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 1-800-717-7381. The telephone call is free.

Telephone Device for the Deaf (TDD): Call 1-800-717-7381. 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/

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(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?
   [ ] Person 1

3. What is Person 1’s sex?
   [ ] Male
   [ ] Female

4. What is Person 1’s age and what is Person 1’s date of birth?
   Age (in years) ____________________________
   Month ____________________________ Day ____________________________ Year ____________________________

   Please report babies as age 0 when the child is less than 1 year old.

   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, 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?
   [ ] White
   [ ] Black, African Am., or Negro
   [ ] American Indian or Alaska Native — Print name of enrolled or principal tribe.
   [ ] Asian Indian
   [ ] Chinese
   [ ] Filipino
   [ ] Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   [ ] Some other race – Print race.
   [ ] Japanese
   [ ] Korean
   [ ] Vietnamese
   [ ] Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   [ ] Native Hawaiian
   [ ] Guamanian or Chamorro
   [ ] Samoan
   [ ] Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

(Person 2 is the person living or staying here in whose name the person living or staying here owns, buys, or rents the house or apartment.)

1. What is Person 2’s name?
   Last Name (Please print) ____________________________
   First Name ____________________________
   MI ____________________________

2. How is this person related to Person 1?
   [ ] Person 1

3. What is Person 2’s sex?
   [ ] Male
   [ ] Female

4. What is Person 2’s age and what is Person 2’s date of birth?
   Age (in years) ____________________________
   Month ____________________________ Day ____________________________ Year ____________________________

   Please report babies as age 0 when the child is less than 1 year old.

   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, Salvadorian, and so on.

6. What is Person 2’s race?
   [ ] White
   [ ] Black, African Am., or Negro
   [ ] American Indian or Alaska Native — Print name of enrolled or principal tribe.
   [ ] Asian Indian
   [ ] Chinese
   [ ] Filipino
   [ ] Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   [ ] Some other race – Print race.
   [ ] Japanese
   [ ] Korean
   [ ] Vietnamese
   [ ] Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   [ ] Native Hawaiian
   [ ] Guamanian or Chamorro
   [ ] Samoan
   [ ] Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.)
<table>
<thead>
<tr>
<th>Person 3</th>
<th>Person 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is Person 3's name?</strong></td>
<td><strong>What is Person 4's name?</strong></td>
</tr>
<tr>
<td>Last Name (Please print)</td>
<td>First Name</td>
</tr>
<tr>
<td>MI</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>How is this person related to Person 1?</strong></th>
<th><strong>How is this person related to Person 1?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Husband or wife</td>
<td>□ Husband or wife</td>
</tr>
<tr>
<td>□ Biological son or daughter</td>
<td>□ Biological son or daughter</td>
</tr>
<tr>
<td>□ Adopted son or daughter</td>
<td>□ Adopted son or daughter</td>
</tr>
<tr>
<td>□ Stepson or stepdaughter</td>
<td>□ Stepson or stepdaughter</td>
</tr>
<tr>
<td>□ Brother or sister</td>
<td>□ Brother or sister</td>
</tr>
<tr>
<td>□ Father or mother</td>
<td>□ Father or mother</td>
</tr>
<tr>
<td>□ Grandchild</td>
<td>□ Grandchild</td>
</tr>
<tr>
<td>□ Parent-in-law</td>
<td>□ Parent-in-law</td>
</tr>
</tbody>
</table>

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

- □ Male
- □ Female

**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.

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>Month</th>
<th>Day</th>
<th>Year of birth</th>
</tr>
</thead>
</table>

**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, Salvadorian, Spaniard, and so on.

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

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

- □ Male
- □ Female

**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.

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>Month</th>
<th>Day</th>
<th>Year of birth</th>
</tr>
</thead>
</table>

**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, Salvadorian, Spaniard, and so on.

**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
- □ Asian Indian
- □ Japanese
- □ Native Hawaiian
- □ Chinese
- □ Korean
- □ Guamanian or Chamorro
- □ Filipino
- □ Vietnamese
- □ Samoan
- □ Other Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
- □ Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
- □ Some other race – Print race.
Person 5

What is Person 5’s name?
Last Name (Please print) First Name MI

How is this person related to Person 1? Mark (X) ONE box.
- Husband or wife
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law

What is Person 5’s sex? Mark (X) one box.
- Male
- Female

What is Person 5’s age and what is Person 5’s date of birth?
Age (in years) Month Day Year of birth

Is Person 5 of Hispanic, Latino, or Spanish origin?
- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Sranan, and so on.

