



United States®  
**Census  
2020**  
American Samoa

# FLASHCARD

## **Everyone counts.**

The goal of the 2020 Census of American Samoa is to count everyone by collecting information about all adults, children, and babies living in American Samoa.

## **Census data are important.**

The U.S. Constitution requires a census every 10 years. When you respond to the 2020 Census of American Samoa, you are doing your part to help your community plan for hospitals and schools, support local programs, improve emergency services, construct roads, inform businesses looking to add jobs and more.

## **Taking part is your civic duty.**

Completing the 2020 Census of American Samoa is required. It is a way to say I count.

## **Your information is confidential.**

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.

**Use this flashcard to answer questions from the 2020 Census of American Samoa.**

Please turn to the next page to begin using this flashcard.

## WHO TO COUNT

**We need to count people where they live and sleep most of the time.**

### **Do NOT include:**

- College students who live away from this address most of the year.
- Armed Forces personnel who live away.
- People in a nursing home, mental hospital, etc. on April 1, 2020.
- People in jail, prison, detention facility, etc. on April 1, 2020.

### **Do include:**

- Babies and children living here, including foster children.
- Roommates.
- Boarders.
- People staying here on April 1, 2020 who have no permanent place to live.

## RELATIONSHIP

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

## HISPANIC ORIGIN

**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.* ↴

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

## RACE

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

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

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

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

## BUILDING TYPE

### 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.

## COMPUTER USE

### At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?

- |                                                   | Yes                      | No                       |
|---------------------------------------------------|--------------------------|--------------------------|
| a. Desktop or laptop                              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tablet or other portable wireless computer     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Some other type of computer – <i>Specify</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

## INTERNET

### At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?

- Yes
- No

### Do you or any member of this household pay a cell phone company or Internet service provider to access the Internet?

- Yes
- No

### Do you or any member of this household have access to the Internet using a –

- |                                                                                                                    | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Cellular data plan for a smartphone or other mobile device?                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Satellite Internet service installed in this household?                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dial-up Internet service installed in this household?                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Some other service? – <i>Specify service</i> ↘                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |

## SOURCE OF WATER

In 2019, did this house, apartment, or mobile home get water from – Mark  all that apply.

- A public system?
- A cistern, catchment, tanks, or drums?
- A delivery vendor or water truck?
- A supermarket or grocery store?
- Some other source (a standpipe, spring, individual well, etc.)?

## SEWAGE DISPOSAL

What is the MAIN means of sewage disposal for this house, apartment, or mobile home? Mark  ONE box.

- Public sewer
- Septic tank or cesspool
- Other

## CITIZEN or NATIONAL

Is this person a citizen or national of the United States?

- Yes, born in American Samoa
- 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)

## HIGHEST DEGREE or LEVEL OF SCHOOL

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*)

## HEALTH INSURANCE

**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"/> |

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

## PERIOD OF SERVICE

**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

## TRANSPORTATION TO WORK

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
- Other method

## TYPE OF WORKER

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





United States®  
**Census  
2020**  
American Samoa

# INDIVIDUAL CENSUS QUESTIONNAIRE FLASHCARD

## **Everyone counts.**

The goal of the 2020 Census of American Samoa is to count everyone by collecting information about all adults, children, and babies living in American Samoa.

## **Census data are important.**

The U.S. Constitution requires a census every 10 years. When you respond to the 2020 Census of American Samoa, you are doing your part to help your community plan for hospitals and schools, support local programs, improve emergency services, construct roads, inform businesses looking to add jobs and more.

## **Taking part is your civic duty.**

Completing the 2020 Census of American Samoa is required. It is a way to say I count.

## **Your information is confidential.**

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.

**Use this flashcard to answer questions from the 2020 Census of American Samoa.**

Please turn to the next page to begin using this flashcard.



## CITIZEN or NATIONAL

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

- Yes, born in American Samoa
- 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)

## 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*)



## 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
- Other method

## TYPE OF WORKER

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

# INDIVIDUAL CENSUS QUESTIONNAIRE FLASHCARD

## **Everyone counts.**

The goal of the 2020 Census of Guam is to count everyone by collecting information about all adults, children, and babies living in Guam.

## **Census data are important.**

The U.S. Constitution requires a census every 10 years. When you respond to the 2020 Census of Guam, you are doing your part to help your community plan for hospitals and schools, support local programs, improve emergency services, construct roads, inform businesses looking to add jobs and more.

## **Taking part is your civic duty.**

Completing the 2020 Census of Guam is required. It is a way to say I count.

## **Your information is confidential.**

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.

**Use this flashcard to answer questions from the 2020 Census of Guam.**

Please turn to the next page to begin using this flashcard.



## CITIZEN or NATIONAL

Are you a citizen or national of the United States?

