	E FROM TH	HE ADDRESS	LABEL AREA	ON FORM D	0-2(E)G OR D-13 G.	
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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 G, Continuation Form. Form D-2(E)SUPP G

797902

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4. What was (Name's) age on April 1, 2010? What is (Name's) date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.	<b>5. What is</b> (Name's) <b>ethnic origin or race?</b> 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 G	

4			
P	erson 6		
6.	Print the name of Person 1 from page 2.  First Name MI  Last Name	11a.	Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
7.	Where (were you/was) born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.	b.	Where was (your/'s) father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
8.	(Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States?	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 this Area – SKIP to question 11a  Yes, born in the United States or another U.S. territory or commonwealth  Yes, born elsewhere of U.S. parent or parents  Yes, a U.S. citizen by naturalization  No, not a U.S. citizen or national (permanent resident)  No, not a U.S. citizen or national (temporary resident)		Yes, dependent of an active-duty member of the Armed Forces  Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve  No
9.	When did (you/) come to this Area to stay? If (you have/ has) entered the Area more than once, what is the latest year?  Print numbers in boxes.  Year	13a <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. /f "Yes," ASK – Was it public or private?
10.	(Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark ONE box.  Employment Military		<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>
	Subsistence activities  Missionary activities  Moved with spouse or parent	b.	What grade or level (were you/was) attending? Mark X ONE box.  Pre-kindergarten
	☐ To attend school ☐ Medical ☐ Housing ☐ Other		<ul> <li>□ Kindergarten</li> <li>□ Grade 1 through 12 –         Specify grade 1–12 — → → → → → → → → → → → → → → → → → →</li></ul>



797904

	level of school (you have/ has) COMPLETED?  Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.  NO SCHOOLING COMPLETED  No schooling completed  PRE-KINDERGARTEN THROUGH GRADE 12  Pre-kindergarten  Kindergarten  Grade 1 through 11 – Specify grade 1–11  12th grade – NO DIPLOMA		more frequently than English?  Yes, more frequently than English Both equally often No, less frequently than English Does not speak English  Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  Person is under 1 year old – SKIP to question 18 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	<b>5.</b>	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
5.	AFTER BACHELOR'S DEGREE  ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  ☐ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  ☐ Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in	18.	(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)
	this area?  No Yes, in this Area Yes, not in this Area		people with certain disabilities
	(Do you/Does) speak a language other than English at home?  Yes No – SKIP to question 17a  What is this language?		<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>
	(For example: Chamorro, Samoan, Carolinian, Tongan)		



797905

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
Ask q	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	c.	<ul><li>No − SKIP to question 25</li><li>How long (have you/has) been responsible</li></ul>
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>	(De veriBees ) have endered difficulty well-in-		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		
c.	(Do you/Does) have difficulty dressing or bathing?  Yes No	25.	(Show Card H.) (Have you/Has) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
			Yes, now on active duty
	question 21 if this person is 15 years old or over. wise, SKIP to question 50.		Yes, on active duty during the last 12 months, but not now
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a doctor's office or shopping?		<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 only – SKIP to question 27a</li> </ul>
	Yes		No, never served in the military – SKIP to question 28a
22.	□ No What is (your/'s) marital status?	26.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for
	☐ Now married ☐ Widowed		EACH period in which this person served, even if just for part of the period. After each response, ASK – <b>Any other time?</b>
	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
			World War II (December 1941 to December 1946)
			November 1941 or earlier



27a.	(Do you/Does) have a VA service-connected disability rating?  Yes (such as 0%, 10%, 20%,, 100%)  No – SKIP to question 28a	30.	(Show Card J.) How did (you/) usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating?  O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher		Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 38
<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		Other method  question 31 if this person answered "Car, truck, or private ous" in question 30. Otherwise, SKIP to question 32.
b.	(or was retired)  LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark ⋈ ONE box.  Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a  Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.  How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
a.	At what location did (you/) work LAST WEEK?  Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.  What is the name of the island, U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?	Othei	LAST WEEK, (were you/was) on layoff from a job?  Yes - SKIP to question 34c  No  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,"		For whom did (you/) work?  If now on active duty in the Armed Forces, mark X this box
	ASK – Was this because of a temporary illness or for some other reason?  Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in school, etc.)		
37.	days? Do not include subsistence activity.  2010 2009 2008 2005 to 2007 2000 to 2004 – SKIP to question 47 1999 or earlier – SKIP to question 47 Never worked; or did subsistence only – SKIP to question 47	40.	What kind of business or industry was this?  Describe the activity at the location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)
38-4	ACTIVITY  Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41.	Is this mainly - Mark X ONE box.  Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?
38.	<ul> <li>(Show Card K.) (Were you/Was) - Mark → ONE box.</li> <li>An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?</li> <li>An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?</li> <li>A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?</li> <li>A federal GOVERNMENT employee?</li> <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 kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)  What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)



