

# Census 2010 Guam

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 Guam 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 43 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](mailto: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 G**



797201



# Person 1

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

Last Name

First Name

MI

 

**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 person's sex?** Mark  ONE box.

- Male
- Female

**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.*

Age on April 1, 2010

*Print numbers in boxes.*

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 NATIONAL of 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)

**8. 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.*

Year

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

- Employment
- Military
- Subsistence activities
- Missionary activities
- Moved with spouse or parent
- 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.*

- 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



797203

# Person 1 – Continued

**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

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

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

**13. 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 →
- 12<sup>th</sup> grade – **NO DIPLOMA**

## HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

## COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

## AFTER BACHELOR'S DEGREE

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

**14. 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

**15a. Does this person speak a language other than English at home?**

- Yes
- No – *SKIP to question 16a*

**b. What is this language?**

(For example: Chamorro, Samoan, Carolinian, Tongan)

**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
- Does not speak English

**16a. 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

**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 answer below and SKIP to question 17.*

**c. Name of city, town, or village**



797204







# Person 1 – Continued

Answer question 30 if you marked "Car, truck, or private van/bus" in question 29. Otherwise, SKIP to question 31.

**30. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?**

Person(s)

**31. What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute  a.m.  p.m.  
  :

**32. How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

Answer questions 33–36 if this person did NOT work last week. Otherwise, SKIP to question 37.

**33a. LAST WEEK, was this person on layoff from a job?**

Yes – SKIP to question 33c  
 No

**b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 36  
 No – SKIP to question 34

**c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

Yes – SKIP to question 35  
 No

**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.)

**36. When did this person last work, even for a few days? Do not include subsistence activity.**

2010  
 2009  
 2008  
 2005 to 2007  
 2000 to 2004 – SKIP to question 46  
 1999 or earlier – SKIP to question 46  
 Never worked; or did subsistence only – SKIP to question 46

**37–42. CURRENT OR MOST RECENT JOB ACTIVITY**

Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business since 2005.

**37. Was this person – Mark  ONE box.**

An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?  
 An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?  
 A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?  
 A federal GOVERNMENT employee?  
 SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  
 SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  
 Working WITHOUT PAY in family business or farm?

**38. For whom did this person work?**

If now on active duty in the Armed Forces, mark  this box →  and print the branch of the Armed Forces.

**Name of company, business, or other employer**



797207

# 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)

Three empty grid boxes for describing the business or industry.

**40. Is this mainly –** Mark  ONE box.

- Manufacturing?
- Wholesale trade?
- Retail trade?
- Other (agriculture, construction, service, government, etc.)?

**41. What kind of work was this person doing?**  
(For example: registered nurse, machine repairer, watchmaker, secretary, accountant)

Three empty grid boxes for describing the kind of work.

**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)

Three empty grid boxes for describing activities or duties.

**43. 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

**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.

- Yes – SKIP to question 45
- No

**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. 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

Empty grid box for entering usual hours worked each week.

**46. INCOME IN 2009**

Mark  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  the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark  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 amount is not known, please give best estimate.

**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.

Annual amount – Dollars

Loss

- Yes → \$  ,  .00
- No

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

Annual amount – Dollars

Loss

- Yes → \$  ,  .00
- No



797208





# Person 1 – Continued

**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.

- INCLUDE bedrooms, kitchens, etc.
- EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

- 1 room  
 2 rooms  
 3 rooms  
 4 rooms  
 5 rooms  
 6 rooms  
 7 rooms  
 8 rooms  
 9 or more rooms

**b. How many of these rooms are bedrooms?**

Count as bedrooms those rooms you would list if this living quarters were for sale or rent. If this is an efficiency/studio apartment, mark  "No bedroom."

- No bedroom  
 1 bedroom  
 2 bedrooms  
 3 bedrooms  
 4 bedrooms  
 5 or more bedrooms

**54a. Do you have hot and cold piped water?**

- Yes, in this unit  
 Yes, in this building, not in unit  
 No, only cold piped water in this unit  
 No, only cold piped water in this building  
 No, only cold piped water outside this building  
 No piped water

**b. Do you have a bathtub or shower?**

- Yes, in this unit  
 Yes, in this building, not in unit  
 Yes, outside this building  
 No

**c. Do you have a flush toilet?**

- Yes, in this unit – SKIP to question 55a  
 Yes, in this building, not in unit – SKIP to question 55a  
 Yes, outside this building – SKIP to question 55a  
 No

**d. What type of toilet facilities do you have?**

- Outhouse or privy  
 Other or none

**55a. Are your MAIN cooking facilities located inside or outside this building?** Mark  ONE box.

- Inside this building  
 Outside this building  
 No cooking facilities – SKIP to question 55c

**b. What type of cooking facilities are these?**

Mark  ONE box.

