Census 2010
Commonwealth of the Northern Mariana Islands

U.S. DEPARTMENT OF COMMERCE

Economics and Statistics Administration
U.S. CENSUS BUREAU

This is the official form for all people at this address. It is easy, and your answers are protected by law.

Use a blue or black pen.

Start here

Do NOT mail this form, your completed form will be picked up by a census worker.

The Census must count every person living in the Commonwealth of the Northern Mariana Islands on April 1, 2010.

Before you answer Question 1, count the people living in this house, apartment, or mobile home using our guidelines.

 Count all people, including babies, who live and sleep here most of the time.

The Census Bureau also conducts counts in institutions and other places, so:

- Do not count anyone living away either at college or in the Armed Forces.
- Do not count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2010.
- Leave these people off your form, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.

The Census must also include people without a permanent place to stay, so:

- If someone who has no permanent place to stay is staying here on April 1, 2010, count that person. Otherwise, he or she may be missed in the census.
- 1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2010?

Number of people

→ Please turn the page and print the names of all the people living or staying here on April 1, 2010.

Please fill out your form promptly. A census worker will visit your home to pick up your completed questionnaire or assist you if you have questions.

The U.S. Census Bureau estimates that, for the average household, this form will take about 47 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project 0607-0000, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0000" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

OMB No. 0000-0000: Approval Expires 00/00/0000

Form **D-13 CNMI**



List of Persons

Please be sure you answered Question 1 on the front page before continuing.
 Please print the names of all the people who you indicated in Question 1 were living or

staying here on April 1, 2010. Example — Last Name

C	R	U	Z						
Fir	st N	am	е						MI
J	0	H	N						J

Start with the person living here who owns or rents this house, apartment, or mobile home. If the owner or renter lives somewhere else, start with any adult living here. This will be Person 1.

Pe	rso	n 1	l —	La	st N	Nam	ie				
Firs	st N	am	е								MI

Person 2 — Last Name

First Name MI

Pe	Person 3 — Last Name													
First Name N							MI							

Person 4 — Last Name

First Name

MI

												ш
Pe	Person 5 — Last Name											
Fire	st N	ame	Э									MI

Pei	'SO	n 6	_	Las	st N	lam	е				
irs	t Na	ame)								MI
										1	Г
P ei	'SO	n 7	_	Las	st N	lam	е				
irs	t N	ame	Э								MI
											Г
Pe	rso	n 8	-	La	st N	lam	e				
irs	t N	ame	Э								MI
											Г
Pe	rso	n 9	—	La	st N	lam	ie				
irs	t N	ame	Э								MI
											Г
										•	
Pe	rso	n 1	0 -	<u> </u>	ast	Na	me				
irs	t N	ame	Э								MI
										•	
P eı	'SO	n 1	1 -	<u> </u>	ast	Na	me				
irs	t Na	ame)								MI
' eı	'SO	n 1	2 -	– L	ast	Na	me				
-jrs	t N	ame)								MI

Next, answer questions about Person 1. If you did not have room to list everyone who lives in this house, apartment, or mobile home, please tell this to the census worker when you are visited. The census worker will complete a census form for the additional people.



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MI

Person 1 1. What is this person's name? Print the name of Person 1 from page 2. Last Name

First Name

☐ Male ☐ Female

2. What is this person's telephone number? We may contact this person if we don't understand an answer.

Area Code + Number

3.	What	is this	pers	on's s	ex? M	ark X	ONE Ł	ox.

4. What is this person's age and what is this person's date of birth? Please report babies as age 0 when the child is less than 1 year old.

U	age 0 when the child is less than 1 year old. Age on April 1, 2010							
Print nui	mbers in b	ooxes.						
Month	Day	Year of birth						

5. What is this person's ethnic origin or race?

(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)

6. Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

7.	Is this	person a	CITIZEN	or	NATIO	DNAL	of t	the
	United	States?						

☐ Yes, born in this Area – SKIP to question 10a
Yes, born in the United States or another U.S. territory or commonwealth
Yes, born elsewhere of U.S. parent or parents
Yes, a U.S. citizen by naturalization
No, not a U.S. citizen or national (permanent resident
No, not a U.S. citizen or national (temporary resident)

В.	When did this person come to this Area to stay? If this person has entered the Area more than once, what is the latest year? Print numbers in boxes.
	Print numbers in boxes.

Year							

9. What was this person's MAIN reason for moving to this Area? Mark X ONE box.

	Limployincin
	Military
	Subsistence activities
	Missionary activities
	Moved with spouse or paren
	To attend school
	Medical
	Housing
	Other

10a. Where was this person's mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

b.	Where was this person's father born? Print the
	name of the island (village in American Samoa),
	U.S. state, commonwealth, territory, or foreign country.

11. Is this person a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? Active duty does

NOT include training for the military Reserves or National Guard.

ш	Yes, dependent of an active-duty member of the Armed Forces
	Yes, dependent of retired member of the Armed

- Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
- ☐ No



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12a.	At any time since February 1, 2010, has this person attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 – SKIP to question 13 Yes, public school, public college Yes, private school, private college, home school	14.	Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. No Yes, in this Area Yes, not in this Area
b.	What grade or level was this person attending? <i>Mark</i> X ONE box.	15a.	Does this person speak a language other than English at home? Yes
	☐ Pre-kindergarten ☐ Kindergarten	h	□ No – SKIP to question 16a
13.	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) What is the highest degree or level of school this person has COMPLETED? Mark ☑ ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed PRE-KINDERGARTEN THROUGH GRADE 12 Pre-kindergarten Kindergarten 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)	c. 16a. b.	What is this language? (For example: Chamorro, Samoan, Carolinian, Tongan) Does this person speak this language at home more frequently than English? Yes, more frequently than English Both equally often No, less frequently than English Does not speak English Did this person live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 17 Yes, this house – SKIP to question 17 No, different house Where did this person live 1 year ago? Print the name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and SKIP to question 17. Name of city, town, or village
	Doctorate degree (for example: PhD, EdD)		



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17.	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h.	19c.	Does this person have difficulty dressing or bathing? Yes		
	a. Insurance through a current or former employer or union (of this person or another family member)		□ No er question 20 if this person is 15 years old or over. wise, SKIP to question 49.		
	 b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or 		Because of a physical, mental, or emotional condition, does this person have difficulty		
	people with certain disabilities		doing errands alone such as visiting a doctor's office or shopping?		
	d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability		☐ Yes☐ No		
	e. TRICARE or other military health care $\ \ \Box \ \ \Box$	21.	What is this person's marital status?		
	f. VA (including those who have ever used or enrolled for VA health care) \Box		☐ Now married ☐ Widowed		
	g. Local medical programs for indigents		Divorced		
	h. Any other type of health insurance or health coverage plan − <i>Specify</i> □ □		Separated Never married		
			If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.		
18a.	Is this person deaf or does he/she have serious difficulty hearing?		None OR Number of children		
	☐ Yes ☐ No		Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?		
b.	Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?		☐ Yes ☐ No – SKIP to question 24		
Answ	☐ Yes☐ No☐ Yes☐ Yes☐ Yes☐ Yes☐ No☐ Yes☐ Yes☐ Yes☐ No☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes		Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?		
over.	Otherwise, SKIP to question 49.		Yes		
19a.	Because of a physical, mental, or emotional condition, does this person have serious		□ No – SKIP to question 24		
	difficulty concentrating, remembering, or making decisions? Yes		How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more		
	□ No		than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.		
b.	Does this person have serious difficulty walking or climbing stairs?		Less than 6 months		
	☐ Yes		6 to 11 months		
	□ No		1 or 2 years		
			3 or 4 years 5 or more years		



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24.	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only – SKIP to question 26a		LAST WEEK, did this person work for pay at a job (or business)? If "Yes," also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc NOT primarily for commercial purposes. Mark ✗ ONE box. ☐ Yes, worked for pay; did NO subsistence activity − SKIP to question 28 ☐ Yes, worked for pay AND did subsistence activity − SKIP to question 28 ☐ No, did NOT work for pay at a job or business (or was retired)
25.	 No, never served in the military − SKIP to question 27a When did this person serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. September 2001 or later 	b.	LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Mark ONE box. Yes, worked for pay; did NO subsistence activity Yes, worked for pay AND did subsistence activity No, did NOT work for pay; did subsistence activity – SKIP to question 33a No, did NOT work for pay; did NO
	 August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier 		At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week. Name of the island, U.S. state, commonwealth, territory, or foreign country
		b. 29.	Name of city, town, or village How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance. Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 37 Other method



