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

FORM D-2(E)G	LCO	County	Block	AA	Map Spot
(1-21-2009)	3 5 0 0	0 1 0			
U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU	Unit ID	— APPL	Y LABEL HERE		→
ENUMERATOR QUESTIONNAIRE Guam 2010 Census					
Ave there are continuation forms	Development/Build	ing name or su	bdivision/Place nam	е	
Are there any continuation forms for this address?					
☐ Yes – Number of forms	Street or road name			House	# Apt. or unit #
□ No					
	Physical description	(if applicable)			
	Village/Municipality				ZIP Code
S1. Hello, my name is (Your name) an official census worker for 2010 in Guam . (Show ID.)		On Ap		unit vacant,	here on April 1.) or occupied by a
S2. I'm here to complete a Censu				•	mation" on back page
questionnaire for this addres take about 10 minutes. (Hand Information Sheet.) This first par	respondent	res	pondent, comple		Using a knowledgeable aire for the Census Day
that your answers are confidence be referring to this handout to	ential. We will		<i>isehold</i> : a housing unit –	SKIP to "Respo	ondent Information" on back page
interview. Did you or anyone household live here on April 1	in this	SE Wor	and to count	noonlo whore	they live and sleep most
☐ Yes – Continue with question S			e time.	people where	they live and sleep most
□ No – SKIP to question S4		(Show	w Card A.) Pleas	se look at Car	d A. It contains examples d not be counted at this
S3. Is this (house/apartment/mob vacation or seasonal home, o		plac	е.		
someone in this household us here?		were	ed on these ex e living or stay ile home) on A	ing in this (ho	many people ouse/apartment/
 Vacation or seasonal home or hoccasional use – SKIP to "RespInformation" on back page 			Number of pe		
☐ Usually lives here – SKIP to que	estion S5				



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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)G

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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)G	

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 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 ONE box. Employment Military		 No, has not attended since February 1 – SKIP to question 14 Yes, public school, public college Yes, private school, private college, home school
	Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing Other	b.	What grade or level (were you/was) attending? Mark X ONE box. Pre-kindergarten Kindergarten Grade 1 through 12 – Specify grade 1–12 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)

Form D-2(E)G



kindergarten lergarten lergarten de 1 through 11 – cify grade 1–11 grade – NO DIPLOMA SCHOOL GRADUATE ular high school diploma O or alternative credential EGE OR SOME COLLEGE te college credit, but less than 1 year of college it more years of college credit, no degree ociate's degree (for example: AA, AS) melor's degree (for example: BA, BS)	b. W W ce	id (you/) live in this house or apartment 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 There did (you/) live 1 year ago? That is the name of the island, U.S. state, ommonwealth, territory, or foreign country? outside this Area, print the answer below and SKIP to uestion 18. That is the name of the city, town, or village?
ular high school diploma O or alternative credential GE OR SOME COLLEGE De college credit, but less than 1 year of college it more years of college credit, no degree ociate's degree (for example: AA, AS)	W Ge If qu	That is the name of the island, U.S. state, ommonwealth, territory, or foreign country? outside this Area, print the answer below and SKIP to uestion 18.
more years of college credit, no degree ociate's degree (for example: AA, AS)	c. W	/hat is the name of the city, town, or village?
ter's degree (for example: MA, MS, MEng, M, MSW, MBA) essional degree beyond a bachelor's degree example: MD, DDS, DVM, LLB, JD) torate degree (for example: PhD, EdD) you/Has) completed the requirements ocational training program at a trade I, business school, hospital, some other is school for occupational training, or place k? Do not include academic college es. If "Yes," ASK – Was training received in ea?	b.	Show Card G.) (Are you/Is) CURRENTLY overed by any of the following types of ealth insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in ems a—h. Insurance through a current or former employer or union (of this person or another family member)
u/Does) speak a language other nglish at home? - SKIP to question 17a	g.	VA (including those who have ever used or enrolled for VA health care) □ □ Local medical programs for indigents □ □ Any other type of health insurance or health coverage plan − Specify □ □
s this language?		
u	in this Area not in this Area I/Does) speak a language other aglish at home? SKIP to question 17a this language?	in this Area not in this Area ploops) speak a language other nglish at home? SKIP to question 17a