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



797909

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	
Inste 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	
	□ 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)G. 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)G.	
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erson 7		
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), 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.	40	
<ul> <li>NATIONAL of the United States?</li> <li>Yes, born in this Area − SKIP to question 11a</li> <li>Yes, born in the United States or another U.S. territory or commonwealth</li> <li>Yes, born elsewhere of U.S. parent or parents</li> <li>Yes, a U.S. citizen by naturalization</li> </ul>	12.	<ul> <li>(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.</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>
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		Reserve No
(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
(Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box.  Employment Military		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	ь.	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)
	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 2 from page 2.  First Name  MI  Last Name  b.  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 in the United States or another U.S. territory or commonwealth  Yes, born in the United States or another U.S. territory or commonwealth  No, not 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

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797911

<ul> <li>(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.</li> <li>NO SCHOOLING COMPLETED</li> <li>No schooling completed</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	<ul> <li>17a. Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?</li> <li>□ Person is under 1 year old − SKIP to question 18</li> <li>□ Yes, this house − SKIP to question 18</li> <li>□ No, different house</li> <li>b. Where did (you/) live 1 year ago?</li> </ul>
HIGH SCHOOL GRADUATE  Regular high school diploma GED or alternative credential  COLLEGE OR SOME COLLEGE Some college credit, but less than 1 year of college credit	What is the name of the island, U.S. state, commonwealth, territory, or foreign country? If outside this Area, print the answer below and SKIP to question 18.
<ul> <li>1 or more years of college credit, no degree</li> <li>Associate's degree (for example: AA, AS)</li> <li>Bachelor's degree (for example: BA, BS)</li> </ul>	c. What is the name of the city, town, or village?
AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  15. (Have you/Has) completed the requirement for a vocational training program at a trade school, business school, hospital, some othe kind of school for occupational training, or pl of work? Do not include academic college courses. If "Yes," ASK – Was training received it this area?  No Yes, in this Area Yes, not in this Area (Do you/Does) speak a language other than English at home?  Yes	insurance company (by this person or another family member)
No – SKIP to question 17a  b. What is this language?  (For example: Chamorro, Samoan, Carolinian, Tongar	health coverage plan – Specify   □ □



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
	INO NO		
b.	(Are you/ls) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	b.	No – SKIP to question 25  (Are you/Is) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
	Yes		age of 16 who live(s) in this house or apartment:
	No		Yes
Ask o	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	c.	■ No – SKIP to question 25  How long (have you/has) been responsible
20a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?	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
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years
	=		5 or more years
	Yes	25.	
	□ No		(Show Card H.) (Have you/Has) ever served on
c.	(Do you/Does) have difficulty dressing or bathing?  Yes		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example,
	□ No		for the Persian Gulf War.
			Yes, now on active duty
	question 21 if this person is 15 years old or over. 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
	Divorced		time?
	Separated		September 2001 or later
	Never married		August 1990 to August 2001 (including Persian Gulf War)
23.	If this person is female, ASK – How many babies		September 1980 to July 1990
	(have you/has she) ever had, not counting stillbirths? Do not count stepchildren or		May 1975 to August 1980
			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



