

**This listing contains confidential information, including Title 13 and Personally Identifiable Information (PII), the release of which is protected by the Privacy Act of 1974.**

# GROUP QUARTERS ADDRESS REGISTER

## 2020 Census of American Samoa

### 1. IDENTIFICATION

County \_\_\_\_\_

Book \_\_\_\_\_ of \_\_\_\_\_

### 2. ASSIGNMENT INFORMATION

	Name – <i>Please Print</i>	Employee ID Number	Telephone Number	Date		<b>Certification Statement</b> – I certify that the information is true to the best of my knowledge and the work completed according to Census Bureau procedures. <i>The Crew Leader and all Enumerators must sign this certification statement.</i>
				Assigned	Completed	
Crew Leader						
Enumerator						
Reassigned Enumerator						
Reassigned Enumerator						

### 3. ENUMERATOR DAILY PROGRESS RECORD (LISTING)

Group Quarters Listed	Date																		
	Number																		

### 4. ENUMERATOR DAILY PROGRESS RECORD (ENUMERATION)

People Enumerated	Date																		
	Number																		

Remarks

### 5. OFFICE USE ONLY

Name of Reviewer	Date	Initials

**The contents of this Address Register are confidential by law (Title 13, U.S. Code). It may be seen only by sworn persons with a need to know and used solely for statistical purposes.**



United States  
**Census 2020**  
American Samoa

## **CREW LEADER REVIEW CHECKLIST**

### **Before sending to the Census Office, verify the following:**

- The Enumerator has made entries in a legible manner.
- All appropriate fields are completed in the Address Listing Page for Group Quarters.
- There are no duplicate addresses listed in the Address Listing Page for Group Quarters.
- There is an entry of 0 in Pop. Count for vacant units in the Address Listing Page for Group Quarters.
- The Enumerator completed the Assignment Information section.

