) business?**

**IO1INDA**

**What kind of business or industry is this?**

♦**Read if necessary:** What do they make or do where (you/he/she) (work/works)?

**IO1MFGA**

♦**Ask if necessary:** Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something ELSE?

- 1.      Manufacturing
- 2.      Retail trade
- 3.      Wholesale trade
- 4.      Something else

**IO1OCCA**

**What kind of work (DO/DOES/DID) (name/you) do, that is, what (is/was) (your/his/her)**

**occupation?**

For example: plumber, typist, farmer

**IO1DT1A**

**What (are / were) (your/his/her) usual activities or duties at this job?**

For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.

**IO1DT2A**

**What (are / were) (your/his/her) usual activities or duties at this job?**

For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.

**IOPRO1**

**Now I have a few questions about (your/his/her) second job.**

1. Continue

**IO2INT**

**(THE WEEK BEFORE LAST/LAST WEEK) at (name's/your) second job,(was/were) (name/you) employed by government, by a private company, a non-profit organization, or (was/were) (you/he/she) self (or working in the family business?)**

- 1 Government
- 2 Private-for-profit company
- 3 Non-profit organization including tax exempt and charitable organizations
- 4 Self-employed
- 5 Working in the family business

**IO2GVT**

**Would that be the federal, state, or local government?**

- 1 Federal
- 2 State
- 3 Local (county, city, township)

**IO2INC**

**(Is/Was) this business incorporated?**

- 1 Yes
- 2 No

**PDEMP2**

**(Do / Does) (name/you) usually have any paid employees?**

- 1 Yes
- 2 No

**NMEMP2**

**Excluding all owners, how many paid employees does (name's/your) business usually have?**

**IO2WP**

**(Was/Were) (name/you) working for pay?**

**IO2NMP**

**What is the name of the (company/non-profit organization) for which (name/you) work (at main job)/worked (at main job)/works (at main job) at (your/his/her) SECOND job?**

♦ Do not read to respondent: Name of company, business, organization or other employer

**IO2NMG**

**What is the name of the government agency for which (name/you) (work/works) at (your/his/her) SECOND job?**

**IO2NMB**

**What is the name of (your/name's) business?**

**IO2IND**

**What kind of business or industry is this?**

♦ Read if necessary:

What do they make or do where (name/you) (work/works)?

## **IO2MFG**

♦ **Ask if necessary:**

Is this business or organization mainly manufacturing, retail trade, wholesale trade, or something ELSE?

- 1      Manufacturing
- 2      Retail trade
- 3      Wholesale trade
- 4      Something else

## **IO2OCC**

**What kind of work (DO/DOES/DID) (name/you) do, that is, what (is/was) (your/his/her) occupation?**

For example: plumber, typist, farmer

## **IO2DT1**

**What (are / were) (your/his/her) usual activities or duties at this job?**

♦ **Do not read to respondent:**

For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.

## **IO2DT2**

What are (your/his/her) usual activities or duties at this job?

For example: typing, keeping account books, filing, selling cars, operating printing press, laying brick.

## **ERNP**

**This month I have a few questions about earnings.**

- 1      Continue

## **ERNPR**

**For (name's/your) (job/MAIN job), what is the easiest way for you to report (your/his/her) total earnings BEFORE taxes or other deductions: hourly, weekly,**

**annually, or on some other basis?**

♦ Read if necessary: We use this information to compare the amount that people earn in different types of jobs.

- 1 Hourly
- 2 Weekly
- 3 Bi-weekly
- 4 Twice monthly
- 5 Monthly
- 6 Annually
- 7 Other (specify)

### **ERNPRS**

♦ Enter verbatim response

### **ERNUOT**

**(Do / Does) (name/you) usually receive overtime pay, tips, or (commissions?/commissions at (your/his/her) MAIN job?)**

- 1 Yes
- 2 No

### **ERNHRTD**

**(EXCLUDING overtime pay, tips and commissions) what is (your/his/her) hourly rate of pay on (this job/ (your/his/her) MAIN job)?**

♦ Enter dollar amount

### **ERNHRTC**

**(EXCLUDING overtime pay, tips and commissions) what is (your/his/her) hourly rate of pay on (this job/ (your/his/her) MAIN job)?**

♦ Enter cents amount

### **ERNHRED**

**What is your best estimate of (your/his/her) hourly rate of pay?**

♦ Enter dollar amount

### **ERNHREC**

What is your best estimate of (your/his/her) hourly rate of pay?

♦ Enter cents amount

### **ERNRG1**

♦ Do not ask the respondent

Hourly earnings recorded as: (entry in ERNH1O) hourly. Is this entry correct?

- 1 Yes
- 2 No

### **ERNHCOD**

♦ Do not ask the respondent

Incorrect entry was recorded as: (entry in ERNH1O) hourly.

Correct dollar entry is: \$

### **ERNHCOC**

Do not ask the respondent

Incorrect entry was recorded as: (entry in ERNH1O) hourly.

♦ Correct cents entry is: \$ 00.

### **ERNHR**

**How many hours (do/does) (name/you) usually work per week at this rate?**

♦ Enter number of hours

### **ERNOTP**

**(How/At (your/his/her) MAIN job, how) much (do/does) (you/he/she) usually receive JUST in overtime pay, tips or commissions, before taxes or other deductions?**

♦ Do not read to respondent Enter periodicity

- 1 Per hour
- 2 Per day
- 3 Per week
- 4 Per month

- 5 Per year
- 6 Other

### **ERNOTHD**

(How/At (your/his/her) MAIN job, how) much (do/does) (you/he/she) usually receive JUST in overtime pay, tips or commissions, before taxes or other deductions?

♦ Do not read to respondent: Enter dollar amount

### **ERNOTHC**

(How/At (your/his/her) MAIN job, how) much (do/does) (you/he/she) usually receive JUST in overtime pay, tips or commissions, before taxes or other deductions?

♦ Do not read to respondent: Enter cents amount

### **ERNOTAD**

(How/At (your/his/her) MAIN job, how) much (do/does) (you/he/she) usually receive JUST in overtime pay, tips or commissions, before taxes or other deductions?