797913

27a.	(Do you/Does) have a VA service-connected disability rating?  Yes (such as 0%, 10%, 20%,, 100%)  No – SKIP to question 28a	30.	(Show Card J.) How did (you/) usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating?  0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher		Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 38
28a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes? Mark X ONE box.  Yes, worked for pay; did NO subsistence activity – SKIP to question 29  Yes, worked for pay AND did subsistence activity – SKIP to question 29  No, did NOT work for pay at a job or business (or was retired)	van/b	Other method  question 31 if this person answered "Car, truck, or private bus" in question 30. Otherwise, SKIP to question 32.  How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK?  Person(s)
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark ONE box.  Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a  Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.  How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
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?	Other 34a. 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



797914

erson 7-Continued	
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	39. 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
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	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)
43. CURRENT OR MOST RECENT JOB ACTIVITY  Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41. Is this mainly – Mark X ONE box.  Manufacturing?  Wholesale trade?  Retail trade?  Other (agriculture, construction, service government, etc.)?
<ul> <li>(Show Card K.) (Were you/Was) - Mark ✗ ONE box.</li> <li>An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?</li> <li>An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?</li> <li>A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?</li> <li>A federal GOVERNMENT employee?</li> <li>SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</li> <li>SELF-EMPLOYED in own INCORPORATED</li> </ul>	<ul> <li>42. What kind of work (were you/was) doing' (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)</li> <li>43. What were (your/'s) most important activities or duties? (For example: patient care repairing machinery, making watches, typing and</li> </ul>

Form D-2(E)SUPP G



797915

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 <i>i</i> – continued
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
Did (you/) receive any other sources of incon regularly such as Veterans' (VA) payments, unemployment compensation, child support, o alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance sale of a home.
☐ Yes – What was the amount?
Annual amount - Dollars
\$ .00
No
ot ask question 48 if questions 47a-47h are completed. ad, sum these entries and subtract any losses. Enter the ant below. If the total amount was a loss, mark X the "Los ext 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 S5 on form D-2(E)G. 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)G.

Pe	rs	O	n	8

	CISUII O		
6.	Print the name of Person 3 from page 2.  First Name  MI	11a.	Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
	Last Name		
		b.	Where was (your/'s) father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign 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.	e.e. state, commemount, territory, or rereign country.	
		12.	active-duty or retired member of the Armed
8.	NATIONAL of the United States?		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 this Area – SKIP to question 11a  Yes, born in the United States or another U.S. territory or commonwealth		Yes, dependent of an active-duty member of the Armed Forces
	Yes, born elsewhere of U.S. parent or parents Yes, a U.S. citizen by naturalization No, not a U.S. citizen or national (permanent resident)		Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
	No, not a U.S. citizen or national (temporary resident)		□ 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, elementa school, home school, and schooling which lead to a high school diploma or a college degree. "Yes," ASK – Was it public or private?
0.	(Show Card D.) What was (your/'s) MAIN reason for moving to this Area? Mark X ONE box.		<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>
	Employment		
	Military		
	<ul><li>☐ Military</li><li>☐ Subsistence activities</li><li>☐ Missionary activities</li></ul>	b.	What grade or level (were you/was) attending? Mark X ONE box.
	<ul><li>Subsistence activities</li><li>Missionary activities</li><li>Moved with spouse or parent</li></ul>	b.	attending? Mark ☑ ONE box.  □ Pre-kindergarten
	Subsistence activities  Missionary activities  Moved with spouse or parent  To attend school	b.	attending? Mark ✗ ONE box.  □ Pre-kindergarten □ Kindergarten
	<ul><li>Subsistence activities</li><li>Missionary activities</li><li>Moved with spouse or parent</li></ul>	b.	attending? Mark ☒ ONE box.  □ Pre-kindergarten



797918

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		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	<b>51</b>	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. 16a.	AFTER BACHELOR'S DEGREE  Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in this area?  No Yes, in this Area Yes, not in this Area	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
	than English at home?  Yes No – SKIP to question 17a  What is this language?		used or enrolled for VA health care) □ □  g. Local medical programs for indigents □ □  h. Any other type of health insurance or health coverage plan – Specify  □ □
	(For example: Chamorro, Samoan, Carolinian, Tongan)		