- Electric stove  
 Kerosene stove  
 Gas stove  
 Microwave oven and non-portable burners  
 Microwave oven only  
 Other (fireplace, hotplate, etc.)

**c. Do you have a refrigerator in this building?**

- Yes  
 No

**d. Do you have a sink with piped water in this building?**

- Yes  
 No

**56. Does this living quarters have telephone service from which you can both make and receive calls?**

- Yes, a cell or mobile phone only  
 Yes, a landline only  
 Yes, both a cell or mobile phone and a landline  
 No

**57. Do you have air conditioning?**

- Yes, a central air-conditioning system (includes split-type)  
 Yes, 1 individual room unit  
 Yes, 2 or more individual room units  
 No

**58. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**

- None  
 1  
 2  
 3  
 4  
 5  
 6 or more



797210

# Person 1 – Continued

**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

**60a. 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*

**b. Do you or any member of this household have an Internet connection at this living quarters?**

- Yes  
 No

**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.)?

**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

**63. Is this living quarters part of a condominium?**

- Yes  
 No

**64. What is the MAIN type of material used for the outside walls of this building?**

*Mark  ONE box.*

- Poured concrete  
 Concrete blocks  
 Metal  
 Wood  
 Other

**65. What is the MAIN type of material used for the roof of this building?** *Mark  ONE box.*

- Poured concrete  
 Metal  
 Wood  
 Other

**66. What is the MAIN type of material used for the foundation of this building?** *Mark  ONE box.*

- Concrete  
 Wood pier or pilings  
 Other

**67a. What is the average monthly cost for electricity for this living quarters?**

*Average monthly cost – Dollars*

\$  ,    .00

OR

- Included in rent or condominium fee  
 No charge or electricity not used

**b. What is the average monthly cost for gas for this living quarters?**

*Average monthly cost – Dollars*

\$  ,    .00

OR

- Included in rent or condominium fee  
 Included in electricity payment entered above  
 No charge or gas not used

**c. What is the average monthly cost for water and sewer for this living quarters?**

*Average monthly cost – Dollars*

\$  ,    .00

OR

- Included in rent or condominium fee  
 No charge

**d. What is the average monthly cost for oil, coal, kerosene, wood, etc. for this living quarters?**

*Average monthly cost – Dollars*

\$  ,    .00

OR

- Included in rent or condominium fee  
 No charge or these fuels not used

**68. Is this living quarters –** *Mark  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?



797211

# 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 on page 13.

**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?**

Amount – Dollars

\$  ,       .00

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

Annual amount – 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 purchase  
 No – 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?**

- Yes, taxes included in mortgage payment  
 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?**

- Yes, a home equity loan  
 Yes, a second mortgage  
 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?**

Monthly amount – Dollars

\$  ,      .00

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



797212

# Person 2

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

Last Name

First Name

MI

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

- |   |  |
|---|--|
| <input type="checkbox"/> Husband or wife            | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative                |
| <input type="checkbox"/> Adopted son or daughter    | <input type="checkbox"/> Roomer or boarder             |
| <input type="checkbox"/> Stepson or stepdaughter    | <input type="checkbox"/> Housemate or roommate         |
| <input type="checkbox"/> Brother or sister          | <input type="checkbox"/> Unmarried partner             |
| <input type="checkbox"/> Father or mother           | <input type="checkbox"/> Other nonrelative             |
| <input type="checkbox"/> Grandchild                 |  |
| <input type="checkbox"/> Parent-in-law              |  |

**3. What is this person's sex?** Mark  ONE box.

- Male  
 Female

**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.*

Age on April 1, 2010

*Print numbers in boxes.*

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 NATIONAL of 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)

**8. 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.*

Year

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

- Employment  
 Military  
 Subsistence activities  
 Missionary activities  
 Moved with spouse or parent  
 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.*