♦ Do not read to respondent: Enter dollar amount

### **ERNOTAC**

(How/At (your/his/her) MAIN job, how) much (do/does) (you/he/she) usually receive JUST in overtime pay, tips or commissions, before taxes or other deductions?

♦ Do not read to respondent: Enter cents amount

### **ERNOTE**

**What is your best estimate of how much (you/he/she) usually (earn/earns) WEEKLY, JUST in overtime pay, tips, or commissions, before taxes or other deductions?**

♦ Enter dollar amount

### **ERNRG2**

♦ Do not ask: Usual (weekly/hourly/monthly/annual) earnings in overtime pay, tips or commissions recorded as: (ERNOTO)

♦ Is this entry correct?

- 1 Yes
- 2 No

### **ERNOCOD**

♦ Do not read to respondent: Incorrect entry was recorded as: (ERNOTO)  
Correct dollar entry is: \$

### **ERNOCOC**

Do not read to respondent: Incorrect entry was recorded as: (ERNOTO)  
♦ Correct cents entry is: \$

### **ERNOCHD**

♦ Do not read to respondent: Incorrect entry was recorded as: (ERNOTO)  
Correct entry is: \$

### **ERNOCHC**

Do not read to respondent: Incorrect entry was recorded as: (ERNOTO)  
♦ Correct cents entry is: \$

### **ERNOH**

**How many hours (do/does) (name/you) usually work per week at this rate?**  
♦ Enter number of hours

### **ERNOHE**

**What is your best estimate of the number of hours per week (you/he/she) usually (work/works) at this rate?**  
♦ Enter number of hours

### **ERNVR1**

**I have estimated (your/his/her) usual WEEKLY earnings (as/for (your/his/her) main job as) (AMOUNT) before taxes or other deductions. Does that sound correct?**

- 1 Yes
- 2 No





## **ERNVRA**

**I have recorded:**

- 1** (entry in ERNH1O) as (your/his/her) hourly rate of pay.
- 2** (Entry in ERNHRO) as the number of hours ( you/he/she)usually worked at this rate.
- 3** (Entry in ERNOTO) as the amount (you/he/she) usually earned (weekly/hourly/monthly/annual) in overtime pay, tips and commissions.
- 4** (Entry in ERNOHE) as the number of hours per week (you/he/she) usually works at this rate.

**Which piece or pieces of information do not seem to be correct?**

♦Enter all that apply, separate by commas.

If all information is correct, enter (0) to continue

- 1 Hourly\_rate
- 2 Number of hours
- 3 Overtime pay
- 4 Hours per week

## **ERNH1CD**

**What is (name's/your) hourly rate of pay on this job, excluding overtime pay, tips or commissions?**

♦Enter dollar amount

## **ERNH1CC**

What is (name's/your) hourly rate of pay on this job, excluding overtime pay, tips or commissions?

♦Enter cents amount

## **ERNHC**

**How many hours (do/does) (name/you) usually work per week at the rate of (entry in ERNH1C/ERNH1O)?**

♦Enter hours (01-99)

## **ERNOTCD**

**How much (do/does) (name/you) usually earn (weekly/monthly/annually) just in overtime pay, tips or commissions?**

♦ [Enter dollar amount](#)

### **ERNOTCC**

How much (do/does) (name/you) usually earn (weekly/monthly/annually) just in overtime pay, tips or commissions?

♦ [Enter cents amount](#)

### **ERNOHCD**

**How much (do/does) (name/you) usually earn hourly just in overtime pay, tips or commissions?**

♦ [Enter dollar amount](#)

### **ERNOHCC**

How much (do/does) (name/you) usually earn hourly just in overtime pay, tips or commissions?

♦ [Enter dollar amount](#)

### **ERNH2C**

**How many hours (do/does) (name/you) usually work per week at the rate of (entry in ERNOHC/ERNOTO)?**

♦ [Enter hours \(00-99\)](#)

### **ERNWK1**

**Then, including overtime pay, tips and commissions, what are (name/you) usual WEEKLY earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

♦ [Correct Entry is:](#)

### **ERNVR3**

**I have estimated (your/his/her) total WEEKLY earnings (as/ for (your/his/her) main job, as (entry in ERNX2) WEEKLY before taxes or other deductions. Does that sound correct?**

- 1 Yes
- 2 No (Irreconcilable difference)

### **ERNWK**

**(Including overtime pay, tips and commissions,) What are (name's/your) usual weekly earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

♦ [Enter dollar amount](#)

### **ERNTMN**

**(Including overtime pay, tips and commissions,) what are (name's/your) usual twice monthly earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

♦ [Enter dollar amount](#)

### **ERNMON**

**(Including overtime pay, tips and commissions,) what are (name's/your) usual monthly earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

♦ [Enter dollar amount](#)

### **ERNANN**

**(Including overtime pay, tips and commissions,) what are (name's/your) usual annual earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

♦ [Enter dollar amount](#)

### **ERNBWK**

**(Including overtime pay, tips and commissions,) what are (name's/your) usual bi weekly earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

♦ [Enter dollar amount](#)

### **ERNDKP**

**What is your best estimate of (your/his/her) usual (weekly/bi-weekly/monthly/annual) earnings before taxes or other deductions?**

♦ [Enter dollar amount \(Reported earnings are greater than \\$72,000\)](#)

### **ERNRG3**

♦ Do not read to respondent

(Weekly/Bi-weekly/Twice Monthly/Monthly/Annual) earnings recorded as: (ERNAMT)

Is this entry correct?

- 1      Yes
- 2      No

### **ERNRGP**

♦ Do not read to respondent

Incorrect entry was recorded as: (ERNAMT) (weekly/bi-weekly/monthly/annually)

Correct entry is:

### **ERNVR4**

**I have recorded (your/his/her) total earnings (for (your/his/her) (as/main job ) (ERNAMT) (weekly/bi-weekly/monthly/annually) before taxes or other deductions. Is that correct?**

- 1      Yes
- 2      No

### **ERNCOR**

**(Including overtime pay, tips and commissions,), what are (your/his/her) usual (weekly/bi-weekly/monthly/annual) earnings on (this job/ (your/his/her) MAIN), before taxes or other deductions?**

♦ Enter dollar amount

#### **ERNRG4**

♦ Do not read to respondent

(Weekly/Bi-weekly/Twice Monthly/Monthly/Annual) earnings recorded as: (ERNAMT)

Is this entry correct?