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Person 1-Continued

Answer question 30 if you marked "Car, truck, or 36. When did this person last work, even for a private van/bus" in question 29. Otherwise, SKIP to few days? Do not include subsistence activity. question 31. 2010 2009 30. How many people, including this person, 2008 usually rode to work in the car, truck, or 2005 to 2007 private van/bus LAST WEEK? 2000 to 2004 – SKIP to question 46 Person(s) 1999 or earlier – SKIP to question 46 Never worked; or did subsistence only – SKIP to question 46 What time did this person usually leave home to go to work LAST WEEK? 37-42. **CURRENT OR MOST RECENT JOB** ACTIVITY Hour Minute a.m. Describe clearly this person's chief job activity or business last week. If this person had more than p.m. one job, describe the one at which this person worked the most hours. If this person had no job How many minutes did it usually take this or business last week, give information for person to get from home to work LAST his/her last job or business since 2005. **WEEK?** Minutes **37.** Was this person – Mark X ONE box. An employee of a PRIVATE FOR-PROFIT Answer questions 33-36 if this person did NOT work last company or business or of an individual, for week. Otherwise, SKIP to question 37. wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT. 33a. LAST WEEK, was this person on layoff from tax-exempt, or charitable organization? a job? A local or territorial GOVERNMENT employee Yes – SKIP to question 33c (territorial/commonwealth, etc.)? ☐ No A federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED b. LAST WEEK, was this person TEMPORARILY business, professional practice, or farm? absent from a job or business? SELF-EMPLOYED in own INCORPORATED Yes, on vacation, temporary illness, maternity business, professional practice, or farm? leave, other family/personal reasons, bad weather, ■ Working WITHOUT PAY in family business or farm? etc. - SKIP to question 36 ■ No – SKIP to question 34 For whom did this person work? If now on active duty in the Armed Forces, c. Has this person been informed that he or mark X this box she will be recalled to work within the next and print the branch of the Armed Forces. 6 months OR been given a date to return to Name of company, business, or other work? employer Yes – SKIP to question 35 **During the LAST 4 WEEKS, has this person** been ACTIVELY looking for work? ■ No – SKIP to question 36 35. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)



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Person 1 – Continued

39.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)	44b.	How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.		
			50 to 52 weeks		
			48 to 49 weeks		
			40 to 47 weeks		
			☐ 27 to 39 weeks		
			14 to 26 weeks		
			13 weeks or less		
			To weeks of less		
40.	Is this mainly – Mark X ONE box. Manufacturing?	45.	During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Do not include subsistence activity.		
	Wholesale trade?		Usual hours worked each WEEK		
	Retail trade?		Osdai ilodis worked each WEEK		
	Other (agriculture, construction, service, government, etc.)?				
	government, etc.)?	46.	INCOME IN 2009		
41.	What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)		Mark X the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 46d and 46e). Mark X the "No" box if the income source was not received.		
			If net income was a loss, enter the amount and mark X		
			the "Loss" box next to the dollar amount.		
			For income received jointly, report the appropriate		
			share for each person – or, if that's not possible,		
			report the whole amount for only one person and mark X the "No" box for the other person. If exact		
			amount is not known, please give best estimate.		
42.	What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)	a.	Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. Annual amount – Dollars		
			☐ Yes → \$.00		
			□ No		
		_			
		b.	Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.		
43.	LAST YEAR, 2009, did this person work at a		Annual amount – Dollars Loss		
	job or business at any time? Do not include		- 4		
	subsistence activity.		☐ Yes → \$.00		
	Yes		No		
	□ No – SKIP to question 46				
44a.	During 2009 (all 52 weeks), did this person	C.	Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.		
	work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.		Annual amount – Dollars Loss		
	☐ Yes – SKIP to question 45				
	No		☐ Yes → \$.00 ☐ No		



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	CISOII I - Continueu					
46d.	Social Security or Railroad Retirement.	Please answer questions 49–75 about your household.				
	Annual amount – Dollars	49.	Which best describes this building? Include all apartments, flats, etc., even if vacant.			
	☐ Yes → \$.00					
	□ No		A mobile home			
e.	Any public assistance or welfare payments		A one-family house detached from any other house			
	from the state or local welfare office,		A one-family house attached to one or more houses			
	including Supplemental Security Income		☐ Two houses – Applies only in American Samoa			
	(SSI). Annual amount – Dollars		Three or more houses – Applies only in American Samoa			
	□ Yes → \$.00		A building with 2 apartments			
	Tes →		A building with 3 or 4 apartments			
	□ No		☐ A building with 5 to 9 apartments			
f.	Retirement, survivor, or disability pensions.		☐ A building with 10 to 19 apartments			
	Do NOT include Social Security.		☐ A building with 20 to 49 apartments			
	Annual amount - Dollars		☐ A building with 50 or more apartments			
			☐ A container			
	☐ Yes → \$.00 ☐ No		☐ Boat, RV, van, etc.			
		50.	About when was this building first built?			
g.	Any remittances. Include money from relatives outside the household or in the military.		2009 or 2010			
	Annual amount – Dollars		2000 to 2008			
	7 iinidar amediic Benare		1990 to 1999			
	□ Yes → \$.00		1980 to 1989			
	□ No		1970 to 1979			
			1960 to 1969			
h.	Any other sources of income received regularly such as Veterans' (VA) payments,		1950 to 1959			
	unemployment compensation, child support,		1940 to 1949			
	or alimony. Do NOT include lump-sum payments		1939 or earlier			
	such as money from an inheritance or sale of a home.	51.	When did PERSON 1 (listed on page 2) move			
	Annual amount – Dollars	31.	into this living quarters?			
	☐ Yes → \$.00		2009 or 2010			
	i tes		2000 to 2008			
	□ No		1990 to 1999			
47.	What was this person's total income during		1980 to 1989			
	2009? Add entries in questions 46a–46h; subtract		1970 to 1979			
	any losses. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount.		☐ 1969 or earlier			
		Ana	war quartien 52 if this is a HOUSE or a MORU E			
			wer question 52 if this is a HOUSE or a MOBILE ME. Otherwise, SKIP to question 53a.			
	□ None OR \$ □ □	52.	Is there a business (such as a store or shop)			
48.	During 2009, did this person GIVE or SEND		or a medical office on this property?			
	money TO relatives or friends living outside		Yes			
	of this Area? Do not include charitable contributions or money given to charitable organizations. If exact		□ No			
	amount is not known, please give best estimate.					
	Annual amount - Dollars					
	☐ Yes→ \$.00					
	□ Yes → □ No					
	LI INU					

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53a.	How many separate rooms are in this living quarters? Rooms must be separated by built-in archways or walls that extend from floor to ceiling.	55a.	Are your MAIN cooking facilities located inside or outside this building? Mark X ONE box.
	INCLUDE bedrooms, kitchens, etc.		☐ Inside this building
	EXCLUDE bathrooms, porches, balconies, foyers,		Outside this building
	halls, or unfinished basements.		☐ No cooking facilities − <i>SKIP to question 55c</i>
	1 room	h	What type of eaching facilities are those?
	2 rooms	D.	What type of cooking facilities are these? Mark X ONE box.
	3 rooms		_
	4 rooms		Electric stove
	5 rooms		Kerosene stove
	6 rooms		Gas stove
	7 rooms		Microwave oven and non-portable burners
	8 rooms		Microwave oven only
	9 or more rooms		Other (fireplace, hotplate, etc.)
b.	How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this	c.	Do you have a refrigerator in this building?
	living quarters were for sale or ren <u>t</u> . If this is an		Yes
	efficiency/studio apartment, mark X "No bedroom."		□ No
	No bedroom	d.	Do you have a sink with piped water in this building?
	1 bedroom		_
	2 bedrooms		Yes
	3 bedrooms		No
	4 bedrooms	56.	Does this living quarters have telephone
54a.	5 or more bedrooms Do you have hot and cold piped water?	30.	service from which you can both make and receive calls?
0 101			Yes, a cell or mobile phone only
	Yes, in this unit		Yes, a landline only
	Yes, in this building, not in unit		Yes, both a cell or mobile phone and a landline
	No, only cold piped water in this unit		□ No
	No, only cold piped water in this building		
	No, only cold piped water outside this buildingNo piped water	57.	Do you have air conditioning?
h	Do you have a bathtub or shower?		Yes, a central air-conditioning system (includes split-type)
			☐ Yes, 1 individual room unit
	Yes, in this unit		Yes, 2 or more individual room units
	Yes, in this building, not in unit		□ No
	Yes, outside this building		
	□ No	58.	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for
C.	Do you have a flush toilet?		use by members of this household?
	☐ Yes, in this unit – SKIP to question 55a		None
	Yes, in this building, not in unit – SKIP to question 55a		□ 1 □ 2
	Yes, outside this building – <i>SKIP to question 55a</i>		
	No		☐ 3 ☐ 4
			□ 4 □ 5
d.	What type of toilet facilities do you have?		6 or more
	Outhouse or privy		
	Other or none		



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59.	Do you or any member of this household have a battery-operated radio? Count car radios, transistors, and other battery-operated sets in working order or needing only a new battery for operation. Yes No	66.	What is the MAIN type of material used for the foundation of this building? Mark X ONE box. Concrete Wood pier or pilings Other
	Do you or any member of this household have a home computer or laptop? Count only if computer is in working condition. Yes No - SKIP to question 61 Do you or any member of this household have an Internet connection at this living quarters? Yes No		What is the average monthly cost for electricity for this living quarters? Average monthly cost – Dollars OR Included in rent or condominium fee No charge or electricity not used What is the average monthly cost for gas for this living quarters?
61.	Do you get water from - Mark ✗ ONE box. A public system only? A public system and catchment? A village water system only? - Applies only in American Samoa An individual well? A catchment, tanks, or drums only? Some other source (a standpipe, spring, river, creek, etc.)?	C.	Average monthly cost – Dollars OR Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used What is the average monthly cost for water
62.	Is this building connected to a public sewer? Yes, connected to a public sewer No, connected to a septic tank or cesspool No, use other means		and sewer for this living quarters? Average monthly cost – Dollars OR
63.	Is this living quarters part of a condominium? ☐ Yes ☐ No	d.	 ☐ Included in rent or condominium fee ☐ No charge What is the average monthly cost for oil, coal,
64.	What is the MAIN type of material used for the outside walls of this building? Mark X ONE box. Poured concrete Concrete blocks Metal Wood Other		Average monthly cost – Dollars S OR Included in rent or condominium fee No charge or these fuels not used
65.	What is the MAIN type of material used for the roof of this building? Mark ONE box. Poured concrete Metal Wood Other	68.	 Is this living quarters - Mark X ONE box. Owned by you or someone in this household with a mortgage or loan? Include home equity loans. Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented? Occupied without payment of rent?



