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.

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.

If you need help or have questions about completing this form, please call 1-800-717-7381. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1-800-786-9448. The telephone call is free.

¿NECESITA AYUDA? Si usted habla español y necesita ayuda para completar su cuestionario, llame sin cargo alguno al 1-800-814-8385.

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

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

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

Area Code + Number

Today’s 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

This survey collects information about the people who are living or staying here for more than 2 months.

### On the List of Residents -

- **Include** everyone living or staying here for more than 2 months. In the Person 1 space, list one of the people living here who owns or rents this house or apartment. Remember to include yourself on the list if you are staying here for more than 2 months.
- **Include** anyone 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.

If no one is staying here 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 1-800-717-7381.

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

1. **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.)

### What is this person’s age and what is this person’s date of birth?

Print numbers in boxes.

### Age (in years)

- Male
- Female

### Month Day Year of birth

- Month
- Day
- Year

## After you complete the List of Residents, answer the questions asked at the top of pages 2 and 3 for the first five people on the list.

### Person 1

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

### Person 2

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

### Person 3

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

### Person 4

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

### Person 5

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

### Person 6

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

### Person 7

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

### Person 8

<table>
<thead>
<tr>
<th>Last Name (Please print)</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>
### Person 9

**Last Name** (Please print)  

**First Name**  

**Middle Initial**  

---

### Person 10

**Last Name** (Please print)  

**First Name**  

**Middle Initial**  

---

### Person 11

**Last Name** (Please print)  

**First Name**  

**Middle Initial**  

---

### Person 12

**Last Name** (Please print)  

**First Name**  

**Middle Initial**  

---

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

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. Answer questions 4–6 ONLY if this is a one-family house or a mobile home; otherwise, SKIP to question 7.

5. How many cuerdas is this house or mobile home on?
   - [ ] Less than 1 cuerda ▸ SKIP to question 6
   - [ ] 1 to 9.9 cuerdas
   - [ ] 10 or more cuerdas

6. 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

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

12. 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
### 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, wood, 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
- [ ] Included in rent or condominium fee
- [ ] No charge or electricity not used

**15.** c. IN THE PAST 12 MONTHS, what was the cost of electricity for this house, apartment, or mobile home?
- Past 12 months’ cost – Dollars
- [ ] Included in rent or condominium fee
- [ ] No charge or electricity not used

**16.** b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?
- OR
- Included in rent or condominium fee
- No charge or gas not used

**17.** d. IN THE PAST 12 MONTHS, what was the cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.
- Past 12 months’ cost – Dollars
- [ ] Included in rent or condominium fee
- [ ] No charge or these fuels not used

**18.** At any time DURING THE PAST 12 MONTHS, did anyone in this household receive Food Stamps?
- Yes
- No

**19.** 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

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

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

**22.** Is this house, apartment, or mobile home part of a condominium?
- Yes
- No

**23.** Is this house, apartment, or mobile home owned by you or someone in this household with a mortgage or loan?
- Yes
- No

**Answer questions 18a and b ONLY IF you PAY RENT for this house, apartment, or mobile home. Otherwise, SKIP to question 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.
Housing (continued)

20. What are the annual real estate taxes on THIS property?
   Annual amount – Dollars
   OR
   None

21. What is the annual payment for fire, hazard, and flood insurance on THIS property?
   Annual amount – Dollars
   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

   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
      OR
      None

23. a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?
   Yes, home equity loan
   Yes, second mortgage
   Yes, second mortgage and home equity loan
   No ➔ SKIP to 25a

   b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?
      Monthly amount – Dollars
      OR
      None

24. 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

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

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

   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

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

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 Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.
- Yes, born in Puerto Rico
- Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of American parent or parents
- No, not a citizen of the United States
- Yes, U.S. citizen by naturalization

Is this person a CITIZEN of the United States?
- Yes
- No

When did this person come to live in Puerto Rico? Print numbers in boxes.
Year

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.
- 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. ME, 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. 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 17
- Yes, public school, public college
- Yes, private school, private college

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)

What is this person’s ancestry or ethnic origin?

a. Did this person live in this house or apartment 1 year ago?
- Yes
- No, different house in Puerto Rico or the United States

b. Where did this person live 1 year ago?
Name of city, town, or post office
Name of municipio or U.S. county
Enter Puerto Rico or name of U.S. 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

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?
- Yes
- No

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

b. Dressing, bathing, or getting around inside the home?
- Yes
- No

Does this person have any of the following long-lasting conditions?
- Yes
- No

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

Your answers are important! Every person in the Puerto Rico Community Survey counts.
Person 1 (continued)

Answer question 17 ONLY if this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 2 on page 10.

