



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

THE American Community Survey

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

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

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

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

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

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

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

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

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

Para obtener más información sobre la Encuesta sobre la Comunidad Estadounidense, vaya a nuestra página en la Internet: <http://www.census.gov/acs>

CENSUS USE ONLY

How was this form completed?

English

Spanish

FORM **ACS-1(GQ)(INFO)(2018)**
(04-18-2017)

OMB No. 0607-0810



- 1 What is your name?** Please print your name. Include your telephone number, and today's date. We will only contact you if needed for official Census Bureau business.

Last Name

First Name

MI

Area Code + Number

 -

Today's Date

Month Day Year

- 2 What is your sex?** Mark (X) ONE box.

 Male Female

- 3 What is your age and what is your date of birth?** Please report babies as age 0 when the child is less than 1 year old.

Print numbers in boxes.

Age (in years) Month Day Year of birth

- A NOTE:** Please answer BOTH Question 4 about Hispanic origin and Question 5 about race. For this survey, Hispanic origins are not races.

- 4 Are you of Hispanic, Latino, or Spanish origin?**

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

- 5 What is your race?** Mark (X) one or more boxes.

- White
- Black or African Am.
- American Indian or Alaska Native – Print name of enrolled or principal tribe. ↘

- Asian Indian Native Hawaiian
- Chinese Guamanian or Chamorro
- Filipino Samoan
- Japanese Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↘
- Korean
- Vietnamese
- Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↘

- Some other race – Print race. ↘

- 6 Where were you born?**

- In the United States – Print name of state.

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

- 7 Are you a citizen of the United States?**

- Yes, born in the United States → SKIP to question 9a
- Yes, born in Puerto Rico, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization →

- No, not a U.S. citizen

- 8 When did you come to live in the United States?** If you came to live in the United States more than once, print latest year.

Year

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

- No, have not attended in the last 3 months → SKIP to question 10
- Yes, public school, public college
- Yes, private school, private college, home school

- b. What grade or level were you attending?** Mark (X) ONE box.

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



- 10** What is the highest degree or level of school you have COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11 →

- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

- B** Answer question 11 if you have a bachelor's degree or higher. Otherwise, SKIP to question 12.

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

- 12** What is your ancestry or ethnic origin?

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

- 13** a. Do you speak a language other than English at home?

- Yes
- No → SKIP to question 14a

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well do you speak English?

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

- 14** a. Did you live at this address 1 year ago?

- Person is under 1 year old → SKIP to question 16
- Yes, at this address → SKIP to question 15
- No, outside the United States and Puerto Rico – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15

- No, at a different address in the United States or Puerto Rico

b. Where did you live 1 year ago?

Address (Number and street name)

Name of city, town, post office, military installation, or base

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

Name of U.S. state or Puerto Rico

ZIP Code

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

- Yes
- No

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

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



17 a. Are you deaf or do you have serious difficulty hearing?

- Yes
 No

b. Are you blind or do you have serious difficulty seeing even when wearing glasses?

- Yes
 No

C Answer question 18a – c if you are 5 years old or over. Otherwise, SKIP to **1** on page 7 for further instructions; do not answer any more questions.

18 a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. Do you have serious difficulty walking or climbing stairs?

- Yes
 No

c. Do you have difficulty dressing or bathing?

- Yes
 No

D Answer question 19 if you are 15 years old or over. Otherwise, SKIP to **1** on page 7 for further instructions; do not answer any more questions.

19 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

20 What is your marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to **E**

21 In the PAST 12 MONTHS did you get –

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

22 How many times have you been married?

- Once
 Two times
 Three or more times

23 In what year did you last get married?

Year

E Answer question 24 if you are female and 15 – 50 years old. Otherwise, SKIP to question 25a.

24 In the PAST 12 MONTHS, have you given birth to any children?

- Yes
 No

25 a. Do you have any of your own grandchildren under the age of 18 living in this place?

- Yes
 No → SKIP to question 26

b. Are you currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this place?

- Yes
 No → SKIP to question 26

c. How long have you been responsible for these grandchildren? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.

- | | |
|---|--|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> 3 or 4 years |
| <input type="checkbox"/> 6 to 11 months | <input type="checkbox"/> 5 or more years |
| <input type="checkbox"/> 1 or 2 years | |

26 Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.

- Never served in the military → SKIP to question 29a
 Only on active duty for training in the Reserves or National Guard → SKIP to question 28a
 Now on active duty
 On active duty in the past, but not now

27 When did you serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which you served, even if just for part of the period.

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 May 1975 to July 1990
 Vietnam Era (August 1964 to April 1975)
 February 1955 to July 1964
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier

28 a. Do you have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ... , 100%)
 No → SKIP to question 29a

b. What is your service-connected disability rating?

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



29 a. LAST WEEK, did you work for pay at a job (or business)?

- Yes → SKIP to question 30
 No – Did not work (or retired)

b. LAST WEEK, did you do ANY work for pay, even for as little as one hour?

- Yes
 No → SKIP to question 35a

30 At what location did you work LAST WEEK? If you worked at more than one location, print where you worked most last week.

a. Address (Number and street name)

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

b. Name of city, town, post office, military installation, or base

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

- Yes
 No, outside the city/town limits

d. Name of county

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

f. ZIP Code

31 How did you usually get to work LAST WEEK? If you usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

- | | |
|---|--|
| <input type="checkbox"/> Car, truck, or van | <input type="checkbox"/> Motorcycle |
| <input type="checkbox"/> Bus or trolley bus | <input type="checkbox"/> Bicycle |
| <input type="checkbox"/> Streetcar or trolley car | <input type="checkbox"/> Walked |
| <input type="checkbox"/> Subway or elevated | <input type="checkbox"/> Worked at this address → SKIP to question 39a |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

F Answer question 32 if you marked "Car, truck, or van" in question 31. Otherwise, SKIP to question 33.

