OMB No. 0607-0806	6: Approval Ex	pires 12/31/2010			
TRANSCRIB	E FROM 1	HE ADDRESS I	ABEL AREA O	N FORM D-2(E)AS OR D-13 AS	
LCO	County	Block	AA	Map Spot	
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Unit ID					
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Physical description	n				
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					Form(s)
District/Island				ZIP Code	
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C				ATION FORM American Sa	moa
FORM <b>D-2(E)SU</b> (1-21-2009)	JPP AS				PARTMENT OF COMMERCE conomics and Statistics Administration U.S. CENSUS BUREAU

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ENUMERATOR NOTE: For questions 2 through 5, prompt respondent with names if needed, for example, "Let's start with Bob." 2 1. Let's make a list of all those people. Please 2. (Show Card B.) Please look at Card B. How is **3.** Is (Name) start with the name of an owner or renter (Name) related to (Read name of Person 1)? male or who was living here on April 1. Otherwise, female? start with any adult living here. Mark X ONE box. Mark X ONE box. **Person 6** X Person 1 Male First Name MI Female Last Name **Person 7** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 8** Husband or wife Male Son-in-law or First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 9** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law Person 10 Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law ENUMERATOR NOTE: Refer to S5 on the cover. If the number of people is more than 5, add additional household members to Form D-2(E)SUPP AS, Continuation Form. Form D-2(E)SUPP AS

797702

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

Person 6		
Print the name of Person 1 from page 2.  First Name MI  Last Name	11a.	Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.	b.	Where was (your/'s) father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
NATIONAL of the United States?	12.	(Show Card E.) (Are you/Is) a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? Active duty does NOT include training for the military Reserves or National Guard.
Yes, born in the United States or another U.S. territory or commonwealth  Yes, born elsewhere of U.S. parent or parents  Yes, a U.S. citizen by naturalization  No, not a U.S. citizen or national (permanent resident)  No, not a U.S. citizen or national (temporary resident)		<ul> <li>Yes, dependent of an active-duty member of the Armed Forces</li> <li>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</li> <li>No</li> </ul>
When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year?  Print numbers in boxes.  Year	13a <b>.</b>	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
for moving to this Area? Mark X ONE box.  Employment		question 14  Yes, public school, public college Yes, private school, private college, home school
Subsistence activities  Missionary activities  Moved with spouse or parent  To attend school  Medical  Housing  Other	b.	What grade or level (were you/was) attending? Mark X ONE box.  Pre-kindergarten Kindergarten Grade 1 through 12 – Specify grade 1–12  College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)
	Last Name  Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.  (Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States?  Yes, born in this Area – SKIP to question 11a  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)  When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year?  Print numbers in boxes.  Year  (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box.  Employment  Military  Subsistence activities  Moved with spouse or parent  To attend school  Medical  Housing	Print the name of Person 1 from page 2.  First Name  MI  Last Name  Last Name  Mi  Last Name  Mi  Last Name  Last Name  Last Name  Last Name  Last Name  Last Name  Milias Name of the Inited States or Andrey  Last Name  Las



4.	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.	16c.	(Do you/Does) speak this language at home more frequently than English?  Yes, more frequently than English  Both equally often
	NO SCHOOLING COMPLETED  No schooling completed		No, less frequently than English Does not speak English
	PRE-KINDERGARTEN THROUGH GRADE 12  Pre-kindergarten  Kindergarten  Grade 1 through 11 - Specify grade 1-11  12 <sup>th</sup> 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	b.	Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  Person is under 1 year old – SKIP to question 18 Yes, this house – SKIP to question 18 No, different house  Where did (you/) live 1 year ago?  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.  What is the name of the city, town, or village?  (Show Card G.) (Are you/Is) CURRENTLY covered by any of the following types of
	<ul> <li>Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</li> <li>Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)</li> <li>Doctorate degree (for example: PhD, EdD)</li> </ul>		health insurance or health coverage plans?  Mark "Yes" or "No" for EACH type of coverage in items a-h.  Yes No a. Insurance through a current or former employer or union (of this person or
5.	(Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area?  No Yes, in this Area Yes, not in this Area		another family member)
6a.	(Do you/Does) speak a language other than English at home?		TRICARE or other military health care
b.	☐ Yes☐ No − SKIP to question 17a  What is this language?		<ul> <li>g. Local medical programs for indigents □</li> <li>h. Any other type of health insurance or health coverage plan – Specify □</li> </ul>
	(For example: Chamorro, Samoan, Carolinian, Tongan)		



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



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27a.	(Do you/Does) have a VA service-connected disability rating?  Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 28a	30.	(Show Card J.) How did (you/) usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating?  O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher		Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes? Mark X ONE box.  Yes, worked for pay; did NO subsistence activity – SKIP to question 29  Yes, worked for pay AND did subsistence activity – SKIP to question 29		Other method  uestion 31 if this person answered "Car, truck, or private us" in question 30. Otherwise, SKIP to question 32.  How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK?  Person(s)
b.	<ul> <li>No, did NOT work for pay at a job or business (or was retired)</li> <li>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.</li> <li>Worked for pay; did NO subsistence activity</li> <li>Worked for pay AND did subsistence activity</li> <li>Did NOT work for pay; did subsistence activity - SKIP to question 34a</li> <li>Did NOT work for pay; did NO subsistence activity - SKIP to question 34a</li> </ul>	<b>32. 33.</b>	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.  How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
	At what location did (you/) work LAST WEEK?  Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.  What is the name of the island, U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?	Other <b>34a. b.</b>	LAST WEEK, (were you/was) on layoff from a job?  Yes – SKIP to question 34c No  LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 37 No – SKIP to question 35  (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work?  Yes – SKIP to question 36 No
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35. 36.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?  Yes No – SKIP to question 37  LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or for some other reason?		For whom did (you/) work?  If now on active duty in the Armed Forces, mark it this box and print the branch of the Armed Forces.  Name of company, business, or other employer
	<ul> <li>Yes, could have gone to work</li> <li>No, because of own temporary illness</li> <li>No, because of all other reasons (in school, etc.)</li> </ul>		
37.	days? Do not include subsistence activity.  2010 2009 2008 2005 to 2007 2000 to 2004 – SKIP to question 47 1999 or earlier – SKIP to question 47 Never worked; or did subsistence only – SKIP to question 47  3. CURRENT OR MOST RECENT JOB ACTIVITY  Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/)		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)  Is this mainly – Mark X ONE box.  Manufacturing?  Wholesale trade?  Retail trade?
38.	worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.  (Show Card K.) (Were you/Was) – Mark X ONE box.  An employee of a PRIVATE FOR-PROFIT company or business or of an individual,	42.	Other (agriculture, construction, service, government, etc.)?  What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)
	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?		
	<ul> <li>SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</li> <li>SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</li> <li>Working WITHOUT PAY in family business or farm?</li> </ul>	43.	What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)



