OMB No. 0607-0806: Approval Expires 12/31/2010 LCO County Block Map Spot AΑ FORM **D-2(E)CNMI** (1-21-2009) 3 6 0 0 U.S. DEPARTMENT OF COMMERCE Unit ID Economics and Statistics Administration
U.S. CENSUS BUREAU **ENUMERATOR** APPLY LABEL HERE **QUESTIONNAIRE** Commonwealth of **Norther Mariana** Islands -2010 Census Street or road name Are there any continuation forms for this address? Physical description Yes – Number of forms No Municipality ZIP Code 9 6 7 9 9 S1. Hello, my name is (Your name) and I'm an official **S4.** (Only ask if no household member lived here on April 1.) census worker for Census 2010 in (Island). On April 1, was this unit vacant, or occupied by a (Show ID.) different household? Vacant - SKIP to "Respondent Information" on back page **S2.** I'm here to complete a Census questionnaire for Occupied by a different household - Using a this address. It should take about 10 minutes. knowledgeable respondent, complete this questionnaire (Hand respondent Confidentiality Notice.) This explains for the Census Day household that your answers are confidential. Did you or anyone in this household live here on Not a housing unit – SKIP to "Respondent Information" April 1, 2010? on back page Yes – Continue with question S3 ■ No – SKIP to question S4 S5. We need to count people where they live and sleep most of the time. \$3. Is this (house/apartment/mobile home) a vacation (Show Card A.) Please look at Card A. It contains or seasonal home, or does someone in this examples of people who should and should not household usually live here? be counted at this place. Vacation or seasonal home or held for occasional Based on these examples, how many people use - SKIP to "Respondent Information" on back page



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Usually lives here – SKIP to guestion S5

were living or staying in this (house/apartment/

mobile home) on April 1?

Number of people

ENUMERATOR NOTE: For questions 2 through 5, prompt respondent with names if needed, for example, "Let's start with Bob." 2 1. Let's make a list of all those people. Please 2. (Show Card B.) Please look at Card B. How is **3.** Is (Name) start with the name of an owner or renter (Name) related to (Read name of Person 1)? male or who was living here on April 1. Otherwise, female? start with any adult living here. Mark X ONE box. Mark X ONE box. **Person 1** X Person 1 Male First Name MI Female Last Name **Person 2** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 3** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 4** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 5** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law ENUMERATOR NOTE: Refer to S5 on the cover. If the number of people is more than 5, add additional household members to Form D-2(E)SUPP AS, Continuation Form. Form D-2(E)CNMI

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4. What was (Name's) age on April 1, 2010? What is (Name's) date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.	5. What is (Name's) ethnic origin or race? Read if necessary: (For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)
Age on April 1, 2010 DATE OF BIRTH Month Day Year of birth	
Age on April 1, 2010 DATE OF BIRTH Month Day Year of birth	
Age on April 1, 2010 DATE OF BIRTH Month Day Year of birth	
Age on April 1, 2010 DATE OF BIRTH Month Day Year of birth	
Age on April 1, 2010 DATE OF BIRTH Month Day Year of birth	
Form D-2(E)CNMI	

Person 1		
First Name MI	11a.	Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state,	b.	Where was (your/'s) father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
(Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States?	12.	(Show Card E.) (Are you/Is) 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, born in this Area – SKIP to question 11a 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)		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
When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year	13a.	At any time since February 1, 2010, (have you/has) 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. If "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to
(Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark 🔀 ONE box.		question 14 Yes, public school, public college
Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing Other	b.	What grade or level (were you/was) 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)
	Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. (Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States? Yes, born in this Area – SKIP to question 11a 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) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box. Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing	Print the name of Person 1 from page 2. First Name MI Last Name b. Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. (Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States? Yes, born in this Area – SKIP to question 11a 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) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box. Employment Military Subsistence activities Moved with spouse or parent To attend school Medical Housing



D	erson	4	-Co	ntin	hau

you/Does) speak this language at re frequently than English? Yes, more frequently than English Both equally often No, less frequently than English Does not speak English	tool (you have/ has) COMPLETED? E box. If currently enrolled, mark the previous est degree received. LING COMPLETED	ish
(you/) live in this house or apartmo	ling completed REGARTEN THROUGH GRADE 12 17	artment
ear ago (on April 1, 2009)? Person is under 1 year old – SKIP to questic Yes, this house – SKIP to question 18 No, different house ere did (you/) live 1 year ago?	rgarten ten hrough 11 – rade 1–11 —————————————————————————————————	3
at is the name of the island, U.S. sta nmonwealth, territory, or foreign cou utside this Area, print the answer below and stion 18.	DOL GRADUATE high school diploma Iternative credential DR SOME COLLEGE	S. state, gn country?
	ege credit, but less than 1 year of college	
at is the name of the city, town, or v	years of college credit, no degree 's degree (for example: AA, AS) s degree (for example: BA, BS)	, or village
ow Card G.) (Are you/Is) CURRENTL	CHELOR'S DEGREE 18.	ENTI V
vered by any of the following types of alth insurance or health coverage plack "Yes" or "No" for EACH type of coverage is a=h	degree (for example: MA, MS, MEng, W, MBA) nal degree beyond a bachelor's degree ple: MD, DDS, DVM, LLB, JD)	pes of ge plans? erage in Yes No
employer or union (of this person or another family member)	degree (for example: PhD, EdD) Has) completed the requirements ional training program at a trade siness school, hospital, some other	🗆 🗆
Medicare, for people 65 and older, or people with certain disabilities	ool for occupational training, or place o not include academic college "Yes," ASK – Was training received in	
Medicaid or any kind of federal government assistance plan for those with low incomes or a disability	is Area	🗆 🗖
TRICARE or other military health care $$. $$	n this Area	🗆 🗆
VA (including those who have ever used or enrolled for VA health care)	es) speak a language other sh at home?	
Local medical programs for indigents		📙 📙
Any other type of health insurance or nealth coverage plan – Specify	P to question 17a	
	s language?	
	: Chamorro, Samoan, Carolinian, Tongan)	
	: Chamorro, Samoan, Carolinian, Tongan)	



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Person 1 – Continued

19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing? Yes	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
	□ No		Yes
l.	(Ave you'le) blind or (de you'dees) bears		☐ No – SKIP to question 25
D.	(Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	b.	(Are you/Is) currently responsible for most of the basic needs of any grandchild(ren) under the
	Yes		age of 18 who live(s) in this house or apartment?
	□ No		Yes
Ask o	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	•	□ No – SKIP to question 25
	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?	C.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	Yes		Less than 6 months
	□ No		6 to 11 months
l.	(5		1 or 2 years
D.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years
	=		☐ 5 or more years
	☐ Yes		(0)
	□ No	25.	(Show Card H.) (Have you/Has) ever served on active duty in the U.S. Armed Forces, military
C.	(Do you/Does) have difficulty dressing or bathing?		Reserves, or National Guard? Active duty does not include training for the Reserves or National
	Yes		Guard, but DOES include activation, for example, for the Persian Gulf War.
	□ No		
	question 21 if this person is 15 years old or over. wise, SKIP to question 50.		Yes, now on active dutyYes, on active duty during the last 12 months, but not now
21.	condition, (do you/does) have difficulty		 Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard
	doing errands alone such as visiting a doctor's office or shopping?		only – SKIP to question 27a
	Yes		No, never served in the military − SKIP to question 28a
22.	□ No What is (your/'s) marital status?	26.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for
	Now married		EACH period in which this person served, even if just for
	Widowed		part of the period. After each response, ASK – Any other time?
	Divorced		
	Separated		September 2001 or later August 1990 to August 2001 (including
	Never married		August 1990 to August 2001 (including Persian Gulf War)
23.	If this person is female, ASK – How many babies		September 1980 to July 1990
	(have you/has she) ever had, not counting		May 1975 to August 1980
	stillbirths? Do not count stepchildren or children (you have/she has) adopted.		Vietnam era (August 1964 to April 1975)
	_		☐ March 1961 to July 1964 ☐ February 1955 to February 1961
	None OR Number of children		Korean War (July 1950 to January 1955)
			January 1947 to June 1950
			World War II (December 1941 to December 1946)
			November 1941 or earlier



27a.	(Do you/Does) have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 28a	30.	(Show Card J.) How did (you/) 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.
b.	What is (your/'s) service-connected disability rating? O 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 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes? Mark X ONE box.		Other method Juestion 31 if this person answered "Car, truck, or private ous" in question 30. Otherwise, SKIP to question 32. How many people, including (yourself/), usually
	 Yes, worked for pay; did NO subsistence activity − <i>SKIP to question 29</i> Yes, worked for pay AND did subsistence activity − <i>SKIP to question 29</i> No, did NOT work for pay at a job or business (or was retired) 	31.	rode to work in the car, truck, or private van/bus LAST WEEK? Person(s)
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark X ONE box. Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. Down p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes
29.	At what location did (you/) 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.	Othei	questions 34–37 if this person did NOT work last week. rwise, SKIP to question 38. LAST WEEK, (were you/was) on layoff
	What is the name of the island, U.S. state, commonwealth, territory, or foreign country? What is the name of the city, town, or village?		from a job? Yes – SKIP to question 34c No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 37 No – SKIP to question 35 (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work? Yes – SKIP to question 36 No
B 0:	COUNT		



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Person 1 – Continued

 During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work? Yes No - SKIP to question 37 	39. For whom did (you/) work? If now on active duty in the Armed Forces, mark X this box and print the branch of the Armed Forces. Name of company, business, or other employer
 LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No, ASK – Was this because of a temporary illness or for some other reason? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.) 	
When did (you/) last work, even for a few days? Do not include subsistence activity. 2010 2009 2008 2005 to 2007 2000 to 2004 – SKIP to question 47 1999 or earlier – SKIP to question 47 Never worked; or did subsistence only – SKIP to question 47	40. 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)
8-43. CURRENT OR MOST RECENT JOB ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41. Is this mainly - Mark X ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?
 (Show Card K.) (Were you/Was) - 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? 	 42. What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) 43. What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)
☐ Working WITHOUT PAY in family business or farm?	



