

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.

¿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 website at: census.gov/prcs

Start Here

Please	print toda	y's date.	
Month	Day	Year	

Please print the name and telephone number of the

	you if needed for official Census Bureau business.	ntaci
<i>\</i>	Last Name	
	First Name	MI
	Area Code + Number	
	000 - 0000	

- 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
 - **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 2-7 for everyone, including yourself, who is living or staying at this address for more than 2 months. Then complete the rest of the form.

FORM **ACS-1PR(INFO)(2024)**

OMB No. 0607-0810 OMB No. 0607-0936



→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race.

Parenn	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.)

rented. If there is no such person, start with the name	For this survey, Hispanic origins are not races.
any adult living or staying here.)	5 Is Person 1 of Hispanic, Latino, or Spanish origin
What is Person 1's name?	No, not of Hispanic, Latino, or Spanish origin
ast Name (Please print)	Yes, Mexican, Mexican Am., Chicano
	Yes, Puerto Rican
	Yes, Cuban
rst Name MI	Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.
low is this person related to Person 1?	
X Person 1	6 What is Person 1's race?
Ihat is Person 1's sex? Mark (X) ONE box.	Mark (X) one or more boxes AND print origins. White – Print, for example, German, Irish, English,
Male Female	Italian, Lebanese Egyptian, etc.
llest is Bernard II and is Bernard II	
that is Person 1's age and what is Person 1's ate of birth? For babies less than 1 year old, do not	
ite the age in months. Write 0 as the age. Print numbers in boxes.	Black Affican Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopi
e (in years) Month Day Year of birth	Somali, etc.
	American Indian or Alaska Native – Print name of enrollo or principal tribe(s), for example, Navajo Nation, Blackfe
	Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
	Chinese Vietnamese Native Hawaii
	☐ Filipino ☐ Korean ☐ Samoan
	Asian Indian Japanese Chamorro
	Other Asian – Other Pacific
	Print, for example, Islander – Print, Pakistani, for example,
	Cambodian, Tongan, Fijian, Hmong, etc. ⊋ Marshallese, et
	Some other race – Print race or origin. ✓

Jhat is Person 2's name? ast Name (Please print)	His For	TE: Please answer BOTH Que panic origin and Question 6 a this survey, Hispanic origins erson 2 of Hispanic, Latino, o	about race. s are not races.
	Is P	erson 2 of Hispanic, Latino, o	
ast Name (Please print)		•	r Spanish origii
		No, not of Hispanic, Latino, or Spa	nish origin
		Yes, Mexican, Mexican Am., Chica	no
rst Name MI		Yes, Puerto Rican	
		Yes, Cuban	
		Yes, another Hispanic, Latino, or S for example, Salvadoran, Dominical	panish origin – <i>Prir</i>
ow is this person related to Person 1? Mark (X) ONE box.		Guatemalan, Spaniard, Ecuadorian,	
Opposite-sex husband/wife/spouse			
Opposite-sex unmarried partner	Wha	at is Person 2's race?	
Same-sex husband/wife/spouse	Mar	k (X) one or more boxes AND p	_
Same-sex unmarried partner		White - Print, for example, German Italian, Lebanese, Egyptian, etc.	n, Irish, English,
Biological son or daughter			
Adopted son or daughter			
Stepson or stepdaughter		Black of African Am. – Print, for ex. African American, Jamaican, Haitia	ample, an, Nigerian, Ethiol
Brother or sister	æ	Somali, etc. 7	, ,
Father or mother			
Grandchild		American Indian or Alaska Native –	Print name of onro
Parent-in-law		or principal tribe(s), for example, Na Tribe, Mayan, Aztec, Native Village	avajo Nation, Black
Son-in-law or daughter-in-law		Traditional Government, Nome Eski	
Other relative			
Roommate or housemate			
Foster child		Chinese Vietnamese	Native Hawa
Other nonrelative		Filipino Korean	Samoan
That is Person 2's sex? Mark (X) ONE box.		Asian Indian	Chamorro
Male Female		Other Asian – Print, for example,	Other Pacific Islander – Pr
- Male		Pakistani, Cambodian,	for example, Tongan, Fijian
Ihat is Person 2's age and what is Person 2's ate of birth? For babies less than 1 year old, do not		Hmong, etc.	Marshallese, e
vrite the age in months. Write 0 as the age.			
Print numbers in boxes. ge (in years) Month Day Year of birth			
	Ш	Some other race – Print race or ori	gin. 🌠