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Person 1-Continued

Answer question 69 if this living quarters is RENTED. Otherwise, SKIP to question 70.

69. What is the monthly rent for this living quarters?

Monthly amount - Dollars

\$.00
	_		

- **70–75.** Answer questions 70–75 if you or someone else in this household OWNS or IS BUYING this living quarters. Otherwise, SKIP to the questions for Person 2.
- 70. 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?

	Am	oun	t –	Dol	lars	;	
5		,			,		.00

71. What were the real estate taxes on THIS property last year?

Anr	nual	Dollars			
\$,			.00
			OR		

- None
- 72. What was the annual payment for fire, hazard, typhoon, and flood insurance on THIS property?

Annual amount - Dollars

\$,		.00
	OR	

- None
- 73a. 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
 - Yes, contract to purchaseNo SKIP to question 74a

73b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount - Dollars

\$,		.00
		OR	

- No regular payment required SKIP to question 74a
- c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

l	Ц	Yes, taxes included in mortgage payment
I		No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, typhoon, or flood insurance on THIS property?

	Yes, insurance included in mortgage payment
	No, insurance paid separately or no insurance

74a. Do you or any member of this household have a second mortgage or home equity loan on THIS property?

П	Yes, a home	a equity loan
		equity loan

Yes,	a second mortgage	
Vac	both second mortgage	an

- Yes, both second mortgage and home equity loan
- No SKIP to question 75
- b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount - Dollars

\$,		.00
_ `		OR	

No regular payment required

Answer question 75 ONLY if this is a CONDOMINIUM.

75. What is the monthly condominium fee?

Λ	/lon	thly	am	our	nt –	Dollars
\$,			.00

→ Are there more people living here? If YES, continue with Person 2 on the next page.



797112

Person 2

_			
1.	What is this person's name? Print the name of Person 2 from page 2.	7.	Is this person a CITIZEN or NATIONAL of the United States?
	Last Name		☐ Yes, born in this Area – SKIP to question 10a
			Yes, born in the United States or another U.S. territory or commonwealth
	First Name MI		Yes, born elsewhere of U.S. parent or parents
			Yes, a U.S. citizen by naturalization
			No, not a U.S. citizen or national (permanent resident)
			No, not a U.S. citizen or national (temporary resident)
2.	How is this person related to Person 1? Mark X		Two, not a 0.5. chizen of national (temporary resident)
	ONE box.	8.	When did this person come to this Area to
	☐ Husband or wife ☐ Son-in-law or		stay? If this person has entered the Area
	☐ Biological son or daughter daughter-in-law		more than once, what is the latest year? Print numbers in boxes.
	Adopted son or daughter Other relative		
	Stepson or stepdaughter Roomer or boarder		Year
	Brother or sister Housemate or		
	Father or mother Unmarried partner	9.	What was this person's MAIN reason for
	Grandchild Other nonrelative		moving to this Area? Mark X ONE box.
	Parent-in-law		☐ Employment
3.	What is this person's sex? Mark X ONE box.		☐ Military
•			Subsistence activities
	Male		Missionary activities
	☐ Female		
4.	What is this person's age and what is this		Moved with spouse or parent
•••	person's date of birth? Please report babies as		To attend school
	age 0 when the child is less than 1 year old.		Medical
	Age on April 1, 2010		Housing
	7.90 0117.011 1, 2010		Other
		10a.	Where was this person's mother born? Print the
	Print numbers in boxes.		name of the island (village in American Samoa),
			U.S. state, commonwealth, territory, or foreign country.
	Month Day Year of birth		
5.	What is this person's ethnic origin or race?	D.	Where was this person's father born? Print the name of the island (village in American Samoa),
-			U.S. state, commonwealth, territory, or foreign country.
			, , ,,
		11.	
	(For example: Chamorro, Samoan, White, Black,		or retired member of the Armed Forces of the
	Carolinian, Filipino, Japanese, Korean, Palauan,		United States or of the full-time military Reserves or National Guard? Active duty does
	Tongan, and so on.)		NOT include training for the military Reserves or
_			National Guard.
ο.	Where was this person born? Print the name of the island (village in American Samoa), U.S. state,		Yes, dependent of an active-duty member of the
	commonwealth, territory, or foreign country.		Armed Forces
			☐ Yes, dependent of retired member of the Armed
			Forces, or dependent of an active-duty or retired
			member of full-time National Guard or Armed Forces
			Reserve
			□ No



797113

12a.	At any time since February 1, 2010, has this person attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	14.	Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college
	No, has not attended since February 1 − SKIP to question 13		courses.
	Yes, public school, public college Yes, private school, private college, home school		Yes, in this Area Yes, not in this Area
b.	What grade or level was this person attending? Mark ONE box.	15a.	Does this person speak a language other than English at home? Yes
	□ Pre-kindergarten□ Kindergarten		□ No – SKIP to question 16a
	☐ Grade 1 through 12 – Specify grade 1–12—→	b.	What is this language?
	☐ College undergraduate years (freshman to senior) ☐ Graduate or professional school beyond a bachelor's degree (for example, MA or PhD		(For example: Chamorro, Samoan, Carolinian, Tongan)
13.	what is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.	C.	Does this person speak this language at home more frequently than English? Yes, more frequently than English Both equally often No, less frequently than English
	NO SCHOOLING COMPLETED		Does not speak English
	No schooling completed	16a.	Did this person live in this house or
	PRE-KINDERGARTEN THROUGH GRADE 12 Pre-kindergarten Kindergarten Grade 1 through 11 – Specify grade 1–11 12 th grade – NO DIPLOMA HIGH SCHOOL GRADUATE Regular high school diploma	b.	apartment 1 year ago (on April 1, 2009)? ☐ Person is under 1 year old — SKIP to question 17 ☐ Yes, this house — SKIP to question 17 ☐ No, different house Where did this person live 1 year ago? Print the name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and SKIP to question 17.
	GED or alternative credential		
	COLLEGE OR SOME COLLEGE ☐ Some college credit, but less than 1 year of college credit	c.	Name of city, town, or village
	 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)		



797114

17.	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h.		Does this person have difficulty dressing or eathing? Yes
	a. Insurance through a current or former employer or union (of this person or another family member)	Answer	Question 20 if this person is 15 years old or over.
	b. Insurance purchased directly from an insurance company (by this person or another family member)	20. E	se, SKIP to question 49. Because of a physical, mental, or emotional condition, does this person have difficulty
	c. Medicare, for people 65 and older, or people with certain disabilities	d	loing errands alone such as visiting a loctor's office or shopping?
	d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability		Yes No
	e. TRICARE or other military health care .	21. V	Vhat is this person's marital status?
	f. VA (including those who have ever used or enrolled for VA health care) \Box		Now married
	, <u> </u>	-	Widowed
	g. Local medical programs for indigents	-	Divorced Separated
	 Any other type of health insurance or health coverage plan − Specify 	Ē	Never married
		h E	f this person is female, how many babies has she ever had, not counting stillbirths? On not count stepchildren or children she has adopted.
		Г	None OR Number of children
18a.	Is this person deaf or does he/she have serious difficulty hearing?		None On Number of Children
	☐ Yes ☐ No	g	Does this person have any of his/her own prandchildren under the age of 18 living in his house or apartment?
b.	Is this person blind or does he/she have		Yes
	serious difficulty seeing even when wearing glasses?	Ė	No – SKIP to question 24
Апси	☐ Yes ☐ No er questions 19a–c if this person is 5 years old or	f g	s this grandparent currently responsible or most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
over.	Otherwise, SKIP to question 49.	· · ·	Yes
19a.	Because of a physical, mental, or emotional		No – SKIP to question 24
	condition, does this person have serious difficulty concentrating, remembering, or making decisions?		low long has this grandparent been esponsible for the(se) grandchild(ren)? /f
	Yes		he grandparent is financially responsible for more han one grandchild, answer the question for the
	□ No	9	randchild for whom the grandparent has been esponsible for the longest period of time.
b.	Does this person have serious difficulty walking or climbing stairs?		Less than 6 months
	☐ Yes		6 to 11 months
	□ No		1 or 2 years
			3 or 4 years 5 or more years



797115

24.	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	27a.	LAST WEEK, did this person work for pay at a job (or business)? If "Yes," also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark X ONE box.
	 Yes, now on active duty Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only − <i>SKIP</i> to question 26a No, never served in the military − <i>SKIP</i> to question 27a 	b.	 Yes, worked for pay; did NO subsistence activity − <i>SKIP to question 28</i> Yes, worked for pay AND did subsistence activity − <i>SKIP to question 28</i> No, did NOT work for pay at a job or business (or was retired) LAST WEEK, did this person do ANY work for pay, even for as little as one hour? <i>Mark X ONE box.</i>
25.	When did this person serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Person Gulf War)		 Yes, worked for pay; did NO subsistence activity Yes, worked for pay AND did subsistence activity No, did NOT work for pay; did subsistence activity − <i>SKIP to question 33a</i> No, did NOT work for pay; did NO subsistence activity − <i>SKIP to question 33a</i>
26 a.	Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier Does this person have a VA service-connected disability rating?	a. b.	At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week. Name of the island, U.S. state, commonwealth, territory, or foreign country Name of city, town, or village
b.	 Yes (such as 0%, 10%, 20%,, 100%) No − SKIP to question 27a What is this person's service-connected disability rating? □ 0 percent □ 10 or 20 percent □ 30 or 40 percent □ 50 or 60 percent □ 70 percent or higher 	29.	How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance. Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 37 Other method



