People are our most important resource. This Census Bureau survey collects information about education, employment, income, and housing—information your community uses to plan and fund programs. Your response is important, and we keep your answers confidential.

Start Here

This form asks for three types of information:
- basic information about the people who are living or staying at the address on the mailing label above
- specific information about this house, apartment, or mobile home
- more detailed information about each person living or staying here

What is your name? Please PRINT the name of the person who is filling out this form. Include the telephone number so we can contact you if there is a question, and today’s date.

Last Name
First Name
MI
Area Code + Number
Date (Month/Day/Year)

How many people are living or staying at this address?

Number of people

Please turn to the next page to continue.
### List of Residents

**READ THESE INSTRUCTIONS FIRST**

Please fill out this form as soon as possible after receiving it in the mail.

- **LIST** anyone else staying here who does not have another usual place to stay.
- **DO NOT LIST** anyone who is living somewhere else for more than 2 months, such as a college student living away.

If this place is a vacation home or a temporary residence where no one in this household stays for more than 2 months, do not list any names in the List of Residents. Complete only pages 4, 5, and 6 and return the form.

**IF YOU ARE NOT SURE WHOM TO LIST, CALL 1-800-354-7271.**

If there are more than five people, list them here. We may call you for more information about them.

After you've created the List of Residents, answer the questions across the top of the page for the first five people on the list.

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<table>
<thead>
<tr>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
<th>Person 4</th>
<th>Person 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Please print)</td>
<td>Last Name (Please print)</td>
<td>Last Name (Please print)</td>
<td>Last Name (Please print)</td>
<td>Last Name (Please print)</td>
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<tr>
<td>First Name</td>
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<tr>
<td>Male</td>
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<tr>
<td>Female</td>
<td>Female</td>
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</tr>
<tr>
<td>Age (in years)</td>
<td>Age (in years)</td>
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<td>Age (in years)</td>
</tr>
<tr>
<td>Month Day Year of birth</td>
<td>Month Day Year of birth</td>
<td>Month Day Year of birth</td>
<td>Month Day Year of birth</td>
<td>Month Day Year of birth</td>
</tr>
</tbody>
</table>

**How is this person related to Person 1?**

- Husband or wife
- Son or daughter
- Brother or sister
- Father or mother
- Grandchild
- In-law
- Other relative

**Relationship of Person 2 to Person 1.**

- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

**Relationship of Person 3 to Person 1.**

- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

**Relationship of Person 4 to Person 1.**

- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

**Relationship of Person 5 to Person 1.**

- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

---

**Please fill out this form as soon as possible after receiving it in the mail.**

- **LIST** everyone who is living or staying here for more than 2 months.
- **DO NOT LIST** anyone who is living somewhere else for more than 2 months, such as a college student living away.

If this place is a vacation home or a temporary residence where no one in this household stays for more than 2 months, do not list any names in the List of Residents.

Complete only pages 4, 5, and 6 and return the form.

- **LIST** anyone else staying here who does not have another usual place to stay.

---

**INFORMATIONAL COPY**
6. What is this person’s race? Mark (X) one or more races to indicate what this person considers himself/herself to be.

<table>
<thead>
<tr>
<th>Race</th>
<th>Person 1</th>
<th>Person 2</th>
<th>Person 3</th>
<th>Person 4</th>
<th>Person 5</th>
<th>Person 6</th>
<th>Person 7</th>
<th>Person 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
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<td>Black or African American</td>
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<td>American Indian or Alaska</td>
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<tr>
<td>Native – Print name of enrolled or principal tribe.</td>
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<td>Asian Indian</td>
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<td>Chinese</td>
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<td>Filipino</td>
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<td>Korean</td>
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<td>Vietnamese</td>
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<tr>
<td>Other Asian – Print race</td>
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</tr>
</tbody>
</table>

5. Is this person Spanish/Hispanic/Latino? Mark (X) one or more boxes if not Spanish/Hispanic/Latino.

<table>
<thead>
<tr>
<th>Person 9</th>
<th>Person 10</th>
<th>Person 11</th>
<th>Person 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>Last Name</td>
<td>Last Name</td>
<td>Last Name</td>
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<td>First Name</td>
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</tr>
</tbody>
</table>

NOTE: Please answer BOTH Questions 5 and 6. Mark (X) the "No" box if not Spanish/Hispanic/Latino.

