

2020 Census of American Samoa

Census Office

County

FOR NPC
USE ONLY

BCU

Map Spot

Within Map Spot ID

← APPLY LABEL HERE →

Are there any continuation questionnaires for this address?

Yes → Number of continuation questionnaires =

No

Address Number (For example: 5007)

Apt/Unit (For example: Apt A or Lot 3)

Street or Road Name (For example: N Maple Ave)

Physical Description (if applicable)

Village/Municipality/Estate

ZIP Code

Start here

Use a blue or black pen.

S1. Did you or anyone in this household live or stay here on April 1, 2020?

Yes

No → Skip to S3.

S2. Does someone usually live at this [house/apartment/mobile home], or is this a vacation or seasonal home where no one usually lives?

Usually lives here – Skip to question 1.

Vacation or seasonal home or held for occasional use – Skip to page 7.

S3. On April 1, 2020, was this unit

Occupied by a different household? – Using a knowledgeable respondent, complete this questionnaire for the people occupying the household on April 1, 2020.

Vacant? – Skip to page 7.

Not a housing unit – Skip to “Respondent Information” on page 44.

1. We need to count people where they live and sleep most of the time. Please read the WHO TO COUNT section on the Flashcard. Based on these instructions, how many people were living or staying in this [house/apartment/mobile home] on April 1, 2020?

Number of people =

2. Were there any additional people staying here on April 1, 2020 that you did not include in the count in the previous question? For example:

Mark all that apply. Include any additional people on the person pages.

Children, related or unrelated, such as newborn babies, grandchildren, or foster children

Relatives, such as adult children, cousins, or in-laws

Nonrelatives, such as roommates or live-in babysitters

People staying here temporarily

No additional people

11820016

Person 1

3. Now I am going to ask you questions about each person staying here. If there is someone staying here who pays the rent or owns this residence, I would like to start by listing him or her as Person 1. If the owner or the person who pays the rent is not staying here, I can start by listing any adult staying here as Person 1.

What is Person 1's name?

Print name below and verify the spelling.

Last Name(s)

First Name

MI

4. Is Person 1 male or female? Mark ONE box.

Male Female

5. What is Person 1's age on April 1, 2020? What is Person 1's date of birth? If you don't know the exact age, please estimate. *For babies less than 1 year old, do not report the age in months. Report 0 as the age.*

Age on April 1, 2020

Print numbers in boxes.

Month

Day

Year of birth

years

→ **NOTE: Please answer BOTH the question about Hispanic origin and the question about race. For this census, Hispanic origin is not a race.**

6. Please read the HISPANIC ORIGIN section on the Flashcard. Is Person 1 of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↴

7. Please read the RACE section on the Flashcard. What is Person 1's race? You may choose one or more races.

Mark one or more boxes AND print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴

- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴

- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

- | | | |
|---|--|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian – <i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↴ | <input type="checkbox"/> Other Pacific Islander – <i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↴ | |

- Some other race – *Print race or origin.* ↴

→ *If more people were counted in question 1 on the front page, continue with Person 2 on the next page. Otherwise, skip to page 7.*

1. What is the name of Person 2 ?

Print name below and verify the spelling.

Last Name(s)

First Name

MI

2. Does this person usually live or stay somewhere else? For example –

Mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> With a parent or other relative | <input type="checkbox"/> In a jail or prison |
| <input type="checkbox"/> For college | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> For a military assignment | <input type="checkbox"/> For another reason |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> No |
| <input type="checkbox"/> In a nursing home | |

3. Please read the RELATIONSHIP section on the Flashcard. How is this person related to Person 1? Mark ONE box.

- Opposite-sex husband/wife/spouse
- Opposite-sex unmarried partner
- Same-sex husband/wife/spouse
- Same-sex unmarried partner
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Foster child
- Other nonrelative

4. Is this person male or female? Mark ONE box.

- Male Female

5. What is this person's age on April 1, 2020? What is this person's date of birth? If you don't know the exact age, please estimate. For babies less than 1 year old, do not report the age in months. Report 0 as the age.

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

→ **NOTE: Please answer BOTH the question about Hispanic origin and the question about race. For this census, Hispanic origin is not a race.**

6. Please read the HISPANIC ORIGIN section on the Flashcard. Is this person of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ↴

7. Please read the RACE section on the Flashcard. What is this person's race? You may choose one or more races.

Mark one or more boxes AND print origins.

- White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ↴

- Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ↴

- American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. ↴

- | | | |
|--|---|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴ | <input type="checkbox"/> Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴ | |

- Some other race – Print race or origin. ↴

→ If more people were counted in question 1 on the front page, continue with Person 3 on the next page. Otherwise, skip to page 7.

1. What is the name of Person 3 ?

Print name below and verify the spelling.

