

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

This booklet shows the content of the Puerto Rico Community Survey questionnaire.

This questionnaire is available in either English or Spanish. Este cuestionario está disponible en español o en inglés.

To complete the English questionnaire, begin on page 2. To complete the Spanish questionnaire, flip this over and complete the yellow side.

Please complete this form as soon as possible. Place it in the envelope provided and HOLD it for a census representative to return to pick it up.

**If you need help** or have questions about completing this form, call the number that our census representative has given you.

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

Para completar el cuestionario en inglés, comience en la página 2. Para completar el cuestionario en español, vírelo y complete el lado amarillo.

Por favor, complete este cuestionario tan pronto sea posible. Colóquelo en el sobre que se provee y GUÁRDELO hasta que un representante del censo lo venga a recoger.

**Si necesita ayuda** o tiene preguntas sobre cómo completar este cuestionario, llame al número de teléfono que le ha dado nuestro representante del censo.

**Para obtener más información** sobre la Encuesta sobre la Comunidad de Puerto Rico, vaya a nuestra página en la Internet: http://www.census.gov/acs.

**CENSUS USE ONLY** 

How was this form completed?

English

☐ Spanish

FORM ACS-1(GQ)(PR)(2011) (09-08-2010)

OMB No. 0607-0810



USCENSUSBUREAU

1	What is your name? Please print your name.	Wh	a <b>t is your race?</b> Mark (X	) one or more	7 Are you a citizen of the United States?
	Include your telephone number, and today's date so we can contact you if there is a question.	box	res.	В	Yes, born in Puerto Rico → SKIP to
ı	Last Name		White	logro	question 9a  Yes, born in a U.S. State, District of
ı			Black, African Am., or N American Indian or Alas	_	Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas
ı	First Name MI		name of enrolled or pri		Yes, born abroad of U.S. citizen parent or
ı	I III				parents  Yes, U.S. citizen by naturalization – <i>Print</i>
ı					year of naturalization
ı	Area Code + Number				
ı			Asian Indian Chinese	Native Hawaiian	
ı	Today's Date		Filipino	Guamanian or Chamorro	No, not a U.S. citizen
ı	Month Day Year		Japanese	Samoan	Null and did account to the in Process Pines
ı			Korean	Other Pacific Islander – <i>Print</i>	When did you come to live in Puerto Rico? Print numbers in boxes.
ı			Vietnamese	race, for example Fijian, Tongan, //	ear
7	What is your sex? Mark (X) ONE box.		Other Asian – Print race for example, Hmong,	, and so on.	
Ï	☐ Male ☐ Female		Laotian, Thai, Pakistani,		
ı	□ Ividie □ Female		Cambodian, and so on.		9 a. At any time IN THE LAST 3 MONTHS, have
3	What is your age and what is your date of				you attended school or college? Include
T	<b>birth?</b> Please report babies as age 0 when the child is less than 1 year old.				only nursery or preschool, kindergarten, elementary school, home school, and schooling
ı	Print numbers in boxes.		Some other race – Print	race –	which leads to a high school diploma or a college degree.
ı	Age (in years) Month Day Year of birth		Joine other race Trive	>	No, have not attended in the last 3
ı					months → SKIP to question 10
ı					Yes, public school, public college
1	NOTE: Please answer BOTH Question 4				Yes, private school, private college, home school
î	about Hispanic origin and Question 5 about race. For this survey, Hispanic		ere were you born?		b. What grade or level were you attending?
ı	origins are not races.		In the United States – P	rint name of state.	Mark (X) ONE box.
					Nursery school, preschool
4	Are you of Hispanic, Latino, or Spanish				Kindergarten
T	origin?	<i>&gt;&gt;</i> □	Outside the United Stat Puerto Rico or name of		Grade 1 through 12 – Specify grade 1 - 12 —
ı	No, not of Hispanic, Latino, or Spanish origin		or U.S. Virgin Islands, G	uam, etc.	
	Yes, Mexican, Mexican Am., Chicano				
	Yes, Puerto Rican				College undergraduate years (freshman
ı	Yes, Cuban				to senior) Graduate or professional school beyond
	Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.				a bachelor's degree (for example: MA or PhD program, or medical or law school)

