FORM D-2(E)AS	LCO	County	Block	AA	Map Spot
(1-21-2009)	3 4 0 0				
U.S. DEPARTMENT OF COMMERCE	Unit ID				
Economics and Statistics Administration U.S. CENSUS BUREAU					
	 	——— APP	LY LABEL HE	RE ———	→
ENUMERATOR					
QUESTIONNAIRE					
American Samoa -					
2010 Census					
2010 Census					
	B				
Are there any continuation forms	Physical descript	ion			
for this address?					
Yes – Number of forms					
□ No					
	District/Island				ZIP Code
					9 6 7 9 9
S1. Hello, my name is (Your name) census worker for Census 20					er lived here on April 1.) cant, or occupied by a
Samoa. (Show ID.)				household?	ount, or occupiou by a
S2. I'm here to complete a Censu				 SKIP to "Responde ed by a different house 	ent Information" on back page
this address. It should take a (Hand respondent Confidentiality No.	otice.) This exp	plains	knowle	dgeable respondent, d	complete this questionnaire
that your answers are confident anyone in this household live		u or		Census Day househol	a "Respondent Information"
April 1, 2010?			on bac		ricoporidorii iniormation
☐ Yes – Continue with question Solution☐ No – SKIP to question S4	3	Г	05 Wd		de anno de anno l'esta anno d
· ·	Abia			to count people w est of the time.	here they live and
S3. Does someone usually live at (house/apartment/mobile hon	ne), or is this	а			t Card A. It contains
vacation or seasonal home?	action CE		be count	s of people who sh ed at this place.	nould and should not
Usually lives here – SKIP to queVacation or seasonal home or h	eld for occasion			n these examples,	how many people is (house/apartment/
use – SKIP to "Respondent Info	rmation" on bac	k page		ome) on April 1?	is (iiouse/apartilielit/
			Nı	umber of people	
		L		1	



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

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

1			
P	erson 1		
6.	Print the name of Person 1 from page 2. First Name MI Last Name	11a.	Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
7.	Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.	b.	Where was (your/'s) father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
8.	(Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States? Yes, born in this Area – SKIP to question 11a	12.	(Show Card E.) (Are you/Is) a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? Active duty does NOT include training for the military Reserves or National Guard.
	Yes, born in the United States or another U.S. territory or commonwealth Yes, born elsewhere of U.S. parent or parents Yes, a U.S. citizen by naturalization No, not a U.S. citizen or national (permanent resident) No, not a U.S. citizen or national (temporary resident)		Yes, dependent of an active-duty member of the Armed Forces Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
9.	When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year	13a.	At any time since February 1, 2010, (have you/has) attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK – Was it public or private?
10.	(Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark ONE box. Employment Military Subsistence activities Missionary activities	b.	 No, has not attended since February 1 − SKIP to question 14 Yes, public school, public college Yes, private school, private college, home school What grade or level (were you/was) attending? Mark NONE box.
	 Moved with spouse or parent To attend school Medical Housing Other 		 □ Pre-kindergarten □ Kindergarten □ Grade 1 through 12 – Specify grade 1–12 → □ □ College undergraduate years (freshman to senior) □ Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)



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 4.	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed	16c.	(Do you/Does) speak this language at home more frequently than English? Yes, more frequently than English Both equally often No, less frequently than English Does not speak English
	PRE-KINDERGARTEN THROUGH GRADE 12 Pre-kindergarten Kindergarten Grade 1 through 11 – Specify grade 1–11 12th grade – NO DIPLOMA		Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 18 Yes, this house – SKIP to question 18 No, different house Where did (you/) live 1 year ago?
	HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit		What is the name of the island, U.S. state, commonwealth, territory, or foreign country? If outside this Area, print the answer below and SKIP to question 18.
	 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) 	c.	What is the name of the city, town, or village?
6a.	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? No Yes, in this Area Yes, not in this Area (Do you/Does) speak a language other than English at home? Yes No – SKIP to question 17a	18.	(Show Card G.) (Are you/Is) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a—h. Yes No a. Insurance through a current or former employer or union (of this person or another family member)
b.	What is this language?		health coverage plan − Specify □ □



Person 1 – Continued

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



27a.	(Do you/Does) have a VA service-connected disability rating? ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No − SKIP to question 28a	30.	(Show Card J.) How did (you/) usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating? O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher		Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes? Mark X ONE box. Yes, worked for pay; did NO subsistence activity – SKIP to question 29 Yes, worked for pay AND did subsistence activity – SKIP to question 29 No, did NOT work for pay at a job or business		Other method ruestion 31 if this person answered "Car, truck, or private us" in question 30. Otherwise, SKIP to question 32. How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK? Person(s)
b.	(or was retired) LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark ONE box. Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes
a.	At what location did (you/) work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week. What is the name of the island, U.S. state, commonwealth, territory, or foreign country?	Other	LAST WEEK, (were you/was) on layoff from a job? LAST WEEK, (were you/was) on layoff from a job? Ves – SKIP to question 34c No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?
b.	What is the name of the city, town, or village?	c.	 Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. − SKIP to question 37 No − SKIP to question 35 (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work? Yes − SKIP to question 36 No
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Person 1 – Continued

35. 36.	been ACTIVELY looking for work? ☐ Yes ☐ No – SKIP to question 37		For whom did (you/) work? If now on active duty in the Armed Forces, mark this box and print the branch of the Armed Forces. Name of company, business, or other employer
37.	, , ,	40.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)
38–4	3. CURRENT OR MOST RECENT JOB ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41.	Is this mainly - Mark X ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?
38.	 (Show Card K.) (Were you/Was) - Mark	43.	What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)



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



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47g.	Did (you/) receive any remittances in 2009? Include money from relatives outside the	The	next set of questions is about your household.
	household or in the military.	<u>50.</u>	(Show Card L.) Which of these categories best describes this building? Include all apartments,
	☐ Yes – What was the amount?		flats, etc., even if vacant.
	Annual amount - Dollars		☐ A mobile home
	.		A one-family house detached from any other house
	\$.00		A one-family house attached to one or more houses
	□ No		Two houses – Applies only in American Samoa
h.	Did (you/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or		 □ Three or more houses – Applies only in American Samoa □ A building with 2 apartments □ A building with 3 or 4 apartments
	sale of a home.		A building with 5 to 9 apartments
	Yes − What was the amount?		A building with 10 to 19 apartments
	Annual amount - Dollars		A building with 20 to 49 apartments
	6		A building with 50 or more apartments
	\$, .00		A container
	□ No		☐ Boat, RV, van, etc.
Эо по	ot ask question 48 if questions 47a-47h are completed.	<u>51.</u>	About when was this building first built?
	ad, sum these entries and subtract any losses. Enter the int below. If the total amount was a loss, mark X the "Loss"		2009 or 2010
	next to the dollar amount.		2000 to 2008
			1990 to 1999
l8.	What was (your/'s) total income during 2009?		1980 to 1989
	Annual amount - Dollars Loss		1970 to 1979
	□ None OR \$		1960 to 1969
	□ None OR 5 □ □		1950 to 1959 1940 to 1949
19.	During 2009, did (you/) GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.	52.	■ 1940 to 1949 ■ 1939 or earlier When did (Read name of Person 1) move into this living quarters? ■ 2009 or 2010
	Yes – What was the amount?		2000 to 2008
	Annual amount – Dollars		□ 1990 to 1999
	Annual amount Bollars		☐ 1980 to 1989
	\$.00		☐ 1970 to 1979
	□ No		☐ 1969 or earlier
		Refe or a	r to question 50. Ask question 53 only if this is a HOUSE MOBILE HOME. Otherwise, SKIP to question 54a.
		<u>53.</u>	Is there a business (such as a store or shop) or a medical office on this property?
			Yes
			□ No
	F/AC		