14	LAST VEAD 2000 did (very ) week at a lab ar	471	Bid (cont.) and a line
44.	LAST YEAR, 2009, did (you/) work at a job or business at any time? Do not include subsistence activity.	47b.	Did (you/) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?
	☐ Yes		
	□ No − SKIP to question 47		Yes – What was the NET income after business expenses?
45a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.		Annual amount – Dollars Loss
	☐ Yes – SKIP to question 46		\$ .00 □
	□ No		I NO
b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include	C.	Did (you/) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.
	subsistence activity.		☐ Yes – What was the amount?
	50 to 52 weeks		Annual amount – Dollars Loss
	48 to 49 weeks		
	40 to 47 weeks		\$ .00
	27 to 39 weeks		No
	☐ 14 to 26 weeks ☐ 13 weeks or less	_	
		d.	Did (you/) receive any Social Security or Railroad Retirement in 2009?
46.	During 2009, in the WEEKS WORKED, how many hours did (you/) usually work each		☐ Yes – What was the amount?
	WEEK? Do not include subsistence activity.		Annual amount - Dollars
	Usual hours worked each WEEK		\$ .00
			No
47.	The next set of questions is about each income source (you/) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark \( \overline{X} \) the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark \( \overline{X} \) the "Loss" box next to the dollar amount.		Did (you/) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009?  Yes – What was the amount?  Annual amount – Dollars  No
a.	Did (you/) receive any wages, salary, commissions, bonuses, or tips in 2009?	f.	Did (you/) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.
	Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?		Yes – What was the amount?
	Annual amount – Dollars		Annual amount – Dollars
	Affilial amount – Dollars		\$ .00
	\$		□ No
	□ No		



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Did (/ ) was also and warnithan as a in 00003
<ul> <li>Did (you/) receive any remittances in 2009?</li> <li>Include money from relatives outside the household or in the military.</li> </ul>
☐ Yes – What was the amount?
Annual amount - Dollars
\$ .00
□ No
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 o sale of a home.
☐ Yes – What was the amount?
Annual amount - Dollars
\$ .00
□ No
not ask question 48 if questions 47a-47h are completed. ead, sum these entries and subtract any losses. Enter the bunt below. If the total amount was a loss, mark X the "Loss next to the dollar amount.
What was (your/'s) total income during 2009?
Annual amount – Dollars Loss
□ None OR \$ .00 □
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
Refer to S65 on Form D-2(E)AS. If the number of
people is more than six, continue on the next page. If not, SKIP to the "Respondent Information" block on page 42 of form D-2(E)AS.
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P	erson 7		
6.	Print the name of Person 2 from page 2.  First Name  MI  Last Name		Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.  Where was (your/'s) father born? Print the name of the island (village in American Samoa),
7.	Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.	12	U.S. state, commonwealth, territory, or foreign country.  (Show Card E.) (Are you/Is) a dependent of an
8.	(Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States?  Yes, born in this Area – SKIP to question 11a  Yes, born in the United States or another U.S. territory or commonwealth  Yes, born elsewhere of U.S. parent or parents  Yes, a U.S. citizen by naturalization	12.	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
	No, not a U.S. citizen or national (permanent resident) No, not a U.S. citizen or national (temporary resident)		member of full-time National Guard or Armed Forces Reserve No
9.	When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year?  Print numbers in boxes.  Year	13a.	At any time since February 1, 2010, (have you/has) attended school or college? Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK – Was it public or private?  No, has not attended since February 1 – SKIP to
10.	(Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box.  Employment		question 14  Yes, public school, public college  Yes, private school, private college, home school
	Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing Other	b.	What grade or level (were you/was) attending? Mark X ONE box.  Pre-kindergarten Kindergarten Grade 1 through 12 – Specify grade 1–12 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)
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14.	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.	16c.	(Do you/Does) speak this language at home more frequently than English?  Yes, more frequently than English  Both equally often
	No schooling completed  No schooling completed		<ul><li>No, less frequently than English</li><li>Does not speak English</li></ul>
	PRE-KINDERGARTEN THROUGH GRADE 12  Pre-kindergarten  Kindergarten  Grade 1 through 11 – Specify grade 1–11  12 <sup>th</sup> grade – NO DIPLOMA		Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  Person is under 1 year old – SKIP to question 18  Yes, this house – SKIP to question 18  No, different house  Where did (you/) live 1 year ago?
	HIGH SCHOOL GRADUATE  Regular high school diploma GED or alternative credential  COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college		What is the name of the island, U.S. state, commonwealth, territory, or foreign country? If outside this Area, print the answer below and SKIP to question 18.
	credit  1 or more years of college credit, no degree  Associate's degree (for example: AA, AS)  Bachelor's degree (for example: BA, BS)	C.	What is the name of the city, town, or village?
15.	AFTER BACHELOR'S DEGREE  ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  ☐ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  ☐ Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area?  ☐ No  ☐ Yes, in this Area  ☐ Yes, not in this Area	18.	(Show Card G.) (Are you/Is) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a—h.  Yes No  a. Insurance through a current or former employer or union (of this person or another family member)
6a.	(Do you/Does) speak a language other than English at home?  Yes No – SKIP to question 17a		<ul> <li>f. VA (including those who have ever used or enrolled for VA health care) □</li> <li>g. Local medical programs for indigents □</li> <li>h. Any other type of health insurance or health coverage plan – Specify  □</li> </ul>
b.	What is this language?		
	(For example: Chamorro, Samoan, Carolinian, Tongan)		



