

# Census 2010 Pacific Islands

# Individual Census Report

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

Use a blue or black pen.

## Start here

**1. What is your name?** *Print name below.*

Last Name

First Name

MI

**2. Do you live or stay in this facility MOST OF THE TIME?**

- Yes – SKIP to question 4
- No

**3. What is the address of the place where you live or stay MOST OF THE TIME?** *Please complete all that apply.*

Development/Building name or Subdivision/Place name

House number

Apartment number

Street or Road name

Physical description/Location

District/Municipality/Village

ZIP Code

**4. What is your telephone number?** *We may call you if we don't understand an answer.*

Area Code + Number

**5. What is your sex?** Mark  ONE box.

- Male
- Female

**6. What is your age and what is your date of birth?** *Please report babies as age 0 when the child is less than 1 year old.*

Age on April 1, 2010

*Print numbers in boxes.*

Month      Day      Year of birth

**7. What is your ethnic origin or race?**

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

**8. Where were you born?** *Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.*

**9. Are you a CITIZEN or NATIONAL of the United States?**

- Yes, born in this area of current residence (American Samoa, Guam, or Northern Mariana Islands) – SKIP to question 12a
- 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)

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







**21c. Do you have difficulty dressing or bathing?**

- Yes  
 No

Answer question 22 if you are 15 years old or over. Otherwise, SKIP to question 51.

**22. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?**

- Yes  
 No

**23. What is your marital status?**

- Now married  
 Widowed  
 Divorced  
 Separated  
 Never married

**24. If you are female, how many babies have you ever had, not counting stillbirths? Do not count stepchildren or children you have adopted.**

- None OR Number of children

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**25a. Do you have any of your own grandchildren under the age of 18 living in this house, apartment, dormitory, or institution?**

- Yes  
 No – SKIP to question 26

**b. Are you currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house, apartment, dormitory, or institution?**

- Yes  
 No – SKIP to question 26

**c. How long have you been responsible for the(se) grandchild(ren)? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.**

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

**26. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.**

- Yes, now on active duty  
 Yes, on active duty during the last 12 months, but not now  
 Yes, on active duty in the past, but not during the last 12 months  
 No, training for Reserves or National Guard only – SKIP to question 28a  
 No, never served in the military – SKIP to question 29a

**27. When did you serve on active duty in the U.S. Armed Forces? Mark  a box for EACH period in which you served, even if just for part of the period.**

- September 2001 or later  
 August 1990 to August 2001 (including Persian Gulf War)  
 September 1980 to July 1990  
 May 1975 to August 1980  
 Vietnam era (August 1964 to April 1975)  
 March 1961 to July 1964  
 February 1955 to February 1961  
 Korean War (July 1950 to January 1955)  
 January 1947 to June 1950  
 World War II (December 1941 to December 1946)  
 November 1941 or earlier

**28a. Do you have a VA service-connected disability rating?**

- Yes (such as 0%, 10%, 20%, . . . , 100%)  
 No – SKIP to question 29a

**b. What is your service-connected disability rating?**

- 0 percent  
 10 or 20 percent  
 30 or 40 percent  
 50 or 60 percent  
 70 percent or higher



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**38. 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 48
- 1999 or earlier – SKIP to question 48
- Never worked; or did subsistence only – SKIP to question 48

**39-44. CURRENT OR MOST RECENT JOB ACTIVITY**

Describe clearly your 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 last job or business since 2005.

**39. Were you – Mark  ONE box.**

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

**40. For whom did you work?**

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

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


**41. 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)


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

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

**43. What kind of work were you doing?** (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)


**44. What were your most important activities or duties?** (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)


**45. LAST YEAR, 2009, did you work at a job or business at any time?** Do not include subsistence activity.

- Yes
- No – SKIP to question 48

**46a. 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 47
- No



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46b. 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

47. 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

Input box for usual hours worked each week

48. INCOME IN 2009

Mark [X] the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 48d and 48e). Mark [X] the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark [X] the "Loss" box next to the dollar amount.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Annual amount - Dollars

Yes/No checkboxes and dollar amount input box for wages

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Annual amount - Dollars Loss

Yes/No checkboxes and dollar amount input box for self-employment income

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

Annual amount - Dollars Loss

Yes/No checkboxes and dollar amount input box for interest/dividends

48d. Social Security or Railroad Retirement.

Annual amount - Dollars

Yes/No checkboxes and dollar amount input box for Social Security

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

Annual amount - Dollars

Yes/No checkboxes and dollar amount input box for public assistance

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

Annual amount - Dollars

Yes/No checkboxes and dollar amount input box for retirement

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

Annual amount - Dollars

Yes/No checkboxes and dollar amount input box for remittances

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Annual amount - Dollars

Yes/No checkboxes and dollar amount input box for other income

49. What was your total income during 2009?

Add entries in questions 48a-48h; subtract any losses. If net income was a loss, enter the amount and mark [X] the "Loss" box next to the dollar amount.

Annual amount - Dollars Loss

None OR checkboxes and dollar amount input box for total income

50. 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/No checkboxes and dollar amount input box for giving money



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**51. Please check this form to be sure you have answered all the required questions completely.**

**To return your form, please follow the instructions on the envelope that the form came in.**

## **Thank you for completing this official Census 2010 form.**

The Census Bureau estimates that, on average, each respondent will take 24 minutes to complete this form, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any aspect of the burden to: Paperwork Reduction Project 0607-0000, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to [Paperwork@census.gov](mailto:Paperwork@census.gov); use "Paperwork Project 0607-0000" as the subject.

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



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