797116

Person 2-Continued

Answer question 30 if you marked "Car, truck, or 36. When did this person last work, even for a private van/bus" in question 29. Otherwise, SKIP to few days? Do not include subsistence activity. auestion 31. 2010 2009 30. How many people, including this person, 2008 usually rode to work in the car, truck, or private van/bus LAST WEEK? 2005 to 2007 2000 to 2004 – SKIP to question 46 Person(s) 1999 or earlier – SKIP to question 46 Never worked; or did subsistence only – SKIP to question 46 What time did this person usually leave 37-42. **CURRENT OR MOST RECENT JOB** home to go to work LAST WEEK? **ACTIVITY** Hour Minute Describe clearly this person's chief job activity or a.m. business last week. If this person had more than p.m. one job, describe the one at which this person worked the most hours. If this person had no job How many minutes did it usually take this or business last week, give information for person to get from home to work LAST WEEK? his/her last job or business since 2005. Minutes **37.** Was this person – Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? Answer questions 33-36 if this person did NOT work last An employee of a PRIVATE NOT-FOR-PROFIT. week. Otherwise, SKIP to question 37. tax-exempt, or charitable organization? 33a. LAST WEEK, was this person on layoff from A local or territorial GOVERNMENT employee a job? (territorial/commonwealth, etc.)? A federal GOVERNMENT employee? Yes – SKIP to question 33c SELF-EMPLOYED in own NOT INCORPORATED ☐ No business, professional practice, or farm? b. LAST WEEK, was this person TEMPORARILY SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? absent from a job or business? Working WITHOUT PAY in family business or farm? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. - SKIP to question 36 ■ No – SKIP to question 34 38. For whom did this person work? If now on active duty in the Armed Forces, c. Has this person been informed that he or mark X this box she will be recalled to work within the next and print the branch of the Armed Forces. 6 months OR been given a date to return to Name of company, business, or other work? employer Yes – SKIP to question 35 **During the LAST 4 WEEKS, has this person** been ACTIVELY looking for work? ■ No – SKIP to question 36 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)



797117

39.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)	44b.	How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.
			 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks
			14 to 26 weeks 13 weeks or less
40. 41.	Is this mainly – Mark ✗ ONE box. ☐ Manufacturing? ☐ Wholesale trade? ☐ Retail trade? ☐ Other (agriculture, construction, service, government, etc.)? What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)	45. 46.	During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Do not include subsistence activity. Usual hours worked each WEEK INCOME IN 2009 Mark X the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999
			(\$99,999 for questions 46d and 46e). Mark X the "No" box if the income source was not received. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount. For income received jointly, report the appropriate share for each person – or, if that's not possible,
42.	What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)	a.	report the whole amount for only one person and mark X the "No" box for the other person. If exact amount is not known, please give best estimate. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. Annual amount – Dollars
		h	☐ Yes → \$.00 ☐ No Solf compleyment income from even perform
43.	LAST YEAR, 2009, did this person work at a job or business at any time? Do not include subsistence activity.	ь.	Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. Annual amount – Dollars Loss
	☐ Yes☐ No – SKIP to question 46		☐ Yes → \$.00 ☐ No
44a.	During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.	c.	Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
	☐ Yes – SKIP to question 45		Annual amount – <i>Dollars</i> Loss
	□ No		□ Yes → \$.00 □ No



797118

49. Are there more people living here? If YES,

continue with person 3.

No

Person 2-Continued

46d. Social Security or Railroad Retirement.

Annual amount – Dollars

e. Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).

Annual amount – Dollars

☐ Yes → \$.00

No

f. Retirement, survivor, or disability pensions.

Do NOT include Social Security.

Annual amount – *Dollars*

☐ Yes → \$.00

g. Any remittances. Include money from relatives outside the household or in the military.

Annual amount – Dollars

☐ Yes → \$.00

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 sale of a home.

Annual amount – Dollars

☐ Yes → \$.00

47. What was this person's total income during 2009? Add entries in questions 46a–46h; subtract any losses. If net income was a loss, enter the amount and mark \(\) the "Loss" box next to the dollar amount.

Annual amount – Dollars Loss

None OR \$.00

48. During 2009, did this person GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.

Annual amount − Dollars

Yes → \$.00

797119

Person 3 1. What is this person's name? Print the name 7. Is this person a CITIZEN or NATIONAL of the of Person 3 from page 2. **United States?** Yes, born in this Area – SKIP to question 10a Last Name Yes, born in the United States or another U.S. territory or commonwealth MI Yes, born elsewhere of U.S. parent or parents First Name Yes, a U.S. citizen by naturalization No, not a U.S. citizen or national (permanent resident) No, not a U.S. citizen or national (temporary resident) 2. How is this person related to Person 1? Mark X ONF box When did this person come to this Area to Husband or wife stay? If this person has entered the Area Son-in-law or more than once, what is the latest year? daughter-in-law Biological son or daughter Print numbers in boxes. Other relative Adopted son or daughter Year Roomer or boarder Stepson or stepdaughter Housemate or Brother or sister roommate Father or mother Unmarried partner What was this person's MAIN reason for Grandchild moving to this Area? Mark X ONE box. Other nonrelative Parent-in-law Employment 3. What is this person's sex? Mark X ONE box. Military Male Subsistence activities Female Missionary activities Moved with spouse or parent 4. What is this person's age and what is this To attend school person's date of birth? Please report babies as Medical age 0 when the child is less than 1 year old. Housing Age on April 1, 2010 Other 10a. Where was this person's mother born? Print the name of the island (village in American Samoa), Print numbers in boxes U.S. state, commonwealth, territory, or foreign country. Month Day Year of birth **b. Where was this person's father born?** Print the 5. What is this person's ethnic origin or race? name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. Is this person a dependent of an active-duty or retired member of the Armed Forces of the (For example: Chamorro, Samoan, White, Black, **United States or of the full-time military** Carolinian, Filipino, Japanese, Korean, Palauan, **Reserves or National Guard?** Active duty does Tongan, and so on.) NOT include training for the military Reserves or National Guard. 6. Where was this person born? Print the name of the island (village in American Samoa), U.S. state, Yes, dependent of an active-duty member of the commonwealth, territory, or foreign country. Armed Forces Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve No



797120

12a.	At any time since February 1, 2010, has this person attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 – SKIP to question 13 Yes, public school, public college	14.	Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. No Yes, in this Area
	Yes, private school, private college, home school	15a.	✓ Yes, not in this AreaDoes this person speak a language other
b.	What grade or level was this person attending? Mark X ONE box.		than English at home? Yes
	Pre-kindergarten Kindergarten		□ No – SKIP to question 16a
	☐ Grade 1 through 12 − Specify grade 1–12 ☐ College undergraduate years (freshman to senior)	b.	What is this language?
	Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)	c.	(For example: Chamorro, Samoan, Carolinian, Tongan) Does this person speak this language at home
13.	What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.		more frequently than English? Yes, more frequently than English Both equally often No, less frequently than English
	NO SCHOOLING COMPLETED No schooling completed		Does not speak English
	PRE-KINDERGARTEN THROUGH GRADE 12 Pre-kindergarten Kindergarten Grade 1 through 11 - Specify grade 1-11 12 th 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)	b.	Did this person live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 17 Yes, this house – SKIP to question 17 No, different house Where did this person live 1 year ago? Print the name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and SKIP to question 17. Name of city, town, or village
	☐ Doctorate degree (for example: PhD, EdD)		



797121

17.	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. Yes No	19c.	Does this person have difficulty dressing or bathing? Yes
	 a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an 		□ No er question 20 if this person is 15 years old or over. wise, SKIP to question 49.
	insurance company (by this person or another family member)	20.	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a
	d. Medicaid or any kind of federal government assistance plan for those		doctor's office or shopping? Yes No
	with low incomes or a disability	21.	What is this person's marital status?
	 f. VA (including those who have ever used or enrolled for VA health care)		Now married Widowed Divorced Separated Never married
40.	health coverage plan – Specify 🖟 🔲 🔲	22.	If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted. None OR Number of children
	serious difficulty hearing? Yes No Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes	23a.	Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No - SKIP to question 24
	□ No □ No er questions 19a–c if this person is 5 years old or Otherwise, SKIP to question 49.	b.	Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes
	Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions? Yes No	C.	How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
D.	Does this person have serious difficulty walking or climbing stairs? Yes No		Less than 6 months 6 to 11 months 1 or 2 years 3 or 4 years 5 or more years



797122

24.	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	27a.	LAST WEEK, did this person work for pay at a job (or business)? If "Yes," also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark X ONE box.
	 Yes, now on active duty Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only − SKIP to question 26a No, never served in the military − SKIP to question 27a 	b.	Yes, worked for pay; did NO subsistence activity – <i>SKIP to question 28</i> Yes, worked for pay AND did subsistence activity – <i>SKIP to question 28</i> No, did NOT work for pay at a job or business (or was retired) LAST WEEK, did this person do ANY work for pay, even for as little as one hour? <i>Mark X ONE box.</i>
25.	When did this person serve on active duty in the U.S. Armed Forces? Mark ✗ a box for EACH period in which this person served, even if just for part of the period. ☐ September 2001 or later ☐ August 1990 to August 2001 (including Persian Gulf War) ☐ September 1090 to July 1000	28	 Yes, worked for pay; did NO subsistence activity Yes, worked for pay AND did subsistence activity No, did NOT work for pay; did subsistence activity − <i>SKIP to question 33a</i> No, did NOT work for pay; did NO subsistence activity − <i>SKIP to question 33a</i>
	September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier	a.	At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week. Name of the island, U.S. state, commonwealth, territory, or foreign country Name of city, town, or village
	Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 27a What is this person's service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	29.	How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance. Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle
			 Walked Worked at home − SKIP to question 37 Other method



