Census 2010 American Samoa

U.S. DEPARTMENT OF COMMERCE

Economics and Statistics Administration
U.S. CENSUS BUREAU

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

Use a blue or black pen.

Start here

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

The Census must count every person living in American Samoa on April 1, 2010.

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

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

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

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

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

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

Number of people

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

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

The U.S. Census Bureau estimates that, for the average household, this form will take about 64 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project 0607-0000, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0000" as the subject.

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

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

797001

Form **D-13 AS**

List of Persons

		Person 6 — Last Name	
Please be sure you answered Questio front page before continuing.	n 1 on the		
iront page before continuing.		First Name	MI
Please print the names of all the peop you indicated in Question 1 were livin staying here on April 1, 2010.	ole who g or		
Example — Last Name		Person 7 — Last Name	
C R U Z			
First Name	MI	First Name	MI
JOHN	\mathcal{J}		
Start with the person living here who rents this house, apartment, or mobile if the owner or renter lives somewher start with any adult living here. This v	e home. 'e else,	Person 8 — Last Name	
Person 1.	VIII DC	First Name	MI
Person 1 — Last Name			
		Person 9 — Last Name	
First Name	MI		
		First Name	MI
Person 2 — Last Name			
		Person 10 — Last Name	
First Name	MI		
		First Name	MI
Person 3 — Last Name			
		Person 11 — Last Name	
First Name	MI		
		First Name	MI
Person 4 — Last Name			
Lact Name		Person 12 — Last Name	
First Name	MI		
		First Name	MI
Person 5 — Last Name			
	→	Next, answer questions about Persor	1 1. F
First Name	MI	did not have room to list everyone wh	10 liv
		this house, apartment, or mobile hom	ie. p



797002

Person 1

	-CISUII I		
1.	What is this person's name? Print the name of Person 1 from page 2.	7.	Is this person a CITIZEN or NATIONAL of the United States?
	Last Name		☐ Yes, born in this Area – SKIP to question 10a
			Yes, born in the United States or anotherU.S. territory or commonwealth
	First Name MI		☐ Yes, born elsewhere of U.S. parent or parents
			Yes, a U.S. citizen by naturalization
			No, not a U.S. citizen or national (permanent resident)
2.	What is this person's telephone number? We may	V	No, not a U.S. citizen or national (temporary resident)
	contact this person if we don't understand an answer.	8.	When did this person come to this Area to
	Area Code + Number	-	stay? If this person has entered the Area
			more than once, what is the latest year? Print numbers in boxes.
			Year
3.	What is this person's sex? Mark X ONE box.		
	☐ Male		
	☐ Female	9.	What was this person's MAIN reason for
	What is this never all and substitution		moving to this Area? Mark X ONE box.
4.	What is this person's age and what is this person's date of birth? Please report babies as		☐ Employment
	age 0 when the child is less than 1 year old.		☐ Military
	Age on April 1, 2010		Subsistence activities
			Missionary activities
	Print numbers in boxes.		Moved with spouse or parent
	Month Day Year of birth		To attend school
			☐ Medical ☐ Housing
			Other
_	What is this payon's others avigin as social	40-	
5.	What is this person's ethnic origin or race?	10a.	Where was this person's mother born? Print the name of the island (village in American Samoa),
			U.S. state, commonwealth, territory, or foreign country.
	(For example: Chamorro, Samoan, White, Black,	b.	Where was this person's father born? Print the
	Carolinian, Filipino, Japanese, Korean, Palauan,		name of the island (village in American Samoa),
	Tongan, and so on.)		U.S. state, commonwealth, territory, or foreign country.
6.	Where was this person born? Print the name of the island (village in American Samoa), U.S. state,		
	commonwealth, territory, or foreign country.	11.	lo this payon a dependent of an active duty
		• • • •	Is this person a dependent of an active-duty or retired member of the Armed Forces of the
			United States or of the full-time military
			Reserves or National Guard? Active duty does NOT include training for the military Reserves or
			National Guard.
			Yes, dependent of an active-duty member of the Armed Forces
			☐ Yes, dependent of retired member of the Armed
			Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces
			Reserve No