44.	LAST YEAR, 2009, did (you/) work at a job or business at any time? Do not include subsistence activity.	47b.	Did (you/) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?
	Yes		
	□ No − SKIP to question 47		Yes – What was the NET income after business expenses?
45a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.		Annual amount – Dollars Loss
	Yes – SKIP to question 46		\$
	□ No		
b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include	C.	Did (you/) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.
	subsistence activity.		Yes – What was the amount?
	☐ 50 to 52 weeks		
	☐ 48 to 49 weeks		Annual amount – Dollars Loss
	40 to 47 weeks		\$.00
	27 to 39 weeks		No
	14 to 26 weeks		LI NO
	13 weeks or less	d.	Did (you/) receive any Social Security or Railroad Retirement in 2009?
46.	During 2009, in the WEEKS WORKED, how		Yes – What was the amount?
	many hours did (you/) usually work each WEEK? Do not include subsistence activity.		Annual amount – Dollars
	Usual hours worked each WEEK		6
			\$, ,
			No
47.	The next set of questions is about each income source (you/) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark X the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the dollar amount.	e.	Did (you/) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009? Yes – What was the amount? Annual amount – Dollars No
a.	Did (you/) receive any wages, salary, commissions, bonuses, or tips in 2009?	f.	Did (you/) receive any retirement, survivor, or disability pensions in 2009? Do NOT include
	Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?		Social Security. Yes – What was the amount? Annual amount – Dollars
	Annual amount – Dollars		Allida alloult – Dollars
	\$.00		\$.00
			□ No
	L No		



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Person 1 – Continued

47g.	Did (you/) receive any remittances in 2009? Include money from relatives outside the		next set of questions is about your household.
	household or in the military.	<u>50.</u>	(Show Card L.) Which of these categories best describes this building? Include all apartments,
	Yes – What was the amount?		flats, etc., even if vacant.
	Annual amount - Dollars		☐ A mobile home
	\$.00		A one-family house detached from any other house
	□ No		A one-family house attached to one or more houses
	I NO		☐ Two houses – Applies only in American Samoa
h.	Did (you/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or		Three or more houses – Applies only in American Samoa
	alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or		A building with 2 apartmentsA building with 3 or 4 apartments
	sale of a home.		A building with 5 to 9 apartments
	☐ Yes – What was the amount?		A building with 10 to 19 apartments
	Annual amount - Dollars		☐ A building with 20 to 49 apartments
	*		A building with 50 or more apartments
	\$.00		A container
	□ No		Boat, RV, van, etc.
Do no	ot ask question 48 if questions 47a-47h are completed.	<u>51.</u>	About when was this building first built?
Instea	ad, sum these entries and subtract any losses. Enter the int below. If the total amount was a loss, mark X the "Loss"		2009 or 2010
	next to the dollar amount.		2000 to 2008
40	What was forced to be talk a some desire a cocco		1990 to 1999
48.	What was (your/'s) total income during 2009?		1980 to 1989
	Annual amount – Dollars Loss		1970 to 1979 1960 to 1969
	□ None OR \$ □		1950 to 1959
			1940 to 1949
49.	During 2009, did (you/) GIVE or SEND money TO relatives or friends living outside		☐ 1939 or earlier
	of this Area? Do not include charitable		
	contributions or money given to charitable organizations. If exact amount is not known,	52.	When did (Read name of Person 1) move into this living quarters?
	please give best estimate.		2009 or 2010
	Yes – What was the amount?		2000 to 2008
	Annual amount – Dollars		1990 to 1999
	Almadi amount Bonaro		☐ 1980 to 1989
	\$.00		1970 to 1979
	□ No		1969 or earlier
			r to question 50. Ask question 53 only if this is a HOUSE MOBILE HOME. Otherwise, SKIP to question 54a.
		<u>53.</u>	Is there a business (such as a store or shop) or a medical office on this property?
			Yes
			□ No
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<u>4a.</u>	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.		What type of toilet facilities do you have? ☐ Outhouse or privy ☐ Other or none
	EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.	<u>56a.</u>	Are your MAIN cooking facilities located inside or outside this building? Mark X ONE box.
	☐ 1 room ☐ 2 rooms ☐ 3 rooms		 ☐ Inside this building ☐ Outside this building ☐ No cooking facilities — SKIP to question 56c
	 □ 4 rooms □ 5 rooms □ 6 rooms □ 7 rooms □ 8 rooms □ 9 or more rooms 	<u>b.</u>	What type of cooking facilities are these? Mark ONE box. Electric stove Kerosene stove Gas stove
<u>b.</u>	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 X "No bedroom."	c.	 Microwave oven and non-portable burners Microwave oven only Other (fireplace, hotplate, etc.) Do you have a refrigerator in this building?
	□ No bedroom □ 1 bedroom □ 2 bedrooms	_	Yes No Do you have a sink with piped water in this
_	☐ 3 bedrooms ☐ 4 bedrooms ☐ 5 or more bedrooms	<u>=</u>	building? Yes No
<u>55a.</u>	(Show Card M.) Do you have hot and cold piped water? If "Yes," ASK – Is it in this unit? If "No," ASK – Do you have cold piped water in this unit, in this building, or outside this building?	57.	Does this living quarters have telephone service from which you can both make and receive calls? If "Yes," ASK – Does it have a cell or mobile phone only, a landline only, or both?
	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		 Yes, a cell or mobile phone only Yes, a landline only Yes, both a cell or mobile phone and a landline No
<u>b.</u>	 No piped water Do you have a bathtub or shower? If "Yes," ASK − Is it in this unit, in this building, or outside this building? Yes, in this unit Yes, in this building, not in unit 	<u>58.</u>	Do you have air conditioning? If "Yes," ASK – Is it a central air-conditioning system, 1 individual room unit, or 2 or more individual room units? Yes, a central air-conditioning system (includes split-type) Yes, 1 individual room unit Yes, 2 or more individual room units No
<u>C.</u>	 ✓ Yes, outside this building ✓ No Do you have a flush toilet? If "Yes," ASK – Is it in this unit, in this building, or outside this building? 	59.	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household? None
	 Yes, in this unit − SKIP to question 56a Yes, in this building, not in unit − SKIP to question 56a Yes, outside this building − SKIP to question 56a No 		1



60.	Do you or any member of this household have a battery-operated radio? Count car radios,	<u>67.</u>	What is the MAIN type of material used for the foundation of this building? $Mark \times ONE \ box.$
	transistors, and other battery-operated sets in working order or needing only a new battery for		Concrete
	operation.		☐ Wood pier or pilings
	Yes		Other
	□ No	682	What is the average monthly cost for
	140	ooa.	electricity for this living quarters?
61a.	Do you or any member of this household have a home computer or laptop in working condition?		Average monthly cost – Dollars
	☐ Yes		\$,
	□ No – SKIP to question 62		Ψ , , , , , , , , , , , , , , , , , , ,
h	Do you are any mambar of this household		OR
D.	Do you or any member of this household have an Internet connection at this living quarters?		 ☐ Included in rent or condominium fee ☐ No charge or electricity not used
	Yes		What is the green monthly seet for wee for
	□ No	D.	What is the average monthly cost for gas for this living quarters?
62.	(Show Card N.) Do you get water from – Mark X ONE box.		Average monthly cost – Dollars
	☐ A public system only?		\$.00
	■ A public system and catchment?		OR
	☐ A village water system only? – Applies only in		☐ Included in rent or condominium fee
	American Samoa		Included in rent or condomination ree Included in electricity payment entered above
	An individual well?		□ No charge or gas not used
	A catchment, tanks, or drums only?		INO charge of gas not used
	Some other source, such as a standpipe, spring, river, creek, etc.?	C.	What is the average monthly cost for water and sewer for this living quarters?
63.	Is this building connected to a public sewer? If "No,"	ıı	Average monthly cost - Dollars
	ASK – Is it connected to a septic tank or cesspool OR other means?		\$.00
	Yes, connected to a public sewer		OR
	☐ No, connected to a septic tank or cesspool		
	No, use other means		Included in rent or condominium fee
C A	In this living greaters want of a condensitions?		☐ No charge
<u>64.</u>	Is this living quarters part of a condominium?	d.	What is the average monthly cost for oil, coal,
	Yes		kerosene, wood, etc. for this living quarters?
	□ No		Average monthly cost – <i>Dollars</i>
<u>65.</u>	What is the MAIN type of material used for the outside walls of this building? Mark		\$
	ONE box.		OR
	Poured concrete		Included in rent or condominium fee
	Concrete blocks		No charge or these fuels not used
	Metal		
	Wood	69.	(Show Card O.) Is this living quarters – Mark
	Other		ONE box.
<u>66.</u>	What is the MAIN type of material used for the roof of this building? $Mark \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		 Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
	☐ Poured concrete		Owned by you or someone in this household
	Metal		free and clear (without a mortgage or loan)?
	Wood		☐ Rented?
	Other		Occupied without payment of rent?
orm D-2(=)CNMI		
U ~(-, -: ·····		



Refer to question 69. Ask question 70 only if this living quarters is RENTED. Otherwise, SKIP to question 71.