# **SPECIAL NOTICE**

**INFORMATION CONTAINED IN THIS ADDRESS REGISTER IS CONFIDENTIAL.**

**ALL ENTRIES MADE IN THIS ADDRESS REGISTER MUST BE LEGIBLE,  
COMPLETE, AND ACCURATE.**



United States  
**Census  
2020**

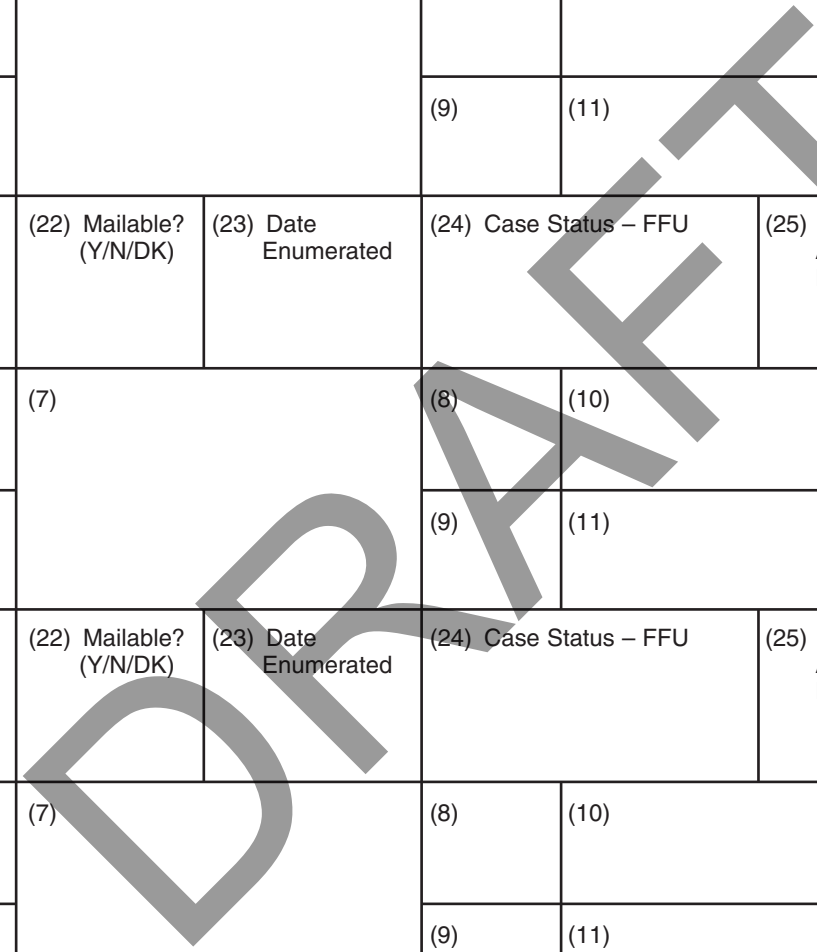
American Samoa

**ADDRESS LISTING PAGE FOR GROUP QUARTERS**

2020 Census of American Samoa

County \_\_\_\_\_ BCU \_\_\_\_\_

Line No. (1)	Group Quarters ID (2)	Date Assigned (3)	BCU No. (4)		Facility Name (7)	Address No. (8)	Complete Street Name OR (10)	Apt/Unit No. (12)	Village OR (14)		Facility Point of Contact Name (16)		
			Map Spot No. (5)	MUID (6)		GQ Type (9)	Physical Location Description (11)	ZIP Code (13)	Estate - U.S. Virgin Islands Only (15)	Title (17)	Telephone Number (18)		
(1)	(2)	(3)	(4)	(6)	(7)	(8)	(10)	(12)	(14)	(16)			
			(5)	(6)		(9)	(11)	(13)	(15)	(17)	(18)		
(19) Facility Open between 3/29/2020 and 4/16/2020? (Y/N)		(20) Case Status - Enumeration	(21) Contact Attempts - Enumeration (Tally)		(22) Mailable? (Y/N/DK)	(23) Date Enumerated	(24) Case Status - FFU	(25) Contact Attempts - FFU (Tally)	(26) Pop. Count (Expected)	(27) Pop. Count (Final)	(28) QC Action	(29) JIC1	(30) JIC2
(1)	(2)	(3)	(4)	(6)	(7)	(8)	(10)	(12)	(14)	(16)			
			(5)	(6)		(9)	(11)	(13)	(15)	(17)	(18)		
(19) Facility Open between 3/29/2020 and 4/16/2020? (Y/N)		(20) Case Status - Enumeration	(21) Contact Attempts - Enumeration (Tally)		(22) Mailable? (Y/N/DK)	(23) Date Enumerated	(24) Case Status - FFU	(25) Contact Attempts - FFU (Tally)	(26) Pop. Count (Expected)	(27) Pop. Count (Final)	(28) QC Action	(29) JIC1	(30) JIC2
(1)	(2)	(3)	(4)	(6)	(7)	(8)	(10)	(12)	(14)	(16)			
			(5)	(6)		(9)	(11)	(13)	(15)	(17)	(18)		
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Case Status Codes		Abbreviations		Remarks	Page Totals		
<b>A</b> - Appointment	<b>NV</b> - Left Notice of Visit	<b>Apt</b> - Apartment	<b>Pop.</b> - Population			GQs	HUs
<b>EC</b> - Enumeration Complete	<b>RA</b> - Restricted Access	<b>BCU</b> - Basic Collection Unit	<b>QC</b> - Quality Control				
<b>GC</b> - Gated Community	<b>RE</b> - Refusal	<b>FFU</b> - Field Followup	<b>TL</b> - Transitory Location				
<b>LB</b> - Language Barrier	<b>UN</b> - Unsafe	<b>MUID</b> - Multi-Unit Identification	<b>TU</b> - Transitory Unit				
<b>NC</b> - No Contact	<b>OT</b> - Other	<b>No.</b> - Number	<b>Y/N/DK</b> - Yes, No, or Don't Know				



United States  
**Census  
2020**

American Samoa

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Title 13 of the U.S. Code protects the confidentiality of all this information. Violating the confidentiality of a respondent is a federal crime with serious penalties, including a federal prison sentence of up to five years, a fine of up to \$250,000, or both. Only authorized individuals have access to the stored data, and the information provided to the Census Bureau may only be used by a restricted number of authorized individuals who are sworn for life to protect the confidentiality of individual responses.