797003

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



797004

17.	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. Yes No	19c.	Does this person have difficulty dressing or bathing?	
	a. Insurance through a current or former		☐ No er question 20 if this person is 15 years old or over. wise, SKIP to question 49.	
			Because of a physical, mental, or emotional condition, does this person have difficulty	
	c. Medicare, for people 65 and older, or people with certain disabilities		doing errands alone such as visiting a doctor's office or shopping?	
	d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability		☐ Yes ☐ No	
	e. TRICARE or other military health care .	21.	What is this person's marital status?	
	f. VA (including those who have ever used or enrolled for VA health care)		Now marriedWidowed	
	g. Local medical programs for indigents		Divorced	
	h. Any other type of health insurance or		Separated	
	health coverage plan – Specify 📈 🔲 🔲		Never married	
		22.	If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.	
			☐ None OR Number of children	
18a.	Is this person deaf or does he/she have serious difficulty hearing?			
	☐ Yes ☐ No	23a.	Does this person have any of his/her own	
	LI NO		grandchildren under the age of 18 living in this house or apartment?	
b.	Is this person blind or does he/she have		Yes	
	serious difficulty seeing even when wearing glasses?		□ No − SKIP to question 24	
	☐ Yes		No Otth to question 24	
Answ	□ No er questions 19a–c if this person is 5 years old or	b.	Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?	
	Otherwise, SKIP to question 49.		_ ` '	
192	Because of a physical, mental, or emotional		☐ Yes ☐ No – SKIP to question 24	
·oui	condition, does this person have serious		No - Sixii to question 24	
	difficulty concentrating, remembering, or making decisions?	C.	How long has this grandparent been responsible for the(se) grandchild(ren)? If	
	☐ Yes		the grandparent is financially responsible for more	
	□ No		than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.	
b.	Does this person have serious difficulty		_	
	walking or climbing stairs?		Less than 6 months 6 to 11 months	
	Yes		1 or 2 years	
	□ No		3 or 4 years	
			5 or more years	
			•	
			_	



797005

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



797006

Person 1 – Continued

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



797007

Person 1 – Continued

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

797008

	erson 1 - Continued		
46d.	Social Security or Railroad Retirement.	Pleas	se answer questions 49–75 about your household.
	Annual amount – Dollars	49.	Which best describes this building? Include all apartments, flats, etc., even if vacant.
	☐ Yes → \$.00		
	No		A mobile home
	Any public assistance or welfare payments		A one-family house detached from any other house
C.	from the state or local welfare office,		A one-family house attached to one or more houses
	including Supplemental Security Income (SSI).		□ Two houses – Applies only in American Samoa
	Annual amount – Dollars		☐ Three or more houses – Applies only in American Samoa
	☐ Yes → \$		A building with 2 apartments
	No Yes → No		A building with 3 or 4 apartments
	□ NO		☐ A building with 5 to 9 apartments
f.	Retirement, survivor, or disability pensions.		☐ A building with 10 to 19 apartments
	Do NOT include Social Security.		A building with 20 to 49 apartments
	Annual amount – <i>Dollars</i>		☐ A building with 50 or more apartments
			A container
	□ Yes → \$.00		Boat, RV, van, etc.
	□ No		Boat, 11V, Van, etc.
		50.	About when was this building first built?
g.	Any remittances. Include money from relatives		2009 or 2010
	outside the household or in the military.		2000 to 2008
	Annual amount – <i>Dollars</i>		1990 to 1999
	- 6		1980 to 1989
	Yes → \$.00		1970 to 1979
	No		1960 to 1969
h	Any other sources of income received		1950 to 1959
	regularly such as Veterans' (VA) payments,		1940 to 1949
	unemployment compensation, child support,		1939 or earlier
	or alimony. Do NOT include lump-sum payments		1939 of earlier
	such as money from an inheritance or sale of a home. Annual amount – Dollars	51.	When did PERSON 1 (listed on page 2) move
	A		into this living quarters?
	☐ Yes → \$.00		2009 or 2010
	□ No		2000 to 2008
			1990 to 1999
47.	What was this person's total income during 2009? Add entries in questions 46a–46h; subtract		☐ 1980 to 1989
	any losses. If net income was a loss, enter the amount		☐ 1970 to 1979
	and mark X the "Loss" box next to the dollar amount.		1969 or earlier
	Annual amount – Dollars Loss	Ansv	ver question 52 if this is a HOUSE or a MOBILE
	Annual amount Bonaro Eggs		1E. Otherwise, SKIP to question 53a.
	□ None OR \$.00 □		- · · · · · · · · · · · · · · · · · · ·
		52.	Is there a business (such as a store or shop)
48.	During 2009, did this person GIVE or SEND		or a medical office on this property?
	money TO relatives or friends living outside of this Area? Do not include charitable contributions		☐ Yes
	or money given to charitable organizations. If exact		□ No
	amount is not known, please give best estimate.		
	Annual amount – <i>Dollars</i>		
	A and a mount Dollars		
	∨es → \$.00		
	No		