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

Monthly amount - Dollars

\$				-00
Ψ		,		.UU

- **71–76.** Refer to question 69. Ask questions 71–76 only if someone in this household OWNS or is BUYING this living quarters. Otherwise, SKIP to the questions for Person 2.
- 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?

4	Am	oun	t –	Dol	lars	;	
5							-00

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

Anr	nual	am	noui	nt –	Dollar
\$,			.00
		OR			
No	ne				

73. What was the annual payment for fire, hazard, typhoon, and flood insurance on THIS property?

Annual amount – Dollars

OR

None

74a. 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 debtYes, contract to purchase

■ No – SKIP to question 75a

74b. 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
	C)R	

- No regular payment required SKIP to question 75a
- c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?
 - Yes, taxes included in mortgage paymentNo, 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 paymentNo, insurance paid separately or no insurance
- 75a. Do you or any member of this household have a second mortgage or home equity loan on THIS property? If "Yes," ASK Is it a home equity loan, a second mortgage, or both?

second mortgage, or both?	ar
Yes, a home equity loan	
Yes, a second mortgage	
5	econd mortgage, or both? Yes, a home equity loan

- ☐ Yes, both second mortgage and home equity loan☐ No SKIP to question 76
- b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

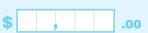
Monthly amount - Dollars

\$ 7		.00
OF	?	
No regula	ar payme	ent required

Ask question 76 ONLY if this is a CONDOMINIUM.

76. What is the monthly condominium fee?

Monthly amount - Dollars



77. Refer to S5 on the front cover. If more than one person is listed, continue with Person 2. If not, SKIP to "Respondent Information" on back page.



Person	2
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active-duty or retired member of the Armed Forces of the United States or of the full-tim military Reserves or National Guard? Active duty does NOT include training for the military Reserves or National Guard. Yes, born in the United States or another U.S. territory or commonwealth Yes, born lesewhere 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) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year O. (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box. Employment Military Missionary activities Mossionary activities Moved with spouse or parent To attend school Medical Housing		erson Z		
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Last Name Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. Show Card C.) (Are you/ls) a dependent of a active-duty or retired member of the Armed Forces of the United States or another U.S. territory or commonwealth 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 (permanent resident) No, not a U.S. citizen or national (permanent resident) No, not a U.S. citizen or national (temporary resident) No when did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year No when the latest year? No when the l		First Name MI		
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12. (Show Card E.) (Are you/Is) a dependent of a active-duty or retired member of the Armed Forces of the United States or of the full-tim military Reserves or National Guard? Active duty does NOT include training for the military Reserves or National Guard. 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) No, not a U.S. citizen or national (temporary resident) No not a U.S. c	•	island (village in American Samoa), U.S. state,		
in (Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States? Yes, born in this Area – SKIP to question 11a 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 (permanent resident) No, not a U.S. citizen or national (temporary resident) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box. Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing Other		commonwealth, territory, or foreign country.		
Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States? Yes, born in this Area – SKIP to question 11a 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) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No, not a U.S. citizen or national (temporary resident) No No, not a U.S. citizen or national (temporary resident) No No, not a U.S. citizen or national (temporary resident) No No, not a U.S. citizen or national (temporary resident) No No, not a U.S. citizen or national (temporary resident) No No, not a U.S. citizen or national (temporary resident) No No, not a U.S. citizen or national (temporary resident) No No, not a U.S. citizen or national (temporary resident) No No, not a U.S. citizen or national (temporary resident) No No, not a U.S. citizen or national (temporary resident) No No, not a U.S. citizen o			12.	(Show Card E.) (Are you/Is) a dependent of a
MATIONAL of the United States? Yes, born in this Area – SKIP to question 11a 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) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year Yes, dependent of an active-duty member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces, or dependent of an active-duty or retired member of tull-time National Guard or Armed Forces, or dependent of an active-duty or retired member of t				Forces of the United States or of the full-time
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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) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year Grade 1 through 12 − Specify grade 1−12 Graduate or professional school beyond a bachelor's degree (for example, MA or PhD		_		
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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) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year		U.S. territory or commonwealth		
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 When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box. Employment Military Subsistence activities Moved with spouse or parent To attend school Medical Housing Other What grade or level (were you/was) Fre-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 				
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O. (Show Card D.) What was (your/'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 □ College undergraduate years (freshman to senior) □ Graduate or professional school beyond a bachelor's degree (for example, MA or PhD		(you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes.	13a.	you/has) attended school or college? Inclu only pre-kindergarten, kindergarten, element school, home school, and schooling which le to a high school diploma or a college degree.
for moving to this Area? Mark ONE box. Employment Yes, public school, public college Yes, private school, private college, home school Yes, private school, private college Yes, private school, private college Yes, private school, private school Yes, private school, private college, home school Yes, private school, private college Yes, private school, private college Yes, private school, private school Yes, private school Yes, private school, private school, private school Yes, private school, private school Yes, private				No, has not attended since February 1 – <i>SKIP to</i>
 □ Employment □ Military □ Subsistence activities □ Missionary activities □ Moved with spouse or parent □ To attend school □ Medical □ Housing □ Other □ College undergraduate years (freshman to senior) □ Graduate or professional school beyond a bachelor's degree (for example, MA or PhD).	(Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE hox		<u> </u>
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Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing Other Medical 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				
Moved with spouse or parent □ To attend school □ Medical □ Housing □ Other □ College undergraduate years (freshman to senior) □ Graduate or professional school beyond a bachelor's degree (for example, MA or PhD			b.	
□ To attend school □ Medical □ Housing □ Other □ College undergraduate years (freshman to senior) □ Graduate or professional school beyond a bachelor's degree (for example, MA or PhD				attending? Mark 🗷 ONE box.
 Medical Housing Other 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 				•
☐ Housing ☐ Other ☐ College undergraduate years (freshman to senior) ☐ Graduate or professional school beyond a bachelor's degree (for example, MA or PhD				
☐ Other ☐ College undergraduate years (freshman to senior) ☐ Graduate or professional school beyond a bachelor's degree (for example, MA or PhD		_		
bachelor's degree (for example, MA or PhD				☐ College undergraduate years (freshman to senior)
program of modical of tall concer,				
				program or meaner or tall controlly



14.	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed	16c.	(Do you/Does) 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
	PRE-KINDERGARTEN THROUGH GRADE 12 Pre-kindergarten Kindergarten Grade 1 through 11 – Specify grade 1–11 12 th grade – NO DIPLOMA		Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 18 Yes, this house – SKIP to question 18 No, different house Where did (you/) live 1 year ago?
	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	-	What is 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 18.
	1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)	c.	What is the name of the city, town, or village?
15.	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) (Have you/Has) 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. If "Yes," ASK – Was training received in this area? No Yes, in this Area Yes, not in this Area	18.	(Show Card G.) (Are you/Is) 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 a. Insurance through a current or former employer or union (of this person or another family member)
	(Do you/Does) speak a language other than English at home? Yes No – SKIP to question 17a		used or enrolled for VA health care) □ □ g. Local medical programs for indigents □ □ h. Any other type of health insurance or health coverage plan – Specify □ □
D.	What is this language? (For example: Chamorro, Samoan, Carolinian, Tongan)		



