

# Census 2010 Pacific Islands

## Shipboard 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. What is the name of the ship to which you are assigned?**

**3. What is the name of the operator of this ship? If U.S. Government operator, specify Navy, Coast Guard, etc.**

**4. Do you have a house, apartment, or mobile home where you usually stay when off duty?**

Yes

No, I live on this ship – SKIP to question 6

**5. What is the full 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/Island/Municipality/Village

ZIP Code

**6. What is your sex? Mark  ONE box.**

Male

Female

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

FORM D-23 PI



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7. **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

8. **What is your ethnic origin or race?**

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

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

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

- Yes, born in this area of current residence (American Samoa, Northern Mariana Islands, or Guam) – SKIP to question 13a
- 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)

11. **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

12. **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

13a. **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.

14a. **At any time since February 1, 2010, have you attended school or college?** Include only 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

b. **What grade or level were you attending?** Mark  ONE box.

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



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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

17a. Do you speak a language other than English at home?

- Yes
 No - SKIP to question 18a

b. What is this language?

Grid for language name

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

17c. Do you speak this language at home more frequently than English?

- Yes, more frequently than English
 Both equally often
 No, less frequently than English
 Do not speak English

18a. Did you live at the address reported in question 5 one year ago (on April 1, 2009)?

- Yes - SKIP to question 19
 No

b. Where did you live 1 year ago?

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

Grid for location name

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

Grid for city name

19. Are you 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... Yes No
b. Insurance purchased directly from an insurance company... Yes No
c. Medicare, for people 65 and older... Yes No
d. Medicaid or any kind of federal government assistance plan... Yes No
e. TRICARE or other military health care... Yes No
f. VA (including those who have ever used or enrolled for VA health care)... Yes No
g. Local medical programs for indigents... Yes No
h. Any other type of health insurance or health coverage plan - Specify

Grid for health insurance type

Grid for health insurance type



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**20a. Are you deaf or do you have serious difficulty hearing?**

- Yes  
 No

**b. Are you blind or do you have serious difficulty seeing even when wearing glasses?**

- Yes  
 No

**21a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

- Yes  
 No

**b. Do you have serious difficulty walking or climbing stairs?**

- Yes  
 No

**c. Do you have difficulty dressing or bathing?**

- Yes  
 No

**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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**25. 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 27a  
 No, never served in the military – SKIP to question 28a

**26. 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

**27a. Do you have a VA service-connected disability rating?**

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

**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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28a. LAST WEEK, did you work for pay at a job (or business)? Do not include subsistence activity. Mark  the "Yes" box if you worked at all or were in training at your duty station or elsewhere.

- Yes - SKIP to question 29
 No

b. LAST WEEK, did you do ANY work for pay, even for as little as one hour? Do not include subsistence activity.

- Yes
 No - SKIP to question 34

29. 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]

30. 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 35a
 Other method

Answer question 31 if you marked "Car, truck, or private van/bus" in question 30. Otherwise, SKIP to question 32.

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

Person(s)

[Grid for number of people]

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

Hour Minute
 a.m.
 p.m.

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

Minutes
[Grid for minutes]

34. Are you now on active duty in the U.S. Armed Forces?

- Yes, Air Force
 Yes, Army
 Yes, Marine Corps
 Yes, Navy
 Yes, Coast Guard
 No - Describe the kind of business of your employer

[Grid for business description]

[Grid for business description]

[Grid for business description]

35a. What kind of work are you doing? (For example: aircraft engine mechanic, electronic technician, able seaman, sonar technician, tactical intelligence officer)

[Grid for work description]

[Grid for work description]

[Grid for work description]

b. What are your most important activities or duties? (For example: repair seaplanes, research on electronic components, maintain ship's gear, repair sonar equipment, edit intelligence manuals)

[Grid for activities]

[Grid for activities]

[Grid for activities]



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Answer questions 35c and 35d if in the Armed Forces. Otherwise, SKIP to question 36a.

**35c. What is your main job specialty?** If you have more than one specialty, list the one at which you spend the most time.

**(1) Job Title**

**(2) Job Code (AOC/MOS/NOBC/Rating/AFSC/Occ Fld)**

**d. What is your paygrade?** Enter the two-character code. (For example: O-3, W-2, E-4)  
Paygrade

 - 

**36a. LAST YEAR, 2009, did you work at a job or business, or were you on active-duty military service, at any time?** Do not include subsistence activity.

- Yes (worked or on active duty)
- No – SKIP to question 37

**b. 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 36d
- No

**c. 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

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

Usual hours worked each WEEK

**37. INCOME IN 2009**

Mark  the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999. Mark  the "No" box if the income source was not received.

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

**a. Pay and allowances as a member of the U.S. ARMED FORCES including special, incentive, and bonus pay. Also, wages, salaries, commissions, and tips from CIVILIAN JOBS** – Report total amount from all jobs BEFORE DEDUCTIONS for taxes, bonds, dues, or other items.

Annual amount – Dollars

- Yes → \$  ,  .00
- No

**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 → \$  ,  .00
- No

**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 → \$  ,  .00
- No

**d. Any other sources of income received regularly such as Social Security, public assistance or welfare 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 → \$  ,  .00
- No

**38. What was your total income in 2009?** Add entries in questions 37a–37d, subtract any losses. If net income was a loss, mark  the "Loss" box next to the amount.

Annual amount – Dollars Loss

- None OR \$  ,  .00



**39. 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.

Annual amount – Dollars

Yes → \$    ,    .00  
 No

**40. Please check this form to be sure you have answered all the required questions completely. Please return your completed form to your Census unit representative.**

## 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 0607-0806, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to [Paperwork@census.gov](mailto:Paperwork@census.gov); use "Paperwork Project 0607-0806" 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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**A. GQ ID**

**B. LCO**

**C. County**

**D. Block**

**E. AA**

**F. Map Spot**

**G. PN**

**H. Add**

**I. GQ Type**

**J. JIC**



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