797009

53a.	How many separate rooms are in this living quarters? Rooms must be separated by built-in archways or walls that extend from floor to ceiling.	55a.	Are your MAIN cooking facilities located inside or outside this building? Mark X ONE box.
	INCLUDE bedrooms, kitchens, etc.		☐ Inside this building
	• EXCLUDE bathrooms, porches, balconies, foyers,		Outside this building
	halls, or unfinished basements.		☐ No cooking facilities − <i>SKIP</i> to question 55c
	☐ 1 room		
	2 rooms	b.	What type of cooking facilities are these? Mark X ONE box.
	3 rooms		
	4 rooms		Electric stove
	5 rooms		Kerosene stove
	6 rooms		Gas stove
	7 rooms		✓ Microwave oven and non-portable burners✓ Microwave oven only
	8 rooms		Other (fireplace, hotplate, etc.)
	9 or more rooms		Other (mepiace, notplate, etc.)
b.	How many of these rooms are bedrooms?	c.	Do you have a refrigerator in this building?
	Count as bedrooms those rooms you would list if this		Yes
	living quarters were for sale or rent. If this is an efficiency/studio apartment, mark X "No bedroom."		□ No
	☐ No bedroom	d.	Do you have a sink with piped water in this
	1 bedroom		building?
	2 bedrooms		Yes
	3 bedrooms		□ No
	4 bedrooms 5 or more bedrooms	56.	Does this living quarters have telephone
54a.	Do you have hot and cold piped water?		service from which you can both make and receive calls?
	Yes, in this unit		Yes, a cell or mobile phone only
	Yes, in this building, not in unit		Yes, a landline only
	No, only cold piped water in this unit		Yes, both a cell or mobile phone and a landline
	No, only cold piped water in this building		□ No
	No, only cold piped water outside this building	57.	Do you have air conditioning?
	☐ No piped water	37.	
b.	Do you have a bathtub or shower?		Yes, a central air-conditioning system (includes split-type)
	☐ Yes, in this unit		Yes, 1 individual room unit
	Yes, in this building, not in unit		Yes, 2 or more individual room units
	Yes, outside this building		□ No
	□ No	58.	How many automobiles, vans, and trucks of
	De yeu heye e fluch teilet?		one-ton capacity or less are kept at home for
C.	Do you have a flush toilet?		use by members of this household?
	Yes, in this unit – <i>SKIP to question 55a</i>		None
	Yes, in this building, not in unit – <i>SKIP to</i> question 55a		□ 1 □ 2 □ 1 □ 2 □ 3 □ 3 □ 4 □ 4 □ 7
	Yes, outside this building – <i>SKIP to question 55a</i>		□ 2 □ 3
	No		□ 3 □ 4
			□ 5
d.	What type of toilet facilities do you have?		6 or more
	Outhouse or privy		
	Other or none		



797010

59.	Do you or any member of this household have a battery-operated radio? Count car radios, transistors, and other battery-operated sets in working order or needing only a new battery for operation. Yes No	66.	What is the MAIN type of material used for the foundation of this building? Mark X ONE box. Concrete Wood pier or pilings Other
	Do you or any member of this household have a home computer or laptop? Count only if computer is in working condition. Yes No – SKIP to question 61 Do you or any member of this household have an Internet connection at this living quarters? Yes No		What is the average monthly cost for electricity for this living quarters? Average monthly cost – Dollars OR Included in rent or condominium fee No charge or electricity not used What is the average monthly cost for gas for this living quarters?
61.	Do you get water from − Mark X ONE box. A public system only? A public system and catchment? A village water system only? − Applies only in American Samoa An individual well? A catchment, tanks, or drums only? Some other source (a standpipe, spring, river, creek, etc.)?	c.	Average monthly cost – Dollars OR Included in rent or condominium fee Included in electricity payment entered above No charge or gas not used What is the average monthly cost for water
62.	Is this building connected to a public sewer? Yes, connected to a public sewer No, connected to a septic tank or cesspool No, use other means		and sewer for this living quarters? Average monthly cost – Dollars OR
63.	Is this living quarters part of a condominium? ☐ Yes ☐ No	d.	☐ Included in rent or condominium fee☐ No chargeWhat is the average monthly cost for oil, coal,
64.	What is the MAIN type of material used for the outside walls of this building? Mark X ONE box. Poured concrete Concrete blocks Metal Wood Other		Average monthly cost – Dollars S OR Included in rent or condominium fee No charge or these fuels not used
65.	What is the MAIN type of material used for the roof of this building? Mark ONE box. Poured concrete Metal Wood Other	68.	 Is this living quarters - Mark NONE box. Owned by you or someone in this household with a mortgage or loan? Include home equity loans. Owned by you or someone in this household free and clear (without a mortgage or loan)? □ Rented? □ Occupied without payment of rent?



