



The PALCUS Index National Community Survey

2019

Hello! You are invited to participate in our survey, the PALCUS INDEX – NATIONAL COMMUNITY SURVEY. This survey is conducted by the Portuguese American Leadership Council of the United States (PALCUS), so that we can gain a better understanding of our Portuguese American communities.

In this survey, people who reside in the United States and are Portuguese or of Portuguese descent are asked to complete a questionnaire that asks about their demographic and socioeconomic characteristics, as well as their community concerns. It will take approximately 15 minutes to complete the questionnaire. Your participation in this study is completely voluntary.

There are no foreseeable risks associated with this project. However, if you feel uncomfortable answering any question, you may skip that question, or withdraw from the survey at any point. It is very important for us to learn your opinions. Your survey responses will be strictly confidential and data from this research will be reported only in the aggregate.

If you have questions at any time about the survey or the procedures, you may contact PALCUS president, Angela Simoes at 202-466-4664 or by email at [palcus@palcus.org](mailto:palcus@palcus.org).

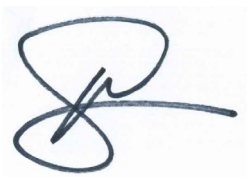
If you have read and understand the above statements, and wish to participate in the survey, please sign below and then proceed to fill out the survey in the following pages.

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Signature

Date

Thank you very much for your time and support.



Angela Simoes  
PALCUS President

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**Q1. Where were you born?**

- ☐ United States
- ☐ Portugal (Continent)
- ☐ Portugal (Azores)
- ☐ Portugal (Madeira)
- ☐ Angola, Mozambique, Guinea-Bissau, Cape Verde, S. Tome e Principe, Goa, Macau, or East Timor
- ☐ Canada
- ☐ Brazil
- ☐ Other (please specify) \_\_\_\_\_

If you were born in the Azores, Madeira, or Cape Verde, please indicate the island you are from.

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**Q2. Which generation of your family moved to the United States? (If different generations on different sides of your family, please specify below)**

- ☐ I came as a child/adolescent (17 years old or younger) with parents or guardians
- ☐ I came as an adult (18 years of older) on my own or with other family members
- ☐ My parents
- ☐ My grandparents
- ☐ My great grandparents
- ☐ My great-great-grandparents
- ☐ Unknown
- ☐ Other (please specify) \_\_\_\_\_

If known, approximately how old were you when you came to the United States?

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**Q3. How would you rate your English skills?**

- ☐ 1 (Don't speak English at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 (Extremely fluent in English speaking)

If known, please indicate below where your ancestors are from in Portugal (continental Portugal, Azores, Madeira, former Portuguese territories). If from the islands, please indicate the island's name (if known).

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**Q4. Are you of mixed ancestry? (Have ancestors from countries other than Portugal)**

- ☐ Yes
- ☐ No

If you have ancestors from countries other than Portugal, please indicate where they are from (if known).

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**Q5. In which state or US territory do you currently live? (If you currently live outside of the US, please indicate where under "Other.")**

<input type="checkbox"/> Alabama	<input type="checkbox"/> Alaska	<input type="checkbox"/> Arizona
<input type="checkbox"/> Arkansas	<input type="checkbox"/> California	<input type="checkbox"/> Colorado
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Delaware	<input type="checkbox"/> Florida
<input type="checkbox"/> Georgia	<input type="checkbox"/> Guam	<input type="checkbox"/> Hawaii
<input type="checkbox"/> Idaho	<input type="checkbox"/> Illinois	<input type="checkbox"/> Indiana
<input type="checkbox"/> Iowa	<input type="checkbox"/> Kansas	<input type="checkbox"/> Kentucky
<input type="checkbox"/> Louisiana	<input type="checkbox"/> Maine	<input type="checkbox"/> Maryland
<input type="checkbox"/> Massachusetts	<input type="checkbox"/> Michigan	<input type="checkbox"/> Minnesota
<input type="checkbox"/> Mississippi	<input type="checkbox"/> Missouri	<input type="checkbox"/> Montana
<input type="checkbox"/> Nebraska	<input type="checkbox"/> Nevada	<input type="checkbox"/> New Hampshire
<input type="checkbox"/> New Jersey	<input type="checkbox"/> New Mexico	<input type="checkbox"/> New York
<input type="checkbox"/> North Carolina	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Northern Mariana Islands
<input type="checkbox"/> Ohio	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Oregon
<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> South Carolina	<input type="checkbox"/> South Dakota	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Texas	<input type="checkbox"/> US Virgin Islands	<input type="checkbox"/> Utah
<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Washington
<input type="checkbox"/> Washington, D.C.	<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Wyoming	<input type="checkbox"/> Other (please specify)	<input type="checkbox"/>