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
	LI 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 over.	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	•	□ No – SKIP to question 25
20a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?	0.	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
b.	(Do you/Does) have serious difficulty walking		3 or 4 years
	or climbing stairs?		5 or more years
	Yes		a di more years
	□ 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, for the Persian Gulf War.
	□ No		
			Yes, now on active duty
	question 21 if this person is 15 years old or over. rwise, SKIP to question 50.		Yes, on active duty during the last 12 months, but not now
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a		 Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard
	doctor's office or shopping?		only – SKIP to question 27a
	Yes		No, never served in the military – SKIP to
	□ No		question 28a
22.	What is (your/'s) marital status? Now married Widowed	26.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other
	Divorced		time?
	_		September 2001 or later
	☐ Separated ☐ Never married		August 1990 to August 2001 (including Persian Gulf War)
23.	If this person is female, ASK – How many babies		September 1980 to July 1990
	(have you/has she) ever had, not counting		May 1975 to August 1980
	stillbirths? Do not count stepchildren or		☐ Vietnam era (August 1964 to April 1975)
	children (you have/she has) adopted.		☐ March 1961 to July 1964
	☐ None OR Number of children		☐ February 1955 to February 1961
			☐ Korean War (July 1950 to January 1955)
			☐ January 1947 to June 1950
			☐ World War II (December 1941 to December 1946)
			November 1941 or earlier



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 (or was retired)		Other method question 31 if this person answered "Car, truck, or private ous" in question 30. Otherwise, SKIP to question 32. How many people, including (yourself,), usually rode to work in the car, truck, or private van/bus LAST WEEK? Person(s)
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark NONE 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	guestions 34–37 if this person did NOT work last week. rwise, SKIP to question 38. LAST WEEK, (were you/was) on layoff
	What is the name of the island, U.S. state, commonwealth, territory, or foreign country? What is the name of the city, town, or village?	b.	from a job? Yes – SKIP to question 34c No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 37 No – SKIP to question 35 (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work? Yes – SKIP to question 36 No
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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 it this box and print the branch of the Armed Forces. Name of company, business, or other employer
	☐ No, because of all other reasons (in school, etc.)		
37.	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	Our 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 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)



44.	LAST YEAR, 2009, did (you/) work at a job or business at any time? Do not include subsistence activity.	47b.	Did (you/) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?
	Yes		
	□ No – SKIP to question 47		Yes – What was the NET income after business expenses?
45a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.		Annual amount – Dollars Loss
	☐ Yes – SKIP to question 46		□ No
b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include	C.	Did (you/) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.
	subsistence activity.		☐ Yes – What was the amount?
	50 to 52 weeks		Annual amount – Dollars Loss
	48 to 49 weeks		Turnadi ambani Donaro Loss
	40 to 47 weeks		\$.00
	27 to 39 weeks		□ No
	14 to 26 weeks 13 weeks or less		D.I.(/)
	TO WEEKS OF 1633	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		, mindar amount Bonaro
	6		\$.00
	\$.00		□ No
	□ No		



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
	6		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
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?		Samoa Three or more houses – Applies only in American Samoa A building with 2 apartments A building with 3 or 4 apartments A building with 5 to 9 apartments
			☐ A building with 10 to 19 apartments☐ A building with 20 to 49 apartments
	Annual amount – <i>Dollars</i>		A building with 50 or more apartments A building with 50 or more apartments
	\$.00		A container
	□ No		Boat, RV, van, etc.
_		-4	
Inste amou	of ask question 48 if questions 47a-47h are completed. ad, sum these entries and subtract any losses. Enter the unt below. If the total amount was a loss, mark if the "Loss" next to the dollar amount. What was (your/'s) total income during 2009? Annual amount – Dollars Loss None OR	_	About when was this building first built? 2009 or 2010 2000 to 2008 1990 to 1999 1980 to 1989 1970 to 1979 1960 to 1969 1950 to 1959 1940 to 1949 1939 or earlier When did (Read name of Person 1) move into this living quarters? 2009 or 2010 2000 to 2008 1990 to 1999 1980 to 1989 1970 to 1979 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
Form D-2(E)G		