797123

Person 3-Continued

Answer question 30 if you marked "Car, truck, or 36. When did this person last work, even for a private van/bus" in question 29. Otherwise, SKIP to few days? Do not include subsistence activity. question 31. 2010 2009 How many people, including this person, 2008 usually rode to work in the car, truck, or private van/bus LAST WEEK? 2005 to 2007 2000 to 2004 – SKIP to question 46 Person(s) 1999 or earlier – SKIP to question 46 Never worked; or did subsistence only – SKIP to question 46 What time did this person usually leave home to go to work LAST WEEK? 37-42. CURRENT OR MOST RECENT JOB **ACTIVITY** Hour ■ a.m. Describe clearly this person's chief job activity or business last week. If this person had more than p.m. one job, describe the one at which this person How many minutes did it usually take this worked the most hours. If this person had no job or business last week, give information for person to get from home to work LAST his/her last job or business since 2005. **WEEK?** Minutes **37.** Was this person – Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for Answer questions 33-36 if this person did NOT work last wages, salary, or commissions? week. Otherwise, SKIP to question 37. An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? 33a. LAST WEEK, was this person on layoff from A local or territorial GOVERNMENT employee a job? (territorial/commonwealth, etc.)? Yes – SKIP to question 33c A federal GOVERNMENT employee? ☐ No SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? b. LAST WEEK, was this person TEMPORARILY SELF-EMPLOYED in own INCORPORATED absent from a job or business? business, professional practice, or farm? Yes, on vacation, temporary illness, maternity Working WITHOUT PAY in family business or farm? leave, other family/personal reasons, bad weather, etc. - SKIP to question 36 For whom did this person work? ■ No – SKIP to question 34 If now on active duty in the Armed Forces, mark X this box c. Has this person been informed that he or and print the branch of the Armed Forces. she will be recalled to work within the next Name of company, business, or other 6 months OR been given a date to return to work? employer Yes – SKIP to question 35 No **During the LAST 4 WEEKS, has this person** been ACTIVELY looking for work? Yes ■ No – SKIP to question 36 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)



797124

39.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)	44b.	How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.
			☐ 50 to 52 weeks
			48 to 49 weeks
			40 to 47 weeks
			27 to 39 weeks
			14 to 26 weeks
			13 weeks or less
			13 weeks of less
40.	Is this mainly – Mark X ONE box. Manufacturing?	45.	During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Do not include subsistence activity.
	Wholesale trade?		Usual hours worked each WEEK
	Retail trade?		Toda None Sash Week
	Other (agriculture, construction, service, government, etc.)?		
	government, etc.):	46.	INCOME IN 2009
41.	What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)		Mark X the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 46d and 46e). Mark X the "No" box if the income source was not received.
			If net income was a loss, enter the amount and mark ${\bf X}$ the "Loss" box next to the dollar amount.
			For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark 🔀 the "No" box for the other person. If exact
42.	What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)	a.	amount is not known, please give best estimate. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.
			Annual amount - Dollars
			☐ Yes → \$.00
			□ No
43.	LAST YEAR, 2009, did this person work at a	b.	Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
	job or business at any time? Do not include subsistence activity.		Annual amount – Dollars Loss
	Yes		□ Yes → \$, .00
	□ No – SKIP to question 46		No
	,		
44a.	During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.	C.	Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
	Yes – SKIP to question 45		Annual amount – <i>Dollars</i> Loss
	□ No		□ Yes → \$.00 □



797125

Person 3-Continued

46d. Social Security or Railroad Retirement. Annual amount - Dollars ☐ No e. Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI). Annual amount - Dollars Yes -☐ No f. Retirement, survivor, or disability pensions. Do NOT include Social Security. Annual amount - Dollars Yes -□ No g. Any remittances. Include money from relatives outside the household or in the military. Annual amount - Dollars No 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 sale of a home. Annual amount - Dollars ☐ Yes → 47. What was this person's total income during 2009? Add entries in questions 46a-46h; subtract any losses. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount. Annual amount - Dollars Loss ☐ None OR 48. During 2009, did this person GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate. Annual amount - Dollars Yes → ☐ No

49. Are there more people living here? If YES, continue with person 4.



Person 4 1. What is this person's name? Print the name 7. Is this person a CITIZEN or NATIONAL of the of Person 4 from page 2. **United States?** Last Name Yes, born in this Area – SKIP to question 10a Yes, born in the United States or another U.S. territory or commonwealth MI First Name Yes, born elsewhere of U.S. parent or parents Yes, a U.S. citizen by naturalization No, not a U.S. citizen or national (permanent resident) No, not a U.S. citizen or national (temporary resident) 2. How is this person related to Person 1? Mark X ONE box. When did this person come to this Area to Husband or wife stay? If this person has entered the Area Son-in-law or more than once, what is the latest year? daughter-in-law Biological son or daughter Print numbers in boxes. Other relative Adopted son or daughter Year Roomer or boarder Stepson or stepdaughter Housemate or Brother or sister roommate Father or mother Unmarried partner What was this person's MAIN reason for Grandchild moving to this Area? Mark X ONE box. Other nonrelative Parent-in-law Employment 3. What is this person's sex? Mark X ONE box. Military Male Subsistence activities Female Missionary activities Moved with spouse or parent 4. What is this person's age and what is this To attend school person's date of birth? Please report babies as Medical age 0 when the child is less than 1 year old. Housing Age on April 1, 2010 Other 10a. Where was this person's mother born? Print the name of the island (village in American Samoa), Print numbers in boxes U.S. state, commonwealth, territory, or foreign country. Month Day Year of birth b. Where was this person's father born? Print the 5. What is this person's ethnic origin or race? name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. Is this person a dependent of an active-duty or retired member of the Armed Forces of the (For example: Chamorro, Samoan, White, Black, **United States or of the full-time military** Carolinian, Filipino, Japanese, Korean, Palauan, **Reserves or National Guard?** Active duty does Tongan, and so on.) NOT include training for the military Reserves or National Guard. 6. Where was this person born? Print the name of the island (village in American Samoa), U.S. state, Yes, dependent of an active-duty member of the commonwealth, territory, or foreign country. **Armed Forces** Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired



member of full-time National Guard or Armed Forces

Reserve

□ No

12a.	At any time since February 1, 2010, has this person attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	14.	Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college
	No, has not attended since February 1 − SKIP to question 13		courses. No
	Yes, public school, public college Yes, private school, private college, home school		Yes, in this Area Yes, not in this Area
b.	What grade or level was this person attending? Mark X ONE box.	15a.	Does this person speak a language other than English at home? Yes
	□ Pre-kindergarten□ Kindergarten		No – SKIP to question 16a
	Grade 1 through 12 – Specify grade 1–12	b.	What is this language?
	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)		(For example: Chamorro, Samoan, Carolinian, Tongan)
13.	What is the highest degree or level of school	C.	Does this person speak this language at home more frequently than English?
	this person has COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.		Yes, more frequently than English□ Both equally often□ No, less frequently than English
	NO SCHOOLING COMPLETED		Does not speak English
	■ No schooling completed	16a.	Did this person live in this house or apartment 1 year ago (on April 1, 2009)?
	PRE-KINDERGARTEN THROUGH GRADE 12 Pre-kindergarten Kindergarten Grade 1 through 11 - Specify grade 1-11 12 th 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)		Person is under 1 year old – <i>SKIP to question 17</i> Yes, this house – <i>SKIP to question 17</i> No, different house Where did this person live 1 year ago? Print the name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and SKIP to question 17. Name of city, town, or village



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17.	Is this person CURRENTLY covered by any	19c.	Does this person have difficulty dressing or
	of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for	. 301	bathing?
	EACH type of coverage in items a-h. Yes No		□ No
	a. Insurance through a current or former employer or union (of this person or another family member)		er question 20 if this person is 15 years old or over.
	b. Insurance purchased directly from an insurance company (by this person or	20.	wise, SKIP to question 49. Because of a physical, mental, or emotional
	another family member)		condition, does this person have difficulty doing errands alone such as visiting a
	people with certain disabilities		doctor's office or shopping?
	d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability		☐ Yes☐ No
	e. TRICARE or other military health care .	21.	What is this person's marital status?
	f. VA (including those who have ever used or enrolled for VA health care) \Box		☐ Now married ☐ Widowed
	g. Local medical programs for indigents		Divorced
			□ Separated
	h. Any other type of health insurance or health coverage plan − Specify □		Never married
		22.	If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has
			adopted.
			☐ None OR Number of children
18a.	Is this person deaf or does he/she have serious difficulty hearing?		
	Yes	23a.	Does this person have any of his/her own
h	NoIs this person blind or does he/she have		grandchildren under the age of 18 living in this house or apartment?
Ю.	serious difficulty seeing even when wearing		☐ Yes
	glasses?		☐ No – SKIP to question 24
	☐ Yes	la la	1. 11.1.
4	□ No	D.	Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who
	ver questions 19a–c if this person is 5 years old or Otherwise, SKIP to question 49.		live(s) in this house or apartment?
010	curermee, erur te queenen re.		☐ Yes
19a.	Because of a physical, mental, or emotional		□ No – SKIP to question 24
	condition, does this person have serious difficulty concentrating, remembering, or making decisions?	c.	How long has this grandparent been responsible for the(se) grandchild(ren)? If
			the grandparent is financially responsible for more
	☐ Yes ☐ No		than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
b.	Does this person have serious difficulty walking or climbing stairs?		Less than 6 months
	Yes		6 to 11 months
	□ No		1 or 2 years
	LI INU		3 or 4 years
			☐ 5 or more years



