United States Census Bureau

The American Community Survey

PLACE LABEL
HERE

This questionnaire is available in either English or Spanish.
Este cuestionario está disponible en español o en inglés.

To complete the English questionnaire, begin on page 2. To complete the Spanish questionnaire, flip this over and complete the green side.

Please complete this form as soon as possible. Place it in the envelope provided and HOLD it for a census representative to return to pick it up.

If you need help or have questions about completing this form, call the number that our census representative has given you.

For more information about the American Community Survey, visit our website at: http://www.census.gov/acs

Para completar el cuestionario en inglés, comience en la página 2. Para completar el cuestionario en español, vírelo y complete el lado verde.

Por favor, complete este cuestionario tan pronto sea posible. Colóquelo en el sobre que se provee y GUÁRDELO hasta que un representante del censo lo venga a recoger.

Si necesita ayuda o tiene preguntas sobre cómo completar este cuestionario, llame al número de teléfono que le ha dado nuestro representante del censo.

Para obtener más información sobre la Encuesta sobre la Comunidad Estadounidense, vaya a nuestra página en la Internet: http://www.census.gov/acs

CENSUS USE ONLY	How was this form completed? ☐ English ☐ Spanish

FORM **ACS-1(GQ)CTV1(2022)**
(10-04-2021)

OMB No. 0607-0810

1 **What is your name?** *Please print your name. Include your telephone number, and today's date. We will only contact you if needed for official Census Bureau business.*

Last Name

First Name MI

Area Code + Number

Today's Date
Month Day Year

2 **What is your sex?** *Mark (X) ONE box.*

☐ Male ☐ Female

3 **What is your age and what is your date 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

A **NOTE: Please answer BOTH Question 4 about Hispanic origin and Question 5 about race. For this survey, Hispanic origins are not races.**

4 **Are you 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, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

5 **What is your race?**
*Mark (X) one or more boxes **AND** print origins.*

☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*

☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*

☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

☐ Chinese ☐ Vietnamese ☐ Native Hawaiian

☐ Filipino ☐ Korean ☐ Samoan

☐ Asian Indian ☐ Japanese ☐ Chamorro

☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*

☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

☐ Some other race – *Print race or origin.*

9 **a. At any time IN THE LAST 3 MONTHS, have you 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, have not attended in the last 3 months ➔ *SKIP to question 10*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

b. What grade or level were you attending? *Mark (X) ONE box.*

- ☐ Nursery school, preschool
- ☐ Kindergarten
- ☐ Grade 1 through 12 – *Specify grade 1 - 12* ↙

  ☐☐
- ☐ College undergraduate years (freshman to senior)
- ☐ Graduate or professional school beyond a bachelor's degree *(for example: MA or PhD program, or medical or law school)*

10 **What is the highest grade of school or degree you have COMPLETED?** *If currently enrolled, select the previous grade or highest degree received.*
Mark (X) ONE box.

LESS THAN GRADE 1

- ☐ Less than grade 1

GRADE 1 THROUGH GRADE 12

- ☐ 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)*

AFTER BACHELOR'S DEGREE

- ☐ Master's degree *(for example: MA, MS, MEng, MEd, MSW, MBA)*
- ☐ Professional degree beyond a bachelor's degree *(for example: MD, DDS, DVM, LLB, JD)*
- ☐ Doctorate degree *(for example: PhD, EdD)*

13 **a. Do you speak a language other than English at home?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 14a*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well do you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

14 **a. Did you live at this address 1 year ago?**

- ☐ Person is under 1 year old ➔ *SKIP to question 16*
- ☐ Yes, at this address ➔ *SKIP to question 15*
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below; then SKIP to question 15*
- ☐ No, at a different address in the United States or Puerto Rico

15 **In 2021, did you receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)?** *Do NOT include WIC, the School Lunch Program, or assistance from food banks.*

- ☐ Yes
- ☐ No

16 **Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?**

Do NOT include plans that cover only one type of service, such as dental, drug, or vision plans.

Mark "Yes" or "No" for EACH type of coverage in items a – h.

	Yes	No
a. Insurance through a current or former employer, union, or professional association (of this person or another family member)	☐	☐
b. Medicare, for people 65 and older, or people with certain disabilities	☐	☐
c. Medicaid, Children's Health Insurance Program (CHIP), or any kind of government-assistance plan for those with low incomes or a disability	☐	☐
d. Insurance purchased directly from an insurance company, a broker, or a State or Federal Marketplace, such as Healthcare.gov	☐	☐
e. Veteran's health care (enrolled for VA)	☐	☐
f. TRICARE or other military health care	☐	☐
g. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

C *Answer question 17a if you are covered by health insurance. Otherwise, SKIP to question 18a.*

17 **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 as prescription costs.

- ☐ Yes
- ☐ No ➔ *SKIP to question 18a*

b. Do you or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- ☐ Yes
- ☐ No

18 **a. Do you have difficulty seeing, even if wearing glasses?**

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

b. Do you have difficulty hearing, even if using a hearing aid?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

D *Answer questions 19a – c if you are 5 years old or over. Otherwise, you are done.*

19 **a. Do you have difficulty walking or climbing steps?**

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

b. Do you have difficulty remembering or concentrating?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

c. Do you have difficulty with self-care, such as washing all over or dressing?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

d. Using your usual language, do you have difficulty communicating, for example understanding or being understood?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

E *Answer question 20 if you are 15 years old or over. Otherwise, you are done.*

20 **Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?**

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

30 **a. LAST WEEK, did you work for pay at a job (or business)?**

- ☐ Yes ➔ *SKIP to question 31*
- ☐ No – Did not work (or retired)

b. LAST WEEK, did you do ANY work for pay, even for as little as one hour?

