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ACS Food Stamps Instruction Revision: Cognitive Test

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ACS Food Stamps Instruction Revision: Cognitive Test¹

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Statistical Research Division, U.S. Census Bureau

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The Food Stamp Program is changing the program name to "Supplemental Nutritional Assistance Program" or SNAP. This change went into effect on October 1, 2008, but is being adopted by different states at different times (and some states are not adopting it at all).² There will be a transition period during which people will slowly become more familiar with the new program name, and the Census Bureau is working to identify appropriate changes to each survey's questions that measure participation in the Food Stamp Program. In the American Community Survey (ACS), the first modification to be implemented will be a respondent instruction on the self-administered form and an interviewer instruction on the interviewer-administered automated instruments. The objective of this research was to conduct cognitive interviews to test a change in instructions for the food stamps question in the American Community Survey (ACS) self-administered form. The goal was to examine respondent understanding of the instruction and ability to answer the question correctly.

Methods

In April 2009, staff from the Statistical Research Division conducted 15 semi-structured cognitive interviews. We sought to recruit respondents who either were currently, or recently had been, in the Food Stamps program or were participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (commonly known as WIC) or the National School Lunch Program. The latter group of participants were to represent those who might falsely answer positively to the food stamps question. We recruited respondents in Maryland, Virginia, West Virginia, and the District of Columbia so that a range of state-specific issues could be examined. We recruited respondents through local food banks so that we could identify people likely to participate in each program without expressly advertising what our topic of interest was. Table 1 shows the distribution of respondents by state and Food Stamp Program participation status.

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² As of April 1, 2009, the USDA reports that 25 states and territories adopted (or planned to adopt) the new SNAP name, 8 decided to adopt a different new name, 3 decided to continue using the Food Stamp Program name, 9 kept a current alternate name and 8 (including the District of Columbia) were undecided (Sources: <http://www.fns.usda.gov/FSP/> ; <http://www.fns.usda.gov/FSP/pre-screen/roll-out/state-chart.pdf>).

Table 1. Respondents by State and Food Stamp Program Participation

<u>State</u>	<u>Current</u>	<u>Past</u>	<u>Never³</u>
DC	3	0	1
MD	2	0	1
VA	0	1	3
WV	1	2	1

By recruiting participants from Maryland, Virginia, West Virginia and the District of Columbia, we were able to look at a variety of situations with regard to this program: DC was undecided as to a program name at the time of the interview (thus still using the “Food Stamps” program name); Maryland was in the midst of implementing a new and different program name, the Food Supplement Program, which became effective October 1 of the past year; Virginia was planning to start using the new SNAP name on October 1 of the current year (thus it had not been rolled out yet); and West Virginia started using the SNAP name on October 1 of the past year (thus respondents in this state may be familiar with this new name).

Below is the revised question text that was tested in this study. The revision is contained in the italicized note:

IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card? *Include government benefits from the Supplemental Nutrition Assistance Program (SNAP). Do NOT include WIC or the National School Lunch Program.*

Yes
 No

All participants were observed completing a revised self-administered 2010 ACS form up until the point that they had completed the food stamps question – Q 12 of the Housing section (See Appendix A for the tested questionnaire). At that point, the interviewer engaged the respondent in a semi-scripted retrospective debriefing about his or her understanding of the question and associated instruction, as well as his or her current or past participation in any food assistance program.

With the participants' permission, cognitive interviews were tape-recorded to facilitate analysis of the results. All participants were informed that their response was voluntary and that the information they provide is confidential.

Results

Only 1 respondent recognized the new program name, SNAP. This respondent was not currently on Food Stamps, but had previously received them, and had recently applied for them again (and

³ Many of the “Never” respondents did get WIC or had children who participated in the National School Lunch program.

been turned down). Interestingly, she did not know the name from the program office, but rather from a sign she had seen in a doctor's office. This respondent was from West Virginia, the state in our study that had already made the conversion to the SNAP program name.

Though other respondents were not familiar with the program name, it did not disturb their comprehension of the question or their ability to answer it. Many respondents reported that they did not read the italic instructions, and we observed very few respondents who did more than glance at them prior to the researcher pointing them out. One respondent hypothesized that the SNAP program could be a nutritional information program offered by doctors' offices. This is potential source of misunderstanding, though it did not cause a misreport by any of our respondents.

