

Bureau of the Census

THE American Community Survey



An area's people are its most important resource. Information about people and their housing is very important to local communities as well as to the Nation, and is used for planning and funding programs at all levels. The Census Bureau is conducting the American Community Survey to collect information on subjects like education, employment, income, and housing – information usually collected only once every ten years during the census. The Census Bureau's American Community Survey will provide this vital information on a continual basis.

Please review the form before you begin filling it out. You will notice that it is divided into three parts . . .

- basic information about the people who live or are staying at the address on the mailing label,
- specific information about the house or apartment, and
- detailed information about each person living or staying here.

Additional instructions inside will help you accurately complete the form.

Please insert your completed survey form into the return envelope so that the barcode shows through the window.

Step 1

Please PRINT the name of the person who is filling this form, a telephone number where someone in this household can be reached, and the date the form was filled.

Last name	First name	Middle initial
<input type="text"/>		
Area code	Telephone number	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 2

How many people are living or staying at this address?

Number of persons



IF YOU NEED HELP OR HAVE QUESTIONS ABOUT HOW TO COMPLETE YOUR FORM OR WHOM TO INCLUDE ON YOUR FORM, CALL **1-800-354-7271**. THE TELEPHONE CALL IS FREE.

Telephone Device for the Deaf (TDD) – Call 1-800-582-8330. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-800-354-7271.

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FORM **ACS-1**
(8-9-96)

OMB No. 0607-0810
Approval Expires 09/30/98

Step 3 WHOM TO INCLUDE ON THE FORM

Please fill this form for ALL people who are living here, and ALL people who are staying here for more than two months. PRINT the names of these people in the List of Residents column. Begin with the name of the household member in whose name this place is owned or rented. Put this person's name in the PERSON 1 box.

Be sure to list all family members, as well as roommates, foster children, boarders, and live-in employees. Remember to include yourself on the list.

If there are people who live here but are currently staying somewhere else for more than two months, like a college student who is now away at school, DO NOT include him/her on the List of Residents.

If a person is staying here for two months or less and usually lives somewhere else, DO NOT include him/her on the List of Residents.

If EVERYONE staying here is here only temporarily for two months or less and usually lives somewhere else, DO NOT list any names on the List of Residents. However, please answer the questions on pages 4 and 5. Information about short-term visitors is not needed for this survey, but information about the house or apartment is.

If you are not sure whom to include, call 1-800-354-7271.

If there are more than five people who should be listed, use the spaces at the bottom of pages 2 and 3 for their names. We will contact you by telephone to obtain the information for them.

Step 4 HOW TO FILL THE FORM

The questions on pages 2 and 3 are printed at the top of the columns. Please answer each question for every person whose name appears on the List of Residents. Enter these names in the detailed information sections of the form that begin on page 6, after you complete the questions on pages 4 and 5.

<i>List of Residents</i> Print the last name, first name, and middle initial for each person who should be included in the list.	<i>Question 1</i> What is this person's sex?	<i>Question 2</i> What is this person's date of birth and what is this person's age?	<i>Question 3</i> How is this person related to Person 1?
PERSON 1 Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Month Day Year of birth _____ Age (in years) _____	Person 1 is the person living or staying here who owns or rents this unit; that is, the person whose name is on the deed or the lease. If there is no such person, start with the name of any adult household member.
PERSON 2 Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Month Day Year of birth _____ Age (in years) _____	Relationship of Person 2 to Person 1 <input type="checkbox"/> Husband or wife <input type="checkbox"/> Other relative <input type="checkbox"/> Son or daughter <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Brother or sister <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Father or mother <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster child <input type="checkbox"/> In-law <input type="checkbox"/> Other nonrelative
PERSON 3 Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Month Day Year of birth _____ Age (in years) _____	Relationship of Person 3 to Person 1 <input type="checkbox"/> Husband or wife <input type="checkbox"/> Other relative <input type="checkbox"/> Son or daughter <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Brother or sister <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Father or mother <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster child <input type="checkbox"/> In-law <input type="checkbox"/> Other nonrelative
PERSON 4 Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Month Day Year of birth _____ Age (in years) _____	Relationship of Person 4 to Person 1 <input type="checkbox"/> Husband or wife <input type="checkbox"/> Other relative <input type="checkbox"/> Son or daughter <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Brother or sister <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Father or mother <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster child <input type="checkbox"/> In-law <input type="checkbox"/> Other nonrelative
PERSON 5 Last name _____ First name _____ Middle initial _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Month Day Year of birth _____ Age (in years) _____	Relationship of Person 5 to Person 1 <input type="checkbox"/> Husband or wife <input type="checkbox"/> Other relative <input type="checkbox"/> Son or daughter <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Brother or sister <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Father or mother <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster child <input type="checkbox"/> In-law <input type="checkbox"/> Other nonrelative
PERSON 6 PERSON 7 PERSON 8 PERSON 9		Last name First name Middle initial _____ _____ _____ _____	

Question 4 What is this person's current marital status?	Question 5 Is this person Spanish/Hispanic/Latino?	Question 6 What is this person's race? Mark <input checked="" type="checkbox"/> one box for the race that the person considers himself/herself to be.														
<input type="checkbox"/> Now married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married	<input type="checkbox"/> No , not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican-Am., Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino – <i>Print group</i> ↘ <input type="text"/>	<input type="checkbox"/> White <input type="checkbox"/> Black, African Am. <input type="checkbox"/> Eskimo <input type="checkbox"/> Aleut <input type="checkbox"/> Indian (Amer.) <i>Print the name of the enrolled or principal tribe</i> → <input type="text"/>	<input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hawaiian <input type="checkbox"/> Korean <input type="checkbox"/> Asian Indian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian <input type="checkbox"/> Other Asian/Pacific Islander – <i>Print group</i> ↘ <input type="text"/>	<input type="checkbox"/> Some other race <input type="checkbox"/> Multiracial <i>Print the race(s) or group below</i>												
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<table border="0"> <thead> <tr> <th data-bbox="655 2197 903 2212">Last name</th> <th data-bbox="909 2197 1185 2212">First name</th> <th data-bbox="1191 2197 1419 2212">Middle initial</th> </tr> </thead> <tbody> <tr> <td data-bbox="469 2222 645 2253">PERSON 10</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td data-bbox="469 2262 645 2293">PERSON 11</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td data-bbox="469 2303 645 2334">PERSON 12</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>			Last name	First name	Middle initial	PERSON 10	<input type="text"/>	<input type="text"/>	PERSON 11	<input type="text"/>	<input type="text"/>	PERSON 12	<input type="text"/>	<input type="text"/>		
Last name	First name	Middle initial														
PERSON 10	<input type="text"/>	<input type="text"/>														
PERSON 11	<input type="text"/>	<input type="text"/>														
PERSON 12	<input type="text"/>	<input type="text"/>														

Please answer questions H1 through H37 for the address on the mailing label.

H1. Which best describes this building? Include all apartments, flats, etc., even if vacant.

- A mobile home or trailer
- 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.

H2. About when was this building first built? If you do not know the exact year, give your best estimate.

____ (Year)

H3. When did PERSON 1 (listed in the List of Residents on page 2) move into this house or apartment?

____ (Month) ____ (Year)

H4a. Do all persons staying in this house or apartment usually spend more than two consecutive months of the year at another residence?

- No
- Yes

b. Where is that residence located? ↗

(U.S. State/foreign country)

c. How long does this household usually spend at that residence?

____ Months each year

NOTE: If you marked "Yes" in H4a, please note that the remaining questions on pages 4 and 5 of this form are asking for information about the house or apartment at the address on the label on the front of this form.

If this unit is in a building that has two or more apartments, SKIP to question H8. Otherwise, continue with H5.

H5. Is this house or mobile home on –

- Less than 1 acre? – SKIP to question H7
- 1 to less than 10 acres?
- 10 or more acres?

H6. IN THE PAST 12 MONTHS, were the sales of all agricultural products from this property \$1,000 or more?

- Yes
- No

H7. Is there a business such as a store or barber shop or a medical office on this property?

- Yes
- No

H8. How many rooms are in this house or apartment? Do NOT count bathrooms, porches, balconies, foyers, halls, half-rooms, or utility rooms.

____ Room(s)

H9. How many bedrooms are in this house or apartment? Count the number of bedrooms that you would list if this house or apartment were for sale or for rent.

____ Bedroom(s)

OR

- None

H10. Does this house or apartment have complete plumbing facilities; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?

- Yes, has all three facilities
- No

H11. Does this house or apartment have complete kitchen facilities; that is, 1) a sink with piped water, 2) a stove or range, and 3) a refrigerator?

- Yes, has all three facilities
- No

H12. Does this house or apartment building get water from –

- A public system such as a city water department or private company?
- An individual drilled well?
- An individual dug well?
- Some other source, such as a spring, creek, river, cistern, etc.?

H13. Is this house or apartment building connected to a public sewer?

- Yes, connected to a public sewer
- No, connected to septic tank or cesspool
- No, uses other means

H14. Does this house or apartment have air conditioning?

- Yes, a central air conditioning system
- Yes, one or more individual room units
- No

H15. Does this house or apartment have a central heating system; that is, one system that heats all or most of the rooms?

- Yes
- No

H16. Is there a telephone in this house or apartment?

- Yes
- No

H17. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

____ Vehicle(s)

OR

- None

H18. Which FUEL is used MOST for heating this house or apartment?

- 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

H19a. LAST MONTH, what was the cost of electricity for this house or apartment?

\$ ____ .00 (Last month)

OR

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

b. LAST MONTH, what was the cost of gas for this house or apartment?