19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing?	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?	
	☐ Yes			
	□ No		Yes	
b.	(Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	b.	No – SKIP to question 25 (Are you/Is) 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		Yes	
Ask o	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	c.	■ No – SKIP to question 25 How long (have you/has) been responsible	
20a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.	
	Yes		Less than 6 months	
	□ No		☐ 6 to 11 months	
L	(5		1 or 2 years	
D.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years	
			5 or more years	
	Yes		·	
	□ No	25.		
C.	(Do you/Does) have difficulty dressing or bathing? Yes		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.	
	□ No		Yes, now on active duty	
	question 21 if this person is 15 years old or over. wise, SKIP to question 50.		Yes, on active duty during the last 12 months, but not now	
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty		 Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard 	
	doing errands alone such as visiting a doctor's office or shopping?		only – <i>SKIP to question 27a</i> No, never served in the military – <i>SKIP to</i>	
	☐ Yes☐ No		question 28a	
22.	What is (your/'s) marital status? Now married Widowed	26.	(Show Card I.) When did (you/) 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. After each response, ASK – Any other	
	Divorced		time?	
	Separated		September 2001 or later	
	Never married		August 1990 to August 2001 (including Persian Gulf War)	
23.	If this person is female, ASK – How many babies		September 1980 to July 1990	
	(have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.		May 1975 to August 1980	
			Vietnam era (August 1964 to April 1975)	
	_		March 1961 to July 1964	
	None OR Number of children		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	
			- November 1941 of earlier	



27a.	(Do you/Does) have a VA service-connected disability rating? ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No − SKIP to question 28a	30.	(Show Card J.) How did (you/) 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 I the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating? □ 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 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do 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 activity – SKIP to question 29 Yes, worked for pay AND did subsistence activity – SKIP to question 29 No, did NOT work for pay at a job or business		Other method question 31 if this person answered "Car, truck, or private us" in question 30. Otherwise, SKIP to question 32. How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK? Person(s)
b.	(or was retired) LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark X ONE box. Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes
	At what location did (you/) 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. What is the name of the island, U.S. state, commonwealth, territory, or foreign country? What is the name of the city, town, or village?	Otheir 34a.	LAST WEEK, (were you/was) on layoff from a job? LAST WEEK, (were you/was) on layoff from a job? Yes – SKIP to question 34c No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather,
rm D-2/		c.	etc. – SKIP to question 37 No – SKIP to question 35 (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work? Yes – SKIP to question 36 No



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35.	During the LAST 4 WEEKS, (have you/has)	39.	For whom did (you/) work?
	been ACTIVELY looking for work?		If now on active duty in the Armed Forces,
	Yes		mark X this box \longrightarrow and print the branch of the Armed Forces.
	□ No – SKIP to question 37		Name of company, business, or other employer
36.	LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No,"	ıı	
	ASK – Was this because of a temporary illness or for some other reason?		
	Yes, could have gone to work		
	No, because of own temporary illness		
	☐ No, because of all other reasons (in school, etc.)		
37.	When did (you/) last work, even for a few days? Do not include subsistence activity.	40.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery,
	2009		watchmaker, auto repair shop, bank)
	2008		
	2005 to 2007		
	☐ 2000 to 2004 – SKIP to question 47		
	1999 or earlier – SKIP to question 47		
	Never worked; or did subsistence only – <i>SKIP to</i>		
	question 47		
	I3. CURRENT OR MOST RECENT JOB ACTIVITY Describe clearly (your/'s) chief job activity or	41.	<u> </u>
	ACTIVITY	41.	Is this mainly - Mark ✗ ONE box. ■ Manufacturing? ■ Wholesale trade? ■ Retail trade? ■ Other (agriculture, construction, service, government, etc.)?
	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) - Mark X ONE box.	41.	 Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer,
	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) – Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual,		 ■ Manufacturing? ■ Wholesale trade? ■ Retail trade? ■ Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing?
	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) - Mark X ONE box. An employee of a PRIVATE FOR-PROFIT		 Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer,
	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) - Mark X 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,		 Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer,
	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) - Mark X 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		 Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer,
	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) - 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		 Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important
	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) - Mark X 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?	42.	Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)
	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) - Mark X 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?	42.	 Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care,
	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) - Mark X 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?	42.	 Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and
	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) - Mark X 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? Working WITHOUT PAY in family business	42.	 Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and
	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) - Mark X 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? Working WITHOUT PAY in family business	42.	 Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and
	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) - Mark X 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? Working WITHOUT PAY in family business	42.	 Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and
38.	ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. (Show Card K.) (Were you/Was) - Mark X 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? Working WITHOUT PAY in family business	42.	 Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and



□ No – SKIP to question 47	Yes – What was the NET income after business
During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Do not include subsistence activity. Yes – SKIP to question 46	Annual amount – Dollars Loss Solution No
How many weeks DID (you/) 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	c. Did (you/) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account. Yes – What was the amount? Annual amount – Dollars Loss No Did (you/) receive any Social Security or
During 2009, in the WEEKS WORKED, how many hours did (you/) usually work each WEEK? Do not include subsistence activity. Usual hours worked each WEEK	Railroad Retirement in 2009? Yes – What was the amount? Annual amount – Dollars No
The next set of questions is about each income source (you/) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark X the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the dollar amount.	e. Did (you/) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009? Yes – What was the amount? Annual amount – Dollars No
Did (you/) receive any wages, salary, commissions, bonuses, or tips in 2009? Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or other items? Annual amount – Dollars No	f. Did (you/) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security. Yes – What was the amount? Annual amount – Dollars No
	How many weeks DID (you/) 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 During 2009, in the WEEKS WORKED, how many hours did (you/) usually work each WEEK? Do not include subsistence activity. Usual hours worked each WEEK



47g.	Did (you/) receive any remittances in 2009? Include money from relatives outside the household or in the military.
	☐ Yes – What was the amount?
	Annual amount – <i>Dollars</i>
	\$.00
	□ No
h.	Did (you/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or sale of a home.
	☐ Yes – What was the amount?
	Annual amount – <i>Dollars</i>
	\$00 □ No
Instea amou	of ask question 48 if questions 47a-47h are completed. Indoors and subtract any losses. Enter the self-out of the state o
48.	What was (your/'s) total income during 2009?
	Annual amount – <i>Dollars</i> Loss
	□ None OR \$ □ □
49.	During 2009, did (you/) 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.
	☐ Yes – What was the amount?
	Annual amount – Dollars
	\$
	□ No
50.	Refer to S5 on the front cover. If more than one person is listed, continue with Person 3. If not, SKIP to "Respndent Information" on back page.

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P	erson 3		
6.	Print the name of Person 3 from page 2. First Name MI Last Name	11a.	Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
7.	Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.		Where was (your/'s) father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
8.	(Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States? Yes, born in this Area – SKIP to question 11a	12.	(Show Card E.) (Are you/Is) 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, 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) 		 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
9.	When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year	13a.	At any time since February 1, 2010, (have you/has) 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. If "Yes," ASK – Was it public or private?
10.	(Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box. Employment		 No, has not attended since February 1 – SKIP to question 14 Yes, public school, public college Yes, private school, private college, home school
	Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing Other	b.	What grade or level (were you/was) attending? Mark X 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)
orm D-	2(E)CNMI		



lev Ma gra	now Card F.) What is the highest degree or yel of school (you have/ has) COMPLETED? with X ONE box. If currently enrolled, mark the previous ade or highest degree received.	16c.	(Do you/Does) speak this language at hom more frequently than English? Yes, more frequently than English Both equally often No, less frequently than English
	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		Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 18 Yes, this house – SKIP to question 18 No, different house
н	GH SCHOOL GRADUATE	b.	Where did (you/) live 1 year ago?
	Regular high school diploma GED or alternative credential		What is 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 18.
	Some college credit, but less than 1 year of college credit		
	1 or more years of college credit, no degree	C.	What is the name of the city, town, or village
H	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)		
	TER 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)		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 a. Insurance through a current or former employer or union (of this person or another family member)
foi sc kii	MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) ave you/Has) completed the requirements a vocational training program at a trade hool, business school, hospital, some other and of school for occupational training, or place		health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. Yes No a. Insurance through a current or former employer or union (of this person or another family member)
for sc kir of co	MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) ave you/Has) completed the requirements r a vocational training program at a trade hool, business school, hospital, some other		health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a–h. 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) c. Medicare, for people 65 and older, or people with certain disabilities
for sc kir of co	MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) ave you/Has) completed the requirements r a vocational training program at a trade hool, business school, hospital, some other nd of school for occupational training, or place work? Do not include academic college ourses. If "Yes," ASK – Was training received in		 health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. 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) c. Medicare, for people 65 and older, or
for sc kir of co	MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) ave you/Has) completed the requirements a vocational training program at a trade hool, business school, hospital, some other and of school for occupational training, or place work? Do not include academic college turses. If "Yes," ASK – Was training received in is area?		 health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. 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) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability e. TRICARE or other military health care
for sc kin of co thi	MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) ave you/Has) completed the requirements r a vocational training program at a trade hool, business school, hospital, some other nd of school for occupational training, or place work? Do not include academic college urses. If "Yes," ASK – Was training received in is area? No Yes, in this Area		 health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. 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) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care)
for sc kin of co thi	MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) ave you/Has) completed the requirements a vocational training program at a trade hool, business school, hospital, some other and of school for occupational training, or place work? Do not include academic college burses. If "Yes," ASK – Was training received in its area? No Yes, in this Area Yes, not in this Area o you/Does) speak a language other		health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. Yes No 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) □ c. Medicare, for people 65 and older, or people with certain disabilities □ d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability □ e. TRICARE or other military health care □ f. VA (including those who have ever used or enrolled for VA health care) □ g. Local medical programs for indigents □
for sc kin of co this	MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) ave you/Has) completed the requirements ra vocational training program at a trade hool, business school, hospital, some other nd of school for occupational training, or place work? Do not include academic college curses. If "Yes," ASK – Was training received in is area? No Yes, in this Area Yes, not in this Area o you/Does) speak a language other an English at home? Yes No – SKIP to question 17a		 health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. 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) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care)
for sc kin of co this	MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) ave you/Has) completed the requirements r a vocational training program at a trade hool, business school, hospital, some other nd of school for occupational training, or place work? Do not include academic college curses. If "Yes," ASK – Was training received in its area? No Yes, in this Area Yes, not in this Area o you/Does) speak a language other an English at home? Yes		 health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. 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) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care) g. Local medical programs for indigents h. Any other type of health insurance or
for sc kin of co this	MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) ave you/Has) completed the requirements ra vocational training program at a trade hool, business school, hospital, some other nd of school for occupational training, or place work? Do not include academic college curses. If "Yes," ASK – Was training received in is area? No Yes, in this Area Yes, not in this Area o you/Does) speak a language other an English at home? Yes No – SKIP to question 17a		 health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. 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) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care) g. Local medical programs for indigents h. Any other type of health insurance or
for sc kin of co this contains the contains t	MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) ave you/Has) completed the requirements ra vocational training program at a trade hool, business school, hospital, some other nd of school for occupational training, or place work? Do not include academic college curses. If "Yes," ASK – Was training received in is area? No Yes, in this Area Yes, not in this Area o you/Does) speak a language other an English at home? Yes No – SKIP to question 17a		 health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a—h. 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) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care) g. Local medical programs for indigents h. Any other type of health insurance or