For more information about how we protect this information, please visit our Web site at [census.gov](http://census.gov) and click on "Data Protection and Privacy Policy" at the bottom of the home page. This page also includes information about the collection, storage, and use of these records. Click on "System of Records Notices (SORN)" and look for Privacy Act System of Records Notice COMMERCE/CENSUS-5, Decennial Census Program.

Thank you for your cooperation. The Census Bureau appreciates your help.

You are required by law to respond to the 2020 Census (Title 13, U.S. Code, Sections 141 and 193). The Census Bureau estimates that completing the questionnaire will take 25 minutes on average. This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the bottom left of this notice confirms this approval. If this number were not displayed, we could not conduct the census.

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](mailto:2020.census.paperwork@census.gov)>. Use "Paperwork Reduction Project XXXX-XXXX" as the subject.

OMB No. XXXX-XXXX: Approval Expires XX/XX/XXXX

FORM **D-CN-GE-AS** (8-3-2018)



United States  
**Census  
2020**

American Samoa

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FORM **D-CN-GE-MI** (8-3-2018)



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FORM **D-CN-GE-MI** (8-3-2018)



United States  
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FORM **D-CN-GE-GU** (8-3-2018)



United States  
**Census  
2020**

Guam

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FORM **D-CN-GE-GU** (8-3-2018)



United States  
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2020**

U.S. Virgin Islands

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OMB No. XXXX-XXXX: Approval Expires XX/XX/XXXX

FORM **D-CN-GE-VI(E/S)** (6-14-2018)



United States  
**Census  
2020**

U.S. Virgin Islands

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OMB No. XXXX-XXXX: Approval Expires XX/XX/XXXX

FORM **D-CN-GE-VI(E/S)** (6-14-2018)



United States  
**Census  
2020**

U.S. Virgin Islands

# Sus respuestas son confidenciales

La Oficina del Censo de los EE. UU. está obligada por ley a proteger esta información (Título 13, Código de los EE. UU., Sección 9). A la Oficina del Censo no se le permite divulgar sus respuestas de manera que nadie pudiera ser identificado. Estamos realizando el Censo del 2020 en conformidad con las Secciones 141, 193, 221 y 223 del Título 13 del Código de los EE. UU. Por ley, la Oficina del Censo solo puede usar respuestas para producir estadísticas. En conformidad con la Ley para el Fortalecimiento de la Seguridad Cibernética Federal del 2015, los datos están protegidos contra los riesgos de seguridad cibernética mediante los controles aplicados a los sistemas que los transmiten.

El Título 13 del Código de los EE. UU. protege la confidencialidad de toda la información. Violar la confidencialidad de una persona encuestada es un delito federal que acarrea sanciones severas, incluso una sentencia de hasta cinco años en una prisión federal, una multa de hasta \$250,000 o ambas. Solo personas autorizadas tienen acceso a los datos almacenados, y la información que se proporcione a la Oficina del Censo puede ser usada solamente por un número limitado de personas autorizadas que han jurado de por vida proteger la confidencialidad de las respuestas individuales.

Para obtener más información sobre cómo protegemos esta información, visite nuestro sitio web [census.gov](http://census.gov) y haga clic en "Data Protection and Privacy Policy" en la parte inferior de la página principal. La página sobre protección de datos y normas de privacidad también incluye información sobre la recopilación, almacenamiento y uso de esos registros; haga clic en "System of Records Notices (SORN)" (Avisos sobre el Sistema de Registros) y busque Privacy Act System of Records Notice COMMERCE/CENSUS-5, Decennial Census Program (Aviso sobre el Sistema de Registros de la Ley sobre la Privacidad COMMERCE/CENSUS-5, Programa del Censo Decenal).