. 4 -	Have many consists assess and to the Patricia	EE.	What have a facility for this control of
94a.	How many separate rooms are in this living quarters? Rooms must be separated by built-in	<u>55a.</u>	What type of toilet facilities do you have?
	archways or walls that extend from floor to		Outhouse or privy
	ceiling.		Other or none
	•		Curior of fions
	• INCLUDE bedrooms, kitchens, etc.	56a.	Are your MAIN cooking facilities located inside
	 EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements. 		or outside this building? Mark 🔀 ONE box.
	1 room		Inside this building
	2 rooms		Outside this building
			■ No cooking facilities – SKIP to question 56c
	3 rooms		
	4 rooms	b.	What type of cooking facilities are these?
	5 rooms		Mark X ONE box.
	6 rooms		☐ Electric stove
	☐ 7 rooms		☐ Kerosene stove
	☐ 8 rooms		Gas stove
	9 or more rooms		Microwave oven and non-portable burners
			Microwave oven only
<u>b.</u>	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 🗴 "No bedroom."	<u>c.</u>	Do you have a refrigerator in this building?
	No bedroom		☐ Yes
	1 bedroom		No
	2 bedrooms		
	3 bedrooms	<u>d.</u>	Do you have a sink with piped water in this
			building?
	4 bedrooms		Yes
	5 or more bedrooms		163
	3 of filore beardons		
<u>55a.</u>	(Show Card M.) Do you have hot and cold piped	57.	□ No
<u>55a.</u>	(Show Card M.) Do you have hot and cold piped water? If "Yes," ASK – Is it in this unit?	57.	Does this living quarters have telephone service from which you can both make and receive
<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	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
<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
<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? Yes, in this unit	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?
<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? Yes, in this unit Yes, in this building, not in unit	57.	 No 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, a cell or mobile phone only
55a.	(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? Yes, in this unit Yes, in this building, not in unit No, only cold piped water in this unit	57.	 No 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, a cell or mobile phone only Yes, a landline only
<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? Yes, in this unit Yes, in this building, not in unit	57.	 No 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, a cell or mobile phone only Yes, a landline only Yes, both a cell or mobile phone and a landline
<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? Yes, in this unit Yes, in this building, not in unit No, only cold piped water in this unit	57.	 No 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, a cell or mobile phone only Yes, a landline only
<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? Yes, in this unit Yes, in this building, not in unit No, only cold piped water in this unit No, only cold piped water in this building		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, a cell or mobile phone only Yes, a landline only Yes, both a cell or mobile phone and a landline 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? Yes, in this unit Yes, in this building, not in unit No, only cold piped water in this unit No, only cold piped water in this building No, only cold piped water outside this building	57. <u>58.</u>	 No 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, a cell or mobile phone only Yes, a landline only Yes, both a cell or mobile phone and a landline No Do you have air conditioning? If "Yes," ASK − Is it a
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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. Yes	<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
	□ 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
b.	Do you or any member of this household have an Internet connection at this living quarters?		OR 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?
<u>62.</u>	(Show Card N.) Do you get water from – Mark X		Average monthly cost – Dollars
	☐ A public system only? ☐ A public system and catchment?		\$.00
	☐ A village water system only? – Applies only in American Samoa		OR Included in rent or condominium fee
	An individual well?		☐ Included in electricity payment entered above☐ No charge or gas not used
	 A catchment, tanks, or drums only? 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?
<u>63.</u>	Is this building connected to a public sewer? If "No," $ASK-$ Is it connected to a septic tank or cesspool OR other means?	II	Average monthly cost – Dollars
	Yes, connected to a public sewer		OR
	No, connected to a septic tank or cesspoolNo, use other means		☐ Included in rent or condominium fee☐ No charge
<u>64.</u>	Is this living quarters part of a condominium?	d.	What is the average monthly cost for oil, coal,
	☐ Yes ☐ No		kerosene, wood, etc. for this living quarters? Average monthly cost – <i>Dollars</i>
<u>65.</u>	What is the MAIN type of material used for the outside walls of this building? Mark X ONE box.		\$.00
	Poured concrete		OR
	Concrete blocks		Included in rent or condominium feeNo charge or these fuels not used
	Metal	60	_
	☐ Wood ☐ Other	69.	(Show Card O.) Is this living quarters – Mark X ONE box.
66.	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 loans.
	☐ Poured concrete ☐ Metal		 Owned by you or someone in this household free and clear (without a mortgage or loan)?
	Wood		Rented?
	Other		Occupied without payment of rent?
orm D-2(I	E)G		



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

3 .00	\$,			.00
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- **71–76.** Refer to question 69. Ask questions 71–76 only if someone in this household OWNS or is BUYING this living quarters. Otherwise, SKIP to the questions for Person 2.
- About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

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			
Noi	ne				

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

	Anr	nual	am	our	nt – <i>Dollar</i> s
\$,			.00
		0	R		
-	NI.				

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

ш	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?
 - Yes, taxes included in mortgage paymentNo, taxes paid separately or taxes not required
- d. Does the regular monthly mortgage payment include payments for fire, hazard, typhoon, or flood insurance on THIS property?

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	second 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?

Monthly amount – Dollars

.00

OR .00

No regular payment required

Ask question 76 ONLY if this is a CONDOMINIUM.