\$ ____ .00 (Last month)

OR

- Included in rent or in condominium fee
- No charge or gas not used

c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house or apartment? If you have lived here less than 12 months, estimate the cost.

\$ ____ .00 (Past 12 months)

OR

- Included in rent or in condominium fee
- No charge

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

\$ ____ .00 (Past 12 months)

OR

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

<p>H20. At any time DURING THE PAST 12 MONTHS, were you or any member of this household enrolled in or receiving benefits from:</p> <p>a. free or reduced-price meals at school through the Federal School Lunch Program or the Federal School Breakfast Program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. the Federal home heating and cooling assistance program?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>H21. At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?</p> <p><input type="checkbox"/> Yes → What was the value of the food stamps?</p> <p style="text-align: center;">\$ <input type="text" value=""/> .00 (12-month amount)</p> <p><input type="checkbox"/> No</p> <p>H22. Is this house or apartment part of a condominium?</p> <p><input type="checkbox"/> Yes → What is the monthly condominium fee?</p> <p style="text-align: center;">\$ <input type="text" value=""/> .00 (Monthly)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> None <input type="checkbox"/> No</p> <p>H23. Is this house or apartment –</p> <p><input type="checkbox"/> Owned by you or someone in this household with a mortgage or loan?</p> <p><input type="checkbox"/> Owned by you or someone in this household free and clear (without a mortgage)?</p> <p><input type="checkbox"/> Rented for cash rent?</p> <p><input type="checkbox"/> Occupied without payment of cash rent? – <i>SKIP to question H27</i></p>	<p>H26. Is the rent on this house or apartment reduced because the Federal, state, or local government is paying part of the cost?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>H27. Is this house or apartment in a public housing project; that is, is it part of a government housing project for persons with low income?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="background-color: #e0f0ff; padding: 2px;">Answer questions H28 – H37 ONLY if you or someone else in this household OWNS OR IS BUYING this house, mobile home or apartment; otherwise, SKIP to questions for PERSON 1 on page 6.</p> <p>H28. What is the value of this property; that is, how much would this house or mobile home and lot, or condominium unit sell for if it were for sale?</p> <p style="text-align: center;">\$ <input type="text" value=""/> .00 (Value)</p> <p>H29. What are the annual real estate taxes on this property?</p> <p style="text-align: center;">\$ <input type="text" value=""/> .00 (Annual)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> None</p> <p>H30. What is the annual payment for fire, hazard, and flood insurance on this property?</p> <p style="text-align: center;">\$ <input type="text" value=""/> .00 (Annual)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> None</p> <p>H31. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on this property?</p> <p><input type="checkbox"/> Yes, mortgage, deed of trust, or similar debt</p> <p><input type="checkbox"/> Yes, contract to purchase</p> <p><input type="checkbox"/> No – SKIP to question H35</p>	<p>H32. How much is the regular monthly mortgage payment on this property? Include payments only on FIRST mortgage or contract to purchase</p> <p style="text-align: center;">\$ <input type="text" value=""/> .00 (Monthly)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> No regular payment required – <i>SKIP to question H35</i></p> <p>H33. Does the regular monthly mortgage payment include payments for real estate taxes on this property?</p> <p><input type="checkbox"/> Yes, taxes included in payment</p> <p><input type="checkbox"/> No, taxes paid separately or taxes not required</p> <p>H34. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on this property?</p> <p><input type="checkbox"/> Yes, insurance included in payment</p> <p><input type="checkbox"/> No, insurance paid separately or no insurance</p> <p>H35. Do you or any member of this household have a second mortgage or a home equity loan on this property?</p> <p><input type="checkbox"/> Yes, home equity loan</p> <p><input type="checkbox"/> Yes, second mortgage</p> <p><input type="checkbox"/> Yes, second mortgage and home equity loan</p> <p><input type="checkbox"/> No – <i>SKIP to question H37</i></p> <p>H36. How much is the regular monthly payment on ALL second and third mortgages and home equity loans?</p> <p style="text-align: center;">\$ <input type="text" value=""/> .00 (Monthly)</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> No regular payment required</p> <p style="background-color: #e0f0ff; padding: 2px;">Answer this question ONLY if this is a MOBILE HOME; otherwise, SKIP to the questions for PERSON 1 on the next page.</p> <p>H37. What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on this mobile home and its site? Do NOT include real estate taxes</p> <p style="text-align: center;">\$ <input type="text" value=""/> .00 (Annual)</p>
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Please continue with the questions for PERSON 1 on page 6.

Print the name of PERSON 1 from page 2 and answer these questions for Person 1.

PERSON 1		Last name	First name	MI
Print name				
<p>7. In what U.S. State, territory, commonwealth or foreign country was this person born? ↴</p>		<p>13b. Where did this person live 5 years ago?</p> <p>(1) Name of U.S. State, territory, commonwealth or foreign country ↴</p> <p><i>If outside U.S., print answer above and SKIP to question 14a</i></p> <p>(2) Name of city or town ↴</p> <p>(3) Name of county ↴ (4) ZIP Code ↴</p>		<p>18. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Shield/Storm and service in the Merchant Marine during World War II. Do NOT include training for the Reserves or National Guard.</p> <p><input type="checkbox"/> Yes, now on active duty <input type="checkbox"/> Yes, on active duty in past, but not now <input type="checkbox"/> No active duty service – SKIP to question 21</p>
<p>8. Is this person a CITIZEN of the United States?</p> <p><input type="checkbox"/> Yes, born in the United States – SKIP to question 10 <input type="checkbox"/> Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas <input type="checkbox"/> Yes, born abroad of American parent(s) <input type="checkbox"/> Yes, U.S. citizen by naturalization <input type="checkbox"/> No, not a citizen of the United States</p>		<p>14a. Does this person speak a language other than English at home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, only English – SKIP to question 15</p> <p>b. What is this language? For example: Korean, Italian, Spanish, Vietnamese ↴</p>		<p>19. When did this person serve on active duty in the U.S. Armed Forces? Mark <input checked="" type="checkbox"/> a box for EACH period in which this person served.</p> <p><input type="checkbox"/> August 1990 or later (including Persian Gulf War) <input type="checkbox"/> September 1980 to July 1990 <input type="checkbox"/> May 1975 to August 1980 <input type="checkbox"/> Vietnam era (August 1964 to April 1975) <input type="checkbox"/> February 1955 to July 1964 <input type="checkbox"/> Korean conflict (June 1950 to January 1955) <input type="checkbox"/> World War II (September 1940 to July 1947) <input type="checkbox"/> Some other time</p>
<p>9. When did this person come to live in the United States?</p> <p>____ (Year)</p>		<p>c. Did this person live inside the city or town limits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, lived outside city/town limits</p>		<p>20. In total, how much time has this person spent on active duty in the U.S. Armed Forces?</p> <p>____ Years and ____ Months</p>
<p>10. At any time IN THE PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, and schooling that leads to a high school diploma, college degree, or vocational certificate.</p> <p><input type="checkbox"/> Yes, public school or public college <input type="checkbox"/> Yes, private school or private college <input type="checkbox"/> Yes, vocational, technical, or business school <input type="checkbox"/> No, has not attended in the last 3 months</p>		<p>14b. How well does this person speak English?</p> <p><input type="checkbox"/> Very well <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Not at all</p>		<p>21. LAST WEEK, did this person do ANY work for pay or profit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to question 28a</p>
<p>11. What is the highest degree or level of school this person has COMPLETED? Mark <input checked="" type="checkbox"/> ONE box for the highest grade completed or degree received.</p> <p><input type="checkbox"/> None, no schooling completed <input type="checkbox"/> Nursery or preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade ____ (Write grade 1–11) <input type="checkbox"/> 12th grade, NO DIPLOMA <input type="checkbox"/> HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED) <input type="checkbox"/> Some college but no degree <input type="checkbox"/> Vocational, technical, or business school degree <input type="checkbox"/> Associate degree in college <input type="checkbox"/> Bachelor's degree (BA, AB, BS) <input type="checkbox"/> Master's degree (MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Professional school degree (MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Doctorate degree (PhD, EdD)</p>		<p>15. If this person has difficulty seeing, hearing, or walking, mark <input checked="" type="checkbox"/> the appropriate boxes. If this person has no difficulty with these activities, mark "None of the above."</p> <p><input type="checkbox"/> Difficulty seeing (even with glasses) <input type="checkbox"/> Difficulty hearing (even with a hearing aid) <input type="checkbox"/> Difficulty walking, or <input type="checkbox"/> None of the above</p>		<p>22. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked.</p> <p>____ Actual hours worked LAST WEEK</p>
<p>12. What is this person's ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry. ↴</p>		<p>16. Does this person have a long-lasting physical or mental condition that –</p> <p>a. Makes it difficult to go outside the home alone, for example, to shop or visit a doctor's office?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Prevents this person from working at a job or business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>23. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.</p> <p>a. Address (Number and street) ↴</p> <p>If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.</p> <p>b. Name of city, town, or post office ↴</p> <p>c. Is the work location inside the limits of the city or town?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Name of county ↴</p> <p>e. Name of state ↴ f. ZIP Code ↴</p>
<p>If this person is UNDER 5 years of age, SKIP to the questions for the next person on page 8; otherwise, continue.</p>		<p>If this person is UNDER 15 years of age, SKIP to the questions for the next person on page 8; otherwise, continue with question 16.</p>		
<p>13a. Did this person live in this house or apartment 5 years ago?</p> <p><input type="checkbox"/> Yes – SKIP to question 14a <input type="checkbox"/> No</p>		<p>17. How many babies has this person ever had, not counting stillbirths?</p> <p>____ Babies <input type="checkbox"/> None</p>		