		His	panic origin a	swer BOTH Q and Question Hispanic origi	6 abo	ut race.
What is Person 3's name?	5	Is Pe	erson 3 of His	panic, Latino	or Sp	oanish origir
ast Name (Please print)			No, not of Hisp	anic, Latino, or S	panish	origin
			Yes, Mexican, M	Mexican Am., Chi	cano	
First Name MI			Yes, Puerto Ric	an		
			Yes, Cuban			
				spanic, Latino, o Ilvadoran, Domini		
ow is this person related to Person 1? Mark (X) ONE box.			Guatemalan, Sp	paniard, Ecuadori	an, etc.	√
Opposite-sex husband/wife/spouse						
Opposite-sex unmarried partner	6	Wha	nt is Person 3	's race?		
Same-sex husband/wife/spouse		Mari		ore boxes AND	-	_
Same-sex unmarried partner			White – Print, fo Italian, Lebanes	or example, Gern se, Egyptian, etc.	nan, Iris 	sh, English,
Biological son or daughter						
Adopted son or daughter))		
Stepson or stepdaughter			Black or Africar	n Am. – Print, for an, Jamaican, Ha	examp itian. N	le, ligerian. Ethioi
Brother or sister		æ	Somali, etc. 7	,,		,,
Father or mother	<		>>> [*]			
Grandchild		7 7),	^	All N-+:	D	
Parent-in-law			or principal trib	n or Alaska Native e(s), for example,	Navajo	Nation, Black
Son-in-law or daughter-in-law	>			Aztec, Native Villag ernment, Nome E		
Other relative						
Roommate or housemate						
Foster child			Chinese	Vietnamese		Native Hawa
Other nonrelative			Filipino	Korean		Samoan
W 21/5			Asian Indian	Japanese		Chamorro
What is Person 3's sex? Mark (X) ONE box.			Other Asian – Print, for example			Other Pacific
Male Lemale			Pakistani, Cambodian,	- /		for example, Tongan, Fijian
What is Person 3's age and what is Person 3's			Hmong, etc. \nearrow			Marshallese, e
late of birth? For babies less than 1 year old, do not write the age in months. Write 0 as the age.						
Print numbers in boxes. Age (in years) Month Day Year of birth						
igo (iii yeurs) iiioniii Day Fear er Britin			Some other rac	e – Print race or	origin.	₹

Per	son 4
	→ NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this survey, Hispanic origins are not races.
Nhat is Person 4's name?	5 Is Person 4 of Hispanic, Latino, or Spanish origin
ast Name (Please print)	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
First Name MI	Yes, Puerto Rican
	Yes, Cuban
	Yes, another Hispanic, Latino, or Spanish origin – <i>Print,</i>
How is this person related to Person 1? Mark (X) ONE box.	☐ for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ⊋
Opposite-sex husband/wife/spouse	
Opposite-sex unmarried partner	6 What is Person 4's race?
Same-sex husband/wife/spouse	Mark (X) one or more boxes AND print origins.
Same-sex unmarried partner	White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ⊋
Biological son or daughter	
Adopted son or daughter	· · · · · · · · · · · · · · · · · · ·
Stepson or stepdaughter	Black of African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopi
Brother or sister	Somali, etc.
Father or mother	
Grandchild	
Parent-in-law	American Indian or Alaska Native – Print name of enroll or principal tribe(s), for example, Navajo Nation, Blackfe
Son-in-law or daughter-in-law	Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc
Other relative	
Roommate or housemate	
Foster child	☐ Chinese ☐ Vietnamese ☐ Native Hawai
Other nonrelative	Filipino Korean Samoan
	Asian Indian Japanese Chamorro
What is Person 4's sex? Mark (X) ONE box.	Other Asian – Other Pacific
Male Female	Print, for example, Pakistani, Pakistani, Islander – Print, for example,
What is Person 4's age and what is Person 4's	Cambodian, Tongan, Fijian, Hmong, etc. ⊋ Marshallese, et
date of birth? For babies less than 1 year old, do not	minority, etc. y
write the age in months. Write 0 as the age. Print numbers in boxes.	
Age (in years) Month Day Year of birth	
	Some other race – Print race or origin. \nearrow