- 1      Yes
- 2      No

#### **ERNRP2**

♦ Do not read to respondent

Incorrect entry was recorded as: (ERNAMT) weekly/bi-weekly/monthly/annually

Correct entry is:

#### **ERNWKP**

**How many weeks a year (do/does) (name/you) get paid for?**

♦ Number of weeks

#### **ERNRT**

**(Even though you told me it is easier to report (your/his/her) earnings (you/he/she) PAID AT AN HOURLY RATE on (this job/ (your/his/her) MAIN)?**

- 1      Yes
- 2      No

#### **ERNH2D**

**(EXCLUDING overtime pay, tips and commissions) what is (your/his/her) hourly rate of pay on (this job/ (your/his/her) MAIN) job?**

♦ Enter dollar amount

#### **ERNH2S**

(EXCLUDING overtime pay, tips and commissions) what is (your/his/her) hourly rate of pay on (this job/ (your/his/her) MAIN) job?

♦ Enter cents amount

#### **ERNRG5**

♦ Do not read to respondent  
Hourly earnings recorded as: ERNH2 hourly  
Is this entry correct?

- 1 Yes
- 2 No

**ERNRP3D**

♦ Do not read to respondent  
Incorrect entry was recorded as: ERNH2 hourly  
Correct dollar entry is: \$

**ERNRP3C**

Do not read to respondent  
Incorrect entry was recorded as: ERNH2 hourly

♦ Correct cents entry is: \$

**ERNLAB**

**On this job, (are / is) (name/you) a member of a labor union or of an employee association similar to a union?**

- 1 Yes
- 2 No

**ERNCOV**

**On this job, (are / is) (name/you) covered by a union or employee association contract?**

- 1 Yes
- 2 No

**NLFJH**

**When did (name/you) last work at a job or business?**

- 1 Within last 12 months
- 2 More than 12 months ago
- 3 Never worked

### **NLFRET**

**(Are / Is) (name/you) retired FROM A JOB OR BUSINESS?**

- 1 Yes
- 2 No

### **NLFACT**

**What best describes (name's/your) situation at this time?**

**For example, (are / is) (you/he/she) disabled, ill, in school, taking care of house or family, or something ELSE?**

- 1 Disabled
- 2 Ill
- 3 In school
- 4 Taking care of house or family
- 5 In retirement
- 6 Something ELSE/other

### **NLFSPC**

♦ Enter verbatim response

### **SCHENR**

**(THE WEEK BEFORE LAST/LAST WEEK), (was/were) (you/he/she) enrolled in a high school, college, or university?**

♦ Enter '1' if currently on holiday or seasonal vacation.

Enter '2' for summer vacation.

- 1 Yes
- 2 No

### **SCHLVL**

♦ Ask only if necessary: Would that be high school, college or university?

- 1 High school
- 2 College or university



## SCHFT

**(Are / Is) (you/he/she) enrolled in school as a full time or part time student?**

- 1 Full-time
- 2 Part-time

## RIPELG

**(We will recontact this household in 8 months / In the future we may need to recontact this household / We will recontact this household next month) to update this information. If we are unable to reach you and we talk to someone else instead, is it OK if we refer to some of the information you gave us?**

♦ If needed: For example, we might say "Last month (name) was a teacher.  
Is (s/he) still a teacher?"

- 1 Yes
- 2 No

## PREDIS

?[F1]

**This month we want to learn about people who have physical, mental, or emotional conditions that cause serious difficulty with their daily activities. (blank/ Please answer for NAME./Please answer for all household members who are 15 years old or over./Since you have not previously answered these questions, please answer for yourself only./ Since NAME has not previously answered these questions, please answer for NAME only./Since household members who are 15 years of age and older were added to the household this month, and they have not previously answered these questions, please answer for those household members only.)**

- 1 Continue

## DS1

**(Are you/Is NAME/Is anyone/Are any of the new household members) deaf or (do you/does NAME/does anyone/do they) have serious difficulty hearing?**

♦ Blank/Only include new household members who are 15 years of age and older.

- 1 Yes

2 No

### **DS1W**

(Are you/Is NAME/Is anyone/Are any of the new household members) deaf or (do you/does NAME/does anyone/do they) have serious difficulty hearing?

**Who is that?**

♦ Enter all that apply, separate with commas.

♦ Probe: **Anyone else?**

### **DS2**

**(Are you/Is NAME/Is anyone/Are any of the new household members) blind or (do you/does NAME/does anyone/do they) have serious difficulty seeing, even when wearing glasses?**

♦ Blank/Only include new household members who are 15 years of age and older.

1 Yes

2 No

### **DS2W**

(Are you/Is NAME/Is anyone/Are any of the new household members) blind or (do you/does NAME/does anyone/do they) have serious difficulty seeing, even when wearing glasses?

**Who is that?**

♦ Enter all that apply, separate with commas.

♦ Probe: **Anyone else?**

### **DS3**

**Because of a physical, mental, or emotional condition, (do you/does NAME/does anyone/do any of the new household members) have serious difficulty concentrating, remembering, or making decisions?**

♦ Blank/Only include new household members who are 15 years of age and older.

1 Yes

2 No

### **DS3W**

Because of a physical, mental, or emotional condition, (do you/does NAME/does anyone/do any of the new household members) have serious difficulty concentrating, remembering, or making decisions?

**Who is that?**

♦ Enter all that apply, separate with commas.

♦ Probe: **Anyone else?**

### **DS4**

**(Do you/Does NAME/Does anyone/Do any of the new household members) have serious difficulty walking or climbing stairs?**

♦ Blank/Only include new household members who are 15 years of age and older.

1 Yes

2 No

### **DS4W**

(Do you/Does NAME/Does anyone/Do any of the new household members) have serious difficulty walking or climbing stairs?

**Who is that?**

♦ Enter all that apply, separate with commas.

♦ Probe: **Anyone else?**

### **DS5**

**(Do you/Does NAME/Does anyone/Do any of the new household members) have difficulty dressing or bathing?**

♦ Blank/Only include new household members who are 15 years of age and older.