- ☐ Yes
- ☐ No ➔ *SKIP to question 36a*

31 **At what location did you work LAST WEEK?**
If you worked at more than one location, print where you worked most last week.

a. Address (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, post office, military installation, or base

c. Is the work location inside the limits of that city or town?

- ☐ Yes
- ☐ No, outside the city/town limits

d. Name of county

e. Name of U.S. state or foreign country

f. ZIP Code

32 **How did you usually get to work LAST WEEK?**
Mark (X) ONE box for the method of transportation used for most of the distance.

- ☐ Car, truck, or van
- ☐ Bus
- ☐ Subway or elevated rail
- ☐ Long-distance train or commuter rail
- ☐ Light rail, streetcar, or trolley
- ☐ Ferryboat
- ☐ Taxi or ride-hailing services
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Worked from this address ➔ *SKIP to question 40*
- ☐ Other method

G *Answer question 33 if you marked "Car, truck, or van" in question 32. Otherwise, SKIP to question 34.*

33 **How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?**

Person(s)

34 **LAST WEEK, what time did your trip to work usually begin?**

Hour : Minute

- ☐ a.m.
- ☐ p.m.

35 **How many minutes did it usually take you to get from this address to work LAST WEEK?**

Minutes

H *Answer questions 36 – 39 if you did NOT work last week. Otherwise, SKIP to question 40.*

36 **a. LAST WEEK, were you on layoff from a job?**

- ☐ Yes ➔ *SKIP to question 36c*
- ☐ No

b. LAST WEEK, were you TEMPORARILY absent from a job or business?

- ☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. ➔ *SKIP to question 39*
- ☐ No ➔ *SKIP to question 37*

c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?

- ☐ Yes ➔ *SKIP to question 38*
- ☐ No

37 **During the LAST 4 WEEKS, have you been ACTIVELY looking for work?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 39*

38 **LAST WEEK, could you 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.)

39 **When did you last work, even for a few days?**

- ☐ Within the past 12 months
- ☐ 1 to 5 years ago
- ☐ Over 5 years ago or never worked ➔ *SKIP to question 44*

40 **In 2021, did you work for pay, even for a few days?**

- ☐ Yes
- ☐ No ➔ *SKIP to question 44*

➔ **NOTE: For questions 41a and b, include as WORK:**

- ✓ all jobs for pay
- ✓ paid vacation
- ✓ paid sick leave
- ✓ military service

41 **a. In 2021 (52 weeks), did you work EVERY week?** *Remember to include paid vacation and paid sick leave as work.*

- ☐ Yes ➔ *SKIP to question 42*
- ☐ No

b. In 2021 (52 weeks), how many WEEKS did you work for at least one day? *Include weeks when this person only worked for a few hours.*

Weeks

☐☐

42 **In 2021, for the weeks worked, how many HOURS did you usually work each WEEK?** *Include all jobs for pay and military service.*

Usual hours worked each WEEK

☐☐☐

44 INCOME IN 2021

Report ALL types of income received, TAXABLE AND NON-TAXABLE, from January 1, 2021 to December 31, 2021.

Mark (X) the "Yes" box for each type of income you received, and give your best estimate of the TOTAL AMOUNT.

Mark (X) the "No" box for each type of income NOT received.

BREAK-EVEN NET INCOME: For break-evens, mark (X) the "Yes" box and write in $0 for the TOTAL AMOUNT.

INCOME RECEIVED JOINTLY: Report only your share of the amount received or earned.

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

☐ Yes → $, , .00 TOTAL AMOUNT for 2021

☐ No

b. Self-employment income, including work paid for in cash. Report income from own businesses (farm or non-farm), including proprietorships and partnerships. *Report NET income after business expenses. If net income was a loss, mark (X) the "Loss" box next to the dollar amount.*

☐ Yes → $, , .00 TOTAL AMOUNT for 2021 ☐ Loss

☐ No

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

☐ Yes → $, , .00 TOTAL AMOUNT for 2021

☐ No

d. Rental income. *Report NET income after expenses. If net rental income was a loss, mark (X) the "Loss" box next to the dollar amount.*

☐ Yes → $, .00 TOTAL AMOUNT for 2021 ☐ Loss

☐ No

e. Social Security or Railroad Retirement.

☐ Yes → $, .00 TOTAL AMOUNT for 2021

☐ No

f. Supplemental Security Income (SSI).

☐ Yes → $, .00 TOTAL AMOUNT for 2021

☐ No

g. Any financial assistance from the state or local welfare office. *Do NOT include SNAP (Food Stamps); unemployment compensation; or non-cash benefits, such as energy or housing assistance.*

☐ Yes → $, .00 TOTAL AMOUNT for 2021

☐ No

h. Retirement income, pensions, survivor, or disability income. *Do NOT include Social Security. INCLUDE income from a previous employer or union and any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b), or other accounts specifically designed for retirement.*

☐ Yes → $, .00 TOTAL AMOUNT for 2021

☐ No

i. 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 TOTAL AMOUNT for 2021

☐ No

45 Including all types of income, what was your total income in 2021?

Add entries in questions 44a to 44i; 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 $, , .00 TOTAL AMOUNT for 2021 ☐ Loss