Per	son 5
	→ 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?	5 Is Person 5 of Hispanic, Latino, or Spanish orig
Last Name (Please print)	No, not of Hispanic, Latino, or Spanish origin
	Yes, Mexican, Mexican Am., Chicano
First Name MI	Yes, Puerto Rican
l l	Yes, Cuban
	Yes, another Hispanic, Latino, or Spanish origin – Pr
low is this person related to Person 1? Mark (X) ONE box.	☐ for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ⊋
Opposite-sex husband/wife/spouse	
Opposite-sex unmarried partner	6 What is Person 5's race?
Same-sex husband/wife/spouse	Mark (X) one or more boxes AND print origins.
Same-sex unmarried partner	White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ▼
Biological son or daughter	
Adopted son or daughter	
Stepson or stepdaughter	Black or African Am. – Print, for example,
Brother or sister	African American, Jamaican, Haitian, Nigerian, Ethio Somali, etc.
Father or mother	
Grandchild	
Parent-in-law	American Indian or Alaska Native – Print name of eni or principal tribe(s), for example, Navajo Nation, Blac
	Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community,
Son-in-law or daughter-in-law	Traditional Government, Nome Eskino Community,
Other relative	
Roommate or housemate	Chinese Vietnamese Native Hav
Foster child	
Other nonrelative	Filipino Korean Samoan
What is Person 5's sex? Mark (X) ONE box.	Asian Indian
Male Female	Other Asian – Other Pacific Print, for example, Islander – Islande
\diamond	Pakistani, for example, Cambodian, Tongan, Fijit
What is Person 5's age and what is Person 5's late of birth? For babies less than 1 year old, do not	Hmong, etc. Marshallese, Marshallese,
vrite the age in months. Write 0 as the age.	
Print numbers in boxes. Age (in years) Month Day Year of birth	
	Some other race − Print race or origin.



thr	ough	Pers				g here, print their names in the spaces for Penation about them. $_{\cancel{k}}$	erson 6
	son Name	(Please	nrint)			First Name	MI
Lust	r t arric	(1 icase	printy			This runte	
Sex		Male		Female	Age (in years)		
	son						
Last I	Name	(Please	print)			First Name	MI
Sex		Male		Female	Age (in years)		
Per	son	8				1	
ast l	Name	(Please	print)			First Name	MI
Sex		Male		Female	Age (in years)		
er	son	9					
ast l	Name	(Please	print)			First Name	MI
Sex		Male		Female	Age (in years)		
	son						
_ast	Name	(Please	print)			First Name	MI
					<u>)) </u>		
Sex		Male		Female	Age (in years)		
	son			\ <u>\</u>			
_ast	Name	(Please	print)			First Name	MI
Sex		Male		Female	Age (in years)		
	son						
ast l	Name	(Please	print)			First Name	MI
Sex		Male		Female	Age (in years)		

Housing

Please answer the following questions about the house, apartment, or mobile home at the address on the mailing label.	Answer questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.
Which best describes this building? Include all apartments, flats, etc., even if vacant.	4 How many cuerdas is this house or mobile home
A mobile home	on?
A one-family house detached from any other house	☐ Less than 1 cuerda → SKIP to question 6a
A one-family house attached to one or more houses	1 to 9.9 cuerdas
A building with 2 apartments	
A building with 3 or 4 apartments	5 IN THE PAST 12 MONTHS, what were the actual sales of all agricultural products from this
A building with 5 to 9 apartments	property?
A building with 10 to 19 apartments	None
A building with 20 to 49 apartments	□ \$1 to \$999
A building with 50 or more apartments	\$1,000 to \$2,499
Boat, RV, van, etc.	\$2,500 to \$4,999
	\$5,000 to \$9,999
About when was this building first built?	\$10,000 or more
2010 to 2019	a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling. INCLUDE bedrooms, kitchens, etc. EXCLUDE bathrooms, porches, balconies, foyer, halls, or unfinished basements. Number of rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if thouse, apartment, or mobile home were for sale or rent. If this is an efficiency/studio apartment, print Number of bedrooms
this house, apartment, or mobile home?	
Month Year	