76. What is the monthly condominium fee?

Monthly amount – Dollars

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



Person 2

	CI SUII Z		
3.	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
			2.2. Class, commonwealth, territory, or rereign countr
	Last Name		
		b.	Where was (your/'s) father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign countr
•	Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.		
		12.	(Show Card E.) (Are you/Is) a dependent of a active-duty or retired member of the Armed Forces of the United States or of the full-times.
	(Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States?		military Reserves or National Guard? Active 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)		□ 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?	13a.	At any time since February 1, 2010, (have you/has) attended school or college? Including pre-kindergarten, kindergarten, elemen
	Print numbers in boxes. Year		school, home school, and schooling which le to a high school diploma or a college degree "Yes," ASK – Was it public or private?
	Year		to a high school diploma or a college degree
			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
).	Year (Show Card D.) What was (your/'s) MAIN reason		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
)_	Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box. Employment Military	h.	 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
).	Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark ONE box. Employment Military Subsistence activities	b.	 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
) .	Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box. Employment Military	b.	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)
).	Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box. Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school	b.	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 ONE box. Pre-kindergarten Kindergarten
) .	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	b.	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 X ONE box. Pre-kindergarten Kindergarten Grade 1 through 12 –
) .	Year (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box. Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school	b.	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 ONE box. Pre-kindergarten Kindergarten



	(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 home 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 → ☐ 12 th grade – NO DIPLOMA		Person is under 1 year old – SKIP to question 18 Yes, this house – SKIP to question 18 No, different house
	HIGH SCHOOL GRADUATE	b.	Where did (you/) live 1 year ago?
	Regular high school diploma GED or alternative credential		What is the name of the island, U.S. state, commonwealth, territory, or foreign country? If outside this Area, print the answer below and SKIP to question 18.
	COLLEGE OR SOME COLLEGE		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)		
	Bachelol 3 degree (for example. BA, Bo)		
	AFTER BACHELOR'S DEGREE	18.	
	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	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
	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree	18.	covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. Yes No
	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)	18.	covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h.
5.	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other	18.	covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. Yes No a. Insurance through a current or former employer or union (of this person or
5.	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in	18.	covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. Yes No a. Insurance through a current or former employer or union (of this person or another family member)
5.	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area?	18.	covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a—h. Yes No a. Insurance through a current or former employer or union (of this person or another family member)
5.	AFTER BACHELOR'S DEGREE Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD) Doctorate degree (for example: PhD, EdD) (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? No Yes, in this Area	18.	covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. Yes No a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid or any kind of federal government assistance plan for those
	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.	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)
	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?	18.	covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a—h. Yes No a. Insurance through a current or former employer or union (of this person or another family member)
	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.	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)
ìa.	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?	18.	covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a—h. a. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance company (by this person or another family member) c. Medicare, for people 65 and older, or people with certain disabilities d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability e. TRICARE or other military health care f. VA (including those who have ever used or enrolled for VA health care) g. Local medical programs for indigents
òa.	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.	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)
òa.	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.	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)

Form D-2(E)G



797615

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 No	b.	(Are you/Is) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes
			□ No – SKIP to question 25
Ask o	questions 20a–20c if this person is 5 years old or		The Chin to quotien 20
	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
.			1 or 2 years
D.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years
			5 or more years
	☐ Yes		·
	□ No	25.	
C.	(Do you/Does) have difficulty dressing or bathing? Yes		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	No		Veg new on active duty
	question 21 if this person is 15 years old or over. rwise, SKIP to question 50.		Yes, now on active dutyYes, on active duty during the last 12 months, but not now
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty 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 Divorced	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?
	□ 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? 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 Juestion 31 if this person answered "Car, truck, or private rus" in question 30. Otherwise, SKIP to question 32. How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK? Person(s)
b.	(or was retired) LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark X ONE box. Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes
29. 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?	Othei	uestions 34–37 if this person did NOT work last week. wise, SKIP to question 38. LAST WEEK, (were you/was) on layoff from a job? Yes – SKIP to question 34c No
b.	What is the name of the city, town, or village?		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
rm D-2/	70		□ No



