U.S. CENSUS BUREAU

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration



THE American Community Survey

This booklet shows the content of the American 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 green 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 American Community Survey, visit our web site at: http://www.census.gov/acs.

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

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 Estadounidense, vaya a nuestra página en la Internet: http://www.census.gov/acs.

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How was this form completed?

English

☐ Spanish

FORM ACS-1(GQ)(INFO)(2012) (07-18-2011)

OMB No. 0607-0810



	What is your mana? Diagon print your name	MA	at is your was 7 Mayle (Y) and ar mays		wayou a citizan of the United States?
١	What is your name? Please print your name. Include your telephone number, and today's date so we can contact you if there is a question.	box	at is your race? Mark (X) one or more es. B	Ι.	Are you a citizen of the United States?
	Last Name		White		Yes, born in the United States → SKIP to question 9a
			Black, African Am., or Negro		Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
			American Indian or Alaska Native – <i>Print</i> name of enrolled or principal tribe.	[Yes, born abroad of U.S. citizen parent or
	First Name MI		name of emolica of principal crise.	١ ,	parents Yes, U.S. citizen by naturalization – <i>Print</i>
					year of naturalization
	Area Code + Number				
	Area Code + Number		Asian Indian Native Hawaiian		
			Chinese Guamanian	[No, not a U.S. citizen
	Today's Date		Filipino or Chamorro		Whom did you some to live in the
	Month Day Year		Japanese Other Pacific		Vhen did you come to live in the Inited States? Print numbers in boxes.
			Korean Islander – Print		ear
			Vietnamese Fijian, Tongan, Other Asian – Print race, and so on.		
2	What is your sex? Mark (X) ONE box.		for example, Hmong,	⊳ ∟	
	☐ Male ☐ Female		Laotian, Thai, Pakistani, Cambodian, and so on.	9 a	. At any time IN THE LAST 3 MONTHS, have
					you attended school or college? Include only nursery or preschool, kindergarten,
Ę	What is your age and what is your date of birth? Please report babies as age 0 when the				elementary school, home school, and schooling which leads to a high school diploma or a
	child is less than 1 year old.				college degree.
	Print numbers in boxes. Age (in years) Month Day Year of birth		Some other race Print race.		No, have not attended in the last 3
					months → SKIP to question 10 Yes, public school, public college
					Yes, private school, private college,
					home school
A	NOTE: Please answer BOTH Question 4 about Hispanic origin and Question 5	Wh	ere were you born?	b	o. What grade or level were you attending? Mark (X) ONE box.
	about race. For this survey, Hispanic origins are not races.		In the United States – Print name of state.		
					Nursery school, preschoolKindergarten
	Are you of Hispanic, Latino, or Spanish	\mathbb{K}^{-}			Grade 1 through 12 – Specify
٩	origin?		Outside the United States – Print name		grade 1 - 12
	No, not of Hispanic, Latino, or		of foreign country, or Puerto Rico, Guam, etc.		
	Spanish origin Yes, Mexican, Mexican Am., Chicano				College undergreed vista vistario (freelonge
	Yes, Puerto Rican				College undergraduate years (freshman to senior)
	Yes, Cuban				Graduate or professional school beyond a bachelor's degree (for example: MA or
	 Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, 				PhD program, or medical or law school)
	Argentinean, Colombian, Dominican,				
	Nicaraguan, Salvadoran, Spaniard, and so on.				
-1					