Housing (continued)

			a. ce	ellular data plan for a	Yes	No
running water? a water heater?			SI	martphone or other mobile evice?		
. a bathtub or shower?				roadband (high speed) Iternet service such as cable,		
. a sink with a faucet?			fi	ber optic, or DSL service istalled in this household?		
. a stove or range?				atellite Internet service		
a refrigerator?				ial-up Internet service		
Can you or any member of the toth make and receive phone his house, apartment, or monclude calls using cell phones, to ther phone devices.	e calls whe bile home?	en at ?		ome other service? pecify service ⊋		
Yes No		Œ	one	v many automobiles, vans, -ton capacity of less are ke by members of this house	ept at h	ucks of ome for
At this house, apartment, or lo you or any member of this or use any of the following ty	s househole ypes comp	d own		None 1		
. Desktop or laptop				3		
. Smartphone				4		
. Tablet or other portable				5		
wireless computer						
i. Some other type of computer <i>Specify</i>		1	whi	6 or more heat this house, apartment ich fuel do you use MOST? rk (X) one box for the fuel use		bile home
Some other type of computer Specify	mobile hor	me –	whi Mai	heat this house, apartment ich fuel do you use MOST? rk (X) one box for the fuel used Gas: Natural gas from underg the neighborhood	d most. round p	ipes servin
At this house, apartment, or lo you or any member of this lave access to the Internet?	househol	me – d	whi Mai	heat this house, apartment ich fuel do you use MOST? k (X) one box for the fuel used Gas: Natural gas from underg the neighborhood Gas: Bottled or tank (propane	d most. round p	ipes servin
At this house, apartment, or lo you or any member of this have access to the Internet of the Internet service provider	company or	me – d	whi Mai	heat this house, apartment ich fuel do you use MOST? Ich (X) one box for the fuel used Gas: Natural gas from undergothe neighborhood Gas: Bottled or tank (propane Electricity	d most. round p	ipes servin
At this house, apartment, or lo you or any member of this ave access to the Internet. Yes, by paying a celephone	company or	me – d	whi Mai	heat this house, apartment ich fuel do you use MOST? k (X) one box for the fuel used Gas: Natural gas from undergothe neighborhood Gas: Bottled or tank (propane Electricity Fuel oil, kerosene, etc.	d most. round p	ipes servin
At this house, apartment, or lo you or any member of this lave access to the Internet Yes, by paying a cell phone Internet service provider Yes, without paying a cell phone Internet service provider No access to the Internet at	company or hone compais SKIP to ques this house, a	me – d	whi Mai	heat this house, apartment ich fuel do you use MOST? k (X) one box for the fuel used Gas: Natural gas from undergothe neighborhood Gas: Bottled or tank (propane Electricity Fuel oil, kerosene, etc. Coal or coke	d most. round p	ipes servin
At this house, apartment, or lo you or any member of this lave access to the Internet Yes, by paying a cell phone Internet service provider Yes, without paying a cell phone Internet service provider	company or hone compais SKIP to ques this house, a	me – d	whi Mai	heat this house, apartment ich fuel do you use MOST? k (X) one box for the fuel used Gas: Natural gas from undergothe neighborhood Gas: Bottled or tank (propane Electricity Fuel oil, kerosene, etc.	d most. round p	ipes servin
At this house, apartment, or lo you or any member of this lave access to the Internet Yes, by paying a cell phone Internet service provider Yes, without paying a cell phone Internet service provider No access to the Internet at	company or hone compais SKIP to ques this house, a	me – d	whi Mai	heat this house, apartment ich fuel do you use MOST? k (X) one box for the fuel used Gas: Natural gas from undergothe neighborhood Gas: Bottled or tank (propane Electricity Fuel oil, kerosene, etc. Coal or coke Wood	d most. round p	ipes servin
At this house, apartment, or lo you or any member of this lave access to the Internet Yes, by paying a cell phone Internet service provider Yes, without paying a cell phone Internet service provider No access to the Internet at	company or hone compais SKIP to ques this house, a	me – d	whi Mai	heat this house, apartment ich fuel do you use MOST? Ich (X) one box for the fuel used Gas: Natural gas from undergous the neighborhood Gas: Bottled or tank (propane Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy	d most. round p	ipes servin
At this house, apartment, or lo you or any member of this lave access to the Internet Yes, by paying a cell phone Internet service provider Yes, without paying a cell phone Internet service provider No access to the Internet at	company or hone compais SKIP to ques this house, a	me – d	whi Mai	heat this house, apartment ich fuel do you use MOST? rk (X) one box for the fuel used Gas: Natural gas from undergothe neighborhood Gas: Bottled or tank (propane Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel	d most. round p	ipes servin
At this house, apartment, or lo you or any member of this lave access to the Internet Yes, by paying a cell phone Internet service provider Yes, without paying a cell phone Internet service provider No access to the Internet at	company or hone compais SKIP to ques this house, a	me – d	whi Mai	heat this house, apartment ich fuel do you use MOST? rk (X) one box for the fuel used Gas: Natural gas from undergothe neighborhood Gas: Bottled or tank (propane Electricity Fuel oil, kerosene, etc. Coal or coke Wood Solar energy Other fuel	d most. round p	ipes servin



