



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

THE American Community Survey

**This questionnaire is available in either English or Spanish.
Se puede completar este cuestionario 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 website at: www.census.gov/acs.

Para completar cuestionario en inglés, comience en la página 2. Para completar el cuestionario en español, virélo 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: www.census.gov/acs.

CENSUS USE ONLY

How was this form completed?

English

Spanish

U S C E N S U S B U R E A U

FORM **ACS-1(GQ)(2006)**
(10-11-2005)

OMB No. 0607-0810

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 **H** on page 5 for further instructions; do not answer any more questions.

- Yes, at this address → SKIP to question 15.

- No, outside the United States – Print name of foreign country, or Puerto Rico, Guam, etc., below; then SKIP to question 15.

- No, at a different address in the United States

b. Where did you live 1 year ago?

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

c. Did you live inside the limits of that city or town?

- Yes
 No, outside the city/town limits

Name of county ↗

Name of state ↗

ZIP Code ↗

15 At any time DURING THE PAST 12 MONTHS, did you receive Food Stamps?

- Yes → What was the value of the Food Stamps you received during the past 12 months?

Past 12 months' value – Dollars

\$.00

- No

B Answer questions 16 and 17 ONLY IF you are 5 years old or over. Otherwise, SKIP to **H** on page 5 for further instructions; do not answer any more questions.

16 Do you have any of the following long-lasting conditions:

- | | | |
|--|--------------------------|--------------------------|
| a. Blindness, deafness, or a severe vision or hearing impairment? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | | |
| | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | | |
|--|--------------------------|--------------------------|
| a. Learning, remembering, or concentrating? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around in this place? | | |
| | <input type="checkbox"/> | <input type="checkbox"/> |

C Answer question 18 ONLY IF you are 15 years old or over. Otherwise, SKIP to **H** on page 5 for further instructions; do not answer any more questions.

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

- | | | |
|--|--------------------------|--------------------------|
| a. Going outside alone to shop or visit a doctor's office? | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Working at a job or business? | | |
| | <input type="checkbox"/> | <input type="checkbox"/> |

D Answer question 19 ONLY IF you are a female and 15–50 years old. Otherwise, SKIP to question 20a.

19 Have you given birth to any children in the past 12 months?

- Yes
 No

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

- Yes
 No → SKIP to question 21

b. Are you currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this place?


- Yes
 No → SKIP to question 21

c. How long have you been responsible for the(se) grandchild(ren)? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible 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 | |

21 Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only → SKIP to question 24
 No, never served in the military → SKIP to question 24

22 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.  **D**

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 September 1980 to July 1990
 May 1975 to August 1980
 Vietnam era (August 1964 to April 1975)
 March 1961 to July 1964
 February 1955 to February 1961
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier

23 In total, how many years of active-duty military service have you had?

- Less than 2 years
 2 years or more

24 **LAST WEEK, did you do ANY work for either pay or profit?** Mark (X) the "Yes" box even if you worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or were on active duty in the Armed Forces.

- Yes
 No → SKIP to question 30a

25 **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 ↘

26 **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 34 |
| <input type="checkbox"/> Railroad | <input type="checkbox"/> Other method |
| <input type="checkbox"/> Ferryboat | |
| <input type="checkbox"/> Taxicab | |

E Answer question 27 ONLY IF you marked "Car, truck, or van" in question 26. Otherwise, SKIP to question 28.

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

Person(s)

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

Hour Minute a.m.
 p.m.

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

Minutes

F Answer questions 30–33 ONLY IF you did NOT work last week. Otherwise, SKIP to question 34.

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

- Yes → SKIP to question 30c
 No

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

- Yes, on vacation, temporary illness, labor dispute, etc. → SKIP to question 33
 No → SKIP to question 31

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 32
 No

31 **Have you been looking for work during the last 4 weeks?**

- Yes
 No → SKIP to question 33

32 **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.)

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

- Within the past 12 months
 1 to 5 years ago → SKIP to **G**
 Over 5 years ago or never worked → SKIP to question 42

34 **During the PAST 12 MONTHS, how many WEEKS did you work?** Count paid vacation, paid sick leave, and military service.

Weeks

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

Usual hours worked each WEEK

G Answer questions 36–41 ONLY IF you worked in the past 5 years. Otherwise, SKIP to question 42.

36–41 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 the information for your last job or business.

36 **Were you – Mark (X) ONE box.** **F**

- 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?

37 **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 ↘

38 **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) ↘

- 39** Is this mainly – Mark (X) ONE box.
- manufacturing?
 - wholesale trade?
 - retail trade?
 - other (agriculture, construction, service, government, etc.)?

40 What kind of work were you doing? For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant ↴

41 What were your most important activities or duties? For example: caring for patients, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records. ↴

42–43 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 the 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 with someone else, report only your share of the amount received or earned.

- 42** 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
- \$
- No

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

- Yes – What was the net income after business expenses?
- Total amount – Dollars
- \$ Loss
- 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
- \$ 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
- \$
- No

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

- Yes – What was the amount?
- Total amount – Dollars
- \$
- 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
- \$
- No

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

- Yes – What was the amount?
- Total amount – Dollars
- \$
- No

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
- \$
- No

43 What was your total income during the PAST 12 MONTHS? Add entries 42a–42h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

- Total amount – Dollars
- None OR \$ Loss

H Thank you very much for your participation.

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

The Census Bureau estimates that this form will take about 25 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate including suggestions for reducing this burden, to: Paperwork Project 0607-0810, U.S. Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington, DC 20233-1500. 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

1a. How was the questionnaire completed?

- I interviewed the respondent
- Respondent completed the form → *SKIP to Final Outcome Codes Box below*

b. Did you administer the questionnaire in person?

- Yes → *SKIP to question 2*
- No
- Other → Explain

c. Did you administer the questionnaire over the telephone?

- Yes
- No

2. Did a proxy respondent help answer any of the questions?

- Yes
- No – *SKIP to Final Outcome Codes box below*
- Don't know – *SKIP to Final Outcome Codes box below*

3. Did the proxy respondent use administrative records to answer any of the questions?

- Yes
- No
- Don't know

Final Outcome Codes		Reason (code 219 or 243):
Interview	Noninterview	
Mark (X) one of the codes below to indicate final outcome of case. If code 219 or 243 is marked, explain reason in space below. <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	

I have reviewed the questionnaire for completeness.

<input style="width: 95%;" type="text" value="FR's name"/>	<input style="width: 95%;" type="text" value="FR's code"/>	<input style="width: 95%;" type="text" value="Date of interview"/>
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