**Q6. In which city or town do you currently live?**

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**Q7. What is your gender?**

- ☐ Male
- ☐ Female
- ☐ Prefer not to answer

**Q8. Which category below includes your age?**

- ☐ Less than 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 or more
- ☐ Prefer not to answer

**Q9. Thinking back over the last 12 months, how much of a problem each of the following issues have been for you?**

	Major problem	Moderate problem	Minor problem	Not a problem	Don't know
Your physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having housing suited to your needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting the health care you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affording the medications you need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having inadequate transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling lonely or isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having enough food to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having financial problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not feeling safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing everyday activities such as walking, bathing or getting in and out of a chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing everyday activities such as paying bills, managing money, shopping for food, cooking, housekeeping, laundering, and taking medications correctly, among others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking/writing English adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing care for another person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you face additional issues, would you please indicate below what these are?

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**Q10. During the past 6 months, have you regularly received care or assistance\* from family members or other caregivers, because of a health problem or disability?**

[\*Care or assistance refers to help with daily activities such as preparing meals, dressing, taking medication, housekeeping, transportation, grocery shopping, management of bills, scheduling appointments, etc.].

- ☐ Yes
- ☐ No → skip to question 11
- ☐ Prefer not to answer → skip to question 11

From whom do you receive this care? (Select all that apply).

- ☐ Spouse/ Partner (wife/husband)
- ☐ Child (son/ daughter)
- ☐ Parents
- ☐ Grandchild
- ☐ Other relative
- ☐ Friend or neighbor
- ☐ Paid caregiver
- ☐ Other (please specify) \_\_\_\_\_

**Q11. During the past 6 months, did you provide regular care or assistance\* to a family member or friend, who has a health problem or disability?**

[Providing care means that you are physically present to help to support a family member or friend with something they struggle with or cannot do for themselves, or that you provide this care at a distance by organizing the support through others. "On a regular basis" means that there is some pattern, schedule or regularity to the care that you provide.]

- ☐ Yes
- ☐ No → skip to question 12
- ☐ Prefer not to answer → skip to question 12

In an average week, how many hours do you provide care or assistance?

- ☐ Up to 8 hours per week
- ☐ 9 to 19 hours per week
- ☐ 20 to 39 hours per week
- ☐ 40 hours or more
- ☐ Don't know
- ☐ Prefer not to answer

For whom do you provide this care? (Select all that apply)

- ☐ Spouse/ Partner (wife/husband)
- ☐ Parent
- ☐ Grandchild
- ☐ Child (son/daughter)
- ☐ Other relative
- ☐ Friend or Neighbor
- ☐ Don't know
- ☐ Other (please specify) \_\_\_\_\_

**Q12. When thinking about issues faced by Portuguese-American older adults, which of the following do you think should receive priority attention from our community leaders?**

	High priority	Moderate priority	Low priority	Not a priority	Don't know
Healthcare services provided to Portuguese-American older adults)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home-care services and healthcare home services, provided to older Portuguese Americans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care services, provided to older Portuguese Americans (assisted living facilities, nursing homes, hospice services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other types of social services (day centers, meal programs) provided to older Portuguese Americans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services that provide emergency economic or food assistance to older Portuguese Americans in need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs covering transportation needs to older adults in the Portuguese-American community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dementia and Alzheimer's services provided to older Portuguese Americans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs combating social isolation among older Portuguese-American older adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to social services and healthcare for older Portuguese American from providers familiar with Portuguese language and culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any other issues you may consider important for Portuguese-American older adults. (Skip if you do not have additional suggestions).

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**Q13. In terms of the needs of caregivers of older relatives, how much priority should community leaders give to following issues? (If you do not know, please check the "don't know" button).**

	High priority	Moderate priority	Low priority	Not a priority	Don't know
Training programs for caregivers of older Portuguese Americans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs providing social and/or psychological support for caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs providing respite/rest to caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long distance care to older relatives (parents, siblings, etc.) that live in continental Portugal, the Azores, Madeira, or other countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any other issues you may consider important for caregivers. (Skip if you do not have additional suggestions).

