13012018

United States Census Bureau

The American Community Survey

Start Here

You have two ways to respond:

Respond online today at:
https://respond.census.gov/acs

OR

Complete this form and mail it back as soon as possible.

Your response is required by law.

The American Community Survey is conducted by the U.S. Census Bureau. This survey is one of only a few surveys for which all recipients are required by law to respond. The U.S. Census Bureau is required by law to protect your information.

If you need help or have questions about completing this form, please call **1-800-354-7271.**

Telephone Device for the Deaf (TDD): Call 1–800–582–8330.

¿NECESITA AYUDA? Llame sin cargo alguno al **1-877-833-5625.**

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

Please print the name and telephone number of the person who is filling out this form. We will only contact you if needed for official Census Bureau business.

Last Name

First Name MI

Area Code + Number

( ) –

How many people, including yourself, live or stay at this address?

INCLUDE everyone who is here for more than 2 months, such as ...

- ✓ anyone not related to you, like roommates and other families.
- ✓ babies and children, related or unrelated, including grandchildren and foster children.

ALSO INCLUDE anyone staying here now who has no other place to stay, even if it is less than 2 months.

DO NOT INCLUDE anyone who is living somewhere else, such as...

- ✗ a college student living away.
- ✗ 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. Then complete the rest of the form.

FORM **ACS-1(CT)G2V1**
(04-07-2021) R2

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

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.)

Please print today's date.

Month Day Year

1 What is Person 1's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1?

[X] Person 1

3 What is Person 1's sex? *Mark (X) ONE box.*

[ ] Male [ ] Female

4 What is Person 1's age and what is Person 1's date of birth? *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

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, Cuban

[ ] Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 1's 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.*

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? *Mark (X) ONE box.*

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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? *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

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

5 Is Person 2 of Hispanic, Latino, or Spanish origin?

- ☐ **No,** not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 2's 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.*

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.*

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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? *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

➜ 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, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 3's 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
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ 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.*

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.

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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? *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

➜ 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, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 4's 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
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ 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.*

Person 5

1 What is Person 5's name?

Last Name *(Please print)*

First Name MI

2 How is this person related to Person 1? *Mark (X) ONE box.*

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

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? *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

➜ 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 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, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

6 What is Person 5's 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.*

If there are more than five people living or staying here, print their names in the spaces for Person 6 through Person 12. *We may call you for more information about them.*

Person 6

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 7

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 8

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 9

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 10

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 11

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 12

Last Name *(Please print)* | First Name | MI

Sex ☐ Male ☐ Female **Age (in years)**

Person 1

Please copy the name of Person 1 from page 2 (or the name instructed by your interviewer), then continue answering questions below.

Last Name

First Name MI

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? *Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 11*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

11 What is the highest grade of school or degree this person has 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)*

14 a. Does this person speak a language other than English at home?

- ☐ Yes
- ☐ No ➔ *SKIP to question 15*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

Person 1 (continued)

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

- ☐ Person is under 1 year old
- ☐ Yes, this house
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below*
- ☐ No, different house in the United States or Puerto Rico

16 **Is this person 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*	☐	☐

G *Answer question 17a if this person is 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. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- ☐ Yes
- ☐ No

18 **a. Does this person have difficulty seeing, even if wearing glasses?**

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

b. Does this person have difficulty hearing, even if using a hearing aid?

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

Person 1 (continued)

H *Answer questions 19a – d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.*

19 **a. Does this person have difficulty walking or climbing steps?**

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

b. Does this person have difficulty remembering or concentrating?

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

c. Does this person have difficulty with SELF-CARE, for example washing all over or dressing?

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

d. Using his or her usual language, does this person have difficulty communicating, for example understanding or being understood?

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

I *Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 19.*

20 **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?**

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

➜ **If there is a 2nd person in the household, continue to the next page. Otherwise you are done.**

Person 2

Please copy the name of Person 2 from page 3 (or the name instructed by your interviewer), then continue answering questions below.