797617

	During the LAST 4 WEEKS, (have you/has) seen ACTIVELY looking for work?	39.	For whom did (you/) work? If now on active duty in the Armed Forces, mark this box
	Yes		and print the branch of the Armed Forces.
	No – SKIP to question 37		Name of company, business, or other employer
O A	AST WEEK, could (you/) have started a job if freed one, or returned to work if recalled? If "No," SK — Was this because of a temporary illness or	u	
_	or some other reason?		
	Yes, could have gone to work		
F	No, because of own temporary illness		
	No, because of all other reasons (in school, etc.)		
	When did (you/) last work, even for a few ays? Do not include subsistence activity. 2010 2009	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)
	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		
43.	,		
D	ACTIVITY Describe clearly (your/'s) chief job activity or	41.	Is this mainly - Mark X ONE box.
b 0 W 0	ACTIVITY Describe clearly (your/'s) chief job activity or susiness 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.)?
o w ()	Describe clearly (your/'s) chief job activity or usiness last week. If (you/) had more than ne job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for		 ■ Manufacturing? ■ Wholesale trade? ■ Retail trade? ■ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing?
b w o (!	Describe clearly (your/'s) chief job activity or susiness 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.		 ■ Manufacturing? ■ Wholesale trade? ■ Retail trade? ■ Other (agriculture, construction, service government, etc.)?
o w ()	Describe clearly (your/'s) chief job activity or usiness last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) - Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual,		 ■ Manufacturing? ■ Wholesale trade? ■ Retail trade? ■ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer,
b w o (!	Describe clearly (your/'s) chief job activity or usiness last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) – Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?		 ■ Manufacturing? ■ Wholesale trade? ■ Retail trade? ■ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer,
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	Describe clearly (your/'s) chief job activity or usiness last week. If (you/) had more than me job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) - Mark ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)? A federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional	42.	Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)
	Describe clearly (your/'s) chief job activity or usiness last week. If (you/) had more than ne job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) - Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)? A federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?	42.	■ Manufacturing? ■ Wholesale trade? ■ Retail trade? ■ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care repairing machinery, making watches, typing and
	Describe clearly (your/'s) chief job activity or usiness last week. If (you/) had more than ine job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) – Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)? A federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? Working WITHOUT PAY in family business	42.	■ Manufacturing? ■ Wholesale trade? ■ Retail trade? ■ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care repairing machinery, making watches, typing and
	Describe clearly (your/'s) chief job activity or usiness last week. If (you/) had more than ine job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) – Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)? A federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? Working WITHOUT PAY in family business	42.	■ Manufacturing? ■ Wholesale trade? ■ Retail trade? ■ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care repairing machinery, making watches, typing and
	Describe clearly (your/'s) chief job activity or usiness last week. If (you/) had more than ine job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) – Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)? A federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? Working WITHOUT PAY in family business	42.	■ Manufacturing? ■ Wholesale trade? ■ Retail trade? ■ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care repairing machinery, making watches, typing and
	Describe clearly (your/'s) chief job activity or usiness last week. If (you/) had more than ine job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for your/'s) last job or business since 2005. Show Card K.) (Were you/Was) – Mark X ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)? A federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? Working WITHOUT PAY in family business	42.	■ Manufacturing? ■ Wholesale trade? ■ Retail trade? ■ Other (agriculture, construction, service government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant) What were (your/'s) most important activities or duties? (For example: patient care repairing machinery, making watches, typing and



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?
	☐ 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		Account Dellara
	48 to 49 weeks		Annual amount – Dollars Loss
	40 to 47 weeks		\$.00
	27 to 39 weeks		□ No
	☐ 14 to 26 weeks ☐ 13 weeks or less		
	13 weeks of 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 – Dollars
	Usual hours worked each WEEK		
			\$.00
			□ No
47.	The next set of questions is about each income source (you/) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark \(\) the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark \(\) the "Loss" box next to the dollar amount.		Did (you/) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009? Yes – What was the amount? Annual amount – Dollars No
a.	Did (you/) receive any wages, salary, commissions, bonuses, or tips in 2009?	f.	Did (you/) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.
	Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?		Yes – What was the amount?
	Annual amount – Dollars		Annual amount – Dollars
			\$.00
	\$.00 No		□ No



Yes - What was the amount? Annual amount - Dollars	47g.	Did (you/) receive any remittances in 2009? Include money from relatives outside the household or in the military.
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?		☐ Yes – What was the amount?
h. Did (yow/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes - What was the amount?		Annual amount – <i>Dollars</i>
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
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
Annual amount — Dollars \$	h.	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
S		☐ Yes – What was the amount?
Do not ask question 48 if questions 47a-47h are completed. Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark the "Loss" box next to the dollar amount. 48. What was (your/'s) total income during 2009? Annual amount — Dollars		Annual amount – <i>Dollars</i>
Do not ask question 48 if questions 47a-47h are completed. Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark to the dollar amount. 48. What was (your/'s) total income during 2009? Annual amount - Dollars		
Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark x the "Loss" box next to the dollar amount. 48. What was (your/'s) total income during 2009? Annual amount – Dollars Loss None OR		□ No
Annual amount - Dollars Loss None OR	Instea amou	ad, sum these entries and subtract any losses. Enter the int below. If the total amount was a loss, mark 🗴 the "Loss"
Annual amount - Dollars Loss None OR	48.	What was (your/'s) total income during 2009?
49. During 2009, did (you/) GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate. Yes – What was the amount? Annual amount – Dollars No Refer to S5 on the front cover. If more than one person is listed, continue with Person 3. If not, SKIP to		
money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate. Yes – What was the amount? Annual amount – Dollars No Refer to S5 on the front cover. If more than one person is listed, continue with Person 3. If not, SKIP to		□ None OR \$ □ □
Annual amount – Dollars \$.00 No Refer to \$5\$ on the front cover. If more than one person is listed, continue with Person 3. If not, \$KIP to	49.	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,
So. Refer to S5 on the front cover. If more than one person is listed, continue with Person 3. If not, SKIP to		☐ Yes – What was the amount?
No Refer to S5 on the front cover. If more than one person is listed, continue with Person 3. If not, SKIP to		Annual amount – <i>Dollars</i>
No Refer to S5 on the front cover. If more than one person is listed, continue with Person 3. If not, SKIP to		
person is listed, continue with Person 3. If not, SKIP to		
	50.	person is listed, continue with Person 3. If not, SKIP to