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**Q14. Are you now married, widowed, divorced, separated, or never married?**

- ☐ Single, never married → *skip to question 16*
- ☐ Married or domestic partnership
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Prefer not to answer

**Q15. Is/was your spouse/domestic partner either Portuguese or of Portuguese descent?**

- ☐ Yes
- ☐ No

**Q16. What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.**

- ☐ No schooling completed
- ☐ Nursery school to 8th grade
- ☐ Some high school, no diploma
- ☐ High school graduate, diploma or the equivalent (for example: GED)
- ☐ Some college credit, no degree
- ☐ Trade/technical/vocational training
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Professional degree (e.g. MD, DDS, DVM)
- ☐ Doctorate degree
- ☐ Prefer not to answer

**Q17. What is your primary current employment status? Are you currently... (check all that apply)**

- ☐ Employed for wages full-time
- ☐ Employed for wages part-time
- ☐ Work for the government
- ☐ In the military
- ☐ Self-employed → *answer questions 18 and 19*
- ☐ Own my own business → *answer questions 18 and 19*
- ☐ Out of work and looking for work
- ☐ Out of work and not looking for work
- ☐ Homemaker
- ☐ Student
- ☐ Retired
- ☐ Unable to work
- ☐ Prefer not to answer
- ☐ Other (please specify) \_\_\_\_\_

**Q18. What is the area of activity of your business or self-employment?**

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**Q19. Including yourself, how many employees does your business have?**

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**Q20. Please indicate on the list below in what field your primary occupation is/was:**

- ☐ Architects, Surveyors, Cartographers, Engineers and Related Technicians
- ☐ Arts and Design Workers
- ☐ Business Operations, Management, and Financial Specialists: top executives, marketing, public relations, human resources, health administrators, educational administrators, purchasing, insurance claims adjusters/examiners, human resources, labor relations, etc.; accountants, assessors, appraisers, loan counselor, credit analysts, etc.
- ☐ Cleaning services (home, offices, etc.)
- ☐ Community and Social Services: counselors, social workers, community and religious workers, probation officers, etc.
- ☐ Commercial fishing
- ☐ Computer Specialists: computer and information scientists, programmers, software specialists, database and network administrators and analysts
- ☐ Construction and Extraction: carpenters, electricians, painters, construction, oil, and mining workers, plumbers, road workers
- ☐ Education: college and university professors, scientists, vocational teachers, teaching and research assistants, teacher in early childhood, elementary, middle, secondary school, special education, and others.
- ☐ Entertainers, Performers, Sports and Related Workers
- ☐ Factory Worker: assembler and other types of production worker
- ☐ Farming, Dairy, and Forestry: farm workers, animal care workers, foresters, loggers
- ☐ Grounds Cleaning and Maintenance: landscaping and groundskeeping laborers
- ☐ Health: medical doctors, veterinarians, dentistry, podiatrist, chiropractor, registered nurses, therapists, pharmacists, dieticians, technicians/assistants/aides, etc.
- ☐ Homemaker
- ☐ Hospitality: hotel, restaurant, travel industry, food services, restaurant (cooks, servers)
- ☐ Legal: attorneys, judges, legal support workers, etc.
- ☐ Installation, Maintenance, and Repair: appliance repair, auto repair, telecommunications installers
- ☐ Library and Museum Occupations
- ☐ Media and Communication Workers
- ☐ Office and Administration: clerical, secretarial, and support personnel, clerks, tellers, distribution workers
- ☐ Personal Care and Services: flight attendants, child care workers, hair stylists and personal care workers, recreation workers
- ☐ Protective Services: military, firefighters, correctional officers, police, life guards, security guards, investigators
- ☐ Transportation and Material Moving: truck drivers, motorists, cab drivers, pilots, air traffic controllers
- ☐ Prefer not to answer
- ☐ Other (please specify) \_\_\_\_\_

**Q21. Which of the following categories represents your total household income last year before taxes, including the income of everyone who is a part of your household?**

- ☐ Less than \$25,000
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,000 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or more
- ☐ Prefer not to answer



**Q22. Are you aware on any study abroad programs in Portugal?**

- ☐ Yes
- ☐ No → skip to question 23

**Could you please tell us which programs you are aware of?**

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**Q23. If you knew about affordable study abroad opportunities in Portugal for your children or yourself, would you consider taking advantage of these opportunities?**

- ☐ Yes
- ☐ No
- ☐ Not applicable
- ☐ Prefer not to answer

**Q24. How would you rate your Portuguese-SPEAKING skills?**

- ☐ 1 (Don't speak Portuguese at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 (Extremely fluent in Portuguese)