Gracias por su cooperación. La Oficina del Censo agradece su ayuda.

A usted se le requiere por ley que responda al Censo del 2020 (Secciones 141 y 193 del Título 13 del Código de los EE. UU.). La Oficina del Censo calcula que completar el cuestionario tomará 25 minutos como promedio. Esta recopilación de información ha sido aprobada por la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El número de aprobación de ocho dígitos de la OMB aparece en la parte inferior izquierda de este aviso confirma la aprobación. De no mostrarse este número, no podremos realizar el censo.

Los comentarios sobre el número de tiempo y esfuerzo o cualquier otro aspecto relacionado deben dirigirse a: Paperwork Reduction Project XXXX-XXXX, U.S. Census Bureau, DCMD-2H174, 4600 Silver Hill Road, Washington, DC 20233. Puede enviar comentarios por correo electrónico a <2020.census.paperwork@census.gov>. Use "Paperwork Reduction Project XXXX-XXXX" como tema.

For a copy of this information in English, see the reverse side. (Para ver esta información en inglés, véase al dorso.)

Nóm. de OMB XXXX-XXXX: Aprobado hasta XX/XX/XXXX

FORM **D-CN-GE-VI(E/S)** (6-14-2018)



United States  
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2020**

U.S. Virgin Islands

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Para obtener más información sobre cómo protegemos esta información, visite nuestro sitio web [census.gov](http://census.gov) y haga clic en "Data Protection and Privacy Policy" en la parte inferior de la página principal. La página sobre protección de datos y normas de privacidad también incluye información sobre la recopilación, almacenamiento y uso de esos registros; haga clic en "System of Records Notices (SORN)" (Avisos sobre el Sistema de Registros) y busque Privacy Act System of Records Notice COMMERCE/CENSUS-5, Decennial Census Program (Aviso sobre el Sistema de Registros de la Ley sobre la Privacidad COMMERCE/CENSUS-5, Programa del Censo Decenal).

Gracias por su cooperación. La Oficina del Censo agradece su ayuda.

A usted se le requiere por ley que responda al Censo del 2020 (Secciones 141 y 193 del Título 13 del Código de los EE. UU.). La Oficina del Censo calcula que completar el cuestionario tomará 25 minutos como promedio. Esta recopilación de información ha sido aprobada por la Oficina de Administración y Presupuesto (OMB, por sus siglas en inglés). El número de aprobación de ocho dígitos de la OMB aparece en la parte inferior izquierda de este aviso confirma la aprobación. De no mostrarse este número, no podremos realizar el censo.

Los comentarios sobre el número de tiempo y esfuerzo o cualquier otro aspecto relacionado deben dirigirse a: Paperwork Reduction Project XXXX-XXXX, U.S. Census Bureau, DCMD-2H174, 4600 Silver Hill Road, Washington, DC 20233. Puede enviar comentarios por correo electrónico a <2020.census.paperwork@census.gov>. Use "Paperwork Reduction Project XXXX-XXXX" como tema.

For a copy of this information in English, see the reverse side. (Para ver esta información en inglés, véase al dorso.)

Nóm. de OMB XXXX-XXXX: Aprobado hasta XX/XX/XXXX

FORM **D-CN-GE-VI(E/S)** (6-14-2018)





United States  
**Census  
2020**  
American Samoa

# GROUP QUARTERS ENUMERATOR FLASHCARD

DRAFT

## HISPANIC ORIGIN

Are you 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.* ↘

DRAFT

## RACE

What is your race?