- 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



797213

# Person 2-Continued

**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

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

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

**13. 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 →
- 12<sup>th</sup> grade – **NO DIPLOMA**

**HIGH SCHOOL GRADUATE**

- Regular high school diploma
- GED or alternative credential

**COLLEGE OR SOME COLLEGE**

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

**AFTER BACHELOR'S DEGREE**

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

**14. 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

**15a. Does this person speak a language other than English at home?**

- Yes
- No – *SKIP to question 16a*

**b. What is this language?**

(For example: Chamorro, Samoan, Carolinian, Tongan)

**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
- Does not speak English

**16a. 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

**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 answer below and SKIP to question 17.*

**c. Name of city, town, or village**



797214



# Person 2-Continued

**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                       |
| <b>a.</b> Insurance through a current or former employer or union (of this person or another family member) . . . . .     | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b.</b> Insurance purchased directly from an insurance company (by this person or another family member) . . . . .      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c.</b> Medicare, for people 65 and older, or people with certain disabilities . . . . .                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>d.</b> Medicaid or any kind of federal government assistance plan for those with low incomes or a disability . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>e.</b> TRICARE or other military health care . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>f.</b> VA (including those who have ever used or enrolled for VA health care) . . . . .                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>g.</b> Local medical programs for indigents . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>h.</b> Any other type of health insurance or health coverage plan – <i>Specify</i> ↴                                   | <input type="checkbox"/> | <input type="checkbox"/> |


**18a. Is this person deaf or does he/she have serious difficulty hearing?**

- Yes
- No

**b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**

- Yes
- No

*Answer questions 19a–c if this person is 5 years old or over. Otherwise, SKIP to question 49.*

**19a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- Yes
- No

**b. Does this person have serious difficulty walking or climbing stairs?**

- Yes
- No

**19c. Does this person have difficulty dressing or bathing?**

- Yes
- No

*Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to question 49.*

**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?**

- Yes
- No

**21. What is this person's marital status?**

- Now married
- Widowed
- Divorced
- 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.*

None OR Number of children

--	--

**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

**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
- No – SKIP to question 24

**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.*

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years



797215



# Person 2-Continued

Answer question 30 if you marked "Car, truck, or private van/bus" in question 29. Otherwise, SKIP to question 31.

**30. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?**

Person(s)

**31. What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute  a.m.  p.m.  
  :

**32. How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

Answer questions 33-36 if this person did NOT work last week. Otherwise, SKIP to question 37.

**33a. LAST WEEK, was this person on layoff from a job?**

Yes - SKIP to question 33c  
 No

**b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. - SKIP to question 36  
 No - SKIP to question 34

**c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

Yes - SKIP to question 35  
 No

**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.)

**36. When did this person last work, even for a few days? Do not include subsistence activity.**

2010  
 2009  
 2008  
 2005 to 2007  
 2000 to 2004 - SKIP to question 46  
 1999 or earlier - SKIP to question 46  
 Never worked; or did subsistence only - SKIP to question 46

**37-42. CURRENT OR MOST RECENT JOB ACTIVITY**

Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business since 2005.

**37. Was this person - Mark  ONE box.**

An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?  
 An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?  
 A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?  
 A federal GOVERNMENT employee?  
 SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  
 SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  
 Working WITHOUT PAY in family business or farm?

**38. For whom did this person work?**

If now on active duty in the Armed Forces, mark  this box  and print the branch of the Armed Forces.

**Name of company, business, or other employer**



797217



# Person 2-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
- No

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

Annual amount – Dollars

- Yes → \$  ,   .00
- 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  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
- No

**49. Are there more people living here?** *If YES, continue with person 3.*



797219

# Person 3

1. What is this person's name? Print the name of Person 3 from page 2.

Last Name

First Name

MI

2. How is this person related to Person 1? Mark  ONE box.

- Husband or wife
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Other nonrelative

3. What is this person's sex? Mark  ONE box.

- Male
- Female

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.

Age on April 1, 2010

Print numbers in boxes.

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 NATIONAL of 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)

8. 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.

Year

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

- Employment
- Military
- Subsistence activities
- Missionary activities
- Moved with spouse or parent
- 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.