797919

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
	L NO		□ 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 age of 18 who live(s) in this house or apartment?
	Yes		
	No		Yes
	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	G.	■ No – SKIP to question 25  How long (have you/has) been responsible
20a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?	O.	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
	(De veriBees ) have endered difficulty well-in-		☐ 1 or 2 years
D.	(Do you/Does) have serious difficulty walking or climbing stairs?		3 or 4 years
	Yes		☐ 5 or more years
	□ No	0.5	(Ohana Oand II) (III and a sand III and Anada a sand II and
		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?  Yes		Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example,
	□ No		for the Persian Gulf War.
			Yes, now on active duty
	question 21 if this person is 15 years old or over. rwise, SKIP to question 50.		Yes, on active duty during the last 12 months, but not now
21.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a		<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
			World War II (December 1941 to December 1946)
			November 1941 or earlier



27a.	(Do you/Does) have a VA service-connected disability rating?  ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No − SKIP to question 28a	30.	(Show Card J.) How did (you/) usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark \( \overline{X} \) the box of the one used for most of the distance.
b.	What is (your/'s) service-connected disability rating?  O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher		Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home – SKIP to question 38
<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		Other method  Juestion 31 if this person answered "Car, truck, or private rus" in question 30. Otherwise, SKIP to question 32.  How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK?  Person(s)
b.	(or was retired)  LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark 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?	Other	uestions 34–37 if this person did NOT work last week. wise, SKIP to question 38.  LAST WEEK, (were you/was) on layoff from a job?  Yes – SKIP to question 34c
b.	What is the name of the city, town, or village?		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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797921

□ No – SKIP to question 37		mark  this box  and print the branch of the Armed Forces.  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	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)
3. CURRENT OR MOST RECENT JOB ACTIVITY  Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41.	Is this mainly - Mark X ONE box.  Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?
<ul> <li>(Show Card K.) (Were you/Was) - Mark</li></ul>	43.	What kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)  What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)
	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  Never worked; or did subsistence only - SKIP to question 47  Rever 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/) 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 A ONE box.  An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?  An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?  A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?  A federal GOVERNMENT employee?  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  Working WITHOUT PAY in family business	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 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  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/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.  (Show Card K.) (Were you/Was) – Mark X ONE box.  An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?  An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?  A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?  A federal GOVERNMENT employee?  SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  Working WITHOUT PAY in family business



797922

44.	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		□ 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	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
			I 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?	t.	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



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 – Dollars
	\$ .00
	□ No
Instea amou	ot ask question 48 if questions 47a-47h are completed.  and, sum these entries and subtract any losses. Enter the  and the total amount was a loss, mark X the "Loss"  ext to the amount.
48.	What was (your/'s) total income during 2009?
	Annual amount – <i>Dollars</i> 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>
	\$ .00 No
50.	Refer to S5 on form D-2(E)G. 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)G.



11a. Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
b. Where was (your/'s) father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
12. (Show Card E.) (Are you/Is) a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? Active duty does NOT include training for the
<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>
Reserve No  13a. At any time since February 1, 2010, (have you/has) attended school or college? Include
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?
<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>
b. What grade or level (were you/was) attending? Mark ONE box.  Pre-kindergarten Kindergarten Grade 1 through 12 – Specify grade 1–12 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)