1 Yes

2 No

### **DS5W**

(Do you/Does NAME/Does anyone/Do any of the new household members) have difficulty dressing or bathing?

**Who is that?**

- ◆ Enter all that apply, separate with commas.
- ◆ Probe: Anyone else?

### **DS6**

**Because of a physical, mental, or emotional condition, (do you/does NAME/does anyone/do any of the new household members) have difficulty doing errands alone such as visiting a doctor's office or shopping?**

- ◆ Blank/Only include new household members who are 15 years of age and older.

- 1 Yes
- 2 No

### **DS6W**

Because of a physical, mental, or emotional condition, (do you/does NAME/does anyone/do any of the new household members) have difficulty doing errands alone such as visiting a doctor's office or shopping?

**Who is that?**

- ◆ Enter all that apply, separate with commas.
- ◆ Probe: Anyone else?

### **NTVT**

**In what country (was/were) (name/you) born?**

### **MNTVT**

**In what country was (your/his/her) mother born?**

### **FNTVT**

**In what country was (your/his/her) father born?**

**CITIZN**

**(Are / Is) (name/you) a CITIZEN of the United States?**

- 1      Yes
- 2      No, not a citizen

**CITYPA**

**(were/was) (name/you) born a citizen of the United States?**

- 1      Yes
- 2      No

**CITYPB**

**Did (name/you) become a citizen of the United States through naturalization?**

- 1      Yes
- 2      No

**INUSYR**

**When did (name/you) come to live in the United States?**

♦Enter '2' if respondent reports the number of years ago instead of the actual year.  
Enter year

**INUSN**

- ♦Do not read to respondent
- ♦Enter the number of years reported
- ♦Enter '0' for mistake if no number reported

**S\_FAMINC**

**Which category represents (your/name of reference person/the total combined income) (total combined income during the past 12 months?/ of all members of your FAMILY during the past 12 months?/ of all members of (name of reference person) 's FAMILY during the past 12 months?)**

**This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received (. / by members of (your/ name of reference person) FAMILY who are 15 years of age or older.)**

- |    |                    |
|----|--------------------|
| 1  | Less than \$5,000  |
| 2  | 5,000 to 7,499     |
| 3  | 7,500 to 9,999     |
| 4  | 10,000 to 12,499   |
| 5  | 12,500 to 14,999   |
| 6  | 15,000 to 19,999   |
| 7  | 20,000 to 24,999   |
| 8  | 25,000 to 29,999   |
| 9  | 30,000 to 34,999   |
| 10 | 35,000 to 39,999   |
| 11 | 40,000 to 49,999   |
| 12 | 50,000 to 59,999   |
| 13 | 60,000 to 74,999   |
| 14 | 75,000 to 99,999   |
| 15 | 100,000 to 149,999 |
| 16 | 150,000 or more    |

Questions most relevant to the Empower Mississippi report begin on page 57.

## **Basic CPS Items Booklet**

### **Demographic Items**

#### **PERSTAT**

**(Are all of these persons still living here? / Person status)**

- 1 Person deceased
- 2 Person moved out
- 3 Person left - was a URE last month
- 4 Delete person - to correct previous mistake
- 5 Person is a URE this month
- 9 Reinstate person

#### **FNAME**

**(What are the names of all persons living or staying here? / What is the name of the next person)**

♦ Enter 999 if no more persons

#### **LNAME**

♦ Enter Last Name

#### **S\_HHMEM**

**Is this (name of person talking about)'s usual place of residence?**

- 1 Yes
- 2 No
- 3 Proxy

#### **URE**

**Does (name of person talking about) have a usual place of residence elsewhere?**

- 1 Yes
- 2 No

## **SEX**

♦ Ask only if necessary

**What is (name of person talking about)'s sex?**

- 1      Male
- 2      Female

## **NROS2B**

♦ 16 Persons in household roster

At this point count additional people. You will interview only those household members 15 years old or older who are listed.

**Are there any other persons 15 years old or older now living or staying there? (Who have not been listed.)**

- 1      Yes
- 2      No

## **CNT2BG**

**How many other?**

♦ Enter number

## **MCHILD**

**I have listed . . .** [READ NAMES](#)

**Have I missed any babies or small children?**

- 1      Yes
- 2      No

## **MAWAY**

**Have I missed anyone who usually lives here but is away now -traveling, at school, or in a hospital?**

- 1      Yes
- 2      No



## **MLODGE**

**Have I missed any lodgers, boarders, or persons you employ who live here?**

- 1      Yes
- 2      No

## **MELSE**

**Have I missed anyone else staying here?**

- 1      Yes
- 2      No

## **OWNREN1**

**What is the name of the person or one of the persons who owns or rents that home?**

♦ Enter line number (1-16) if current HH member Enter (0) if owner(s)/renter(s) not a household member

- 1      Owner/Renter not a HH member
- 2      Person 1's name
- 3      Person 2's name
- 4      Person 3's name
- 5      Person 4's name
- 6      Person 5's name
- 7      Person 6's name
- 8      Person 7's name
- 9      Person 8's name
- 10     Person 9's name
- 11     Person 10's name
- 12     Person 11's name
- 13     Person 12's name
- 14     Person 13's name
- 15     Person 14's name
- 16     Person 15's name
- 17     Person 16's name

## **HHRESP**

♦ Ask if necessary

**With whom am I speaking?**

♦ Respondent must be a household member and 15+ or a proxy.

1. Under\_15
2. Person 1's name
3. Person 2's name
4. Person 3's name
5. Person 4's name
6. Person 5's name
7. Person 6's name
8. Person 7's name
9. Person 8's name
10. Person 9's name
11. Person 10's name
12. Person 11's name
13. Person 12's name
14. Person 13's name
15. Person 14's name
16. Person 15's name
17. Person 16's name

## **HHRESP VERIFY**

**Are all persons –**

- 1 Under 15 years of age
- 2 Non-household members

## **S\_RRP**

**How (are / is) (name/you) related to (reference person's name/you)?**

- 42 Opposite-sex Spouse (Husband/Wife)
- 43 Opposite-sex Unmarried Partner
- 44 Same-sex Spouse (Husband/Wife)
- 45 Same-sex Unmarried Partner
- 46 Child
- 47 Grandchild
- 48 Parent (Mother/Father)
- 49 Brother/Sister
- 50 Other relative (Aunt, Cousin, Nephew, Mother-in-law, etc.)
- 51 Foster\_Child
- 52 Housemate/Roommate
- 53 Roomer/Boarder
- 54 Other nonrelative

## **S SUBFAM**

**Earlier you said that (name of person talking about) (was/were) not related to (reference person's name/you). (Are / Is) (name of person talking about) related to anyone else in this household?**

- 1      Yes
- 2      No

## **SUBFAM WHO**

**Who (are / is) (name of person talking about) related to?**

♦ **PROBE:** Anyone else?