	What is the highest degree or level of school you have COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED	2 Wha	t is your ancestry or ethnic origin?	B	IN THE PAST 12 MONTHS, did yo Nutritional Assistance Program Nutritional Assistance Program Do NOT include WIC or the Nation Program.	n benef n benef	fits or a fit card?
ı	No schooling completed		example: Italian, Jamaican, African Am., podian, Cape Verdean, Norwegian,		Yes		
ı	NURSERY OR PRESCHOOL THROUGH GRADE 12	Dom	inican, French Canadian, Haitian, Korean, nese, Polish, Nigerian, Mexican, Taiwanese,		□ No		
ı	Nursery school	Ukra	inian and so on )	a	Are you CURRENTLY covered by	, any o	f the
ı	Kindergarten	3 a. D	o you speak a language other than nglish at home?		following types of health insur	ance o	r
ı	Grade 1 through 11 – Specify				health coverage plans? Mark "Y for EACH type of coverage in item.	es or s a – h.	NO
I	grade 1 – 11 –		No → SKIP to question 14a		a. Insurance through a current	Yes	No
ı		h W	hat is this language?		or former employer or union (of yours or another family		
ı	12th grade – NO DIPLOMA	D. W	nat is this language:		member)		
ı	HIGH SCHOOL GRADUATE	_		10	b. Insurance purchased directly from an insurance company		
ı	Regular high school diploma		r example: Korean, Italian, Spanish, Vietnamese	$\neq$	(by you or another family member)		
ı	GED or alternative credential	C. H	ow well do you speak English?		•		
ı	COLLEGE OR SOME COLLEGE		Very well Well		c. Medicare, for people 65 and older, or people with certain		
ı	Some college credit, but less than 1 year of				disabilities		
ı	college credit  1 or more years of college credit, no degree				d. Medicaid, Medical Assistance, or any kind of government-		
ı		4) a. D	d you live at this address 1 year ago?		assistance plan for those with		
ı	Bachelor's degree (for example: BA, BS)		Person is under 1 year old $\rightarrow$ SKIP to		low incomes or a disability		
ı	AFTER BACHELOR'S DEGREE	Г	question 16  Yes, at this address → SKIP to		e. TRICARE or other military health care		
ı	Master's degree (for example: MA, MS,	_	question 15		•		
ı	MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's		No, outside Puerto Rico and the United States – Print name of foreign		f. VA (including if you have ever used or enrolled for		
ı	degree (for example: MD, DDS, DVM, LLB, JD)		country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15		VA health care)		
ı	Doctorate degree (for example: PhD, EdD)		The state of the s		g. Indian Health Service		
ı					h. Any other type of health		
l			No, at a different address in the United States or Puerto Rico		insurance or health coverage plan – <i>Specify</i> ✓		
B	Answer question 11 if you have a bachelor's degree or higher. Otherwise, SKIP to	<b>b</b> 10	here did you live 1 year ago?		pian – Specify		
ı	question 12.	$\Diamond$	ddress				
ŀ		D	evelopment or condominium name umber and street name				
	·		and street name				
1	This question focuses on your BACHELOR'S DEGREE. Please print below the specific						
ı	major(s) of any BACHELOR'S DEGREES you have received. (For example: chemical	_					
ı	engineering, elementary teacher education, organizational psychology)	N. in	ame of city, town, post office, military stallation, or base				
ı	organizational psychology)		Julia de la supe				
ı			ame of municipio in Puerto Rico U.S. county				
			nter Puerto Rico or nme of U.S. state ZIP Code				
			Lii Gode				

1	☐ Yes☐ No	What is your marital status? Now married Widowed Divorced Separated Never married → SKIP to E In the PAST 12 MONTHS did you get – Yes No a. Married? b. Widowed? c. Divorced?	Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.  Yes, now on active duty Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only → SKIP to question 28a No, never served in the military → SKIP to question 29a
	any more questions.	2 How many times have you been married?	
1	a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?  Yes No  b. Do you have serious difficulty walking or climbing stairs?  Yes No  c. Do you have difficulty dressing or bathing?  Yes No	Once Two times Three or more times  In what year did you last get married? Year  Answer question 24 if you are temale and 15 – 50 years old. Otherwise, SKIP to question 25a.  Have you given birth to any children in the past 12 months?	When did you serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which you served, even if just for part of the period.  September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier
1	Answer question 19 if you are 15 years old or over. Otherwise, SKIP to on page 7 for further instructions; do not answer any more questions.  Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?  Yes No	a. Do you have any of your own grandchildren under the age of 18 living in this place?  Yes  No → SKIP to question 26  b. Are you currently responsible for most of the basic needs of any grandchildren under the age of 18 who lives in this place?  Yes  No → SKIP to question 26  c. How long have you been responsible for these grandchildren? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.  Less than 6 months  3 or 4 years  6 to 11 months  5 or more years	<ul> <li>a. Do you have a VA service-connected disability rating?</li> <li>Yes (such as 0%, 10%, 20%,, 100%)</li> <li>No → SKIP to question 29a</li> <li>b. What is your service-connected disability rating?</li> <li>0 percent</li> <li>10 or 20 percent</li> <li>30 or 40 percent</li> <li>50 or 60 percent</li> <li>70 percent or higher</li> </ul>