<u>54a.</u>	How many separate rooms are in this living quarters? Rooms must be separated by built-in archways or walls that extend from floor to ceiling.	<u>55d.</u>	What type of toilet facilities do you have? ☐ Outhouse or privy ☐ Other or none
	• INCLUDE bedrooms, kitchens, etc.		
	• EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.	<u>56a.</u>	Are your MAIN cooking facilities located inside or outside this building? Mark NONE box.
	1 room		Inside this buildingOutside this building
	2 rooms 3 rooms		□ No cooking facilities − <i>SKIP to question 56c</i>
		_	
	4 rooms	<u>b.</u>	What type of cooking facilities are these? Mark X ONE box.
	5 rooms 6 rooms		
	7 rooms		☐ Electric stove ☐ Kerosene stove
	8 rooms		Gas stove
	9 or more rooms		Microwave oven and non-portable burners
L			Microwave oven only
D.	How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this		Other (fireplace, hotplate, etc.)
	living quarters were for sale or rent. If this is an efficiency/studio apartment, mark X "No bedroom."	<u>c.</u>	Do you have a refrigerator in this building?
	☐ No bedroom		☐ Yes
	☐ 1 bedroom		□ No
	2 bedrooms	d	Do you have a sink with piped water in this
	3 bedrooms	<u> </u>	building?
	4 bedrooms		Yes
	5 or more bedrooms		□ No
<u>55a.</u>	(Show Card M.) Do you have hot and cold piped water? If "Yes," ASK – Is it in this unit? If "No," ASK – Do you have cold piped water in this unit, in this building, or outside this building?	57.	Does this living quarters have telephone service from which you can both make and receive calls? If "Yes," ASK – Does it have a cell or mobile phone only, a landline only, or both?
	Yes, in this unit		Yes, 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 buildingNo, only cold piped water outside this building		□ No
b.	■ No piped waterDo you have a bathtub or shower? If "Yes," ASK – Is	<u>58.</u>	Do you have air conditioning? If "Yes," ASK – Is it a central air-conditioning system, 1 individual room unit, or 2 or more individual room units?
_	it in this unit, in this building, or outside this		Yes, a central air-conditioning system (includes split-type)
	building?		Yes, 1 individual room unit
	Yes, in this unit		Yes, 2 or more individual room units
	Yes, in this building, not in unit		□ No
	Yes, outside this building No	59.	How many automobiles, vans, and trucks of
	De veu hove e fluck toilets 1/ 1//c= 1/ 4/0// 1- it is		one-ton capacity or less are kept at home for
<u>C.</u>	Do you have a flush toilet? If "Yes," ASK – Is it in this unit, in this building, or outside this		use by members of this household?
	building?		None
			□ 1
	☐ Yes, in this unit – SKIP to question 56a		
	 Yes, in this unit − SKIP to question 56a Yes, in this building, not in unit − SKIP to question 56a 		□ 2 □ 3
			3
	Yes, in this building, not in unit – SKIP to question 56a		
	Yes, in this building, not in unit – <i>SKIP to question 56a</i> Yes, outside this building – <i>SKIP to question 56a</i>		□ 3 □ 4



60.	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.	<u>67.</u>	What is the MAIN type of material used for the foundation of this building? Mark X ONE box. Concrete Wood pier or pilings Other
	Yes		Uniter Other
	□ No	68a.	What is the average monthly cost for
			electricity for this living quarters?
61a.	Do you or any member of this household have a home computer or laptop in working condition?		Average monthly cost – Dollars
	Yes		
	□ No – SKIP to question 62		\$.00
h	Do you as any mambas of this bousehold		OR
D.	Do you or any member of this household have an Internet connection at this living quarters?		 ☐ Included in rent or condominium fee ☐ No charge or electricity not used
	Yes	_	
	□ No	b.	What is the average monthly cost for gas for this living quarters?
62.	(Show Card N.) Do you get water from - Mark		Average monthly cost – Dollars
	ONE box.		
	A public system only?		\$,
	A public system and catchment?		OR
	☐ A village water system only? – Applies only in		
	American Samoa		Included in rent or condominium fee
	An individual well?		Included in electricity payment entered above
	■ A catchment, tanks, or drums only?		■ No charge or gas not used
	Some other source, such as a standpipe, spring, river, creek, etc.?	c.	What is the average monthly cost for water and sewer for this living quarters?
63.	Is this building connected to a public sewer? If "No,"	,,	Average monthly cost – Dollars
<u>===</u>	ASK – Is it connected to a septic tank or cesspool OR other means?		\$.00
			Ψ
	Yes, connected to a public sewer		OR
	No, connected to a septic tank or cesspool		☐ Included in rent or condominium fee
	No, use other means		□ No charge
64.	Is this living quarters part of a condominium?		140 Charge
<u> </u>		d.	What is the average monthly cost for oil, coal,
	Yes		kerosene, wood, etc. for this living quarters?
	□ No		Average monthly cost – Dollars
65.	What is the MAIN type of material used for		\$ 00
	the outside walls of this building? Mark 🗴		\$
	ONE box.		OR
	☐ Poured concrete		Included in rent or condominium fee
	☐ Concrete blocks		□ No charge or these fuels not used
	☐ Metal		Two charge of these facis flot asea
	Wood	69.	(Show Card O.) Is this living quarters – Mark X
	Other		ONE box.
<u>66.</u>	What is the MAIN type of material used for the roof of this building? Mark X ONE box.		Owned by you or someone in this household with a mortgage or loan? Include home equity
	Poured concrete		loans. Owned by you or someone in this household
	□ Metal		free and clear (without a mortgage or loan)?
	Wood		Rented?
	Other		☐ Occupied without payment of rent?
	Uniti		- Socupied Without payment of fent:
orm D-2/I	E)AS		1111 18 8111 88 81 118 81



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

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

Monthly amount - Dollars

\$,		.00

- **71–76.** Refer to question 69. Ask questions 71–76 only if someone in this household OWNS or is BUYING this living quarters. Otherwise, SKIP to the questions for Person 2.
- 71. 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	;	
\$.00

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

Anr	nual	am	nour	nt –	Dollars
\$.00
		OR			
NIO					

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

	Ann	ua	am	our	nt – <i>Dollars</i>
\$,				.00
		С	R		
7	Non	_			

74a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

	Yes, mortgage, deed of trust, or similar deb
	Yes, contract to purchase
	No – SKIP to question 75a

74b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – Dollars

OR

☐ No regular payment required – SKIP to question 75a

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

L	Yes, taxes included in mortgage payment
Е	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?