No   No   SkiP to question 25	19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?    Yes   No   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   No    b. (Do you/Does) have serious difficulty walking or climbing stairs?    Yes   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No    c. (Do you/Does) have difficulty dressing or bathing?    No   No   No    c. (Do you/Does) have difficulty dressing or have dudy dudy in the U.S. Armed Forces, Mala K. 2 hox for EACH period in which this person served, even if just for part of the period. After eac				
b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?				
No   No   No   No   No   No   No   No	b.	serious difficulty seeing even when wearing glasses?	b.	(Are you/ls) currently responsible for most of the basic needs of any grandchild(ren) under the
Ask questions 20a-20c if this person is 5 years old or over. Otherwise, SKIP to question 50.  20a. Because of a physical, mental, or emotional condition, (do you/dos) have serious difficulty concentrating, remembering, or making decisions?    Yes   No   Do you/Does) have serious difficulty walking or climbing stairs?   Yes   No   Less than 6 months   6 to 11 months   6 to 12 months   6 to 11 months   6 to 12 months   6				age of 18 who live(s) in this nouse or apartment?
Ask questions 20a. 20a. Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?    Yes   No   No   No   No   No   No   No   N		No		
20a. Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?    Yes				
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?  No  23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have)she has) adopted.  None OR Number of children  World War II (December 1941 to December 1946)		Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or	G.	for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been
b. (Do you/Does) have serious difficulty walking or climbing stairs?    Yes		Yes		Less than 6 months
3 or 4 years   3 or 4 years   5 or more years		□ No		
or climbing stairs?	<b>L</b>	(De very De ce ) have equience difficulty well-in-		1 or 2 years
Yes   No   Sor more years	D.			3 or 4 years
C. (Do you/Does) have difficulty dressing or bathing?    Yes		_		☐ 5 or more years
c. (Do you/Does) have difficulty dressing or bathing?    Yes				(0)
c. (Do you/Does) have difficulty dressing or bathing?    Yes		LI NO	25.	
Ask question 21 if this person is 15 years old or over.  Oltherwise, 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  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  Nord Midowed (you have/she has) adopted.  None OR Number of children  World War II (December 1941 to December 1946)	C.	bathing?		Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example,
Yes, now on active duty   Yes, now on active duty   Yes, on active duty   Yes, on active duty during the last 12 months, but not now   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   No, never served in the military - SKIP to question 28a   No, never served in the military - SKIP to question 28a   Separated   Never married   Never married   Never married   Never married   Never married   Separated   Never married   September 2001 or later   August 1990 to August 2001 (including Persian Gulf War)   September 1980 to July 1990   May 1975 to August 1980   Vietnam era (August 1964 to April 1975)   March 1961 to July 1964   February 1965 to February 1965   Norean War (July 1950 to January 1955)   January 1947 to June 1950   World War II (December 1941 to December 1946)				for the Persian Gulf War.
<ul> <li>Decause 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</li> <li>What is (your/'s) marital status?  Now married Divorced Separated Never married Separated Never married Separated Never married Separated Never married September 1980 to July 1990 (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted. None OR Number of children World War II (December 1941 to December 1946)</li> <li>World War II (December 1941 to December 1946)</li> </ul>				☐ Yes, now on active duty
the last 12 months  tondition, (do you/does) have difficulty doing errands alone such as visiting a doctor's office or shopping?  Yes No 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 (in a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?  September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1956 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946)				but not now
Yes	21.	condition, (do you/does) have difficulty doing errands alone such as visiting a		the last 12 months  No, training for Reserves or National Guard
Yes		_		
22. What is (your/'s) marital status?  Now married Widowed Divorced Separated Never married  32. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.  None OR Number of children  What is (your/'s) marital status?  (Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?  September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964 to April 1975) March 1961 to July 1964 February 1955 to February 1961 Korean War (July 1950 to January 1955) January 1947 to June 1950 World War II (December 1941 to December 1946)				
<ul> <li>What is (your/'s) marital status?</li> <li>Now married</li> <li>Widowed</li> <li>Divorced</li> <li>Separated</li> <li>Never married</li> <li>September 2001 or later</li> <li>August 1990 to August 2001 (including Persian Gulf War)</li> <li>September 1980 to July 1990</li> <li>May 1975 to August 1980</li> <li>Wietnam era (August 1964 to April 1975)</li> <li>March 1961 to July 1964</li> <li>February 1955 to February 1961</li> <li>Korean War (July 1950 to January 1955)</li> <li>January 1947 to June 1950</li> <li>World War II (December 1941 to December 1946)</li> </ul>		□ No		
Divorced Separated Never married  Separated Never married  September 2001 or later August 1990 to August 2001 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1980 Vietnam era (August 1964 to April 1975) Children (you have/she has) adopted.  None OR Number of children None OR Number of children World War II (December 1941 to December 1946)	22.	Now married	26.	<b>duty in the U.S. Armed Forces?</b> Mark $X$ a box for EACH period in which this person served, even if just for
Separated Never married  August 1990 to August 2001 (including Persian Gulf War)  September 1980 to July 1990  May 1975 to August 1980  Vietnam era (August 1964 to April 1975)  children (you have/she has) adopted.  None OR Number of children  None OR Number of children  World War II (December 1941 to December 1946)				
August 1990 to August 2001 (including Persian Gulf War)  23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.  None OR Number of children  None OR Number of children  World War II (December 1941 to December 1946)				September 2001 or later
(have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.  None OR Number of children  None OR Number of children  World War II (December 1941 to December 1946)				August 1990 to August 2001 (including
(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  Korean War (July 1950 to January 1955)  January 1947 to June 1950  World War II (December 1941 to December 1946)	23.	If this person is female ASK - How many habine		☐ September 1980 to July 1990
stillbirths? Do not count stepchildren or children (you have/she has) adopted.  None OR Number of children  None OR Number of children  World War II (December 1941 to December 1946)				
None OR Number of children  February 1955 to February 1961  Korean War (July 1950 to January 1955)  January 1947 to June 1950  World War II (December 1941 to December 1946)		stillbirths? Do not count stepchildren or		
Korean War (July 1950 to January 1955)  January 1947 to June 1950  World War II (December 1941 to December 1946)		cniidren (you nave/she has) adopted.		
☐ January 1947 to June 1950 ☐ World War II (December 1941 to December 1946)		None OR Number of children		
World War II (December 1941 to December 1946)				
November 1941 or earlier				
				November 1941 or earlier

Form D-2(E)AS



797713

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



797714

<ul> <li>During the LAST 4 WEEKS, (have you been ACTIVELY looking for work?</li> <li>Yes</li> <li>No - SKIP to question 37</li> </ul>	/has) 39.	For whom did (you/) work?  If now on active duty in the Armed Forces, mark X this box
<ul> <li>LAST WEEK, could (you/) have start offered one, or returned to work if read ASK – Was this because of a temporar for some other reason?</li> <li>Yes, could have gone to work</li> <li>No, because of own temporary illness</li> <li>No, because of all other reasons (in school</li> </ul>	called? <i>If "No,"</i> ry illness or	
When did (you/) last work, even for days? Do not include subsistence act 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 – squestion 47	tivity.	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)
A-43. CURRENT OR MOST RECENT JOB ACTIVITY  Describe clearly (your/'s) chief jol business last week. If (you/) had r		Is this mainly – Mark ✗ ONE box.  ☐ Manufacturing?
one job, describe the one at which worked the most hours. If (you/) h or business last week, give informa (your/'s) last job or business since	(you/) ad no job ition for	<ul> <li>■ Wholesale trade?</li> <li>■ Retail trade?</li> <li>■ Other (agriculture, construction, servic government, etc.)?</li> </ul>

Form D-2(E)SUPP AS



797715

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



	erson /-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 of sale of a home.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$ .00
	□ No
Instea amou	ot ask question 48 if questions 47a-47h are completed. ad, sum these entries and subtract any losses. Enter the int below. If the total amount was a loss, mark X the "Los ext to the dollar amount.
48.	What was (your/'s) total income during 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 form D-2(E) AS. If the number of people is more than seven, continue on the next page. If not, SKIP to the "Respondent Information" block on page 42 of form D-2(E) AS.
orm D 2/	FISHPP AS