P	erson 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 active-duty or retired member of the Armed
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)		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. Employment	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 Yes, private school, private college, home school
	Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing Other	b.	What grade or level (were you/was) attending? Mark X ONE box. Pre-kindergarten Kindergarten Grade 1 through 12 - Specify grade 1-12 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)
5	2002		



<i>I</i>	Show Card F.) What is the highest degree or evel 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 hommore frequently than English? Yes, more frequently than English Both equally often No, less frequently than English
[No schooling completed		Does not speak English
1 0 0 0	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?
[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
]] . (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	18.	(Show Card G.) (Are you/Is) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h. a. Insurance through a current or former employer or union (of this person or another family member)
	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		Medicare, for people 65 and older, or people with certain disabilities
	(Do you/Does) speak a language other than English at home? Yes		 f. VA (including those who have ever used or enrolled for VA health care)
b. \	No – SKIP to question 17a What is this language?		health coverage plan – Specify
((For example: Chamorro, Samoan, Carolinian, Tongan)		



19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing? Yes	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
	□ No		Yes
			□ 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
	L NO		□ No – SKIP to question 25
Ask o	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	c.	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.	
c.	(Do you/Does) have difficulty dressing or bathing?		active duty in the U.S. Armed Forces, military 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		Vec new an estive duty
	question 21 if this person is 15 years old or over. rwise, SKIP to question 50.		Yes, now on active dutyYes, on active duty during the last 12 months, but not now
21.	condition, (do you/does) have difficulty		 Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard
	doing errands alone such as visiting a doctor's office or shopping?		only – SKIP to question 27a
	Yes		No, never served in the military − SKIP to question 28a
22.	□ No What is (your/'s) marital status?	26.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for
	Now married		EACH period in which this person served, even if just for
	Widowed		part of the period. After each response, ASK - Any other
	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



797623

Person 3–Continued

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 Juestion 31 if this person answered "Car, truck, or private rus" 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
	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	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

P	erson 3-Continued		
35.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work? Yes No - SKIP to question 37	39.	If now on active duty in the Armed Forces, mark It this box and print the branch of the Armed Forces.
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? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	u	Name of company, business, or other employer
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 ✗ 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	42.	What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)
	INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? Working WITHOUT PAY in family business or farm?	43.	What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)



797625

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
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		e
	27 to 39 weeks		\$ 00
	14 to 26 weeks		No
	☐ 13 weeks or less	d.	Did (you/) receive any Social Security or Railroad Retirement in 2009?
46.	During 2009, in the WEEKS WORKED, how		_
	many hours did (you/) usually work each		Yes – What was the amount?
	WEEK? Do not include subsistence activity.		Annual amount – <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 the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark the "Loss" box next to the dollar amount.		Did (you/) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009? Yes – What was the amount? Annual amount – Dollars No
a.	Did (you/) receive any wages, salary, commissions, bonuses, or tips in 2009?	f.	Did (you/) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.
	Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or		☐ Yes – What was the amount?
	other items?		Annual amount – Dollars
	Annual amount - Dollars		Authorit Bonaro
			\$.00
	\$.00		□ No
	□ No		



	Croon o Continuca
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 incon 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
Inste amo	ot ask question 48 if questions 47a-47h are completed. ad, sum these entries and subtract any losses. Enter the unt below. If the total amount was a loss, mark X the "Losnext 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
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.
D 0	



797627

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.

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
П	Yes horn elsewhere of U.S. parent or parent

Yes, a U.S. citizen by naturalization
No, not a U.S. citizen or national (permanent resider

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

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.

Yea	ır	

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

	Employment
п	Military

Subsistence activities

Missionary	activities
 ,	

Moved with spouse or parent

	То	attend	schoo
_			

Medical Housing

_	Housii
	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.			s (your)
	name	of the	island (village	in /	4те	erica	an S	San	าดล),	
	U.S. s	tate, c	ommon	wealth	ı, tei	rrito	ry, (or fo	orei	gn	cou	ntry.