Last Name

First Name MI

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? *Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 11*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

11 What is the highest grade of school or degree this person has 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)*

14 a. Does this person speak a language other than English at home?

- ☐ Yes
- ☐ No ➔ *SKIP to question 15*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

Person 2 (continued)

15 Did this person live in this house or apartment 1 year ago?

- ☐ Person is under 1 year old
- ☐ Yes, this house
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below*
- ☐ No, different house in the United States or Puerto Rico

16 Is this person 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*	☐	☐

G *Answer question 17a if this person is 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. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- ☐ Yes
- ☐ No

18 a. Does this person have difficulty seeing, even if wearing glasses?

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

b. Does this person have difficulty hearing, even if using a hearing aid?

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

Person 2 (continued)

H *Answer questions 19a – d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.*

19 **a. Does this person have difficulty walking or climbing steps?**

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

b. Does this person have difficulty remembering or concentrating?

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

c. Does this person have difficulty with SELF-CARE, for example washing all over or dressing?

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

d. Using his or her usual language, does this person have difficulty communicating, for example understanding or being understood?

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

I *Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 26.*

20 **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?**

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

➜ **If there is a 3rd person in the household, continue to the next page. Otherwise you are done.**

Person 3

Please copy the name of Person 3 from page 4 (or the name instructed by your interviewer), then continue answering questions below.

Last Name

First Name MI

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? *Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 11*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

11 What is the highest grade of school or degree this person has 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)*

14 a. Does this person speak a language other than English at home?

- ☐ Yes
- ☐ No ➔ *SKIP to question 15*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

Person 3 (continued)

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

- ☐ Person is under 1 year old
- ☐ Yes, this house
- ☐ No, outside the United States and Puerto Rico – *Print name of foreign country, or U.S. Virgin Islands, Guam, etc., below*
- ☐ No, different house in the United States or Puerto Rico

16 **Is this person 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*	☐	☐

G *Answer question 17a if this person is 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. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- ☐ Yes
- ☐ No

18 **a. Does this person have difficulty seeing, even if wearing glasses?**

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

b. Does this person have difficulty hearing, even if using a hearing aid?

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

Person 3 (continued)

H *Answer questions 19a – d if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.*

19 **a. Does this person have difficulty walking or climbing steps?**

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

b. Does this person have difficulty remembering or concentrating?

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

c. Does this person have difficulty with SELF-CARE, for example washing all over or dressing?

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

d. Using his or her usual language, does this person have difficulty communicating, for example understanding or being understood?

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

I *Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 33.*

20 **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?**

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

➜ **If there is a 4th person in the household, continue to the next page. Otherwise you are done.**

Person 4

Please copy the name of Person 4 from page 5 (or the name instructed by your interviewer), then continue answering questions below.

Last Name

First Name MI

10 a. At any time IN THE LAST 3 MONTHS, has this person attended school or college? *Include only nursery or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*

- ☐ No, has not attended in the last 3 months ➔ *SKIP to question 11*
- ☐ Yes, public school, public college
- ☐ Yes, private school, private college, home school

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

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

11 What is the highest grade of school or degree this person has 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)*

14 a. Does this person speak a language other than English at home?

- ☐ Yes
- ☐ No ➔ *SKIP to question 15*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

Person 4 (continued)

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

- ☐ Person is under 1 year old
- ☐ Yes, this house
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16 **Is this person 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*	☐	☐

G *Answer question 17a if this person is 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. Does this person or another family member receive a tax credit or subsidy based on family income to help pay the premium?

- ☐ Yes
- ☐ No

18 **a. Does this person have difficulty seeing, even if wearing glasses?**

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

Person 4 (continued)

H *Answer questions 19a – d if this person is 5 years old or over. Otherwise, you you are done.*

19 **a. Does this person have difficulty walking or climbing steps?**

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- ☐ Some difficulty
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- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Cannot do at all

I *Answer question 20 if this person is 15 years old or over. Otherwise, you are done.*

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- ☐ A lot of difficulty
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