

<p>1. Let's make a list of all those people. Please start with the name of an owner or renter who was living here on April 1. Otherwise, start with any adult living here.</p>	<p>2. (Show Card B.) Please look at Card B. How is (Name) related to (Read name of Person 1)?</p> <p>Mark <input checked="" type="checkbox"/> ONE box.</p>	<p>3. Is (Name) male or female?</p> <p>Mark <input checked="" type="checkbox"/> ONE box.</p>
<p>Person 1</p> <p>First Name MI <input type="text"/> <input type="checkbox"/></p> <p>Last Name <input type="text"/></p>	<p><input checked="" type="checkbox"/> Person 1</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Person 2</p> <p>First Name MI <input type="text"/> <input type="checkbox"/></p> <p>Last Name <input type="text"/></p>	<p><input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law</p> <p><input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Person 3</p> <p>First Name MI <input type="text"/> <input type="checkbox"/></p> <p>Last Name <input type="text"/></p>	<p><input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law</p> <p><input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Person 4</p> <p>First Name MI <input type="text"/> <input type="checkbox"/></p> <p>Last Name <input type="text"/></p>	<p><input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law</p> <p><input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Person 5</p> <p>First Name MI <input type="text"/> <input type="checkbox"/></p> <p>Last Name <input type="text"/></p>	<p><input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law</p> <p><input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>

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.



<p>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.</p>	<p>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.)</p>
<p>Age on April 1, 2010 <input type="text"/></p> <p>DATE OF BIRTH</p> <p>Month <input type="text"/></p> <p>Day <input type="text"/></p> <p>Year of birth <input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p>
<p>Age on April 1, 2010 <input type="text"/></p> <p>DATE OF BIRTH</p> <p>Month <input type="text"/></p> <p>Day <input type="text"/></p> <p>Year of birth <input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p>
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<p>Age on April 1, 2010 <input type="text"/></p> <p>DATE OF BIRTH</p> <p>Month <input type="text"/></p> <p>Day <input type="text"/></p> <p>Year of birth <input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p>

Form D-2(E)G



797603

Person 1

6. Print the name of Person 1 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
- 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)

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

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

- Employment
- Military
- Subsistence activities
- Missionary activities
- Moved with spouse or parent
- To attend school
- Medical
- Housing
- Other

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

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

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

- Yes, dependent of an active-duty member of the Armed Forces
- Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
- No

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

- No, has not attended since February 1 – SKIP to question 14
- Yes, public school, public college
- Yes, private school, private college, home school

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

- Pre-kindergarten
- Kindergarten
- Grade 1 through 12 – Specify grade 1–12 →
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program – medical or law school)



Person 1 – Continued

14. (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

PRE-KINDERGARTEN THROUGH GRADE 12

- Pre-kindergarten
- Kindergarten
- Grade 1 through 11 –
 Specify grade 1–11 →
- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- 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)

15. (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

16a. (Do you/Does ...) speak a language other than English at home?

- Yes
- No – SKIP to question 17a

b. What is this language?

(For example: Chamorro, Samoan, Carolinian, Tongan)

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

17a. Did (you/...) live in this house or apartment 1 year ago (on April 1, 2009)?

- Person is under 1 year old – SKIP to question 18
- Yes, this house – SKIP to question 18
- No, different house

b. Where did (you/...) live 1 year ago?

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.

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

18. (Show Card G.) (Are you/Is ...) CURRENTLY covered by any of the following types of health insurance or health coverage plans?
 Mark "Yes" or "No" for EACH type of coverage in items a–h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Local medical programs for indigents | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 1 – Continued

19a. (Are you/Is ...) deaf or (do you/does ...) have serious difficulty hearing?

- Yes
 No

b. (Are you/Is ...) blind or (do you/does ...) have serious difficulty seeing even when wearing glasses?

- Yes
 No

Ask questions 20a–20c if this person is 5 years old or over. Otherwise, SKIP to question 50.

20a. Because of a physical, mental, or emotional condition, (do you/does ...) have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. (Do you/Does ...) have serious difficulty walking or climbing stairs?

- Yes
 No

c. (Do you/Does ...) have difficulty dressing or bathing?

- Yes
 No

Ask question 21 if this person is 15 years old or over. Otherwise, SKIP to question 50.

21. Because of a physical, mental, or emotional condition, (do you/does ...) have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

22. What is (your/...'s) marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.

- None OR Number of children

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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 – SKIP to question 25

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

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.