19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing?	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
			Yes
	□ No		
b.	(Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes	b.	No – SKIP to question 25 (Are you/Is) 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?
	□ No		
	L NO		Yes
Ask o	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	•	No – SKIP to question 25
	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?	C.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	☐ Yes		Less than 6 months
	□ No		6 to 11 months
ı.			1 or 2 years
D.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years
	=		5 or more years
	☐ Yes		
	□ No	25.	(Show Card H.) (Have you/Has) ever served on active duty in the U.S. Armed Forces, military
C.	(Do you/Does) have difficulty dressing or bathing? Yes		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.
	□ No		Yes, now on active duty
	question 21 if this person is 15 years old or over. rwise, SKIP to question 50.		Yes, on active duty during the last 12 months, but not now
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a		 Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard
	doctor's office or shopping?		only – SKIP to question 27a
	Yes		No, never served in the military – SKIP to question 28a
	□ No		question 20a
22.	What is (your/'s) marital status? Now married Widowed	26.	(Show Card I.) When did (you/) 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. After each response, ASK – Any other time?
	☐ Divorced☐ Separated☐		September 2001 or later
	Never married		August 1990 to August 2001 (including Persian Gulf War)
23.	If this person is female, ASK – How many babies		September 1980 to July 1990
	(have you/has she) ever had, not counting		May 1975 to August 1980
	stillbirths? Do not count stepchildren or		Vietnam era (August 1964 to April 1975)
	children (you have/she has) adopted.		March 1961 to July 1964
	None OR Number of children		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



797523

27a.	(Do you/Does) have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 28a	30.	(Show Card J.) How did (you/) 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 I the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating? 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 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do 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 activity – SKIP to question 29 Yes, worked for pay AND did subsistence activity – SKIP to question 29 No, did NOT work for pay at a job or business (or was retired)		Other method Question 31 if this person answered "Car, truck, or private ous" in question 30. Otherwise, SKIP to question 32. How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK? Person(s)
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark ONE box. Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes
	At what location did (you/) 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. What is the name of the island, U.S. state, commonwealth, territory, or foreign country? What is the name of the city, town, or village?	Other 34a. b.	Questions 34–37 if this person did NOT work last week. rwise, SKIP to question 38. LAST WEEK, (were you/was) on layoff from a job? Yes – SKIP to question 34c No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 37 No – SKIP to question 35 (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work? Yes – SKIP to question 36 No
D 0/1			



797524

Pe	rson 3-Continued		
be	uring the LAST 4 WEEKS, (have you/has) een ACTIVELY looking for work? Yes No – SKIP to question 37	39.	For whom did (you/) work? If now on active duty in the Armed Forces, mark this box
of AS fo	AST WEEK, could (you/) have started a job if fered one, or returned to work if recalled? If "No, SK – Was this because of a temporary illness or r some other reason? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of company, business, of other employer
da	hen did (you/) last work, even for a few hys? Do not include subsistence activity. 2010 2009 2008 2005 to 2007 2000 to 2004 – SKIP to question 47 1999 or earlier – SKIP to question 47 Never worked; or did subsistence only – SKIP to question 47	40.	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)
bu or w or	CURRENT OR MOST RECENT JOB ACTIVITY escribe clearly (your/'s) chief job activity or usiness last week. If (you/) had more than ne job, describe the one at which (you/) orked the most hours. If (you/) had no job business last week, give information for our/'s) last job or business since 2005.	41.	Is this mainly - Mark ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?
. (S	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?	42.	What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)
	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?	43.	What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)



797525

44.	LAST YEAR, 2009, did (you/) work at a job or business at any time? Do not include subsistence activity.	47b.	Did (you/) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?
	☐ Yes☐ No – <i>SKIP to question 47</i>		Yes – What was the NET income after business expenses?
45a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.		Annual amount – Dollars Loss
	Yes – SKIP to question 46 No		□ No
b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.	C.	Did (you/) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.
	50 to 52 weeks		Yes – What was the amount?
	48 to 49 weeks		Annual amount - Dollars Loss
	40 to 47 weeks		
	27 to 39 weeks		\$.00
	14 to 26 weeks		No
	13 weeks or less	d.	Did (you/) receive any Social Security or Railroad Retirement in 2009?
46.	During 2009, in the WEEKS WORKED, how		
	many hours did (you/) usually work each		Yes – What was the amount?
	WEEK? Do not include subsistence activity.		Annual amount – Dollars
	Usual hours worked each WEEK		\$.00
			_
			□ No
47.	The next set of questions is about each income source (you/) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark \(\) the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark \(\) the "Loss" box next to the dollar amount.		Did (you/) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009? Yes – What was the amount? Annual amount – Dollars No
a.	Did (you/) receive any wages, salary, commissions, bonuses, or tips in 2009?	f.	Did (you/) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.
	Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?		☐ Yes – What was the amount?
	Annual amount – <i>Dollars</i>		Annual amount – Dollars
			\$.00
	\$.00		□ No
	□ No		



	er som o-continueu
47g.	Did (you/) receive any remittances in 2009? Include money from relatives outside the household or in the military.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$.00 □ No
h.	Did (you/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance of sale of a home.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$.00
	□ No
Instea amou	ot ask question 48 if questions 47a-47h are completed. ad, sum these entries and subtract any losses. Enter the nt below. If the total amount was a loss, mark X the "Los ext to the amount.
48.	What was (your/'s) total income during 2009?
	Annual amount - Dollars Loss
	□ None OR \$.00 □
49.	During 2009, did (you/) 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.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$.00
	No
50.	Refer to S5 on the front cover. If more than three persons are listed, continue with Person 4. If not, SKIP to the "Respondent Information" on back cover.
orm D-2(E	E)CNMI

797527

28			
P	Person 4		
6.	Print the name of Person 4 from page 2. First Name MI Last Name		Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. Where was (your/'s) father born? Print the
7.	Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.		name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
8.	(Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States? Yes, born in this Area – SKIP to question 11a	12.	(Show Card E.) (Are you/Is) 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, 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)		 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
9.	When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year	13a.	At any time since February 1, 2010, (have you/has) 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. /f "Yes," ASK – Was it public or private?
10.	(Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box. Employment		 No, has not attended since February 1 – SKIP to question 14 Yes, public school, public college Yes, private school, private college, home school
	Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing Other	b.	What grade or level (were you/was) attending? Mark X 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)



14.	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed	16c.	(Do you/Does) 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
	PRE-KINDERGARTEN THROUGH GRADE 12 Pre-kindergarten Kindergarten Grade 1 through 11 – Specify grade 1–11 12 th grade – NO DIPLOMA		Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 18 Yes, this house – SKIP to question 18 No, different house Where did (you/) live 1 year ago?
	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	.	What is 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 18.
	credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)	c.	What is the name of the city, town, or village?
5.	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) (Have you/Has) 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. If "Yes," ASK – Was training received in this area? No Yes, in this Area Yes, not in this Area	18.	(Show Card G.) (Are you/Is) 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. a. Insurance through a current or former employer or union (of this person or another family member)
	(Do you/Does) speak a language other than English at home? Yes No – SKIP to question 17a What is this language?		 f. VA (including those who have ever used or enrolled for VA health care) □ g. Local medical programs for indigents □ h. Any other type of health insurance or health coverage plan – Specify □
	(For example: Chamorro, Samoan, Carolinian, Tongan)		



