The Puerto Rico Community Survey

This booklet shows the content of the Puerto Rico Community Survey questionnaire.

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/

Start Here

⇒ Please print today’s date.

Month Day Year

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

Last Name

First Name MI

Area Code  + Number

How many people are living or staying at this address?

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

Number of people

⇒ Fill out pages 2, 3, and 4 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.
(Person 1 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.)

Person 1

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

2. How is this person related to Person 1?
   X Person 1

3. What is Person 1’s sex?
   Mark (X) ONE box.
   Male   Female

4. What is Person 1’s age and what is Person 1’s date of birth?
   Please report babies as age 0 when the child is less than 1 year old.
   Print numbers in boxes.
   Age (in years) __________________
   Month __________________
   Day __________________
   Year of birth __________________

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

5. Is Person 1 of Hispanic, Latino, or Spanish origin?
   X 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, Sranian, and so on.

6. What is Person 1’s race?
   Mark (X) one or more boxes.
   White   Black or African Am.
   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 Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

   Some other race – Print race.

Person 2

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

2. How is this person related to Person 1?
   X Son-in-law or daughter-in-law
   X Other relative
   X Roomer or boarder
   X Housemate or roommate
   X Unmarried partner
   X Foster child
   X Other nonrelative

3. What is Person 2’s sex?
   Mark (X) one or more boxes.
   Male   Female

4. What is Person 2’s age and what is Person 2’s date of birth?
   Please report babies as age 0 when the child is less than 1 year old.
   Print numbers in boxes.
   Age (in years) __________________
   Month __________________
   Day __________________
   Year of birth __________________

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

5. Is Person 2 of Hispanic, Latino, or Spanish origin?
   X 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, Colombiam, Dominican, Nicaraguan, Salvadorian, Sranian, and so on.

6. What is Person 2’s race?
   Mark (X) one or more boxes.
   White   Black or African Am.
   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 Pacific Islander – Print race, for example, Fijian, Tongan, and so on.

   Some other race – Print race.
1. What is Person 3's name?
   Last Name (Please print)   First Name   MI

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

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

4. What is Person 3's race? Mark (X) one or more boxes.
   - White
   - Black or African Am.
   - 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 Asian – Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.
   - Native Hawaiian
   - Guamanian or Chamorro
   - Samoan
   - Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   - Some other race – Print race.

5. Is Person 3 of Hispanic, Latino, or Spanish origin?
   - No, not of Hispanic, Latino, or Spanish origin
   - Yes, Mexican, Mexican Am., Chicano
   - Yes, Puerto Rican
   - Yes, Cuban
   - Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

6. What is Person 3's age and what is Person 3's date of birth?
   Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.
   Age (in years)   Month   Day   Year of birth

NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.
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
- Son-in-law or daughter-in-law
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Foster child
- Other relative
- Son-in-law or daughter-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?

Print numbers in boxes.

Age (in years) [ ]
Month [ ]
Day [ ]
Year of birth [ ]

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

Is Person 5 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, and so on.

What is Person 5’s race?

Mark (X) one or more boxes.

- White
- Black or African Am.
- 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.
Housing

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

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

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. 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. 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

7b. How many of these rooms are bedrooms?
   Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print "0".
   Number of bedrooms

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

9. At this house, apartment, or mobile home – do you or any member of this household own or use any of the following computers?
   - EXCLUDE GPS devices, digital music players, and devices with only limited computing capabilities, for example: household appliances.
   a. Desktop, laptop, netbook, or notebook computer
   b. Handheld computer, smart mobile phone, or other handheld wireless computer
   c. Some other type of computer

10. At this house, apartment, or mobile home – do you or any member of this household access the Internet?
    a. Yes, with a subscription to an Internet service
    b. Yes, without a subscription to an Internet service ➔ SKIP to question 12
    c. No Internet access at this house, apartment, or mobile home ➔ SKIP to question 12

11. At this house, apartment, or mobile home – do you or any member of this household subscribe to the Internet using –
    a. Dial-up service?
    b. DSL service?
    c. Cable modem service?
    d. Fiber-optic service?
    e. Mobile broadband plan for a computer or a cell phone?
    f. Satellite Internet service?
    g. Some other service?

12. Have you or any member of this household used the following appliances or internet technologies?
    a. Washing machine?
    b. Dryer?
    c. Dishwasher?
    d. Microwave oven?
    e. Freezer?
    f. Refrigerator?
    g. Television?
    h. VCR?
    i. DVD player?
    j. CD player?
    k. Computer?
    l. Cell phone?
    m. Smartphone?
    n. Tablet?
    o. Digital camera?
    p. Video game system?
    q. Stereo system?
    r. Cordless phone?
    s. Exercise bike?
    t. Exercise machine?
    u. Exercise equipment?
    v. Other equipment or appliance?
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

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

In the past 12 months, did you or any member of this household receive benefits from the Nutritional Assistance Program? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- Yes
- No

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

- Yes → What is the monthly condominium fee? For renters, answer only if you pay the condominium fee in addition to your rent; otherwise, mark the "None" box.
  - Monthly amount – Dollars

- No → None

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

- Owned by you or someone in this household with a mortgage or loan?
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent? → SKIP to C on the next page
### Housing (continued)

**B**  
Answer questions 18a and b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 19.

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

| 18b. Does the monthly rent include any meals? |
|-----------------|-----------------|
|   Yes    | No   |

**C**  
Answer questions 19 – 23 if you or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to **E**.

**19** 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

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**20** What are the annual real estate taxes on THIS property?  
Annual amount – Dollars

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OR

None

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

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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, contract to purchase  
- No → SKIP to question 22a

b. How much is the regular monthly mortgage payment on THIS property?  
Include only on FIRST mortgage or contract to purchase.  
Monthly amount – Dollars

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OR

No regular payment required → SKIP to question 22a

**22c** 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

**22d** 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

**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 **D**

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

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**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

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**D**  
Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to **E**.