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 hon more frequently than English?  Yes, more frequently than English
	NO SCHOOLING COMPLETED		<ul><li>□ Both equally often</li><li>□ No, less frequently than English</li></ul>
			Does not speak English
	No schooling completed		Does not speak English
	PRE-KINDERGARTEN THROUGH GRADE 12	17a.	Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?
	<ul><li>□ Pre-kindergarten</li><li>□ Kindergarten</li></ul>		Person is under 1 year old – SKIP to question 18
	Grade 1 through 11 –		Yes, this house – SKIP to question 18
	Specify grade 1–11 —		☐ No, different house
	☐ 12 <sup>th</sup> grade – NO DIPLOMA	h	Where did (you/) live 1 year ago?
	HIGH SCHOOL GRADUATE	D.	
	Regular high school diploma		What is the name of the island, U.S. state, commonwealth, territory, or foreign country
	GED or alternative credential		If outside this Area, print the answer below and SKIP
	COLLEGE OR SOME COLLEGE		question 18.
	Some college credit, but less than 1 year of college		
	credit		
	☐ 1 or more years of college credit, no degree	c.	What is the name of the city, town, or village
	Associate's degree (for example: AA, AS)		
	Bachelor's degree (for example: BA, BS)		
	AFTER BACHELOR'S DEGREE	18.	(Show Card G.) (Are you/Is) CURRENTLY
	☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)		covered by any of the following types of health insurance or health coverage plans?
	Professional degree beyond a bachelor's degree		Mark "Yes" or "No" for EACH type of coverage in items a-h.
	(for example: MD, DDS, DVM, LLB, JD)		Yes No a. Insurance through a current or former
	Doctorate degree (for example: PhD, EdD)		employer or union (of this person or
			another family member)
15.	(Have you/Has) completed the requirements for a vocational training program at a trade		another family member)
5.	for a vocational training program at a trade school, business school, hospital, some other		
15.	for a vocational training program at a trade		<b>b.</b> Insurance purchased directly from an insurance company (by this person or another family member)
15.	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?		<ul> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li> <li>c. Medicare, for people 65 and older, or people with certain disabilities</li> </ul>
15.	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?		<ul> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li></ul>
15.	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		<ul> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li></ul>
15.	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?		<ul> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li></ul>
	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		<ul> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li></ul>
	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?		<ul> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li></ul>
	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		<ul> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li></ul>
6a.	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		b. Insurance purchased directly from an insurance company (by this person or another family member)
<b>6a.</b>	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		<ul> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li></ul>
6a.	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		<ul> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li></ul>
	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		<ul> <li>b. Insurance purchased directly from an insurance company (by this person or another family member)</li></ul>



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 o	questions 20a–20c if this person is 5 years old or		NO - SKII to question 25
	Otherwise, SKIP to question 50.  Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?	C.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	Yes		Less than 6 months
	□ No		☐ 6 to 11 months
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 ✗ 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)
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		<ul> <li>September 1980 to July 1990</li> <li>May 1975 to August 1980</li> <li>Vietnam 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> </ul>
			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 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)		Other method  question 31 if this person answered "Car, truck, or private bus" in question 30. Otherwise, SKIP to question 32.  How many people, including (yourself,), usually rode to work in the car, truck, or private van/bus LAST WEEK?  Person(s)
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark ONE box.  Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a  Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.  How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
	At what location did (you/) work LAST WEEK?  Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.  What is the name of the island, U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?	Other 34a. b.	questions 34–37 if this person did NOT work last week. rwise, SKIP to question 38.  LAST WEEK, (were you/was) on layoff from a job?  Yes – SKIP to question 34c  No  LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 37  No – SKIP to question 35  (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work?  Yes – SKIP to question 36  No
rm D-2(I	E)SUPP G		



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		-	
-	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.
			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,"	ıı	
	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	40.	
	days? Do not include subsistence activity.		Describe the activity at the location when employed. (For example: hospital, fish cannery,
	2010		watchmaker, auto repair shop, bank)
	2009		, , , , , ,
	2008 2005 to 2007		
	2005 to 2007 2000 to 2004 – SKIP to question 47		
	1999 or earlier – <i>SKIP to question 47</i>		
	Never worked; or did subsistence only – <i>SKIP to</i>		
	question 47		
_			
-4	3. CURRENT OR MOST RECENT JOB ACTIVITY	4.4	Is this mainly – Mark X ONE box.
	Describe clearly (your/'s) chief job activity or	41.	■ Manufacturing?
	Describe cicarry (vour) in strength top activity of		
	business last week. If (you/) had more than one job, describe the one at which (you/)		☐ Wholesale trade?
	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		☐ Wholesale trade? ☐ Retail trade?
	business last week. If (you/) had more than one job, describe the one at which (you/)		☐ Wholesale trade?
	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		<ul> <li>□ Wholesale trade?</li> <li>□ Retail trade?</li> <li>□ Other (agriculture, construction, service)</li> </ul>
-	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>Wholesale trade?</li> <li>□ Retail trade?</li> <li>□ Other (agriculture, construction, service government, etc.)?</li> <li>What kind of work (were you/was) doing</li> </ul>
•	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 Z ONE box.	42.	<ul> <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>
	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 ONE box.  An employee of a PRIVATE FOR-PROFIT company or business or of an individual,	42.	<ul> <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</li> </ul>
	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?	42.	<ul> <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>
	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,	42.	<ul> <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>
•	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 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?	42.	<ul> <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>
	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 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	42.	<ul> <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>
	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.)?	42.	<ul> <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>
	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?	42.	<ul> <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>
	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.)?	42.	□ Wholesale trade? □ Retail trade? □ Other (agriculture, construction, service government, etc.)?  What kind of work (were you/was) doing (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)  What were (your/'s) most important
	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		□ Wholesale trade? □ Other (agriculture, construction, service government, etc.)?  What kind of work (were you/was) doing (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)  What were (your/'s) most important activities or duties? (For example: patient carrepairing machinery, making watches, typing and
	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 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?		□ Wholesale trade? □ Retail trade? □ Other (agriculture, construction, service government, etc.)?  What kind of work (were you/was) doing (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)  What were (your/'s) most important activities or duties? (For example: patient call