PERSON 1 – Continued

<p>24. LAST WEEK, how did this person usually get to work? If more than one method was used during the trip, mark <input checked="" type="checkbox"/> the box for the one used for most of the distance.</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Car, truck, or van</td> <td><input type="checkbox"/> Bicycle</td> </tr> <tr> <td><input type="checkbox"/> Public transportation (bus, trolley, subway, or railroad)</td> <td><input type="checkbox"/> Walked</td> </tr> <tr> <td><input type="checkbox"/> Taxicab</td> <td><input type="checkbox"/> Worked at home – <i>SKIP to question 32</i></td> </tr> <tr> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Other method</td> </tr> </table> <p style="font-size: small; background-color: #e0f0ff; padding: 2px;">If you marked "Car, truck, or van" continue with question 25; otherwise, SKIP to question 26.</p> <p>25. LAST WEEK, how many people, including this person, usually rode to work in the car, truck, or van?</p> <p style="margin-left: 20px;">Person(s)</p> <p>26. LAST WEEK, what time did this person usually leave home to go to work?</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Hour</td> <td style="border: none;">:</td> <td style="border: none;">Minute</td> <td style="border: none;"><input type="checkbox"/> a.m.</td> <td style="border: none;"><input type="checkbox"/> p.m.</td> </tr> </table> <p>27. LAST WEEK, how many minutes did it usually take this person to get from home to work?</p> <p style="margin-left: 20px;">Minutes – <i>SKIP to question 32</i></p> <p style="font-size: small; background-color: #e0f0ff; padding: 2px;">Answer questions 28a – 31 only if this person did not work last week.</p> <p>28a. LAST WEEK, was this person on layoff from a job?</p> <p><input type="checkbox"/> Yes, on temporary layoff from most recent job – <i>SKIP to question 30</i></p> <p><input type="checkbox"/> Yes, permanently laid off from most recent job – <i>SKIP to question 29</i></p> <p><input type="checkbox"/> No</p> <p>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</p> <p><input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – <i>SKIP to question 31</i></p> <p><input type="checkbox"/> No</p> <p>29. Has this person been looking for work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – <i>SKIP to question 31</i></p> <p>30. LAST WEEK, could this person have gone to work?</p> <p><input type="checkbox"/> Yes, if a job had been offered</p> <p><input type="checkbox"/> Yes, if recalled from layoff</p> <p><input type="checkbox"/> No, because of own temporary illness</p> <p><input type="checkbox"/> No, because of all other reasons (in school, etc.)</p> <p>31. When did this person last work, even for a few days?</p> <p><input type="checkbox"/> Within the past 12 months</p> <p><input type="checkbox"/> Between 1 to 5 years ago – <i>SKIP to question 34</i></p> <p><input type="checkbox"/> Over 5 years ago or never worked – <i>SKIP to question 40</i></p>	<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public transportation (bus, trolley, subway, or railroad)	<input type="checkbox"/> Walked	<input type="checkbox"/> Taxicab	<input type="checkbox"/> Worked at home – <i>SKIP to question 32</i>	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Other method	Hour	:	Minute	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	<p>32. During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few hours? Include paid vacation, paid sick leave, and military service in the total.</p> <p style="margin-left: 20px;">Weeks (Including paid vacation, paid sick leave, and military service)</p> <p>33. During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?</p> <p style="margin-left: 20px;">Usual hours worked per week</p> <p style="font-size: small; background-color: #e0f0ff; padding: 2px;">Answer questions 34–39 if this person worked in the past 5 years.</p> <p>34-39. CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job.</p> <p>34. Was this person -</p> <p><input type="checkbox"/> An employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?</p> <p><input type="checkbox"/> An employee of a PRIVATE NOT- FOR- PROFIT, tax-exempt, or charitable organization?</p> <p><input type="checkbox"/> A local GOVERNMENT employee (city, county, etc.)?</p> <p><input type="checkbox"/> A state GOVERNMENT employee?</p> <p><input type="checkbox"/> An active duty U.S. Armed Forces member?</p> <p><input type="checkbox"/> A Federal GOVERNMENT employee (excluding active duty military)?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> Working WITHOUT PAY in family business or farm?</p> <p>35. For whom did this person work? <input checked="" type="checkbox"/></p> <p style="margin-left: 20px;">Name of company, business, branch of the Armed Forces or other employer</p> <p>36. What kind of business or industry was this? Describe the activity at the location where employed. For example: hospital, newspaper publishing, public high school <input checked="" type="checkbox"/></p> <p>37. Is this mainly -</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Manufacturing?</td> <td><input type="checkbox"/> Retail trade?</td> </tr> <tr> <td><input type="checkbox"/> Wholesale trade?</td> <td><input type="checkbox"/> Other (agriculture, construction, service, government, etc.)?</td> </tr> </table> <p>38. What kind of work was this person doing? For example: registered nurse, personnel manager, high school teacher <input checked="" type="checkbox"/></p> <p>39. What were this person's most important activities or duties? For example: patient care, directing hiring policies, teaching 9th grade biology <input checked="" type="checkbox"/></p>	<input type="checkbox"/> Manufacturing?	<input type="checkbox"/> Retail trade?	<input type="checkbox"/> Wholesale trade?	<input type="checkbox"/> Other (agriculture, construction, service, government, etc.)?	<p style="font-size: small; padding: 2px;">Answer questions 40 and 41 if this person is 15 years or older.</p> <p>40. INCOME IN THE PAST 12 MONTHS.</p> <p>Indicate the types of income this person received during the PAST 12 MONTHS and enter the amounts received. If you do not know the exact amount, please give an estimate. For income received jointly, report if possible, the appropriate share for each person. Otherwise, report the whole amount for only one person and mark the "No" box for the other person. If net income was a loss, mark the "LOSS" box to the right of the dollar amount.</p> <p>In the PAST 12 MONTHS, did this person receive -</p> <p>a. wages or salary? Report commissions, bonuses, or tips from all jobs BEFORE DEDUCTIONS FOR TAXES, BONDS, DUES, OR OTHER ITEMS.</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>b. self-employment income from own business (farm or non-farm) including proprietorship and partnership? Report NET income after business expenses.</p> <p><input type="checkbox"/> Yes → \$.00 <input type="checkbox"/> Loss</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>c. interest, dividends, net rental income, royalty income, or income from estates and trusts? Report even small amounts credited to an account.</p> <p><input type="checkbox"/> Yes → \$.00 <input type="checkbox"/> Loss</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>d. Social Security or Railroad Retirement?</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>e. retirement, survivor, or disability pensions? Do NOT include Social Security.</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>f. Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments?</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>g. other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony, etc? Do NOT include lump sum payments such as money from an inheritance or the sale of a home.</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>41. What was this person's total income during the PAST 12 MONTHS? Add entries 40a – g; subtract any losses.</p> <p style="text-align: right;">\$.00 <input type="checkbox"/> None</p> <p style="text-align: right;">(Past 12 months – Dollars) <input type="checkbox"/> Loss</p>
<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Bicycle																		
<input type="checkbox"/> Public transportation (bus, trolley, subway, or railroad)	<input type="checkbox"/> Walked																		
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<input type="checkbox"/> Manufacturing?	<input type="checkbox"/> Retail trade?																		
<input type="checkbox"/> Wholesale trade?	<input type="checkbox"/> Other (agriculture, construction, service, government, etc.)?																		

Print the name of PERSON 2 from page 2 and answer these questions for Person 2.