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24.	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard	27a.	LAST WEEK, did this person work for pay at a job (or business)? If "Yes," also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark ✗ ONE box. ☐ Yes, worked for pay; did NO subsistence activity − SKIP to question 28 ☐ Yes, worked for pay AND did subsistence activity − SKIP to question 28 ☐ No, did NOT work for pay at a job or business (or was retired)
	only – SKIP to question 26a No, never served in the military – SKIP to question 27a	b.	LAST WEEK, did this person do ANY work for pay, even for as little as one hour? $Mark \ X$ ONE box.
25.	When did this person serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including		 Yes, worked for pay; did NO subsistence activity Yes, worked for pay AND did subsistence activity No, did NOT work for pay; did subsistence activity − <i>SKIP to question 33a</i> No, did NOT work for pay; did NO subsistence activity − <i>SKIP to question 33a</i>
	Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier	a.	At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week. Name of the island, U.S. state, commonwealth, territory, or foreign country Name of city, town, or village
	Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 27a What is this person's service-connected disability rating?	29.	How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance.
	 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher 		Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 37 Other method



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Person 4-Continued

36. Answer question 30 if you marked "Car, truck, or When did this person last work, even for a private van/bus" in question 29. Otherwise, SKIP to few days? Do not include subsistence activity. question 31. 2010 2009 30. How many people, including this person, 2008 usually rode to work in the car, truck, or private van/bus LAST WEEK? 2005 to 2007 2000 to 2004 – SKIP to question 46 Person(s) 1999 or earlier – SKIP to guestion 46 Never worked; or did subsistence only - SKIP to question 46 What time did this person usually leave home to go to work LAST WEEK? 37-42. **CURRENT OR MOST RECENT JOB** ACTIVITY Hour Minute Describe clearly this person's chief job activity or business last week. If this person had more than a.m. p.m. one job, describe the one at which this person worked the most hours. If this person had no job How many minutes did it usually take this or business last week, give information for person to get from home to work LAST his/her last job or business since 2005. **WEEK?** Minutes **37.** Was this person - Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? Answer questions 33-36 if this person did NOT work last week. Otherwise, SKIP to question 37. An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? 33a. LAST WEEK, was this person on layoff from ■ A local or territorial GOVERNMENT employee a job? (territorial/commonwealth, etc.)? Yes – SKIP to question 33c A federal GOVERNMENT employee? No SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? b. LAST WEEK, was this person TEMPORARILY SELF-EMPLOYED in own INCORPORATED absent from a job or business? business, professional practice, or farm? Yes, on vacation, temporary illness, maternity Working WITHOUT PAY in family business or farm? leave, other family/personal reasons, bad weather, etc. - SKIP to question 36 38. For whom did this person work? ■ No – SKIP to question 34 If now on active duty in the Armed Forces, mark X this box c. Has this person been informed that he or and print the branch of the Armed Forces. she will be recalled to work within the next Name of company, business, or other 6 months OR been given a date to return to employer work? Yes – SKIP to question 35 □ No **During the LAST 4 WEEKS, has this person** been ACTIVELY looking for work? Yes ■ No – SKIP to question 36 35. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)



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39.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)	44b.	How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.
			50 to 52 weeks
			☐ 48 to 49 weeks
			40 to 47 weeks
			☐ 27 to 39 weeks
			14 to 26 weeks
			☐ 13 weeks or less
40.	Is this mainly – Mark X ONE box.	45.	During 2009, in the WEEKS WORKED, how many hours did this person usually work
	☐ Manufacturing?		each WEEK? Do not include subsistence activity.
	Wholesale trade?		Usual hours worked each WEEK
	Retail trade?		OSdai Hodio Worked ederi WEEK
	Other (agriculture, construction, service,		
	government, etc.)?	46.	INCOME IN 2009
		40.	Mark X the "Yes" box for each income source
41.	What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)		received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 46d and 46e). Mark X the "No" box if the income source was not received.
			If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount.
			For income received jointly, report the appropriate
			share for each person – or, if that's not possible,
			report the whole amount for only one person and
			mark X the "No" box for the other person. If exact
			amount is not known, please give best estimate.
42.	What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)	a.	Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.
	ming, reconciling iniaricial records)		Annual amount – Dollars
			Annaar arribant Bonaro
			☐ Yes → \$.00
			□ No
		b.	Self-employment income from own nonfarm
			businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.
43.	LAST YEAR, 2009, did this person work at a job or business at any time? Do not include		Annual amount – Dollars Loss
	subsistence activity.		□ Yes → \$.00
	Yes		□ No
	□ No – SKIP to question 46		
44a.	During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.	C.	Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
	Yes – SKIP to question 45		Annual amount – Dollars Loss
	□ No		☐ Yes→ \$.00 ☐ No



797132

49. Are there more people living here? If YES,

continue with person 5.

Person 4–Continued

46d. Social Security or Railroad Retirement.

Annual amount – Dollars

☐ Yes→\$, .00

e. Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).

Annual amount – Dollars

f. Retirement, survivor, or disability pensions.

Do NOT include Social Security.

Annual amount - Dollars

Yes→\$,	.00
No		

g. Any remittances. Include money from relatives outside the household or in the military.

Annual amount - Dollars

	Yes → \$,		.0
П	No				

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 sale of a home.

Annual amount - Dollars

☐ Yes→\$, ,	.00
No		

47. What was this person's total income during **2009?** Add entries in questions 46a–46h; subtract any losses. If net income was a loss, enter the amount and mark \times the "Loss" box next to the dollar amount.

Annual amount – Dollars Loss

None OR \$.00

48. During 2009, did this person GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.

Annual amount - Dollars

Yes→\$,		.0
No				



797133

F	Person 5		
1.	What is this person's name? Print the name of Person 5 from page 2.		Is this person a CITIZEN or NATIONAL of the United States?
	Last Name		☐ Yes, born in this Area – SKIP to question 10a
			Yes, born in the United States or another U.S. territory or commonwealth
	First Name MI		Yes, born elsewhere of U.S. parent or parentsYes, a U.S. citizen by naturalization
•			No, not a U.S. citizen or national (permanent residentNo, not a U.S. citizen or national (temporary resident)
2.	How is this person related to Person 1? Mark X ONE box.	0	When did this payon some to this Avec to
	 ☐ Husband or wife ☐ Biological son or daughter ☐ Adopted son or daughter ☐ Stepson or stepdaughter ☐ Brother or sister ☐ Father or mother ☐ Grandchild ☐ Son-in-law or daughter-in-law ☐ Other relative ☐ Roomer or boarder ☐ Housemate or roommate ☐ Unmarried partner 	9.	stay? If this person has entered the Area more than once, what is the latest year? Print numbers in boxes. Year What was this person's MAIN reason for
	☐ Parent-in-law ☐ Other nonrelative		moving to this Area? Mark X ONE box.
3.	What is this person's sex? Mark ✓ ONE box. ☐ Male ☐ Female		 Employment Military Subsistence activities Missionary activities
4	What is this person's age and what is this		Moved with spouse or parent
٦.	person's date of birth? Please report babies as		To attend school
	age 0 when the child is less than 1 year old.		Medical
	Age on April 1, 2010		☐ Housing ☐ Other
		10a.	. Where was this person's mother born? Print the
	Print numbers in boxes.		name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
	Month Day Year of birth		0.3. state, commonwealth, territory, or foreign country.
5.	What is this person's ethnic origin or race?	b.	Where was this person's father born? Print the name of the island (village in American Samoa),
			U.S. state, commonwealth, territory, or foreign country.
		11.	Is this person a dependent of an active-duty
	(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)	•••	or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? Active duty does NOT include training for the military Reserves or
6.	Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.		National Guard. ☐ Yes, dependent of an active-duty member of the Armed Forces
			Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
			□ No



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12a.	At any time since February 1, 2010, has this person attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	14.	Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college
	No, has not attended since February 1 − SKIP to question 13		courses.
	Yes, public school, public college Yes, private school, private college, home school		Yes, in this Area Yes, not in this Area
L.		15a.	Does this person speak a language other than English at home?
D.	What grade or level was this person attending? Mark X ONE box.		Yes
	□ Pre-kindergarten□ Kindergarten		□ No – SKIP to question 16a
	Grade 1 through 12 – Specify grade 1–12	b.	What is this language?
	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)		(For example: Chamorro, Samoan, Carolinian, Tongan)
13.	What is the highest degree or level of school	C.	Does this person speak this language at home more frequently than English?
	this person has COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or		Yes, more frequently than English Both equally often
	highest degree received.		No, less frequently than English
	NO SCHOOLING COMPLETED		☐ Does not speak English
	■ No schooling completed	16a.	Did this person live in this house or apartment 1 year ago (on April 1, 2009)?
	PRE-KINDERGARTEN THROUGH GRADE 12		Person is under 1 year old – <i>SKIP to question 17</i>
	☐ Pre-kindergarten ☐ Kindergarten		Yes, this house – <i>SKIP to question 17</i>
	Grade 1 through 11 – Specify grade 1–11		☐ No, different house
	☐ 12 th grade − NO DIPLOMA	b.	Where did this person live 1 year ago? Print the name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the
	HIGH SCHOOL GRADUATE		answer below and SKIP to question 17.
	Regular high school diploma GED or alternative credential		
	COLLEGE OR SOME COLLEGE		
	Some college credit, but less than 1 year of college credit	C.	Name of city, town, or village
	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)		