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

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)

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

INFORMATIONAL COPY
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

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

4a. 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

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

7a. Does this house, apartment, or mobile home have –
   - a. hot and cold running water?
   - b. a flush toilet?
   - c. a bathtub or shower?
   - d. a sink with a faucet?
   - e. a stove or range?
   - f. a refrigerator?
   - g. telephone service from which you can both make and receive calls? Include cell phones.

7b. 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

8. 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

9a. 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

9b. Which FUEL is used MOST for heating this house, apartment, or mobile home?
Housing (continued)

11. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?

Last month’s cost – Dollars

$ [ ] . [ ]

OR

☐ Included in rent or condominium fee
☐ No charge or electricity not used

12. IN THE PAST 12 MONTHS, did anyone in this household receive Nutritional Assistance Program benefits or a Nutritional Assistance Program benefit card?

Do NOT include WIC or the National School Lunch Program.

☐ Yes
☐ No

13. Is this house, apartment, or mobile home part of a condominium?

☐ Yes
☐ No

14. Is this house, apartment, or mobile home owned by you or someone in this household with a mortgage or loan?

☐ Included in electricity payment entered above
☐ No charge or electricity not used

15. IN THE PAST 12 MONTHS, what was the cost of gas for this house, apartment, or mobile home?

Last month’s cost – Dollars

$ [ ] . [ ]

OR

☐ Included in rent or condominium fee
☐ No charge or gas not used

16. In the past 12 months, what was the cost of water and sewer for this house, apartment, or mobile home?

Past 12 months’ cost – Dollars

$ [ ] . [ ]

OR

☐ Included in rent or condominium fee
☐ No charge or no use of water or sewer

17. 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

$ [ ] . [ ]

OR

☐ Included in rent or condominium fee
☐ No charge or these fuels not used

18. IN THE PAST 12 MONTHS, did anyone in this household receive Nutritional Assistance Program benefits or a Nutritional Assistance Program benefit card?

Do NOT include WIC or the National School Lunch Program.

☐ Yes
☐ No

19. Is this house, apartment, or mobile home part of a condominium?

☐ Yes
☐ No

20. Is this house, apartment, or mobile home – Mark (X) ONE box.

☐ Owned by you or someone in this household free and clear (without a mortgage or loan)?
☐ Rented?
☐ Occupied without payment of rent? → SKIP to C

16a. LAST MONTH, what was the cost of electricity for this house, apartment, or mobile home?

Last month’s cost – Dollars

$ [ ] . [ ]

OR

☐ Included in rent or condominium fee
☐ No charge or electricity not used

16b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?

Last month’s cost – Dollars

$ [ ] . [ ]

OR

☐ Included in rent or condominium fee
☐ No charge or gas not used

17a. IN THE PAST 12 MONTHS, what was the cost of gas for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.

Past 12 months’ cost – Dollars

$ [ ] . [ ]

OR

☐ Included in rent or condominium fee
☐ No charge or gas not used

17b. IN THE PAST 12 MONTHS, what was the cost of gas for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.

Past 12 months’ cost – Dollars

$ [ ] . [ ]

OR

☐ Included in rent or condominium fee
☐ No charge or gas not used

18a. IN THE PAST 12 MONTHS, did anyone in this household receive Nutritional Assistance Program benefits or a Nutritional Assistance Program benefit card?

Do NOT include WIC or the National School Lunch Program.

☐ Yes
☐ No

18b. Is this house, apartment, or mobile home part of a condominium?

☐ Yes
☐ No

19a. Is this house, apartment, or mobile home owned by you or someone in this household with a mortgage or loan?

☐ Included in electricity payment entered above
☐ No charge or electricity not used

19b. Is this house, apartment, or mobile home owned by you or someone in this household free and clear (without a mortgage or loan)?

☐ Yes
☐ No

20a. Is this house, apartment, or mobile home RENTED? If so, answer questions 15a and b. Otherwise, SKIP to C

☐ Yes
☐ No

20b. Does the monthly rent include any meals?

☐ Yes
☐ No

About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

$ [ ] . [ ]

What are the annual real estate taxes on THIS property?

Annual amount – Dollars

$ [ ] . [ ]

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

Annual amount – Dollars

$ [ ] . [ ]

Answer questions 16 – 20 if you or someone else in this household OWNS OR IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E on the next page.
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 20a

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
- No regular payment required ➔ SKIP to question 20a

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
- Yes, taxes included in mortgage payment
- No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?
- Yes, insurance included in mortgage payment
- No, insurance paid separately or no insurance

e. Answer questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 28 for the mailing instructions.