Enter line number(s), separate with commas

- 1      Person 1's name
- 2      Person 2's name
- 3      Person 3's name
- 4      Person 4's name
- 5      Person 5's name
- 6      Person 6's name
- 7      Person 7's name
- 8      Person 8's name
- 9      Person 9's name
- 10     Person 10's name
- 11     Person 11's name
- 12     Person 12's name
- 13     Person 13's name
- 14     Person 14's name
- 15     Person 15's name
- 16     Person 16's name

## **PAR1**

◆ Enter line number of parent of (name of person talking about)

Ask if necessary: Is (name's/your) parent a member of this household?

- |    |          |
|----|----------|
| 0  | No_One   |
| 1  | Person1  |
| 2  | Person2  |
| 3  | Person3  |
| 4  | Person4  |
| 5  | Person5  |
| 6  | Person6  |
| 7  | Person7  |
| 8  | Person8  |
| 9  | Person9  |
| 10 | Person10 |
| 11 | Person11 |
| 12 | Person12 |
| 13 | Person13 |
| 14 | Person14 |
| 15 | Person15 |
| 16 | Person16 |

## **PAR1TYP**

**(Are / Is) (name of person talking about) (your / mother's name) biological, step, or adopted child?**

- |   |            |
|---|------------|
| 1 | Biological |
| 2 | Step       |
| 3 | Adopted    |

## **PAR2**

◆ Enter line number of other parent of (name of person talking about)

Ask if necessary: Is (name's/your) other parent a member of this household?

- |   |         |
|---|---------|
| 0 | No_One  |
| 1 | Person1 |
| 2 | Person2 |
| 3 | Person3 |
| 4 | Person4 |
| 5 | Person5 |
| 6 | Person6 |
| 7 | Person7 |
| 8 | Person8 |

- 9 Person9
- 10 Person10
- 11 Person11
- 12 Person12
- 13 Person13
- 14 Person14
- 15 Person15
- 16 Person16

### **PAR2TYP**

**(Are / Is) (name of person talking about) (your / father's name) biological, step, or adopted child?**

- 1 Biological
- 2 Step
- 3 Adopted

### **PARENT2**

**(REF\_FNAME ^REF\_LNAME's) parent is also (name of person talking about)'s parent, is that correct?**

- 1 Yes
- 2 No

### **BIRTHM**

**What is (name's/your) date of birth?**

◆ [Enter Birth Month](#)

- 1 Jan
- 2 Feb
- 3 Mar
- 4 Apr
- 5 May
- 6 June
- 7 July
- 8 Aug
- 9 Sept
- 10 Oct
- 11 Nov
- 12 Dec

### **BIRTHD**

**What is (name's/your) date of birth?**

♦ [Enter Birth Day](#)

### **BIRTHY**

**What is (name's/your) date of birth?**

♦ [Enter Birth Year \(Enter 4 digit year - ex: 1964\)](#)

### **VERIFY AGE**

**As of last week, that would make (name/you) (approximately (AGE)/ less than 1 / over 98 / AGE) years old. Is that correct?**

1. Yes
2. No

### **AGEGSS**

**Even though you don't know (name's/your) exact birthdate, what is your best guess as to how old (you/he/she) (was/were) on (your/his/her) last birthday?**

[99](#)      [99 years or older](#)  
[00 – 98](#)    [0 to 98 years old](#)

### **AGE2**

♦ [Ask if necessary](#)

(Are / Is) (you/he/she) under 15?

- 1 Yes
- 2 No

### **PREMARTL**

**Since our last interview, has any household member had any changes in his or her Marital Status?**

- 1 Yes
- 2 No

## **MARITL**

**(Are / Is) (name/you) now married, widowed, divorced, separated or never married?**

- |   |                          |
|---|--------------------------|
| 1 | Married - Spouse PRESENT |
| 2 | Married - Spouse ABSENT  |
| 3 | Widowed                  |
| 4 | Divorced                 |
| 5 | Separated                |
| 6 | Never married            |

## **SPOUSE**

♦ Enter line number of spouse of (name of person talking about)  
- -Ask if necessary

- |    |          |
|----|----------|
| 0  | No_One   |
| 1  | Person1  |
| 2  | Person2  |
| 3  | Person3  |
| 4  | Person4  |
| 5  | Person5  |
| 6  | Person6  |
| 7  | Person7  |
| 8  | Person8  |
| 9  | Person9  |
| 10 | Person10 |
| 11 | Person11 |
| 12 | Person12 |
| 13 | Person13 |
| 14 | Person14 |
| 15 | Person15 |
| 16 | Person16 |

## **COHAB**

**Do you have a boyfriend, girlfriend or partner in this household?**

♦ If Yes, probe WHO and enter line number  
If No, enter "0"

- |   |                 |
|---|-----------------|
| 0 | No              |
| 1 | Person 1's name |
| 2 | Person 2's name |
| 3 | Person 3's name |
| 4 | Person 4's name |
| 5 | Person 5's name |

- 6 Person 6's name
- 7 Person 7's name
- 8 Person 8's name
- 9 Person 9's name
- 10 Person 10's name
- 11 Person 11's name
- 12 Person 12's name
- 13 Person 13's name
- 14 Person 14's name
- 15 Person 15's name
- 16 Person 16's name

### **AFEVER**

**Did (name/you) ever serve on active duty in the U. S. Armed Forces?**

- 1 Yes
- 2 No

### **AFWHEN**

♦ **IF NECESSARY:** Previously I was told that (name/you) served on active duty in the U. S. Armed Forces.