**Q25. How would you rate your Portuguese-WRITING skills?**

- ☐ 1 (Don't write in Portuguese at all)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 (Extremely fluent in Portuguese writing)

**Q26. How did you learn Portuguese? (Check all that apply)**

- ☐ Learned in Portugal before coming to the United States
- ☐ Took Portuguese language classes in public/private school or college
- ☐ Attending a Portuguese community school after regular school hours or on weekends
- ☐ Took individual lessons
- ☐ Taught at home by parents or other relatives
- ☐ Learned on my own
- ☐ Learned through immersion while visiting Portugal
- ☐ Other (please specify) \_\_\_\_\_

**Q27. Do you use Portuguese in your job?**

- ☐ Never
- ☐ Some of the time
- ☐ Half of the time
- ☐ Most of the time
- ☐ All of the time

**Q28. Do you have children who are 25 or younger?**

- ☐ Yes
- ☐ No → skip to question 31

**Q29. Do your children speak Portuguese?**

- ☐ Yes
- ☐ No
- ☐ Some of my children do and others do not

**Q30. How are (or have) your children learning (learned) Portuguese? (Check all that apply)**

- ☐ Learned in Portugal before coming to the United States
- ☐ Taking Portuguese classes at public or private school or college
- ☐ Attending a Portuguese community school after regular school hours or on weekends
- ☐ Taught at home
- ☐ Taking individual lessons
- ☐ Learning on their own
- ☐ Immersion while visiting Portugal
- ☐ Other (please specify) \_\_\_\_\_

**Q31. What is your citizenship status?**

- ☐ Citizen of Portugal only
- ☐ Citizen of the United States only →skip to question 33
- ☐ Citizen of both the United States and Portugal
- ☐ Citizen of the United States and another country other than Portugal →skip to question 33
- ☐ Citizen of Portugal and another country other than the United States
- ☐ Other (please specify) \_\_\_\_\_ →skip to question 33

**Q32. While residing in the United States, or in another country outside of Portugal, have you voted in Portuguese elections? (For example, for President of Portugal or for the Portuguese Parliament)**

- ☐ Have never voted
- ☐ Have voted once in a while
- ☐ Have voted often
- ☐ Have voted every election
- ☐ Other (please specify) \_\_\_\_\_

**Q33. In which of the following political activities have you participated in the United States? (Please choose all that apply)**

- ☐ Have not voted
- ☐ Have voted once in a while
- ☐ Have voted regularly in elections
- ☐ Have written to or called my political representatives
- ☐ Contributed money to a political campaign or candidate
- ☐ Worked in a political campaign
- ☐ Have run for political office
- ☐ Have held/hold political office
- ☐ Prefer not to answer
- ☐ Other (please specify) \_\_\_\_\_

**Q34. Are you aware of the Make Portuguese Count™ Campaign for the 2020 U.S. Census, where people will be able to write in that they are of Portuguese descent? [To learn more about this initiative, you may view: <https://www.palcus.org/makeportugueseaccount>].**

- ☐ Yes
- ☐ No

**Q35. The 2020 Census will include a line that will allow Portuguese Americans to write down their ancestral origins. When filling out the Census form, do you intend to indicate that your origins are Portuguese?**

- ☐ Yes
- ☐ No

**Q36. Do you consider yourself and your family as part of a Portuguese Community in the US?**

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Other (please specify)

**Q37. Thinking about Portuguese communities, what are the biggest challenges you see in those communities? (Please check the options that best reflect your opinion on each of the issues below).**

	Big challenge	Moderate challenge	Not a challenge	Don't know
Getting more people involved in community organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining the Portuguese language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining the Portuguese culture (food, music, dance, art, festas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining ties to Portugal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Political representation by Portuguese Americans at the local, state, and federal levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting youth to attend college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barriers to Portuguese-owned business success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there are any OTHER big challenges in your community, could you please indicate what these are in the space provided below?

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**Q38. From an overall perspective, what are your biggest concerns? (Please check the options that best reflect your level of concern regarding each of the issues below).**

	Big concern	Moderate concern	Not a concern	Do not have an opinion
Access to healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost of education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs addiction and the opioid crisis in America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting a job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illegal immigration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase in taxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of information about starting a business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limitations to legal immigration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our country's political leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prejudice, racism, and anti-immigrant feelings in America	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety in our communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saving for retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social security and medical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The state of the US economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terrorism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The US going to war with other countries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have OTHER big concerns, could you please indicate what these are in the space provided below?