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 Armed Forces	of the

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

_		
	N	c

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?

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

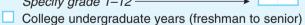
question 14	
Yes nublic scho	ol nublic college

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

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

	Pre-kindergarten
┚	Kindergarten

_	
Grade 1 through 12 -	
Specify grade 1–12 ——	



Form D-2(E)G

(1-21-2009)



797628

4.	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED? Mark 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	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
	□ 12 th grade – NO DIPLOMA HIGH SCHOOL GRADUATE	b.	Where did (you/) live 1 year ago? What is the name of the island, U.S. state,
	Regular high school diploma GED or alternative credential COLLEGE OR SOME COLLEGE		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 □ 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)	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
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?		another family member)
	☐ Yes, in this Area☐ Yes, not in this Area		e. TRICARE or other military health care
6a.	(Do you/Does) speak a language other than English at home?		f. VA (including those who have ever used or enrolled for VA health care) \Box
	☐ Yes☐ No – SKIP to question 17a		 g. Local medical programs for indigents □ h. Any other type of health insurance or health coverage plan – Specify □
b.	What is this language?		•



797629

19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing?	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
	☐ Yes		
	□ No		Yes
b.	(Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	b.	No – SKIP to question 25 (Are you/Is) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
	Yes		
	No		Yes
Ask o	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	c.	■ No – SKIP to question 25 How long (have you/has) been responsible
20a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	Yes		Less than 6 months
	□ No		6 to 11 months
			1 or 2 years
D.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years
			5 or more years
	Yes		·
	□ No	25.	
C.	(Do you/Does) have difficulty dressing or bathing? Yes		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	□ No		Yes, now on active duty
	question 21 if this person is 15 years old or over. wise, SKIP to question 50.		Yes, on active duty during the last 12 months, but not now
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty		 Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard
	doing errands alone such as visiting a doctor's office or shopping?		only – 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 time?
	Divorced		
	Separated		September 2001 or later
	Never married		August 1990 to August 2001 (including Persian Gulf War)
23.	If this person is female, ASK – How many babies		September 1980 to July 1990
	(have you/has she) ever had, not counting		May 1975 to August 1980
	stillbirths? Do not count stepchildren or 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 \(\overline{X} \) 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 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?	Other 34a. b.	LAST WEEK, (were you/was) on layoff from a job? Yes – SKIP to question 34c No No 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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797631

35. 36.	been ACTIVELY looking for work? ☐ Yes ☐ No – SKIP to question 37 LAST WEEK, could (you/) have started a job if		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 for some other reason? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)		
37.	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	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 → 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)



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		☐ Yes – What was the NET income after business
	□ No – SKIP to question 47		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		\$.00
	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		\$.00
	27 to 39 weeks 14 to 26 weeks		□ No
	13 weeks or less		
	13 weeks of less	d.	Did (you/) receive any Social Security or Railroad Retirement in 2009?
46.	During 2009, in the WEEKS WORKED, how		Yes – What was the amount?
	many hours did (you/) usually work each WEEK? Do not include subsistence activity.		Annual amount – Dollars
	Usual hours worked each WEEK		Attribute Bonaro
			\$.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
	Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or		Social Security. Yes – What was the amount?
	other items?		Annual amount - Dollars
	Annual amount – <i>Dollars</i>		•
	\$.00		■ No
	No		



797633

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 nt 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 four persons are listed, continue with Person 5. If not, SKIP to the "Respondent Information" on back page.



P	erson 5		
6.	Print the name of Person 5 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. Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing Other		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 Yes, private school, private college, home school 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)
			program or modical or law controlly

Form D-2(E)G



797635

(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED? Mark Y ONE box. If currently enrolled, mark the previous grade or highest degree received.	 16c. (Do you/Does) speak this language at home more frequently than English? Yes, more frequently than English Both equally often
NO SCHOOLING COMPLETED No schooling completed	No, less frequently than EnglishDoes not speak English
PRE-KINDERGARTEN THROUGH GRADE 12 □ Pre-kindergarten □ Kindergarten □ Grade 1 through 11 – Specify grade 1–11 □ 12 th grade – NO DIPLOMA	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
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	b. Where did (you/) live 1 year ago? 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
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	 (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)
for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or plac of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area? No Yes, in this Area	insurance company (by this person or another family member)
☐ Yes, not in this Areaa. (Do you/Does) speak a language other than English at home?	TRICARE or other military health care
☐ Yes ☐ No – SKIP to question 17a D. What is this language?	h. Any other type of health insurance or health coverage plan − Specify □
(For example: Chamorro, Samoan, Carolinian, Tongan)	