**When did (you/he/she) serve?**

♦ Enter all that apply, separate with commas Mark up to 4 that apply

- 1 September 2001 or later
- 2 August 1990 to August 2001
- 3 May 1975 to July 1990
- 4 Vietnam Era (August 1964 to April 1975)
- 5 February 1955 to July 1964
- 6 Korean War (July 1950 to January 1955)
- 7 January 1947 to June 1950
- 8 World War II (December 1941 to December 1946)
- 9 November 1941 or earlier

### **AFNOW**

**(Are / Is) (name/you) (now/still) in the Armed Forces?**

- 1 Yes
- 2 No



## **EDUCA**

**What is the highest level of school (name/you) (have/has) completed or the highest degree (name/you) (have/has) received?**

- 31 Less than 1st grade
- 32 1st, 2nd, 3rd or 4th grade
- 33 5th or 6th grade
- 34 7th or 8th grade
- 35 9th grade
- 36 10th grade
- 37 11th grade
- 38 12th grade NO DIPLOMA
- 39 HIGH SCHOOL GRADUATE- high school DIPLOMA or the equivalent (For example: GED)
- 40 Some college but no degree
- 41 Associate degree in college - Occupational/vocational program
- 42 Associate degree in college -- Academic program
- 43 Bachelor's degree (For example: BA, AB, BS)
- 44 Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)
- 45 Professional School Degree (For example: MD, DDS, DVM, LLB, JD)
- 46 Doctorate degree (For example: PhD, EdD)

## **DIPGED**

**People can get a High School diploma in a variety of ways, such as graduating from High School or by getting a GED or other equivalent. How did (name/you) get (your/his/her) High School diploma?**

- 1 Graduation from High School
- 2 GED or other equivalent

## **HGCOMP**

**What was the highest grade of regular school (name/you) completed before receiving (your/his/her) GED?**

- 1 Less than 1st grade
- 2 1st, 2nd, 3rd or 4th grade
- 3 5th or 6th grade
- 4 7th or 8th grade
- 5 9th grade
- 6 10th grade
- 7 11th grade
- 8 12th grade NO DIPLOMA

## **CYC**

**(Including any time that may have been spent getting as Associate's Degree,/ )  
(How/how) many years of college CREDIT (have/has) (name/you) completed?  
(Have / Has) (you/he/she) COMPLETED...**

- 1 Less than 1 year (include 0 years completed)?
- 2 The first, or FRESHMAN year?
- 3 The second, or SOPHOMORE year?
- 4 The third, or JUNIOR year?
- 5 Four or more years?

## **CERT1**

**(Does/do) (name/you) have a currently active professional certification or a state or industry license? Do not include business license, such as a liquor license or vending license.**

**(Read if necessary: a professional certification or license shows you are qualified to perform a specific job. Examples include a real estate license, a medical assistant certification, a Teacher License or an IT certification. Only include certifications or licenses obtained by an individual.)**

1. Yes
2. No

## **CERT2**

**Were any of (your/his/her) certifications or licenses issued by the federal, state, or local government?**

1. Yes
2. No

## **HSPNON**

**(Are / Is) (name/you) of Hispanic, Latino, or Spanish origin?**

- 1 Yes
- 2 No

## **ORISPN**

**(Are / Is) (name/you) Mexican, Mexican American, or Chicano, Puerto Rican, Cuban, Cuban American, or another Hispanic, Latino, or Spanish origin; for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on?**

♦ If multiple answer, Probe: Which group (do/does) (you/he/she) most closely identify

with?

- 1 Mexican
- 2 Mexican American
- 3 Chicano
- 4 Puerto Rican
- 5 Cuban
- 6 Cuban-American
- 7 Other Spanish, Hispanic, or Latino group

### **S OROTSP**

**What is the name of (your/his/her) other Spanish, Hispanic, or Latino group?**

### **OROTSS**

♦ Specify "Other" Spanish, Hispanic, or Latino group

### **RACE**

**I am going to read you a list of five race categories. You may choose one or more races. For this survey, Hispanic origin is not a race. (Are/Is) (NAME/you) White; Black or African American; American Indian or Alaska Native; Asian; OR Native Hawaiian or Other Pacific Islander?**

♦ Do not probe unless response is Hispanic or a Hispanic origin  
Enter all that apply, separate with commas

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 Other - DO NOT READ

### **RACEAS**

**Which of the following Asian groups (are/is) (you/he/she)? Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, or another Asian group?**

♦ Read each item  
♦ Enter all that apply, separate with commas

- 1 Asian Indian
- 2 Chinese

- 3 Filipino
- 4 Japanese
- 5 Korean
- 6 Vietnamese
- 7 Other Asian

### **RACEPI**

**Which of the following Native Hawaiian or Other Pacific Islander groups (are/is) (you/he/she)? Native Hawaiian; Guamanian or Chamorro; Samoan; or another Pacific Islander group?**

- ♦ Read each item
- ♦ Enter all that apply, separate with commas

- 1 Native Hawaiian
- 2 Guamanian or Chamorro
- 3 Samoan
- 4 Other Pacific Islander

### **S RACEOT**

- ♦ Read only if necessary: What is (your/his/her) race?

### **RACEOS**

- ♦ Specify Other race



United States<sup>®</sup>  
**Census**  
Bureau

# The American Community Survey

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

## Start Here

### You have two ways to respond:



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

OR



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

### Your response is required by law.

The American Community Survey is conducted by the U.S. Census Bureau. This survey is one of only a few surveys for which all recipients are required by law to respond. The U.S. Census Bureau is required by law to protect your information.



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

#### Text Telephone (TTY):

Call 1-800-582-8330.

**¿NECESITA AYUDA?** Llame sin cargo alguno al **1-877-833-5625**.

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



**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 – 7 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.**



## Person 1

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

→ Please print today's date.

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

1 What is Person 1's name?

Last Name (Please print)

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? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years)

Month

Day

Year of birth





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

5 Is Person 1 of Hispanic, Latino, or Spanish origin?

- ☐ 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, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ↴

6 What is Person 1's race?

Mark (X) one or more boxes AND print origins.