- 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



797220



# Person 3 – Continued

**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

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

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

**13. 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* →
- 12<sup>th</sup> grade – **NO DIPLOMA**

**HIGH SCHOOL GRADUATE**

- Regular high school diploma
- GED or alternative credential

**COLLEGE OR SOME COLLEGE**

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (*for example: AA, AS*)
- Bachelor's degree (*for example: BA, BS*)

**AFTER BACHELOR'S DEGREE**

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

**14. 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

**15a. Does this person speak a language other than English at home?**

- Yes
- No – *SKIP to question 16a*

**b. What is this language?**

*(For example: Chamorro, Samoan, Carolinian, Tongan)*

**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
- Does not speak English

**16a. 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

**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 answer below and SKIP to question 17.*

**c. Name of city, town, or village**



797221





# Person 3-Continued

Answer question 30 if you marked "Car, truck, or private van/bus" in question 29. Otherwise, SKIP to question 31.

**30. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?**

Person(s)

**31. What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute  a.m.  p.m.  
 :

**32. How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

Answer questions 33-36 if this person did NOT work last week. Otherwise, SKIP to question 37.

**33a. LAST WEEK, was this person on layoff from a job?**

Yes - SKIP to question 33c  
 No

**b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. - SKIP to question 36  
 No - SKIP to question 34

**c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

Yes - SKIP to question 35  
 No

**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.)

**36. When did this person last work, even for a few days? Do not include subsistence activity.**

2010  
 2009  
 2008  
 2005 to 2007  
 2000 to 2004 - SKIP to question 46  
 1999 or earlier - SKIP to question 46  
 Never worked; or did subsistence only - SKIP to question 46

**37-42. CURRENT OR MOST RECENT JOB ACTIVITY**

Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business since 2005.

**37. Was this person - Mark  ONE box.**

An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?  
 An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?  
 A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?  
 A federal GOVERNMENT employee?  
 SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  
 SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  
 Working WITHOUT PAY in family business or farm?

**38. For whom did this person work?**

If now on active duty in the Armed Forces, mark  this box  and print the branch of the Armed Forces.

**Name of company, business, or other employer**



797224



# Person 3 – 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
- No

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

Annual amount – Dollars

- Yes → \$  ,      .00
- 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  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
- No

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



797226



# Person 4

**1. What is this person's name?** *Print the name of Person 4 from page 2.*

Last Name

First Name

MI

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

- Husband or wife
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Other nonrelative

**3. What is this person's sex?** *Mark  ONE box.*

- Male
- Female

**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.*

Age on April 1, 2010

*Print numbers in boxes.*

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 NATIONAL of 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)

**8. 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.*

Year

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

- Employment
- Military
- Subsistence activities
- Missionary activities
- Moved with spouse or parent
- 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.*

- 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



797227

# Person 4 – Continued

**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

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

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

**13. 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* →
- 12<sup>th</sup> grade – **NO DIPLOMA**

**HIGH SCHOOL GRADUATE**

- Regular high school diploma
- GED or alternative credential

**COLLEGE OR SOME COLLEGE**

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (*for example: AA, AS*)
- Bachelor's degree (*for example: BA, BS*)

**AFTER BACHELOR'S DEGREE**

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

**14. 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

**15a. Does this person speak a language other than English at home?**

- Yes
- No – *SKIP to question 16a*

**b. What is this language?**

*(For example: Chamorro, Samoan, Carolinian, Tongan)*

**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
- Does not speak English

**16a. 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

**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 answer below and SKIP to question 17.*

**c. Name of city, town, or village**



797228





# Person 4 – Continued

Answer question 30 if you marked "Car, truck, or private van/bus" in question 29. Otherwise, SKIP to question 31.

**30. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?**

Person(s)

**31. What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute  a.m.  p.m.  
  :

**32. How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

Answer questions 33–36 if this person did NOT work last week. Otherwise, SKIP to question 37.

**33a. LAST WEEK, was this person on layoff from a job?**

Yes – SKIP to question 33c  
 No

**b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**

Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 36  
 No – SKIP to question 34

**c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

Yes – SKIP to question 35  
 No

**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.)

**36. When did this person last work, even for a few days? Do not include subsistence activity.**

2010  
 2009  
 2008  
 2005 to 2007  
 2000 to 2004 – SKIP to question 46  
 1999 or earlier – SKIP to question 46  
 Never worked; or did subsistence only – SKIP to question 46

**37–42. CURRENT OR MOST RECENT JOB ACTIVITY**

Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business since 2005.

**37. Was this person – Mark  ONE box.**

An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?  
 An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?  
 A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?  
 A federal GOVERNMENT employee?  
 SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  
 SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  
 Working WITHOUT PAY in family business or farm?

