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.

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

(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? Mark (X) ONE box.
   □ Male  □ Female

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

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

5 Is Person 1 of Hispanic, Latino, or Spanish origin?
   □ No, not of Hispanic, Latino, or Spanish origin
   □ Yes, Mexican, Mexican Am., Chicano
   □ Yes, Puerto Rican
   □ Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, 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.
   □ Asian Indian
   □ Chinese
   □ Filipino
   □ Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, 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?
   □ Person 1

3 What is Person 2’s sex? Mark (X) ONE box.
   □ Male  □ Female

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

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

5 Is Person 2 of Hispanic, Latino, or Spanish origin?
   □ No, not of Hispanic, Latino, or Spanish origin
   □ Yes, Mexican, Mexican Am., Chicano
   □ Yes, Puerto Rican
   □ Yes, another Hispanic, Latino, or Spanish origin — Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadorian, Spaniard, 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.
   □ Asian Indian
   □ Chinese
   □ Filipino
   □ Other Asian — Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

   □ Some other race — Print race.
Person 3

1. What is Person 3’s name?
   Last Name (Please print) ____________________________
   First Name ______________________________________
   MI ____________________________________________

2. How is this person related to Person 1? Mark (X) ONE box.
   □ 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 age and what is Person 3’s date of birth?
   Please report babies as age 0 when the child is less than 1 year old.
   Print numbers in boxes.
   Age (in years) ____________
   Month ____________
   Day ____________
   Year of birth ____________

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

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

6. What is Person 3’s race? Mark (X) one or more boxes.
   □ White
   □ Black 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
   □ Native Hawaiian
   □ Guamanian or Chamorro
   □ Samoan
   □ Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   □ Some other race – Print race.

Person 4

1. What is Person 4’s name?
   Last Name (Please print) ____________________________
   First Name ______________________________________
   MI ____________________________________________

2. How is this person related to Person 1? Mark (X) ONE box.
   □ 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 4’s sex? Mark (X) ONE box.
   □ Male
   □ Female

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

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

5. Is Person 4 of Hispanic, Latino, or Spanish origin?
   □ No, not of Hispanic, Latino, or Spanish origin
   □ Yes, Mexican, Mexican Am., Chicano
   □ Yes, Puerto Rican
   □ Yes, Cuban
   □ Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.

6. What is Person 4’s race? Mark (X) one or more boxes.
   □ White
   □ Black 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
   □ Native Hawaiian
   □ Guamanian or Chamorro
   □ Samoan
   □ Other Pacific Islander – Print race, for example, Fijian, Tongan, and so on.
   □ Some other race – Print race.
### Person 5

1. **What is Person 5’s name?**
   - Last Name (Please print)
   - First Name

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 5’s sex?**
   - Mark (X) ONE box.
   - Male
   - Female

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

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

6. **What is Person 5’s race?**
   - 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.
   - 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.
   - 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.

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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.

<table>
<thead>
<tr>
<th>Person 6</th>
<th>Person 7</th>
<th>Person 8</th>
<th>Person 9</th>
<th>Person 10</th>
<th>Person 11</th>
<th>Person 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Please print)</td>
<td>First Name</td>
<td>MI</td>
<td>Sex</td>
<td>Male</td>
<td>Female</td>
<td>Age (in years)</td>
</tr>
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<td>Female</td>
<td>Age (in years)</td>
</tr>
</tbody>
</table>
Housing

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

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

2. About when was this building first built?
   - [ ] 2000 or later – Specify year
   - [ ] 1990 to 1999
   - [ ] 1980 to 1989
   - [ ] 1970 to 1979
   - [ ] 1960 to 1969
   - [ ] 1950 to 1959
   - [ ] 1940 to 1949
   - [ ] 1939 or earlier

3. When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?
   Month Year

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

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
   ➔ SKIP to question 6

6. Is there a business (such as a store or barber shop) or a medical office on this property?
   - [ ] Yes
   - [ ] No

7. a. How many separate rooms are in this house, apartment, or mobile home?
   Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.
   • INCLUDE bathrooms, kitchens, etc.
   • EXCLUDE bedrooms, porches, balconies, foyers, halls, or unfinished basements.
   Number of rooms