Answer question 21 if this is a MOBILE HOME. Otherwise, SKIP to .

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

E
**Person 1**

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
</tr>
</thead>
</table>

**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 ➔ SKIP to 10a
- Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization
- No, not a U.S. citizen

**Is this person a citizen of the United States?**

- Yes, born in Puerto Rico ➔ SKIP to 10a
- Yes, born in a U.S. state, District of Columbia, Guam, the U.S. Virgin Islands, or Northern Marianas
- Yes, born abroad of U.S. citizen parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization
- No, not a U.S. citizen

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

<table>
<thead>
<tr>
<th>Year</th>
</tr>
</thead>
</table>

**a. At any time IN THE LAST 3 MONTHS, has this person attended school or college?**

- Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
- No, has not attended in the last 3 months ➔ SKIP to question 11
- Yes, public school, public college
- Yes, private school, private college, home school

**b. What grade or level was this person attending?**

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

**Is this person a U.S. citizen by naturalization?**

- Yes ➔ SKIP to question 15d
- No ➔ SKIP to question 15c

**What is the highest degree or level of school this person has COMPLETED?** Mark (X) ONE box.

- No schooling completed
- Nursery school
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11
- 12th grade – NO DIPLOMA
- High school graduate
- Regular high school diploma
- GED or alternative credential
- College or some college
- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate’s degree (for example: AA, AS)
- Bachelor’s degree (for example: BA, BS)
- Master’s degree (for example: MA, MS, MEng, ME, MSW, MBA)
- Professional degree beyond a bachelor’s degree (for example: MD, DDS, DVM, JSD, 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. Does this person speak a language other than English at home?**

- Yes
- No ➔ SKIP to question 15a

**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

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

- Yes ➔ SKIP to question 15b
- No, different house in Puerto Rico or the United States ➔ SKIP to question 15b
- 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 in Puerto Rico or U.S. county

**Address**

- Development or condominium name
- Number and street name
- Name of city, town, or post office
- Name of municipio in Puerto Rico or U.S. county

**Enter Puerto Rico or name of U.S. state**

<table>
<thead>
<tr>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Person 1 (continued)</strong></td>
</tr>
</tbody>
</table>
| 18. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? | a. Insurance through a current or former employer or union (of this person or another family member)  
   b. Insurance purchased directly from an insurance company (for this person or another family member)  
   c. Medicare, for people 65 and older, or people with certain disabilities  
   d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability  
   e. TRICARE or other military health care  
   f. VA (including those who have ever used or enrolled for VA health care)  
   g. Indian Health Service  
   h. Any other type of health insurance or health coverage plan  |
| 19. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping? | a. Yes  
   b. No |
| 20. What is this person’s marital status?                                | a. Married?  
   b. Widowed?  
   c. Divorced? |
| 21. In the PAST 12 MONTHS did this person get married?                  | a. Married?  
   b. Widowed?  
   c. Divorced? |
| 22. How many times has this person been married?                        | a. Once  
   b. Two times  
   c. Three or more times |
| 23. In what year did this person last get married?                      | Year |
| 24. Has this person given birth to any children in the past 12 months?  | a. Yes  
   b. No |
| 25. Does this person have a VA service-connected disability rating?     | a. Yes (such as 0%, 10%, 20%, ..., 100%)  
   b. No  |
| 26. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who lives in this house or apartment? | a. Yes  
   b. No  |
| 27. When did this person serve on active duty in the U.S. Armed Forces? | a. September 2001 or later  
   b. August 1980 to August 2001 (including Persian Gulf War)  
   c. September 1980 to July 1990  
   d. May 1975 to August 1980  
   e. Vietnam era (August 1964 to April 1975)  
   f. March 1961 to July 1964  
   g. February 1950 to February 1961  
   h. Korean War (July 1950 to January 1955)  
   i. January 1947 to June 1950  
   j. World War II (December 1941 to December 1946)  
   k. November 1941 or earlier |
| 28. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? | a. Yes, now on active duty  
   b. Yes, on active duty during the last 12 months, but not now  
   c. Yes, on active duty in the past, but not during the last 12 months  
   d. No, training for Reserves or National Guard only  
   e. No, never served in the military |
| 29. c. How long has this grandparent been responsible for these grandchildren? | a. Less than 6 months  
   b. 6 to 11 months  
   c. 1 to 2 years  
   d. 3 or 4 years  
   e. 5 or more years |
| 30. a. Is this person deaf or does he/she have serious difficulty hearing? | a. Yes  
   b. No |
| 31. b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? | a. Yes  
   b. No |
| 32. a. Does this person have difficulty dressing or bathing?             | a. Yes  
   b. No |
| 33. b. Does this person have serious difficulty walking or climbing stairs? | a. Yes  
   b. No |
| 34. c. Does this person have difficulty doing errands alone such as visiting a doctor’s office or shopping? | a. Yes  
   b. No |
| 35. How many times has this person been married?                        | a. Once  
   b. Two times  
   c. Three or more times |
| 36. In what year did this person last get married?                      | Year |
| 37. Has this person given birth to any children in the past 12 months?  | a. Yes  
   b. No |
| 38. Does this person have a VA service-connected disability rating?     | a. Yes (such as 0%, 10%, 20%, ..., 100%)  
   b. No  |
| 39. What is this person’s service-connected disability rating?         | a. 0 percent  
   b. 10 percent  
   c. 20 percent  
   d. 30 percent  
   e. 40 percent  
   f. 50 percent  
   g. 60 percent  
   h. 70 percent or higher |
Person 1 (continued)