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



	erson s-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
	LI NO
h.	Did (you/) receive any other sources of incon regularly such as Veterans' (VA) payments, unemployment compensation, child support, a alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance sale of a home.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$ .00
	□ No
Inste 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 "Los next to the dollar amount.
48.	What was (your/'s) total income during 2009
	Annual amount - Dollars Loss
	□ None OR \$ .00 □
49.	During 2009, did (you/) GIVE or SEND money TO relatives or friends living outside of this Area? Do not include charitable contributions or money given to charitable organizations. If exact amount is not known, please give best estimate.
	☐ Yes – What was the amount?
	Annual amount - Dollars
	\$ , .00 □ No
50.	Refer to S5 on form D-2(E)G. 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)G.



#### Person 10

	erson iv		
	Print the name of Person 5 from page 2. First Name MI	11a.	Where was (your/'s) mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
	Last Name		
		b.	Where was (your/'s) father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
	<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.		O.S. State, commonwealth, termory, or loreign country.
		12.	(Show Card E.) (Are you/Is) a dependent of an active-duty or retired member of the Armed
3.	(Show Card C.) (Are you/Is) a CITIZEN or NATIONAL of the United States?		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		military Reserves or National Guard.
	Yes, born in the United States or another U.S. territory or commonwealth		Yes, dependent of an active-duty member of the Armed Forces
	Yes, born elsewhere of U.S. parent or parents		Yes, dependent of retired member of the Armed
	Yes, a U.S. citizen by naturalization		Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Force
	No, not a U.S. citizen or national (permanent resident)		Reserve
	No, not a U.S. citizen or national (temporary resident)		□ No
	once, what is the latest year? Print numbers in boxes. Year		only pre-kindergarten, kindergarten, elementa school, home school, and schooling which lea to a high school diploma or a college degree. "Yes," ASK – Was it public or private?
	(Show Card D.) What was (your/'s) MAIN reason		No, has not attended since February 1 − SKIP to question 14
	for moving to this Area? Mark 🗴 ONE box.		Yes, public school, public college
	<ul><li>Employment</li><li>Military</li></ul>		Yes, private school, private college, home school
	<ul><li>☐ Subsistence activities</li><li>☐ Missionary activities</li></ul>	b.	What grade or level (were you/was) attending? Mark NONE box.
	☐ Moved with spouse or parent		☐ Pre-kindergarten
	☐ To attend school		☐ Kindergarten
	Medical		Grade 1 through 12 –
	Housing		Specify grade 1–12 → College undergraduate years (freshman to senior)
	Other		Graduate or professional school beyond a
			bachelor's degree (for example, MA or PhD program or medical or law school)