797717

Pe	rs	on	8

	CI 3011 0		
<b>.</b>	Print the name of Person 3 from page 2.	11a	. Where was (your/'s) mother born
		MI	name of the island (village in American S U.S. state, commonwealth, territory, or fo
			o.s. state, commonwealth, territory, or re
	Last Name		
		b.	Where was (your/'s) father born
	Where (were you/was) born? Print the island (village in American Samoa), U.S. state,		name of the island (village in American S U.S. state, commonwealth, territory, or fo
	commonwealth, territory, or foreign country.		
		12.	(Show Card E.) (Are you/Is) a depeactive-duty or retired member of the United States or of
	(Show Card C.) (Are you/Is) a CITIZEN of NATIONAL of the United States?		military Reserves or National Gua duty does NOT include training for military Reserves or National Gua
	Yes, born in this Area – SKIP to question 11	а	_
	Yes, born in the United States or another U.S. territory or commonwealth		Yes, dependent of an active-duty mo
	Yes, born elsewhere of U.S. parent or paren	ts	Yes, dependent of retired member of Forces, or dependent of an active-d
	Yes, a U.S. citizen by naturalization	t racidant)	member of full-time National Guard
	No, not a U.S. citizen or national (permanen No, not a U.S. citizen or national (temporary	,	Reserve No
•	When did (you/) come to this Area to s (you have/ has) entered the Area more once, what is the latest year?  Print numbers in boxes.  Year		At any time since February 1, 20 you/has) attended school or conly pre-kindergarten, kindergar school, home school, and school to a high school diploma or a col "Yes," ASK – Was it public or priva
			No, has not attended since Februar
	(Show Card D.) What was (your/'s) MAIN for moving to this Area? Mark X ONE box	l reason	question 14  Yes, public school, public college
	for moving to this Area? Mark X ONE box  Employment	l reason ત	question 14  Yes, public school, public college
•	for moving to this Area? Mark X ONE box  Employment  Military	<b>c</b> .	question 14  Yes, public school, public college Yes, private school, private college,
-	for moving to this Area? Mark X ONE box  Employment  Military  Subsistence activities	<b>c</b> .	question 14  Yes, public school, public college Yes, private school, private college,
	for moving to this Area? Mark X ONE box  Employment  Military	<b>c</b> .	question 14  Yes, public school, public college Yes, private school, private college,  What grade or level (were you/wa
)_	For moving to this Area? Mark X ONE box  Employment  Military  Subsistence activities  Missionary activities  Moved with spouse or parent  To attend school	<b>c</b> .	question 14  Yes, public school, public college Yes, private school, private college,  What grade or level (were you/wattending? Mark X ONE box.  Pre-kindergarten Kindergarten
).	For moving to this Area? Mark X ONE box  Employment  Military  Subsistence activities  Missionary activities  Moved with spouse or parent  To attend school  Medical	<b>c</b> .	question 14  Yes, public school, public college Yes, private school, private college,  What grade or level (were you/wattending? Mark X ONE box.  Pre-kindergarten Kindergarten Grade 1 through 12 —
).	For moving to this Area? Mark X ONE box  Employment  Military  Subsistence activities  Missionary activities  Moved with spouse or parent  To attend school	<b>c</b> .	question 14  Yes, public school, public college Yes, private school, private college,  What grade or level (were you/waattending? Mark X ONE box.  Pre-kindergarten Kindergarten



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	16c.	(Do you/Does) speak this language at home more frequently than English?  Yes, more frequently than English  Both equally often  No, less frequently than English  Does not speak English
	PRE-KINDERGARTEN THROUGH GRADE 12  Pre-kindergarten  Kindergarten  Grade 1 through 11 – Specify grade 1–11  12 <sup>th</sup> grade – NO DIPLOMA  HIGH SCHOOL GRADUATE  Regular high school diploma  GED or alternative credential		Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  Person is under 1 year old – SKIP to question 18 Yes, this house – SKIP to question 18 No, different house  Where did (you/) live 1 year ago?  What is the name of the island, U.S. state, commonwealth, territory, or foreign country? If outside this Area, print the answer below and SKIP to question 18.
	COLLEGE OR SOME COLLEGE  ☐ Some college credit, but less than 1 year of college credit ☐ 1 or more years of college credit, no degree ☐ Associate's degree (for example: AA, AS) ☐ Bachelor's degree (for example: BA, BS)	C.	What is the name of the city, town, or village?
15.	AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area?  No  Yes, in this Area  Yes, not in this Area	18.	(Show Card G.) (Are you/Is) CURRENTLY covered by any of the following types of health insurance or health coverage plans?  Mark "Yes" or "No" for EACH type of coverage in items a—h.  a. Insurance through a current or former employer or union (of this person or another family member)  b. Insurance purchased directly from an insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability  e. TRICARE or other military health care
6a.	(Do you/Does) speak a language other than English at home?  Yes No – SKIP to question 17a		<ul> <li>f. VA (including those who have ever used or enrolled for VA health care) □</li> <li>g. Local medical programs for indigents □</li> <li>h. Any other type of health insurance or health coverage plan – Specify  □</li> </ul>
b.	What is this language?  (For example: Chamorro, Samoan, Carolinian, Tongan)		

Form D-2(E)SUPP AS



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19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing?	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this
	Yes		house or apartment?
	□ No		Yes
h	(Are you/Is) blind or (do you/does) have		□ No – SKIP to question 25
Ŋ.	serious difficulty seeing even when wearing glasses?	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		age of 16 who live(s) in this house or apartment:
	□ No		Yes
Ack o	questions 20a–20c if this person is 5 years old or		□ No – SKIP to question 25
	Otherwise, SKIP to question 50.	_	How long (have you/has) been responsible
20a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?	0.	for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	☐ Yes		Less than 6 months
	□ No		6 to 11 months
			1 or 2 years
D.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years
			5 or more years
	Yes		•
	□ No	25.	(Show Card H.) (Have you/Has) ever served on
C.	(Do you/Does) have difficulty dressing or bathing?  Yes		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	□ No		☐ Yes, now on active duty
Ask o	question 21 if this person is 15 years old or over. rwise, SKIP to question 50.		Yes, on active duty during the last 12 months, but not now
21.	condition, (do you/does) have difficulty		Yes, on active duty in the past, but not during the last 12 months
	doing errands alone such as visiting a doctor's office or shopping?		No, training for Reserves or National Guard only – SKIP to question 27a
	☐ Yes ☐ No		No, never served in the military – SKIP to question 28a
22.	What is (your/'s) marital status?  Now married Widowed	26.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?
	Divorced		September 2001 or later
	☐ Separated ☐ Never married		August 1990 to August 2001 (including Persian Gulf War)
23.	If this person is female, ASK – <b>How many babies</b>		☐ September 1980 to July 1990
_0.	(have you/has she) ever had, not counting		☐ May 1975 to August 1980
	stillbirths? Do not count stepchildren or		☐ Vietnam era (August 1964 to April 1975)
	children (you have/she has) adopted.		☐ March 1961 to July 1964
	☐ None OR Number of children		February 1955 to February 1961
			Korean War (July 1950 to January 1955)
			January 1947 to June 1950
			World War II (December 1941 to December 1946)
			November 1941 or earlier