PERSON 2	Last name	First name	MI
Print name			
<p>7. In what U.S. State, territory, commonwealth or foreign country was this person born? ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>8. Is this person a CITIZEN of the United States?</p> <p><input type="checkbox"/> Yes, born in the United States – SKIP to question 10</p> <p><input type="checkbox"/> Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas</p> <p><input type="checkbox"/> Yes, born abroad of American parent(s)</p> <p><input type="checkbox"/> Yes, U.S. citizen by naturalization</p> <p><input type="checkbox"/> No, not a citizen of the United States</p> <p>9. When did this person come to live in the United States?</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> (Year) </div> <p>10. At any time IN THE PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, and schooling that leads to a high school diploma, college degree, or vocational certificate.</p> <p><input type="checkbox"/> Yes, public school or public college</p> <p><input type="checkbox"/> Yes, private school or private college</p> <p><input type="checkbox"/> Yes, vocational, technical, or business school</p> <p><input type="checkbox"/> No, has not attended in the last 3 months</p> <p>11. What is the highest degree or level of school this person has COMPLETED? Mark <input checked="" type="checkbox"/> ONE box for the highest grade completed or degree received.</p> <p><input type="checkbox"/> None, no schooling completed</p> <p><input type="checkbox"/> Nursery or preschool</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade ____ (Write grade 1–11)</p> <p><input type="checkbox"/> 12th grade, NO DIPLOMA</p> <p><input type="checkbox"/> HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)</p> <p><input type="checkbox"/> Some college but no degree</p> <p><input type="checkbox"/> Vocational, technical, or business school degree</p> <p><input type="checkbox"/> Associate degree in college</p> <p><input type="checkbox"/> Bachelor's degree (BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Professional school degree (MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> Doctorate degree (PhD, EdD)</p> <p>12. What is this person's ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry. ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>13b. Where did this person live 5 years ago?</p> <p>(1) Name of U.S. State, territory, commonwealth or foreign country ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><i>If outside U.S., print answer above and SKIP to question 14a</i></p> <p>(2) Name of city or town ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>(3) Name of county ↴ (4) ZIP Code ↴</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> </div> <p>c. Did this person live inside the city or town limits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, lived outside city/town limits</p> <p>14a. Does this person speak a language other than English at home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, only English – SKIP to question 15</p> <p>b. What is this language? For example: Korean, Italian, Spanish, Vietnamese ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>c. How well does this person speak English?</p> <p><input type="checkbox"/> Very well <input type="checkbox"/> Not well</p> <p><input type="checkbox"/> Well <input type="checkbox"/> Not at all</p> <p>15. If this person has difficulty seeing, hearing, or walking, mark <input checked="" type="checkbox"/> the appropriate boxes. If this person has no difficulty with these activities, mark "None of the above."</p> <p><input type="checkbox"/> Difficulty seeing (even with glasses)</p> <p><input type="checkbox"/> Difficulty hearing (even with a hearing aid)</p> <p><input type="checkbox"/> Difficulty walking, or</p> <p><input type="checkbox"/> None of the above</p> <p style="background-color: #e0f0ff; padding: 2px;">If this person is UNDER 15 years of age, SKIP to the questions for the next person on page 10; otherwise, continue with question 16.</p> <p>16. Does this person have a long-lasting physical or mental condition that –</p> <p>a. Makes it difficult to go outside the home alone, for example, to shop or visit a doctor's office?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Prevents this person from working at a job or business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Shield/Storm and service in the Merchant Marine during World War II. Do NOT include training for the Reserves or National Guard.</p> <p><input type="checkbox"/> Yes, now on active duty</p> <p><input type="checkbox"/> Yes, on active duty in past, but not now</p> <p><input type="checkbox"/> No active duty service – SKIP to question 21</p> <p>19. When did this person serve on active duty in the U.S. Armed Forces? Mark <input checked="" type="checkbox"/> a box for EACH period in which this person served.</p> <p><input type="checkbox"/> August 1990 or later (including Persian Gulf War)</p> <p><input type="checkbox"/> September 1980 to July 1990</p> <p><input type="checkbox"/> May 1975 to August 1980</p> <p><input type="checkbox"/> Vietnam era (August 1964 to April 1975)</p> <p><input type="checkbox"/> February 1955 to July 1964</p> <p><input type="checkbox"/> Korean conflict (June 1950 to January 1955)</p> <p><input type="checkbox"/> World War II (September 1940 to July 1947)</p> <p><input type="checkbox"/> Some other time</p> <p>20. In total, how much time has this person spent on active duty in the U.S. Armed Forces?</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> Years and Months </div> <p>21. LAST WEEK, did this person do ANY work for pay or profit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to question 28a</p> <p>22. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked.</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> Actual hours worked LAST WEEK </div> <p>23. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.</p> <p>a. Address (Number and street) ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><i>If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.</i></p> <p>b. Name of city, town, or post office ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>c. Is the work location inside the limits of the city or town?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Name of county ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>e. Name of state ↴ f. ZIP Code ↴</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> </div>	
<p>If this person is UNDER 5 years of age, SKIP to the questions for the next person on page 10; otherwise, continue.</p>			
<p>13a. Did this person live in this house or apartment 5 years ago?</p> <p><input type="checkbox"/> Yes – SKIP to question 14a</p> <p><input type="checkbox"/> No</p>	<p>17. How many babies has this person ever had, not counting stillbirths?</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> Babies <input type="checkbox"/> None </div>		

PERSON 2 – Continued

<p>24. LAST WEEK, how did this person usually get to work? If more than one method was used during the trip, mark <input checked="" type="checkbox"/> the box for the one used for most of the distance.</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Car, truck, or van</td> <td><input type="checkbox"/> Bicycle</td> </tr> <tr> <td><input type="checkbox"/> Public transportation (bus, trolley, subway, or railroad)</td> <td><input type="checkbox"/> Walked</td> </tr> <tr> <td><input type="checkbox"/> Taxicab</td> <td><input type="checkbox"/> Worked at home – <i>SKIP to question 32</i></td> </tr> <tr> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Other method</td> </tr> </table> <p style="background-color: #e0f0ff; padding: 2px;">If you marked "Car, truck, or van" continue with question 25; otherwise, SKIP to question 26.</p> <p>25. LAST WEEK, how many people, including this person, usually rode to work in the car, truck, or van?</p> <p style="margin-left: 20px;">Person(s)</p> <p>26. LAST WEEK, what time did this person usually leave home to go to work?</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Hour</td> <td style="border: none;">:</td> <td style="border: none;">Minute</td> <td style="border: none;"><input type="checkbox"/> a.m.</td> <td style="border: none;"><input type="checkbox"/> p.m.</td> </tr> </table> <p>27. LAST WEEK, how many minutes did it usually take this person to get from home to work?</p> <p style="margin-left: 20px;">Minutes – <i>SKIP to question 32</i></p> <p style="background-color: #e0f0ff; padding: 2px;">Answer questions 28a – 31 only if this person did not work last week.</p> <p>28a. LAST WEEK, was this person on layoff from a job?</p> <p><input type="checkbox"/> Yes, on temporary layoff from most recent job – <i>SKIP to question 30</i></p> <p><input type="checkbox"/> Yes, permanently laid off from most recent job – <i>SKIP to question 29</i></p> <p><input type="checkbox"/> No</p> <p>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</p> <p><input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – <i>SKIP to question 31</i></p> <p><input type="checkbox"/> No</p> <p>29. Has this person been looking for work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – <i>SKIP to question 31</i></p> <p>30. 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When did this person last work, even for a few days?</p> <p><input type="checkbox"/> Within the past 12 months</p> <p><input type="checkbox"/> Between 1 to 5 years ago – <i>SKIP to question 34</i></p> <p><input type="checkbox"/> Over 5 years ago or never worked – <i>SKIP to question 40</i></p>	<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public transportation (bus, trolley, subway, or railroad)	<input type="checkbox"/> Walked	<input type="checkbox"/> Taxicab	<input type="checkbox"/> Worked at home – <i>SKIP to question 32</i>	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Other method	Hour	:	Minute	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.	<p>32. During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few hours? Include paid vacation, paid sick leave, and military service in the total.</p> <p style="margin-left: 20px;">Weeks (Including paid vacation, paid sick leave, and military service)</p> <p>33. During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?</p> <p style="margin-left: 20px;">Usual hours worked per week</p> <p style="background-color: #e0f0ff; padding: 2px;">Answer questions 34–39 if this person worked in the past 5 years.</p> <p>34-39. CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job.</p> <p>34. Was this person -</p> <p><input type="checkbox"/> An employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?</p> <p><input type="checkbox"/> An employee of a PRIVATE NOT- FOR- PROFIT, tax-exempt, or charitable organization?</p> <p><input type="checkbox"/> A local GOVERNMENT employee (city, county, etc.)?</p> <p><input type="checkbox"/> A state GOVERNMENT employee?</p> <p><input type="checkbox"/> An active duty U.S. Armed Forces member?</p> <p><input type="checkbox"/> A Federal GOVERNMENT employee (excluding active duty military)?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> Working WITHOUT PAY in family business or farm?</p> <p>35. For whom did this person work? <input checked="" type="checkbox"/></p> <p style="margin-left: 20px;">Name of company, business, branch of the Armed Forces or other employer</p> <p>36. What kind of business or industry was this? Describe the activity at the location where employed. For example: hospital, newspaper publishing, public high school <input checked="" type="checkbox"/></p> <p>37. Is this mainly -</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Manufacturing?</td> <td><input type="checkbox"/> Retail trade?</td> </tr> <tr> <td><input type="checkbox"/> Wholesale trade?</td> <td><input type="checkbox"/> Other (agriculture, construction, service, government, etc.)?</td> </tr> </table> <p>38. What kind of work was this person doing? For example: registered nurse, personnel manager, high school teacher <input checked="" type="checkbox"/></p> <p>39. What were this person's most important activities or duties? For example: patient care, directing hiring policies, teaching 9th grade biology <input checked="" type="checkbox"/></p>	<input type="checkbox"/> Manufacturing?	<input type="checkbox"/> Retail trade?	<input type="checkbox"/> Wholesale trade?	<input type="checkbox"/> Other (agriculture, construction, service, government, etc.)?	<p style="background-color: #e0f0ff; padding: 2px;">Answer questions 40 and 41 if this person is 15 years or older.</p> <p>40. INCOME IN THE PAST 12 MONTHS.</p> <p>Indicate the types of income this person received during the PAST 12 MONTHS and enter the amounts received. If you do not know the exact amount, please give an estimate. For income received jointly, report if possible, the appropriate share for each person. Otherwise, report the whole amount for only one person and mark the "No" box for the other person. If net income was a loss, mark the "LOSS" box to the right of the dollar amount.</p> <p>In the PAST 12 MONTHS, did this person receive -</p> <p>a. wages or salary? Report commissions, bonuses, or tips from all jobs BEFORE DEDUCTIONS FOR TAXES, BONDS, DUES, OR OTHER ITEMS.</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>b. self-employment income from own business (farm or non-farm) including proprietorship and partnership? Report NET income after business expenses.</p> <p><input type="checkbox"/> Yes → \$.00 <input type="checkbox"/> Loss</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>c. interest, dividends, net rental income, royalty income, or income from estates and trusts? Report even small amounts credited to an account.</p> <p><input type="checkbox"/> Yes → \$.00 <input type="checkbox"/> Loss</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>d. Social Security or Railroad Retirement?</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>e. retirement, survivor, or disability pensions? Do NOT include Social Security.</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>f. Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments?</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>g. other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony, etc? Do NOT include lump sum payments such as money from an inheritance or the sale of a home.</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>41. What was this person's total income during the PAST 12 MONTHS? Add entries 40a – g; subtract any losses.</p> <p style="text-align: right;">\$.00 <input type="checkbox"/> None</p> <p style="text-align: right;">(Past 12 months – Dollars) <input type="checkbox"/> Loss</p>
<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Bicycle																		
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Print the name of PERSON 3 from page 2 and answer these questions for Person 3.