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17.	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h.	19c.	Does this person have difficulty dressing or bathing? Yes
	a. Insurance through a current or former employer or union (of this person or another family member)	Answ	□ No er question 20 if this person is 15 years old or over.
	b. Insurance purchased directly from an insurance company (by this person or	Other	wise, SKIP to question 49.
	another family member)	20.	Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a
	people with certain disabilities		doctor's office or shopping?
	d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability		☐ Yes☐ No
	e. TRICARE or other military health care .	21.	What is this person's marital status?
	f. VA (including those who have ever		■ Now married
	used or enrolled for VA health care) \Box		Widowed
	g. Local medical programs for indigents		Divorced
	h. Any other type of health insurance or		Separated
	health coverage plan – Specify □ □ □		Never married
		22.	If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
			□ None OR Number of children
18a.	Is this person deaf or does he/she have serious difficulty hearing?		None On Number of Children
	☐ Yes	232	Does this person have any of his/her own
.	No	23a.	grandchildren under the age of 18 living in this house or apartment?
D.	Is this person blind or does he/she have serious difficulty seeing even when wearing		☐ Yes
	glasses?		□ No – SKIP to question 24
	□ No	b.	Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who
	er questions 19a–c if this person is 5 years old or Otherwise, SKIP to question 49.		live(s) in this house or apartment?
19a.	Because of a physical, mental, or emotional		□ No − SKIP to question 24
	condition, does this person have serious		•
	difficulty concentrating, remembering, or making decisions?	C.	How long has this grandparent been
			responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more
	☐ Yes		than one grandchild, answer the question for the
	□ No		grandchild for whom the grandparent has been responsible for the longest period of time.
b.	Does this person have serious difficulty		
	walking or climbing stairs?		Less than 6 months 6 to 11 months
	☐ Yes		1 or 2 years
	□ No		3 or 4 years
			5 or more years
			= 0 0. more yours



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24.	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	27a.	LAST WEEK, did this person work for pay at a job (or business)? If "Yes," also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark NOT box.
	 Yes, now on active duty Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only − <i>SKIP</i> to question 26a No, never served in the military − <i>SKIP</i> to question 27a 	b.	 Yes, worked for pay; did NO subsistence activity − <i>SKIP to question 28</i> Yes, worked for pay AND did subsistence activity − <i>SKIP to question 28</i> No, did NOT work for pay at a job or business (or was retired) LAST WEEK, did this person do ANY work for pay, even for as little as one hour? <i>Mark X ONE box.</i>
25.	When did this person serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War)		 Yes, worked for pay; did NO subsistence activity Yes, worked for pay AND did subsistence activity No, did NOT work for pay; did subsistence activity – SKIP to question 33a No, did NOT work for pay; did NO subsistence activity – SKIP to question 33a
06-	September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier	a.	At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week. Name of the island, U.S. state, commonwealth, territory, or foreign country Name of city, town, or village
	Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 27a What is this person's service-connected disability rating? O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	29.	How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance. Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 37 Other method



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Person 5-Continued

Answer question 30 if you marked "Car, truck, or 36. When did this person last work, even for a private van/bus" in question 29. Otherwise, SKIP to few days? Do not include subsistence activity. question 31. 2010 2009 30. How many people, including this person, usually rode to work in the car, truck, or 2008 private van/bus LAST WEEK? 2005 to 2007 Person(s) 2000 to 2004 – SKIP to question 46 1999 or earlier – SKIP to question 46 ■ Never worked; or did subsistence only – *SKIP to* auestion 46 What time did this person usually leave home to go to work LAST WEEK? 37-42. CURRENT OR MOST RECENT JOB Hour Minute **ACTIVITY** a.m. Describe clearly this person's chief job activity or business last week. If this person had more than p.m. one job, describe the one at which this person How many minutes did it usually take this worked the most hours. If this person had no job person to get from home to work LAST or business last week, give information for his/her last job or business since 2005. **WEEK?** Minutes **37.** Was this person – Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for Answer questions 33-36 if this person did NOT work last wages, salary, or commissions? week. Otherwise, SKIP to question 37. An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? 33a. LAST WEEK, was this person on layoff from A local or territorial GOVERNMENT employee a job? (territorial/commonwealth, etc.)? Yes – SKIP to question 33c A federal GOVERNMENT employee? ☐ No SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? b. LAST WEEK, was this person TEMPORARILY SELF-EMPLOYED in own INCORPORATED absent from a job or business? business, professional practice, or farm? Yes, on vacation, temporary illness, maternity Working WITHOUT PAY in family business or farm? leave, other family/personal reasons, bad weather, etc. - SKIP to question 36 38. For whom did this person work? ■ No – SKIP to question 34 If now on active duty in the Armed Forces, mark X this box c. Has this person been informed that he or and print the branch of the Armed Forces. she will be recalled to work within the next Name of company, business, or other 6 months OR been given a date to return to employer work? Yes – SKIP to question 35 **During the LAST 4 WEEKS, has this person** been ACTIVELY looking for work? Yes ■ No – SKIP to question 36 LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)



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39.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)	44b.	How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity. 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less			
		45.				
40.	Is this mainly - Mark ✗ ONE box. ☐ Manufacturing?	731	many hours did this person usually work each WEEK? Do not include subsistence activity.			
	☐ Wholesale trade?		Usual hours worked each WEEK			
	Retail trade? Other (agriculture, construction, service,					
	government, etc.)?					
	, ,	46.	INCOME IN 2009			
41.	What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)		Mark X the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 46d and 46e). Mark X the "No" box if the income source was not received. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount.			
			For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark X the "No" box for the other person. If exact			
42.	What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)	a.	amount is not known, please give best estimate. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. Annual amount – Dollars			
			Yes → \$.00No			
43.	LAST YEAR, 2009, did this person work at a	b.	Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.			
	job or business at any time? Do not include subsistence activity.		Annual amount – <i>Dollars</i> Loss			
	Yes		☐ Yes→\$.00			
	□ No − SKIP to question 46		No			
	TWO CAN to question 40		110			
44a.	During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.	C.	Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.			
	☐ Yes – SKIP to question 45		Annual amount – Dollars Loss			
	□ No		□ Yes → \$.00 □			



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Are there more people living here? If YES,

continue with person 6.

49.

Person 5-Continued

46d. Social Security or Railroad Retirement.

Annual amount – Dollars

☐ Yes → \$.00

No

e. Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).

Annual amount – Dollars

☐ Yes → \$.00
☐ No

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

Annual amount – Dollars

☐ Yes → \$.00

g. Any remittances. Include money from relatives outside the household or in the military.

Annual amount - Dollars

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 sale of a home.

Annual amount - Dollars

47. What was this person's total income during 2009? Add entries in questions 46a–46h; subtract any losses. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount.

Annual amount – Dollars Loss

None OR

OO

48. During 2009, did this person GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.

Annual amount − Dollars

Yes → \$.00



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Person 6

1.	What is this person's name? Print the name of Person 6 from page 2.	7.	Is this person a CITIZEN or NATIONAL of the United States?
	Last Name		☐ Yes, born in this Area – SKIP to question 10a
			Yes, born in the United States or another U.S. territory or commonwealth
	First Name MI		Yes, born elsewhere of U.S. parent or parents
			Yes, a U.S. citizen by naturalization
			No, not a U.S. citizen or national (permanent resident)
2.	How is this person related to Person 1? Mark		No, not a U.S. citizen or national (temporary resident)
	ONE box.	8.	When did this person come to this Area to
	☐ Husband or wife ☐ Son-in-law or		stay? If this person has entered the Area
	Biological son or daughter daughter-in-law		more than once, what is the latest year? Print numbers in boxes.
	Adopted son or daughter Stepson or stepdaughter Roomer or boarder		Year
	☐ Stepson or stepdaughter ☐ Roomer or boarder ☐ Housemate or roommate		
	☐ Grandchild ☐ Unmarried partner	9.	What was this person's MAIN reason for
	☐ Parent-in-law ☐ Other nonrelative		moving to this Area? Mark X ONE box.
3	What is this person's sex? Mark X ONE box.		Employment
0.	☐ Male		☐ Military☐ Subsistence activities
	Female		☐ Missionary activities
4	What is this person's are and what is this		☐ Moved with spouse or parent
4.	What is this person's age and what is this person's date of birth? Please report babies as		To attend school
	age 0 when the child is less than 1 year old.		Medical
	Age on April 1, 2010		☐ Housing ☐ Other
		10a.	Where was this person's mother born? Print the name of the island (village in American Samoa),
	Print numbers in boxes. Month Day Year of birth		U.S. state, commonwealth, territory, or foreign country.
	real of birtin		
5.	What is this person's ethnic origin or race?	b.	Where was this person's father born? Print the
-			name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
		11.	Is this person a dependent of an active-duty
	(For example: Chamorro, Samoan, White, Black,		or retired member of the Armed Forces of the
	Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)		United States or of the full-time military Reserves or National Guard? Active duty does
	Tongan, and 30 on.)		NOT include training for the military Reserves or
6.	Where was this person born? Print the name of the		National Guard.
	island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.		Yes, dependent of an active-duty member of the Armed Forces
			Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
			□ No