27a.	(Do you/Does) have a VA service-connected disability rating?  Yes (such as 0%, 10%, 20%,, 100%) No – SKIP to question 28a	30.	(Show Card J.) How did (you/) usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark I the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating?  O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher		Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes? Mark X ONE box.  Yes, worked for pay; did NO subsistence		Other method  question 31 if this person answered "Car, truck, or private ous" in question 30. Otherwise, SKIP to question 32.  How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus
	<ul> <li>activity – SKIP to question 29</li> <li>Yes, worked for pay AND did subsistence activity – SKIP to question 29</li> <li>No, did NOT work for pay at a job or business (or was retired)</li> </ul>	00	Person(s)
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark ONE box.  Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a  Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.  How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
	At what location did (you/) work LAST WEEK?  Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.	Othei	uestions 34–37 if this person did NOT work last week. wise, SKIP to question 38.  LAST WEEK, (were you/was) on layoff from a job?
	What is the name of the island, U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?		<ul> <li>Yes − SKIP to question 34c</li> <li>No</li> <li>LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?</li> <li>Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. − SKIP to question 37</li> <li>No − SKIP to question 35</li> <li>(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?</li> </ul>
			☐ Yes – SKIP to question 36 ☐ No



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35.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?	39.	For whom did (you/) work? If now on active duty in the Armed Forces,
	Yes		mark $X$ this box $\longrightarrow$
	□ No – SKIP to question 37		and print the branch of the Armed Forces.
	- No ONI to question of		Name of company, business, or other employer
36.			
	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.)		
	INO, Decause of all other reasons (III school, etc.)		
37.		40.	
	days? Do not include subsistence activity.		Describe the activity at the location where employed. (For example: hospital, fish cannery,
	2010		watchmaker, auto repair shop, bank)
	2009		ratermater, auto repair enep, vallity
	2008		
	2005 to 2007		
	2000 to 2004 – SKIP to question 47		
	1999 or earlier – <i>SKIP to question 47</i>		
	Never worked; or did subsistence only – <i>SKIP to question 47</i>		
	quesiion 47		
38-4	3. CURRENT OR MOST RECENT JOB		
	ACTIVITY	41.	Is this mainly - Mark X ONE box.
		<b>T1.</b>	is this mainty - wark is one box.
	Describe clearly (your/'s) chief job activity or	71.	■ Manufacturing?
	business last week. If (you/) had more than	7	
	business last week. If (you/) had more than one job, describe the one at which (you/)	71.	☐ Manufacturing?
	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	71.	<ul> <li>■ Manufacturing?</li> <li>■ Wholesale trade?</li> <li>■ Retail trade?</li> <li>■ Other (agriculture, construction, service)</li> </ul>
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	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.		<ul> <li>Manufacturing?</li> <li>Wholesale trade?</li> <li>Retail trade?</li> <li>Other (agriculture, construction, service government, etc.)?</li> </ul>
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38.	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.  (Show Card K.) (Were you/Was) - Mark X ONE box.  An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?  An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?  A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?  A federal GOVERNMENT employee?  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  Working WITHOUT PAY in family business	42.	<ul> <li>Manufacturing?</li> <li>Wholesale trade?</li> <li>Retail trade?</li> <li>Other (agriculture, construction, service, government, etc.)?</li> <li>What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)</li> <li>What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and</li> </ul>
38.	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.  (Show Card K.) (Were you/Was) - Mark X ONE box.  An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?  An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?  A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?  A federal GOVERNMENT employee?  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  Working WITHOUT PAY in family business	42.	<ul> <li>Manufacturing?</li> <li>Wholesale trade?</li> <li>Retail trade?</li> <li>Other (agriculture, construction, service, government, etc.)?</li> <li>What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)</li> <li>What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and</li> </ul>
38.	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.  (Show Card K.) (Were you/Was) - Mark X ONE box.  An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?  An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?  A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?  A federal GOVERNMENT employee?  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  Working WITHOUT PAY in family business	42.	<ul> <li>Manufacturing?</li> <li>Wholesale trade?</li> <li>Retail trade?</li> <li>Other (agriculture, construction, service, government, etc.)?</li> <li>What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)</li> <li>What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and</li> </ul>



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



47g.	Did (you/) receive any remittances in 2009? Include money from relatives outside the household or in the military.
	☐ Yes – What was the amount?
	Annual amount – <i>Dollars</i>
	\$ .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 – <i>Dollars</i>
	\$ .00
	□ No
Instea amou	of ask question 48 if questions 47a-47h are completed.  Indextdoor of the standard standard subtract any losses. Enter the standard standa
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 – <i>Dollars</i>
	<b>\$</b> .00
50.	Refer to S5 on form D-2(E)AS. If the number of people is more than eight, continue on the next page. If not, SKIP to the "Respondent Information" block on page 42 of form D-2(E)AS.



Person 9	
6. Print the name of Person 4 from page 2.  First Name  MI  Last Name	11a. Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
7. Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.	b. Where was (your/'s) father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
8. (Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States?	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
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	<ul> <li>military Reserves or National Guard.</li> <li>Yes, dependent of an active-duty member of the Armed Forces</li> <li>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</li> </ul>
<ul> <li>No, not a U.S. citizen or national (permanent resident)</li> <li>No, not a U.S. citizen or national (temporary resident)</li> <li>When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than</li> </ul>	Reserve  No  No  13a. At any time since February 1, 2010, (have you/has) attended school or college? Include
once, what is the latest year? Print numbers in boxes. Year	only pre-kindergarten, kindergarten, elementar school, home school, and schooling which lead to a high school diploma or a college degree. If "Yes," ASK – Was it public or private?
10. (Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box.  Employment	<ul> <li>No, has not attended since February 1 – SKIP to question 14</li> <li>Yes, public school, public college</li> <li>Yes, private school, private college, home school</li> </ul>
Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical Housing Other	b. What grade or level (were you/was) attending? Mark X ONE box.  Pre-kindergarten Kindergarten Grade 1 through 12 – Specify grade 1–12 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)
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14.	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED?  Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed	<b>16c.</b>	(Do you/Does) speak this language at home more frequently than English?  Yes, more frequently than English Both equally often No, less frequently than English Does not speak English
	PRE-KINDERGARTEN THROUGH GRADE 12  Pre-kindergarten  Kindergarten  Grade 1 through 11 – Specify grade 1–11  12 <sup>th</sup> grade – NO DIPLOMA  HIGH SCHOOL GRADUATE  Regular high school diploma		Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  Person is under 1 year old – SKIP to question 18  Yes, this house – SKIP to question 18  No, different house  Where did (you/) live 1 year ago?  What is the name of the island, U.S. state, commonwealth, territory, or foreign country?
	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)	c.	If outside this Area, print the answer below and SKIP to question 18.  What is the name of the city, town, or village?
	<ul> <li>□ Bachelor's degree (for example: BA, BS)</li> <li>AFTER BACHELOR'S DEGREE</li> <li>□ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</li> <li>□ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, LD)</li> </ul>	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.
15.	(for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in		<ul> <li>a. Insurance through a current or former employer or union (of this person or another family member)</li></ul>
	this area?  No Yes, in this Area Yes, not in this Area		d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability
16a.	(Do you/Does) speak a language other than English at home?  Yes No – SKIP to question 17a		<ul> <li>f. VA (including those who have ever used or enrolled for VA health care) □</li> <li>g. Local medical programs for indigents □</li> <li>h. Any other type of health insurance or health coverage plan – Specify □</li> </ul>
b.	What is this language?  (For example: Chamorro, Samoan, Carolinian, Tongan)		