797011

Person 1-Continued

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

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

 $Monthly\ amount-\textit{Dollars}$

\$,		.00

- **70–75.** Answer questions 70–75 if you or someone else in this household OWNS or IS BUYING this living quarters. Otherwise, SKIP to the questions for Person 2.
- 70. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

	Am	oun	t –	Dol	lars	;	
5		,			,		.00

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

Annual a	ımount –	Dollars
----------	----------	---------

\$,		.00
		OΒ	

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

Annual amount - Dollars

\$,		.00
	OR	

- None
- 73a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?
 - ☐ Yes, mortgage, deed of trust, or similar debt
 - Yes, contract to purchase
 - □ No SKIP to question 74a

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

Monthly amount - Dollars

\$,		.00
		OR	

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

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

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

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

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

Yes, a home equity loa	E	<u></u> \	∕es,	а	home	equity	loar
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b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount - Dollars

\$,		.00
		OR	

No regular payment required

Answer question 75 ONLY if this is a CONDOMINIUM.

75. What is the monthly condominium fee?

Monthly amount - Dollars

_				
95				0.0
Ψ		,		.00

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



797012

13

Form D-13 AS **Person 2** 7. Is this person a CITIZEN or NATIONAL of the United States? **1. What is this person's name?** Print the name of Person 2 from page 2. 2. 3. 4.

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



797013

5.

6.

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



797014

17.	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h.	19c. Does this person have difficulty dressing of bathing?
	a. Insurance through a current or former employer or union (of this person or another family member)	☐ No Answer question 20 if this person is 15 years old or over
	b. Insurance purchased directly from an insurance company (by this person or	Otherwise, SKIP to question 49. 20. Because of a physical, mental, or emotional
	another family member)	condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?
	d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability	☐ Yes ☐ No
	e. TRICARE or other military health care	21. What is this person's marital status?
	f. VA (including those who have ever used or enrolled for VA health care) \Box	☐ Now married☐ Widowed
	g. Local medical programs for indigents	Divorced
	h. Any other type of health insurance or health coverage plan − <i>Specify</i> ∠ □ □	SeparatedNever married
		22. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
18a.	Is this person deaf or does he/she have serious difficulty hearing?	□ None OR Number of children
b.	 Yes No Is this person blind or does he/she have serious difficulty seeing even when wearing glasses? Yes 	23a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No - SKIP to question 24
Answ over.	□ No er questions 19a–c if this person is 5 years old or Otherwise, SKIP to question 49.	 b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
		Yes
19a.	Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?	 No – SKIP to question 24 C. How long has this grandparent been responsible for the(se) grandchild(ren)? If
	☐ Yes	the grandparent is financially responsible for more
	□ No	than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
b.	Does this person have serious difficulty walking or climbing stairs?	Less than 6 months
		6 to 11 months
	☐ Yes	1 or 2 years
	□ No	3 or 4 years
		☐ 5 or more years



797015

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



797016

Person 2-Continued

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



797017

39.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)	44b.	How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.
			50 to 52 weeks48 to 49 weeks40 to 47 weeks
			27 to 39 weeks14 to 26 weeks13 weeks or less
40.	Is this mainly – Mark X ONE box. Manufacturing? Wholesale trade?	45.	During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Do not include subsistence activity. Usual hours worked each WEEK
	☐ Retail trade?☐ Other (agriculture, construction, service, government, etc.)?	46.	INCOME IN 2009
41.	What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)		Mark X the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 46d and 46e). Mark X the "No" box if the income source was not received.
			If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount.
			For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark X the "No" box for the other person. If exact
42.	What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)	a.	amount is not known, please give best estimate. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.
			Annual amount – Dollars ☐ Yes → \$.00 ☐ No
43.	LAST YEAR, 2009, did this person work at a	b.	Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET
70.	job or business at any time? Do not include subsistence activity.		income after business expenses. Annual amount – Dollars Loss
	☐ Yes ☐ No – SKIP to question 46		Yes → \$.00No
44a.	During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.	c.	Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.
	Yes – SKIP to question 45		Annual amount – Dollars Loss
	□ No		☐ Yes → \$.00 ☐ No



797018

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

continue with person 3.

Person 2-Continued

46d. Social Security or Railroad Retirement.

Form D-13 AS

No

☐ No

Annual amount – Dollars

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

Annual amount − Dollars

Yes → \$.00

f. Retirement, survivor, or disability pensions.

Do NOT include Social Security.