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 No schooling completed	What is your ancestry or ethnic origin? (For example: Italian, Jamaican, African Am.,	15 IN THE PAST 12 MONTHS, did you receive Food Stamps or a Food Stamp benefit card? Include government benefits from the Supplemental Nutrition Assistance Program (SNAP). Do NOT include WIC or the National School Lunch Program.		
NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school	Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.) 3 a. Do you speak a language other than English at home?	Yes No Are you 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.		
☐ 12th grade – NO DIPLOMA	YesNo → SKIP to question 14ab. What is this language?	a. Insurance through a current or former employer or union (of yours or another family member)		
HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE	For example: Korean, Italian, Spanish, Vietnamese c. How well do you speak English? Very well	member) c. Medicare, for people 65 and		
 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) 	Well Not well Not at all A Did you live at this address 1 year ago?	older, or people with certain disabilities d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability		
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)	Person is under 1 year old → SKIP to question 16 Yes, at this address → SKIP to question 15 No, outside the United States and Puerto Rico – Print name of foreign	e. TRICARE or other military health care f. VA (including if you have ever used or enrolled for VA health care)		
Doctorate degree (for example: PhD, EdD)	etc., below; then SKIP to question 15	g. Indian Health Service h. Any other type of health insurance or health coverage		
degree or higher. Otherwise, SKIP to question 12. This question focuses on your BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES you	No, at a different address in the United States or Puerto Rico b. Where did you live 1 year ago? Address (Number and street name)	plan – Specify Z		
have received. (For example: chemical engineering, elementary teacher education, organizational psychology)	Name of city, town, post office, military installation, or base Name of U.S. county or municipio in Puerto Rico			
	Name of U.S. state or Puerto Rico ZIP Code			

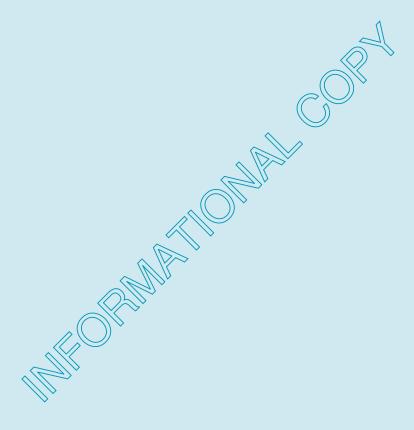
1	a. Are you deaf or do you have serious difficulty hearing? Yes No b. Are you blind or do you have serious difficulty seeing even when wearing glasses? Yes No Answer question 18a – c if you are 5 years old or over. Otherwise, SKIP to on page 7 for further instructions; do not answer	 Now married Widowed Divorced Separated Never married → SKIP to E 	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
١		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	Once Two times Three or more times In what year did you last get married? Year Answer question 24 if you are female and 15 – 50 years old. Otherwise, SKIP to question 25a.	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
١			- November 13 11 or earner
	Answer question 19 if you are 15 years old or over. Otherwise, SKIP to 1 on page 7 for further instructions; do not answer any more questions.	you have any of your own grandchildren under the age of 18 living in this place? Yes No → SKIP to question 26	 a. Do you have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No → SKIP to question 29a
1	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	 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 1 or 2 years 	b. What is your service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher

29	 a. LAST WEEK, did you work for pay at a job (or business)? Yes → SKIP to question 30 	Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33. 36 During the LAST 4 WEEKS, have you been ACTIVELY looking for work? Yes
П	☐ No – Did not work (or retired)	\square No \rightarrow SKIP to question 38
П		
	b. LAST WEEK, did you do ANY work for pay, even for as little as one hour? Yes	How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK? Person(s) Yes, could have gone to work
П	No → SKIP to question 35a	
П		No, because of own temporary illness
30	At what location did you work LAST WEEK? If you worked at more than one	No, because of all other reasons (in school, etc.)
	location, print where you worked most	address to go to work LAST WEEK? 38 When did you last work, even for a
	last week.	Hour Minute few days?
П	a. Address (Number and street name)	a.m.
П		Within the past 12 months
П		
П		1 to 5 years ago → SKIP to H
	If the exact address is not known, give a description of the location such as the building name or the nearest street or intersection.	you to get from this address to work
П	b. Name of city, town, post office, military	a. During the PASI 12 MONTHS (52 Weeks),
П	installation, or base	Minutes did you work 50 or more weeks? Count
П		paid time off as work.
П		☐ Yes → SKIP to question 40
П		
П		│
П	c. Is the work location inside the limits of	
П	that city or town?	Answer questions 35 738 it you did NOT b. How many weeks DID you work, even
П	Yes	work last week. Otherwise, SKIP to question for a few hours, including paid vacation,
П		paid sick leave, and military service?
П	No, outside the city/town limits	50 to 52 weeks
П	d. Name of county	35 a. LAST WEEK, were you on layoff from 48 to 49 weeks
П		a job
П		Xes → SKIP to question 35c
П		
П	e. Name of U.S. state or foreign country	↓ (() No
		13 weeks or less
		D. LAST WEEK, WERE YOU TEMPORARILY
		absent from a job or business?
	(=== (Yes, on vacation, temporary illness, WORKED, how many hours did you usually
	f. ZIP Code	maternity leave, other family/personal work each WEEK?
		reasons, bad weather, etc. → SKIP to
		question 38 Usual hours worked each WEEK
		□ No → SKIP to question 36
*	How did you usually get to work LAST	
Ψ	WEEK? If you usually used more than one	c. Have you been informed that you will be
	method of transportation during the trip,	recalled to work within the next 6 months
	mark (X) the box of the one used for most	OR been given a date to return to work?
	of the distance.	Yes → SKIP to question 37
	Car, truck, or van Motorcycle	□ No
	☐ Bus or trolley bus ☐ Bicycle	
	Streetcar or Walked	
	trolley car	
	vvorked at this	
	Subway or elevated address → SKIP	
	Railroad to question 39a	
	Ferryboat Other method	
	Taxicab	