At least one respondent misreported because of the reference period in the question.⁴ This respondent did receive food stamps within the past 12 months, but reported "no," because she was not currently receiving food stamps. She was reporting for her current situation, not for the entire past 12 months. When given the calendar, she reported the dates of receipt which included 11-12 months ago. We do not believe this had anything to do with the instruction, but rather a lack of attention to the reference period.

Of the six people who had never received food stamps, two were currently receiving WIC and four participated in the National School Lunch Program.⁵ None of these respondents were tempted to misreport. All respondents except for one also received assistance from the food banks.⁶ None of them falsely reported this other type of assistance as food stamp receipt, but one respondent reported that she might consider food bank assistance as SNAP benefits. Because this respondent does receive food stamps as well, her answer to Question 12 as it is currently worded was correct. It is unclear how the respondent would have actually reported if she had not been receiving food stamps.

The two respondents who received food stamps in Maryland did not recognize the program by its new name (as of 10/08) – the Food Supplement Program – and during probes incorrectly reported that they had never received benefits from this program. However, they still correctly answered Question 12 because they recognized that they received "Food Stamps."

One respondent who received food stamps thought Question 12 was asking whether anyone in her household participates in any type of subsistence program. She reported that she did not see the italicized sentence. Once she was directed to it during probes, she reported that she would answer "no" to Question 12 if she received only WIC but not food stamps.

⁴ It is possible that one other respondent also misreported because of the time frame. This was the respondent from West Virginia that recognized the SNAP name. She reported receiving only \$10 a month in the past but did not report when that was. Based on other information gleaned in the interview, it had to have been within the last 2 ½ years. It is possible that it was within 12 months. The interviewer did not probe specifically on the time frame of this receipt.

⁵ Two respondents received no government support, and several respondents participated in both programs.

⁶ One respondent was a worker at the food bank who participated because one of the respondents she recruited did not want to participate.

All participants were familiar with the Food Stamp Program as well as the WIC program. Some respondents did not know the National School Lunch Program by name, but recognized it when probed about the “Free and Reduced Lunch Program” at schools. One respondent reported that Question 12 was somewhat sensitive, but “not really in a bad way.”

Potentially Problematic Situations

During the course of testing, we became aware of two programs similar enough in name or scope to the SNAP program to potentially cause confusion: the Commodity Supplemental Food Program and the Montgomery County, Maryland school SNAP program.

The Commodity Supplemental Food Program is a program similar to WIC and provides assistance for pregnant and breastfeeding mothers, children under 6, and elderly people at least 60 years of age.⁷ In this program, participants receive food from the agency (not vouchers or an EBT card). Thirty-two states, the District of Columbia and two American Indian Reservations participate in this program. We suspect ACS does not want reporting of this program included in this question. No respondents mentioned this, but one of our researchers saw a sign for the program at one food bank.

Montgomery County schools in Maryland have a “SNAP” program by which parents can pre-pay for their students’ lunches from the cafeteria. Parents make a deposit into this account, and then the student accesses it via a PIN at the cashier. While no respondents mentioned this either, a Census co-worker from Montgomery County immediately thought of this when she saw the question we were testing and thought it could be confusing to Montgomery County parents.

Though these programs were not mentioned by respondents during testing, we thought it would be beneficial to report them for future reference.

Recommendations

Because we saw no respondents misreporting or evidently confused by the new instruction, we did not recommend any changes to the wording. However, we do want to recommend caution when other ACS and Census Bureau surveys begin to use the SNAP program name in survey questions. At the time of our interviews, respondents in our sample had not grasped the new program names (SNAP in WV or Food Supplement Program in MD). Respondents in our study recognized the term “Food Stamps” and seemed to be able to accurately report whether or not they received them (with the exception of the reference period problem described above).

We had a very minor recommendation about formatting based on expert review (not on findings from the cognitive test). We believe the question we tested had a suboptimal line break in the second italic instruction which breaks up the phrase “Do NOT include”:

⁷ Source: <http://www.fns.usda.gov/fdd/programs/csfp/>

IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card? *Include government benefits from the Supplemental Nutrition Assistance Program (SNAP). Do NOT include WIC or the National School Lunch Program.*

We recommended changing the line break, as follows:

IN THE PAST 12 MONTHS, did anyone in this household receive Food Stamps or a Food Stamp benefit card? *Include government benefits from the Supplemental Nutrition Assistance Program (SNAP). Do NOT include WIC or the National School Lunch Program.*

The revision was accepted by the ACS Content Council for implementation in the 2010 ACS form.