Housing (continued)

for this house, apartment, or mobile home? Last month's cost – Dollars	Vos -> What is the required monthly
*	Yes → What is the required monthly homeowners association fee
\$ _, .00	and/or condominium fee? For renters, answer only if you pay
OR	the fee in addition to your rent; otherwise, mark the "None" box.
Included in rent or condominium fee	Monthly amount – Dollars
No charge or electricity not used	\$ 0.00 .00
o. LAST MONTH, what was the cost of gas for this house, apartment, or mobile home?	OR
Last month's cost – Dollars	None
	No
\$,	17 Is this house, apartment, or mobile home –
OR	Mark (X) ONE box.
Included in rent or condominium fee	Owned by you or someone in this household with a mortgage or loan? <i>Include home equity lo</i>
Included in electricity payment entered above	Owned by you or someone in this household free
☐ No charge or gas not used	and clear (without a mortgage or loan)?
. IN THE PAST 12 MONTHS, what was the cost	Rented Without pourport of ront?
of water and sewer for this house, apartment, or mobile home? If you have lived here less than 12 months, estimate the cost.	Occupied without payment of rent? → SKIP to Con the next page
Past 12 months' cost – Dollars	
\$ 000,00	Answer questions 18a and b if this house, apartment, or mobile home is RENTED.
,	Otherwise, SKIP to question 19.
OB	
OR	
Included in rent or condominium fee	a. What is the monthly rent for this house, apartment, or mobile home?
Included in vent or condensition for	a. What is the monthly rent for this house, apartment, or mobile home? Monthly amount – Dollars
Included in rent or condominium fee No charge I. IN THE PAST 12 MONTHS, what was the cost	apartment, or mobile home? Monthly amount – Dollars
Included in rent or condominium fee No charge I. 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	apartment, or mobile home?
Included in rent or condominium fee No charge I. 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.	apartment, or mobile home? Monthly amount – Dollars
Included in rent or condominium fee No charge I. 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 Pollars	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals?
Included in rent or condominium fee No charge I. 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.	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge I. 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 Donars	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals?
Included in rent or condominium fee No charge I. 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 Pollars	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge I. 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 Pollars OR	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge I. 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 Pollars OR Included in rent or condominium fee No charge or these fuels not used	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge I. 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 Pollars OR Included in rent or condominium fee	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge I. 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 Pollars OR Included in rent or condominium fee No charge or these fuels not used N THE PAST 12 MONTHS, did you or any member of this household receive benefits from the Nutritional Assistance Program? Do NOT include	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge I. 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 Pohars OR Included in rent or condominium fee No charge or these fuels not used N THE PAST 12 MONTHS, did you or any member of this household receive benefits from the	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes
Included in rent or condominium fee No charge I. 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 Pollars OR Included in rent or condominium fee No charge or these fuels not used NTHE PAST 12 MONTHS, did you or any member of this household receive benefits from the Nutritional Assistance Program? Do NOT include NIC, the School Lunch Program, or assistance from	apartment, or mobile home? Monthly amount – Dollars \$.00 b. Does the monthly rent include any meals? Yes



Housing (continued)