29. LAST WEEK, did this person work for pay at a job (or business)?
   - Yes ➔ SKIP to question 30
   - No ➔ Did not work (or retired)

30. 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
     - 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 name or the nearest street or intersection.
   - b. Name of city, town, or post office
   - c. Is the work location inside the limits of that city or town?
     - Yes ➔ SKIP to question 30
     - No, outside the city/town limits
   - d. Name of municipio in Puerto Rico or U.S. county
   - e. Enter Puerto Rico or name of U.S. state or foreign country
   - f. 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
   - Bus or trolley bus
   - Carro público
   - Subway or elevated
   - Railroad
   - Ferryboat
   - Taxi
do not work

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

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

33. How many minutes did this person usually leave home to go to work LAST WEEK?
   - Hour
   - Minute
   - a.m.
   - p.m.

34. How many minutes did this person usually get to work LAST WEEK?
   - Minutes

35. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?
   - a. LAST WEEK, was this person on layoff from a job?
     - Yes ➔ SKIP to question 35c
     - No ➔ SKIP to question 36
   - b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
     - Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. ➔ SKIP to question 38
     - No ➔ SKIP to question 37
   - 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 37
     - No ➔ SKIP to question 36

36. How many hours did this person usually work each WEEK?
   - 13 weeks or less
   - 14 to 26 weeks
   - 27 to 39 weeks
   - 40 to 47 weeks
   - 48 to 49 weeks
   - 50 to 52 weeks

37. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
   - Yes ➔ SKIP to question 38
   - No ➔ SKIP to question 37

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. During the LAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?
   - Usual hours worked each WEEK
Person 1 (continued)

41. **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.

- 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, municipio, etc.)?
- a state GOVERNMENT employee?
- a Federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- working WITHOUT PAY in family business or farm?

For whom did this person work?

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

Name of company, business, or other employer

42. 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)

43. Is this mainly – Mark (X) ONE box:

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

44. What kind of work was this person doing?

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

45. 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)

46. 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)

47. **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.

- Wages, salary, commissions, bonuses, or tips from all jobs.
- Total amount before deductions for taxes, bonds, dues, or other items.
- Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
- Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
- Social Security or Railroad Retirement.
- Supplemental Security Income (SSI).
- Any public assistance or welfare payments from the state or local welfare office.
- Retirement, survivor, or disability pensions. Do NOT include Social Security.
- 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.

48. 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.

49. Continue with the questions for Person 2 on page 2. If no one is listed as person 2 on page 2, SKIP to page 28 for mailing instructions.

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**Notes:**

- The document is a form designed to collect detailed information about income sources and job activities. It is divided into sections asking about the current or most recent job, types of income, and relevant details about the income sources.
- The form requires a detailed and accurate response, ensuring that all income sources are accounted for and properly categorized.
- The structure of the form is systematic, with clear instructions and multiple-choice options for different types of income and job activities.
- The form is designed for mailing purposes, with instructions to continue with Person 2 on page 2 if applicable.
The balance of the questionnaire has questions for Person 2, Person 3, Person 4, and Person 5. The questions are the same as the questions for Person 1.
Mailing Instructions

Please make sure you have...

- listed all names and answered the questions on pages 2, 3, and 4
- answered all Housing questions
- answered all Person questions for each person.

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

POP
EDIT
PHONE
EDIT CLERK
TELEPHONE CLERK
JIC1
JIC2
JIC3
JIC4

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, 4600 Silver Hill Road, AMSD – 3K138, Washington, D.C. 20233. 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-11INFO(2012)PR KFI (07-14-2011)