- White
- Black or African American
- American Indian or Alaska Native – Print name of enrolled or principal tribe.
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian – Print race

When you are finished, turn the page and continue with the Housing section.
Housing information helps your community plan for police and fire protection.

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

1. Which best describes this building? Include all apartments, flats, etc., even if vacant.
   - A mobile home
   - A one-family house detached from any other house
   - A one-family house attached to one or more houses
   - A building with 2 apartments
   - A building with 3 or 4 apartments
   - A building with 5 to 9 apartments
   - A building with 10 to 19 apartments
   - A building with 20 to 49 apartments
   - A building with 50 or more apartments
   - Boat, RV, van, etc.

2. About when was this building first built?
   - 2005 or later
   - 2000 to 2004
   - 1990 to 1999
   - 1980 to 1989
   - 1970 to 1979
   - 1960 to 1969
   - 1950 to 1959
   - 1940 to 1949
   - 1939 or earlier

3. When did PERSON 1 (listed in the List of Residents on page 2) move into this house, apartment, or mobile home?
   - Month
   - Year

4. How many acres is this house or mobile home on?
   - Less than 1 acre → SKIP to question 6
   - 1 to 9.9 acres
   - 10 or more acres

5. IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this property?
   - None
   - $1 to $999
   - $1,000 to $2,499
   - $2,500 to $4,999
   - $5,000 to $9,999
   - $10,000 or more

6. How many bedrooms are in this house, apartment, or mobile home; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent?
   - No bedroom
   - 1 bedroom
   - 2 bedrooms
   - 3 bedrooms
   - 4 bedrooms
   - 5 or more bedrooms

7. How many rooms are in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.
   - 1 room
   - 2 rooms
   - 3 rooms
   - 4 rooms
   - 5 rooms
   - 6 rooms
   - 7 rooms
   - 8 rooms
   - 9 or more rooms

8. How many bedrooms are in this house, apartment, or mobile home; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent?
   - No bedroom
   - 1 bedroom
   - 2 bedrooms
   - 3 bedrooms
   - 4 bedrooms
   - 5 or more bedrooms

9. Does this house, apartment, or mobile home 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

10. Does this house, apartment, or mobile home 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

11. Is there a business (such as a store or barber shop) or a medical office on this property?
    - Yes
    - No

12. Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?
    - Yes
    - No

13. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?
    - None
    - 1
    - 2
    - 3
    - 4
    - 5
    - 6 or more

INFORMATIONAL COPY
Housing (continued)

13. Which FUEL is used MOST for heating this house, apartment, or mobile home?
   - Gas: from underground pipes serving the neighborhood
   - Gas: bottled, tank, or LP
   - Electricity
   - Fuel oil, kerosene, etc.
   - Coal or coke
   - Wood
   - Solar energy
   - Other fuel
   - No fuel used

14. a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?
   - Last month’s cost – Dollars
     - $ .00
   - Included in rent or condominium fee
   - No charge or electricity not used

b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?
   - Last month’s cost – Dollars
     - $ .00
   - Included in rent or condominium fee
   - Included in electricity payment entered above
   - No charge or gas not used

c. IN THE PAST 12 MONTHS, what was the cost of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.
   - Past 12 months’ cost – Dollars
     - $ .00
   - Included in rent or condominium fee
   - No charge

15. a. What is the monthly rent for this house, apartment, or mobile home?
   - Monthly amount – Dollars
     - $ .00

b. Does the monthly rent include any meals?
   - Yes
   - No

16. Is this house, apartment, or mobile home part of a condominium?
   - Yes → What is the monthly condominium fee?
     - Monthly amount – Dollars
       - $ .00
   - No