PERSON 3	Last name	First name	MI
Print name			
<p>7. In what U.S. State, territory, commonwealth or foreign country was this person born? ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>8. Is this person a CITIZEN of the United States?</p> <p><input type="checkbox"/> Yes, born in the United States – SKIP to question 10</p> <p><input type="checkbox"/> Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas</p> <p><input type="checkbox"/> Yes, born abroad of American parent(s)</p> <p><input type="checkbox"/> Yes, U.S. citizen by naturalization</p> <p><input type="checkbox"/> No, not a citizen of the United States</p> <p>9. When did this person come to live in the United States?</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> (Year) </div> <p>10. At any time IN THE PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, and schooling that leads to a high school diploma, college degree, or vocational certificate.</p> <p><input type="checkbox"/> Yes, public school or public college</p> <p><input type="checkbox"/> Yes, private school or private college</p> <p><input type="checkbox"/> Yes, vocational, technical, or business school</p> <p><input type="checkbox"/> No, has not attended in the last 3 months</p> <p>11. What is the highest degree or level of school this person has COMPLETED? Mark <input checked="" type="checkbox"/> ONE box for the highest grade completed or degree received.</p> <p><input type="checkbox"/> None, no schooling completed</p> <p><input type="checkbox"/> Nursery or preschool</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade ____ (Write grade 1–11)</p> <p><input type="checkbox"/> 12th grade, NO DIPLOMA</p> <p><input type="checkbox"/> HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)</p> <p><input type="checkbox"/> Some college but no degree</p> <p><input type="checkbox"/> Vocational, technical, or business school degree</p> <p><input type="checkbox"/> Associate degree in college</p> <p><input type="checkbox"/> Bachelor's degree (BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Professional school degree (MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> Doctorate degree (PhD, EdD)</p> <p>12. What is this person's ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry. ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>13b. Where did this person live 5 years ago?</p> <p>(1) Name of U.S. State, territory, commonwealth or foreign country ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><i>If outside U.S., print answer above and SKIP to question 14a</i></p> <p>(2) Name of city or town ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>(3) Name of county ↴ (4) ZIP Code ↴</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> </div> <p>c. Did this person live inside the city or town limits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, lived outside city/town limits</p> <p>14a. Does this person speak a language other than English at home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, only English – SKIP to question 15</p> <p>b. What is this language? For example: Korean, Italian, Spanish, Vietnamese ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>c. How well does this person speak English?</p> <p><input type="checkbox"/> Very well <input type="checkbox"/> Not well</p> <p><input type="checkbox"/> Well <input type="checkbox"/> Not at all</p> <p>15. If this person has difficulty seeing, hearing, or walking, mark <input checked="" type="checkbox"/> the appropriate boxes. If this person has no difficulty with these activities, mark "None of the above."</p> <p><input type="checkbox"/> Difficulty seeing (even with glasses)</p> <p><input type="checkbox"/> Difficulty hearing (even with a hearing aid)</p> <p><input type="checkbox"/> Difficulty walking, or</p> <p><input type="checkbox"/> None of the above</p> <p style="background-color: #e0f0ff; padding: 2px; font-size: small;">If this person is UNDER 15 years of age, SKIP to the questions for the next person on page 12; otherwise, continue with question 16.</p> <p>16. Does this person have a long-lasting physical or mental condition that –</p> <p>a. Makes it difficult to go outside the home alone, for example, to shop or visit a doctor's office?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Prevents this person from working at a job or business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Shield/Storm and service in the Merchant Marine during World War II. Do NOT include training for the Reserves or National Guard.</p> <p><input type="checkbox"/> Yes, now on active duty</p> <p><input type="checkbox"/> Yes, on active duty in past, but not now</p> <p><input type="checkbox"/> No active duty service – SKIP to question 21</p> <p>19. When did this person serve on active duty in the U.S. Armed Forces? Mark <input checked="" type="checkbox"/> a box for EACH period in which this person served.</p> <p><input type="checkbox"/> August 1990 or later (including Persian Gulf War)</p> <p><input type="checkbox"/> September 1980 to July 1990</p> <p><input type="checkbox"/> May 1975 to August 1980</p> <p><input type="checkbox"/> Vietnam era (August 1964 to April 1975)</p> <p><input type="checkbox"/> February 1955 to July 1964</p> <p><input type="checkbox"/> Korean conflict (June 1950 to January 1955)</p> <p><input type="checkbox"/> World War II (September 1940 to July 1947)</p> <p><input type="checkbox"/> Some other time</p> <p>20. In total, how much time has this person spent on active duty in the U.S. Armed Forces?</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> Years and Months </div> <p>21. LAST WEEK, did this person do ANY work for pay or profit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to question 28a</p> <p>22. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked.</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> Actual hours worked LAST WEEK </div> <p>23. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.</p> <p>a. Address (Number and street) ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><small>If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.</small></p> <p>b. Name of city, town, or post office ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>c. Is the work location inside the limits of the city or town?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Name of county ↴</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>e. Name of state ↴ f. ZIP Code ↴</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> </div>	
If this person is UNDER 5 years of age, SKIP to the questions for the next person on page 12; otherwise, continue.			
<p>13a. Did this person live in this house or apartment 5 years ago?</p> <p><input type="checkbox"/> Yes – SKIP to question 14a</p> <p><input type="checkbox"/> No</p>	<p>17. How many babies has this person ever had, not counting stillbirths?</p> <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; align-items: center;"> Babies None </div>		

PERSON 3 – Continued

<p>24. LAST WEEK, how did this person usually get to work? If more than one method was used during the trip, mark <input checked="" type="checkbox"/> the box for the one used for most of the distance.</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Car, truck, or van</td> <td><input type="checkbox"/> Bicycle</td> </tr> <tr> <td><input type="checkbox"/> Public transportation (bus, trolley, subway, or railroad)</td> <td><input type="checkbox"/> Walked</td> </tr> <tr> <td><input type="checkbox"/> Taxicab</td> <td><input type="checkbox"/> Worked at home – <i>SKIP to question 32</i></td> </tr> <tr> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Other method</td> </tr> </table> <p style="background-color: #e0f0ff; padding: 2px;">If you marked "Car, truck, or van" continue with question 25; otherwise, SKIP to question 26.</p> <p>25. LAST WEEK, how many people, including this person, usually rode to work in the car, truck, or van?</p> <p style="margin-left: 20px;">Person(s)</p> <p>26. LAST WEEK, what time did this person usually leave home to go to work?</p> <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Hour</td> <td style="text-align: center;">Minute</td> <td style="width: 50px;"></td> <td><input type="checkbox"/> a.m.</td> </tr> <tr> <td style="text-align: center;">:</td> <td style="text-align: center;">:</td> <td></td> <td><input type="checkbox"/> p.m.</td> </tr> </table> <p>27. LAST WEEK, how many minutes did it usually take this person to get from home to work?</p> <p style="margin-left: 20px;">Minutes – <i>SKIP to question 32</i></p> <p style="background-color: #e0f0ff; padding: 2px;">Answer questions 28a – 31 only if this person did not work last week.</p> <p>28a. LAST WEEK, was this person on layoff from a job?</p> <p><input type="checkbox"/> Yes, on temporary layoff from most recent job – <i>SKIP to question 30</i></p> <p><input type="checkbox"/> Yes, permanently laid off from most recent job – <i>SKIP to question 29</i></p> <p><input type="checkbox"/> No</p> <p>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</p> <p><input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – <i>SKIP to question 31</i></p> <p><input type="checkbox"/> No</p> <p>29. Has this person been looking for work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – <i>SKIP to question 31</i></p> <p>30. LAST WEEK, could this person have gone to work?</p> <p><input type="checkbox"/> Yes, if a job had been offered</p> <p><input type="checkbox"/> Yes, if recalled from layoff</p> <p><input type="checkbox"/> No, because of own temporary illness</p> <p><input type="checkbox"/> No, because of all other reasons (in school, etc.)</p> <p>31. When did this person last work, even for a few days?</p> <p><input type="checkbox"/> Within the past 12 months</p> <p><input type="checkbox"/> Between 1 to 5 years ago – <i>SKIP to question 34</i></p> <p><input type="checkbox"/> Over 5 years ago or never worked – <i>SKIP to question 40</i></p>	<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public transportation (bus, trolley, subway, or railroad)	<input type="checkbox"/> Walked	<input type="checkbox"/> Taxicab	<input type="checkbox"/> Worked at home – <i>SKIP to question 32</i>	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Other method	Hour	Minute		<input type="checkbox"/> a.m.	:	:		<input type="checkbox"/> p.m.	<p>32. During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few hours? Include paid vacation, paid sick leave, and military service in the total.</p> <p style="margin-left: 20px;">Weeks (Including paid vacation, paid sick leave, and military service)</p> <p>33. During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?</p> <p style="margin-left: 20px;">Usual hours worked per week</p> <p style="background-color: #e0f0ff; padding: 2px;">Answer questions 34–39 if this person worked in the past 5 years.</p> <p>34-39. CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job.</p> <p>34. 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For whom did this person work? <input checked="" type="checkbox"/></p> <p style="margin-left: 20px;">Name of company, business, branch of the Armed Forces or other employer</p> <p>36. What kind of business or industry was this? Describe the activity at the location where employed. For example: hospital, newspaper publishing, public high school <input checked="" type="checkbox"/></p> <p>37. Is this mainly -</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Manufacturing?</td> <td><input type="checkbox"/> Retail trade?</td> </tr> <tr> <td><input type="checkbox"/> Wholesale trade?</td> <td><input type="checkbox"/> Other (agriculture, construction, service, government, etc.)?</td> </tr> </table> <p>38. What kind of work was this person doing? For example: registered nurse, personnel manager, high school teacher <input checked="" type="checkbox"/></p> <p>39. What were this person's most important activities or duties? For example: patient care, directing hiring policies, teaching 9th grade biology <input checked="" type="checkbox"/></p>	<input type="checkbox"/> Manufacturing?	<input type="checkbox"/> Retail trade?	<input type="checkbox"/> Wholesale trade?	<input type="checkbox"/> Other (agriculture, construction, service, government, etc.)?	<p style="background-color: #e0f0ff; padding: 2px;">Answer questions 40 and 41 if this person is 15 years or older.</p> <p>40. INCOME IN THE PAST 12 MONTHS.</p> <p>Indicate the types of income this person received during the PAST 12 MONTHS and enter the amounts received. If you do not know the exact amount, please give an estimate. For income received jointly, report if possible, the appropriate share for each person. Otherwise, report the whole amount for only one person and mark the "No" box for the other person. If net income was a loss, mark the "LOSS" box to the right of the dollar amount.</p> <p>In the PAST 12 MONTHS, did this person receive -</p> <p>a. wages or salary? Report commissions, bonuses, or tips from all jobs BEFORE DEDUCTIONS FOR TAXES, BONDS, DUES, OR OTHER ITEMS.</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>b. self-employment income from own business (farm or non-farm) including proprietorship and partnership? Report NET income after business expenses.</p> <p><input type="checkbox"/> Yes → \$.00 <input type="checkbox"/> Loss</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>c. interest, dividends, net rental income, royalty income, or income from estates and trusts? Report even small amounts credited to an account.</p> <p><input type="checkbox"/> Yes → \$.00 <input type="checkbox"/> Loss</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>d. 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What was this person's total income during the PAST 12 MONTHS? Add entries 40a – g; subtract any losses.</p> <p style="text-align: right;">\$.00 <input type="checkbox"/> None</p> <p style="text-align: right;">(Past 12 months – Dollars) <input type="checkbox"/> Loss</p>
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Print the name of PERSON 4 from page 2 and answer these questions for Person 4.