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 –<br><i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↘ |                                     | <input type="checkbox"/> Other Pacific Islander –<br><i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↘ |

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

## CITIZEN or NATIONAL

### Are you 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 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)

## HIGHEST DEGREE or LEVEL OF SCHOOL

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

### NO SCHOOLING COMPLETED

- No schooling completed

### 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*)

## HEALTH INSURANCE

**Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?**

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

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of yours or another family member)                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by you 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"/> |

## PERIOD OF SERVICE

**When did you serve on active duty in the U.S. Armed Forces?**

*Mark  a box for EACH period in which this person served, even if just for part of the period.*

- 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

## TRANSPORTATION TO WORK

### How did you 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

## TYPE OF WORKER

### DESCRIPTION OF EMPLOYMENT

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

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

Which one of the following best describes your 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



United States  
**Census  
2020**  
Commonwealth of the  
Northern Mariana Islands

# GROUP QUARTERS ENUMERATOR FLASHCARD

DRAFT

## HISPANIC ORIGIN

Are you 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.* ↴

DRAFT

## RACE

What is your race?

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 –<br><i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↴ |                                     | <input type="checkbox"/> Other Pacific Islander –<br><i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↴ |

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

## CITIZEN or NATIONAL

### Are you a citizen or national of the United States?

- Yes, born in the Commonwealth of the Northern Mariana Islands → *SKIP to question 11a*
- Yes, born in another U.S. state or 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)

## HIGHEST DEGREE or LEVEL OF SCHOOL

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

### NO SCHOOLING COMPLETED

- No schooling completed

### 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*)



## HEALTH INSURANCE

**Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?**

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

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of yours or another family member)                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by you 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"/> |

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## PERIOD OF SERVICE

**When did you serve on active duty in the U.S. Armed Forces?**

Mark  a box for EACH period in which this person served, even if just for part of the period.

- 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

## TRANSPORTATION TO WORK

### How did you 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

## TYPE OF WORKER

### DESCRIPTION OF EMPLOYMENT

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

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

Which one of the following best describes your 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



United States  
**Census  
2020**  
Guam

# GROUP QUARTERS ENUMERATOR FLASHCARD

DRAFT

## HISPANIC ORIGIN

Are you 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.* ↘

DRAFT

## RACE

What is your race?

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 –<br><i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↘ |                                     | <input type="checkbox"/> Other Pacific Islander –<br><i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↘ |

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

## CITIZEN or NATIONAL

### Are you a citizen or national of the United States?

- Yes, born in Guam → *SKIP to question 11a*
- Yes, born in another U.S. state or 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)

## HIGHEST DEGREE or LEVEL OF SCHOOL

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

### NO SCHOOLING COMPLETED

- No schooling completed

### 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*)

## HEALTH INSURANCE

Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?

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

- |   | Yes                                 | No                       |
|---|-------------------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of yours or another family member)                        | <input type="checkbox"/>            | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by you 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 checked="" 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"/> |

## PERIOD OF SERVICE

When did you serve on active duty in the U.S. Armed Forces?

Mark  a box for EACH period in which this person served, even if just for part of the period.

- 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

## TRANSPORTATION TO WORK

### How did you 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

## TYPE OF WORKER

### DESCRIPTION OF EMPLOYMENT

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

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#### PRIVATE SECTOR EMPLOYEE

- For-profit** company or organization
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#### 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



United States  
**Census  
2020**  
U.S. Virgin Islands

# GROUP QUARTERS ENUMERATOR FLASHCARD

DRAFT



## HISPANIC ORIGIN

Are you 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.* ↘

DRAFT

## RACE

What is your race?

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 –<br><i>Print, for example, Pakistani, Cambodian, Hmong, etc.</i> ↘ |                                     | <input type="checkbox"/> Other Pacific Islander –<br><i>Print, for example, Tongan, Fijian, Marshallese, etc.</i> ↘ |

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

## CITIZEN or NATIONAL

### Are you a citizen or national of the United States?

- Yes, born in the U.S. Virgin Islands → *SKIP to question 11a*
- Yes, born in another U.S. state or 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)

## HIGHEST DEGREE or LEVEL OF SCHOOL

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

### NO SCHOOLING COMPLETED

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- GED or alternative credential

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- 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*)

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- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of yours or another family member)                        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by you 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"/> |

## PERIOD OF SERVICE

When did you serve on active duty in the U.S. Armed Forces?