Acknowledgements

The authors want to acknowledge Lorraine Randall for setting up interviews with the food banks in DC, MD, VA and WV within a very quick time frame for this testing. We also thank Yuling Pan, Terry DeMaio, and Stephanie Sheffield for their helpful comments on an earlier version of this report.



THE American Community Survey

Please complete this form and return it as soon as possible after receiving it in the mail.

This form asks for information about the people who are living or staying at the address on the mailing label and about the house, apartment, or mobile home located at the address on the mailing label.



If you need help or have questions about completing this form, please 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 **1-877-833-5625**. Usted también puede pedir un cuestionario en español o completar su entrevista por teléfono con un entrevistador que habla español.

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

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

Start Here

➔ **Please print today's date.**

Month Day Year

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➔ **Please print the name and telephone number of the person who is filling out this form.** We may contact you if there is a question.

Last Name

First Name

MI

Area Code + Number

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➔ **How many people are living or staying at this address?**

- **INCLUDE** everyone who is living or staying here for more than 2 months.
- **INCLUDE** yourself if you are living here for more than 2 months.
- **INCLUDE** anyone else staying here who does not have another place to stay, even if they are here for 2 months or less.
- **DO NOT INCLUDE** anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

Number of people

➔ **Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.**



Person 1

(Person 1 is the person living or staying here in whose name this house or apartment is owned, being bought, or rented. If there is no such person, start with the name of any adult living or staying here.)

1 What is Person 1's name?

Last Name *(Please print)* First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

Person 1

3 What is Person 1's sex? Mark (X) ONE box.

Male Female

4 What is Person 1's age and what is Person 1's 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

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 1 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.* ↘

6 What is Person 1's race? Mark (X) one or more boxes.

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

Some other race – *Print race.* ↘

Person 2

1 What is Person 2's name?

Last Name *(Please print)* First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

3 What is Person 2's sex? Mark (X) ONE box.

Male Female

4 What is Person 2's age and what is Person 2's 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

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 2 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.* ↘

6 What is Person 2's race? Mark (X) one or more boxes.

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

Some other race – *Print race.* ↘



Person 3

1 What is Person 3's name?

Last Name *(Please print)* First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

3 What is Person 3's sex? Mark (X) ONE box.

- Male Female

4 What is Person 3's age and what is Person 3's 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

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 3 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.* ↘

6 What is Person 3's race? Mark (X) one or more boxes.

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

- Some other race – *Print race.* ↘

Person 4

1 What is Person 4's name?

Last Name *(Please print)* First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

3 What is Person 4's sex? Mark (X) ONE box.

- Male Female

4 What is Person 4's age and what is Person 4's 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

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 4 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.* ↘

6 What is Person 4's race? Mark (X) one or more boxes.

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

- | | | |
|---|--|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – <i>Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</i> ↘ | <input type="checkbox"/> Other Pacific Islander – <i>Print race, for example, Fijian, Tongan, and so on.</i> ↘ | |

- Some other race – *Print race.* ↘



Person 5

1 What is Person 5's name?

Last Name (Please print) First Name MI

2 How is this person related to Person 1? Mark (X) ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Foster child |
| <input type="checkbox"/> Grandchild | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Parent-in-law | |

3 What is Person 5's sex? Mark (X) ONE box.

- Male Female

4 What is Person 5's age and what is Person 5's 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

→ **NOTE:** Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.

5 Is Person 5 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. ↘

6 What is Person 5's race? Mark (X) one or more boxes.

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. ↘ | <input type="checkbox"/> Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on. ↘ | |

- Some other race – Print race. ↘

→ If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. We may call you for more information about them. ↘

Person 6

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 7

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 8

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 9

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 10

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 11

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)

Person 12

Last Name (Please print) First Name MI

Sex Male Female

Age (in years)



Housing

→ 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?

- 2000 or later – Specify year →

--	--	--	--	--	--

- 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 on page 2) move into this house, apartment, or mobile home?

Month Year

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A Answer questions 4 – 6 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 7a.

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

- Yes
- No

7 a. How many separate rooms are in this house, apartment, or mobile home?

Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.

- INCLUDE bedrooms, kitchens, etc.
- EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

Number of rooms

--	--

b. How many of these rooms are bedrooms?

Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".

Number of bedrooms

--	--

8 Does this house, apartment, or mobile home have –

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. hot and cold running water? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. a flush toilet? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. a sink with a faucet? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. a stove or range? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. a refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. telephone service from which you can both make and receive calls? Include cell phones. | <input type="checkbox"/> | <input type="checkbox"/> |

9 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

10 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