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

75a. Do you or any member of this household have a second mortgage or home equity loan on THIS property? If "Yes," ASK – Is it a home equity loan, a second mortgage, or both?

a s	econd mortgage, or both?
	Yes, a home equity loan
	Yes, a second mortgage
	Yes, both second mortgage and home equity loan
	No – SKIP to question 76

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

IVIO	iu ii	y ai	1100	- אוונ	Dollars	
\$.00	
	(OR				
No	reg	ulaı	r pa	yme	ent require	d

Monthly amount Dollars

Ask question 76 ONLY if this is a CONDOMINIUM.

76. What is the monthly condominium fee?

Monthly amount – Dollars

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

Form D-2(E)AS



797413

Person 2

	CISUII Z		
ò.	Print the name of Person 2 from page 2.	11a.	Where was (your/'s) mother born? Print the
	First Name MI		name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country
			e.e. state, commonwealth, termory, or loreign country
	Last Name		
		b.	Where was (your/'s) father born? Print the
			name of the island (village in American Samoa),
	Where (were you/was) born? Print the name of the		U.S. state, commonwealth, territory, or foreign country
	island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.		
	The second of th	12.	(Show Cord E.) Are you'll \ a dependent of a
		12.	(Show Card E.) (Are you/Is) a dependent of a active-duty or retired member of the Armed
	(Show Card C.) (Are you/Is) a CITIZEN or		Forces of the United States or of the full-time military Reserves or National Guard? Active
Ī	NATIONAL of the United States?		duty does NOT include training for the
	Yes, born in this Area – SKIP to question 11a		military Reserves or National Guard.
	Yes, born in the United States or another U.S. territory or commonwealth		Yes, dependent of an active-duty member of the Armed Forces
	Yes, born elsewhere of U.S. parent or parents		Yes, dependent of retired member of the Armed
	Yes, a U.S. citizen by naturalization		Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Force
	No, not a U.S. citizen or national (permanent resident)		
			Reserve
).	No, not a U.S. citizen or national (temporary resident) When did (you/) come to this Area to stay? If	13a.	NoAt any time since February 1, 2010, (have
•	No, not a U.S. citizen or national (temporary resident)	13a.	□ No
	No, not a U.S. citizen or national (temporary resident) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year	13a.	At any time since February 1, 2010, (have you/has) attended school or college? Incluonly pre-kindergarten, kindergarten, element school, home school, and schooling which leto a high school diploma or a college degree.
٠.	No, not a U.S. citizen or national (temporary resident) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes.	13a.	At any time since February 1, 2010, (have you/has) attended school or college? Incluonly pre-kindergarten, kindergarten, element school, home school, and schooling which leto a high school diploma or a college degree "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to
).	No, not a U.S. citizen or national (temporary resident) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year (Show Card D.) What was (your/'s) MAIN reason	13a.	At any time since February 1, 2010, (have you/has) attended school or college? Incluonly pre-kindergarten, kindergarten, element school, home school, and schooling which leto a high school diploma or a college degree. "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to question 14
).	No, not a U.S. citizen or national (temporary resident) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark ☒ ONE box. □ Employment □ Military		At any time since February 1, 2010, (have you/has) attended school or college? Incluonly pre-kindergarten, kindergarten, elements school, home school, and schooling which leto a high school diploma or a college degree. "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to question 14 Yes, public school, public college Yes, private school, private college, home school
).	No, not a U.S. citizen or national (temporary resident) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark ✓ ONE box. □ Employment □ Military □ Subsistence activities		At any time since February 1, 2010, (have you/has) attended school or college? Incluonly pre-kindergarten, kindergarten, element school, home school, and schooling which leto a high school diploma or a college degree. "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to question 14 Yes, public school, public college Yes, private school, private college, home school What grade or level (were you/was)
).	No, not a U.S. citizen or national (temporary resident) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark ✗ ONE box. □ Employment □ Military □ Subsistence activities □ Missionary activities		At any time since February 1, 2010, (have you/has) attended school or college? Incluonly pre-kindergarten, kindergarten, element school, home school, and schooling which let a high school diploma or a college degree. "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to question 14 Yes, public school, public college Yes, private school, private college, home school What grade or level (were you/was) attending? Mark ONE box.
).	No, not a U.S. citizen or national (temporary resident) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark ✓ ONE box. □ Employment □ Military □ Subsistence activities		At any time since February 1, 2010, (have you/has) attended school or college? Incluonly pre-kindergarten, kindergarten, element school, home school, and schooling which leto a high school diploma or a college degree. "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to question 14 Yes, public school, public college Yes, private school, private college, home school What grade or level (were you/was)
) .	No, not a U.S. citizen or national (temporary resident) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark ✓ ONE box. Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical		At any time since February 1, 2010, (have you/has) attended school or college? Incluonly pre-kindergarten, kindergarten, elements school, home school, and schooling which leto a high school diploma or a college degree. "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to question 14 Yes, public school, public college Yes, private school, private college, home school What grade or level (were you/was) attending? Mark NONE box. Pre-kindergarten Kindergarten Grade 1 through 12 –
) .	No, not a U.S. citizen or national (temporary resident) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark ☒ ONE box. Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school		At any time since February 1, 2010, (have you/has) attended school or college? Incluonly pre-kindergarten, kindergarten, element school, home school, and schooling which leto a high school diploma or a college degree. "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to question 14 Yes, public school, public college Yes, private school, private college, home school What grade or level (were you/was) attending? Mark NONE box. Pre-kindergarten Kindergarten
).	No, not a U.S. citizen or national (temporary resident) When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark ONE box. Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing		At any time since February 1, 2010, (have you/has) attended school or college? Incluonly pre-kindergarten, kindergarten, element school, home school, and schooling which let to a high school diploma or a college degree "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to question 14 Yes, public school, public college Yes, private school, private college, home school What grade or level (were you/was) attending? Mark NONE box. Pre-kindergarten Kindergarten Grade 1 through 12 – Specify grade 1–12



797414

4.	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed	16c.	(Do you/Does) speak this language at home more frequently than English? Yes, more frequently than English Both equally often No, less frequently than English Does not speak English
	PRE-KINDERGARTEN THROUGH GRADE 12 Pre-kindergarten Kindergarten Grade 1 through 11 – Specify grade 1–11 12 th grade – NO DIPLOMA		Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 18 Yes, this house – SKIP to question 18 No, different house Where did (you/) live 1 year ago?
	HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit	51	What is the name of the island, U.S. state, commonwealth, territory, or foreign country? If outside this Area, print the answer below and SKIP to question 18.
	☐ 1 or more years of college credit, no degree ☐ Associate's degree (for example: AA, AS) ☐ Bachelor's degree (for example: BA, BS)	c.	What is the name of the city, town, or village?
15.	AFTER BACHELOR'S DEGREE ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) ☐ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) ☐ Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? ☐ No ☐ Yes, in this Area ☐ Yes, not in this Area	18.	(Show Card G.) (Are you/Is) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a—h. Yes No a. Insurance through a current or former employer or union (of this person or another family member)
	(Do you/Does) speak a language other than English at home? Yes No – SKIP to question 17a What is this language?		used or enrolled for VA health care) □ □ g. Local medical programs for indigents □ □ h. Any other type of health insurance or health coverage plan – Specify □ □
W.	(For example: Chamorro, Samoan, Carolinian, Tongan)		