1		I.
C	of this household OWNS or IS BUYING this house, apartment, or mobile home.	c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
ı	Otherwise, SKIP to E.	Yes, taxes included in mortgage payment
ľ		No, taxes paid separately or taxes not required
1	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	d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?
	\$ 0,000,000.00	Yes, insurance included in mortgage payment No, insurance paid separately or no insurance
2	What are the annual real estate taxes on THIS property?	a. Do you or any member of this household have a second mortgage or a home equity loan on
١	Annual amount – Dollars	THIS property?
۱	\$ 00 000 .00	Yes, home equity loan
۱	,	Yes, second mortgage
۱	OR	Yes, second mortgage and home equity loan
۱	None	□ No SKIP to D
2	What is the annual payment for fire, hazard, and	b. How much is the regular monthly payment on
I	flood insurance on THIS property? Annual amount – Dollars	all second or junior mortgages and all home equity loans on THIS property?
۱		Monthly amount – Dollars
۱	\$.00	
۱	OR	\$,
۱	None	OR
		No regular payment required
2	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	Answer question 24 if this is a MOBILE HOME. Otherwise, SKIP to E.
	Yes, contract to purchase	
۱	No → SKIP to question-23a	What are the total annual costs for personal
	b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.	property taxes, site rent, registration fees, and license fees on THIS mobile home and its site? Exclude real estate taxes.
١	Monthly amount – Dollars	Annual costs – Dollars
	\$ 0,000	\$ 00,000.00
	OR	
	No regular payment required → SKIP to question 23a	Answer questions about PERSON 1 on the next page. If no one is listed as PERSON 1 on page 2, SKIP to page 48 for mailing instructions.
-1		



Person 1

	nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.
First Name MI	No, has not attended in the last 3 months → SKIP to question 11
inst Name	Yes, public school, public college
	Yes, private school, private college, home school
Where was this person born?	b. What grade or level was this person attendi <i>Mark (X) ONE box.</i>
In the United States – Print name of state.	Nursery school, preschool
	Kindergarten
	Grade 1 through 12 – Specify
Outside the United States – Print Puerto Rico or name of foreign country, or U.S. Virgin Islands,	grade 1 – 12 –
Guam, etc.	
	College undergraduate years (freshman to sen
	Graduate or professional school beyond a
s this person a citizen of the United States?	bachelor's degree (for example: MA or PhD program, or medical or law school)
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	person has COMPLETED? Mark (X) ONE box. If currently enrolled, mark the previous grade or
Yes, born abroad of U.S. citizen parent or parents	highest degree received.
	WO SCHOOLING COMPLETED
Yes, U.S. citizen by naturalization – <i>Print year</i> of naturalization ✓	No schooling completed
	NURSERY OR PRESCHOOL THROUGH GRADE 12 Nursery school
	,
No, not a U.S. citizen	Kindergarten
	Grade 1 through 11 − Specify grade 1 − 11 →
When did this person come to live in Puerto Rico?	
f this person came to live in Poerto Rico more than once, print latest year.	
'ear	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
	1 or more years of college credit, no degree Associate's degree (for example: AA, AS)
	_
	Associate's degree (for example: AA, AS)
	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)
	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,



	A Diddhia manan lina in this harras an anantonant		
Answer question 12 if this person has a bachelor's	a. Did this person live in this house or apartment 1 year ago?		
degree or higher. Otherwise, SKIP to question 13.	Person is under 1 year old → SKIP to question 16		
	Yes, this house → SKIP to question 16		
This question focuses on this person's BACHELOR'S DEGREE. Please print below the specific major(s) of any BACHELOR'S DEGREES this person has received. (For example: chemical engineering, elementary teacher education, organizational psychology)	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 Development or condominium name Number and street name		
What is this person's ancestry or ethnic origin?			
	Name of city, town, or post office		
(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)	Name of municipio in Puerto Rico or U.S. county		
a. Does this person speak a language other than English at home?	Enter Puerto Rico or name of U.S. state ZIP Code		
Yes			
No → SKIP to question 15ab. What is this language?	ls 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.		
For example: Korean, Italian, Spanish, Vietnamese	a. Insurance through a current or former employer or union (of this person or another family member)		
c. How well does this person speak English? Uery well	b. Insurance purchased directly from an insurance company (by this person or another family member)		
WellNot well	c. Medicare, for people 65 and older, or people with certain disabilities		
☐ Not at all	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 (enrolled for VA health care)		
	g. Indian Health Service		
	h. Any other type of health insurance or health coverage plan – Specify		