- ☐ White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ↴

- ☐ Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ↴

- ☐ American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. ↴

- |                                                                                                |                                                                                                           |                                          |
|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Chinese                                                               | <input type="checkbox"/> Vietnamese                                                                       | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino                                                              | <input type="checkbox"/> Korean                                                                           | <input type="checkbox"/> Samoan          |
| <input type="checkbox"/> Asian Indian                                                          | <input type="checkbox"/> Japanese                                                                         | <input type="checkbox"/> Chamorro        |
| <input type="checkbox"/> Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴ | <input type="checkbox"/> Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴ |                                          |

- ☐ Some other race – Print race or origin. ↴

## 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
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ 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? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years)

Month

Day

Year of birth





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

### 5 Is Person 2 of Hispanic, Latino, or Spanish origin?

- ☐ 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, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↴

### 6 What is Person 2's race?

Mark (X) one or more boxes **AND** print origins.

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

- |                                                                                                       |                                                                                                                  |                                          |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Chinese                                                                      | <input type="checkbox"/> Vietnamese                                                                              | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino                                                                     | <input type="checkbox"/> Korean                                                                                  | <input type="checkbox"/> Samoan          |
| <input type="checkbox"/> Asian Indian                                                                 | <input type="checkbox"/> Japanese                                                                                | <input type="checkbox"/> Chamorro        |
| <input type="checkbox"/> Other Asian – <i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↴ | <input type="checkbox"/> Other Pacific Islander – <i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↴ |                                          |

- ☐ Some other race – *Print race or origin.* ↴

## Person 3

### 1 What is Person 3'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  
☐ Opposite-sex unmarried partner  
☐ Same-sex husband/wife/spouse  
☐ Same-sex unmarried partner  
☐ Biological son or daughter  
☐ Adopted son or daughter  
☐ Stepson or stepdaughter  
☐ Brother or sister  
☐ Father or mother  
☐ Grandchild  
☐ Parent-in-law  
☐ Son-in-law or daughter-in-law  
☐ Other relative  
☐ Roommate or housemate  
☐ Foster child  
☐ Other nonrelative

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

- ☐ Male      ☐ Female

### 4 What is Person 3's age and what is Person 3's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

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 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, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

### 6 What is Person 3's race?

Mark (X) one or more boxes **AND** print origins.

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*  
☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*  
☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- |                                                                                                     |                                                                                                                |                                          |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Chinese                                                                    | <input type="checkbox"/> Vietnamese                                                                            | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino                                                                   | <input type="checkbox"/> Korean                                                                                | <input type="checkbox"/> Samoan          |
| <input type="checkbox"/> Asian Indian                                                               | <input type="checkbox"/> Japanese                                                                              | <input type="checkbox"/> Chamorro        |
| <input type="checkbox"/> Other Asian – <i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> | <input type="checkbox"/> Other Pacific Islander – <i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> |                                          |

- ☐ Some other race – *Print race or origin.*



## Person 4

### 1 What is Person 4's name?

Last Name *(Please print)*

First Name

MI

### 2 How is this person related to Person 1?

Mark (X) ONE box.

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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

- ☐ Male ☐ Female

### 4 What is Person 4's age and what is Person 4's date of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

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 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, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↴

### 6 What is Person 4's race?

Mark (X) one or more boxes **AND** print origins.

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

- |                                                                                                       |                                                                                                                  |                                          |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Chinese                                                                      | <input type="checkbox"/> Vietnamese                                                                              | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino                                                                     | <input type="checkbox"/> Korean                                                                                  | <input type="checkbox"/> Samoan          |
| <input type="checkbox"/> Asian Indian                                                                 | <input type="checkbox"/> Japanese                                                                                | <input type="checkbox"/> Chamorro        |
| <input type="checkbox"/> Other Asian – <i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↴ | <input type="checkbox"/> Other Pacific Islander – <i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↴ |                                          |

- ☐ Some other race – *Print race or origin.* ↴

## 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
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ 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? For babies less than 1 year old, do not write the age in months. Write 0 as the age.

Print numbers in boxes.

Age (in years)

Month

Day

Year of birth





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

### 5 Is Person 5 of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↴

### 6 What is Person 5's race?

Mark (X) one or more boxes **AND** print origins.

- ☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴
- ☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴
- ☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

- |                                                                                                       |                                                                                                                  |                                          |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Chinese                                                                      | <input type="checkbox"/> Vietnamese                                                                              | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino                                                                     | <input type="checkbox"/> Korean                                                                                  | <input type="checkbox"/> Samoan          |
| <input type="checkbox"/> Asian Indian                                                                 | <input type="checkbox"/> Japanese                                                                                | <input type="checkbox"/> Chamorro        |
| <input type="checkbox"/> Other Asian – <i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↴ | <input type="checkbox"/> Other Pacific Islander – <i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↴ |                                          |

- ☐ Some other race – *Print race or origin.* ↴

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

### Person 6

Last Name (Please print)

First Name

MI



Sex ☐ Male ☐ Female

Age (in years)

  

### Person 7

Last Name (Please print)

First Name

MI



Sex ☐ Male ☐ Female

Age (in years)

  

### Person 8

Last Name (Please print)

First Name

MI



Sex ☐ Male ☐ Female

Age (in years)

  

### Person 9

Last Name (Please print)

First Name

MI


Sex ☐ Male ☐ Female

Age (in years)

  

### Person 10

Last Name (Please print)

First Name

MI



Sex ☐ Male ☐ Female

Age (in years)

  

### Person 11

Last Name (Please print)

First Name

MI



Sex ☐ Male ☐ Female

Age (in years)

  

### Person 12

Last Name (Please print)

First Name

MI



Sex ☐ Male ☐ Female

Age (in years)

  


# Housing

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

**1 Which best describes this building?**

Include all apartments, flats, etc., even if vacant.