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

8. Does this house, apartment, or mobile home have –
   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?
   - [ ] Desktop, laptop, netbook, or notebook computer
   - [ ] Handheld computer, smart mobile phone, or other handheld wireless computer
   - [ ] Some other type of computer
   Specify

10. At this house, apartment, or mobile home – do you or any member of this household access the Internet?
    - [ ] Yes, with a subscription to an Internet service
    - [ ] Yes, without a subscription to an Internet service ➔ SKIP to question 12
    - [ ] 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?
    Specify service
Housing (continued)

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

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, 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 $ 0.00
   OR
   - Included in rent or condominium fee
   - No charge or electricity not used

14 b. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?
   Last month’s cost – Dollars $ 0.00
   OR
   - Included in rent or condominium fee
   - Included in electricity payment entered above
   - No charge or gas not used

15 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

16 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 $ 0.00
  OR
  - None
  - No

17 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.

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

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

22. 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

23. 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. 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.
Please copy the name of Person 1 from 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 ➔ SKIP to question 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? If this person came to live in Puerto Rico more than once, print latest year.

Year

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

What grade or level was this person attending? Mark (X) ONE box.

- Nursery school, preschool
- Kindergarten
- Grade 1 through 12 – Specify grade
- 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)

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

- NO SCHOOLING COMPLETED
- No schooling completed
- NURSERY OR PRESCHOOL THROUGH GRADE 12
- Kindergarten
- Grade 1 through 11 – Specify grade
- 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)
- AFTER BACHELOR’S DEGREE
- Master’s degree (for example: MA, MS, MEng, MDS, MSW, MBA, MDiv, 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.)

What is this person’s language other than English at home?

- Yes
- No ➔ SKIP to question 15a

What is this person’s language?

- 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 question 16
- Yes, this house ➔ SKIP to question 16
- No, outside Puerto Rico and the United States – Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 16.
- No, different house in Puerto Rico or the United States

b. Where did this person live 1 year ago?

Address

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
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 (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 – Specify

Answer question 18a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

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

What is this person’s marital status?

- Married?
- Widowed?
- Divorced?
- Separated
- Never married

In the PAST 12 MONTHS did this person get married?

- Yes
- No

How many times has this person been married?

- Once
- Two times
- Three or more times

In what year did this person last get married?

Answer question 24 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 25a.

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

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
- No

Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 12.

Because of a physical, mental, or emotional condition, does this person have difficulty making decisions?

- Yes
- No

Does this person have serious difficulty walking or climbing stairs?

- Yes
- No

Does this person have difficulty dressing or bathing?

- Yes
- No

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

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

21. In the PAST 12 MONTHS did this person get married?

- Yes
- No

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?

- Year

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

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live 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

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

29. 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

30. 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
**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. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?
   - Yes ➔ SKIP to question 35a
   - No ➔ Did not work (or retired)

### 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

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

35. Answer question 32 if you marked ‘Car, truck, or van’ in question 31. Otherwise, SKIP to question 33.

36. How many weeks 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

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
   - Over 5 years ago or never worked

39. 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

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.

41 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.

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 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.

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

Loss

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
☐ No

Loss

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

☐ Yes → TOTAL AMOUNT for past 12 months
☐ No

Loss

d. Social Security or Railroad Retirement.

☐ Yes → TOTAL AMOUNT for past 12 months
☐ No

Loss

e. Supplemental Security Income (SSI).

☐ Yes → TOTAL AMOUNT for past 12 months
☐ No

Loss

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

☐ Yes → TOTAL AMOUNT for past 12 months
☐ No

Loss

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

☐ Yes → TOTAL AMOUNT for past 12 months
☐ No

Loss

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 → TOTAL AMOUNT for past 12 months
☐ No

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

OR

Loss

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.

☐ None

OR

Loss

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

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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 and 0607-0936, 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 and 0607-0936” 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)(2015)PR (06-17-2014)