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

25. (Show Card H.) (Have you/Has ...) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only – SKIP to question 27a
 No, never served in the military – SKIP to question 28a

26. (Show Card I.) When did (you/...) serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?

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



Person 1 – Continued

35. During the LAST 4 WEEKS, (have you/has ...) been ACTIVELY looking for work?

- Yes
 No – SKIP to question 37

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.)

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

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 ...) – 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?

39. For whom did (you/...) work?

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

Name of company, business, or other employer

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 ONE box.

- Manufacturing?
 Wholesale trade?
 Retail trade?
 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)



Person 1 – Continued

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

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
 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

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

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.

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

\$, .00

- No

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 expenses?**

Annual amount – Dollars Loss

\$, .00

- No

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?**

Annual amount – Dollars Loss

\$, .00

- No

d. Did (you/...) receive any Social Security or Railroad Retirement in 2009?

- Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

- No

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

\$, .00

- 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

\$, .00

- No



Person 1 – Continued

47g. Did (you/...) receive any remittances in 2009? Include money from relatives outside the household or in the military.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

h. Did (you/...) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, 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

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 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

The next set of questions is about your household.

50. (Show Card L.) Which of these categories best describes this building? Include all apartments, flats, etc., even if vacant.

- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- Two houses – **Applies only in American 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
- A building with 50 or more apartments
- A container
- Boat, RV, van, etc.

51. 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

52. 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

Refer to question 50. Ask question 53 only if this is a HOUSE or a MOBILE HOME. Otherwise, SKIP to question 54a.

53. Is there a business (such as a store or shop) or a medical office on this property?

- Yes
- No



Person 1 – Continued

54a. How many separate rooms are in this living quarters? Rooms must be separated by built-in archways or walls that extend from floor to ceiling.

- **INCLUDE** bedrooms, kitchens, etc.
- **EXCLUDE** bathrooms, porches, balconies, foyers, halls, or unfinished basements.

- 1 room
 2 rooms
 3 rooms
 4 rooms
 5 rooms
 6 rooms
 7 rooms
 8 rooms
 9 or more rooms

b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this living quarters were for sale or rent. If this is an efficiency/studio apartment, mark "No bedroom."

- No bedroom
 1 bedroom
 2 bedrooms
 3 bedrooms
 4 bedrooms
 5 or more bedrooms

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
 No, only cold piped water in this building
 No, only cold piped water outside this building
 No piped water

b. Do you have a bathtub or shower? If "Yes," ASK – Is it in this unit, in this building, or outside this building?

- Yes, in this unit
 Yes, in this building, not in unit
 Yes, outside this building
 No

c. Do you have a flush toilet? If "Yes," ASK – Is it in this unit, in this building, or outside this building?

- Yes, in this unit – SKIP to question 56a
 Yes, in this building, not in unit – SKIP to question 56a
 Yes, outside this building – SKIP to question 56a
 No

55d. What type of toilet facilities do you have?

- Outhouse or privy
 Other or none

56a. Are your MAIN cooking facilities located inside or outside this building? Mark ONE box.

- Inside this building
 Outside this building
 No cooking facilities – SKIP to question 56c

b. What type of cooking facilities are these? Mark ONE box.

- Electric stove
 Kerosene stove
 Gas stove
 Microwave oven and non-portable burners
 Microwave oven only
 Other (fireplace, hotplate, etc.)

c. Do you have a refrigerator in this building?

- Yes
 No

d. Do you have a sink with piped water in this building?

- Yes
 No

57. Does this living quarters have telephone service from which you can both make and receive calls? If "Yes," ASK – Does it have a cell or mobile phone only, a landline only, or both?

- Yes, a cell or mobile phone only
 Yes, a landline only
 Yes, both a cell or mobile phone and a landline
 No

58. Do you have air conditioning? If "Yes," ASK – Is it a central air-conditioning system, 1 individual room unit, or 2 or more individual room units?

- Yes, a central air-conditioning system (includes split-type)
 Yes, 1 individual room unit
 Yes, 2 or more individual room units
 No

59. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

- None
 1
 2
 3
 4
 5
 6 or more



Person 1 – Continued

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
 No

61a. Do you or any member of this household have a home computer or laptop in working condition?

- Yes
 No – SKIP to question 62

b. Do you or any member of this household have an Internet connection at this living quarters?

- Yes
 No

62. (Show Card N.) Do you get water from – Mark ONE box.