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

Answer question 19 ONLY IF this person had a child who was 15–50 years old. Otherwise, SKIP to question 20.

a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
   - Yes
   - No

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

Answer question 20 ONLY IF the grandparent is financially responsible for more than one grandchild. Otherwise, SKIP to question 21.

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, training for Reserves or National Guard only
- No, never served in the military

Mark (X) the “Yes” box even if the person worked only 1 hour, or helped without pay or profit.

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
- August 1990 to September 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

In total, how many years of active-duty military service has this person had?

- Less than 2 years
- 2 years or more

LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the “Yes” box even if the person worked only 1 hour, or helped without pay in a family business or farm for 19 hours or more, or was on active duty in the Armed Forces.

- Yes
- No

At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.

In total, how many years of active-duty military service has this person had?

- Less than 2 years
- 2 years or more

In total, how many years of active-duty military service has this person had?

- Less than 2 years
- 2 years or more

At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.

- Development or condominium name;
- Number and street name
- Name or the nearest street or intersection
- City or town?
- State or foreign country
- ZIP Code

How did 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
- Motorcycle
- Bicycle
- Walked
- Worked at home
- Other method

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

- Person(s)

What time did this person usually leave home to go to work LAST WEEK?

- Hour
- Minute
- a.m.
- p.m.

How many minutes did it usually take this person to get from home to work LAST WEEK?

- Minutes

How did 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
- Motorcycle
- Bicycle
- Walked
- Worked at home
- Other method

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

- Person(s)

What time did this person usually leave home to go to work LAST WEEK?

- Hour
- Minute
- a.m.
- p.m.

How many minutes did it usually take this person to get from home to work LAST WEEK?

- Minutes

Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.

- a. LAST WEEK, was this person on layoff from a job?
  - Yes
  - No

- b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
  - Yes, on vacation, temporary illness, labor dispute, etc.
  - No

- c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
  - Yes
  - No
Has this person been looking for work during the past 5 years?  [ ] Yes → SKIP to question 32  
[ ] No  

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.)  

When did this person last work, even for a few days?  [ ] Within the past 12 months  
[ ] 1 to 5 years ago  
[ ] Over 5 years ago or never worked  

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 –  
[ ] Mark (X) ONE box.  
[ ] an employee of a PRIVATE NON FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?  
[ ] an employee of a PRIVATE FOR PROFIT company or business, professional practice, or farm?  
[ ] a state GOVERNMENT employee?  
[ ] a local GOVERNMENT employee (city, county, municipality, etc.)?  
[ ] a Federal GOVERNMENT employee?  
[ ] SELF-EMPLOYED in own INCORPORATED business or farm?  
[ ] SELF-EMPLOYED in own NON INCORPORATED business 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 clerks, supervising order clerks, typing and filing, reconciling financial records  

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)  

Total income during the 12 past months, report even small amounts credited to an account. Report NAV before business expenses.  

 TOTAL AMOUNT for past 12 MONTHS  

TOTAL AMOUNT for past 12 MONTHS  

TOTAL AMOUNT for past 12 MONTHS  

TOTAL AMOUNT for past 12 MONTHS  

TOTAL AMOUNT for past 12 MONTHS  

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TOTAL AMOUNT for past 12 MONTHS  

TOTAL AMOUNT for past 12 MONTHS  

TOTAL AMOUNT for past 12 MONTHS  

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.  

[ ] None  
[ ] Total  
[ ] Loss  

What was this person’s total income during the PAST 12 MONTHS? Add entries in questions 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  
[ ] Total  
[ ] Loss  

Continue with the questions for Person 2 on the next page. If only 1 person is listed in the List of Residents, SKIP to page 24 for mailing instructions.
Survey information helps your community get financial assistance for roads, hospitals, schools, and more.

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

☐ 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)

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, Ukranian, and so on.)

☐ No schooling completed
☐ 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)

Does this person speak a language other than English at home?

☐ Yes
☒ No

What is this language?

For example: Korean, Italian, Spanish, Vietnamese

How well does this person speak English?