17. Is this house, apartment, or mobile home –
   - Owned by you or someone in this household with a mortgage or loan?
   - Owned by you or someone in this household free and clear (without a mortgage or loan)?
   - Rented for cash rent?
   - Occupied without payment of cash rent? → SKIP to C

18. a. What is the monthly rent for this house, apartment, or mobile home?
   - Monthly amount – Dollars
     - $ .00

b. Does the monthly rent include any meals?
   - Yes
   - No

19. a. What is the monthly rent for this house, apartment, or mobile home?
   - Monthly amount – Dollars
     - $ .00

b. Does the monthly rent include any meals?
   - Yes
   - No

19. Answer questions 19–23 ONLY IF you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to on the next page.

20. What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot, would sell for if it were for sale?
   - Less than $10,000
   - $10,000 to $14,999
   - $15,000 to $19,999
   - $20,000 to $24,999
   - $25,000 to $29,999
   - $30,000 to $34,999
   - $35,000 to $39,999
   - $40,000 to $49,999
   - $50,000 to $59,999
   - $60,000 to $69,999
   - $70,000 to $79,999
   - $80,000 to $89,999
   - $90,000 to $99,999
   - $100,000 to $124,999
   - $125,000 to $149,999
   - $150,000 to $174,999
   - $175,000 to $199,999
   - $200,000 to $249,999
   - $250,000 or more – Specify
     - $ .00

### What are the total annual costs for personal property taxes, site rent, registration fees, and license fees on THIS mobile home and its site?

Exclude real estate taxes.

**Annual costs – Dollars**

$0.00

**OR**

**None**

### What are the annual real estate taxes on THIS property?

**Annual amount – Dollars**

$0.00

**Answer questions 25a-c ONLY IF you listed at least one person on page 2. Otherwise, SKIP to page 24 for the mailing instructions.**

### a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt
- No mortgage, deed of trust, or similar debt

**Answer question 24 ONLY IF this is a MOBILE HOME. Otherwise, SKIP to question 23a.**

### 21 What is the annual payment for fire, hazard, and flood insurance on THIS property?

**Annual amount – Dollars**

$0.00

**OR**

**None**

### 22 a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt
- Yes, contract to purchase
- No, → SKIP to question 23a

### 23 b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

**Monthly amount – Dollars**

$0.00

**OR**

**No regular payment required**

### 24 c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

- Yes, taxes included in mortgage payment
- No, taxes paid separately or taxes not required

### 25 a. Do you or any member of this household live or stay at this address year round?

- Yes → SKIP to the questions for Person 1 on the next page
- No

### 26 b. How many months a year do members of this household stay at this address?

**Months**

### 27 c. What is the main reason members of this household are staying at this address?

- This is their permanent address
- This is their seasonal or vacation address
- To be close to work
- To attend school or college
- Looking for permanent housing
- Other reason(s) – Specify

### Continue with the questions about PERSON 1 on the next page.
Person 1

Please copy the name of Person 1 from the List of Residents on page 2, then continue answering questions below.

Last Name

First Name

Where was this person born?
- In the United States – Print name of state.
- Outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc.

Is this person a CITIZEN of the United States?
- Yes, born in the United States → Skip to 10a
- Yes, born abroad of American parent or parents → Skip to 13
- Yes, U.S. citizen by naturalization → Skip to 13
- No, not a citizen of the United States

When did this person come to live in the United States? Print numbers in boxes.

1. a. At any time IN THE LAST 3 MONTHS, has this person attended regular school or college? Include only nursery or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.
   - No, has not attended in the last 3 months → Skip to question 11
   - Yes, public school, public college
   - Yes, private school, private college

2. b. What grade or level was this person attending? Mark (X) ONE box.
   - Nursery school, preschool
   - Kindergarten
   - Grade 1 to grade 4
   - Grade 5 to grade 8
   - Grade 9 to grade 12
   - College undergraduate years (freshman to senior)
   - Graduate or professional school (for example: medical, dental, or law school)

Your answers are important! Every person in the American Community Survey counts.