- A public system only?
 A public system and catchment?
 A village water system only? – *Applies only in American Samoa*
 An individual well?
 A catchment, tanks, or drums only?
 Some other source, such as a standpipe, spring, river, creek, etc.?

63. Is this building connected to a public sewer? If "No," ASK – Is it connected to a septic tank or cesspool OR other means?

- Yes, connected to a public sewer
 No, connected to a septic tank or cesspool
 No, use other means

64. Is this living quarters part of a condominium?

- Yes
 No

65. What is the MAIN type of material used for the outside walls of this building? Mark ONE box.

- Poured concrete
 Concrete blocks
 Metal
 Wood
 Other

66. What is the MAIN type of material used for the roof of this building? Mark ONE box.

- Poured concrete
 Metal
 Wood
 Other

67. What is the MAIN type of material used for the foundation of this building? Mark ONE box.

- Concrete
 Wood pier or pilings
 Other

68a. What is the average monthly cost for electricity for this living quarters?

Average monthly cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
 No charge or electricity not used

b. What is the average monthly cost for gas for this living quarters?

Average monthly cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
 Included in electricity payment entered above
 No charge or gas not used

c. What is the average monthly cost for water and sewer for this living quarters?

Average monthly cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
 No charge

d. What is the average monthly cost for oil, coal, kerosene, wood, etc. for this living quarters?

Average monthly cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
 No charge or these fuels not used

69. (Show Card O.) Is this living quarters – Mark ONE box.

- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
 Owned by you or someone in this household free and clear (without a mortgage or loan)?
 Rented?
 Occupied without payment of rent?



Person 1 – Continued

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

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

Monthly amount – Dollars

\$, .00

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

71. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

\$, , .00

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

Annual amount – Dollars

\$, .00

OR

None

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

Annual amount – Dollars

\$, .00

OR

None

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

- Yes, mortgage, deed of trust, or similar debt
 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

\$, .00

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 payment
 No, taxes paid separately or taxes not required

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

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

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?

- 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

No regular payment required

Ask question 76 ONLY if this is a CONDOMINIUM.

76. What is the monthly condominium fee?

Monthly amount – Dollars

\$, .00

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

6. Print the name of Person 2 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
- 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)

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

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

- Employment
- Military
- Subsistence activities
- Missionary activities
- Moved with spouse or parent
- To attend school
- Medical
- Housing
- Other

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

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

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

- Yes, dependent of an active-duty member of the Armed Forces
- Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
- No

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

- No, has not attended since February 1 – SKIP to question 14
- Yes, public school, public college
- Yes, private school, private college, home school

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

- Pre-kindergarten
- Kindergarten
- Grade 1 through 12 – Specify grade 1–12 →
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program – medical or law school)



Person 2-Continued

14. (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

PRE-KINDERGARTEN THROUGH GRADE 12

- Pre-kindergarten
- Kindergarten
- Grade 1 through 11 –
 Specify grade 1-11 →
- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- 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)

15. (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

16a. (Do you/Does ...) speak a language other than English at home?

- Yes
- No – SKIP to question 17a

b. What is this language?

(For example: Chamorro, Samoan, Carolinian, Tongan)

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

17a. Did (you/...) live in this house or apartment 1 year ago (on April 1, 2009)?

- Person is under 1 year old – SKIP to question 18
- Yes, this house – SKIP to question 18
- No, different house

b. Where did (you/...) live 1 year ago?

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.

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

18. (Show Card G.) (Are you/Is ...) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Local medical programs for indigents | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 2–Continued

19a. (Are you/Is ...) deaf or (do you/does ...) have serious difficulty hearing?

- Yes
 No

b. (Are you/Is ...) blind or (do you/does ...) have serious difficulty seeing even when wearing glasses?

- Yes
 No

Ask questions 20a–20c if this person is 5 years old or over. Otherwise, SKIP to question 50.

20a. Because of a physical, mental, or emotional condition, (do you/does ...) have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. (Do you/Does ...) have serious difficulty walking or climbing stairs?

- Yes
 No

c. (Do you/Does ...) have difficulty dressing or bathing?

- Yes
 No

Ask question 21 if this person is 15 years old or over. Otherwise, SKIP to question 50.

21. Because of a physical, mental, or emotional condition, (do you/does ...) have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

22. What is (your/...'s) marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.

- None OR Number of children

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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 – SKIP to question 25

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

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.

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

25. (Show Card H.) (Have you/Has ...) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only – SKIP to question 27a
 No, never served in the military – SKIP to question 28a

26. (Show Card I.) When did (you/...) serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?