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12a.	At any time since February 1, 2010, has this person attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 – SKIP to	14.	Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.
	question 13		□ No
	Yes, public school, public college Yes, private school, private college, home school		Yes, in this Area Yes, not in this Area
b.	What grade or level was this person attending? Mark X ONE box.	15a.	Does this person speak a language other than English at home?
	☐ Pre-kindergarten		☐ Yes☐ No – SKIP to question 16a
	Kindergarten	.	·
	Grade 1 through 12 – Specify grade 1–12 —	D.	What is this language?
	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)		(For example: Chamorro, Samoan, Carolinian, Tongan)
13.	What is the highest degree or level of school	c.	Does this person speak this language at home more frequently than English?
	this person has COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.		Yes, more frequently than English□ Both equally often□ No, less frequently than English
	NO SCHOOLING COMPLETED		Does not speak English
	☐ No schooling completed	16a.	Did this person live in this house or
	PRE-KINDERGARTEN THROUGH GRADE 12 Pre-kindergarten Kindergarten		apartment 1 year ago (on April 1, 2009)? ☐ Person is under 1 year old – SKIP to question 17 ☐ Yes, this house – SKIP to question 17
	Grade 1 through 11 – Specify grade 1–11	_	☐ No, different house
	☐ 12 th grade − NO DIPLOMA	b.	Where did this person live 1 year ago? Print the name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the
	HIGH SCHOOL GRADUATE Regular high school diploma		answer below and SKIP to question 17.
	Regular high school diploma GED or alternative credential		
	COLLEGE OR SOME COLLEGE	•	Name of city, town, or village
	 Some college credit, but less than 1 year of college credit 	Ů.	Name of City, town, or vinage
	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)		



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17.	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. Yes No	19c.	Does this person have difficulty dressing or bathing? Yes No No Ver question 20 if this person is 15 years old or over. rwise, SKIP to question 49.			
	 a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or 					
	another family member)	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?			
	d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability		☐ Yes ☐ No			
	e. TRICARE or other military health care .	21.	What is this person's marital status?			
	f. VA (including those who have ever used or enrolled for VA health care)		☐ Now married ☐ Widowed			
	g. Local medical programs for indigents		Divorced			
	h. Any other type of health insurance or health coverage plan − <i>Specify</i> \nearrow		Separated Never married			
		22.	If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.			
18a.	Is this person deaf or does he/she have serious difficulty hearing?		None OR Number of children			
b.	☐ Yes ☐ No Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?	23a.	Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No - SKIP to question 24			
	☐ Yes ☐ No er questions 19a–c if this person is 5 years old or	b.	Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?			
over.	Otherwise, SKIP to question 49.		Yes			
19a.	Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or	c.	No – SKIP to question 24 How long has this grandparent been			
	making decisions? Yes No	0.	responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been			
b.	Does this person have serious difficulty walking or climbing stairs?		responsible for the longest period of time. Less than 6 months 6 to 11 months			
	Yes		1 or 2 years			
	□ No		☐ 3 or 4 years ☐ 5 or more years			



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24.	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty	27a.	LAST WEEK, did this person work for pay at a job (or business)? If "Yes," also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark X ONE box. Yes, worked for pay; did NO subsistence			
	 Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only – SKIP to question 26a No, never served in the military – SKIP to question 27a 	b.	activity – SKIP to question 28 Yes, worked for pay AND did subsistence activity – SKIP to question 28 No, did NOT work for pay at a job or business (or was retired) LAST WEEK, did this person do ANY work for pay, even for as little as one hour? Mark X ONE box.			
25.	When did this person serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. September 2001 or later August 1990 to August 2001 (including Persian Gulf War)		 Yes, worked for pay; did NO subsistence activity Yes, worked for pay AND did subsistence activity No, did NOT work for pay; did subsistence activity − <i>SKIP to question 33a</i> No, did NOT work for pay; did NO subsistence activity − <i>SKIP to question 33a</i> 			
	September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier	a.	At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week. Name of the island, U.S. state, commonwealth, territory, or foreign country Name of city, town, or village			
	Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 27a What is this person's service-connected disability rating? O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	29.	How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance. Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 37 Other method			



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Person 6-Continued

36. Answer question 30 if you marked "Car, truck, or When did this person last work, even for a private van/bus" in question 29. Otherwise, SKIP to few days? Do not include subsistence activity. question 31. 2010 2009 30. How many people, including this person, 2008 usually rode to work in the car, truck, or private van/bus LAST WEEK? 2005 to 2007 2000 to 2004 – SKIP to question 46 Person(s) ☐ 1999 or earlier – SKIP to question 46 Never worked; or did subsistence only – SKIP to question 46 What time did this person usually leave home to go to work LAST WEEK? 37-42. CURRENT OR MOST RECENT JOB **ACTIVITY** Hour Minute a.m. Describe clearly this person's chief job activity or business last week. If this person had more than p.m. one job, describe the one at which this person worked the most hours. If this person had no job How many minutes did it usually take this or business last week, give information for person to get from home to work LAST his/her last job or business since 2005. **WEEK?** Minutes **37.** Was this person – Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for Answer questions 33-36 if this person did NOT work last wages, salary, or commissions? week. Otherwise, SKIP to question 37. An employee of a PRIVATE NOT-FOR-PROFIT. tax-exempt, or charitable organization? 33a. LAST WEEK, was this person on layoff from A local or territorial GOVERNMENT employee a job? (territorial/commonwealth, etc.)? Yes – SKIP to question 33c A federal GOVERNMENT employee? No SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? b. LAST WEEK, was this person TEMPORARILY SELF-EMPLOYED in own INCORPORATED absent from a job or business? business, professional practice, or farm? Yes, on vacation, temporary illness, maternity Working WITHOUT PAY in family business or farm? leave, other family/personal reasons, bad weather, etc. - SKIP to question 36 For whom did this person work? ■ No – SKIP to question 34 If now on active duty in the Armed Forces, mark X this box c. Has this person been informed that he or and print the branch of the Armed Forces. she will be recalled to work within the next Name of company, business, or other 6 months OR been given a date to return to emplover work? Yes – SKIP to question 35 34. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work? Yes ■ No – SKIP to question 36 35. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)



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39.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)	44b.	How many weeks DID this person work, even for a few hours, <u>including</u> paid vacation, paid sick leave, and military service? Do not include subsistence activity.
			50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less
40. 41.	Is this mainly – Mark X ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)	45. 46.	During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Do not include subsistence activity. Usual hours worked each WEEK INCOME IN 2009 Mark X the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 46d and 46e). Mark X the "No" box if the income source was not received. If net income was a loss, enter the amount and mark X
42.	What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)	a.	the "Loss" box next to the dollar amount. For income received jointly, report the appropriate share for each person — or, if that's not possible, report the whole amount for only one person and mark X the "No" box for the other person. If exact amount is not known, please give best estimate. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. Annual amount — Dollars Yes — \$
43. 44a.	LAST YEAR, 2009, did this person work at a job or business at any time? Do not include subsistence activity. Yes No – SKIP to question 46 During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as work. Do not include subsistence activity. Yes – SKIP to question 45 No		Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses. Annual amount – Dollars Yes → \$.00 Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account. Annual amount – Dollars Yes → \$.00 No



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Person 6-Continued 46d. Social Security or Railroad Retirement. Annual amount - Dollars Yes No e. Any pubic assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI). Annual amount - Dollars ☐ Yes → No f. Retirement, survivor, or disability pensions. Do NOT include Social Security. Annual amount - Dollars Yes--00 No g. Any remittances. Include money from relatives outside the household or in the military. Annual amount - Dollars No 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 sale of a home. Annual amount - Dollars ☐ Yes → 47. What was this person's total income during 2009? Add entries in questions 46a-46h; subtract any losses. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount. Annual amount - Dollars Loss ☐ None OR 48. During 2009, did this person GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate. Annual amount - Dollars ☐ Yes → ☐ No

49. Thank you for completing your official 2010 Census Form. If there are more than six people living in this house or apartment, please make sure you have completed the form for the first six people. When the census worker visits your residence, the information for the additional people will be collected.



FOR OFFICE USE ONLY								
LCO	County	Block	AA	Ma	ap Spot			
3 6 0 0								
Unit ID								
 	—— APPL	LY LABEL HEF	RE ———	→				
Street or road name								
Physical description/Loc	cation							
I I I I I I I I I I I I I I I I I I I								
Municipality						ZIP Code		
R3. Respondent	_	here on	■ Moved in after	April 1 2010	☐ le neid	ghbor or		
no. nespondent	April 1	, 2010	(Refer to Card	<u>G</u>)	other	proxy		
A. Status on April 1	, 2010		B. POP on April 1, 2	010 C.	VACANT – Whic described this	h category best vacant unit as of		
1 = Occupied 2 = Vacant - Regular 3 = Vacant - Usual home elsewhere 4 = Demolished/Burned out/Cannot locate 5 = Nonresidential 6 = Empty mobile home/trailer site 7 = Uninhabitable (open to elements, condemned, under construction) 8 = Duplicate		011/2010			April 1, 2010?			
			01–49 = Total po	ersons	☐ For rent☐ Rented, not	occupied		
		er site	00 = Vacant 98 = Delete		☐ For sale only			
		ruction)	99 = POP unkno	wn	 Sold, not occupied For seasonal, recreational, or occasional use For migrant workers 			
					Other vacan			
D. UHE E. MO	V F. PI	G. REF	H. CO I. RE	P J. VDC	K. JIC1	L. JIC2		

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