Person 1 (continued)	
Answer question 17a if this person is covered by health insurance. Otherwise, SKIP to question 18a.	Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.
mean matanee. Otherwise, only to question roa.	- state of the page to
6	Because of a physical, mental, or emotional
a. Is there a premium for this plan? A premium is a fixed amount of money paid on a regular basis for health coverage. It does not include copays, deductibles, or other expenses such	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?
as prescription costs.	Yes
Yes	□ No
No → SKIP to question 18a	
b. Does this person or another family member	What is this person's marital status?
receive a tax credit or subsidy based on family income to help pay the premium?	Now married
Yes	Widowed
□ No	Divorced
a la thia navaan daaf ay daaa balaha baya	Separated
a. Is this person deaf or does he/she have serious difficulty hearing?	Never married → SKIP to J on the next page
Yes	2 In the PAST 12 MONTHS did this person get -
□ No	Yes No
b. Is this person blind or does he/she have	a. Married?
serious difficulty seeing even when wearing glasses?	b. Widowed?
☐ Yes	c. Divorced?
□ No	
Answer questions 19a – c if this person is 5 years	How many times has this person been married?
old or over. Otherwise, SKIP to the questions for Person 2 on page 19.	Once Two times
	Three or more times
a. Because of a physical, mental, or emotional	Three of more times
condition, does this person have serious	4 In what year did this person last get married?
making decisions?	Year
Yes	
□ No	
b. Does this person have serious difficulty walking or climbing stairs?	
Yes	
No	
c. Does this person have difficulty dressing or bathing?	
Yes	



No

	11 4hi		
Answer question 25 if this person is female and 15 – 50 years old. Otherwise, SKIP to question 26a.	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 → SKIP to question 30a		
	Only on active duty for training in the Reserves or National Guard → SKIP to question 29a		
In the PAST 12 MONTHS, has this person given birth to any children?	☐ Now on active duty		
Yes	On active duty in the past, but not now		
a. Does this person have any of his/her own grandchildren under the age of 18 living in	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.		
this house or apartment?	September 2001 or later (Post 9/11)		
Yes No → SKIP to question 27	August 1990 through August 2001 (including the Persian Gulf War)		
	June 1975 through July 1990		
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	August 1964 through May 1975 (including the Vietnam War)		
apartment?	February 1955 through July 1964		
YesNo → SKIP to question 27	June 1950 through January 1955 (including the Korean War)		
a Haw long has this ground navout bean year ancible	January 1947 through May 1950		
c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild.	December 1941 through December 1946 (including World War II)		
answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	November 1941 or earlier		
Less than 6 months	a. Does this person have a VA service-connected disability rating?		
6 to 11 months	Yes (such as 0%, 10%, 20%, , 100%)		
1 or 2 years	No → SKIP to question 30a		
☐ 3 or 4 years ☐ 5 or more years	b. What is this person's service-connected disability rating?		
	0 percent		
, v	10 or 20 percent		
	30 or 40 percent		
	50 or 60 percent		
	70 percent or higher		



30	a. LAST WEEK, did this person work for pay at a job (or business)?	Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to
	Yes → SKIP to question 31	question 34.
	No – Did not work (or retired)	
	b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?	How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?
	Yes	Person(s)
	No → SKIP to question 36a	
31		
Ψ	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.	LAST WEEK, what time did this person's trip to work usually begin?
	a. Address	Hour Minute
	Development or condominium name Number and street name	p.m.
		35 How many minutes did it usually take this
	If the exact address is not known, give a description of the location such as the building name or the	person to get from home to work LAST WEEK?
	nearest street or intersection.	Minutes
	b. Name of city, town, or post office	
	c. Is the work location inside the limits of that city or town?	Answer questions 36 – 39 if this person did NOT work last week. Otherwise, SKIP to
		question 40a.
	Yes	
	☐ No, outside the city/town limits	36 a. LAST WEEK, was this person on layoff from
	d. Name of municipio in Puerto Rico o	a job?
	U.S. county	Yes → SKIP to question 36c
		□ No
	e. Enter Puerto Rico or name of U.S. state or	
	foreign country	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
		Yes, on vacation, temporary illness,
	f ZID Code	maternity leave, other family/personal
	f. ZIP Code	reasons, bad weather, etc. → SKIP to question 39
		No → SKIP to question 37
32	How did this person usually get to work LAST WEEK? Mark (X) ONE box for the method of transportation used for most of the distance.	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?
	Car, truck, or van	Yes → SKIP to question 38
	☐ Bus ☐ Motorcycle	□ No
	Subway or elevated rail Bicycle	
	Long-distance train or	
	commuter rail Walked	
	Ferryboat to question 40a Other method	
	Ulner meinod	