32 How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

33 What time did you usually leave this address to go to work LAST WEEK?

Hour Minute a.m.
 p.m.

 :

34 How many minutes did it usually take you to get from this address to work LAST WEEK?

Minutes

G Answer questions 35 – 38 if you did NOT work last week. Otherwise, SKIP to question 39a.

35 a. LAST WEEK, were you on layoff from a job?

- Yes → SKIP to question 35c
 No

b. LAST WEEK, were you TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 38
 No → SKIP to question 36

c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 37
 No

36 During the LAST 4 WEEKS, have you been ACTIVELY looking for work?

- Yes
 No → SKIP to question 38

37 LAST WEEK, could you have started a job if offered one, or returned to work if recalled?

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

38 When did you last work, even for a few days?

- Within the past 12 months
 1 to 5 years ago → SKIP to **H**
 Over 5 years ago or never worked → SKIP to question 47

39 a. During the PAST 12 MONTHS (52 weeks), did you work 50 or more weeks? Count paid time off as work.

- Yes → SKIP to question 40
 No

b. How many weeks DID you work, even for a few hours, including paid vacation, paid sick leave, and military service?

- 50 to 52 weeks
 48 to 49 weeks
 40 to 47 weeks
 27 to 39 weeks
 14 to 26 weeks
 13 weeks or less

40 During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did you usually work each WEEK?

Usual hours worked each WEEK



H Answer questions 41 – 46 if you worked in the past 5 years. Otherwise, SKIP to question 47.

41–46 CURRENT OR MOST RECENT JOB ACTIVITY

Describe clearly your chief job activity or business last week. If you had more than one job, describe the one at which you worked the most hours. If you did not have a job or business last week, give information for your last job or business.

41 Were you –
Mark (X) ONE box.

- an employee of a PRIVATE FOR-PROFIT company or business, or of an individual, for wages, salary, or commissions?
- an employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- a local GOVERNMENT employee (city, county, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

42 For whom did you work?

If now on active duty in the Armed Forces, mark (X) this box → and print the branch of the Armed Forces.

Name of company, business, or other employer

43 What kind of business or industry was this?

Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto engine manufacturing, bank)

44 Is this mainly – Mark (X) ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

45 What kind of work were you doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

46 What were your most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

47 INCOME IN THE PAST 12 MONTHS

Mark (X) the "Yes" box for each type of income you received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The "past 12 months" is the period from today's date one year ago up through today.)

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

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

For income received jointly, report only your share of the amount received or earned.

a. Did you receive any wages, salary, commissions, bonuses, or tips in the PAST 12 MONTHS?

- Yes → What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?

Total amount - Dollars

\$, , .00

- No

b. Did you have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in the PAST 12 MONTHS?

- Yes → What was the net income after business expenses?

Total amount - Dollars

\$, , .00 Loss

- No

c. Did you receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in the PAST 12 MONTHS? Report even small amounts credited to an account.

- Yes → What was the amount?

Total amount - Dollars

\$, , .00 Loss

- No

d. Did you receive any Social Security or Railroad Retirement income in the PAST 12 MONTHS?

- Yes → What was the amount?

Total amount - Dollars

\$, .00

- No

e. Did you receive any Supplemental Security Income (SSI) in the PAST 12 MONTHS?

- Yes → What was the amount?

Total amount - Dollars

\$, .00

- No

f. Did you receive any public assistance or welfare payments from the state or local welfare office in the PAST 12 MONTHS?

- Yes → What was the amount?

Total amount - Dollars

\$, .00

- No

g. Did you receive any retirement, survivor, or disability pensions in the PAST 12 MONTHS? Do NOT include Social Security.

- Yes → What was the amount?

Total amount - Dollars

\$, .00

- No

h. Did you have any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in the PAST 12 MONTHS? Do NOT include lump sum payments such as money from an inheritance or sale of a home.

- Yes → What was the amount?

Total amount - Dollars

\$, .00

- No

48 What was your total income during the PAST 12 MONTHS? Add entries 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

None OR Total amount - Dollars Loss

\$, .00 Loss



I Thank you very much for your participation.

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

INFORMATIONAL COPY

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

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



CENSUS USE ONLY

1. Who answered the questions on this form? *Mark (X) one box.*

- Sample resident
- Proxy respondent
- SSS individual
- A combination of sources
- Don't know

2. How were the questions on this form completed? *Mark (X) one box.*

- By self-response
- By personal interview - *Specify reason* ↘

3. Were administrative records used to complete any of the questions on this form?
Mark (X) one box.

- No**
- Yes, Some** administrative record information was used
- Yes, All** responses were obtained from administrative record information
- Don't know

Final Outcome Codes		Reason (code 219 or 243):
Interview	Noninterview	
<input type="checkbox"/> 201 <input type="checkbox"/> 203	<input type="checkbox"/> 213 <input type="checkbox"/> 214 <input type="checkbox"/> 215 <input type="checkbox"/> 217 <input type="checkbox"/> 218 <input type="checkbox"/> 219 <input type="checkbox"/> 233 <input type="checkbox"/> 241	
Out of scope →	<input type="checkbox"/> 243	
Other – <i>Specify</i> →	<input type="checkbox"/> ____	
Mark (X) ONE of the codes below to indicate the final outcome of the case. If code 219 or 243 is marked, explain reason in the space provided.		

I have reviewed the questionnaire for completeness.

FR's name

Username

Date of interview