Last Name(s)

First Name

MI

2. Does this person usually live or stay somewhere else? For example –

Mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> With a parent or other relative | <input type="checkbox"/> In a jail or prison |
| <input type="checkbox"/> For college | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> For a military assignment | <input type="checkbox"/> For another reason |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> No |
| <input type="checkbox"/> In a nursing home | |

3. Please read the RELATIONSHIP section on the Flashcard. How is this person related to Person 1? Mark ONE box.

- Opposite-sex husband/wife/spouse
- Opposite-sex unmarried partner
- Same-sex husband/wife/spouse
- Same-sex unmarried partner
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Foster child
- Other nonrelative

4. Is this person male or female? Mark ONE box.

- Male Female

5. What is this person's age on April 1, 2020? What is this person's date of birth? If you don't know the exact age, please estimate. For babies less than 1 year old, do not report the age in months. Report 0 as the age.

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

 years

→ **NOTE: Please answer BOTH the question about Hispanic origin and the question about race. For this census, Hispanic origin is not a race.**

6. Please read the HISPANIC ORIGIN section on the Flashcard. Is this person of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

7. Please read the RACE section on the Flashcard. What is this person's race? You may choose one or more races.

Mark one or more boxes AND print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*

- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*

- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- | | | |
|---|--|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian – <i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> | <input type="checkbox"/> Other Pacific Islander – <i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> | |

- Some other race – *Print race or origin.*

→ *If more people were counted in question 1 on the front page, continue with Person 4 on the next page. Otherwise, skip to page 7.*

1. What is the name of Person 4 ?

Print name below and verify the spelling.

Last Name(s)

First Name

MI

2. Does this person usually live or stay somewhere else? For example –

Mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> With a parent or other relative | <input type="checkbox"/> In a jail or prison |
| <input type="checkbox"/> For college | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> For a military assignment | <input type="checkbox"/> For another reason |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> No |
| <input type="checkbox"/> In a nursing home | |

3. Please read the RELATIONSHIP section on the Flashcard. How is this person related to Person 1? Mark ONE box.

- Opposite-sex husband/wife/spouse
- Opposite-sex unmarried partner
- Same-sex husband/wife/spouse
- Same-sex unmarried partner
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Foster child
- Other nonrelative

4. Is this person male or female? Mark ONE box.

- Male Female

5. What is this person's age on April 1, 2020? What is this person's date of birth? If you don't know the exact age, please estimate. For babies less than 1 year old, do not report the age in months. Report 0 as the age.

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

→ **NOTE:** Please answer **BOTH** the question about Hispanic origin and the question about race. For this census, Hispanic origin is not a race.

6. Please read the HISPANIC ORIGIN section on the Flashcard. Is this person of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ↴

7. Please read the RACE section on the Flashcard. What is this person's race? You may choose one or more races.

Mark one or more boxes AND print origins.

- White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ↴

- Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ↴

- American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. ↴

- | | | |
|--|---|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴ | <input type="checkbox"/> Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴ | |

- Some other race – Print race or origin. ↴

→ If more people were counted in question 1 on the front page, continue with Person 5 on the next page. Otherwise, skip to page 7.

1. What is the name of Person 5 ?

Print name below and verify the spelling.

Last Name(s)

First Name

MI

2. Does this person usually live or stay somewhere else? For example –

Mark all that apply.

- | | |
|--|--|
| <input type="checkbox"/> With a parent or other relative | <input type="checkbox"/> In a jail or prison |
| <input type="checkbox"/> For college | <input type="checkbox"/> At a seasonal or second residence |
| <input type="checkbox"/> For a military assignment | <input type="checkbox"/> For another reason |
| <input type="checkbox"/> For a job or business | <input type="checkbox"/> No |
| <input type="checkbox"/> In a nursing home | |

3. Please read the RELATIONSHIP section on the Flashcard. How is this person related to Person 1? Mark ONE box.

- Opposite-sex husband/wife/spouse
- Opposite-sex unmarried partner
- Same-sex husband/wife/spouse
- Same-sex unmarried partner
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roommate or housemate
- Foster child
- Other nonrelative

4. Is this person male or female? Mark ONE box.

- Male Female

5. What is this person's age on April 1, 2020? What is this person's date of birth? If you don't know the exact age, please estimate. For babies less than 1 year old, do not report the age in months. Report 0 as the age.

Age on April 1, 2020 *Print numbers in boxes.* Month Day Year of birth

years

→ **NOTE: Please answer BOTH the question about Hispanic origin and the question about race. For this census, Hispanic origin is not a race.**

6. Please read the HISPANIC ORIGIN section on the Flashcard. Is this person of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↴

7. Please read the RACE section on the Flashcard. What is this person's race? You may choose one or more races.

Mark one or more boxes AND print origins.