Annual amount – Dollars

☐ Yes → \$.00

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

Annual amount – Dollars

☐ Yes → \$.00

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

Annual amount – Dollars

☐ Yes → \$.00

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

Annual amount – Dollars Loss

None OR \$.00

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

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



797020

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



797021

17.	Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h.	19c.	Does this person have difficulty dressing or bathing? Yes
	a. Insurance through a current or former employer or union (of this person or	Anour	No
	another family member)		er question 20 if this person is 15 years old or over. wise, SKIP to question 49.
	insurance company (by this person or another family member)	20.	Because of a physical, mental, or emotional condition, does this person have difficulty
	c. Medicare, for people 65 and older, or people with certain disabilities		doing errands alone such as visiting a doctor's office or shopping?
	d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability		Yes No
	e. TRICARE or other military health care .	21.	What is this person's marital status?
	f. VA (including those who have ever		☐ Now married
	used or enrolled for VA health care) \Box		Widowed
	g. Local medical programs for indigents \Box		Divorced
	h. Any other type of health insurance or		Separated
	health coverage plan – Specify _₹		Never married
		22.	If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
18a.	Is this person deaf or does he/she have serious difficulty hearing?		None OR Number of children
	☐ Yes ☐ No	23a.	Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
b.	Is this person blind or does he/she have serious difficulty seeing even when wearing		Yes
	glasses?		□ No – SKIP to question 24
	☐ Yes☐ No☐ Properties of this person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person is 5 years old or ☐ Inchession of the person of	b.	Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
over.	Otherwise, SKIP to question 49.		Yes
19a.	Because of a physical, mental, or emotional condition, does this person have serious		□ No – SKIP to question 24
	difficulty concentrating, remembering, or making decisions?	c.	How long has this grandparent been responsible for the(se) grandchild(ren)? If
	☐ Yes		the grandparent is financially responsible for more
	□ No		than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.
b.	Does this person have serious difficulty		Less than 6 months
	walking or climbing stairs?		6 to 11 months
	Yes		1 or 2 years
	□ No		3 or 4 years
			5 or more years
			_



797022

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



797023

Person 3-Continued

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



797024

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



797025

P	erson	3-Continued	
46d.	Social Secu	rity or Railroad Retirement.	
		Annual amount - Dollars	
	☐ Yes → \$.00	
e.	from the sta	ssistance or welfare payments te or local welfare office, pplemental Security Income	
		Annual amount - Dollars	
	☐ Yes→ \$, .00	
f.	Retirement,	survivor, or disability pensions	-
	Do NOT includ	e Social Security. Annual amount – Dollars	
	☐ Yes→ \$.00	
	☐ Yes → ♥☐ No	, ,	
g.	Any remittar	nces. Include money from relatives usehold or in the military.	
		Annual amount – Dollars	
	☐ Yes → \$, .00	
h.	regularly sucunemployme or alimony.	ources of income received ch as Veterans' (VA) payments, ent compensation, child support NOT include lump-sum payments of from an inheritance or sale of a home	t,
	such as money	Annual amount – Dollars	υ.
	☐ Yes → \$.00	
	□ No		
47.	2009? Add en any losses. If n	is person's total income during tries in questions 46a–46h; subtract et income was a loss, enter the amound the "Loss" box next to the dollar amound	ınt
		Annual amount – Dollars L	_os
	☐ None OR	\$.00	
48.	money TO re of this Area? or money given	did this person GIVE or SEND elatives or friends living outside Do not include charitable contribution to charitable organizations. If exact known, please give best estimate.	
		Annual amount – <i>Dollars</i>	
	☐ Yes → \$, .00	

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



797026

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



797027

12a.	At any time since February 1, 2010, has this person attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	14.	Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college
	No, has not attended since February 1 − SKIP to question 13		courses.
	Yes, public school, public college		☐ Yes, in this Area
	Yes, private school, private college, home school		Yes, not in this Area
b.	What grade or level was this person attending? Mark ONE box.	15a.	Does this person speak a language other than English at home? Yes
	Pre-kindergarten		□ No – SKIP to question 16a
	Kindergarten	.	What is this law ways
	Grade 1 through 12 – Specify grade 1–12 —	D.	What is this language?
	College undergraduate years (freshman to senior)		
	Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)		(For example: Chamorro, Samoan, Carolinian, Tongan)
13.	What is the highest degree or level of school	C.	Does this person speak this language at home more frequently than English?
	this person has COMPLETED? Mark X ONE		Yes, more frequently than English
	box. If currently enrolled, mark the previous grade or highest degree received.		☐ Both equally often
	Tilgriest degree received.		No, less frequently than English
	NO SCHOOLING COMPLETED		Does not speak English
	No schooling completed	16a.	Did this person live in this house or apartment 1 year ago (on April 1, 2009)?
	PRE-KINDERGARTEN THROUGH GRADE 12		Person is under 1 year old – SKIP to question 17
	Pre-kindergarten		Yes, this house – <i>SKIP to question 17</i>
	☐ Kindergarten ☐ Grade 1 through 11 —		No, different house
	Specify grade 1–11	h	Where did this never live 4 year are?
	☐ 12 th grade − NO DIPLOMA	υ.	Where did this person live 1 year ago? Print the name of the island, U.S. state, commonwealth,
	HIGH SCHOOL GRADUATE		territory, or foreign country. If outside this Area, print the answer below and SKIP to question 17.
	Regular high school diploma		answer below and Sixir to question 17.
	GED or alternative credential		
	COLLEGE OR SOME COLLEGE	c.	Name of city, town, or village
	Some college credit, but less than 1 year of college credit		
	1 or more years of college credit, no degree		
	Associate's degree (for example: AA, AS)		
	☐ Bachelor's degree (for example: BA, BS)		
	AFTER BACHELOR'S DEGREE		
	☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)		
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)		
	□ Doctorate degree (for example: PhD, EdD)		



797028

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



797029

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



Person 4-Continued

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



797031

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



797032

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

continue with person 5.