797415

19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing? Yes	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
	□ No		Yes
_			□ No – SKIP to question 25
b.	(Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes	b.	(Are you/Is) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
	□ No		Yes
			□ No – SKIP to question 25
Ask c	questions 20a–20c if this person is 5 years old or		No - ONII to question 25
	Otherwise, SKIP to question 50. Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?	c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	Yes		Less than 6 months
	No		☐ 6 to 11 months
h	(Do you/Does) have serious difficulty walking		☐ 1 or 2 years
	or climbing stairs?		3 or 4 years
	Yes		☐ 5 or more years
	□ No	0.5	/O/ O ///\
c.	(Do you/Does) have difficulty dressing or bathing? Yes No	25.	(Show Card H.) (Have you/Has) 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
	question 21 if this person is 15 years old or over. rwise, SKIP to question 50.		Yes, on active duty during the last 12 months, but not now
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a doctor's office or shopping?		 Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only – SKIP to question 27a
			□ No, never served in the military – <i>SKIP to</i>
	Yes		question 28a
22.	What is (your/'s) marital status? Now married Widowed	26.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?
	Divorced		September 2001 or later
	Separated		August 1990 to August 2001 (including
	☐ Never married		Persian Gulf War)
23.	If this person is female, ASK - How many babies		September 1980 to July 1990
	(have you/has she) ever had, not counting		May 1975 to August 1980
	stillbirths? Do not count stepchildren or children (you have/she has) adopted.		☐ Vietnam era (August 1964 to April 1975)
	_		March 1961 to July 1964
	None OR Number of children		February 1955 to February 1961 Korean War (July 1950 to January 1955)
			January 1947 to June 1950
			☐ World War II (December 1941 to December 1946) ☐ November 1941 or earlier



27a.	(Do you/Does) have a VA service-connected disability rating? ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No − SKIP to question 28a	30.	(Show Card J.) How did (you/) usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating? O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher		Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes? Mark X ONE box. Yes, worked for pay; did NO subsistence activity – SKIP to question 29 Yes, worked for pay AND did subsistence activity – SKIP to question 29 No, did NOT work for pay at a job or business		Other method uestion 31 if this person answered "Car, truck, or private us" in question 30. Otherwise, SKIP to question 32. How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK? Person(s)
b.	(or was retired) LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark ONE box. Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes
29.	At what location did (you/) work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.	Other	uestions 34–37 if this person did NOT work last week. wise, SKIP to question 38. LAST WEEK, (were you/was) on layoff
	What is the name of the island, U.S. state, commonwealth, territory, or foreign country? What is the name of the city, town, or village?		from a job? Yes – SKIP to question 34c No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 37 No – SKIP to question 35 (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work? Yes – SKIP to question 36 No
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797417

Ouring the LAST 4 WEEKS, (have you/has) Deen ACTIVELY looking for work? Yes No – SKIP to question 37 AST WEEK, could (you/) have started a job if	39.	For whom did (you/) work? If now on active duty in the Armed Forces, mark X this box and print the branch of the Armed Forces. Name of company, business, or other employer
offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or or some other reason? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	•	
When did (you/) last work, even for a few lays? Do not include subsistence activity. 2010 2009 2008 2005 to 2007 2000 to 2004 – SKIP to question 47 1999 or earlier – SKIP to question 47 Never worked; or did subsistence only – SKIP to question 47	40.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)
CURRENT OR MOST RECENT JOB ACTIVITY Describe clearly (your/'s) chief job activity or cusiness last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005.	41.	Is this mainly - Mark ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?
An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)? A federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	43.	What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED	SELF-EMPLOYED in own NOT INCORPORATED business, professional 43. practice, or farm? SELF-EMPLOYED in own INCORPORATED



44.	LAST YEAR, 2009, did (you/) work at a job or business at any time? Do not include subsistence activity.	47b.	Did (you/) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?
	Yes		
	□ No – SKIP to question 47		Yes – What was the NET income after business expenses?
45a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.		Annual amount – Dollars Loss
	☐ Yes – SKIP to question 46		\$
	□ No		□ No
b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.	C.	Did (you/) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.
	-		Yes – What was the amount?
	50 to 52 weeks		Annual amount – Dollars Loss
	48 to 49 weeks 40 to 47 weeks		
	27 to 39 weeks		\$.00
	14 to 26 weeks		□ No
	13 weeks or less	d.	Did (you/) receive any Social Security or
46.	During 2000 in the WEEKS WORKED how		Railroad Retirement in 2009?
40.	During 2009, in the WEEKS WORKED, how many hours did (you/) usually work each		☐ Yes – What was the amount?
	WEEK? Do not include subsistence activity.		Annual amount – Dollars
	Usual hours worked each WEEK		
			\$.00
			□ No
47.	The next set of questions is about each income source (you/) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark X the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the dollar amount.		Did (you/) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009? Yes – What was the amount? Annual amount – Dollars No
a.	Did (you/) receive any wages, salary, commissions, bonuses, or tips in 2009?	f.	Did (you/) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.
	Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or		Yes – What was the amount?
	other items?		Annual amount – Dollars
	Annual amount – Dollars		Annual amount – Dollars
			\$.00
	\$		No
	□ No		



47g.	Did (you/) receive any remittances in 2009? Include money from relatives outside the household or in the military.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$.00
	□ No
h.	Did (you/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or sale of a home.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$.00
	□ No
Instea amou	of ask question 48 if questions 47a-47h are completed. and, sum these entries and subtract any losses. Enter the int below. If the total amount was a loss, mark the "Loss" ext to the dollar amount.
48.	What was (your/'s) total income during 2009?
	Annual amount – Dollars Loss
	□ None OR \$.00 □
49.	During 2009, did (you/) GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$.00
	No
50.	Refer to S5 on the front cover. If more than one person is listed, continue with Person 3. If not, SKIP to "Respndent Information" on back page.