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

**2 About when was this building first built?**

- ☐ 2020 or later – Specify year

- ☐ 2010 to 2019
- ☐ 2000 to 2009
- ☐ 1990 to 1999
- ☐ 1980 to 1989
- ☐ 1970 to 1979
- ☐ 1960 to 1969
- ☐ 1950 to 1959
- ☐ 1940 to 1949
- ☐ 1939 or earlier

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

Month      Year

**A** Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.

**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

## Housing (continued)

- 7 Does this house, apartment, or mobile home have –**

	Yes	No
a. hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>
b. a bathtub or shower?	<input type="checkbox"/>	<input type="checkbox"/>
c. a sink with a faucet?	<input type="checkbox"/>	<input type="checkbox"/>
d. a stove or range?	<input type="checkbox"/>	<input type="checkbox"/>
e. a refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>

- 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?**

	Yes	No
a. Desktop or laptop	<input type="checkbox"/>	<input type="checkbox"/>
b. Smartphone	<input type="checkbox"/>	<input type="checkbox"/>
c. Tablet or other portable wireless computer	<input type="checkbox"/>	<input type="checkbox"/>
d. Some other type of computer <i>Specify</i> ↗	<input type="checkbox"/>	<input type="checkbox"/>

- 10 At this house, apartment, or mobile home – do you or any member of this household 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 –**

	Yes	No
a. cellular data plan for a smartphone or other mobile device?	<input type="checkbox"/>	<input type="checkbox"/>
b. broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?	<input type="checkbox"/>	<input type="checkbox"/>
c. satellite Internet service installed in this household?	<input type="checkbox"/>	<input type="checkbox"/>
d. dial-up Internet service installed in this household?	<input type="checkbox"/>	<input type="checkbox"/>
e. some other service? <i>Specify service</i> ↗	<input type="checkbox"/>	<input type="checkbox"/>

- 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

# Housing (continued)

- 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  
☐ No

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

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

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

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

Monthly amount – Dollars

\$       .00

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

- ☐ Yes  
☐ No



# Person 1

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

Last Name

First Name

MI

## 7 Where was this person born?

- ☐ In the United States – Print name of state.

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

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

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

- ☐ No, not a U.S. citizen

## 9 When did this person come to live in the United States? If this person came to live in the United States more than once, print latest year.

Year

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

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

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

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

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

### NO SCHOOLING COMPLETED

- ☐ No schooling completed

### NURSERY OR PRESCHOOL THROUGH GRADE 12

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

- ☐ 12th grade – NO DIPLOMA

### HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

### COLLEGE OR SOME COLLEGE

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

### AFTER BACHELOR'S DEGREE

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



## Person 1 (continued)

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

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

  
  


- 13** What is this person's ancestry or ethnic origin?

  


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

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

- ☐ Yes  
☐ No → SKIP to question 15a

- b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

- c. How well does this person speak English?

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

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

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

- ☐ No, different house in the United States or Puerto Rico

- b. Where did this person live 1 year ago?

Address (Number and street name)

  


Name of city, town, or post office

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

Name of U.S. state or Puerto Rico

ZIP Code

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

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

## Person 1 (continued)

**G** 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 → SKIP to question 18a

- 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

**H** Answer questions 19a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.

- 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

**I** Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.

- 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 → SKIP to **J** on the next page

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

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

- 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

## Person 1 (continued)

**J** Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.

**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 → SKIP to question 27

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- ☐ Yes  
☐ No → SKIP to question 27

c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

- ☐ Less than 6 months  
☐ 6 to 11 months  
☐ 1 or 2 years  
☐ 3 or 4 years  
☐ 5 or more years

**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 → SKIP to question 30a  
☐ Only on active duty for training in the Reserves or National Guard → SKIP to question 29a  
☐ Now on active duty  
☐ On active duty in the past, but not now

**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 1950  
☐ World War II (December 1941 to December 1946)  
☐ November 1941 or earlier

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

- ☐ Yes (such as 0%, 10%, 20%, ... , 100%)  
☐ No → SKIP to question 30a

b. What is this person's service-connected disability rating?

- ☐ 0 percent  
☐ 10 or 20 percent  
☐ 30 or 40 percent  
☐ 50 or 60 percent  
☐ 70 percent or higher

## Person 1 (continued)

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

- ☐ Yes → SKIP to question 31
- ☐ No – Did not work (or retired)

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

- ☐ Yes
- ☐ No → SKIP to question 36a

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

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

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

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

- c. Is the work location inside the limits of that city or town?**

- ☐ Yes
- ☐ No, outside the city/town limits

- d. Name of county**

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

- f. ZIP Code**

- 32 How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.**

- |                                                               |                                                                  |
|---------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Car, truck, or van                   | <input type="checkbox"/> Taxicab                                 |
| <input type="checkbox"/> Bus                                  | <input type="checkbox"/> Motorcycle                              |
| <input type="checkbox"/> Subway or elevated rail              | <input type="checkbox"/> Bicycle                                 |
| <input type="checkbox"/> Long-distance train or commuter rail | <input type="checkbox"/> Walked                                  |
| <input type="checkbox"/> Light rail, streetcar, or trolley    | <input type="checkbox"/> Worked from home → SKIP to question 40a |
| <input type="checkbox"/> Ferryboat                            | <input type="checkbox"/> Other method                            |

- K** Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.

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

Person(s)

- 34 LAST WEEK, what time did this person's trip to work usually begin?**

Hour

Minute



- ☐ a.m.
- ☐ p.m.

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

Minutes

- L** Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to question 40a.

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

- ☐ Yes → SKIP to question 36c
- ☐ No

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

- ☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 39
- ☐ No → SKIP to question 37

- 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 38
- ☐ No

## Person 1 (continued)

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

- ☐ Yes  
☐ No → *SKIP* to question 39

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

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

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

- ☐ Within the past 12 months  
☐ 1 to 5 years ago → *SKIP* to **M**  
☐ Over 5 years ago or never worked → *SKIP* to question 43

- 40** a. During the **PAST 12 MONTHS (52 weeks)**, did this person work **EVERY** week? Count paid vacation, paid sick leave, and military service as work.

- ☐ Yes → *SKIP* to question 41  
☐ No

- 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.

Weeks

 

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

Usual hours worked each **WEEK**

  

**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.)?



## Person 2

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.

INFORMATIONAL COPY





# Mailing Instructions

## → Please make sure you have...

- listed all names and answered the questions on pages 2 – 7
- answered all Housing questions
- answered all Person questions for each person

## → Then...

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

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

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

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

## For Census Bureau Use

POP

EDIT

PHONE

JIC1

JIC2

EDIT CLERK

TELEPHONE CLERK

JIC3

JIC4

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, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to [acso.pra@census.gov](mailto:acso.pra@census.gov); use "Paperwork Project" 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(INFO)(2021) (05-18-2020)