- White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.* ↴

- Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* ↴

- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↴

- | | | |
|---|--|--|
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Chamorro |
| <input type="checkbox"/> Other Asian – <i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↴ | <input type="checkbox"/> Other Pacific Islander – <i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↴ | |

- Some other race – *Print race or origin.* ↴

→ *If more people were counted in question 1 on the front page of the D-Q-AS, continue with the next person on an additional continuation questionnaire (D-CQ-AS) and update the number of continuation questionnaires on page 1 of the D-Q-AS.*

Housing

Please answer the following questions about this house, apartment, or mobile home.

1. Please read the BUILDING TYPE section on the Flashcard. Which best describes this building?

Include all apartments, flats, etc., even if vacant.

- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- Two houses (*American Samoa only*)
- Three or more houses (*American Samoa only*)
- A building with 2 apartments
- A building with 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 to 49 apartments
- A building with 50 or more apartments
- Boat, RV, van, etc.

2. About when was this building first built?

2000 or later – *Specify year* ↗

- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

3. When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?

Month Year

A Ask questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.

4. How many acres is this house or mobile home on?

- Less than 1 acre → *SKIP to question 6a*
- 1 to 9.9 acres
- 10 or more acres

5. What were the actual sales of all agricultural products from this property in 2019?

- None
- \$1 to \$999
- \$1,000 to \$2,499
- \$2,500 to \$4,999
- \$5,000 to \$9,999
- \$10,000 or more

6. a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.

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

Number of rooms

b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. *If this is an efficiency/studio apartment, print "0".*

Number of bedrooms

7. Does this house, apartment, or mobile home have –

- | | Yes | No |
|--------------------------|--------------------------|--------------------------|
| a. Running water? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A bathtub or shower? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. A flush toilet? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. A sink with a faucet? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. A stove or range? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. A refrigerator? | <input type="checkbox"/> | <input type="checkbox"/> |

8. Can you or any member of this household both make and receive phone calls when at this house, apartment, or mobile home? Include calls using cell phones, land lines, or other phone devices.

- Yes
- No

Person 1

Please copy the name of Person 1 from page 2, then continue answering questions below.

Last Name(s)

First Name

MI

8. Please read the CITIZEN or NATIONAL section on the Flashcard.
Is this person a citizen or national of the United States?

- Yes, born in American Samoa → SKIP to question 11a
- Yes, born in another U.S. state or U.S. territory
- Yes, born abroad of U.S. citizen or U.S. national parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization. ↘

- No, not a U.S. citizen or U.S. national (permanent resident)
- No, not a U.S. citizen or U.S. national (temporary resident)

9. Where was this person born?
Print name of U.S. state, U.S. territory, or foreign country.

10. When did this person come to live in American Samoa?
If this person came to live in American Samoa more than once, print latest year.

Year

11. a. At any time since February 1, 2020 has this person attended school or college? Include only nursery or preschool, pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- Yes
- No → SKIP to question 12

b. Was that a public school or college, a private school or college, or home school?

- Public school or public college
- Private school or private college or home school

c. What grade or level was this person attending?
Mark ONE box.

- Nursery school, preschool, or 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)

12. Please read the HIGHEST DEGREE or LEVEL OF SCHOOL section on the Flashcard.
What is the highest degree or level of school this person has COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool or 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)

F Ask question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.

13. This question focuses on this person's BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES this person has received? (For example: chemical engineering, elementary teacher education, organizational psychology.)

14. Has this person completed requirements for a vocational training program at a trade school, hospital, or some other kind of school for occupational training or place of work?
Do not include academic college courses.

- Yes
- No

Person 1 (continued)

15. What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

16. a. Where was this person's mother born?

- American Samoa
- Outside American Samoa – *Print name of U.S. state, U.S. territory, or foreign country below.* ↴

b. Where was this person's father born?

- American Samoa
- Outside American Samoa – *Print name of U.S. state, U.S. territory, or foreign country below.* ↴

17. a. Does this person speak a language other than English at home?

- Yes
- No → *SKIP to question 18*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

18. Did this person live in this house or apartment 5 years ago (on April 1, 2015)?

- Person is under 5 years old → *SKIP to question 20*
- Yes, this house → *SKIP to question 20*
- No, different house in American Samoa
- No, outside American Samoa – *Print name of U.S. state, U.S. territory, or foreign country below.* ↴

19. What was this person's main reason for moving?

Mark ONE box.

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Family-related |
| <input type="checkbox"/> Military | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other reason |
| <input type="checkbox"/> To attend school | |

20. Please read the HEALTH INSURANCE section on the Flashcard.

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Mark "Yes" or "No" for EACH type of coverage in items a – h.

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

21. a. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
- No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
- No

Person 1 (continued)

G Ask questions 22a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 17.

22. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
- No

c. Does this person have difficulty dressing or bathing?

- Yes
- No

H Ask question 23 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 17.

23. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

24. What is this person's marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married → SKIP to I

25. In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

26. How many times has this person been married?

- Once
- Two times
- Three or more times

27. In what year did this person last get married?

Year

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I Ask question 28 if this person is female and 15 years old or over. Otherwise, SKIP to question 29a.