Person 4-Continued

46d. Social Security or Railroad Retirement.

Annual amount - Dollars

Yes→\$,		.00
No			

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

	Annual amount - Dollars						
Yes→\$,		.00				
No							

f. Retirement, survivor, or disability pensions.

Do NOT include Social Security.

☐ Yes — No

☐ Yes — ☐ No

. 5 . 0	•				
	- 5		,		.0

Annual amount - Dollars

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

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→ Ψ ;	UU

Annual amount - Dollars

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

Annual amount – Dollars

☐ Yes → \$,	.00
□ No		

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

Annual amount – Dollars Loss

None OR \$.00

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

Annual amount - Dollars

☐ Yes → \$.0
□ No		



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



797034

12a.	At any time since February 1, 2010, has this person attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	14.	Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college
	No, has not attended since February 1 − SKIP to question 13		courses.
	Yes, public school, public college Yes, private school, private college, home school		☐ Yes, in this Area☐ Yes, not in this Area
b.	What grade or level was this person	15a.	Does this person speak a language other than English at home?
	attending? Mark X ONE box.		□ Yes
	Pre-kindergarten		□ No – SKIP to question 16a
	☐ Kindergarten ☐ Grade 1 through 12 – Specify grade 1–12 — →	b.	What is this language?
	College undergraduate years (freshman to senior)		
	Graduate or professional school beyond a bachelor's degree (for example, MA or PhD		(For example: Chamorro, Samoan, Carolinian, Tongan)
13.	program or medical or law school) What is the highest degree or level of school	c.	Does this person speak this language at home more frequently than English?
	this person has COMPLETED? Mark X ONE		☐ Yes, more frequently than English
	box. If currently enrolled, mark the previous grade or highest degree received.		Both equally often
	NO SCHOOLING COMPLETED		No, less frequently than English Does not speak English
	□ No schooling completed		
	PRE-KINDERGARTEN THROUGH GRADE 12	16a.	Did this person live in this house or apartment 1 year ago (on April 1, 2009)?
			Person is under 1 year old – SKIP to question 17
	☐ Pre-kindergarten ☐ Kindergarten		☐ Yes, this house – SKIP to question 17
	Grade 1 through 11 – Specify grade 1–11		No, different house
	☐ 12 th grade − NO DIPLOMA	b.	Where did this person live 1 year ago? Print the name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the
	HIGH SCHOOL GRADUATE		answer below and SKIP to question 17.
	Regular high school diploma GED or alternative credential		
	COLLEGE OR SOME COLLEGE		
		c.	Name of city, town, or village
	Some college credit, but less than 1 year of college credit		
	1 or more years of college credit, no degree		
	Associate's degree (for example: AA, AS)		
	Bachelor's degree (for example: BA, BS)		
	AFTER BACHELOR'S DEGREE		
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)		
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)		
	□ Doctorate degree (for example: PhD, EdD)		
			1111 18 8111 8 8 8 1 118



797035

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



797036

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



797037

Person 5-Continued

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



797038

39.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)	44b.	How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.			
			50 to 52 weeks			
			48 to 49 weeks			
			40 to 47 weeks			
			27 to 39 weeks			
			14 to 26 weeks			
			13 weeks or less			
40.	Is this mainly – Mark X ONE box.	45.	many hours did this person usually work			
	Manufacturing?		each WEEK? Do not include subsistence activity.			
	Wholesale trade?		Usual hours worked each WEEK			
	Retail trade?					
	Other (agriculture, construction, service,					
	government, etc.)?	46.	INCOME IN 2009			
4.4	What bind of week was this ways as dained	40.	Mark X the "Yes" box for each income source			
41.	What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)		received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 46d and 46e). Mark X the "No" box if the income source was not received.			
		J 1	If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount.			
			For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark X the "No" box for the other person. If exact			
42.	What were this person's most important		amount is not known, please give best estimate.			
	activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)	a.	Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.			
			Annual amount - Dollars			
			Yes → \$, .00 No			
		_				
43.	LAST YEAR, 2009, did this person work at a		Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.			
	job or business at any time? Do not include subsistence activity.		Annual amount – Dollars Loss			
	Yes		☐ Yes → \$.00 ☐			
	□ No – SKIP to question 46		No			
442	During 2009 (all 52 weeks), did this person		Interest dividends not rental income negative			
77a.	work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.	C.	Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.			
	Yes – SKIP to question 45		Annual amount – Dollars Loss			
	□ No		☐ Yes→ \$.00 ☐ No			
			1/11			



797039

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

continue with person 6.

