

Census 2010 Pacific Islands

Individual Census Report

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

Use a blue or black pen.

Start here

1. What is your name? *Print name below.*

Last Name

First Name

MI

2. Do you live or stay in this facility MOST OF THE TIME?

- Yes – SKIP to question 4
- No

3. What is the address of the place where you live or stay MOST OF THE TIME? *Please complete all that apply.*

Development/Building name or Subdivision/Place name

House number

Apartment number

Street or Road name

Physical description/Location

District/Municipality/Village

ZIP Code

4. What is your telephone number? *We may call you if we don't understand an answer.*

Area Code + Number

5. What is your sex? Mark ONE box.

- Male
- Female

6. What is your age and what is your date of birth? *Please report babies as age 0 when the child is less than 1 year old.*

Age on April 1, 2010

Print numbers in boxes.

Month Day Year of birth

7. What is your ethnic origin or race?

(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)

8. Where were you born? *Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.*

9. Are you a CITIZEN or NATIONAL of the United States?

- Yes, born in this area of current residence (American Samoa, Guam, or Northern Mariana Islands) – SKIP to question 12a
- 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)

OMB No. 0000-0000: Approval Expires 00/00/0000



- 10. When did you come to this area of current residence to stay? If you have entered the area more than once, what is the latest year?**

Print numbers in boxes.

Year

- 11. What was your MAIN reason for moving to this area?** Mark ONE box.

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

- 12a. Where was your mother born?** Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

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

- 13. Are you a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard?** Active duty does NOT include training for the military Reserves or National Guard.

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

- 14a. At any time since February 1, 2010, have you 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.

- No, have not attended since February 1 – SKIP to question 15
 Yes, public school, public college
 Yes, private school, private college, home school

- 14b. What grade or level were you 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)

- 15. What is the highest degree or level of school you have COMPLETED?** Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

PRE-KINDERGARTEN THROUGH GRADE 12

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

HIGH SCHOOL GRADUATE

- Regular high school diploma
 GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
 Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
 Doctorate degree (for example: PhD, EdD)

- 16. Have you 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.

- No
 Yes, in this area
 Yes, not in this area



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21c. Do you have difficulty dressing or bathing?

- Yes
 No

Answer question 22 if you are 15 years old or over. Otherwise, SKIP to question 51.

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

- Yes
 No

23. What is your marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

24. If you are female, how many babies have you ever had, not counting stillbirths? Do not count stepchildren or children you have adopted.

- None OR Number of children

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25a. Do you have any of your own grandchildren under the age of 18 living in this house, apartment, dormitory, or institution?

- Yes
 No – SKIP to question 26

b. Are you currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house, apartment, dormitory, or institution?

- Yes
 No – SKIP to question 26

c. How long have you been responsible for the(se) grandchild(ren)? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.

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

26. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only – SKIP to question 28a
 No, never served in the military – SKIP to question 29a

27. When did you serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which you served, even if just for part of the period.

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

28a. Do you have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, . . . , 100%)
 No – SKIP to question 29a

b. What is your service-connected disability rating?

- 0 percent
 10 or 20 percent
 30 or 40 percent
 50 or 60 percent
 70 percent or higher



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29a. LAST WEEK, did you work for pay at a job (or business)? If "Yes," also indicate whether you did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark ONE box.

- Yes, worked for pay; did NO subsistence activity - SKIP to question 30
Yes, worked for pay AND did subsistence activity - SKIP to question 30
No, did NOT work for pay at a job or business (or was retired)

b. LAST WEEK, did you do ANY work for pay, even for as little as one hour? Mark ONE box.

- Yes, worked for pay; did NO subsistence activity
Yes, worked for pay AND did subsistence activity
No, did NOT work for pay; did subsistence activity - SKIP to question 35a
No, did NOT work for pay; did NO subsistence activity - SKIP to question 35a

30. At what location did you work LAST WEEK? Do not include subsistence activity. If you worked at more than one location, print where you worked most last week.

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

Grid for location name

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

Grid for city name

31. How did you usually get to work LAST WEEK? Do not include transportation to subsistence activity. If you usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.