P	Person 3		
6.	Print the name of Person 3 from page 2. First Name MI Last Name		Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. Where was (your/'s) father born? Print the name of the island (village in American Samoa),
7.	Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.	12.	U.S. state, commonwealth, territory, or foreign country. (Show Card E.) (Are you/Is) a dependent of an
8.	(Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States? Yes, born in this Area – SKIP to question 11a Yes, born in the United States or another U.S. territory or commonwealth Yes, born elsewhere of U.S. parent or parents Yes, a U.S. citizen by naturalization No, not a U.S. citizen or national (permanent resident) No, not a U.S. citizen or national (temporary resident)		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
	When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box.	13a.	At any time since February 1, 2010, (have you/has) attended school or college? Include only pre-kindergarten, kindergarten, elemental school, home school, and schooling which lead to a high school diploma or a college degree. It "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to question 14 Yes, public school, public college
	Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing Other	b.	What grade or level (were you/was) attending? Mark NONE box. Pre-kindergarten Kindergarten Grade 1 through 12 – Specify grade 1–12 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)
	.2/F)AS		



4.	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.	16c.	(Do you/Does) speak this language at hom more frequently than English? Yes, more frequently than English Both equally often
	NO SCHOOLING COMPLETED		No, less frequently than English
	☐ No schooling completed		☐ Does not speak English
	PRE-KINDERGARTEN THROUGH GRADE 12	17a.	Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?
	 □ Pre-kindergarten □ Kindergarten □ Grade 1 through 11 – Specify grade 1–11 □ 12th grade – NO DIPLOMA 		Person is under 1 year old – <i>SKIP to question 18</i> Yes, this house – <i>SKIP to question 18</i> No, different house
	· ·	b.	Where did (you/) live 1 year ago?
	HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential		What is the name of the island, U.S. state, commonwealth, territory, or foreign country? If outside this Area, print the answer below and SKIP to question 18.
	COLLEGE OR SOME COLLEGE		question re.
	Some college credit, but less than 1 year of college credit		
	1 or more years of college credit, no degree	c.	What is the name of the city, town, or village
	Associate's degree (for example: AA, AS)		
	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	18.	(Show Card G.) (Are you/Is) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h.
	(for example: MD, DDS, DVM, LLB, JD)		a. Insurance through a current or former
5.	☐ Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade		 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
5.	Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college		 a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an
5.	□ Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? □ No		 a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or
5.	□ Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? □ No □ Yes, in this Area		 a. Insurance through a current or former employer or union (of this person or another family member)
	□ Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? □ No □ Yes, in this Area □ Yes, not in this Area (Do you/Does) speak a language other		 a. Insurance through a current or former employer or union (of this person or another family member)
	□ Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? □ No □ Yes, in this Area □ Yes, not in this Area (Do you/Does) speak a language other than English at home?		 a. Insurance through a current or former employer or union (of this person or another family member)
	□ Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? □ No □ Yes, in this Area □ Yes, not in this Area (Do you/Does) speak a language other		 a. Insurance through a current or former employer or union (of this person or another family member)
ā.	□ Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? □ No □ Yes, in this Area □ Yes, not in this Area (Do you/Does) speak a language other than English at home? □ Yes		 a. Insurance through a current or former employer or union (of this person or another family member)
	□ Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? □ No □ Yes, in this Area □ Yes, not in this Area (Do you/Does) speak a language other than English at home? □ Yes □ No – SKIP to question 17a		 a. Insurance through a current or former employer or union (of this person or another family member)



797422

19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing?	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
	☐ Yes		
	□ No		Yes
b.	(Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	b.	No – SKIP to question 25 (Are you/Is) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
	Yes		age of 16 who live(s) in this house or apartment:
	No		Yes
Ask o	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	c.	■ No – SKIP to question 25 How long (have you/has) been responsible
20a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	☐ Yes		Less than 6 months
	□ No		6 to 11 months
			1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years
	=		5 or more years
	Yes		, ,
	No	25.	(Show Card H.) (Have you/Has) ever served on
c.	(Do you/Does) have difficulty dressing or bathing? Yes		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example,
	□ No		for the Persian Gulf War.
			Yes, now on active duty
	question 21 if this person is 15 years old or over. rwise, SKIP to question 50.		Yes, on active duty during the last 12 months, but not now
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a		 Yes, on active duty in the past, but not during the last 12 months □ No, training for Reserves or National Guard
	doctor's office or shopping?		only – SKIP to question 27a
	Yes No		No, never served in the military − SKIP to question 28a
22.	What is (your/'s) marital status? Now married Widowed	26.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other
	Divorced		time?
	Separated		September 2001 or later
	Never married		August 1990 to August 2001 (including Persian Gulf War)
23.	If this person is female, ASK – How many babies		September 1980 to July 1990
	(have you/has she) ever had, not counting		May 1975 to August 1980
	stillbirths? Do not count stepchildren or		Vietnam era (August 1964 to April 1975)
	children (you have/she has) adopted.		March 1961 to July 1964
	None OR Number of children		February 1955 to February 1961
			Korean War (July 1950 to January 1955)
			January 1947 to June 1950
			World War II (December 1941 to December 1946)
			November 1941 or earlier



27a.	(Do you/Does) have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 28a	30.	(Show Card J.) How did (you/) usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark I the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher		 Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home − SKIP to question 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes? Mark X ONE box. Yes, worked for pay; did NO subsistence activity – SKIP to question 29 Yes, worked for pay AND did subsistence activity – SKIP to question 29 No, did NOT work for pay at a job or business (or was retired)		Other method Question 31 if this person answered "Car, truck, or private bus" in question 30. Otherwise, SKIP to question 32. How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK? Person(s)
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark ONE box. Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes
	At what location did (you/) work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week. What is the name of the island, U.S. state, commonwealth, territory, or foreign country? What is the name of the city, town, or village?	Other 34a. b.	Questions 34–37 if this person did NOT work last week. rwise, SKIP to question 38. LAST WEEK, (were you/was) on layoff from a job? Yes – SKIP to question 34c No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 37 No – SKIP to question 35 (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work? Yes – SKIP to question 36 No
D. 0//			



797424

During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?	39.	For whom did (you/) work? If now_on active duty in the Armed Forces,
Yes		mark X this box —
□ No – SKIP to question 37		and print the branch of the Armed Forces.
·		Name of company, business, or other employer
LAST WEEK, could (you/) have started a job if	1	
offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or		
for some other reason?		
☐ Yes, could have gone to work		
☐ No, because of own temporary illness		
☐ No, because of all other reasons (in school, etc.)		
	40.	
days? Do not include subsistence activity.		Describe the activity at the location when
2010		employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)
2009		,
2008		
2005 to 2007		
2000 to 2004 – SKIP to question 47		
1999 or earlier – SKIP to question 47		
Never worked; or did subsistence only – SKIP to question 47		
3. CURRENT OR MOST RECENT JOB ACTIVITY		No Mail W ONE have
Describe clearly (your/'s) chief job activity or	41.	
business last week. If (you/) had more than		■ Manufacturing? ■ Wholesale trade?
one job, describe the one at which (you/)		Retail trade?
worked the most hours. If (you/) had no job or business last week, give information for		Other (agriculture, construction, service)
(your/'s) last job or business since 2005.		government, etc.)?
(Show Card K.) (Were you/Was) - Mark X ONE box.	42.	What kind of work (were you/was) doing
☐ An employee of a PRIVATE FOR-PROFIT		(For example: registered nurse, machine repairer, watchmaker, secretary, accountant)
company or business or of an individual,		watermaner, secretary, accountantly
for wages, salary, or commissions?		
☐ An employee of a PRIVATE NOT-FOR-PROFIT,		
tax-exempt, or charitable organization?		
A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?		
☐ A federal GOVERNMENT employee?		
SELF-EMPLOYED in own NOT		
INCORPORATED business, professional practice, or farm?	43.	What were (your/'s) most important activities or duties? (For example: patient call
		was a full as was a later a way and the assumption as the first as a second
☐ SELF-EMPLOYED in own INCORPORATED		repairing machinery, making watches, typing and
 SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? Working WITHOUT PAY in family business 		filing, reconciling financial records)