☑ Very well
☐ Well
☐ Not well
☐ Not at all

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, does 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

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, Ukranian, and so on.)

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
☐ Yes, public school, public college
☐ Yes, private school, private college

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)

When did this person come to live in Puerto Rico? Print numbers in boxes. Year

a. Did this person speak a language other than English at home?

☐ Yes
☒ No

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

How well does this person speak English?

☑ Very well
☐ Well
☐ Not well
☐ Not at all

b. Where did this person live 1 year ago?

Enter Puerto Rico or name of U.S. 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 3 on page 13.

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

a. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

☐ 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, does 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

a. 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
☐ Yes, public school, public college
☐ Yes, private school, private college

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)

When did this person come to live in Puerto Rico? Print numbers in boxes. Year

a. Did this person speak a language other than English at home?

☐ Yes
☒ No

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

How well does this person speak English?

☑ Very well
☐ Well
☐ Not well
☐ Not at all

b. Where did this person live 1 year ago?

Enter Puerto Rico or name of U.S. 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 3 on page 13.

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

a. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

☐ 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, does 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

a. 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
☐ Yes, public school, public college
☐ Yes, private school, private college

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)

When did this person come to live in Puerto Rico? Print numbers in boxes. Year

a. Did this person speak a language other than English at home?

☐ Yes
☒ No

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

How well does this person speak English?

☑ Very well
☐ Well
☐ Not well
☐ Not at all

b. Where did this person live 1 year ago?

Enter Puerto Rico or name of U.S. 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 3 on page 13.

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

a. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

☐ 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, does 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

a. 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
☐ Yes, public school, public college
☐ Yes, private school, private college

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)

When did this person come to live in Puerto Rico? Print numbers in boxes. Year

a. Did this person speak a language other than English at home?

☐ Yes
☒ No

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

How well does this person speak English?

☑ Very well
☐ Well
☐ Not well
☐ Not at all

b. Where did this person live 1 year ago?

Enter Puerto Rico or name of U.S. 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 3 on page 13.

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

a. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

☐ 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, does 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
Person 2 (continued)

Answer question 17 ONLY IF this person is male 16 years or over. Otherwise, SKIP to the questions for PERSON 3 on page 13.

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 19.

Has this person given birth to any children in the past 12 months?

Yes No

a. Does this person have 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 the longest period of time a grandchild for whom the grandparent has been responsible for the longest period of time.  
   Yes No  ➔ SKIP to question 20
c. How long has this grandparent been responsible for the grandchild(ren) under the age of 18 who live(s) in this house or apartment?
   Less than 6 months
   6 to 11 months
   1 to 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?

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 23  
No, never served in the military ➔ SKIP to question 23

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
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

In total, how many years of active-duty military service has this person had?

Less than 2 years
2 years or more

LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the “Yes” box even if the person worked only 1 hour, or helped without pay in a family business or farm for 16 hours or more, or was on active duty in the Armed Forces.

Yes No  ➔ SKIP to question 29

At what location did this person work LAST WEEK? If this person worked at more than one location, list the location(s) in the space provided. The box of the one used for most of the distance.

What time did this person usually leave home to go to work LAST WEEK?

Hour Minute

How did this person usually get to work LAST WEEK?

Car, truck, or van
Bus or trolley bus
Carro público
Subway or elevated
Taxicab
Motorcycle
Bicycle
Walked
Taxicab
Ferryboat
Worked at home ➔ SKIP to question 33

How many minutes did it usually take this person to get from home 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
Carro público
Subway or elevated
Taxicab
Motorcycle
Bicycle
Walked
Taxicab
Ferryboat
Worked at home ➔ SKIP to question 33

Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.

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 will be recalled to work within the next 6 months OR been given a date to return to work?
   Yes ➔ SKIP to question 31  
   No

Answer question 26 ONLY IF you marked “Car, truck, or van” in question 25. Otherwise, SKIP to question 27.

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?

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
Carro público
Subway or elevated
Taxicab
Motorcycle
Bicycle
Walked
Taxicab
Ferryboat
Worked at home ➔ SKIP to question 33

Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.

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 will be recalled to work within the next 6 months OR been given a date to return to work?
   Yes ➔ SKIP to question 31  
   No

Answer question 26 ONLY IF you marked “Car, truck, or van” in question 25. Otherwise, SKIP to question 27.

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?