28. How many babies has this person ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.

- None or

--	--

 Number of children

29. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
- No → SKIP to question 30

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
- No → SKIP to question 30

c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

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

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Person 1 (continued)

30. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Mark ONE box.

- Never served in the military → SKIP to question 33a
- Only on active duty for training in the Reserves or National Guard → SKIP to question 32a
- Now on active duty
- On active duty in the past, but not now

31. Please read the PERIOD OF SERVICE section on the Flashcard.

When did this person 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.

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

32. a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ..., 100%)
- No → SKIP to question 33a

b. What is this person's service-connected disability rating?

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

33. a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 34
- No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
- No → SKIP to question 39a

34. At what location did this person work LAST WEEK?

- American Samoa – Print name of village below. ↴

- Outside American Samoa – Print the name of U.S. state, U.S. territory, or foreign country below. ↴

35. Please read the TRANSPORTATION TO WORK section on the Flashcard.

How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Plane or seaplane
- Boat, ferry, or water taxi
- Worked from home → SKIP to question 43a
- Other method

J Ask question 36 if you marked "Car, truck, or private van/bus" in question 35. Otherwise, SKIP to question 37.

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

Person(s)

37. LAST WEEK, what time did this person's trip to work usually begin?

Hour Minute a.m.
 : p.m.

38. How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

Person 2

Please copy the name of Person 2 from page 3, then continue answering questions below.

Last Name(s)

First Name

MI

8. Please read the CITIZEN or NATIONAL section on the Flashcard.
Is this person a citizen or national of the United States?

- Yes, born in American Samoa → SKIP to question 11a
- Yes, born in another U.S. state or U.S. territory
- Yes, born abroad of U.S. citizen or U.S. national parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization. ↘

- No, not a U.S. citizen or U.S. national (permanent resident)
- No, not a U.S. citizen or U.S. national (temporary resident)

9. Where was this person born?
Print name of U.S. state, U.S. territory, or foreign country.

10. When did this person come to live in American Samoa?
If this person came to live in American Samoa more than once, print latest year.

Year

11. a. At any time since February 1, 2020 has this person attended school or college? Include only nursery or preschool, pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- Yes
- No → SKIP to question 12

b. Was that a public school or college, a private school or college, or home school?

- Public school or public college
- Private school or private college or home school

c. What grade or level was this person attending?
Mark ONE box.

- Nursery school, preschool, or 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)

12. Please read the HIGHEST DEGREE or LEVEL OF SCHOOL section on the Flashcard.
What is the highest degree or level of school this person has COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool or 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)

F Ask question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.

13. This question focuses on this person's BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES this person has received? (For example: chemical engineering, elementary teacher education, organizational psychology.)

14. Has this person completed requirements for a vocational training program at a trade school, hospital, or some other kind of school for occupational training or place of work?
Do not include academic college courses.

- Yes
- No

Person 2 (continued)

15. What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

16. a. Where was this person's mother born?

- American Samoa
- Outside American Samoa – *Print name of U.S. state, U.S. territory, or foreign country below.* ↴

b. Where was this person's father born?

- American Samoa
- Outside American Samoa – *Print name of U.S. state, U.S. territory, or foreign country below.* ↴

17. a. Does this person speak a language other than English at home?

- Yes
- No → *SKIP to question 18*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

18. Did this person live in this house or apartment 5 years ago (on April 1, 2015)?

- Person is under 5 years old → *SKIP to question 20*
- Yes, this house → *SKIP to question 20*
- No, different house in American Samoa
- No, outside American Samoa – *Print name of U.S. state, U.S. territory, or foreign country below.* ↴

19. What was this person's main reason for moving?

Mark ONE box.

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Family-related |
| <input type="checkbox"/> Military | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other reason |
| <input type="checkbox"/> To attend school | |

20. Please read the HEALTH INSURANCE section on the Flashcard.

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Mark "Yes" or "No" for EACH type of coverage in items a – h.

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

21. a. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
- No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
- No

Person 2 (continued)

G Ask questions 22a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 3 on page 23.

22. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

c. Does this person have difficulty dressing or bathing?

- Yes
 No

H Ask question 23 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 3 on page 23.

23. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

24. What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to I

25. In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

26. How many times has this person been married?

- Once
 Two times
 Three or more times

27. In what year did this person last get married?

Year

I Ask question 28 if this person is female and 15 years old or over. Otherwise, SKIP to question 29a.

28. How many babies has this person ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.

- None or Number of children

29. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 30

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 30

c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

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

Person 2 (continued)

30. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Mark ONE box.

- Never served in the military → SKIP to question 33a
- Only on active duty for training in the Reserves or National Guard → SKIP to question 32a
- Now on active duty
- On active duty in the past, but not now

31. Please read the PERIOD OF SERVICE section on the Flashcard.

When did this person 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.

