

# 2020 Census of American Samoa

FOR NPC  
USE ONLY

Enter ID Number from Barcode Label on the D-Q-AS for this household.

Census Office

County

BCU

Map Spot

Within Map Spot ID

DRAFT

## CONTINUATION QUESTIONNAIRE

11830015















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

- Yes
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# Person — (continued)

**B** Ask questions 22a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for the next person on page 13.

**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
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**c.** Does this person have difficulty dressing or bathing?

- Yes
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**C** Ask question 23 if this person is 15 years old or over. Otherwise, SKIP to the questions for the next person on page 13.

**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 D

**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"/> |
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**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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**D** 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 

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 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
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# Person — (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 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

**E** 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 — (continued)

**F** 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 G
- 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 G

**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

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

Usual hours worked each WEEK

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**G** 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?**

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**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)**

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# Person — (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  Loss

No

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  Loss

No

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  Loss

TOTAL AMOUNT for 2019

None



# Person — (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?

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

Mark  ONE box.

- |   |   |
|---|---|
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| <input type="checkbox"/> Military         | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Housing          | <input type="checkbox"/> Other reason     |
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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                       |
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- Yes
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# Person — (continued)

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

- Yes
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- Yes
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**C** Ask question 23 if this person is 15 years old or over. Otherwise, SKIP to the questions for the next person on page 19.

**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 D

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

- |              | Yes                      | No                       |
|--------------|--------------------------|--------------------------|
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**26.** How many times has this person been married?

- Once
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Year

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**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?

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

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None TOTAL AMOUNT for 2019



# Person — (continued)

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	Yes	No
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# Person — (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 — (continued)

**B** Ask questions 22a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for the next person on page 31.

**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

**C** Ask question 23 if this person is 15 years old or over. Otherwise, SKIP to the questions for the next person on page 31.

**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 D

**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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**D** 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 

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 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 — (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 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

**E** 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 — (continued)

**F** 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 G
- 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 G

**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

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

Usual hours worked each WEEK

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**G** 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)**


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# Person — (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 — (continued)

**B** 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 an additional D-CQ-AS. If this is the last person, SKIP to page 44 of the D-Q-AS.

**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

**C** 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 an additional D-CQ-AS. If this is the last person, SKIP to page 44 of the D-Q-AS.

**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 D

**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

**D** 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
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- 1 or 2 years
- 3 or 4 years
- 5 or more years



# Person — (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
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- On active duty in the past, but not now

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

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- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
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- 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?**

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- 10 or 20 percent
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- 70 percent or higher

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- 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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**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

**E** 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 — (continued)

**F** 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?**

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- 2019 → SKIP to question 43a
- 2015 to 2018 → SKIP to G
- 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 G

**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

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

Usual hours worked each WEEK

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**G** 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?**

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**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)**

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