19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
	□ No		Yes
	Anna annulla - Nalland and de annulla an Albana		☐ No – SKIP to question 25
D.	(Are you/ls) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes No	b.	(Are you/Is) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?  Yes
	INO		□ No − SKIP to question 25
Ask (	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.		·
	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?	C.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	Yes		Less than 6 months
	□ No		☐ 6 to 11 months
b.	(Do you/Does) have serious difficulty walking		☐ 1 or 2 years
	or climbing stairs?		3 or 4 years
	Yes		☐ 5 or more years
	□ No	25.	(Show Card H.) (Have you/Has) ever served on
c.	(Do you/Does) have difficulty dressing or bathing?  Yes No		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
			☐ Yes, now on active duty
	question 21 if this person is 15 years old or over. rwise, SKIP to question 50.		Yes, on active duty during the last 12 months, but not now
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a		<ul> <li>Yes, on active duty in the past, but not during the last 12 months</li> <li>□ No, training for Reserves or National Guard</li> </ul>
	doctor's office or shopping?		only – SKIP to question 27a
	☐ Yes ☐ No		No, never served in the military − SKIP to question 28a
22.	What is (your/'s) marital status?  Now married  Widowed  Divorced  Separated  Never married	26.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark
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		□ 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 9–Continued**

27a.	(Do you/Does) have a VA service-connected disability rating?  ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No − SKIP to question 28a	30.	(Show Card J.) How did (you/) usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark It the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating?  O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher		<ul> <li>□ Car, truck, or private van/bus</li> <li>□ Public van/bus</li> <li>□ Boat</li> <li>□ Taxicab</li> <li>□ Motorcycle</li> <li>□ Bicycle</li> <li>□ Walked</li> <li>□ Worked at home – SKIP to question 38</li> </ul>
<b>28a.</b>	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes? Mark X ONE box.  Yes, worked for pay; did NO subsistence activity – SKIP to question 29  Yes, worked for pay AND did subsistence activity – SKIP to question 29  No, did NOT work for pay at a job or business (or was retired)	Ask q van/b	Other method  question 31 if this person answered "Car, truck, or private ous" in question 30. Otherwise, SKIP to question 32.  How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK?  Person(s)
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark X ONE box.  Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a  Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.  How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
a.	At what location did (you/) work LAST WEEK?  Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.  What is the name of the island, U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?	Othei	questions 34–37 if this person did NOT work last week.  rwise, SKIP to question 38.  LAST WEEK, (were you/was) on layoff from a job?  Yes – SKIP to question 34c  No  LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 37  No – SKIP to question 35  (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work?  Yes – SKIP to question 36  No
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Person 9-Continued		
During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?  Yes	39.	For whom did (you/) work? If now on active duty in the Armed Forces, mark X this box — — — — — — — — — — — — — — — — — — —
□ No – SKIP to question 37		Name of company, business, or other employer
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.)		
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  CURRENT OR MOST RECENT JOB	40.	Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)
ACTIVITY  Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41.	Is this mainly - Mark X ONE box.  Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service government, etc.)?
(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?	42.	What kind of work (were you/was) doing (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)
An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?		
■ A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?		
<ul> <li>■ A federal GOVERNMENT employee?</li> <li>■ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</li> </ul>	43.	What were (your/'s) most important activities or duties? (For example: patient care
SELF-EMPLOYED in own INCORPORATED		repairing machinery, making watches, typing and
business, professional practice, or farm?		filing, reconciling financial records)



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



47g.	Did (you/) receive any remittances in 2009? Include money from relatives outside the household or in the military.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$ .00
	□ No
h.	Did (you/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance of sale of a home.
	☐ Yes – What was the amount?
	Annual amount – Dollars
	\$ .00
	No
Instea amou	ot ask question 48 if questions 47a-47h are completed.  ad, sum these entries and subtract any losses. Enter the  int below. If the total amount was a loss, mark I the "Loss  ext to the dollar amount.
48.	What was (your/'s) total income during 2009?
	Annual amount – Dollars Loss
	□ None OR \$ .00 □
49.	During 2009, did (you/) GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$ , .00
50.	Refer to S5 on form D-2(E)AS. If the number of people is more than nine, continue on the next page. If not, SKIP to the "Respondent Information" block on page 42 of form D-2(E)AS.



#### Person 10

	erson to		
6.	Print the name of Person 5 from page 2.  First Name  MI	11a.	Where was (your/'s) mother born? Print the name of the island (village in American Samoa),
	THIS CHAINS		U.S. state, commonwealth, territory, or foreign country
	Last Name		
		b.	Where was (your/'s) father born? Print the name of the island (village in American Samoa),
<b>'-</b>	<b>Where (were you/was) born?</b> Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.		U.S. state, commonwealth, territory, or foreign country
		12.	(Show Card E.) (Are you/Is) a dependent of a active-duty or retired member of the Armed Forces of the United States or of the full-time
•	(Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States?		military Reserves or National Guard? Active duty does NOT include training for the
	Yes, born in this Area – SKIP to question 11a		military Reserves or National Guard.
	<ul><li>Yes, born in the United States or another</li><li>U.S. territory or commonwealth</li></ul>		Yes, dependent of an active-duty member of the Armed Forces
	Yes, born elsewhere of U.S. parent or parents		Yes, dependent of retired member of the Armed
	Yes, a U.S. citizen by naturalization		Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Force
	No, not a U.S. citizen or national (permanent resident)		Reserve
	No, not a U.S. citizen or national (temporary resident)		No
	(you have/ has) entered the Area more than once, what is the latest year?  Print numbers in boxes.  Year		you/has) attended school or college? Incluonly pre-kindergarten, kindergarten, element school, home school, and schooling which le to a high school diploma or a college degree. "Yes," ASK – Was it public or private?
<b>)</b> _	(Show Card D.) What was (your/'s) MAIN reason		No, has not attended since February 1 − SKIP to question 14
•	(Show Card D.) What was (your, in s) mant reason		946311011 14
	for moving to this Area? Mark X ONE box.		Yes, public school, public college
	for moving to this Area? Mark X ONE box.  Employment Military		
	Employment	b.	Yes, public school, public college
	Employment Military Subsistence activities Missionary activities Moved with spouse or parent	b.	Yes, public school, public college Yes, private school, private college, home school  What grade or level (were you/was) attending? Mark X ONE box.  Pre-kindergarten
	Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school	b.	Yes, public school, public college Yes, private school, private college, home school  What grade or level (were you/was) attending? Mark Y ONE box.  Pre-kindergarten Kindergarten
	Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school Medical	b.	Yes, public school, public college Yes, private school, private college, home school  What grade or level (were you/was) attending? Mark X ONE box.  Pre-kindergarten Kindergarten Grade 1 through 12 —
	Employment Military Subsistence activities Missionary activities Moved with spouse or parent To attend school	b.	Yes, public school, public college Yes, private school, private college, home school  What grade or level (were you/was) attending? Mark NONE box.  Pre-kindergarten Kindergarten