**38. For whom did this person work?**

If now on active duty in the Armed Forces, mark  this box  and print the branch of the Armed Forces.

**Name of company, business, or other employer**



797231







# Person 4-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  
 No

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

Annual amount – Dollars

Yes → \$  ,  .00  
 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  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  
 No

**49. Are there more people living here?** *If YES, continue with person 5.*



797233

# Person 5

**1. What is this person's name?** *Print the name of Person 5 from page 2.*

Last Name

First Name MI

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

- |   |  |
|---|--|
| <input type="checkbox"/> Husband or wife            | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative                |
| <input type="checkbox"/> Adopted son or daughter    | <input type="checkbox"/> Roomer or boarder             |
| <input type="checkbox"/> Stepson or stepdaughter    | <input type="checkbox"/> Housemate or roommate         |
| <input type="checkbox"/> Brother or sister          | <input type="checkbox"/> Unmarried partner             |
| <input type="checkbox"/> Father or mother           | <input type="checkbox"/> Other nonrelative             |
| <input type="checkbox"/> Grandchild                 |  |
| <input type="checkbox"/> Parent-in-law              |  |

**3. What is this person's sex?** Mark  ONE box.

- Male  
 Female

**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.*

Age on April 1, 2010

*Print numbers in boxes.*

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 NATIONAL of 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)

**8. 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.*

Year

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

- Employment  
 Military  
 Subsistence activities  
 Missionary activities  
 Moved with spouse or parent  
 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.*

- 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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# Person 5 – Continued

**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

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

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

**13. 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 →
- 12<sup>th</sup> grade – **NO DIPLOMA**

**HIGH SCHOOL GRADUATE**

- Regular high school diploma
- GED or alternative credential

**COLLEGE OR SOME COLLEGE**

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

**AFTER BACHELOR'S DEGREE**

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

**14. 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

**15a. Does this person speak a language other than English at home?**

- Yes
- No – *SKIP to question 16a*

**b. What is this language?**

*(For example: Chamorro, Samoan, Carolinian, Tongan)*

**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
- Does not speak English

**16a. 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

**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 answer below and SKIP to question 17.*

**c. Name of city, town, or village**



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# Person 5 – Continued

Answer question 30 if you marked "Car, truck, or private van/bus" in question 29. Otherwise, SKIP to question 31.

**30. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?**

Person(s)

**31. What time did this person usually leave home to go to work LAST WEEK?**

Hour Minute  a.m.  p.m.  
  :

**32. How many minutes did it usually take this person to get from home to work LAST WEEK?**

Minutes

Answer questions 33–36 if this person did NOT work last week. Otherwise, SKIP to question 37.

**33a. LAST WEEK, was this person on layoff from a job?**

- Yes – SKIP to question 33c
- No

**b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 36
- No – SKIP to question 34

**c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

- Yes – SKIP to question 35
- No

**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.)

**36. When did this person last work, even for a few days? Do not include subsistence activity.**

- 2010
- 2009
- 2008
- 2005 to 2007
- 2000 to 2004 – SKIP to question 46
- 1999 or earlier – SKIP to question 46
- Never worked; or did subsistence only – SKIP to question 46

**37–42. CURRENT OR MOST RECENT JOB ACTIVITY**

Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give information for his/her last job or business since 2005.

**37. Was this person – Mark  ONE box.**

- An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
- An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?
- A federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- Working WITHOUT PAY in family business or farm?

**38. For whom did this person work?**

If now on active duty in the Armed Forces, mark  this box  and print the branch of the Armed Forces.

**Name of company, business, or other employer**





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# 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
- No

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

Annual amount – Dollars

- Yes → \$  ,  .00
- 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 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
- No

### 49. Are there more people living here? If YES, continue with person 6.



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# Person 6

**1. What is this person's name?** *Print the name of Person 6 from page 2.*

Last Name

First Name

MI

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

- Husband or wife
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Other nonrelative

**3. What is this person's sex?** *Mark  ONE box.*

- Male
- Female

**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.*

Age on April 1, 2010

*Print numbers in boxes.*

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 NATIONAL of 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)

**8. 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.*

Year

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

- Employment
- Military
- Subsistence activities
- Missionary activities
- Moved with spouse or parent
- 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.*

- 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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# Person 6 – Continued