PERSON 4	Last name	First name	MI
Print name			
<p>7. In what U.S. State, territory, commonwealth or foreign country was this person born? ↴</p> <p>_____</p> <p>8. Is this person a CITIZEN of the United States?</p> <p><input type="checkbox"/> Yes, born in the United States – SKIP to question 10</p> <p><input type="checkbox"/> Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas</p> <p><input type="checkbox"/> Yes, born abroad of American parent(s)</p> <p><input type="checkbox"/> Yes, U.S. citizen by naturalization</p> <p><input type="checkbox"/> No, not a citizen of the United States</p> <p>9. When did this person come to live in the United States?</p> <p>____ (Year)</p> <p>10. At any time IN THE PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, and schooling that leads to a high school diploma, college degree, or vocational certificate.</p> <p><input type="checkbox"/> Yes, public school or public college</p> <p><input type="checkbox"/> Yes, private school or private college</p> <p><input type="checkbox"/> Yes, vocational, technical, or business school</p> <p><input type="checkbox"/> No, has not attended in the last 3 months</p> <p>11. What is the highest degree or level of school this person has COMPLETED? Mark <input checked="" type="checkbox"/> ONE box for the highest grade completed or degree received.</p> <p><input type="checkbox"/> None, no schooling completed</p> <p><input type="checkbox"/> Nursery or preschool</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade _____ (Write grade 1–11)</p> <p><input type="checkbox"/> 12th grade, NO DIPLOMA</p> <p><input type="checkbox"/> HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)</p> <p><input type="checkbox"/> Some college but no degree</p> <p><input type="checkbox"/> Vocational, technical, or business school degree</p> <p><input type="checkbox"/> Associate degree in college</p> <p><input type="checkbox"/> Bachelor's degree (BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Professional school degree (MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> Doctorate degree (PhD, EdD)</p> <p>12. What is this person's ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry. ↴</p> <p>_____</p>	<p>13b. Where did this person live 5 years ago?</p> <p>(1) Name of U.S. State, territory, commonwealth or foreign country ↴</p> <p>_____</p> <p><i>If outside U.S., print answer above and SKIP to question 14a</i></p> <p>(2) Name of city or town ↴</p> <p>_____</p> <p>(3) Name of county ↴ (4) ZIP Code ↴</p> <p>_____</p> <p>c. Did this person live inside the city or town limits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, lived outside city/town limits</p> <p>14a. Does this person speak a language other than English at home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, only English – SKIP to question 15</p> <p>b. What is this language? For example: Korean, Italian, Spanish, Vietnamese ↴</p> <p>_____</p> <p>c. How well does this person speak English?</p> <p><input type="checkbox"/> Very well <input type="checkbox"/> Not well</p> <p><input type="checkbox"/> Well <input type="checkbox"/> Not at all</p> <p>15. If this person has difficulty seeing, hearing, or walking, mark <input checked="" type="checkbox"/> the appropriate boxes. If this person has no difficulty with these activities, mark "None of the above."</p> <p><input type="checkbox"/> Difficulty seeing (even with glasses)</p> <p><input type="checkbox"/> Difficulty hearing (even with a hearing aid)</p> <p><input type="checkbox"/> Difficulty walking, or</p> <p><input type="checkbox"/> None of the above</p> <p style="background-color: #00AEEF; color: white; padding: 2px;">If this person is UNDER 15 years of age, SKIP to the questions for the next person on page 14; otherwise, continue with question 16.</p> <p>16. Does this person have a long-lasting physical or mental condition that –</p> <p>a. Makes it difficult to go outside the home alone, for example, to shop or visit a doctor's office?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Prevents this person from working at a job or business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Shield/Storm and service in the Merchant Marine during World War II. Do NOT include training for the Reserves or National Guard.</p> <p><input type="checkbox"/> Yes, now on active duty</p> <p><input type="checkbox"/> Yes, on active duty in past, but not now</p> <p><input type="checkbox"/> No active duty service – SKIP to question 21</p> <p>19. When did this person serve on active duty in the U.S. Armed Forces? Mark <input checked="" type="checkbox"/> a box for EACH period in which this person served.</p> <p><input type="checkbox"/> August 1990 or later (including Persian Gulf War)</p> <p><input type="checkbox"/> September 1980 to July 1990</p> <p><input type="checkbox"/> May 1975 to August 1980</p> <p><input type="checkbox"/> Vietnam era (August 1964 to April 1975)</p> <p><input type="checkbox"/> February 1955 to July 1964</p> <p><input type="checkbox"/> Korean conflict (June 1950 to January 1955)</p> <p><input type="checkbox"/> World War II (September 1940 to July 1947)</p> <p><input type="checkbox"/> Some other time</p> <p>20. In total, how much time has this person spent on active duty in the U.S. Armed Forces?</p> <p>_____ Years and _____ Months</p> <p>21. LAST WEEK, did this person do ANY work for pay or profit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to question 28a</p> <p>22. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked.</p> <p>_____ Actual hours worked LAST WEEK</p> <p>23. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.</p> <p>a. Address (Number and street) ↴</p> <p>_____</p> <p>If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.</p> <p>b. Name of city, town, or post office ↴</p> <p>_____</p> <p>c. Is the work location inside the limits of the city or town?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Name of county ↴</p> <p>_____</p> <p>e. Name of state ↴ f. ZIP Code ↴</p> <p>_____</p>	
If this person is UNDER 5 years of age, SKIP to the questions for the next person on page 14; otherwise, continue.			
<p>13a. Did this person live in this house or apartment 5 years ago?</p> <p><input type="checkbox"/> Yes – SKIP to question 14a</p> <p><input type="checkbox"/> No</p>	<p>17. How many babies has this person ever had, not counting stillbirths?</p> <p>_____ Babies <input type="checkbox"/> None</p>		