797425

Person 3–Continued

44.	LAST YEAR, 2009, did (you/) work at a job or business at any time? Do not include subsistence activity.	47b.	Did (you/) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?
	Yes		
	□ No – SKIP to question 47		Yes – What was the NET income after business expenses?
45a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.		Annual amount – Dollars Loss
	☐ Yes – SKIP to question 46 ☐ No		No
b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.	C.	Did (you/) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.
	50 to 52 weeks		Yes − What was the amount?
	48 to 49 weeks		Annual amount - Dollars Loss
	40 to 47 weeks		_
	27 to 39 weeks		\$
	14 to 26 weeks		No
	☐ 13 weeks or less	d.	Did (you/) receive any Social Security or Railroad Retirement in 2009?
46.	During 2009, in the WEEKS WORKED, how		_
	many hours did (you/) usually work each		Yes − What was the amount?
	WEEK? Do not include subsistence activity.		Annual amount – <i>Dollars</i>
	Usual hours worked each WEEK		e
			\$
			□ No
47.	The next set of questions is about each income source (you/) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark X the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the dollar amount.		Did (you/) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009? Yes – What was the amount? Annual amount – Dollars No
a.	Did (you/) receive any wages, salary, commissions, bonuses, or tips in 2009?	f.	Did (you/) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.
	Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or		☐ Yes – What was the amount?
	other items?		Annual amount – Dollars
	Annual amount - Dollars		7 amount Bonard
			\$.00
	\$		□ No
	□ No		



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

797427

28 **Person 4** 6. Print the name of Person 4 from page 2. First Name MI Last Name 7. Where (were you/was ...) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. (Show Card C.) (Are you/Is ...) a CITIZEN or **NATIONAL** of the United States?

9.	When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than
	once, what is the latest year?
	Print numbers in boxes.

Yes, born in this Area – SKIP to question 11a Yes, born in the United States or another U.S. territory or commonwealth

Yes, born elsewhere of U.S. parent or parents

No, not a U.S. citizen or national (permanent resident) No, not a U.S. citizen or national (temporary resident)

Yes, a U.S. citizen by naturalization

Year

10. (Show Card D.) What was (your/...'s) MAIN reason for moving to this Area? Mark X ONE box.

	Employment
_	'

Military

Subsistence activities Missionary activities

Moved with spouse or parent

To attend school

Medical

Housing

Other

11a. Where was (your/...'s) mother born? Print the name of the island (village in American Samoa). U.S. state, commonwealth, territory, or foreign country.

b.	Where was (your/'s) father born? Print the
	name of the island (village in American Samoa),
	U.S. state, commonwealth, territory, or foreign country.

(Show Card E.) (Are you/Is ...) a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? Active duty does NOT include training for the military Reserves or National Guard.

Yes, dependent of an active-duty member of	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

13a. At any time since February 1, 2010, (have you/has ...) attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK - Was it public or private?

No, has not attended since February 1 – SKIP to
question 14

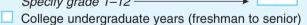
,					
Yes,	public	school,	public	college	

_	100, public correct, public correge
	Yes, private school, private college, home school

b. What grade or level (were you/was ...) attending? Mark X ONE box.

Pre-kindergarten
Kindergarten

Grade 1 through 12 -Specify grade 1-12 -



Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)



797428

14.	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received. NO SCHOOLING COMPLETED No schooling completed PRE-KINDERGARTEN THROUGH GRADE 12 Pre-kindergarten Kindergarten		(Do you/Does) speak this language at home more frequently than English? Yes, more frequently than English Both equally often No, less frequently than English Does not speak English Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 18
	☐ Grade 1 through 11 – Specify grade 1–11 — → ☐ 12 th grade – NO DIPLOMA	b.	☐ Yes, this house − SKIP to question 18☐ No, different houseWhere did (you/) live 1 year ago?
	HIGH SCHOOL GRADUATE Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE		What is the name of the island, U.S. state, commonwealth, territory, or foreign country? If outside this Area, print the answer below and SKIP to question 18.
	 Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree 	c.	What is the name of the city, town, or village?
	☐ Associate's degree (for example: AA, AS)☐ Bachelor's degree (for example: BA, BS)		
15. 16a.	AFTER BACHELOR'S DEGREE ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) ☐ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) ☐ Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? ☐ No ☐ Yes, in this Area ☐ Yes, not in this Area (Do you/Does) speak a language other	18.	(Show Card G.) (Are you/Is) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a—h. Yes No a. Insurance through a current or former employer or union (of this person or another family member)
oui	than English at home? Yes No – SKIP to question 17a		used or enrolled for VA health care) □ □ g. Local medical programs for indigents □ □ h. Any other type of health insurance or health coverage plan – <i>Specify</i> □ □
b.	What is this language?		Treatili Coverage plan – Specify 2
	(For example: Chamorro, Samoan, Carolinian, Tongan)		