19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing? Yes	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
	□ No		Yes
	L NO		□ No – SKIP to question 25
b.	(Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	b.	(Are you/Is) 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		Yes
	uestions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	c.	No − SKIP to question 25How long (have you/has) been responsible
20a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	Yes		Less than 6 months
	□ No		6 to 11 months
			1 or 2 years
D.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years
			5 or more years
	☐ Yes		
	□ No	25.	(Show Card H.) (Have you/Has) ever served on active duty in the U.S. Armed Forces, military
c.	(Do you/Does) have difficulty dressing or bathing? ☐ Yes		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.
	□ No		
	uestion 21 if this person is 15 years old or over. wise, SKIP to question 50.		Yes, now on active dutyYes, on active duty during the last 12 months, but not now
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty		 Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard
	doing errands alone such as visiting a doctor's office or shopping?		only – SKIP to question 27a
	☐ Yes ☐ No		No, never served in the military − SKIP to question 28a
22.	What is (your/'s) marital status? Now married Widowed	26.	(Show Card I.) When did (you/) 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. After each response, ASK – Any other time?
	Divorced		September 2001 or later
	Separated Never married		August 1990 to August 2001 (including Persian Gulf War)
23.	If this person is female, ASK – How many babies		September 1980 to July 1990
20.	(have you/has she) ever had, not counting		May 1975 to August 1980
	stillbirths? Do not count stepchildren or		☐ Vietnam era (August 1964 to April 1975)
	children (you have/she has) adopted.		March 1961 to July 1964
	☐ None OR Number of children		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



27a.	(Do you/Does) have a VA service-connected disability rating? ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No − SKIP to question 28a	30.	(Show Card J.) How did (you/) 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.
b.	What is (your/'s) service-connected disability rating? O 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 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do 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 activity – SKIP to question 29 Yes, worked for pay AND did subsistence activity – SKIP to question 29 No, did NOT work for pay at a job or business (or was retired)		Other method question 31 if this person answered "Car, truck, or private ous" in question 30. Otherwise, SKIP to question 32. How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK? Person(s)
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark ONE box. Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes
29.	At what location did (you/) 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.	Othei	questions 34–37 if this person did NOT work last week. rwise, SKIP to question 38. LAST WEEK, (were you/was) on layoff
	What is the name of the island, U.S. state, commonwealth, territory, or foreign country? What is the name of the city, town, or village?	b.	from a job? Yes – SKIP to question 34c No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 37 No – SKIP to question 35 (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work? Yes – SKIP to question 36 No
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been ACTIVELY looki	EEKS, (have you/has) ing for work?	39.	For whom did (you/) work? If now on active duty in the Armed Forces, mark this box
YesNo − SKIP to question	1.37		and print the branch of the Armed Forces.
I NO ONI lo question	107		Name of company, business, or other employer
offered one, or return	ou/) have started a job if ned to work if recalled? If "No, use of a temporary illness or n?	II	
Yes, could have goneNo, because of own te			
	er reasons (in school, etc.)		
days? Do not include 2010	t work, even for a few subsistence activity.	40.	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)
2009			waterimaker, auto repair snop, banky
2008			
2005 to 2007			
2000 to 2004 – SKIP t	•		
1999 or earlier – SKIP	· ·		
question 47	subsistence only – <i>SKIP to</i>		
43. CURRENT OR MOS ACTIVITY		41.	Is this mainly - Mark X ONE box.
business last week. one job, describe the worked the most ho or business last wee	ur/'s) chief job activity or If (you/) had more than e one at which (you/) urs. If (you/) had no job ek, give information for r business since 2005.		 ■ Manufacturing? ■ Wholesale trade? ■ Retail trade? ■ Other (agriculture, construction, service government, etc.)?
business last week. one job, describe the worked the most ho or business last wee (your/'s) last job or (Show Card K.) (Were yo	If (you/) had more than e one at which (you/) urs. If (you/) had no job ek, give information for business since 2005.	42.	 Wholesale trade? □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer,
business last week. one job, describe the worked the most hos or business last wee (your/'s) last job or (Show Card K.) (Were you	If (you/) had more than e one at which (you/) urs. If (you/) had no job ek, give information for business since 2005. ou/Was) - Mark 🔀 ONE box. PRIVATE FOR-PROFIT ess or of an individual,	42.	 □ Wholesale trade? □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing?
business last week. one job, describe the worked the most ho or business last wee (your/'s) last job or (Show Card K.) (Were you An employee of a loompany or busine for wages, salary, An employee of a loompany or busine	If (you/) had more than e one at which (you/) urs. If (you/) had no job ek, give information for business since 2005. ou/Was) - Mark X ONE box. PRIVATE FOR-PROFIT ess or of an individual, or commissions? PRIVATE NOT-FOR-PROFIT,	42.	 Wholesale trade? □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer,
business last week. one job, describe the worked the most ho or business last wee (your/'s) last job or (Show Card K.) (Were you An employee of a l company or busine for wages, salary, An employee of a l tax-exempt, or cha	If (you/) had more than e one at which (you/) urs. If (you/) had no job ek, give information for r business since 2005. ou/Was) - Mark ONE box. PRIVATE FOR-PROFIT ess or of an individual, or commissions? PRIVATE NOT-FOR-PROFIT, aritable organization? al GOVERNMENT employee	42.	 Wholesale trade? □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer,
business last week. one job, describe the worked the most hos or business last wee (your/'s) last job or (Show Card K.) (Were you An employee of a l company or busine for wages, salary, An employee of a l tax-exempt, or cha	If (you/) had more than e one at which (you/) urs. If (you/) had no job ek, give information for r business since 2005. ou/Was) - Mark X ONE box. PRIVATE FOR-PROFIT ess or of an individual, or commissions? PRIVATE NOT-FOR-PROFIT, aritable organization? al GOVERNMENT employee onwealth, etc.)?	42.	 Wholesale trade? □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer,
business last week. one job, describe the worked the most hos or business last wee (your/'s) last job or (Show Card K.) (Were you An employee of a lacompany or busine for wages, salary, An employee of a lax-exempt, or characteristic or characteristic of the company of the company or busine for wages, salary, An employee of a lax-exempt, or characteristic or characteristic of the company	If (you/) had more than e one at which (you/) urs. If (you/) had no job ek, give information for r business since 2005. Ou/Was) - Mark X ONE box. PRIVATE FOR-PROFIT ess or of an individual, or commissions? PRIVATE NOT-FOR-PROFIT, aritable organization? al GOVERNMENT employee onwealth, etc.)? IMENT employee? in own NOT ousiness, professional	42. 43.	□ Wholesale trade? □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important
business last week. one job, describe the worked the most hos or business last wee (your/'s) last job or (Show Card K.) (Were you An employee of a language of a lang	If (you/) had more than e one at which (you/) urs. If (you/) had no job ek, give information for r business since 2005. Ou/Was) - Mark ONE box. PRIVATE FOR-PROFIT ess or of an individual, or commissions? PRIVATE NOT-FOR-PROFIT, aritable organization? al GOVERNMENT employee onwealth, etc.)? IMENT employee? in own NOT pusiness, professional		□ Wholesale trade? □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)
business last week. one job, describe the worked the most ho or business last wee (your/'s) last job or (Show Card K.) (Were you An employee of a lacompany or busine for wages, salary, An employee of a lax-exempt, or chack the company or busine (territorial/common) A local or territorial (territorial/common) A federal GOVERN SELF-EMPLOYED i INCORPORATED b practice, or farm? SELF-EMPLOYED i business, professi	If (you/) had more than e one at which (you/) urs. If (you/) had no job ek, give information for r business since 2005. Ou/Was) - Mark ONE box. PRIVATE FOR-PROFIT ess or of an individual, or commissions? PRIVATE NOT-FOR-PROFIT, aritable organization? al GOVERNMENT employee onwealth, etc.)? IMENT employee? in own NOT pusiness, professional		□ Wholesale trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care repairing machinery, making watches, typing and
business last week. one job, describe the worked the most ho or business last wee (your/'s) last job or (Show Card K.) (Were your) An employee of a language of a lan	If (you/) had more than e one at which (you/) urs. If (you/) had no job ek, give information for r business since 2005. ou/Was) - Mark X ONE box. PRIVATE FOR-PROFIT ess or of an individual, or commissions? PRIVATE NOT-FOR-PROFIT, aritable organization? al GOVERNMENT employee onwealth, etc.)? IMENT employee? in own NOT ousiness, professional in own INCORPORATED ional practice, or farm?		□ Wholesale trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care repairing machinery, making watches, typing and
business last week. one job, describe the worked the most ho or business last wee (your/'s) last job or (Show Card K.) (Were your) An employee of a language of a lan	If (you/) had more than e one at which (you/) urs. If (you/) had no job ek, give information for r business since 2005. ou/Was) - Mark X ONE box. PRIVATE FOR-PROFIT ess or of an individual, or commissions? PRIVATE NOT-FOR-PROFIT, aritable organization? al GOVERNMENT employee onwealth, etc.)? IMENT employee? in own NOT ousiness, professional in own INCORPORATED ional practice, or farm?		□ Wholesale trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care repairing machinery, making watches, typing and
business last week. one job, describe the worked the most ho or business last wee (your/'s) last job or (Show Card K.) (Were you An employee of a lacompany or busine for wages, salary, An employee of a lax-exempt, or chack the company or busine (territorial/common) A federal GOVERN SELF-EMPLOYED in business, professions working WITHOUT	If (you/) had more than e one at which (you/) urs. If (you/) had no job ek, give information for r business since 2005. ou/Was) - Mark X ONE box. PRIVATE FOR-PROFIT ess or of an individual, or commissions? PRIVATE NOT-FOR-PROFIT, aritable organization? al GOVERNMENT employee onwealth, etc.)? IMENT employee? in own NOT ousiness, professional in own INCORPORATED ional practice, or farm?		□ Wholesale trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care repairing machinery, making watches, typing and