İ	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED?  Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.	16c.	_		uent ore f	tly ti freq	han uen	Er itly	ngli	sh?				t h	
[	NO SCHOOLING COMPLETED  No schooling completed		☐ No	, les es n	s fre	que	ntly	y ti		En	glis	sh			
ı	PRE-KINDERGARTEN THROUGH GRADE 12  Pre-kindergarten	17a.	Did () 1 yea								or a	раі	rtm	en	t
]	Fre-kindergarten  Kindergarten  Grade 1 through 11 −  Specify grade 1–11  12 <sup>th</sup> grade − NO DIPLOMA	L	☐ Ye	, diffe	hous rent l	se – hous	SKI e	P to	o qu	esti	on 1	18	esti	on	18
	HIGH SCHOOL GRADUATE	D.	Wher	e did	(yo	u/)	) liv	e 1	ı ye	ar a	ago	?			
[	Regular high school diploma GED or alternative credential		What comm If outs to que	nonwide thi	realt is Are	th, t	erri	toı	ry, c	or fo	ore	ign	CO	un	try1
	COLLEGE OR SOME COLLEGE		10 940	01.011	70.										
	Some college credit, but less than 1 year of college credit														
[	1 or more years of college credit, no degree	c.	What	is th	e na	ıme	of t	the	cit	y, t	ow	n, c	or v	/illa	age
П	Associate's degree (for example: AA, AS)														
	D														
Ī	Bachelor's degree (for example: BA, BS)														
	AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng,	18.	(Show cover healt	red b h ins	y an urar	y of ice	the	e fo nea	ollo alth	win	ıg t ver	ype age	s c pl	of an:	s?
	AFTER BACHELOR'S DEGREE	18.	healt Mark items	red b h ins 'Yes" a–h.	y an urar or "N	y of nce lo" fo	the or h	e fo nea A <i>CH</i>	ollo alth H typ	win cov	ng t vera f co	ype age vera	es c e pl ege	of an:	
[	AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)	18.	healt Mark items a. Ins	red b h ins 'Yes" a–h.	y and urar or "N	ny of nce lo" fo ough inion	or her EA	e for near ACH urre	ollo alth H typ ent c	win cov e o or fo	rme	ype age vera	es c e pl ege	of an: in	
]	AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other	18.	mark items  a. Insemand  b. Inseins	red b h ins 'Yes" a-h. uranc ployed other f	e thror or ufamily e pure	ough ough inion me rchas	a combe mbe	urre this er)	ent cos per	or for son	rme or n ar	ype age vera er	es ce plage	of an: in	
	AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in	18.	tems  a. Insemand b. Insinsand c. Me	red b h ins 'Yes" a-h. uranc ployer other f uranc uranc other f	e thro e thro r or us family e pure e cor family e, for	ough ough inion me rchas mpan me peop	a ci (of mbe sed (by mbe	e for the formal of the formal	ent cas per ectly his p	or for son	rme f co	ype age vera er  or 	es ce plage	of an: in	
	AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area?	18.	cover healt Mark items  a. Inseem and b. Inseem and c. Me ped	red b h ins Yes" a-h. urance ployer other f urance urance other f dicare ople w dicaid	e three corrections of the correction of the cor	ough inion me rchas mpan me peopertair iny ki	theor had a complete the control of	urre this dire y ther)	ent considered and co	or for for for for for for for for for f	rme ar	ype age vera  r  r  e	es ce plage Y	of an: in	
	AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area?  No  Yes, in this Area	18.	cover healt Mark items  a. Inseem and b. Inseem and c. Me ped	red b h ins Yes" a-h. urance ployer other f dicare ople we dicaid vernmen low	e thromatic e thromatic e thromatic e purification e confiamily e, for a ent a incorr	ough nion for ough nion y me rchas npan y me peopertair any ki	i the or had a control of the contro	urrethiser) direthiser) direthiser) direthiser) direthiser) direthiser) direthiser) direthiser) direthiser) direthiser)	ent cos per ectly his p and coillities eder flan f sabili	or for son erson e	reg t	ype age vera  r e	es ces ces plants of the plant	of ans in es	No
] ] ] ] ]	AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area?  No  Yes, in this Area  Yes, not in this Area  (Do you/Does) speak a language other	18.	cover healt Mark items  a. Inseem and b. Inseem and co. Me per d. Me gov with the control of the	red b h ins Yes" a-h. urance ployer other f dicare ople w dicaid vernmen low	e thru ror "N e thru ror usiamily e pull e corristing of the corresponding of the co	ough nion ough nion y me rchas mpan y me peopertair ny ki ssist mes o other	inthe will be	urre tthis er) dire er) sabi e p dis itar	ent control of the co	or for son	rme or	ype age er  r r  e	es ce plugge Y . [	of ans in 'es	No
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	AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area?  No  Yes, in this Area  Yes, not in this Area  (Do you/Does) speak a language other than English at home?  Yes  No – SKIP to question 17a	18.	cover healt Mark items  a. Inseem and b. Inseem and cover healt Mark items  a. Inseem and cover healt Mark i	red b h ins Yes" a-h. urance ployer other f dicare ople w dicaid rernman low ICARI (inclued or e cal me	e thru ror unitable to read the control of the cont	ough inion ough inion of the control of the control ough inion of the control ough inion	in the or har EA  a cci (of mbe sed (of mb	urresthiser) directly the point of fee point of the point	ent cas per ectly his p and cas illities eder sabili e have ealth for ir insuringular to the cast of the c	or for son from the son the so	rme or	ype age er  or  e  e	es (e plinge plange pla	of ans in 'es	No
	AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area?  No  Yes, in this Area  Yes, not in this Area  (Do you/Does) speak a language other than English at home?  Yes  No – SKIP to question 17a	18.	cover healt Mark items  a. Inseem and b. Inseem and cover healt Mark items  a. Inseem and cover healt Mark i	red b h ins Yes" a-h. urance ployer other f dicare ople w dicaid rernman low ICARI (inclued or e cal me	e thru ror unitable to read the control of the cont	ough inion ough inion of the control of the control ough inion of the control ough inion	in the or har EA  a cci (of mbe sed (of mb	urresthiser) directly the point of fee point of the point	ent cas per ectly his p and cas illities eder sabili e have ealth for ir insuringular to the cast of the c	or for son from the son the so	rme or	ype age er  or  e  e	es (e plinge plange pla	of ans in 'es	No