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**Q39. Where would you like to see more investment (time and money) in our Portuguese communities. (Please choose the level of priority).**

	High priority	Moderate priority	Not a priority	Do not have an opinion
Portuguese language classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese-American feasts and festivals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different events other than religious festas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Portuguese cultural organizations (museums, libraries, monuments, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business mixers to meet other Portuguese professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with starting a business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with getting our children to college/university	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with finding jobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meetings with elected officials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If there are OTHER priorities, other than those listed above, could you please offer your suggestions in the space provided below?

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**Q40. To which causes or organizations do you tend to contribute money? (Check all that apply)**

- ☐ I don't donate money
- ☐ Church (weekly offering, building fund, youth ministry, etc.)
- ☐ Education funds (scholarships, books, programs, etc.)
- ☐ Natural disaster relief (floods, earthquakes, fires, etc.)
- ☐ Local family in crisis (cancer, death, debilitating disease, etc.)
- ☐ National fund drives (American Cancer Fund, March of Dimes, Red Cross, etc.)
- ☐ Non-Portuguese clubs or organizations to which I belong
- ☐ Portuguese clubs or organizations to which I belong
- ☐ Other (please specify) \_\_\_\_\_

**Q41. Have you ever visited or returned to Portugal?**

- ☐ Yes
- ☐ No, but I plan to visit or live there in the future. → *skip to question 45*
- ☐ No, and I have no plans to visit in the future.

**Q42. When did you last visit/stay in Portugal?**

- ☐ 2018-2019
- ☐ 2016-2017
- ☐ 2014-2015
- ☐ 2012-2013
- ☐ 2010-2011
- ☐ Before 2010

**Q43. During your life time, approximately how many times have you visited Portugal (mainland, Azores or Madeira) or the former territories?**

- ☐ 1 to 3 times
- ☐ 4 to 6 times
- ☐ 7 to 9 times
- ☐ 10 or more times

**Q44. What have been the purposes of your visits to Portugal? (Check all that apply)**

- ☐ Vacation
- ☐ Visit relatives
- ☐ Academic reasons (present papers, attend the school/university there, etc.)
- ☐ Youth meetings/activities
- ☐ Participate in religious holidays or events
- ☐ Live there temporarily or for part of the year
- ☐ Take care of property I/my family owns there
- ☐ For business purposes
- ☐ Prefer not to answer
- ☐ Other (please specify) \_\_\_\_\_

**Q45. Please indicate below which of the following statements applies to you.**

	Yes	No	Not sure
I currently own property in Portugal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I intend to buy property in Portugal in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q46. If applicable, approximately, when do you plan to buy property in Portugal?**

- ☐ In less than 1 year
- ☐ In 1 to 2 years
- ☐ In 3 to 4 years
- ☐ In 5 or more years
- ☐ Prefer not to answer
- ☐ Not applicable

**Q47. Please indicate below which of the following statements applies to you.**

	Yes	No
I currently own/invest in a business in Portugal	<input type="checkbox"/>	<input type="checkbox"/>
I plan to invest in a business, or add to a business I already own, in Portugal.	<input type="checkbox"/>	<input type="checkbox"/>
I currently work in Portugal for a business I do not own.	<input type="checkbox"/>	<input type="checkbox"/>

**Q48. If applicable, approximately, when do you plan to invest in a business in Portugal?**

- ☐ In less than 1 year
- ☐ In 1 to 2 years
- ☐ In 3 to 4 years
- ☐ In 5 or more years
- ☐ Prefer not to answer
- ☐ Not applicable

**Q49. How often do you engage in the following activities?**

	Frequently	Occasionally	Rarely	Never
Watch Portuguese TV from Portugal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch Portuguese-American TV channels or programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to radio from Portugal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listen to Portuguese-American radio stations or programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read a Portuguese newspaper from Portugal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read a Portuguese-American newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access Portuguese related content on the internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q50. Do you use any social media sites, such as Facebook, Instagram, MySpace, Twitter, Google+ or others?**

- ☐ Yes
- ☐ No

**Q51. Are you interested in signing up for the Portuguese American Leadership Council of the United States (PALCUS) newsletter?**

- ☐ Yes
- ☐ No → *skip to question 53*
- ☐ I am already receiving the newsletter → *skip to question 53*

Email address to which we can send PALCUS' newsletter:

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**Q52. We have now reached the end of this questionnaire. Please use the space below to make any comments you may wish to offer.**

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Thank you for taking the time to complete our survey!

Muito Obrigado!

Mail completed survey to:

PALCUS  
9255 Center Street, Suite 404  
Manassas, VA 20110