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
Carro público
Subway or elevated
Taxicab
Motorcycle
Bicycle
Walked
Taxicab
Ferryboat
Worked at home ➔ SKIP to question 33

Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.

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 will be recalled to work within the next 6 months OR been given a date to return to work?
   Yes ➔ SKIP to question 31  
   No
Person 2 (continued)

30 Has this person been looking for work during the last 4 weeks?
[ ] Yes ☐ SKIP to question 32
☐ No

31 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
[ ] Yes ☐ No

32 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

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

34 Weeks

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

36 Usual hours worked each WEEK

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

38 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 (clerks, typing and filing, reconciling financial records)
☐ Name of company, business, or other employer

39 What kind of business or industry was this?
Is this mainly – □ manufacturing?
□ wholesale trade?
□ retail trade?
☐ other (agriculture, construction, service, government, etc.)?

40 What kind of work was this person doing?
What were this person’s most important activities or duties?
(For example: registered nurse, personnel manager, secretary, accountant)

41 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.

42 For income received jointly, report the appropriate share for each person – or, if that’s not possible, report the whole amount for only one person and mark the “No” box for the other person.

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

43 Yes ☐ TOTAL AMOUNT for past 12 MONTHS
[ ] No

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

44 Yes ☐ TOTAL AMOUNT for past 12 MONTHS
[ ] No

Loss

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

46 Yes ☐ TOTAL AMOUNT for past 12 MONTHS
[ ] No

Loss

47 d. Social Security or Railroad Retirement.

48 Yes ☐ TOTAL AMOUNT for past 12 MONTHS
[ ] No

Loss

49 e. Supplemental Security Income (SSI).

50 Yes ☐ TOTAL AMOUNT for past 12 MONTHS
[ ] No

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

51 Yes ☐ TOTAL AMOUNT for past 12 MONTHS
[ ] No

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

53 Yes ☐ TOTAL AMOUNT for past 12 MONTHS
[ ] No

Loss

54 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.

55 Yes ☐ TOTAL AMOUNT for past 12 MONTHS
[ ] No

Loss

56 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.

57 None ☐ TOTAL AMOUNT for past 12 MONTHS
[ ] Loss

58 Continue with the questions for Person 3 on the next page. If only 2 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.
Information about children helps your community plan for child care, education, and recreation.

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.

- 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)

What is this person’s ancestry or ethnic origin?

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

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

Did this person live in this house or apartment 1 year ago?

- Person is under 1 year old → SKIP to the questions for Person 4 on page 16.
- Yes, this house → SKIP to F

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

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

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?

- Learning, remembering, or concentrating? Yes No
- Dressing, bathing, or getting around inside the home? Yes No
Person 3 (continued)

G Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the questions for PERSON 4 on page 16.

17 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?
   b. Working at a job or business?

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

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

b. Working at a job or business?
   a. Does this person have 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 lives in this house or apartment?
      Yes    No
      ➔ SKIP to question 20
   c. How long has this grandparent been responsible for the grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
      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?
   Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
   a. Now, on active duty during the last 12 months, but not now
   b. Now, on active duty in the past, but not during the last 12 months
   c. Never, in the military

20 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
   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

21 In total, how many years of active-duty military service has this person had?
   Less than 2 years
   2 years or more

22 LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the “Yes” box even if the person worked only 1 hour, or helped without pay in a family business or farm for 19 hours or more, or was on active duty in the Armed Forces.
   Yes    No
   ➔ SKIP to question 29

At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.
   a. Address
   b. Name of city, town, or post office
   c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
      Yes    No
   d. Name of municipio or U.S. county
   e. Enter Puerto Rico or name of U.S. state or foreign country
   f. ZIP Code

23 How did 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.
   a. Car, truck, or van
   b. Bus or trolley bus
   c. Carro público
   d. Subway or elevated railroad
   e. Ferryboat
   f. Motorcycle
   g. Bicycle
   h. Walked

24 In total, how many years of active-duty military service has this person had?
   Less than 2 years
   2 years or more

25 LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the “Yes” box even if the person worked only 1 hour, or helped without pay in a family business or farm for 19 hours or more, or was on active duty in the Armed Forces.
   Yes    No
   ➔ SKIP to question 29

At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.
   a. Address
   b. Name of city, town, or post office
   c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
      Yes    No
   d. Name of municipio or U.S. county
   e. Enter Puerto Rico or name of U.S. state or foreign country
   f. ZIP Code