44.	LAST YEAR, 2009, did (you/) work at a job or business at any time? Do not include subsistence activity.	47b.	Did (you/) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?
	Yes		
	□ No − SKIP to question 47		Yes – What was the NET income after business expenses?
45a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.		Annual amount – Dollars Loss
	☐ Yes – SKIP to question 46		_
	□ No		□ No
b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.	C.	Did (you/) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.
	50 to 52 weeks		Yes – What was the amount?
	48 to 49 weeks		Annual amount - Dollars Loss
	40 to 47 weeks		
	27 to 39 weeks		\$.00
	14 to 26 weeks		No
	13 weeks or less	d	Did (you/) receive any Social Security or
		u.	Railroad Retirement in 2009?
46.	During 2009, in the WEEKS WORKED, how		Yes – What was the amount?
	many hours did (you/) usually work each WEEK? Do not include subsistence activity.		
	Usual hours worked each WEEK		Annual amount – <i>Dollars</i>
	Osual flours worked each WEEK		\$.00
			No
			I NO
47.	The next set of questions is about each income source (you/) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark * the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark * the "Loss" box next to the dollar amount.		Did (you/) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009? Yes – What was the amount? Annual amount – Dollars No
a.	Did (you/) receive any wages, salary, commissions, bonuses, or tips in 2009?	t.	Did (you/) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.
	Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?		☐ Yes – What was the amount?
	Annual amount – <i>Dollars</i>		Annual amount - Dollars
	Allida allount – Dollars		\$.00
	\$.00		_
	No		□ No



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47	7g. Did (you/) receive any remittances in 2009? Include money from relatives outside the household or in the military.	
	Yes – What was the amount?	
	Annual amount - Dollars	
	\$.00	
	□ No	
	h. Did (you/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance of sale of a home.	
	☐ Yes – What was the amount?	
	Annual amount – Dollars	
	\$.00	
	□ No	
In ar	Oo not ask question 48 if questions 47a-47h are completed. Instead, sum these entries and subtract any losses. Enter the mount below. If the total amount was a loss, mark Institute "Loss" ox next to the dollar amount.	
48	8. What was (your/'s) total income during 2009?	
	Annual amount – Dollars Loss	
	□ None OR \$.00 □	
49	9. During 2009, did (you/) 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.	
	☐ Yes – What was the amount?	
	Annual amount – Dollars	
	\$, .00	
	□ No	
50	0. Refer to S5 on the front cover. If more than four persons are listed, continue with Person 5. If not, SKIP to the "Respondent Information" on back page.	
Form	n D-2(E)CNMI	

Person 5	
6. Print the name of Person 5 from page 2. First Name Last Name MI Last Name MR Print the name of the	 11a. Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. b. Where was (your/'s) father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. 8. (Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States?	12. (Show Card E.) (Are you/Is) 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
Yes, born in this Area – SKIP to question 11a 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)	 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
9. When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year 10. (Show Card D.) What was (your/'s) MAIN reason	 13a. At any time since February 1, 2010, (have you/has) attended school or college? Include only pre-kindergarten, kindergarten, elementar school, home school, and schooling which lead to a high school diploma or a college degree. If "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to question 14
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	Yes, public school, public college Yes, private school, private college, home school b. What grade or level (were you/was) attending? Mark X 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)
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le	thow Card F.) What is the highest degree or vel of school (you have/ has) COMPLETED? ark X ONE box. If currently enrolled, mark the previous	16C.	(Do you/Does) speak this language at ho more frequently than English?
	ade or highest degree received.		Yes, more frequently than English
N	O SCHOOLING COMPLETED		□ Both equally often□ No, less frequently than English
	No schooling completed		Does not speak English
PF	RE-KINDERGARTEN THROUGH GRADE 12	17a.	Did (you/) live in this house or apartment
	Pre-kindergarten		1 year ago (on April 1, 2009)?
	Kindergarten		Person is under 1 year old – <i>SKIP to question 18</i> Yes, this house – <i>SKIP to question 18</i>
Ш	Grade 1 through 11 – Specify grade 1–11 —————————————————————————————————		No, different house
	12 th grade – NO DIPLOMA		
н	IGH SCHOOL GRADUATE	b.	Where did (you/) live 1 year ago?
	Regular high school diploma		What is the name of the island, U.S. state,
	GED or alternative credential		commonwealth, territory, or foreign country of outside this Area, print the answer below and SKI
C	OLLEGE OR SOME COLLEGE		to question 18.
	Some college credit, but less than 1 year of college		
	credit		
	1 or more years of college credit, no degree	C.	What is the name of the city, town, or village
	· · · · · · · · · · · · · · · · · · ·		
	Associate's degree (for example: AA, AS)		
	· · · · · · · · · · · · · · · · · · ·		
	Associate's degree (for example: AA, AS)	18.	(Show Card G.) (Are you/Is) CURRENTLY
	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng,	18.	covered by any of the following types of
	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	18.	covered by any of the following types of health insurance or health coverage plans Mark "Yes" or "No" for EACH type of coverage in
	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng,	18.	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.
	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree	18.	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. Insurance through a current or former employer or union (of this person or
AI	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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)	18.	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 Na. Insurance through a current or former employer or union (of this person or another family member)
AI	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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)	18.	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. a. Insurance through a current or former employer or union (of this person or another family member)
AI	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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) lave you/Has) completed the requirements or a vocational training program at a trade chool, business school, hospital, some other	18.	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 Na. Insurance through a current or former employer or union (of this person or another family member)
AI	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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) lave you/Has) completed the requirements or a vocational training program at a trade chool, business school, hospital, some other and of school for occupational training, or place	18.	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. a. Insurance through a current or former employer or union (of this person or another family member)
AI AI G Ki G Ki G G G G G G G G G G G G G	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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) lave you/Has) completed the requirements or a vocational training program at a trade chool, business school, hospital, some other and of school for occupational training, or place if work? Do not include academic college ourses. If "Yes," ASK – Was training received in	18.	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. 1 Insurance through a current or former employer or union (of this person or another family member)
AI AI G G G G G G G G G G G G G	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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) lave you/Has) completed the requirements or a vocational training program at a trade chool, business school, hospital, some other and of school for occupational training, or place work? Do not include academic college ourses. If "Yes," ASK – Was training received in his area?	18.	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. a. Insurance through a current or former employer or union (of this person or another family member)
AI AI G. (H fo so ki of	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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) lave you/Has) completed the requirements or a vocational training program at a trade chool, business school, hospital, some other and of school for occupational training, or place for work? Do not include academic college ourses. If "Yes," ASK – Was training received in his area?	18.	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. 1 Insurance through a current or former employer or union (of this person or another family member)
AI AI G G G G G G G G G G G G G	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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) lave you/Has) completed the requirements or a vocational training program at a trade chool, business school, hospital, some other and of school for occupational training, or place f work? Do not include academic college ourses. If "Yes," ASK – Was training received in his area? No Yes, in this Area	18.	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. a. Insurance through a current or former employer or union (of this person or another family member)
AI AI AI Government	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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) lave you/Has) completed the requirements or a vocational training program at a trade chool, business school, hospital, some other and of school for occupational training, or place for work? Do not include academic college ourses. If "Yes," ASK – Was training received in his area? No Yes, in this Area Yes, not in this Area	18.	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. a. Insurance through a current or former employer or union (of this person or another family member)
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AI AI Galage AI Galage AI AI AI AI AI AI AI AI AI A	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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) Mave you/Has) completed the requirements or a vocational training program at a trade chool, business school, hospital, some other and of school for occupational training, or place work? Do not include academic college ourses. If "Yes," ASK – Was training received in his area? No Yes, in this Area Yes, not in this Area Yes, not in this Area Yes	18.	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. a. Insurance through a current or former employer or union (of this person or another family member)
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AI AI AI For some control of the	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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) Mave you/Has) completed the requirements or a vocational training program at a trade chool, business school, hospital, some other and of school for occupational training, or place work? Do not include academic college ourses. If "Yes," ASK – Was training received in his area? No Yes, in this Area Yes, not in this Area Yes, not in this Area Yes	18.	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. a. Insurance through a current or former employer or union (of this person or another family member)
AI AI AI Control	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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) lave you/Has) completed the requirements or a vocational training program at a trade chool, business school, hospital, some other and of school for occupational training, or place fwork? Do not include academic college ourses. If "Yes," ASK – Was training received in his area? No Yes, in this Area Yes, not in this Area Po you/Does) speak a language other an English at home? Yes No – SKIP to question 17a	18.	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. a. Insurance through a current or former employer or union (of this person or another family member)
AI AI AI AI Control Contr	Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) FTER 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) lave you/Has) completed the requirements or a vocational training program at a trade chool, business school, hospital, some other and of school for occupational training, or place fwork? Do not include academic college ourses. If "Yes," ASK – Was training received in his area? No Yes, in this Area Yes, not in this Area Po you/Does) speak a language other an English at home? Yes No – SKIP to question 17a	18.	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. a. Insurance through a current or former employer or union (of this person or another family member)