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



Person 2-Continued

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

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
- 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

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

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.

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
 \$.00

- No

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 expenses?**

Annual amount – Dollars Loss
 \$.00

- No

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?**

Annual amount – Dollars Loss
 \$.00

- No

d. Did (you/...) receive any Social Security or Railroad Retirement in 2009?

- Yes – **What was the amount?**

Annual amount – Dollars
 \$.00

- No

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
 \$.00

- 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
 \$.00

- No



Person 2-Continued

47g. Did (you/...) receive any remittances in 2009? Include money from relatives outside the household or in the military.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

h. Did (you/...) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, 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

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 Loss

None OR \$, .00

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

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

50. *Refer to S5 on the front cover. If more than one person is listed, continue with Person 3. If not, SKIP to "Respdent Information" on back page.*



Person 3-Continued

14. (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

PRE-KINDERGARTEN THROUGH GRADE 12

- Pre-kindergarten
- Kindergarten
- Grade 1 through 11 –
 Specify grade 1-11 →
- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- 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)

15. (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

16a. (Do you/Does ...) speak a language other than English at home?

- Yes
- No – SKIP to question 17a

b. What is this language?

(For example: Chamorro, Samoan, Carolinian, Tongan)

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

17a. Did (you/...) live in this house or apartment 1 year ago (on April 1, 2009)?

- Person is under 1 year old – SKIP to question 18
- Yes, this house – SKIP to question 18
- No, different house

b. Where did (you/...) live 1 year ago?

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.

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

18. (Show Card G.) (Are you/Is ...) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Local medical programs for indigents | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 3 – Continued

19a. (Are you/Is ...) deaf or (do you/does ...) have serious difficulty hearing?

- Yes
 No

b. (Are you/Is ...) blind or (do you/does ...) have serious difficulty seeing even when wearing glasses?

- Yes
 No

Ask questions 20a–20c if this person is 5 years old or over. Otherwise, SKIP to question 50.

20a. Because of a physical, mental, or emotional condition, (do you/does ...) have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. (Do you/Does ...) have serious difficulty walking or climbing stairs?

- Yes
 No

c. (Do you/Does ...) have difficulty dressing or bathing?

- Yes
 No

Ask question 21 if this person is 15 years old or over. Otherwise, SKIP to question 50.

21. Because of a physical, mental, or emotional condition, (do you/does ...) have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

22. What is (your/...'s) marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.

- None OR Number of children

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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 – SKIP to question 25

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

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.

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

25. (Show Card H.) (Have you/Has ...) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only – SKIP to question 27a
 No, never served in the military – SKIP to question 28a

26. (Show Card I.) When did (you/...) serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?

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



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

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

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 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)

b. LAST WEEK, did (you/...) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/...’s) situation LAST WEEK? Mark ONE box.

- Worked for pay; did NO subsistence activity
 Worked for pay AND did subsistence activity
 Did NOT work for pay; did subsistence activity – SKIP to question 34a
 Did NOT work for pay; did NO subsistence activity – SKIP to question 34a

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.

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

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

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.

- Car, truck, or private van/bus
 Public van/bus
 Boat
 Taxicab
 Motorcycle
 Bicycle
 Walked
 Worked at home – SKIP to question 38
 Other method

Ask question 31 if this person answered "Car, truck, or private van/bus" in question 30. Otherwise, SKIP to question 32.

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

Person(s)

32. What time did (you/...) usually leave home to go to work LAST WEEK?

Hour Minute a.m.
 p.m.

 :

33. How many minutes did it usually take (you/...) to get from home to work LAST WEEK?

Minutes

Ask questions 34–37 if this person did NOT work last week. Otherwise, SKIP to question 38.

34a. LAST WEEK, (were you/was ...) on layoff from a job?

- Yes – SKIP to question 34c
 No

b. 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

c. (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



Person 3 – Continued

35. During the LAST 4 WEEKS, (have you/has ...) been **ACTIVELY** looking for work?

- Yes
 No – SKIP to question 37

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.)

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

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 ...) – 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?

39. For whom did (you/...) work?

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

Name of company, business, or other employer

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 ONE box.

- Manufacturing?**
 Wholesale trade?
 Retail trade?
 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)



Person 3—Continued

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

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
 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

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

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.

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

\$, .00

- No

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 expenses?**

Annual amount – Dollars Loss

\$, .00

- No

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?**

Annual amount – Dollars Loss

\$, .00

- No

d. Did (you/...) receive any Social Security or Railroad Retirement in 2009?

- Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

- No

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

\$, .00

- 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

\$, .00

- No



Person 3 – Continued

47g. Did (you/...) receive any remittances in 2009? Include money from relatives outside the household or in the military.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

h. Did (you/...) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, 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

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 amount.

48. What was (your/...'s) total income during 2009?

Annual amount – Dollars Loss

None OR \$, .00

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

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

50. *Refer to S5 on the front cover. If more than three persons are listed, continue with Person 4. If not, SKIP to the "Respondent Information" on back cover.*



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
- 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)

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

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

- Employment
- Military
- Subsistence activities
- Missionary activities
- Moved with spouse or parent
- To attend school
- Medical
- Housing
- Other

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

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

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

- Yes, dependent of an active-duty member of the Armed Forces
- Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
- No

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

- No, has not attended since February 1 – SKIP to question 14
- Yes, public school, public college
- Yes, private school, private college, home school

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

- Pre-kindergarten
- Kindergarten
- Grade 1 through 12 – Specify grade 1–12 →
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program – medical or law school)



Person 4 – Continued

14. (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

PRE-KINDERGARTEN THROUGH GRADE 12

- Pre-kindergarten
- Kindergarten
- Grade 1 through 11 –
 Specify grade 1–11 →
- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- 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)

15. (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

16a. (Do you/Does ...) speak a language other than English at home?

- Yes
- No – SKIP to question 17a

b. What is this language?

(For example: Chamorro, Samoan, Carolinian, Tongan)

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

17a. Did (you/...) live in this house or apartment 1 year ago (on April 1, 2009)?

- Person is under 1 year old – SKIP to question 18
- Yes, this house – SKIP to question 18
- No, different house

b. Where did (you/...) live 1 year ago?

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.

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

18. (Show Card G.) (Are you/Is ...) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a–h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Local medical programs for indigents | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 4 – Continued

19a. (Are you/Is ...) deaf or (do you/does ...) have serious difficulty hearing?

- Yes
 No

b. (Are you/Is ...) blind or (do you/does ...) have serious difficulty seeing even when wearing glasses?

- Yes
 No

Ask questions 20a–20c if this person is 5 years old or over. Otherwise, SKIP to question 50.

20a. Because of a physical, mental, or emotional condition, (do you/does ...) have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. (Do you/Does ...) have serious difficulty walking or climbing stairs?

- Yes
 No

c. (Do you/Does ...) have difficulty dressing or bathing?

- Yes
 No

Ask question 21 if this person is 15 years old or over. Otherwise, SKIP to question 50.

21. Because of a physical, mental, or emotional condition, (do you/does ...) have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

22. What is (your/...'s) marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.

- None OR Number of children

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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 – SKIP to question 25

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

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.

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

25. (Show Card H.) (Have you/Has ...) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only – SKIP to question 27a
 No, never served in the military – SKIP to question 28a

26. (Show Card I.) When did (you/...) serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?

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



Person 4–Continued

35. During the LAST 4 WEEKS, (have you/has ...) been ACTIVELY looking for work?

- Yes
 No – SKIP to question 37

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.)

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

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 ...) – 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?

39. For whom did (you/...) work?

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

Name of company, business, or other employer

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 ONE box.

- Manufacturing?**
 Wholesale trade?
 Retail trade?
 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)



Person 4 – Continued

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

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
 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

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

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.

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

\$, .00

- No

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 expenses?**

Annual amount – Dollars Loss

\$, .00

- No

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?**

Annual amount – Dollars Loss

\$, .00

- No

d. Did (you/...) receive any Social Security or Railroad Retirement in 2009?

- Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

- No

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

\$, .00

- 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

\$, .00

- No



Person 4 – Continued

47g. Did (you/...) receive any remittances in 2009? Include money from relatives outside the household or in the military.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

h. Did (you/...) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, 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

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 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.*



Person 5 – Continued

14. (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

PRE-KINDERGARTEN THROUGH GRADE 12

- Pre-kindergarten
- Kindergarten
- Grade 1 through 11 –
 Specify grade 1–11 →
- 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- 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)

15. (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

16a. (Do you/Does ...) speak a language other than English at home?

- Yes
- No – SKIP to question 17a

b. What is this language?

(For example: Chamorro, Samoan, Carolinian, Tongan)

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

17a. Did (you/...) live in this house or apartment 1 year ago (on April 1, 2009)?