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

32. a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ..., 100%)
- No → SKIP to question 33a

b. What is this person's service-connected disability rating?

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

33. a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 34
- No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
- No → SKIP to question 39a

34. At what location did this person work LAST WEEK?

- American Samoa – Print name of village below. ↴

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- Outside American Samoa – Print the name of U.S. state, U.S. territory, or foreign country below. ↴

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

35. Please read the TRANSPORTATION TO WORK section on the Flashcard.

How did this person usually get to work LAST WEEK? Mark ONE box for the method of transportation used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Plane or seaplane
- Boat, ferry, or water taxi
- Worked from home → SKIP to question 43a
- Other method

J Ask question 36 if you marked "Car, truck, or private van/bus" in question 35. Otherwise, SKIP to question 37.

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

Person(s)

--	--

37. LAST WEEK, what time did this person's trip to work usually begin?

Hour Minute a.m.
 p.m.

		:			<input type="checkbox"/>	a.m.
		:			<input type="checkbox"/>	p.m.

38. How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

--	--	--

Person 2 (continued)

K Ask questions 39 – 42a if this person did NOT work last week. Otherwise, SKIP to question 42b.

39. a. LAST WEEK, was this person on layoff from a job?

- Yes → SKIP to question 39c
 No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 42a
 No → SKIP to question 40

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 41
 No

40. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

- Yes
 No → SKIP to question 42a

41. LAST WEEK, could this person 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.)

42. a. When did this person last work, even for a few days?

- 2020
 2019 → SKIP to question 43a
 2015 to 2018 → SKIP to L
 2014 or earlier, or never worked → SKIP to question 46

b. LAST YEAR, 2019, did this person work at a job or business at any time?

- Yes
 No → SKIP to L

43. a. During 2019 (all 52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.

- Yes → SKIP to question 44
 No

b. During 2019 (all 52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

44. During 2019, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

L Ask questions 45a – f if this person worked in the past 5 years (since 2015). Otherwise, SKIP to question 46.

45. DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years (since 2015).

a. Please read the TYPE OF WORKER section on the Flashcard.

Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years (since 2015)? Mark ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit company or organization
 Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local or territorial government (for example: public elementary school)
 Active duty U.S. Armed Forces or Commissioned Corps
 Federal government civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business, professional practice, or farm
 Owner of incorporated business, professional practice, or farm
 Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

Person 2 (continued)

d. Was this mainly – Mark ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

46. INCOME IN 2019

The next series of questions is about income received during 2019. If the exact amount is not known, please give your best estimate. If net income was a loss, please give the dollar amount of the loss. For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person. Mark the "No" box for the other person.

a. Did this person receive any wages, salary, commissions, bonuses, or tips in 2019?

Yes → What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?

TOTAL AMOUNT – Dollars

\$.00

No

b. Did this person have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in 2019?

Yes → What was the net income after business expenses?

TOTAL AMOUNT – Dollars

\$.00

No

Loss

c. Did this person receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2019? Report even small amounts credited to an account.

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$.00

No

Loss

d. Did this person receive any Social Security or Railroad Retirement benefits in 2019?

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$.00

No

e. Did this person receive any Supplemental Security Income (SSI) payments in 2019?

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$.00

No

f. Did this person receive any public assistance or public welfare payments from the state or local welfare office in 2019?

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$.00

No

g. Did this person receive any retirement income, pensions, survivor or disability income in 2019? Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$.00

No

h. Did this person receive income on a regular basis from any other sources such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support or alimony in 2019?

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$.00

No

47. What was this person's total income for 2019?

OR \$.00

None

TOTAL AMOUNT for 2019

Loss

→ Continue with the questions for Person 3 on the next page. If no one is listed as Person 3 on page 4, SKIP to page 44 for further instructions.

Person 3

Please copy the name of Person 3 from page 4, then continue answering questions below.

Last Name(s)

First Name

MI

8. Please read the CITIZEN or NATIONAL section on the Flashcard.
Is this person a citizen or national of the United States?

- Yes, born in American Samoa → SKIP to question 11a
- Yes, born in another U.S. state or U.S. territory
- Yes, born abroad of U.S. citizen or U.S. national parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization. ↘

- No, not a U.S. citizen or U.S. national (permanent resident)
- No, not a U.S. citizen or U.S. national (temporary resident)

9. Where was this person born?
Print name of U.S. state, U.S. territory, or foreign country.

10. When did this person come to live in American Samoa?
If this person came to live in American Samoa more than once, print latest year.

Year

11. a. At any time since February 1, 2020 has this person attended school or college? Include only nursery or preschool, pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- Yes
- No → SKIP to question 12

b. Was that a public school or college, a private school or college, or home school?

- Public school or public college
- Private school or private college or home school

c. What grade or level was this person attending?
Mark ONE box.