26 How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
   Person(s)

27 What time did this person usually leave home to go to work LAST WEEK?
   Hour   Minute
   a.m.   p.m.

28 How many minutes did it usually take this person to get from home to work LAST WEEK?
   Minutes

29 How did this person usually leave home to go to work LAST WEEK?
   a. Car, truck, or van
   b. Bus or trolley bus
   c. Carro público
   d. Subway or elevated railroad
   e. Ferryboat
   f. Motorcycle
   g. Bicycle
   h. Walked

30 How did this person usually leave home to go to work LAST WEEK?
   a. Car, truck, or van
   b. Bus or trolley bus
   c. Carro público
   d. Subway or elevated railroad
   e. Ferryboat
   f. Motorcycle
   g. Bicycle
   h. Walked
Person 3 (continued)

30. Has this person been looking for work during the last 4 weeks?
   - Yes
   - No ➔ Skip to question 32

31. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
   - Yes
   - No ➔ Skip to question 35

32. 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

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

34. During the PAST 12 MONTHS, in the WEEKS worked, how many hours did this person usually work 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.

35. Was this person –
   - Mark (X) ONE box.
   - an employee of a PRIVATE not 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, municipal, 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?

36. For whom did this person work?
   - If now on active duty in the Armed Forces, mark (X) this box ➔ Mark (X) one box.
   - Name of company, business, or other employer

37. 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)

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

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

40. 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)

41. 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 for each type 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.
   - Yes ➔ $__________
   - No ➔ $__________

   b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
   - Yes ➔ $__________ ➔ Loss
   - No ➔ $__________

   c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
   - Yes ➔ $__________ ➔ Loss
   - No ➔ $__________

   d. Social Security or Railroad Retirement.
   - Yes ➔ $__________
   - No ➔ $__________

   e. Supplemental Security Income (SSI).
   - Yes ➔ $__________
   - No ➔ $__________

   f. Any public assistance or welfare payments from the state or local welfare office.
   - Yes ➔ $__________
   - No ➔ $__________

   g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
   - Yes ➔ $__________
   - No ➔ $__________

   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.
   - Yes ➔ $__________
   - No ➔ $__________

42. 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.
   - None OR
   - TOTAL AMOUNT for past 12 MONTHS

43. Total Loss

44. Continue with the questions for Person 4 on the next page. If only 3 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.
Knowing about age, race, and sex helps your community better meet the needs of everyone.

Please copy the name of Person 4 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 Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

Is this person a CITIZEN of the United States?
- Yes, born in Puerto Rico
- Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of American parent or parents
- Yes, U.S. citizen by naturalization
- No, not a citizen of the United States

When did this person come to live in Puerto Rico?
- Print numbers in boxes.

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

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)

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.
- 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)

What is this person’s ancestry or ethnic origin?

For example: Italian, Jamaican, African Am., Cambodian, Cape Verdian, 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?
- Person is under 1 year old → SKIP to the questions for Person 5 on page 19.
- Yes, this house
- No, outside Puerto Rico or the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc.

b. Where did this person live 1 year ago?
- Name of city, town, or post office
- Name of municipio or U.S. county

Enter Puerto Rico or name of U.S. state

ZIP Code

F  Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 19.

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, does 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

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

14
16
ACS-1PR(2007)KFI, Page 16, Base (Black)
Person 4 (continued)

Answer question 17 ONLY IF this person is 16 years old or over. Otherwise, SKIP to the questions for PERSON 5 on page 19.

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?

a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No
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

c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

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?

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
No, never served in the military

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
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

In total, how many years of active-duty military service has this person had?

Less than 2 years
2 years or more

LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the “Yes” box even if the person worked only 1 hour, or helped without pay in a family business or farm for 16 hours or more, or was on active duty in the Armed Forces.

Yes
No

At what location did this person work LAST WEEK? If this person worked at more than one location, give a description of the location such as the building, development or condominium name; number and street name.

If the exact address is not known, give a description of the location such as the building, development or condominium name; number and street name.

How did 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
Car pool
Subway or elevated
Taxicab

How many minutes did it usually take this person to get from home to work LAST WEEK?

How did this person usually leave home to go to work LAST WEEK?

How many minutes did it usually take this person to get from home 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
Car pool
Subway or elevated
Taxicab

How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK? Person(s)

What time did this person usually leave home to go to work LAST WEEK?