Person 5-Continued

46d. Social Security or Railroad Retirement.

Annual amount – Dollars

Yes→ \$,		.00
No			

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

Anr	nual	am	nour	nt –	Dollars
\$.00

☐ Yes→\$,	.00
No		

f. Retirement, survivor, or disability pensions.

Do NOT include Social Security.

Annual amount – Dollars

Yes

	Annual amount						iiais
•							

Annual amount - Dollars

	Yes→ \$,		.00
П	No				

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

\$			-00

h. Any other sources of income received regularly such as Veterans' (VA) payments,

unemployment compensation, child support, or alimony. Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Annual amount – Dollars

☐ Yes → ^{\$}	,	.00
No.		

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

Annual amount – Dollars Loss

None OR \$.00

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



Person 6

_			
1.	What is this person's name? Print the name of Person 6 from page 2.	7.	Is this person a CITIZEN or NATIONAL of the United States?
	Last Name		☐ Yes, born in this Area – SKIP to question 10a
			Yes, born in the United States or another U.S. territory or commonwealth
	First Name MI		Yes, born elsewhere of U.S. parent or parents
			Yes, a U.S. citizen by naturalization
			No, not a U.S. citizen or national (permanent resident
2	How is this person related to Person 1? $Mark X$		No, not a U.S. citizen or national (temporary resident)
	ONE box.	8.	When did this person come to this Area to
	☐ Husband or wife ☐ Son-in-law or	•	stay? If this person has entered the Area
	☐ Biological son or daughter daughter-in-law		more than once, what is the latest year? Print numbers in boxes.
	Adopted son or daughter Other relative		Year
	Stepson or stepdaughter Roomer or boarder		
	Brother or sister Housemate or roommate		
	Father or mother	9.	What was this person's MAIN reason for
	Grandchild Parent-in-law Other nonrelative	<u> </u>	moving to this Area? Mark X ONE box.
	Parent-in-law		☐ Employment
3.	What is this person's sex? Mark X ONE box.		☐ Military
	☐ Male		☐ Subsistence activities
	Female		☐ Missionary activities
4.	What is this person's age and what is this		Moved with spouse or parent
•	person's date of birth? Please report babies as		To attend school
	age 0 when the child is less than 1 year old.		☐ Medical
	Age on April 1, 2010		☐ Housing ☐ Other
		10a.	Where was this person's mother born? Print the name of the island (village in American Samoa),
	Print numbers in boxes.		U.S. state, commonwealth, territory, or foreign country.
	Month Day Year of birth		
5.	What is this person's ethnic origin or race?	b.	Where was this person's father born? Print the
•	The state of the s		name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
			The state of the s
		44	le this never a devendent of an active duty
	(For example: Chamorro, Samoan, White, Black,	11.	Is this person a dependent of an active-duty or retired member of the Armed Forces of the
	Carolinian, Filipino, Japanese, Korean, Palauan,		United States or of the full-time military
	Tongan, and so on.)		Reserves or National Guard? Active duty does NOT include training for the military Reserves or
6	Where was this person born? Print the name of the		National Guard.
•	island (village in American Samoa), U.S. state,		☐ Yes, dependent of an active-duty member of the
	commonwealth, territory, or foreign country.		Armed Forces
			Yes, dependent of retired member of the Armed
			Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces
			Reserve
			□ No



797041

12a.	At any time since February 1, 2010, has this person attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.	14.	Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college			
	No, has not attended since February 1 − SKIP to question 13		courses.			
	Yes, public school, public collegeYes, private school, private college, home school		Yes, in this Area Yes, not in this Area			
		15a.	Does this person speak a language other			
b.	What grade or level was this person attending? Mark X ONE box.		than English at home? Yes			
	Pre-kindergarten		□ No – SKIP to question 16a			
	Kindergarten	L	What is this language?			
	Grade 1 through 12 – Specify grade 1–12	D.	What is this language?			
	College undergraduate years (freshman to senior)					
	Graduate or professional school beyond a bachelor's degree (for example, MA or PhD		(For example: Chamorro, Samoan, Carolinian, Tongan)			
13.	program or medical or law school) What is the highest degree or level of school	c.	Does this person speak this language at home more frequently than English?			
	this person has COMPLETED? Mark X ONE		Yes, more frequently than English			
	box. If currently enrolled, mark the previous grade or highest degree received.		Both equally often			
			No, less frequently than English			
	NO SCHOOLING COMPLETED		Does not speak English			
	No schooling completed	16a.	Did this person live in this house or			
	PRE-KINDERGARTEN THROUGH GRADE 12		apartment 1 year ago (on April 1, 2009)?			
	Pre-kindergarten		Person is under 1 year old – <i>SKIP to question 17</i> Yes, this house – <i>SKIP to question 17</i>			
	☐ Kindergarten☐ Grade 1 through 11 –		No, different house			
	Specify grade 1–11	h	Where did this person live 4 year are?			
	☐ 12 th grade – NO DIPLOMA	D.	 Where did this person live 1 year ago? Print the name of the island, U.S. state, commonwealth, 			
	HIGH SCHOOL GRADUATE		territory, or foreign country. If outside this Area, print the answer below and SKIP to question 17.			
	Regular high school diploma		anewer below and extra te queetien 17.			
	GED or alternative credential					
	COLLEGE OR SOME COLLEGE	c.	Name of city, town, or village			
	Some college credit, but less than 1 year of college credit	-	rame of only, town, or vinage			
	1 or more years of college credit, no degree					
	Associate's degree (for example: AA, AS)					
	☐ Bachelor's degree (for example: BA, BS)					
	AFTER BACHELOR'S DEGREE					
	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)					
	Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)					
	□ Doctorate degree (for example: PhD, EdD)					