- Yes, born in Guam
- 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)

## 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*)





## 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
- Other method

## TYPE OF WORKER

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

# INDIVIDUAL CENSUS QUESTIONNAIRE FLASHCARD

## **Everyone counts.**

The goal of the 2020 Census of the Commonwealth of the Northern Mariana Islands is to count everyone by collecting information about all adults, children, and babies living in the Commonwealth of the Northern Mariana Islands.

## **Census data are important.**

The U.S. Constitution requires a census every 10 years. When you respond to the 2020 Census of the Commonwealth of the Northern Mariana Islands, you are doing your part to help your community plan for hospitals and schools, support local programs, improve emergency services, construct roads, inform businesses looking to add jobs and more.

## **Taking part is your civic duty.**

Completing the 2020 Census of the Commonwealth of the Northern Mariana Islands is required. It is a way to say I count.

## **Your information is confidential.**

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.

**Use this flashcard to answer questions from the 2020 Census of the  
Commonwealth of the Northern Mariana Islands.**

Please turn to the next page to begin using this flashcard.

# 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.* ↴

# 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, Blackfoot 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
- 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)

## 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*)



## 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
- Other method

## TYPE OF WORKER

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

# INDIVIDUAL CENSUS QUESTIONNAIRE FLASHCARD

## **Everyone counts.**

The goal of the 2020 Census of the U.S. Virgin Islands is to count everyone by collecting information about all adults, children, and babies living in the U.S. Virgin Islands.

## **Census data are important.**

The U.S. Constitution requires a census every 10 years. When you respond to the 2020 Census of the U.S. Virgin Islands, you are doing your part to help your community plan for hospitals and schools, support local programs, improve emergency services, construct roads, inform businesses looking to add jobs and more.

## **Taking part is your civic duty.**

Completing the 2020 Census of the U.S. Virgin Islands is required. It is a way to say I count.

## **Your information is confidential.**

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.

**Use this flashcard to answer questions from the 2020 Census of the  
U.S. Virgin Islands.**

Please turn to the next page to begin using this flashcard.





## CITIZEN or NATIONAL

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

- Yes, born in the U.S. Virgin Islands
- 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)

## 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*)



## 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
- Other method

## TYPE OF WORKER

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

D-JA-GE-VI(S) (4-12-2019)



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

# TARJETA DE REFERENCIA PARA EL CUESTIONARIO INDIVIDUAL DEL CENSO

## **Todos cuentan.**

El objetivo del Censo del 2020 de las Islas Vrgenes de los EE. UU. es contar a todos mediante la recopilaci3n de informaci3n sobre adultos, ni3os y beb3s que vivan en las Islas Vrgenes de los EE. UU.

## **Los datos del censo son importantes.**

La Constituci3n de los EE. UU. requiere un censo cada 10 a3os. Cuando usted responde al Censo del 2020 de las Islas Vrgenes de los EE. UU., est3 haciendo su parte para ayudar a su comunidad a planificar para hospitales y escuelas, apoyar programas locales, mejorar servicios de emergencia, construir caminos, informar a las empresas que desean agregar puestos de trabajo y m3s.

## **Participar es su deber c3vico.**

Completar el Censo del 2020 de las Islas Vrgenes de los EE. UU. es obligatorio. Es una manera de decir "Yo cuento".

## **Su informaci3n es confidencial.**

La ley federal protege sus respuestas. Sus respuestas se pueden usar solo para producir estad3sticas y no pueden ser usadas en su contra por ninguna agencia del gobierno o tribunal.

## **Use esta tarjeta de referencia para responder preguntas del Censo del 2020 de las Islas Vrgenes de los EE. UU.**

Por favor, d3a vuelta a la siguiente p3gina para comenzar a usar esta tarjeta de referencia.

## ORIGEN HISPANO

¿Es usted de origen hispano, latino o español?

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

## RAZA

¿Cuál es su raza?

Marque  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"/> Vietnamita | <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"/> Chamorro                                                                                                     |
| <input type="checkbox"/> Otra asiática –<br><i>Escriba, por ejemplo, pakistání, 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?

- Soy nacido(a) en las Islas Vírgenes de los EE. UU.
- Soy nacido(a) en otro estado o territorio de los EE. UU.
- Soy nacido(a) en el extranjero de padre o madre que es ciudadano(a) o nacional de los EE. UU.
- Soy ciudadano(a) de los EE. UU. por naturalización – *Escriba el año de naturalización n.* ↘

--	--	--	--

- 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* ↘

--	--

- Grado 12 – **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*)





## 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
- Camión
- Avión o hidroavión
- Lancha, ferri o taxi acuático
- Trabajó en el hogar
- Otro método

## TIPO DE TRABAJADOR

¿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 de EE. UU. o en los Cuerpos Comisionados
- Empleado(a) civil del **gobierno federal**

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

- Propietario(a) de un negocio, práctica profesional o finca no incorporados**
- Propietario(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



**Everyone counts.**

The goal of the 2020 Census of Guam is to count everyone by collecting information about all adults, children, and babies living in Guam.