37	During the LAST 4 WEEKS, has this person been	M Answer questions 42a – f if this person worked in
	ACTIVELY looking for work? Yes	the past 5 years. Otherwise, SKIP to question 43.
	No → SKIP to question 39	
		42 DESCRIPTION OF EMPLOYMENT
38	LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	The next series of questions is about the type of employment this person had last week.
	Yes, could have gone to work	If this person had more than one job, describe the one at which the most hours were worked. If this person
	No, because of own temporary illness	did not work last week, describe the most recent employment in the past five years.
	No, because of all other reasons (in school, etc.)	a. Which one of the following best describes this person's employment last week or the most
39	When did this person last work, even for a few days?	recent employment in the past 5 years? Mark (X) ONE box.
	Within the past 12 months	PRIVATE SECTOR EMPLOYEE
	1 to 5 years ago → SKIP to M	For-profit company or organization
	Over 5 years ago or never worked → SKIP to question 43	Non-profit organization (including tax-exempt and charitable organizations)
	Desired to DAGT 40 MONTHS (50 months) and	GOVERNMENT EMPLOYEE
ť	a. During the PAST 12 MONTHS (52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military	Local government (for example: city, county, or municipio)
	service as work.	State government (including school districts and state universities)
	☐ Yes → SKIP to question 41	Active duty U.S. Armed Forces or
	□ No	Commissioned Corps
	b. During the PAST 12 MONTHS (52 weeks), how	Federal government civilian employee
	many WEEKS did this person work? Include paid time off and include weeks when the	SELF-EMPLOYED OR OTHER
	person only worked for a few hours	Owner of non-incorporated business, professional practice, or farm
	Weeks	Owner of incorporated business, professional practice, or farm
		Worked without pay in a for-profit family business or farm for 15 hours or more per week
٧	During the PAST 12 MONTHS, in the WEEKS WORKED, how many hours did this person usually work each WEEK?	b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?
	Usual hours worked each WEEK	Affileu Forces:
		c. What kind of business or industry was this? Include the main activity, product, or service provide at the location where employed. (For example: elementary school, residential construction)
		d. Was this mainly – Mark (X) ONE box.
		manufacturing?
		wholesale trade?
		retail trade?
		other (agriculture, construction, service,



е	e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)	d. Social Security or Railroad Retirement.
		☐ Yes → \$.00
f	f. Describe this person's most important activities	No TOTAL AMOUNT for past 12 months
•	or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)	e. Supplemental Security Income (SSI).
	bootiens and review banding plane for work detaile,	☐ Yes → \$.00
		No TOTAL AMOUNT for past 12 months
		 Any public assistance or welfare payments from the state or local welfare office.
)	INCOME IN THE PAST 12 MONTHS	☐ Yes→ \$ 00
	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.)	No TOTAL AMOUNT for past 12 months
	Mark (X) the "No" box to show types of income NOT received.	g. Retirement income, pensions, survivor or disability income. Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or
	If net income was a loss, mark the "Loss" box to the right of the dollar amount.	other accounts specifically designed for retirement. Do not include Social Security.
	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	Yes → \$.00
	mark the "No" box for the other person.	TOTAL AMOUNT for past 12 months
•	a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.	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 → \$.00 No TOTAL AMOUNT for past	□ Yes → \$.00
	12 months	No TOTAL AMOUNT for past 12 months
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.	What was this person's total income during the PAST 12 MONTHS? Add entries in questions 43a to
	☐ Yes → \$.00 ☐	43h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
	No TOTAL AMOUNT for past Loss 12 months	
(c. Interest, dividends, net rental income, royalty	None TOTAL AMOUNT for past
	income, or income from estates and trusts. Report even small amounts credited to an account.	12 months
	☐ Yes → \$,	
	No TOTAL AMOUNT for past Loss 12 months	
	→	Continue with the questions for Person 2 on the



next page. If no one is listed as Person 2 on page 3,

SKIP to page 48 for mailing instructions.

Person 2

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 2–7
 - 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	JIC1	JIC2
EDIT CLERK		TELEPHONE CLERK	JIC3	JIC4

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, U.S. Census Bureau, 4600 Silver Hill Road, ADDC – 4H277, Washington, D.C. 20233. You may e-mail comments to acso.pra@census.gov; use "Paperwork Project" 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-1PR(INFO)(2024) (06-06-2023)

