

Census 2010 Pacific Islands

Military 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. What is the full name and address of the place (barrack/dormitory, disciplinary barrack/jail, military treatment facility) where you are assigned?

Please complete all that apply.

Military installation or Base name

Barrack or dormitory name

Barrack or dormitory number

Street number

Street name

3. What is your sex? Mark ONE box.

Male

Female

4. 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

5. What is your ethnic origin or race?

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

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

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

- Yes, born in this area of current residence (American Samoa, Northern Mariana Islands, Guam) – SKIP to question 10a
- Yes, born in the United States or another U.S. territory or commonwealth
- Yes, born elsewhere of U.S. parent or parents
- Yes, a U.S. citizen by naturalization
- No, not a U.S. citizen or national (permanent resident)
- No, not a U.S. citizen or national (temporary resident)

8. When did you come to this area of current residence to stay? If you have entered the area more than once, what is the latest year? *Print numbers in boxes.*

Year

OMB No. 0607-0806: Approval Expires 12/31/2010



15a. Did you live at the address reported in question 2 one year ago (on April 1, 2009)?

- Yes – SKIP to question 16
- No

b. Where did you live 1 year ago?

What is the name of the island, U.S. state, commonwealth, territory, or foreign country?

[Grid for name of island, U.S. state, commonwealth, territory, or foreign country]

c. What is the name of the city, town, or village?

[Grid for name of city, town, or village]

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

[Grid for specifying other health insurance]

[Grid for specifying other health insurance]

17a. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

b. Are you blind or do you have serious difficulty seeing even when wearing glasses?

- Yes
- No

18a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

b. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

c. Do you have difficulty dressing or bathing?

- Yes
- No

19. 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

20. What is your marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married

21. 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

[Grid for number of children]

22. 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. If the only active duty was for training in the military Reserves or the National Guard, mark this box → and then SKIP to question 23a.

- 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



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23a. Do you have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ..., 100%)
- No – SKIP to question 24a

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

24a. LAST WEEK, did you work for pay at a job (or business)? Do not include subsistence activity.

Mark the "Yes" box if you worked at all or were in training, at your duty station, or elsewhere.

- Yes – SKIP to question 25
- No

b. LAST WEEK, did you do ANY work for pay, even for as little as an hour? Do not include subsistence activity.

- Yes
- No – SKIP to question 30

25. At what location did you work LAST WEEK?

Do not include subsistence activity. If you worked at more than one location, print where you worked most last week.

a. What is the name of the island, U.S. state, commonwealth, territory, or foreign country?

b. What is the name of the city, town, or village?

26. How did you usually get to work LAST WEEK? Do not include transportation to subsistence activity. If you usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Boat
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Worked at home – SKIP to question 30
- Other method

Answer question 27 if you marked "Car, truck, or private van/bus" in question 26. Otherwise, SKIP to question 28.

27. How many people, including yourself, usually rode to work in the car, truck, or private van/bus LAST WEEK?

Person(s)

28. What time did you usually leave home to go to work LAST WEEK?

Hour Minute a.m. p.m.

_____ : _____

29. How many minutes did it usually take you to get from home to work LAST WEEK?

Minutes

30. What is your branch of service?

- Air Force
- Army
- Marine Corps
- Navy
- Coast Guard
- Not in U.S. Armed Forces – Describe the kind of business of your employer.

31a. What kind of work are you doing? (For example: aircraft engine mechanic, electronic technician, field artillery surveyor, sonar technician, tactical intelligence officer)



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- 33d. Any other sources of income received regularly such as Social Security, public assistance or welfare payments, unemployment compensation, child support, or alimony.** Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Annual amount – Dollars

Yes → \$, .00

No

- 34. What was your total income in 2009?** Add entries in questions 33a–33d; subtract any losses. If net income was a loss, mark the "Loss" box next to the amount.

Annual amount – Dollars Loss

None OR \$, .00

- 35. 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.

Annual amount – Dollars

Yes → \$, .00

No

- 36. Please check this form to be sure you have answered all the required questions completely. Please return your completed form to your Census unit representative.**

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 0607-0806, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0806" 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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