Ves No	19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing? Yes	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes				
b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? ves		LI NO		
No No Skill to question 25	b.	serious difficulty seeing even when wearing		(Are you/Is) currently responsible for most of the basic needs of any grandchild(ren) under the
Ask questions 20a-20c if this person is 5 years old or over. Otherwise, SKIP to question 50. 20a. Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions? Yes No		☐ Yes		age of 18 who live(s) in this house or apartment?
Ask questions 20a-20c if it is person is 5 years old or over. Otherwise, SKIP to question 50. 20a. Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions? Yes		□ No		Yes
20a. Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions? Yes No	Ask o over.	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	•	·
b. (Do you/Does) have serious difficulty walking or climbing stairs? Yes		Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or	C.	for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been
b. (Do you/Does) have serious difficulty walking or climbing stairs? Yes		☐ Yes		Less than 6 months
3 or 4 years 3 or 7 years 3 or 4 years 5 or more years 3 or 4 years 5 or more years 3 or 4 years 5 or more years 5 or fevel years 5 or more years 5 or fevel years 5 or more years 5 or fevel years 5 or more years 5 or more years 5 or fevel years 5		□ No		6 to 11 months
3 or 4 years 3 or 7 years 3 or 4 years 5 or more years 3 or 4 years 5 or more years 3 or 4 years 5 or more years 5 or fevel years 5 or more years 5 or fevel years 5 or more years 5 or fevel years 5 or more years 5 or more years 5 or fevel years 5	_			
Yes No No So more years 5 or more years 6 or maching 6 or more years 6 or maching 6 or more years 6 or maching 6 or more years 7 or	b.			
Yes No No No No No No September 2001 or later No No No No No No No N		or climbing stairs:		
c. (Do you/Does) have difficulty dressing or bathing? Yes		Yes		a di more yeare
c. (Do you/Does) have difficulty dressing or bathing? Yes		No	25.	(Show Card H.) (Have you/Has) ever served on
No Yes, now on active duty Yes, now on active duty Yes, on active August 12 months Yes, on active Ye	c.	bathing?		Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example,
Ask question 21 if this person is 15 years old or over. Otherwise, SKIP to question 50. 21. Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No 22. What is (your/'s) marital status? Now married Widowed Divorced Separated Never married 23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted. None OR Number of children World War II (December 1941 to December 1946)		□ No		or the Persian Gun war.
 Otherwise, SKIP to question 50. 21. Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No Yes No What is (your/'s) marital status? Widowed Divorced Separated Never married 23. If this person is female, ASK − How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted. None OR Number of children World War II (December 1941 to December 1946) but not now Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard only – SKIP to question 27a No, never served in the military – SKIP to question 28a 26. (Show Card I.) When did (you/) serve on active duty in the past, but not during the last 12 months No, revince last 12 months No, raining for Reserves or National Guard only – SKIP to question 27a No, never served in the military – SKIP to question 28a 26. (Show Card I.) When did (you/) serve on active duty in the past, but not during the last 12 months No, revince last 12 months No, rever served in the military – SKIP to question 27a No, never served in the military – SKIP to question 28a 26. (Show Card I.) When did (you/) serve on active duty in the past, but not during the last 12 months No, rever served in the military – SKIP to question 27a No, never served in the military – SKIP to question 27a No, never served in the military – SKIP to question 27a No, never served in the visit past only in the past, but not during the last 12 months No, never served in the visit past only in the past, but not during the last 12 months No, never served in the visit past only in the use 12 months September 2001 or later September 1980 to July 1				Yes, now on active duty
the last 12 months to do you/does) have difficulty doing errands alone such as visiting a doctor's office or shopping? Yes No What is (your/'s) marital status? No, never served in the military – SKIP to question 28a 26. (Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time? 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 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)				but not now
only − <i>SKIP</i> to question 27a No, never served in the military − <i>SKIP</i> to question 28a 22. What is (your/'s) marital status? Now married Now married Divorced Separated Never married Never married 1 ft this person is female, ASK − How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted. None OR Number of children World War II (December 1941 to December 1946)	21.	condition, (do you/does) have difficulty		the last 12 months
No Now married Widowed Divorced Separated Never married Never married Never married With person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted. None OR Number of children Number of children None OR Number				
22. What is (your/'s) marital status? Now married Widowed Divorced Separated Never married 23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted. None OR Number of children What is (your/'s) marital status? (Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time? 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)				
Divorced Separated Never married 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) Children (you have/she has) adopted. None OR Number of children None OR Number of children None OR Number of children Widowe? 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)	22.	What is (your/'s) marital status?	26.	duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for
□ Divorced □ Separated □ Never married 23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted. □ None OR Number of children □ None OR Number of children □ World War II (December 1941 to December 1946)		Widowed		
Separated Never married 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)		Divorced		Sentember 2001 or later
Persian Gulf War) 23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted. None OR Number of children None OR Number of children World War II (December 1941 to December 1946)		☐ Separated		
(have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted. None OR Number of children None OR Number of children World War II (December 1941 to December 1946)		■ Never married		Persian Gulf War)
stillbirths? Do not count stepchildren or children (you have/she has) adopted. None OR Number of children Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946)	23.	and the first section of the section		
children (you have/she has) adopted. None OR Number of children Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946)				
None OR Number of children February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946)				
Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946)		_		
January 1947 to June 1950 World War II (December 1941 to December 1946)		■ None OR Number of children		· ·
World War II (December 1941 to December 1946)				
□ November 1941 or earlier				
				November 1941 or earlier

Form D-2(E)AS

(1-21-2009)



797430

27a.	(Do you/Does) have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 28a	30.	(Show Card J.) How did (you/) usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark I the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating? O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher		 Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home − SKIP to question 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes? Mark X ONE box. Yes, worked for pay; did NO subsistence activity – SKIP to question 29 Yes, worked for pay AND did subsistence activity – SKIP to question 29 No, did NOT work for pay at a job or business		Other method question 31 if this person answered "Car, truck, or private ous" in question 30. Otherwise, SKIP to question 32. How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK? Person(s)
b.	(or was retired) LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark ⋈ ONE box. Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes
a. b.	At what location did (you/) work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week. What is the name of the island, U.S. state, commonwealth, territory, or foreign country? What is the name of the city, town, or village?	Othei	Juestions 34–37 if this person did NOT work last week. Twise, SKIP to question 38. LAST WEEK, (were you/was) on layoff from a job? Yes – SKIP to question 34c No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 37 No – SKIP to question 35 (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work? Yes – SKIP to question 36 No
rm D-2(E	E)AS	c.	etc. – SKIP to question 37 No – SKIP to question 35 (Have you/Has) been informed that (you/he/she will be recalled to work within the next 6 months OR been given a date to return to work? Yes – SKIP to question 36



797431

35. 36.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work? Yes No – SKIP to question 37 LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or for some other reason?	39.	For whom did (you/) work? If now on active duty in the Armed Forces, mark X this box and print the branch of the Armed Forces. Name of company, business, or other employer
	 Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.) 		
37.	When did (you/) last work, even for a few days? Do not include subsistence activity. 2010 2009 2008 2005 to 2007 2000 to 2004 – SKIP to question 47 1999 or earlier – SKIP to question 47 Never worked; or did subsistence only – SKIP to question 47	40.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)
38–4	3. CURRENT OR MOST RECENT JOB ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41.	Is this mainly - Mark X ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?
38.	 (Show Card K.) (Were you/Was) - Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)? A federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? Working WITHOUT PAY in family business or farm? 	43.	What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)



797432

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



47g.	 Did (you/) receive any remittances in 2009? Include money from relatives outside the household or in the military. 	
	☐ Yes – What was the amount?	
	Annual amount - Dollars	
	\$.00	
	□ No	
h.	Did (you/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or sale of a home.	
	☐ Yes – What was the amount?	
	Annual amount – Dollars	
	\$.00	
	□ No	
Instea amou	not ask question 48 if questions 47a-47h are completed. ead, sum these entries and subtract any losses. Enter the nunt below. If the total amount was a loss, mark X the "Loss" next to the dollar amount.	
48.	What was (your/'s) total income during 2009?	
	Annual amount – Dollars Loss	
	□ None OR \$.00 □	
49.	During 2009, did (you/) GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.	
	Yes – What was the amount?	
	Annual amount – Dollars	
	- India direction Definition	
	\$.00	
	□ No	
50.	Refer to S5 on the front cover. If more than four persons are listed, continue with Person 5. If not, SKIP to the "Respondent Information" on back page.	
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797434

P	erson 5		
	Print the name of Person 5 from page 2. First Name MI	11a.	Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
7.	Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.	b.	Where was (your/'s) father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
8.	(Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States? Yes, born in this Area – SKIP to question 11a Yes, born in the United States or another	12.	(Show Card E.) (Are you/Is) a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? Active duty does NOT include training for the military Reserves or National Guard. Yes, dependent of an active-duty member of the
	U.S. territory or commonwealth Yes, born elsewhere of U.S. parent or parents Yes, a U.S. citizen by naturalization No, not a U.S. citizen or national (permanent resident) No, not a U.S. citizen or national (temporary resident)		Armed Forces Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve No
9.	When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year? Print numbers in boxes. Year	13a.	At any time since February 1, 2010, (have you/has) attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK – Was it public or private?
10.	(Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box. Employment		 No, has not attended since February 1 – SKIP to question 14 Yes, public school, public college Yes, private school, private college, home school
	Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing Other	b.	What grade or level (were you/was) attending? Mark ONE box. Pre-kindergarten Kindergarten Grade 1 through 12 - Specify grade 1-12 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)