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

Form D-2(E)SUPP G



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Ves   No	19a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes	24a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?
b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?    Yes				Yes
b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?    Yes	_			□ No – SKIP to question 25
No   No   No   Skil to question 25   No - Skil to question 25	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
No - SKIP to question 25   Thou the question 150   No - SKIP to question 25   Though decisions?   Yes   No   No   Less than 6 months   6 to 11 months   1 or 2 years   3 or 4 years   3 or 4 years   5 or more years   5				
Ask questions 20a-20c if this person is b years old or over. Otherwise, SKIP to question 50.  20a. Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?  Yes No  b. (Do you/Does) have serious difficulty walking or climbing stailise? Yes No  C. (Do you/Does) have difficulty dressing or bathing? Yes No  C. (Do you/Does) have difficulty dressing or bathing? Yes No  Sak 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, now 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, but not now Yes, on active duty in the past, but not during the last 12 months, on the past, but not during the last 12 months. No, training for Reserves or National Guard only - SKIP to question 28a No, rever served in the military - SKIP to question 28a No, rever served in the military - SKIP to question 28a September 1980 to July 1990 No September 1990 to July 1990 No September 1990 to July 1990 No March 1961 to July 1950 No January 1947 to June 1950 No Humber of children Word and II (December 1941 to December 1946)		□ No		_
20a. Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?    Yes	Ask o	questions 20a–20c if this person is 5 years old or Otherwise, SKIP to question 50.	C.	,
b. (Do you/Does) have serious difficulty walking or climbing stairs?    Yes	20a.	condition, (do you/does) have serious difficulty concentrating, remembering, or	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
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   5 or with years   5 or not year   5		□ No		☐ 6 to 11 months
3 or 4 years   3 or 4 years   5 or more years   5 or with years   5 or not year   5	<b>.</b>			_
Yes   No   So r more years	D.			
C. (Do you/Does) have difficulty dressing or bathing?    Yes				5 or more years
c. (Do you/Does) have difficulty dressing or bathing?    Yes				
c. (Do you/Does) have difficulty dressing or bathing?    Yes		□ No	25.	
No   No   Ske question 21 if this person is 15 years old or over.   Yes, now on active duty   Yes, on active   Yes, on active	c.	bathing?		Reserves, or National Guard? Active duty does not include training for the Reserves or National
Yes, now on active duty				
Ask question 21 if this person is 15 years old or over.  Otherwise, SKIP to question 50.  21. Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a doctor's office or shopping?  Yes No  22. What is (your/'s) marital status?  Now married Widowed Divorced Separated Never married  23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.  None OR Number of children  World War II (December 1941 to December 1946)		□ No		
the last 12 months  the last 12 months  the last 12 months  No, training for Reserves or National Guard only – <i>SKIP to question 27a</i> No, never served in the military – <i>SKIP to question 28a</i> 22. What is (your/'s) marital status?  Now married  Widowed  Divorced  Separated  Never married  1 ft this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.  None OR Number of children  World War II (December 1941 to December 1946)				Yes, on active duty during the last 12 months,
only – SKIP to question 27a  No, never served in the military – SKIP to question 28a  22. What is (your/'s) marital status?  Now married  Widowed  Divorced  Separated  Never married  Never married  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)	21.	condition, (do you/does) have difficulty		the last 12 months
Yes   Question 28a		doctor's office or shopping?		only – SKIP to question 27a
22. What is (your/'s) marital status?  □ Now married □ Widowed □ Divorced □ Separated □ Never married  23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted. □ None OR Number of children □ None OR Number of children □ What is (your/'s) marital status?  26. (Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark ★ a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time? □ September 2001 or later □ August 1990 to August 2001 (including Persian Gulf War) □ September 1980 to July 1990 □ Wietnam era (August 1980 □ Vietnam era (August 1964 to April 1975) □ March 1961 to July 1964 □ February 1955 to February 1961 □ Korean War (July 1950 to January 1955) □ January 1947 to June 1950 □ World War II (December 1941) to December 1946)				
□ Divorced □ Separated □ Never married  23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted. □ None OR Number of children □ None OR Number of children □ World War II (December 1941 to December 1946) □ World War II (December 1941 to December 1946)	22.	What is (your/'s) marital status?  Now married	26.	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
Separated Never married  August 1990 to August 2001 (including Persian Gulf War)  September 1980 to July 1990  May 1975 to August 1980  Wietnam 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)		Divorced		
Never married  23. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.  None OR Number of children  None OR Number of children  World War II (December 1941 to December 1946)		Separated		
(have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.  None OR Number of children  None OR Number of children  Way 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)				Persian Gulf War)
stillbirths? Do not count stepchildren or children (you have/she has) adopted.  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)	23.			
children (you have/she has) adopted.  None OR Number of children  Korean War (July 1964  Korean War (July 1950 to January 1955)  January 1947 to June 1950  World War II (December 1941 to December 1946)				
None OR Number of children  February 1955 to February 1961  Korean War (July 1950 to January 1955)  January 1947 to June 1950  World War II (December 1941 to December 1946)				
Korean War (July 1950 to January 1955)  January 1947 to June 1950  World War II (December 1941 to December 1946)		_		
☐ January 1947 to June 1950 ☐ World War II (December 1941 to December 1946)		None OR Number of children		· ·
World War II (December 1941 to December 1946)				
November 1941 of eather				World War II (December 1941 to December 1946)
				- November 1941 of Gallier