**25** 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

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**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.
### Person 1

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

**Last Name**

**First Name**

**MI**

**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 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?**

**Year**

**a. At any time in the last 3 months, has this person attended school or college?**

- [ ] No, has not attended in the last 3 months
- [ ] Yes, public school, public college
- [ ] Yes, private school, private college, home school

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

- [ ] 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

**What is the highest degree or level of school this person has completed?**

- [ ] 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, 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. Does this person speak a language other than English at 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

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

- [ ] Person is under 1 year old
- [ ] Yes, this house
- [ ] No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKP to question 16.
- [ ] No, different house in Puerto Rico or the United States

**b. Where did this person live 1 year ago?**

**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 **ZIP Code**
### Person 1 (continued)

**13174099**

- **16.** Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark “Yes” or “No” for EACH type of coverage in items a – h.
  - 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 (by 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 – Specify

- **17.** a. Is this person deaf or does he/she have serious difficulty hearing?
  - Yes
  - No

- **18.** a. Is this person deaf or does he/she have serious difficulty hearing?
  - Yes
  - No

- **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?
  - Yes
  - No

- **20.** What is this person’s marital status?
  - Now married
  - Widowed
  - Divorced
  - Separated
  - Never married

- **21.** In the PAST 12 MONTHS did this person get –
  - a. Married?
  - b. Widowed?
  - c. Divorced?

- **22.** How many times has this person been married?
  - Once
  - Two times
  - Three or more times

- **23.** In what year did this person last get married?

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

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

- **26.** Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard? Mark (X) ONE box.
  - Never served in the military
  - Only on active duty for training in the Reserves or National Guard
  - Now on active duty
  - On active duty in the past, but not now

- **27.** 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)
  - May 1975 to July 1990
  - Vietnam era (August 1964 to April 1975)
  - February 1955 to July 1964
  - Korean War (July 1950 to January 1955)
  - January 1947 to June 1950
  - World War II (December 1941 to December 1946)
  - November 1941 or earlier

- **28.** a. Does this person have a VA service-connected disability rating?
  - Yes (such as 0%, 10%, 20%, ..., 100%)
  - No

- **29.** b. What is this person’s service-connected disability rating?
  - 0 percent
  - 10 or 20 percent
  - 30 or 40 percent
  - 50 or 60 percent
  - 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
      - 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

31. 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
   - Motorcycle
   - Bicycle
   - Walked
   - Worked at home ➔ Skip to question 39a
   - Other method

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

33. What time did this person usually leave home to go to work last week?
   - Hour
   - Minute
   - a.m.
   - p.m.

34. How many minutes did it usually take this person to get from home to work last week?
   - Minutes

35. a. Last week, was this person on layoff from a job?
      - Yes ➔ Skip to question 35c
      - No
   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 28
      - No ➔ Skip to question 36
   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

36. During the last 4 weeks, has this person been actively looking for work?
   - Yes
   - No ➔ Skip to question 38

37. 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.)

38. When did this person last work, even for a few hours?
   - Within the past 12 months
   - 1 to 5 years ago ➔ Skip to L
   - Over 5 years ago or never worked ➔ Skip to question 47

39. a. During the past 12 months (52 weeks), did this person work 50 or more weeks? Count paid time off as work.
      - Yes ➔ Skip to question 40
      - No
   b. How many weeks did this person work, even for a few hours, including paid vacation, paid sick leave, and military service?
      - 50 to 52 weeks
      - 48 to 49 weeks
      - 40 to 47 weeks
      - 27 to 39 weeks
      - 14 to 26 weeks
      - 13 weeks or less

40. During the past 12 months, in the weeks worked, how many hours did this person usually work each week?
   - Usual hours worked each week
Person 1 (continued)

Answer questions 41 – 46 if this person worked in the past 5 years. Otherwise, SKIP to question 47.

41 – 46 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 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.

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 – Mark (X) ONE box.

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

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

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

INCOME IN THE PAST 12 MONTHS.
Mark (X) the “Yes” box for each type of income this person received, and give your best estimate of the TOTAL AMOUNT during the PAST 12 MONTHS. (NOTE: The “past 12 months” is the period from today’s date one year ago up through today.)
Mark (X) the “No” box to show types of income NOT received.
If net income was a loss, mark the “Loss” box to the right of the dollar amount.

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.

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.

Yes
Total AMOUNT for past 12 months

Loss

No

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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

The Census Bureau estimates that, for the average household, this form will take 40 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-1(INFO)(2014)PR KFI (07-09-2013)