Γ			
H	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? Yes → What was the amount?
	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)	Total amount - Dollars No e. Did you receive any Supplemental Security Income (SSI) in the PAST 12 MONTHS?
4	Mark (X) ONE box.		Yes → What was the amount?
	an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions? an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? a local GOVERNMENT employee (city, county, etc.)? a state GOVERNMENT employee? a Federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED	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.	Total amount - Dollars \$.00 No f. Did you receive any public assistance or welfare payments from the state or local welfare office in the PAST 12 MONTHS? □ Yes → What was the amount? Total amount - Dollars \$.00
	business, professional practice, or farm? working WITHOUT PAY in family business or farm?	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	Did you receive any retirement, survivor, or disability pensions in the PAST 12 MONTHS? Do NOT include Social Security.
	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	taxes, bonds, dues, or other items? Total amount - Dollars No	Yes → What was the amount? Total amount - Dollars \$.00
4	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)	b. Did you have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in the PAST 12 MONTHS? Yes → What was the net income after business expenses? Total amount - Dollars	h. Did you have any other sources of income received regularly such as Veterans' (VA) 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?
44	Is this mainly – Mark (X) ONE box.	\$ Loss	Total amount - Dollars S .00
	manufacturing? wholesale trade? retail trade? other (agriculture, construction, service, government, etc.)?	c. Did you receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in the PAST 12 MONTHS? Report even small amounts credited to an account. Yes → What was the amount? Total amount - Dollars No	What was your total income during the PAST 12 MONTHS? Add entries 47a to 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.



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CLN303 03E ONE!				
1. Who answered the questions on this form? Mark (X) one box.				
Sample resident				
		Proxy respondent		
		SSS individual		
		A combination of sources		
		Don't know		
2.	2. How were the questions on this form completed? Mark (X) one box.			
		By self-response		
		By personal interview - Specify reason 🔀	1	
3.		re administrative records used to complete any ork (X) one box.	of the questions on this form?	
		No		
		Yes, Some administrative record information was up	red	
		Yes, All responses were obtained from administration		
		Don't know	Σ_{κ}	
Г			Reason (code 219 or 243):	
		Final Outcome Codes	11003011 (0000 210 01 240).	
Mark (x) ONE of the codes below to indicate the final outcome of the case. If code 219 or 243 is marked, explain reason in the space provided.		final outcome of the case. If code 2(9 or 243 is		
			-	
L		Interview		
		☐ 201 ☐ 213		
		□ 203 □ 214 □ 215		
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L	Othe	r – Specify —		İ
	hav	e reviewed the questionnaire for completeness.		
ı	FR's name FR's code Date of interview			