How many minutes did it usually take this person to get from home 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
Subway or elevated
Taxicab
Person 4 (continued)

30 Has this person been looking for work during the last 4 weeks?
- Yes
- No → SKIP to question 32

31 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 own temporary illness
- No, because of all other reasons (in school, etc.)

32 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

33 During the PAST 12 MONTHS, how many WORKED, how many hours did this person work during the PAST 12 MONTHS, in the WEEKS past 4 weeks?
- Usual hours worked each WEEK:
- Total amount for past 12 MONTHS

34 During the PAST 12 MONTHS, in the WEEKS usual hours worked each WEEK?
- Worked the most hours. 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.
- The activity or business last week.
- Total amount for past 12 MONTHS

35 Was this person –
- Mark (X) ONE box.
- an employee of a PRIVATE FOR PROFIT company or business, or of an individual, for wages, salary, or commissions?
- an hourly employee of a GOVERNMENT, private nonprofit, tax-exempt, or charitable organization?
- a local GOVERNMENT employee (city, county, municipality, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in a NOT INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?
- None OR

36 For whom did this person work?
- Name of company, business, or other employer

37 What kind of business or industry was this?
- Manufacturing?
- Wholesale trade?
- Retail trade?
- Other (agriculture, construction, service, government, etc.)?

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

39 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

40 INCOME IN THE PAST 12 MONTHS.

41 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.)

- Social Security or Railroad Retirement.
- Federal GOVERNMENT employee?
- a local GOVERNMENT employee (city, county, municipality, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in a NOT INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?
- None OR

42 b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
- Yes
- No

43 c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
- Yes
- No

44 d. Social Security or Railroad Retirement.
- Yes
- No

45 e. Supplemental Security Income (SSI).
- Yes
- No

46 f. Any public assistance or welfare payments from the state or local welfare office.
- Yes
- No

47 g. Retirement, survivor, or disability pensions. Do NOT include Social Security.
- Yes
- No

48 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.
- Yes
- No

49 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.
- None OR

50 Continue with the questions for Person 5 on the next page. If only 4 people are listed in the List of Residents, SKIP to page 24 for mailing instructions.
Person 5

Please copy the name of Person 5 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 Puerto Rico or name of foreign country, or U.S. Virgin Islands, Guam, etc.

Is this person a CITIZEN of the United States?
- Yes, born in Puerto Rico
- Yes, born in the United States, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of American parent or parents
- No, not a citizen of the United States

When did this person come to live in Puerto Rico? Print numbers in boxes.
- Year

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 college degree.
- No, has not attended in the last 3 months
- Yes, public school, public college
- Yes, private school, private college

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)

What is the highest degree or level of school this person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or highest degree received.
- 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)

What is this person’s ancestry or ethnic origin?
For example: Korean, Italian, Spanish, Vietnamese

Yes, born in Puerto Rico

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

Answer questions 15 and 16 ONLY IF this person is 5 years old or over. Otherwise, SKIP to the mailing instructions on page 24.

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

14. Did this person live in this house or apartment 1 year ago?
- Person is under 1 year old
- No, different house in Puerto Rico or the United States
- Yes, born in Puerto Rico
- Yes, born in the United States
- Yes, born abroad of American parent or parents
- Yes, not a citizen of the United States

b. Where did this person live 1 year ago?
- Name of city, town, or post office
- No, outside the city/town limits
- Yes, outside the United States

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, does 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

Your answers help your community plan for the future.
### Person 5 (continued)

**G**

Answer question 17 ONLY IF this person is 15 years old or over. Otherwise, SKIP to the mailing instructions on page 24.

**17**

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?
- b. Working at a job or business?

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

**18**

Has this person given birth to any children in the past 12 months?

- Yes
- No

**19**

a. Does this person have 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 any of his/her grandchildren 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) under the age of 18 who live(s) in this house or apartment?

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years

**20**

Has this person 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 23
- No, never served in the military ➔ SKIP to question 23

**21**

When did this person serve on active duty in the U.S. Armed Forces?

- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- September 1980 to July 1990
- May 1975 to August 1980
- 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

**22**

In total, how many years of active-duty military service has this person had?

- Less than 2 years
- 2 years or more

**23**

LAST WEEK, did this person do ANY work for either pay or profit? Mark (X) the “Yes” box even if the person worked only 1 hour, or helped without pay in a family business or farm for 19 hours or more, or was on active duty in the Armed Forces.