PERSON 4 – Continued

<p>24. LAST WEEK, how did this person usually get to work? If more than one method was used during the trip, mark <input checked="" type="checkbox"/> the box for the one used for most of the distance.</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Car, truck, or van</td> <td><input type="checkbox"/> Bicycle</td> </tr> <tr> <td><input type="checkbox"/> Public transportation (bus, trolley, subway, or railroad)</td> <td><input type="checkbox"/> Walked</td> </tr> <tr> <td><input type="checkbox"/> Taxicab</td> <td><input type="checkbox"/> Worked at home – <i>SKIP to question 32</i></td> </tr> <tr> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Other method</td> </tr> </table> <p style="background-color: #e0f0ff; padding: 2px;">If you marked "Car, truck, or van" continue with question 25; otherwise, SKIP to question 26.</p> <p>25. LAST WEEK, how many people, including this person, usually rode to work in the car, truck, or van?</p> <p style="margin-left: 20px;">Person(s)</p> <p>26. LAST WEEK, what time did this person usually leave home to go to work?</p> <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">:</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">a.m.</td> </tr> <tr> <td style="border: none; padding: 0 5px;">Hour</td> <td style="border: none; padding: 0 5px;">Minute</td> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none; padding: 0 5px;">p.m.</td> </tr> </table> <p>27. LAST WEEK, how many minutes did it usually take this person to get from home to work?</p> <p style="margin-left: 20px;">Minutes – <i>SKIP to question 32</i></p> <p style="background-color: #e0f0ff; padding: 2px;">Answer questions 28a – 31 only if this person did not work last week.</p> <p>28a. LAST WEEK, was this person on layoff from a job?</p> <p><input type="checkbox"/> Yes, on temporary layoff from most recent job – <i>SKIP to question 30</i></p> <p><input type="checkbox"/> Yes, permanently laid off from most recent job – <i>SKIP to question 29</i></p> <p><input type="checkbox"/> No</p> <p>b. LAST WEEK, was this person TEMPORARILY absent from a job or business?</p> <p><input type="checkbox"/> Yes, on vacation, temporary illness, labor dispute, etc. – <i>SKIP to question 31</i></p> <p><input type="checkbox"/> No</p> <p>29. Has this person been looking for work during the last 4 weeks?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – <i>SKIP to question 31</i></p> <p>30. LAST WEEK, could this person have gone to work?</p> <p><input type="checkbox"/> Yes, if a job had been offered</p> <p><input type="checkbox"/> Yes, if recalled from layoff</p> <p><input type="checkbox"/> No, because of own temporary illness</p> <p><input type="checkbox"/> No, because of all other reasons (in school, etc.)</p> <p>31. When did this person last work, even for a few days?</p> <p><input type="checkbox"/> Within the past 12 months</p> <p><input type="checkbox"/> Between 1 to 5 years ago – <i>SKIP to question 34</i></p> <p><input type="checkbox"/> Over 5 years ago or never worked – <i>SKIP to question 40</i></p>	<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Public transportation (bus, trolley, subway, or railroad)	<input type="checkbox"/> Walked	<input type="checkbox"/> Taxicab	<input type="checkbox"/> Worked at home – <i>SKIP to question 32</i>	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Other method			:		a.m.	Hour	Minute			p.m.	<p>32. During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few hours? Include paid vacation, paid sick leave, and military service in the total.</p> <p style="margin-left: 20px;">Weeks (Including paid vacation, paid sick leave, and military service)</p> <p>33. During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?</p> <p style="margin-left: 20px;">Usual hours worked per week</p> <p style="background-color: #e0f0ff; padding: 2px;">Answer questions 34–39 if this person worked in the past 5 years.</p> <p>34-39. CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job.</p> <p>34. Was this person -</p> <p><input type="checkbox"/> An employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?</p> <p><input type="checkbox"/> An employee of a PRIVATE NOT- FOR- PROFIT, tax-exempt, or charitable organization?</p> <p><input type="checkbox"/> A local GOVERNMENT employee (city, county, etc.)?</p> <p><input type="checkbox"/> A state GOVERNMENT employee?</p> <p><input type="checkbox"/> An active duty U.S. Armed Forces member?</p> <p><input type="checkbox"/> A Federal GOVERNMENT employee (excluding active duty military)?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</p> <p><input type="checkbox"/> Working WITHOUT PAY in family business or farm?</p> <p>35. For whom did this person work? <input checked="" type="checkbox"/></p> <p style="margin-left: 20px;">Name of company, business, branch of the Armed Forces or other employer</p> <p>36. What kind of business or industry was this? Describe the activity at the location where employed. For example: hospital, newspaper publishing, public high school <input checked="" type="checkbox"/></p> <p>37. Is this mainly -</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Manufacturing?</td> <td><input type="checkbox"/> Retail trade?</td> </tr> <tr> <td><input type="checkbox"/> Wholesale trade?</td> <td><input type="checkbox"/> Other (agriculture, construction, service, government, etc.)?</td> </tr> </table> <p>38. What kind of work was this person doing? For example: registered nurse, personnel manager, high school teacher <input checked="" type="checkbox"/></p> <p>39. What were this person's most important activities or duties? For example: patient care, directing hiring policies, teaching 9th grade biology <input checked="" type="checkbox"/></p>	<input type="checkbox"/> Manufacturing?	<input type="checkbox"/> Retail trade?	<input type="checkbox"/> Wholesale trade?	<input type="checkbox"/> Other (agriculture, construction, service, government, etc.)?	<p style="background-color: #e0f0ff; padding: 2px;">Answer questions 40 and 41 if this person is 15 years or older.</p> <p>40. INCOME IN THE PAST 12 MONTHS.</p> <p>Indicate the types of income this person received during the PAST 12 MONTHS and enter the amounts received. If you do not know the exact amount, please give an estimate. For income received jointly, report if possible, the appropriate share for each person. Otherwise, report the whole amount for only one person and mark the "No" box for the other person. If net income was a loss, mark the "LOSS" box to the right of the dollar amount.</p> <p>In the PAST 12 MONTHS, did this person receive -</p> <p>a. wages or salary? Report commissions, bonuses, or tips from all jobs BEFORE DEDUCTIONS FOR TAXES, BONDS, DUES, OR OTHER ITEMS.</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>b. self-employment income from own business (farm or non-farm) including proprietorship and partnership? Report NET income after business expenses.</p> <p><input type="checkbox"/> Yes → \$.00 <input type="checkbox"/> Loss</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>c. interest, dividends, net rental income, royalty income, or income from estates and trusts? Report even small amounts credited to an account.</p> <p><input type="checkbox"/> Yes → \$.00 <input type="checkbox"/> Loss</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>d. Social Security or Railroad Retirement?</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>e. retirement, survivor, or disability pensions? Do NOT include Social Security.</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>f. Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments?</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>g. other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony, etc? Do NOT include lump sum payments such as money from an inheritance or the sale of a home.</p> <p><input type="checkbox"/> Yes → \$.00</p> <p><input type="checkbox"/> No (Past 12 months – Dollars)</p> <p>41. What was this person's total income during the PAST 12 MONTHS? Add entries 40a – g; subtract any losses.</p> <p style="text-align: right;">\$.00 <input type="checkbox"/> None</p> <p style="text-align: right;">(Past 12 months – Dollars) <input type="checkbox"/> Loss</p>
<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Bicycle																							
<input type="checkbox"/> Public transportation (bus, trolley, subway, or railroad)	<input type="checkbox"/> Walked																							
<input type="checkbox"/> Taxicab	<input type="checkbox"/> Worked at home – <i>SKIP to question 32</i>																							
<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Other method																							
		:		a.m.																				
Hour	Minute			p.m.																				
<input type="checkbox"/> Manufacturing?	<input type="checkbox"/> Retail trade?																							
<input type="checkbox"/> Wholesale trade?	<input type="checkbox"/> Other (agriculture, construction, service, government, etc.)?																							

Print the name of PERSON 5 from page 2 and answer these questions for Person 5.