19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing? Yes	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
			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?	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
			1 or 2 years
D.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years
			5 or more years
	Yes		
	No	25.	(Show Card H.) (Have you/Has) ever served on
c.	(Do you/Does) have difficulty dressing or bathing? Yes		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example,
	□ No		for the Persian Gulf War.
			Yes, now on active duty
	question 21 if this person is 15 years old or over. rwise, SKIP to question 50.		Yes, on active duty during the last 12 months, but not now
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a		 Yes, on active duty in the past, but not during the last 12 months No, training for Reserves or National Guard
	doctor's office or shopping?		only – SKIP to question 27a
	Yes No		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 Persian Gulf War)
23.	If this person is female, ASK – How many babies		☐ September 1980 to July 1990
_0.	(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



797637

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 SKIR 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		 Worked at home − SKIP to question 38 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 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.	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
D 0/5			1111 18 811 1 888 811 181



797638

employer

P	erson 5-Continued		
35.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work? Yes No - SKIP to question 37	39.	For whom did (you/) work? If now on active duty in the Armed Forces, mark X this box and print the branch of the Armed Forces. Name of company, business, or other emp
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? Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)	u	
37.	When did (you/) last work, even for a few days? Do not include subsistence activity.	40.	What kind of business or industry v Describe the activity at the location

u	ays. Do not include subsistence activity.
	2010
	2009
	2008
	2005 to 2007
	2000 to 2004 – SKIP to question 47
	1999 or earlier – <i>SKIP to question 47</i>
	Never worked; or did subsistence only – <i>SKIP to</i> question 47

38-43. CURRENT OR MOST RECENT JOB ACTIVITY

Describe clearly (your/...'s) chief job activity or business last week. If (you/...) had more than one job, describe the one at which (you/...) worked the most hours. If (you/...) had no job or business last week, give information for (your/...'s) last job or business since 2005.

38. (Show Card K.) (Were you/Was) – Ma	k X	ONE box.
---	-----	----------

ш	An employee of a PRIVATE FOR-PROFIT
	company or business or of an individual,
	for wages, salary, or commissions?
	.

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

40. 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)

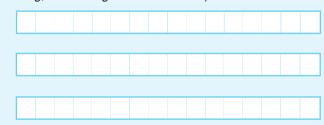
41. Is this mainly - Mark X ONE box.

- Manufacturing?■ Wholesale trade?■ Potail trade?
- ☐ Retail trade?☐ Other (agriculture, cons

Other (agriculture, construction, service, government, etc.)?

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

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



Form D-2(E)G



797639

44.	LAST YEAR, 2009, did (you/) work at a job or business at any time? Do not include subsistence activity. Yes No - SKIP to question 47	47b.	Did (you/) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009? Yes – What was the NET income after business
45a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Do not include subsistence activity. Yes – SKIP to question 46		Annual amount – Dollars Loss 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. 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks 13 weeks or less		Did (you/) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account. Yes – What was the amount? Annual amount – Dollars No Did (you/) receive any Social Security or
46.	During 2009, in the WEEKS WORKED, how many hours did (you/) usually work each WEEK? Do not include subsistence activity. Usual hours worked each WEEK	u.	Railroad Retirement in 2009? Yes – What was the amount? Annual amount – Dollars 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? Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or other items? Annual amount – Dollars No	f.	Did (you/) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security. Yes – What was the amount? Annual amount – Dollars No



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 incom regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance of sale of a home.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$.00
	□ No
Instea amou	ot ask question 48 if questions 47a-47h are completed. ad, sum these entries and subtract any losses. Enter the nt below. If the total amount was a loss, mark I the "Loss ext to the dollar amount.
48.	What was (your/'s) total income during 2009?
	Annual amount - Dollars Loss
	□ None OR \$ □
49.	During 2009, did (you/) GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$, .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.
oU.	persons are listed, continue with D-2(E)SUPP AS form. If not, continue with the "Respondent



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RESPONDENT INFORMATION			
R1. Enter respondent's name. First Name MI 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		
INTE	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 For sale only Rented or sold not occupied For seasonal, recreational, or occasional use For migrant workers Other vacant		
D. UHE E. MOV F. PI G. REF H. C	CO I. REP J. VDC K. JIC1 L. JIC2		
RECO	ORD OF CONTACT		
Type Month Day Time a.m. p.m. a.m. p.m.	Outcome Type Month Day Time Outcome Personal Telephone Personal Telephone Personal Telephone Personal Telephone Personal Telephone Personal Telephone Personal Telephone		
	lo contact RE = Refusal CI = Conducted interview OT = Other		
	RVIEW SUMMARY		
I certify that the entries I have made on this questionnal to the best of my knowledge. Enumerator's signature and date	Aire are true and correct Crew Leader's initials Month Day		