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 12 th grade – NO DIPLOMA HIGH SCHOOL GRADUATE	Both equally often No, less frequently than English Does not speak English 17a. Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 18 Yes, this house – SKIP to question 18 No, different house b. Where did (you/) live 1 year ago?
 □ Regular high school diploma □ GED or alternative credential COLLEGE OR SOME COLLEGE □ Some college credit, but less than 1 year of college 	What is the name of the island, U.S. state, commonwealth, territory, or foreign country' If outside this Area, print the answer below and SKIP to question 18.
credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)	c. What is the name of the city, town, or village
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) 5. (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? ☐ No ☐ Yes, in this Area ☐ Yes, not in this Area	insurance company (by this person or another family member)
Sa. (Do you/Does) speak a language other than English at home? Yes No - SKIP to question 17a	used or enrolled for VA health care) □ □ g. Local medical programs for indigents □ □ h. Any other type of health insurance or health coverage plan – Specify □ □
b. What is this language? (For example: Chamorro, Samoan, Carolinian, Tongan)	



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



797437

27a.	(Do you/Does) have a VA service-connected disability rating? Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 28a	30.	(Show Card J.) How did (you/) usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating? O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher		Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes? Mark X ONE box. Yes, worked for pay; did NO subsistence activity – SKIP to question 29 Yes, worked for pay AND did subsistence activity – SKIP to question 29 No, did NOT work for pay at a job or business (or was retired)		Other method question 31 if this person answered "Car, truck, or private pus" in question 30. Otherwise, SKIP to question 32. How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK? Person(s)
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark X ONE box. Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes
29.	At what location did (you/) work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.	Othei	questions 34–37 if this person did NOT work last week. wise, SKIP to question 38. LAST WEEK, (were you/was) on layoff
	What is the name of the island, U.S. state, commonwealth, territory, or foreign country? What is the name of the city, town, or village?	b.	from a job? Yes – SKIP to question 34c No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 37 No – SKIP to question 35 (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work? Yes – SKIP to question 36 No
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797438

P	erson 5-Continued		
35.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?	39.	If now on active duty in the Armed Forces,
	Yes		mark X this box \longrightarrow and print the branch of the Armed Forces.
	□ No – SKIP to question 37		·
26	LACT WEEK and from A born storted a lab if		Name of company, business, or other employer
36.	LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or for some other reason?	1	
	Yes, could have gone to work		
	No, because of own temporary illness		
	No, because of all other reasons (in school, etc.)		
	The, secured of all earlier reasons (in earlies), each		
37.	When did (you/) last work, even for a few days? Do not include subsistence activity.	40.	What kind of business or industry was this? Describe the activity at the location where
	2010		employed. (For example: hospital, fish cannery,
	2009		watchmaker, auto repair shop, bank)
	2008		
	2005 to 2007		
	2000 to 2004 – SKIP to question 47		
	☐ 1999 or earlier – SKIP to question 47		
	☐ Never worked; or did subsistence only – <i>SKIP to</i>		
	question 47		
20 /	3. CURRENT OR MOST RECENT JOB		
30-4	ACTIVITY	41.	Is this mainly – Mark X ONE box.
	Describe clearly (your/'s) chief job activity or		☐ Manufacturing?
	business last week. If (you/) had more than		☐ Wholesale trade?
	one job, describe the one at which (you/)		Retail trade?
	worked the most hours. If (you/) had no job or business last week, give information for		Other (agriculture, construction, service,
	(your/'s) last job or business since 2005.		government, etc.)?
	(, , ,		· ·
38.	(Show Card K.) (Were you/Was) - Mark X ONE box.	42.	What kind of work (were you/was) doing?
-			(For example: registered nurse, machine repairer,
	An employee of a PRIVATE FOR-PROFIT		watchmaker, secretary, accountant)
	company or business or of an individual, for wages, salary, or commissions?		
	☐ An employee of a PRIVATE NOT-FOR-PROFIT,		
	tax-exempt, or charitable organization?		
	☐ A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?		
	☐ A federal GOVERNMENT employee?		
	SELF-EMPLOYED in own NOT		
	INCORPORATED business, professional practice, or farm?	43.	What were (your/'s) most important activities or duties? (For example: patient care,
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?		repairing machinery, making watches, typing and filing, reconciling financial records)
	☐ Working WITHOUT PAY in family business		
	or farm?		



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



	er 3011 3 – Continueu
47g.	Did (you/) receive any remittances in 2009? Include money from relatives outside the household or in the military.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$.00
	□ No
h.	Did (you/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance of sale of a home.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$.00
	□ No
Instea amou	ot ask question 48 if questions 47a-47h are completed. ad, sum these entries and subtract any losses. Enter the int below. If the total amount was a loss, mark X the "Los ext to the dollar amount.
48.	What was (your/'s) total income during 20093
	Annual amount - Dollars Loss
	□ None OR \$.00 □
49.	During 2009, did (you/) GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$, .00 □ No
50.	Refer to S5 on the front cover. If more than five persons are listed, continue with D-2(E)SUPP AS form. If not, continue with the "Respondent Information" on back page.

RESPONDENT INFORMATION					
R1. Enter respondent's name. First Name Last Name	R2. In case we need to contact you, what is your telephone number and the best time to call? Area Code + Number Day Evening Either R3. Respondent type — Household member lived here on April 1, 2010 Household member moved in after April 1, 2010 Neighbor or other proxy				
INTER	RVIEW SUMMARY				
A. Status on April 1, 2010 1 = Occupied 2 = Vacant − Regular 3 = Vacant − Usual home elsewhere 4 = Demolished/Burned out/ Cannot locate 5 = Nonresidential 6 = Empty mobile home/trailer site 7 = Uninhabitable (open to elements, condemned, under construction) 8 = Duplicate − Record ID of Dup. ■ 8 = Duplicate − Record ID of Dup.	B. POP on April 1, 2010 O1-49 = Total persons O0 = Vacant 98 = Delete 99 = POP unknown C. VACANT - If vacant, ASK - Which category best described this vacant unit as of April 1, 2010? (Read categories.) For rent Rented, not occupied For sale only Sold, not occupied For seasonal, recreational, or occasional use For migrant workers Other vacant				
D. UHE E. MOV F. PI G. REF H. CO	O I. REP J. VDC K. JIC1 L. JIC2				
RECO	ORD OF CONTACT				
Type Month Day Time a.m. p.m. Personal Telephone Personal Telephone NV = Left Notice of Visit NC = No	Outcome Type Month Day Time Outcome Personal Telephone Personal Telephone Personal Telephone Resonal Telephone Telephone				
	RVIEW SUMMARY				
I certify that the entries I have made on this questionnain to the best of my knowledge. Enumerator's signature and date					