PERSON 5	Last name	First name	MI
Print name			
<p>7. In what U.S. State, territory, commonwealth or foreign country was this person born? ↴</p> <p>_____</p> <p>8. Is this person a CITIZEN of the United States?</p> <p><input type="checkbox"/> Yes, born in the United States – SKIP to question 10</p> <p><input type="checkbox"/> Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Marianas</p> <p><input type="checkbox"/> Yes, born abroad of American parent(s)</p> <p><input type="checkbox"/> Yes, U.S. citizen by naturalization</p> <p><input type="checkbox"/> No, not a citizen of the United States</p> <p>9. When did this person come to live in the United States?</p> <p>____ (Year)</p> <p>10. At any time IN THE PAST 3 MONTHS, was this person attending a school or college? Include nursery or preschool, kindergarten, elementary school, and schooling that leads to a high school diploma, college degree, or vocational certificate.</p> <p><input type="checkbox"/> Yes, public school or public college</p> <p><input type="checkbox"/> Yes, private school or private college</p> <p><input type="checkbox"/> Yes, vocational, technical, or business school</p> <p><input type="checkbox"/> No, has not attended in the last 3 months</p> <p>11. What is the highest degree or level of school this person has COMPLETED? Mark <input checked="" type="checkbox"/> ONE box for the highest grade completed or degree received.</p> <p><input type="checkbox"/> None, no schooling completed</p> <p><input type="checkbox"/> Nursery or preschool</p> <p><input type="checkbox"/> Kindergarten</p> <p><input type="checkbox"/> Grade ____ (Write grade 1–11)</p> <p><input type="checkbox"/> 12th grade, NO DIPLOMA</p> <p><input type="checkbox"/> HIGH SCHOOL GRADUATE - high school DIPLOMA or the equivalent (GED)</p> <p><input type="checkbox"/> Some college but no degree</p> <p><input type="checkbox"/> Vocational, technical, or business school degree</p> <p><input type="checkbox"/> Associate degree in college</p> <p><input type="checkbox"/> Bachelor's degree (BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (MA, MS, MEng, MEd, MSW, MBA)</p> <p><input type="checkbox"/> Professional school degree (MD, DDS, DVM, LLB, JD)</p> <p><input type="checkbox"/> Doctorate degree (PhD, EdD)</p> <p>12. What is this person's ancestry? For example: Italian, African Am., Cape Verdean, Ecuadorian, Haitian, Irish, Jamaican, Korean, Lebanese, Mexican, Nigerian, Polish, Taiwanese, Ukrainian, or any other ancestry. ↴</p> <p>_____</p>	<p>13b. Where did this person live 5 years ago?</p> <p>(1) Name of U.S. State, territory, commonwealth or foreign country ↴</p> <p>_____</p> <p><i>If outside U.S., print answer above and SKIP to question 14a</i></p> <p>(2) Name of city or town ↴</p> <p>_____</p> <p>(3) Name of county ↴ (4) ZIP Code ↴</p> <p>_____</p> <p>c. Did this person live inside the city or town limits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, lived outside city/town limits</p> <p>14a. Does this person speak a language other than English at home?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No, only English – SKIP to question 15</p> <p>b. What is this language? For example: Korean, Italian, Spanish, Vietnamese ↴</p> <p>_____</p> <p>c. How well does this person speak English?</p> <p><input type="checkbox"/> Very well <input type="checkbox"/> Not well</p> <p><input type="checkbox"/> Well <input type="checkbox"/> Not at all</p> <p>15. If this person has difficulty seeing, hearing, or walking, mark <input checked="" type="checkbox"/> the appropriate boxes. If this person has no difficulty with these activities, mark "None of the above."</p> <p><input type="checkbox"/> Difficulty seeing (even with glasses)</p> <p><input type="checkbox"/> Difficulty hearing (even with a hearing aid)</p> <p><input type="checkbox"/> Difficulty walking, or</p> <p><input type="checkbox"/> None of the above</p> <p style="background-color: #e0f0ff; padding: 2px;">If this person is UNDER 15 years of age, SKIP to page 16 for mailing instructions; otherwise, continue with question 16.</p> <p>16. Does this person have a long-lasting physical or mental condition that –</p> <p>a. Makes it difficult to go outside the home alone, for example, to shop or visit a doctor's office?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Prevents this person from working at a job or business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>18. Has this person ever served on ACTIVE DUTY in the U.S. Armed Forces, military Reserves, or National Guard? Include activation during Operation Desert Shield/Storm and service in the Merchant Marine during World War II. Do NOT include training for the Reserves or National Guard.</p> <p><input type="checkbox"/> Yes, now on active duty</p> <p><input type="checkbox"/> Yes, on active duty in past, but not now</p> <p><input type="checkbox"/> No active duty service – SKIP to question 21</p> <p>19. When did this person serve on active duty in the U.S. Armed Forces? Mark <input checked="" type="checkbox"/> a box for EACH period in which this person served.</p> <p><input type="checkbox"/> August 1990 or later (including Persian Gulf War)</p> <p><input type="checkbox"/> September 1980 to July 1990</p> <p><input type="checkbox"/> May 1975 to August 1980</p> <p><input type="checkbox"/> Vietnam era (August 1964 to April 1975)</p> <p><input type="checkbox"/> February 1955 to July 1964</p> <p><input type="checkbox"/> Korean conflict (June 1950 to January 1955)</p> <p><input type="checkbox"/> World War II (September 1940 to July 1947)</p> <p><input type="checkbox"/> Some other time</p> <p>20. In total, how much time has this person spent on active duty in the U.S. Armed Forces?</p> <p>_____ Years and _____ Months</p> <p>21. LAST WEEK, did this person do ANY work for pay or profit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – SKIP to question 28a</p> <p>22. LAST WEEK, how many hours did this person ACTUALLY work at all jobs? Subtract any time off; add overtime or extra hours worked.</p> <p>_____ Actual hours worked LAST WEEK</p> <p>23. LAST WEEK, at what address or location did this person work? If this person worked at more than one address or location, print where he or she worked most last week.</p> <p>a. Address (Number and street) ↴</p> <p>_____</p> <p>If the exact address is unknown, give a description of the location such as the building name or the nearest street or intersection. For example: Town Center Mall, 1st National Bank Building, Reno Airport, 2nd Ave. and 4th St.</p> <p>b. Name of city, town, or post office ↴</p> <p>_____</p> <p>c. Is the work location inside the limits of the city or town?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d. Name of county ↴</p> <p>_____</p> <p>e. Name of state ↴ f. ZIP Code ↴</p> <p>_____</p>	
<p>If this person is UNDER 5 years of age, SKIP to page 16 for mailing instructions; otherwise, continue.</p>			
<p>13a. Did this person live in this house or apartment 5 years ago?</p> <p><input type="checkbox"/> Yes – SKIP to question 14a</p> <p><input type="checkbox"/> No</p>	<p>17. How many babies has this person ever had, not counting stillbirths?</p> <p>_____ Babies <input type="checkbox"/> None</p>		

PERSON 5 – Continued

24. LAST WEEK, how did this person usually get to work? If more than one method was used during the trip, mark the box for the one used for most of the distance.

<input type="checkbox"/> Car, truck, or van	<input type="checkbox"/> Bicycle
<input type="checkbox"/> Public transportation (bus, trolley, subway, or railroad)	<input type="checkbox"/> Walked
<input type="checkbox"/> Taxicab	<input type="checkbox"/> Worked at home – SKIP to question 32
<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Other method

If you marked "Car, truck, or van" continue with question 25; otherwise, SKIP to question 26.

25. LAST WEEK, how many people, including this person, usually rode to work in the car, truck, or van?

Person(s)

26. LAST WEEK, what time did this person usually leave home to go to work?

Hour : Minute

a.m. p.m.

27. LAST WEEK, how many minutes did it usually take this person to get from home to work?

Minutes – SKIP to question 32

Answer questions 28a – 31 only if this person did not work last week.

28a. LAST WEEK, was this person on layoff from a job?

Yes, on temporary layoff from most recent job – SKIP to question 30

Yes, permanently laid off from most recent job – SKIP to question 29

No

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

Yes, on vacation, temporary illness, labor dispute, etc. – SKIP to question 31

No

29. Has this person been looking for work during the last 4 weeks?

Yes

No – SKIP to question 31

30. LAST WEEK, could this person have gone to work?

Yes, if a job had been offered

Yes, if recalled from layoff

No, because of own temporary illness

No, because of all other reasons (in school, etc.)

31. When did this person last work, even for a few days?

Within the past 12 months

Between 1 to 5 years ago – SKIP to question 34

Over 5 years ago or never worked – SKIP to question 40

32. During the PAST 12 MONTHS, in how many WEEKS did this person work, even for a few hours? Include paid vacation, paid sick leave, and military service in the total.

Weeks (Including paid vacation, paid sick leave, and military service)

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

Usual hours worked per week

Answer questions 34–39 if this person worked in the past 5 years.

34-39. CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person's chief job activity or business. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job.

34. Was this person -

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?

An active duty U.S. Armed Forces member?

A Federal GOVERNMENT employee (excluding active duty military)?

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?

35. For whom did this person work?

Name of company, business, branch of the Armed Forces or other employer

36. What kind of business or industry was this? Describe the activity at the location where employed. For example: hospital, newspaper publishing, public high school

37. Is this mainly -

Manufacturing? Retail trade?

Wholesale trade? Other (agriculture, construction, service, government, etc.)?

38. What kind of work was this person doing? For example: registered nurse, personnel manager, high school teacher

39. What were this person's most important activities or duties? For example: patient care, directing hiring policies, teaching 9th grade biology

Answer questions 40 and 41 if this person is 15 years or older.

40. INCOME IN THE PAST 12 MONTHS. Indicate the types of income this person received during the PAST 12 MONTHS and enter the amounts received. If you do not know the exact amount, please give an estimate. For income received jointly, report if possible, the appropriate share for each person. Otherwise, report the whole amount for only one person and mark the "No" box for the other person. If net income was a loss, mark the "LOSS" box to the right of the dollar amount.

In the PAST 12 MONTHS, did this person receive -

a. wages or salary? Report commissions, bonuses, or tips from all jobs BEFORE DEDUCTIONS FOR TAXES, BONDS, DUES, OR OTHER ITEMS.

Yes → \$.00

No (Past 12 months – Dollars)

b. self-employment income from own business (farm or non-farm) including proprietorship and partnership? Report NET income after business expenses.

Yes → \$.00 Loss

No (Past 12 months – Dollars)

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

Yes → \$.00 Loss

No (Past 12 months – Dollars)

d. Social Security or Railroad Retirement?

Yes → \$.00

No (Past 12 months – Dollars)

e. retirement, survivor, or disability pensions? Do NOT include Social Security.

Yes → \$.00

No (Past 12 months – Dollars)

f. Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments?

Yes → \$.00

No (Past 12 months – Dollars)

g. other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support or alimony, etc? Do NOT include lump sum payments such as money from an inheritance or the sale of a home.

Yes → \$.00

No (Past 12 months – Dollars)

41. What was this person's total income during the PAST 12 MONTHS? Add entries 40a – g; subtract any losses.

\$.00 None Loss

(Past 12 months – Dollars)

Step 5 Please make sure you have . . .

- 1. **FILLED** the form completely.
- 2. **ANSWERED** questions 1 through 6 on pages 2 and 3 for each person on the List of Residents on page 2.
- 3. **ANSWERED** questions H1 through H37 on pages 4 and 5.
- 4. **ANSWERED** the questions on pages 6 through 15 for each person on the List of Residents on page 2.

Then . . .

- 5. **Insert your completed questionnaire into the postage-paid return envelope. The address on this envelope is for the Bureau of the Census Processing Center in Jeffersonville, Indiana.**
- 6. **Before sealing the envelope, please make sure that the barcode above the address on your questionnaire is visible through the window of the return envelope.**

Thank you very much for your participation.

The Census Bureau estimates that, for the average household, this form will take 30 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Administration, Bureau of the Census, Room 3104, FB 3, Washington, DC 20233, Attn: 0607-0810. 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 corner on the front cover of this form.

FOR CENSUS BUREAU USE

POP	<input type="text"/>	EDIT	<input type="text"/>	PHONE	<input type="text"/>	JIC1	<input type="text"/>	JIC2	<input type="text"/>
ID	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	JIC3	<input type="text"/>
EDIT CLERK	<input type="text"/>	TELEPHONE CLERK	<input type="text"/>						