797042

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



797043

24.	Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.		LAST WEEK, did this person work for pay at a job (or business)? If "Yes," also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark NONE box.	
25.	 Yes, now on active duty Yes, on active duty during the last 12 months, but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only − <i>SKIP to question 26a</i> No, never served in the military − <i>SKIP to question 27a</i> When did this person serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. 		 Yes, worked for pay; did NO subsistence activity − <i>SKIP to question 28</i> Yes, worked for pay AND did subsistence activity − <i>SKIP to question 28</i> No, did NOT work for pay at a job or business (or was retired) LAST WEEK, did this person do ANY work for pay, even for as little as one hour? <i>Mark X ONE box.</i> Yes, worked for pay; did NO subsistence activity Yes, worked for pay AND did subsistence activity No, did NOT work for pay; did subsistence activity − <i>SKIP to question 33a</i> 	
	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	a.	No, did NOT work for pay; did NO subsistence activity – SKIP to question 33a At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week. Name of the island, U.S. state, commonwealth, territory, or foreign country Name of city, town, or village	
	Does this person have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 27a What is this person's service-connected disability rating? O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	29.	How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance. Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 37 Other method	



797044

Person 6-Continued

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



797045

39.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)		How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.		
			 □ 50 to 52 weeks □ 48 to 49 weeks □ 40 to 47 weeks □ 27 to 39 weeks 		
			14 to 26 weeks13 weeks or less		
41.	Is this mainly – Mark X ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)	45. 46.	During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK? Do not include subsistence activity. Usual hours worked each WEEK INCOME IN 2009 Mark X the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 46d and 46e). Mark X the "No" box if the income source was not received. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount. For income received jointly, report the appropriate share for each person — or, if that's not possible, report the whole amount for only one person and mark X the "No" box for the other person. If exact		
42.	What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)	a.	amount is not known, please give best estimate. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items. Annual amount − Dollars Yes → \$.00		
43.	LAST YEAR, 2009, did this person work at a job or business at any time? Do not include subsistence activity. Yes No – SKIP to question 46	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		
			Annual amount – Dollars Loss ☐ Yes → \$.00 ☐ No		
44a.	During 2009 (all 52 weeks), did this person work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.		Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.		
	☐ Yes – SKIP to question 45 ☐ No		Annual amount – Dollars Loss Yes → \$.00		



797046

Person 6-Continued

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

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



FOR OFFICE USE ONLY										
LCO	County	Block	AA		Map Spot					
3 4 0 0										
Unit ID										
←	—— APPL	Y LABEL HE	RE ———							
Physical description										
District/Island						ZID Codo				
District island						ZIP Code 9 6 7 9 9				
						3 0 7 3 3				
R3. Respondent	Lived Lived April 1	here on , 2010	☐ Moved ii (Refer to	n after April 1, <i>t</i> o <i>Card G)</i>		ghbor or proxy				
A. Status on April 1	· · · · · · · · · · · · · · · · · · ·	<u>′</u>	B. POP on Ap		C. VACANT – Whic	ch category best				
1 = Occupied 2 = Vacant – Re	egular				described this April 1, 2010?	vacant unit as of				
2 = Vacant - Re 3 = Vacant - Us 4 = Demolished		01-49 = 7	Total persons	☐ For rent						
5 = Nonresidential 6 = Empty mobile home/trailer site 7 = Uninhabitable (open to elements, condemned, under construction) 8 = Duplicate			00 = Vacant 98 = Delete		☐ Rented, not☐ For sale onl					
			99 = POP		 Sold, not occupied For seasonal, recreational, or occasional use 					
					☐ For migrant☐ Other vacan					
D. UHE E. MC	OV F. PI	G. REF	H. CO	I. REP J.	VDC K. JIC1	L. JIC2				