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		<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>28</b> a.	LAST WEEK, did (you/) work for pay at a job (or business)? If "Yes," ASK – Did (you/) do subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes? Mark X ONE box.  Yes, worked for pay; did NO subsistence activity – SKIP to question 29  Yes, worked for pay AND did subsistence activity – SKIP to question 29  No, did NOT work for pay at a job or business		Other method  question 31 if this person answered "Car, truck, or private ous" in question 30. Otherwise, SKIP to question 32.  How many people, including (yourself/), usually rode to work in the car, truck, or private van/bus LAST WEEK?  Person(s)
b	(or was retired)  LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Which of the following categories describes (your/'s) situation LAST WEEK? Mark ONE box.  Worked for pay; did NO subsistence activity Worked for pay AND did subsistence activity Did NOT work for pay; did subsistence activity - SKIP to question 34a  Did NOT work for pay; did NO subsistence activity - SKIP to question 34a	32. 33.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.  How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
29.	At what location did (you/) work LAST WEEK?  Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.	Othei	questions 34–37 if this person did NOT work last week. rwise, SKIP to question 38.  LAST WEEK, (were you/was) on layoff
	What is the name of the island, U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?	b.	from a job?  Yes – SKIP to question 34c No  LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 37 No – SKIP to question 35  (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work?
rm D C	E/GIIDD G		☐ Yes – SKIP to question 36 ☐ No



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35. 36.	been ACTIVELY looking for work?  ☐ Yes ☐ No – SKIP to question 37  LAST WEEK, could (you/) have started a job if	39.	For whom did (you/) work?  If now on active duty in the Armed Forces, mark X this box and print the branch of the Armed Forces.  Name of company, business, or other employer
	offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or 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.)		
<b>37.</b>	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 ACTIVITY	41.	
	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.		<ul> <li>■ Manufacturing?</li> <li>■ Wholesale trade?</li> <li>■ Retail trade?</li> <li>■ Other (agriculture, construction, service, government, etc.)?</li> </ul>
38.	<ul> <li>(Show Card K.) (Were you/Was) - Mark X ONE box.</li> <li>An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?</li> <li>An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?</li> <li>A local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)?</li> <li>A federal GOVERNMENT employee?</li> <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 kind of work (were you/was) doing? (For example: registered nurse, machine repairer, watchmaker, secretary, accountant)  What were (your/'s) most important activities or duties? (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)



44.	LAST YEAR, 2009, did (you/) work at a job or business at any time? Do not include subsistence activity.	47b.	Did (you/) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?
	☐ Yes☐ No – SKIP to question 47		Yes – What was the NET income after business expenses?
45a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.		Annual amount – Dollars Loss
	☐ Yes – SKIP to question 46 ☐ No		□ 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		Assessed Dellana
	48 to 49 weeks		Annual amount - Dollars Loss
	40 to 47 weeks		\$ .00
	27 to 39 weeks		□ No
	14 to 26 weeks		
	13 weeks or less	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 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
	\$ J.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	
	<b>c</b>	
	\$ .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	
Inste 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	
	□ 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	
	<b>e</b>	
	\$ .00	
50.	Refer to S5 on form D-2(E)G. If the number of people is more than 10, go to the next form D-2(E)SUPP G. If not, SKIP to the "Respondent Information" block on page 39 of form D-2(E)G.	
Form D-2	(E)SUPP G	1111 18 811 18 88 811 18

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