- Car, truck, or private van/bus
Public van/bus
Boat
Taxicab
Motorcycle
Bicycle
Walked
Worked at home - SKIP to question 39
Other method

Answer question 32 if you marked "Car, truck, or private van/bus" in question 31. Otherwise, SKIP to question 33.

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

Person(s) grid

33. What time did you usually leave this address to go to work LAST WEEK?

Hour Minute a.m./p.m. grid

34. How many minutes did it usually take you to get from this address to work LAST WEEK?

Minutes grid

Answer questions 35-38 if you did NOT work last week. Otherwise, SKIP to question 39.

35a. LAST WEEK, were you on layoff from a job?

- Yes - SKIP to question 35c
No

b. LAST WEEK, were you TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. - SKIP to question 38
No - SKIP to question 36

c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes - SKIP to question 37
No

36. During the LAST 4 WEEKS, have you been ACTIVELY looking for work?

- Yes
No - SKIP to question 38

37. LAST WEEK, could you have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
No, because of own temporary illness
No, because of all other reasons (in school, etc.)



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38. 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 48
- 1999 or earlier – SKIP to question 48
- Never worked; or did subsistence only – SKIP to question 48

39–44. CURRENT OR MOST RECENT JOB ACTIVITY

Describe clearly your 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 last job or business since 2005.

39. Were you – Mark ONE box.

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

40. For whom did you work?

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

Name of company, business, or other employer

41. 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)

42. Is this mainly – Mark ONE box.

- Manufacturing?
- Wholesale trade?
- Retail trade?
- Other (agriculture, construction, service, government, etc.)?

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

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

45. LAST YEAR, 2009, did you work at a job or business at any time? Do not include subsistence activity.

- Yes
- No – SKIP to question 48

46a. During 2009 (all 52 weeks), did you work 50 or more weeks? Count paid time off as work. Do not include subsistence activity.

- Yes – SKIP to question 47
- No



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46b. How many weeks DID you work, even for a few hours, including paid vacation, paid sick leave, and military service? Do not include subsistence activity.

- 50 to 52 weeks
48 to 49 weeks
40 to 47 weeks
27 to 39 weeks
14 to 26 weeks
13 weeks or less

47. During 2009, in the WEEKS WORKED, how many hours did you usually work each WEEK? Do not include subsistence activity.

Usual hours worked each WEEK

Input box for hours worked

48. INCOME IN 2009

Mark [X] the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 48d and 48e). Mark [X] the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark [X] the "Loss" box next to the dollar amount.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Annual amount - Dollars

Yes/No checkboxes and dollar amount input box for wages

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Annual amount - Dollars Loss

Yes/No checkboxes and dollar amount input box for self-employment income

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Annual amount - Dollars Loss

Yes/No checkboxes and dollar amount input box for interest/dividends

48d. Social Security or Railroad Retirement.

Annual amount - Dollars

Yes/No checkboxes and dollar amount input box for Social Security

e. Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).

Annual amount - Dollars

Yes/No checkboxes and dollar amount input box for public assistance

f. Retirement, survivor, or disability pensions. Do NOT include Social Security.

Annual amount - Dollars

Yes/No checkboxes and dollar amount input box for retirement

g. Any remittances. Include money from relatives outside the household or in the military.

Annual amount - Dollars

Yes/No checkboxes and dollar amount input box for remittances

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Annual amount - Dollars

Yes/No checkboxes and dollar amount input box for other income

49. What was your total income during 2009?

Add entries in questions 48a-48h; subtract any losses. If net income was a loss, enter the amount and mark [X] the "Loss" box next to the dollar amount.

Annual amount - Dollars Loss

None OR checkboxes and dollar amount input box for total income

50. 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/No checkboxes and dollar amount input box for giving money



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51. Please check this form to be sure you have answered all the required questions completely.

To return your form, please follow the instructions on the envelope that the form came in.

Thank you for completing this official Census 2010 form.

The Census Bureau estimates that, on average, each respondent will take 24 minutes to complete this form, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any aspect of the burden to: Paperwork Reduction Project 0607-0000, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0000" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.



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