**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

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

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

**13. 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* →
- 12<sup>th</sup> grade – **NO DIPLOMA**

**HIGH SCHOOL GRADUATE**

- Regular high school diploma
- GED or alternative credential

**COLLEGE OR SOME COLLEGE**

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree *(for example: AA, AS)*
- Bachelor's degree *(for example: BA, BS)*

**AFTER BACHELOR'S DEGREE**

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

**14. 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

**15a. Does this person speak a language other than English at home?**

- Yes
- No – *SKIP to question 16a*

**b. What is this language?**

*(For example: Chamorro, Samoan, Carolinian, Tongan)*

**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
- Does not speak English

**16a. 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

**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 answer below and SKIP to question 17.*

**c. Name of city, town, or village**



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# Person 6 – Continued

**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                       |
| <b>a.</b> Insurance through a current or former employer or union (of this person or another family member) . . . . .     | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>b.</b> Insurance purchased directly from an insurance company (by this person or another family member) . . . . .      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>c.</b> Medicare, for people 65 and older, or people with certain disabilities . . . . .                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>d.</b> Medicaid or any kind of federal government assistance plan for those with low incomes or a disability . . . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>e.</b> TRICARE or other military health care . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>f.</b> VA (including those who have ever used or enrolled for VA health care) . . . . .                                | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>g.</b> Local medical programs for indigents . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>h.</b> Any other type of health insurance or health coverage plan – <i>Specify</i> ↗                                   | <input type="checkbox"/> | <input type="checkbox"/> |

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**18a. Is this person deaf or does he/she have serious difficulty hearing?**

- Yes
- No

**b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**

- Yes
- No

*Answer questions 19a–c if this person is 5 years old or over. Otherwise, SKIP to question 49.*

**19a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- Yes
- No

**b. Does this person have serious difficulty walking or climbing stairs?**

- Yes
- No

**19c. Does this person have difficulty dressing or bathing?**

- Yes
- No

*Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to question 49.*

**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?**

- Yes
- No

**21. What is this person's marital status?**

- Now married
- Widowed
- Divorced
- 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.*

None OR Number of children

--	--

**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

**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
- No – SKIP to question 24

**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.*

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years



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## Person 6 – Continued

- 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*
- No, never served in the military – *SKIP to question 27a*
- 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 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
- 26a. Does this person have a VA service-connected disability rating?**
- Yes (such as 0%, 10%, 20%, . . . , 100%)
- No – *SKIP to question 27a*
- b. 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
- 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)
- 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 subsistence activity – *SKIP to question 33a*
- 28. 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.*
- a. Name of the island, U.S. state, commonwealth, territory, or foreign country**
- 
- b. Name of city, town, or village**
- 
- 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



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# Person 6 – 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

No

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

Annual amount – Dollars

Yes → \$  ,   .00

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 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

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.



797247

FOR OFFICE USE ONLY								
LCO	County	Block	AA	Map Spot				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Unit ID								
<input type="text"/>								
← APPLY LABEL HERE →								
Development/Building name or Subdivision/Place name						House #		Apt. or unit #
<input type="text"/>						<input type="text"/>		<input type="text"/>
Street or road name								
<input type="text"/>								
Physical description (if applicable)								
<input type="text"/>								
Village/Municipality							ZIP Code	
<input type="text"/>							<input type="text"/>	
<b>R3. Respondent</b> - <input type="checkbox"/> Lived here on April 1, 2010 <input type="checkbox"/> Moved in after April 1, 2010 (Refer to Card G) <input type="checkbox"/> Is neighbor or other proxy								
<b>A. Status on April 1, 2010</b> 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 <input type="checkbox"/>			<b>B. POP on April 1, 2010</b> <input type="text"/> 01–49 = Total persons 00 = Vacant 98 = Delete 99 = POP unknown			<b>C. VACANT – Which category best described this vacant unit as of April 1, 2010?</b> <input type="checkbox"/> For rent <input type="checkbox"/> Rented, not occupied <input type="checkbox"/> For sale only <input type="checkbox"/> Sold, not occupied <input type="checkbox"/> For seasonal, recreational, or occasional use <input type="checkbox"/> For migrant workers <input type="checkbox"/> Other vacant		
<b>D. UHE</b>	<b>E. MOV</b>	<b>F. PI</b>	<b>G. REF</b>	<b>H. CO</b>	<b>I. REP</b>	<b>J. VDC</b>	<b>K. JIC1</b>	<b>L. JIC2</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>



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