Mark  a box for EACH period in which this person served, even if just for part of the period.

- 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

## TRANSPORTATION TO WORK

### How did you 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

## TYPE OF WORKER

### DESCRIPTION OF EMPLOYMENT

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

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

Which one of the following best describes your 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



United States  
**Census  
2020**  
U.S. Virgin Islands

# TARJETA DE REFERENCIA PARA ENUMERADORES DE ALOJAMIENTOS DE GRUPO

DRAFT

## ORIGEN HISPANO

¿Es usted de origen hispano, latino o español?

- No**, no de origen hispano, latino o español
- Si mexicano, mexicanoamericano, chicano
- Si puertorriqueño
- Si cubano
- Si de otro origen hispano, latino o español – *Escriba, por ejemplo, salvadoreño, dominicano, colombiano, guatemalteco, español, ecuatoriano, etc.*

DRAFT

## RAZA

¿Cuál es su raza?

Mark  una o más casillas **Y** escriba los orígenes.

- Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.*

- Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaicano, haitiano, nigeriano, etíope, somalí etc.*

- Indígena de las Américas o nativa de Alaska – *Escriba el nombre de la(s) tribu(s) en la(s) que está inscrita o la(s) tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> China  | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Nativa de Hawái   |
| <input type="checkbox"/> Filipina   | <input type="checkbox"/> Coreana  | <input type="checkbox"/> Samoana   |
| <input type="checkbox"/> India asiática   | <input type="checkbox"/> Japonesa | <input type="checkbox"/> Chamorra  |
| <input type="checkbox"/> Otra asiática – <i>Escriba, por ejemplo, pakistaní, camboyano, hmong, etc.</i> |                                   | <input type="checkbox"/> Otra de las islas del Pacífico – <i>Escriba por ejemplo, tongano, fijiano, de las Islas, Marshall, etc.</i> |

- Alguna otra raza – *Escriba la raza o el origen.*

## CIUDADANO(A) O NACIONAL

¿Es usted ciudadano(a) o nacional de los Estados Unidos?

- Si nacido(a) en las Islas Vírgenes de los EE. UU. → PASE a la pregunta 11a
- Si nacido(a) en otro estado o territorio de los EE. UU.
- Si nacido(a) en el extranjero de padre o madre que es ciudadano(a) o nacional de los EE. UU.
- Si ciudadano(a) de los EE. UU. por naturalización — Escriba el año de naturalización. ↴
- No, no ciudadano(a) o nacional de los EE. UU. (residente permanente)
- No, no ciudadano(a) o nacional de los EE. UU. (residente temporal)

## GRADO O NIVEL DE EDUCACIÓN MÁS ALTO

¿Cuál es el grado o nivel de educación más alto que ha COMPLETADO? Marque  UNA casilla. Si está matriculado(a) actualmente, marque el grado o nivel más alto que haya recibido previamente.

### NO HA COMPLETADO NINGÚN GRADO

- No ha completado ningún grado

### GUARDERÍA O PREESCOLAR HASTA GRADO 12

- Guardería, preescolar o prekindergarten
- Kindergarten
- Grado 1 al 11 — Especifique el grado, del 1 al 11 ↴
- 12th grade — **SIN DIPLOMA**

### GRADUADO(A) DE ESCUELA SECUNDARIA O PREPARATORIA

- Diploma de escuela secundaria o preparatoria
- GED o examen equivalente

### UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS


- Algunos créditos universitarios, pero menos de 1 año de créditos universitarios
- 1 año o más de créditos universitarios, sin título
- Título asociado universitario (por ejemplo: AA, AS)
- Título de licenciatura universitaria (por ejemplo: BA, BS)

### DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

- Título de maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
- Título profesional más allá de un título de licenciatura universitaria (por ejemplo: MD, DDS, DVM, LLB, JD)
- Título de doctorado (por ejemplo: PhD, EdD)

## SEGURO MÉDICO

¿Tiene usted ACTUALMENTE cobertura de alguno de los siguientes tipos de seguros de salud o planes de cobertura de salud? Marque "Sí" o "No" para CADA tipo de cobertura en los puntos a h.