Form D-2(E)CNMI

(1-21-2009)



797536

19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing? Yes	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
	□ No		Yes
	L NO		□ No – SKIP to question 25
b.	(Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	b.	(Are you/Is) currently responsible for most of the basic needs of any grandchild(ren) under the
	Yes		age of 18 who live(s) in this house or apartment?
	□ No		Yes
	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.		□ No – SKIP to question 25
	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?	G.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	Yes		Less than 6 months
	□ No		6 to 11 months
L.	(D. (D.))		☐ 1 or 2 years
D.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years
			5 or more years
	☐ Yes		
	No	25.	(Show Card H.) (Have you/Has) ever served on
C.	(Do you/Does) have difficulty dressing or bathing? Yes		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,
	□ No		for the Persian Gulf War.
			Yes, now on active duty
	question 21 if this person is 15 years old or over. rwise, SKIP to question 50.		Yes, on active duty during the last 12 months, but not now
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a		 Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard
	doctor's office or shopping?		only – SKIP to question 27a
	Yes		No, never served in the military – SKIP to question 28a
	□ No		<i>ασοποπ Σοα</i>
22.	What is (your/'s) marital status? Now married Widowed	26.	(Show Card I.) When did (you/) 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. After each response, ASK – Any other time?
	Divorced		September 2001 or later
	Separated Never married		August 1990 to August 2001 (including Persian Gulf War)
23.	If this person is female, ASK – How many babies		☐ September 1980 to July 1990
	(have you/has she) ever had, not counting		☐ May 1975 to August 1980
	stillbirths? Do not count stepchildren or		☐ Vietnam era (August 1964 to April 1975)
	children (you have/she has) adopted.		☐ March 1961 to July 1964
	☐ None OR Number of children		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



797537

27a.	(Do you/Does) have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 28a	30.	(Show Card J.) How did (you/) 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.
b.	What is (your/'s) service-connected disability rating? 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 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do 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 activity – SKIP to question 29 Yes, worked for pay AND did subsistence activity – SKIP to question 29 No, did NOT work for pay at a job or business (or was retired)	van/b	Other method question 31 if this person answered "Car, truck, or private pus" in question 30. Otherwise, SKIP to question 32. How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK? Person(s)
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark X ONE box. Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes
a.	At what location did (you/) 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. What is the name of the island, U.S. state, commonwealth, territory, or foreign country? What is the name of the city, town, or village?	Otheir 34a. b.	LAST WEEK, (were you/was) on layoff from a job? Yes – SKIP to question 34c No No No No No No No No No N
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	Ouring the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?	39.	For whom did (you/) work? If now on active duty in the Armed Forces,
	Yes		mark X this box \longrightarrow
	No – SKIP to question 37		and print the branch of the Armed Forces.
	AGEWEEK and down! No are about do tak!!		Name of company, business, or other employer
G	.AST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK — Was this because of a temporary illness or or some other reason?	1	
	Yes, could have gone to work		
	No, because of own temporary illness		
	No, because of all other reasons (in school, etc.)		
	When did (you/) last work, even for a few	40.	What kind of business or industry was this
C	ays? Do not include subsistence activity.		Describe the activity at the location when
	2010		employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)
	2009		watermaner, auto repair snop, barrny
L	2008		
Ļ	2005 to 2007		
Ļ	2000 to 2004 – SKIP to question 47		
Ļ	1999 or earlier – SKIP to question 47		
L	Never worked; or did subsistence only – <i>SKIP to</i> question 47		
-43	CURRENT OR MOST RECENT JOB ACTIVITY	41.	Is this mainly – Mark X ONE box.
	Describe clearly (your/'s) chief job activity or	71.	☐ Manufacturing?
	ousiness last week. If (you/) had more than		
			Wholesale trade?
C	ne job, describe the one at which (you/)		Wholesale trade? Retail trade?
V			 Wholesale trade? □ Retail trade? □ Other (agriculture, construction, service government, etc.)?
(one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) - Mark X ONE box.	42.	 □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer,
(one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) – Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual,	42.	 □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing
(one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) - Mark X 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,	42.	 □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer,
3. (one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) – Mark X 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	42.	 □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer,
3. (one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) – Mark X 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.)?	42.	 □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer,
· (one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) – Mark X 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?	42.	 □ Retail trade? □ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer,
3. (one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) - Mark X 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	42. 43.	Retail trade? Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important
B. (worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) – Mark X 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		Retail trade? Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)



797539

44.	LAST YEAR, 2009, did (you/) work at a job or business at any time? Do not include subsistence activity. Yes	47b.	Did (you/) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?
	□ No − SKIP to question 47		Yes – What was the NET income after business expenses?
45a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.		Annual amount – Dollars Loss
	☐ Yes — SKIP to question 46 ☐ No		□ No
b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.	c.	Did (you/) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account. Yes – What was the amount?
	50 to 52 weeks		Annual amount – Dollars Loss
	✓ 48 to 49 weeks✓ 40 to 47 weeks		
	27 to 39 weeks		\$.00
	14 to 26 weeks		□ No
	☐ 13 weeks or less	d.	Did (you/) receive any Social Security or Railroad Retirement in 2009?
46.	During 2009, in the WEEKS WORKED, how		Yes – What was the amount?
	many hours did (you/) usually work each WEEK? Do not include subsistence activity.		Annual amount – <i>Dollars</i>
	Usual hours worked each WEEK		
			\$.00 □ No
47. a.	The next set of questions is about each income source (you/) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark X the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the dollar amount. Did (you/) receive any wages, salary, commissions, bonuses, or tips in 2009? Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or other items? Annual amount – Dollars \$ 100		Did (you/) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009? Yes – What was the amount? Annual amount – Dollars No Did (you/) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security. Yes – What was the amount? Annual amount – Dollars No
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	erson 3-Continued
47g.	Did (you/) receive any remittances in 2009? Include money from relatives outside the household or in the military.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$.00
	□ No
h.	Did (you/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance of sale of a home.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$.00
	No
Instea amou	of ask question 48 if questions 47a-47h are completed. ad, sum these entries and subtract any losses. Enter the int below. If the total amount was a loss, mark I the "Loss ext to the dollar amount.
48.	What was (your/'s) total income during 2009?
	Annual amount – Dollars Loss
	□ None OR \$.00 □
49.	During 2009, did (you/) 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.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$.00
	□ No
50.	Refer to S5 on the front cover. If more than five persons are listed, continue with D-2(E)SUPP AS form. If not, continue with the "Respondent Information" on back page.
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RESPONDENT INFORMATION	
R1. Enter respondent's name. First Name Last Name	R2. In case we need to contact you, what is your telephone number and the best time to call? Area Code + Number Day Evening Either R3. Respondent type - Household member lived here on April 1, 2010 Household member moved in after April 1, 2010 Neighbor or other proxy
INTERVIEW SUMMARY	
A. Status on April 1, 2010 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 − Record ID of Dup. ■ 8 = Duplicate − Record ID of Dup.	B. POP on April 1, 2010 O1-49 = Total persons O0 = Vacant 98 = Delete 99 = POP unknown C. VACANT - If vacant, ASK - Which category best described this vacant unit as of April 1, 2010? (Read categories.) For rent Rented, not occupied For sale only Sold, not occupied For seasonal, recreational, or occasional use For migrant workers Other vacant
D. UHE E. MOV F. PI G. REF H. C	CO I. REP J. VDC K. JIC1 L. JIC2
RECORD OF CONTACT	
Type Month Day Time a.m. p.m. a.m. p.m. a.m. p.m. a.m. p.m. p.m. a.m. p.m. p.m.	Outcome Type Month Day Time Outcome Personal Telephone Personal Telephone Personal Telephone Personal Telephone Personal Description Personal Description Day Time Outcome A.m. D.m. D.m. D.m. D.m. D.m. D.m. D.m.
OUTCOME CODES: NV = Left Notice of Visit NC = No contact RE = Refusal CI = Conducted interview OT = Other	
INTERVIEW SUMMARY	
I certify that the entries I have made on this questionnal to the best of my knowledge. Enumerator's signature and date	ire are true and correct Crew Leader's initials Month Day