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box.
- No schooling completed
- Nursery school to 4th grade
- 5th grade or 6th grade
- 7th grade or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade – NO DIPLOMA
- HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor’s degree (for example: BA, AB, BS)
- Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

a. Did this person live in this house or apartment 1 year ago?
   - Yes, this house → Skip to 15
   - No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc., below; then Skip to 17
   - No, different house in the United States

b. Where did this person live 1 year ago?
   - Name of city, town, or post office
   - Name of county
   - Name of state
   - Zip Code

Is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box.
- No schooling completed
- Nursery school to 4th grade
- 5th grade or 6th grade
- 7th grade or 8th grade
- 9th grade or 10th grade
- 11th grade
- 12th grade – NO DIPLOMA
- HIGH SCHOOL GRADUATE – high school DIPLOMA or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor’s degree (for example: BA, AB, BS)
- Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

What is this person’s ancestry or ethnic origin?

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

a. Did this person live in this house or apartment 1 year ago?
   - Yes, this house → Skip to 15
   - No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc., below; then Skip to 17

b. Where did this person live 1 year ago?
   - Name of city, town, or post office
   - Name of county
   - Name of state
   - Zip Code

Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.

a. Does this person speak a language other than English at home?
   - Yes
   - No → Skip to question 14

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?
   - Very well
   - Well
   - Not well
   - Not at all

Does this person have any of the following long-lasting conditions:

- a. Blindness, deafness, or a severe vision or hearing impairment?
  - Yes
  - No

- b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
  - Yes
  - No

Because of a physical, mental, or emotional condition lasting 6 months or more, this person have any difficulty in doing any of the following activities:

- a. Learning, remembering, or concentrating?
  - Yes
  - No

- b. Dressing, bathing, or getting around inside the home?
  - Yes
  - No
Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

- a. Going outside the home alone to shop or visit a doctor's office?
  - Yes
  - No

- b. Working at a job or business?
  - Yes
  - No

Answer question 18 ONLY IF this person is female and 15–50 years old. Otherwise, SKIP to question 19a.

Has this person given birth to any children in the past 12 months?
- Yes
- No

Has this person any of his/her own grandchildren under the age of 18 living in this house or apartment?
- Yes
  - No → SKIP to question 20

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
- Yes
  - No → SKIP to question 20

c. How long has this grandparent been responsible for the(se) grandchild(ren)?
  - Less than 6 months
  - 6 to 11 months
  - 1 or 2 years
  - 3 or 4 years
  - 5 or more years

Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?
- Yes, now on active duty
- Yes, on active duty during the last 12 months, but not now
- Yes, on active duty in the past, but not during the last 12 months
- No, never served in the military

If the person served more than once, mark (X) the “Yes” box even if the person served only one “Yes” box even if the person worked only 1 hour, or helped without either pay or profit?
- Yes
  - No → SKIP to question 29

When did this person serve on active duty in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served, even if just for part of the period.
- September 2001 or later
- October 2001 to August 2001
- September 1980 to July 1990
- May 1975 to August 1980
- August 1964 to April 1975
- March 1961 to July 1964
- February 1955 to February 1961
- January 1947 to June 1950
- December 1941 to December 1946
- November 1941 or earlier

How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
- 1
- 2
- 3 or 4
- 5 or more

What time did this person usually leave home to go to work LAST WEEK?
- Hour: 
  - Minute: 

How many minutes did it usually take this person to get from home to work LAST WEEK?
- Less than 15 minutes
- 15 minutes or more
- 30 minutes or more
- 60 minutes or more

If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
- Car, truck, or van
- Bus or trolley bus
- Streetcar or trolley car
- Subway or elevated railroad
- Ferryboat
- Taxi

How many months has this person had?
- Less than 2 years
- 2 years or more

What was this person’s job or business?
- Car, truck, or van
- Bus or trolley bus
- Streetcar or trolley car
- Subway or elevated railroad
- Ferryboat
- Taxi

How many years of active-duty military service has this person had?
- 5 or more years
- 3 or 4 years
- 2 years or more
- Less than 2 years

How does this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
- Car, truck, or van
- Bus or trolley bus
- Streetcar or trolley car
- Subway or elevated railroad
- Ferryboat
- Taxi

How many years of active-duty military service has this person had?
- 5 or more years
- 3 or 4 years
- 2 years or more
- Less than 2 years

How many months has this person had?
- Less than 2 years
- 2 years or more

Does this grandparent work at a job or business?
- Yes
  - No → SKIP to question 23

If this person worked at more than one location, print the name or the nearest street or intersection.