- |  | Sí                       | No                       |
|--|--------------------------|--------------------------|
| a. Seguro a través de su empleador o sindicato (union), actual o previo (suyo o de cualquier otro miembro de la familia)   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Seguro adquirido directamente de una compañía de seguro (por usted o por cualquier otro miembro de la familia)  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, para personas que tienen 65 años o más, o personas con ciertas discapacidades   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance o cualquier tipo de plan de asistencia gubernamental para personas con bajos ingresos o con discapacidad                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE u otro seguro de salud militar  | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Administración de Veteranos (VA) (se ha inscrito en el sistema de cuidado de salud militar de la VA)  | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Servicio de Salud Indio (Indian Health Service)   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cualquier otro tipo de seguro de salud o plan de cobertura de salud – Especifique  | <input type="checkbox"/> | <input type="checkbox"/> |

## PERÍODO DE SERVICIO

¿Cuándo prestó usted servicio activo en las Fuerzas Armadas de los EE. UU.? Marque  una casilla para CADA período durante el cual usted prestó servicio, aunque fuera solo por parte del período.

- Septiembre del 2001 o después
- Agosto del 1990 a agosto del 2001 (incluyendo la Guerra del Golfo Pérsico)
- Mayo del 1975 a julio del 1990
- Época de Vietnam (agosto del 1964 a abril del 1975)
- Febrero del 1955 a julio del 1964
- Guerra de Corea (julio del 1950 a enero del 1955)
- Enero del 1947 a junio del 1950
- Segunda Guerra Mundial (diciembre del 1941 a diciembre del 1946)
- Noviembre del 1941 o antes



## TRANSPORTE AL TRABAJO

¿Cómo llegó usted habitualmente al trabajo LA SEMANA PASADA?  
Marque  UNA casilla para el medio de transporte que utilizó por más distancia.

- Automóvil, camión o van/autobús privado
- Van/autobús público
- Taxi
- Motocicleta
- Bicicleta
- Caminó
- Avión o hidroavión
- Lancha, ferri o taxi acuático
- Trabajó en el hogar → PASE a la pregunta 44a
- Otro método

## TIPO DE TRABAJADOR

### DESCRIPCIÓN DEL EMPLEO

La siguiente serie de preguntas se refiere al tipo de empleo que usted tenía la semana pasada.

Si usted tenía más de un empleo, describa el empleo en el cual trabajó más horas. Si usted no tenía empleo la semana pasada, describa su empleo más reciente en los últimos cinco años (desde 2015).

a. ¿Cuál de las siguientes opciones describe mejor su empleo la semana pasada o el empleo más reciente en los últimos cinco años (desde 2015)? Marque  UNA casilla.

#### EMPLEADO(A) DEL SECTOR PRIVADO

- Empresa u organización **con fines de lucro**
- Organización **sin fines de lucro** (incluso organizaciones exentas de impuestos y organizaciones benéficas)

#### EMPLEADO(A) DEL GOBIERNO

- Gobierno local o territorial**  
(por ejemplo: escuela primaria pública)
- Servicio activo** en las Fuerzas Armadas o en los Cuerpos Comisionados de los EE. UU.
- Empleado(a) civil del **gobierno federal**

#### EMPLEADO(A) POR CUENTA PROPIA U OTRO TIPO DE EMPLEO

- Dueño(a) de un negocio, práctica profesional o finca no incorporados**
- Dueño(a) de un negocio, práctica profesional o finca incorporados**
- Trabajo **sin paga** en un negocio o finca de la familia **con fines de lucro** 15 horas o más por semana