- Yes
- No ➔ SKIP to question 29

**24**

At what location did this person work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.

- Development or condominium name;
- Number and street name
- A description of the location such as the building number or the nearest street or intersection.

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

**25**

b. Name of city, town, or post office

c. Has this person been informed that he or she 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

**26**

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

**27**

What time did this person usually leave home to go to work LAST WEEK? What time did this person usually go to work LAST WEEK?

- Hour
- Minute
- a.m.
- p.m.

**28**

How many minutes did it usually take this person to get from home to work LAST WEEK? How many minutes did it usually take this person to get from home to work LAST WEEK?

- Minutes

**29**

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 will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes ➔ SKIP to question 31
- No

**30**

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

**31**

What time did this person usually leave home to go to work LAST WEEK?

- Hour
- Minute
- a.m.
- p.m.

**32**

How many minutes did it usually take this person to get from home to work LAST WEEK?

- Minutes

**33**

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

**34**

What time did this person usually leave home to go to work LAST WEEK?

- Hour
- Minute
- a.m.
- p.m.

**35**

How many minutes did it usually take this person to get from home to work LAST WEEK?

- Minutes

**36**

Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.

**37**

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

**38**

What time did this person usually leave home to go to work LAST WEEK?

- Hour
- Minute
- a.m.
- p.m.

**39**

How many minutes did it usually take this person to get from home to work LAST WEEK?

- Minutes

**40**

Answer questions 29–32 ONLY IF this person did NOT work last week. Otherwise, SKIP to question 33.
### Person 5 (continued)

**30.** Has this person been looking for work during the last 4 weeks?
- [ ] Yes — SKIP to question 32
- [ ] No

**31.** 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 own temporary illness
- [ ] No, because of all other reasons (in school, etc.)

**32.** 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

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

**34.** During the PAST 12 MONTHS, in the WEEKS worked how many hours did this person usually work each WEEK?
- Usual hours worked each WEEK

**K** 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

**35.** Was this person —
- [ ] 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, municipality, 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?

**36.** 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 clerks, auto engine manufacturing, bank)
- Name of company, business, or other employer

**37.** 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)

**38.** Is this mainly — Mark (X) one box.
- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

**39.** What kind of work was this person doing?
- [ ] Mark the “No” box for the other person.
- What were this person’s most important activities or duties?
- (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

**40.** What were this person’s total income during the PAST 12 MONTHS?
- Report NET income after business expenses.

**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.
- Report the whole amount for only one person and share for each person — or, if that’s not possible, report the whole amount and mark (X) the “Loss” box next to the amount.

**e.** Supplemental Security Income (SSI).
- Report the whole amount for only one person and share for each person — or, if that’s not possible, report the whole amount and mark (X) the “Loss” box next to the amount.

**f.** Any public assistance or welfare payments from the state or local welfare office.
- Report the whole amount for only one person and share for each person — or, if that’s not possible, report the whole amount and mark (X) the “Loss” box next to the amount.

**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.

**41.** 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.
- If net income was a loss, mark the “Loss” box to the right of the dollar amount.

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

### 42.** 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.
- None OR
- Loss

**43.** Now continue with the mailing instructions on page 24.
Mailing Instructions

Please make sure you have...

- put all names on the List of Residents and answered the questions across the top of the page
- answered all Housing questions
- answered all Person questions for each person on the List of Residents.

Then...

- put the completed questionnaire into the postage-paid return envelope. If the envelope has been misplaced, please mail the questionnaire to:
  
  **U.S. Census Bureau**  
  **P.O. Box 5240**  
  **Jeffersonville, IN 47199-5240**

- make sure the barcode above your address shows in the window of the return envelope.

Thank you for participating in the Puerto Rico Community Survey.

For Census Bureau Use

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The Census Bureau estimates that, for the average household, this form will take 38 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Paperwork Project 0607-0810, U.S. Census Bureau, 4700 Silver Hill Road, Stop 1500, Washington, D.C. 20233-1500. You may e-mail comments to Paperwork@census.gov; use “Paperwork Project 0607-0810” as the subject. Please DO NOT RETURN your questionnaire to this address. Use the enclosed preaddressed envelope to return your completed questionnaire.

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

Form ACS-12007/PR KFI (10-17-2006)