29	<ul><li>a. LAST WEEK, did you work for pay at a job (or business)?</li><li>Yes → SKIP to question 30</li></ul>	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.  During the LAST 4 WEEKS, have you been ACTIVELY looking for work?  Yes
	☐ No – Did not work (or retired)	No → SKIP to question 38
	b. LAST WEEK, did you do ANY work for pay, even for as little as one hour?	How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?  LAST WEEK, could you have started a job if offered one, or returned to work if recalled?
	☐ Yes	Person(s)
ı	$\square$ No → SKIP to question 35a	Yes, could have gone to work
30	At what location did you work LAST	No, because of own temporary illness
	<b>WEEK?</b> If you worked at more than one location, print where you worked most last week.	No, because of all other reasons (in school, etc.)  What time did you usually leave this
	a. Address	address to go to work LAST WEEK?  When did you last work, even for a
ı	Development or condominium name	Hour Minute few days?
	Number and street name	
ı		p.m. 1 to 5 years ago → SKIP to H
	description of the location such as the building	How many minutes did it usually take you to get from this address to work  Over 5 years ago or never worked → SKIP to question 47
	<ul><li>name or the nearest street or intersection.</li><li>b. Name of city, town, post office, military installation, or base</li></ul>	Minutes  a. During the PAST 12 MONTHS (52 weeks), did you work 50 or more weeks? Count paid time off as work.
		Yes → SKIP to question 40  No
	c. Is the work location inside the limits of that city or town?	Answer questions 35 38 if you did NOT work last week. Otherwise, SKIP to question 39a.  b. How many weeks DID you work, even for a few hours, including paid vacation, paid sick leave, and military service?
ı	No, outside the city/town limits	
ı		50 to 52 weeks
ı	d. Name of municipio in Puerto Rico or U.S. county	35 a. LAST WEEK, were you on layoff from 48 to 49 weeks
ı	,	- 40 to 47 Weeks
ı		Yes → SKIP to question 35c 27 to 39 weeks
ı	e. Enter Puerto Rico or name of U.S. state	No 14 to 26 weeks
	or foreign country	b. LAST WEEK, were you TEMPORARILY absent from a job or business?
	f. ZIP Code	Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38  During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually work each WEEK?  Usual hours worked each WEEK
		question 38  Usual hours worked each WEEK  No → SKIP to question 36
1	How did you usually get to work LAST WEEK? If you usually used more than one method of transportation during the trip,	c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?
	mark (X) the box of the one used for most of the distance.	<ul><li>Yes → SKIP to question 37</li><li>No</li></ul>
	Car, truck, or van Motorcycle	
	Bus or trolley bus Bicycle	
	Carro público Walked	
	Subway or elevated Worked at this	
	☐ Railroad address → SKIP to question 39a	
	Ferryboat Other method	
	Taxicab	

Answer questions 41 – 46 if you worked in the past 5 years. Otherwise, SKIP to question 47.	What kind of work were you doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)	d. Did you receive any Social Security or Railroad Retirement income in the PAST 12 MONTHS?
41–46 CURRENT OR MOST RECENT JOB ACTIVITY  Describe clearly your chief job activity or business last week. If you had more than one job, describe the one at which you worked the most hours. If you did not have a job or business last week, give information for your last job or business.	What were your most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)	Yes → What was the amount?  Total amount - Dollars  \$ .00  No  e. Did you receive any Supplemental Security Income (SSI) in the PAST 12
1) Were you –  Mark (X) ONE box.		MONTHS?
an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, municipio, etc.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? working WITHOUT PAY in family business or farm?  For whom did you work? If now on active duty in the Armed Forces, mark (x) this box → and print the branch of the Armed Forces.  Name of company, business, or other employer	INCOME IN THE PAST 12 MONTHS  Mark (X) the "Yes" box for each type of income you received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)  Mark (X) the "No" box to show types of income NOT received.  If your net income was a loss, mark the "Loss" box to the right of the dollar amount.  For income received jointly, report only your share of the amount received or earned.  a. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?  Yes → What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?  Total amount - Dollars  b. Did you have any self-employment income from own nonfarm businesses	welfare office in the PAST 12 MONTHS?  Yes → What was the amount?  Total amount - Dollars  No  g. Did you receive any retirement, survivor, or disability pensions in the PAST 12  MONTHS? Do NOT include Social Security.  Yes → What was the amount?  Total amount - Dollars  No  No  h. Did you have any other sources of income received regularly such as Veterans' (VA)
What kind of business or industry was this Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)	or farm businesses, including proprietorships and partnerships, in the PAST 12 MONTHS?  Yes → What was the net income after business expenses?  Total amount - Dollars  Loss	payments, unemployment compensation, child support, or alimony in the PAST 12 MONTHS? Do NOT include lump sum payments such as money from an inheritance or sale of a home.  ☐ Yes → What was the amount?
4 Is this mainly – Mark (X) ONE box.  manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?	No  c. Did you receive any interest, dividends,	No  What was your total income during the PAST 12 MONTHS? Add entries 47a–47h; subtract any losses. If net income was a loss, enter the amount and mark (x) the "Loss" box next to the dollar amount.  Total amount - Dollars  None OR

**Thank you** very much for your participation.

Place the questionnaire in the envelope and HOLD for your Census Bureau Representative to pick up.



The Census Bureau estimates that this form will take about 25 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate, including suggestions for reducing this burden, to: Paperwork Reduction Project 0607-0810, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0810" as the subject.

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.