- Nursery school, preschool, or 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)

12. Please read the HIGHEST DEGREE or LEVEL OF SCHOOL section on the Flashcard.
What is the highest degree or level of school this person has COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool or 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)

F Ask question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.

13. This question focuses on this person's BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES this person has received? (For example: chemical engineering, elementary teacher education, organizational psychology.)

14. Has this person completed requirements for a vocational training program at a trade school, hospital, or some other kind of school for occupational training or place of work?
Do not include academic college courses.

- Yes
- No

Person 3 (continued)

15. What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

16. a. Where was this person's mother born?

- American Samoa
- Outside American Samoa – Print name of U.S. state, U.S. territory, or foreign country below. ↴

b. Where was this person's father born?

- American Samoa
- Outside American Samoa – Print name of U.S. state, U.S. territory, or foreign country below. ↴

17. a. Does this person speak a language other than English at home?

- Yes
- No → SKIP to question 18

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

18. Did this person live in this house or apartment 5 years ago (on April 1, 2015)?

- Person is under 5 years old → SKIP to question 20
- Yes, this house → SKIP to question 20
- No, different house in American Samoa
- No, outside American Samoa – Print name of U.S. state, U.S. territory, or foreign country below. ↴

19. What was this person's main reason for moving?

Mark ONE box.

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Family-related |
| <input type="checkbox"/> Military | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other reason |
| <input type="checkbox"/> To attend school | |

20. Please read the HEALTH INSURANCE section on the Flashcard.

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Mark "Yes" or "No" for EACH type of coverage in items a – h.

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

21. a. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
- No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
- No

Person 3 (continued)

G Ask questions 22a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 4 on page 29.

22. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

c. Does this person have difficulty dressing or bathing?

- Yes
 No

H Ask question 23 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 4 on page 29.

23. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

24. What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to I

25. In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

26. How many times has this person been married?

- Once
 Two times
 Three or more times

27. In what year did this person last get married?

Year

I Ask question 28 if this person is female and 15 years old or over. Otherwise, SKIP to question 29a.

28. How many babies has this person ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.

- None or Number of children

29. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 30

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 30

c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

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

Person 4

Please copy the name of Person 4 from page 5, then continue answering questions below.

Last Name(s)

First Name

MI

8. Please read the CITIZEN or NATIONAL section on the Flashcard.
Is this person a citizen or national of the United States?

- Yes, born in American Samoa → SKIP to question 11a
- Yes, born in another U.S. state or U.S. territory
- Yes, born abroad of U.S. citizen or U.S. national parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization. ↘

- No, not a U.S. citizen or U.S. national (permanent resident)
- No, not a U.S. citizen or U.S. national (temporary resident)

9. Where was this person born?
Print name of U.S. state, U.S. territory, or foreign country.

10. When did this person come to live in American Samoa?
If this person came to live in American Samoa more than once, print latest year.

Year

11. a. At any time since February 1, 2020 has this person attended school or college? Include only nursery or preschool, pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- Yes
- No → SKIP to question 12

b. Was that a public school or college, a private school or college, or home school?

- Public school or public college
- Private school or private college or home school

c. What grade or level was this person attending?
Mark ONE box.

- Nursery school, preschool, or 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)

12. Please read the HIGHEST DEGREE or LEVEL OF SCHOOL section on the Flashcard.
What is the highest degree or level of school this person has COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool or 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)

F Ask question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.

13. This question focuses on this person's BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES this person has received? (For example: chemical engineering, elementary teacher education, organizational psychology.)

14. Has this person completed requirements for a vocational training program at a trade school, hospital, or some other kind of school for occupational training or place of work?
Do not include academic college courses.

- Yes
- No

Person 4 (continued)

15. What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

16. a. Where was this person's mother born?

- American Samoa
- Outside American Samoa – Print name of U.S. state, U.S. territory, or foreign country below. ↴

b. Where was this person's father born?

- American Samoa
- Outside American Samoa – Print name of U.S. state, U.S. territory, or foreign country below. ↴

17. a. Does this person speak a language other than English at home?

- Yes
- No → SKIP to question 18

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

18. Did this person live in this house or apartment 5 years ago (on April 1, 2015)?

- Person is under 5 years old → SKIP to question 20
- Yes, this house → SKIP to question 20
- No, different house in American Samoa
- No, outside American Samoa – Print name of U.S. state, U.S. territory, or foreign country below. ↴

19. What was this person's main reason for moving?

Mark ONE box.

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Family-related |
| <input type="checkbox"/> Military | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other reason |
| <input type="checkbox"/> To attend school | |

20. Please read the HEALTH INSURANCE section on the Flashcard.

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Mark "Yes" or "No" for EACH type of coverage in items a – h.

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

21. a. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
- No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
- No

Person 4 (continued)

G Ask questions 22a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 5 on page 35.

22. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
 No

c. Does this person have difficulty dressing or bathing?

- Yes
 No

H Ask question 23 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 5 on page 35.

23. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
 No

24. What is this person's marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married → SKIP to I

25. In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

26. How many times has this person been married?

- Once
 Two times
 Three or more times

27. In what year did this person last get married?

Year

I Ask question 28 if this person is female and 15 years old or over. Otherwise, SKIP to question 29a.

28. How many babies has this person ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.

- None or Number of children

29. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No → SKIP to question 30

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
 No → SKIP to question 30

c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

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

Person 4 (continued)

30. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Mark ONE box.

- Never served in the military → SKIP to question 33a
- Only on active duty for training in the Reserves or National Guard → SKIP to question 32a
- Now on active duty
- On active duty in the past, but not now

31. Please read the PERIOD OF SERVICE section on the Flashcard.

When did this person 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.

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

32. a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ..., 100%)
- No → SKIP to question 33a

b. What is this person's service-connected disability rating?

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

33. a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 34
- No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
- No → SKIP to question 39a

34. At what location did this person work LAST WEEK?

- American Samoa – Print name of village below. ↴

- Outside American Samoa – Print the name of U.S. state, U.S. territory, or foreign country below. ↴

35. Please read the TRANSPORTATION TO WORK section on the Flashcard.

How did this person usually get to work LAST WEEK?

Mark ONE box for the method of transportation used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Plane or seaplane
- Boat, ferry, or water taxi
- Worked from home → SKIP to question 43a
- Other method

J

Ask question 36 if you marked "Car, truck, or private van/bus" in question 35. Otherwise, SKIP to question 37.

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

Person(s)

37. LAST WEEK, what time did this person's trip to work usually begin?

Hour

Minute

- a.m.
- p.m.

38. How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

Person 5

Please copy the name of Person 5 from page 6, then continue answering questions below.

Last Name(s)

First Name

MI

8. Please read the CITIZEN or NATIONAL section on the Flashcard.
Is this person a citizen or national of the United States?

- Yes, born in American Samoa → SKIP to question 11a
- Yes, born in another U.S. state or U.S. territory
- Yes, born abroad of U.S. citizen or U.S. national parent or parents
- Yes, U.S. citizen by naturalization – Print year of naturalization. ↘

- No, not a U.S. citizen or U.S. national (permanent resident)
- No, not a U.S. citizen or U.S. national (temporary resident)

9. Where was this person born?
Print name of U.S. state, U.S. territory, or foreign country.

10. When did this person come to live in American Samoa?
If this person came to live in American Samoa more than once, print latest year.

Year

11. a. At any time since February 1, 2020 has this person attended school or college? Include only nursery or preschool, pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- Yes
- No → SKIP to question 12

b. Was that a public school or college, a private school or college, or home school?

- Public school or public college
- Private school or private college or home school

c. What grade or level was this person attending?
Mark ONE box.

- Nursery school, preschool, or 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)

12. Please read the HIGHEST DEGREE or LEVEL OF SCHOOL section on the Flashcard.
What is the highest degree or level of school this person has COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool or 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)

F Ask question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.

13. This question focuses on this person's BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES this person has received? (For example: chemical engineering, elementary teacher education, organizational psychology.)

14. Has this person completed requirements for a vocational training program at a trade school, hospital, or some other kind of school for occupational training or place of work?
Do not include academic college courses.

- Yes
- No

Person 5 (continued)

15. What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

16. a. Where was this person's mother born?

- American Samoa
- Outside American Samoa – *Print name of U.S. state, U.S. territory, or foreign country below.* ↴

b. Where was this person's father born?

- American Samoa
- Outside American Samoa – *Print name of U.S. state, U.S. territory, or foreign country below.* ↴

17. a. Does this person speak a language other than English at home?

- Yes
- No → *SKIP to question 18*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

18. Did this person live in this house or apartment 5 years ago (on April 1, 2015)?

- Person is under 5 years old → *SKIP to question 20*
- Yes, this house → *SKIP to question 20*
- No, different house in American Samoa
- No, outside American Samoa – *Print name of U.S. state, U.S. territory, or foreign country below.* ↴

19. What was this person's main reason for moving?

Mark ONE box.

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Family-related |
| <input type="checkbox"/> Military | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other reason |
| <input type="checkbox"/> To attend school | |

20. Please read the HEALTH INSURANCE section on the Flashcard.

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Mark "Yes" or "No" for EACH type of coverage in items a – h.

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

21. a. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
- No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
- No

Person 5 (continued)

G Ask questions 22a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for the next person on page 7 of the D-CQ-AS. If this is the last person, SKIP to page 44.

22. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
- No

c. Does this person have difficulty dressing or bathing?

- Yes
- No

H Ask question 23 if this person is 15 years old or over. Otherwise, SKIP to the questions for the next person on page 7 of the D-CQ-AS. If this is the last person, SKIP to page 44.

23. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

24. What is this person's marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married → SKIP to I

25. In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

26. How many times has this person been married?

- Once
- Two times
- Three or more times

27. In what year did this person last get married?

Year

I Ask question 28 if this person is female and 15 years old or over. Otherwise, SKIP to question 29a.

28. How many babies has this person ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.

- None or Number of children

29. a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
- No → SKIP to question 30

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
- No → SKIP to question 30

c. How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

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

Person 5 (continued)

K Ask questions 39 – 42a if this person did NOT work last week. Otherwise, SKIP to question 42b.

39. a. LAST WEEK, was this person on layoff from a job?

- Yes → SKIP to question 39c
- No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 42a
- No → SKIP to question 40

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes → SKIP to question 41
- No

40. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

- Yes
- No → SKIP to question 42a

41. LAST WEEK, could this person 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.)

42. a. When did this person last work, even for a few days?

- 2020
- 2019 → SKIP to question 43a
- 2015 to 2018 → SKIP to L
- 2014 or earlier, or never worked → SKIP to question 46

b. LAST YEAR, 2019, did this person work at a job or business at any time?

- Yes
- No → SKIP to L

43. a. During 2019 (all 52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.

- Yes → SKIP to question 44
- No

b. During 2019 (all 52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

44. During 2019, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

L Ask questions 45a – f if this person worked in the past 5 years (since 2015). Otherwise, SKIP to question 46.

45. DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years (since 2015).

a. Please read the TYPE OF WORKER section on the Flashcard.

Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years (since 2015)? Mark ONE box.

PRIVATE SECTOR EMPLOYEE

- For-profit company or organization
- Non-profit organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- Local or territorial government (for example: public elementary school)
- Active duty U.S. Armed Forces or Commissioned Corps
- Federal government civilian employee

SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business, professional practice, or farm
- Owner of incorporated business, professional practice, or farm
- Worked without pay in a for-profit family business or farm for 15 hours or more per week

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)



DRAFT

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11820438



The U.S. Census Bureau estimates that completing the questionnaire will take 40 minutes on average. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project xxxx-xxxx, U.S. Census Bureau, DCMD-2H174, 4600 Silver Hill Road, Washington, DC 20233. You may email comments to <2020.census.paperwork@census.gov>. Use "Paperwork Reduction Project xxxx-xxxx" as the subject.

This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number xxxx-xxxx confirms this approval. If this number were not displayed, we could not conduct the census.

RESPONDENT INFORMATION

R1. What is your name? Print name below and verify the spelling.

Last Name(s)

First Name

MI

Address of proxy

R2. What is your telephone number? We will only contact you if needed for official Census Bureau business.

Telephone Number

 - -

R3. To confirm: Did you

- Live or stay in this [house/apartment/mobile home] on April 1, 2020?
- Move in to this [house/apartment/mobile home] after April 1, 2020?
- Not live or stay in this [house/apartment/mobile home] (neighbor or other proxy)?

FOR OFFICIAL USE ONLY

INTERVIEW SUMMARY

A. Unit Status on April 1, 2020

- Occupied
- Vacant – regular
- Vacant – usual home elsewhere
- Uninhabitable/demolished/burned out
- Nonresidential
- Empty mobile home/trailer site
- Unable to Locate
- Duplicate – record survivor ID below. ↘

B. If vacant, ask: Which category best describes this vacant unit as of April 1, 2020?

- For rent
- Rented, not occupied
- For sale only
- Sold, not occupied
- For seasonal, recreational or occasional use
- For migrant workers
- Other vacant

JIC1

JIC2

C. Number of people listed on questionnaire(s) =

01 – 99 = Total people
00 = Vacant

D. Interview Outcome Code

- UHE VDC CO
- MOV REF REP
- PI

OUTCOME CODES:

UHE = Usual Home Elsewhere REF = Refusal
MOV = Moved in After April 1 CO = Count Only
PI = Partial Interview REP = Replacement
VDC = Vacant Delete Check

RECORD OF CONTACT

Type	MM	DD	HH	MM	Outcome
<input checked="" type="checkbox"/> In-Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="text"/> <input type="checkbox"/> p.m. <input type="text"/>
<input type="checkbox"/> In-Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="text"/> <input type="checkbox"/> p.m. <input type="text"/>
<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="text"/> <input type="checkbox"/> p.m. <input type="text"/>

Type	MM	DD	HH	MM	Outcome
<input type="checkbox"/> In-Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="text"/> <input type="checkbox"/> p.m. <input type="text"/>
<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="text"/> <input type="checkbox"/> p.m. <input type="text"/>
<input type="checkbox"/> In-Person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="text"/> <input type="checkbox"/> p.m. <input type="text"/>
<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> a.m. <input type="text"/> <input type="checkbox"/> p.m. <input type="text"/>

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

CERTIFICATION

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

Enumerator's Signature

Employee ID

CL Initials

CLD Number

Month Day

Month Day