- Person is under 1 year old – SKIP to question 18
- Yes, this house – SKIP to question 18
- No, different house

b. Where did (you/...) live 1 year ago?

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.

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

18. (Show Card G.) (Are you/Is ...) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a–h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Local medical programs for indigents | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |



Person 5 – Continued

19a. (Are you/Is ...) deaf or (do you/does ...) have serious difficulty hearing?

- Yes
 No

b. (Are you/Is ...) blind or (do you/does ...) have serious difficulty seeing even when wearing glasses?

- Yes
 No

Ask questions 20a–20c if this person is 5 years old or over. Otherwise, SKIP to question 50.

20a. Because of a physical, mental, or emotional condition, (do you/does ...) have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. (Do you/Does ...) have serious difficulty walking or climbing stairs?

- Yes
 No

c. (Do you/Does ...) have difficulty dressing or bathing?

- Yes
 No

Ask question 21 if this person is 15 years old or over. Otherwise, SKIP to question 50.

21. Because of a physical, mental, or emotional condition, (do you/does ...) have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

22. What is (your/...'s) marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.

- None OR Number of children

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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 – SKIP to question 25

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

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.

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

25. (Show Card H.) (Have you/Has ...) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only – SKIP to question 27a
 No, never served in the military – SKIP to question 28a

26. (Show Card I.) When did (you/...) serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?

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



Person 5 – Continued

27a. (Do you/Does ...) have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, . . . , 100%)
 No – SKIP to question 28a

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

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 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)

b. LAST WEEK, did (you/...) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/...’s) situation LAST WEEK? Mark ONE box.

- Worked for pay; did NO subsistence activity
 Worked for pay AND did subsistence activity
 Did NOT work for pay; did subsistence activity – SKIP to question 34a
 Did NOT work for pay; did NO subsistence activity – SKIP to question 34a

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.

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

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

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.

- Car, truck, or private van/bus
 Public van/bus
 Boat
 Taxicab
 Motorcycle
 Bicycle
 Walked
 Worked at home – SKIP to question 38
 Other method

Ask question 31 if this person answered "Car, truck, or private van/bus" in question 30. Otherwise, SKIP to question 32.

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

Person(s)

32. What time did (you/...) usually leave home to go to work LAST WEEK?

Hour Minute a.m.
 p.m.

 :

33. How many minutes did it usually take (you/...) to get from home to work LAST WEEK?

Minutes

Ask questions 34–37 if this person did NOT work last week. Otherwise, SKIP to question 38.

34a. LAST WEEK, (were you/was ...) on layoff from a job?

- Yes – SKIP to question 34c
 No

b. 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

c. (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



Person 5 – Continued

35. During the LAST 4 WEEKS, (have you/has ...)
been ACTIVELY looking for work?

- Yes
- No – SKIP to question 37

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.)

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

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 ...) – 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?**

39. For whom did (you/...) work?

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

Name of company, business, or other employer

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 ONE box.

- Manufacturing?**
- Wholesale trade?**
- Retail trade?**
- 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)



Person 5 – Continued

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

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
 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

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

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.

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

\$, .00

- No

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 expenses?**

Annual amount – Dollars Loss

\$, .00

- No

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?**

Annual amount – Dollars Loss

\$, .00

- No

d. Did (you/...) receive any Social Security or Railroad Retirement in 2009?

- Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

- No

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

\$, .00

- 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

\$, .00

- No



Person 5 – Continued

47g. Did (you/...) receive any remittances in 2009? Include money from relatives outside the household or in the military.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

h. Did (you/...) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, 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

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 Loss

None OR \$, .00

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

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

50. *Refer to S5 on the front cover. If more than five persons are listed, continue with D-2(E)SUPP AS form. If not, continue with the "Respondent Information" on back page.*



RESPONDENT INFORMATION

R1. Enter respondent's name.

First Name 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

INTERVIEW 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. ↗

B. POP on April 1, 2010

- 01–49** = Total persons
- 00** = 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. CO** **I. REP** **J. VDC** **K. JIC1** **L. JIC2**

RECORD OF CONTACT

Type	Month	Day	Time	Outcome	Type	Month	Day	Time	Outcome
<input checked="" type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
					<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

OUTCOME CODES: NV = Left Notice of Visit NC = No contact RE = Refusal CI = Conducted interview OT = Other

INTERVIEW SUMMARY

I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.

Enumerator's signature and date

Crew Leader's initials

CLD number

Month Day