At what location did this person work LAST WEEK?
- a. Address (Number and street name)
- b. Name of city, town, or post office
- c. Has this person been informed that he or she
  - No
  - Yes → SKIP to question 31

Is the work location inside the limits of that city or town?
- Yes
  - No, outside the city/town limits

What is the work location inside the limits of that city or town?
- Yes
  - No, outside the city/town limits

Is the work location inside the city/town limits?
- Yes
  - No

What is the name of the U.S. state or foreign country?
- f. ZIP Code
  - Yes
  - No → SKIP to question 31

a. LAST WEEK, was this person on layoff from a job?
- Yes → SKIP to question 29c
- 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 32
- No → SKIP to question 30

c. Has this person been informed that he or she
  - No
  - Yes → SKIP to question 31

If this person worked more than 12 months OR was on active duty in the Armed Forces.
- Mark (X) a box for EACH period in which this person served, even if just for part of the period.

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

If this person worked at more than one location, print the name or the nearest street or intersection.

If this person worked at more than one location, print the name or the nearest street or intersection.

If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.
- Car, truck, or van
- Bus or trolley bus
- Streetcar or trolley car
- Subway or elevated railroad
- Ferryboat
- Taxi

What is the work location inside the limits of that city or town?
- Yes
  - No, outside the city/town limits

Is the work location inside the city/town limits?
- Yes
  - No

What is the name of the U.S. state or foreign country?
- f. ZIP Code
  - Yes
  - No → SKIP to question 31
Has this person been looking for work during the last 4 weeks?  
☐ Yes  ☐ No → SKIP to question 32

LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?  
☐ Yes, could have gone to work  ☐ No, because of all other reasons (in school, etc.)  ☐ No, could have gone to work but for all other reasons (can’t find work, etc.)  ☐ No, because of own temporary illness  ☐ No, because of own temporary illness, illness in family, etc.  ☐ No, because of own temporary illness, illness in family, etc.  ☐ No, because of all other reasons (in school, etc.)

When did this person last work, even for a few days?  
☐ Within the past 12 months  ☐ 1 to 5 years ago → SKIP to question 35  ☐ Over 5 years ago or never worked → SKIP to question 41

During the PAST 12 MONTHS, how many WEEKS did this person work? Count paid vacation, paid sick leave, and military service.  
Weeks

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

Answer questions 35–40 ONLY IF this person worked in the past 5 years. Otherwise, SKIP to question 41.

35–40 CURRENT OR MOST RECENT JOB ACTIVITY. Describe clearly this person’s chief job activity or business last week. 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 or business.  
Was this person –  
☐ a employee of a PRIVATE FOR PROFIT company, business, or of an individual, for wages, salary, or commissions?  ☐ an employee of a PRIVATE NOT FOR PROFIT business, professional practice, or farm?  ☐ 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?

For whom did this person 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

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)

Is this mainly –  
☐ manufacturing?  ☐ wholesale trade?  ☐ retail trade?  ☐ other (agriculture, construction, service, government, etc.)?

What kind of work was this person doing?  
(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

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

INCOME IN THE PAST 12 MONTHS.  
(Mark (X) the “Yes” box for each type of income this person 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.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

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

d. Social Security or Railroad Retirement.

e. Supplemental Security Income (SSI).

f. Any public assistance or welfare payments from the state or local welfare office.

g. Retirement, survivor, or disability pensions. Do NOT include Social Security.

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

What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 41a to 41h; subtract any losses. If net income was a loss, enter the amount and mark (X) the “Loss” box next to the dollar amount.
Survey information helps your community get financial assistance for roads, hospitals, schools, and more.

The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.