Form D-2(E)SUPP AS



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19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
	No		☐ Yes
_			□ No – SKIP to question 25
b.	(Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	b.	(Are you/Is) currently responsible for most of the basic needs of any grandchild(ren) under the
	☐ Yes		age of 18 who live(s) in this house or apartment?
	□ No		☐ Yes
Ask o	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.		□ No – SKIP to question 25
	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?	c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	☐ Yes		Less than 6 months
	□ No		6 to 11 months
L	(Decree (Decree ) have a select difficulty confliction		1 or 2 years
D.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years
			☐ 5 or more years
	☐ Yes ☐ No	0=	(0)
	□ NO	25.	(Show Card H.) (Have you/Has) ever served on active duty in the U.S. Armed Forces, military
c.	(Do you/Does) have difficulty dressing or bathing?		Reserves, or National Guard? Active duty does not include training for the Reserves or National
	Yes		Guard, but DOES include activation, for example, for the Persian Gulf War.
	□ No		
	question 21 if this person is 15 years old or over. rwise, SKIP to question 50.		<ul><li>Yes, now on active duty</li><li>Yes, on active duty during the last 12 months, but not now</li></ul>
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty		Yes, on active duty in the past, but not during the last 12 months  No training for Pagange or National Guard
	doing errands alone such as visiting a doctor's office or shopping?		No, training for Reserves or National Guard only – SKIP to question 27a
	☐ Yes ☐ No		No, never served in the military − SKIP to question 28a
22.	What is (your/'s) marital status?  Now married Widowed	26.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark 🗴 a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?
	Divorced		September 2001 or later
	☐ Separated ☐ Never married		<ul> <li>August 1990 to August 2001 (including Persian Gulf War)</li> </ul>
23.	If this person is female, ASK – <b>How many babies</b>		September 1980 to July 1990
	(have you/has she) ever had, not counting		May 1975 to August 1980
	stillbirths? Do not count stepchildren or		Vietnam era (August 1964 to April 1975)
	children (you have/she has) adopted.		March 1961 to July 1964
	■ None OR Number of children		February 1955 to February 1961
			Korean War (July 1950 to January 1955)
			January 1947 to June 1950
			World War II (December 1941 to December 1946)
			November 1941 or earlier



27a.	(Do you/Does) have a VA service-connected disability rating?  Yes (such as 0%, 10%, 20%,, 100%)  No - SKIP to question 28a	30.	(Show Card J.) How did (you/) usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark I the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating?  O percent  10 or 20 percent  30 or 40 percent  50 or 60 percent  70 percent or higher		Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 38
<b>28a.</b>	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes? Mark X ONE box.  Yes, worked for pay; did NO subsistence activity – SKIP to question 29  Yes, worked for pay AND did subsistence activity – SKIP to question 29  No, did NOT work for pay at a job or business (or was retired)	Ask q van/b	Other method  Juestion 31 if this person answered "Car, truck, or private us" in question 30. Otherwise, SKIP to question 32.  How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK?  Person(s)
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark X ONE box.  Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a  Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.  How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
	At what location did (you/) work LAST WEEK?  Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.  What is the name of the island, U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?	Other	LAST WEEK, (were you/was) on layoff from a job?  LAST WEEK, (were you/was) on layoff from a job?  LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?
D.		c.	<ul> <li>Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. − <i>SKIP to question 37</i></li> <li>No − <i>SKIP to question 35</i></li> <li>(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?</li> <li>Yes − <i>SKIP to question 36</i></li> <li>No</li> </ul>
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35.	been ACTIVELY looking for work?  Yes	39.	For whom did (you/) work?  If now on active duty in the Armed Forces, mark X this box
	□ No – SKIP to question 37		Name of company, business, or other employer
36.	LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or for some other reason?	ı	
	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	40.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)
	2008		
	2005 to 2007		
	2000 to 2004 – SKIP to question 47		
	1999 or earlier – SKIP to question 47		
	Never worked; or did subsistence only − SKIP to question 47		
38–4	I3. CURRENT OR MOST RECENT JOB ACTIVITY	44	In this western Mark V ONE have
	Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41.	<ul> <li>■ Manufacturing?</li> <li>■ Wholesale trade?</li> <li>■ Retail trade?</li> <li>■ Other (agriculture, construction, service, government, etc.)?</li> </ul>
38.	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	42.	<ul> <li>■ Manufacturing?</li> <li>■ Wholesale trade?</li> <li>■ Retail trade?</li> <li>■ Other (agriculture, construction, service, government, etc.)?</li> </ul>
38.	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.  (Show Card K.) (Were you/Was) - Mark X ONE box.  An employee of a PRIVATE FOR-PROFIT		<ul> <li>Manufacturing?</li> <li>Wholesale trade?</li> <li>Retail trade?</li> <li>Other (agriculture, construction, service, government, etc.)?</li> <li>What kind of work (were you/was) doing? (For example: registered nurse, machine repairer,</li> </ul>
38.	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.  (Show Card K.) (Were you/Was) - Mark X ONE box.  An employee of a PRIVATE FOR-PROFIT company or business or of an individual,		<ul> <li>Manufacturing?</li> <li>Wholesale trade?</li> <li>Retail trade?</li> <li>Other (agriculture, construction, service, government, etc.)?</li> <li>What kind of work (were you/was) doing? (For example: registered nurse, machine repairer,</li> </ul>
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44.	LAST YEAR, 2009, did (you/) work at a job or business at any time? Do not include subsistence activity.	47b.	Did (you/) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?
	Yes		_
	□ No − SKIP to question 47		Yes – What was the NET income after business expenses?
45a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.		Annual amount – Dollars Loss
	☐ Yes – SKIP to question 46		■ No
	□ No		
b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.	C.	Did (you/) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.
	_		☐ Yes – What was the amount?
	50 to 52 weeks		Annual amount – Dollars Loss
	48 to 49 weeks		
	☐ 40 to 47 weeks ☐ 27 to 39 weeks		\$ .00
	14 to 26 weeks		□ No
	13 weeks or less		
		d.	Did (you/) receive any Social Security or Railroad Retirement in 2009?
46.	During 2009, in the WEEKS WORKED, how		Yes - What was the amount?
	many hours did (you/) usually work each WEEK? Do not include subsistence activity.		Annual amount – Dollars
	Usual hours worked each WEEK		Allidat allidati Dollars
	Codd Hours Worked Caoli WEEK		\$ .00
			No
47.	The next set of questions is about each income source (you/) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark X the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the dollar amount.		Did (you/) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009?  Yes – What was the amount?  Annual amount – Dollars  No  Did (you/) receive any retirement, survivor, or
a.	Did (you/) receive any wages, salary, commissions, bonuses, or tips in 2009?	T.	disability pensions in 2009? Do NOT include Social Security.
	Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or		☐ Yes – What was the amount?
	other items?		Annual amount - Dollars
	Annual amount - Dollars		
	\$ .00		\$
	□ No		□ No



47g.	Did (you/) receive any remittances in 2009? Include money from relatives outside the
	household or in the military.
	☐ Yes – What was the amount?
	Annual amount – Dollars
	\$ .00
	□ No
h.	Did (you/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or sale of a home.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$ 00
	\$
	No
Instea amou	ot ask question 48 if questions 47a-47h are completed. ad, sum these entries and subtract any losses. Enter the unt below. If the total amount was a loss, mark X the "Loss" next to the dollar amount.
48.	What was (your/'s) total income during 2009?
	Annual amount – Dollars Loss
	Allitudi dilloulit – Dollars Loss
	□ None OR \$ □ □
49.	During 2009, did (you/) GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	<b>A</b>
	\$ .00
	□ No
50.	Refer to S5 on form D-2(E)AS. If the number of people is more than 10, go to the next form D-2(E)SUPP AS. If not, SKIP to the "Respondent Information" block on page 39 of form D-2(E)AS.
Form D-2(	(E)SUPP AS

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(1-21-2009)