**Census data are important.**

The U.S. Constitution requires a census every 10 years. When you respond to the 2020 Census of Guam, you are doing your part to help your community plan for hospitals and schools, support local programs, improve emergency services, construct roads, inform businesses looking to add jobs and more.

**Taking part is your civic duty.**

Completing the 2020 Census of Guam is required. It is a way to say I count.

**Your information is confidential.**

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.

**Use this flashcard to answer questions from the 2020 Census of Guam.**

Please turn to the next page to begin using this flashcard.

## WHO TO COUNT

**We need to count people where they live and sleep most of the time.**

### **Do NOT include:**

- College students who live away from this address most of the year.
- Armed Forces personnel who live away.
- People in a nursing home, mental hospital, etc. on April 1, 2020.
- People in jail, prison, detention facility, etc. on April 1, 2020.

### **Do include:**

- Babies and children living here, including foster children.
- Roommates.
- Boarders.
- People staying here on April 1, 2020 who have no permanent place to live.

## RELATIONSHIP

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





## SOURCE OF WATER

In 2019, did this house, apartment, or mobile home get water from – Mark  all that apply.

- A public system?
- A cistern, catchment, tanks, or drums?
- A delivery vendor or water truck?
- A supermarket or grocery store?
- Some other source (a standpipe, spring, individual well, etc.)?

## SEWAGE DISPOSAL

What is the MAIN means of sewage disposal for this house, apartment, or mobile home? Mark  ONE box.

- Public sewer
- Septic tank or cesspool
- Other

## CITIZEN or NATIONAL

Is this person a citizen or national of the United States?

- Yes, born in Guam
- 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)

## HIGHEST DEGREE or LEVEL OF SCHOOL

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*)





## TRANSPORTATION TO WORK

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
- Other method

## TYPE OF WORKER

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



**Everyone counts.**

The goal of the 2020 Census of the Commonwealth of the Northern Mariana Islands is to count everyone by collecting information about all adults, children, and babies living in the Commonwealth of the Northern Mariana Islands.

**Census data are important.**

The U.S. Constitution requires a census every 10 years. When you respond to the 2020 Census of the Commonwealth of the Northern Mariana Islands, you are doing your part to help your community plan for hospitals and schools, support local programs, improve emergency services, construct roads, inform businesses looking to add jobs and more.

**Taking part is your civic duty.**

Completing the 2020 Census of the Commonwealth of the Northern Mariana Islands is required. It is a way to say I count.

**Your information is confidential.**

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.

**Use this flashcard to answer questions from the 2020 Census of the Commonwealth of the Northern Mariana Islands.**

Please turn to the next page to begin using this flashcard.

## WHO TO COUNT

**We need to count people where they live and sleep most of the time.**

### **Do NOT include:**

- College students who live away from this address most of the year.
- Armed Forces personnel who live away.
- People in a nursing home, mental hospital, etc. on April 1, 2020.
- People in jail, prison, detention facility, etc. on April 1, 2020.

### **Do include:**

- Babies and children living here, including foster children.
- Roommates.
- Boarders.
- People staying here on April 1, 2020 who have no permanent place to live.

## RELATIONSHIP

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





## SOURCE OF WATER

In 2019, did this house, apartment, or mobile home get water from – Mark  all that apply.

- A public system?
- A cistern, catchment, tanks, or drums?
- A delivery vendor or water truck?
- A supermarket or grocery store?
- Some other source (a standpipe, spring, individual well, etc.)?

## SEWAGE DISPOSAL

What is the MAIN means of sewage disposal for this house, apartment, or mobile home? Mark  ONE box.

- Public sewer
- Septic tank or cesspool
- Other

## CITIZEN or NATIONAL

### Is this person a citizen or national of the United States?

- Yes, born in the Commonwealth of the Northern Mariana Islands
- 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)

## HIGHEST DEGREE or LEVEL OF SCHOOL

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*)





## TRANSPORTATION TO WORK

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
- Other method

## TYPE OF WORKER

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



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

# FLASHCARD

## **Everyone counts.**

The goal of the 2020 Census of the U.S. Virgin Islands is to count everyone by collecting information about all adults, children, and babies living in the U.S. Virgin Islands.

## **Census data are important.**

The U.S. Constitution requires a census every 10 years. When you respond to the 2020 Census of the U.S. Virgin Islands, you are doing your part to help your community plan for hospitals and schools, support local programs, improve emergency services, construct roads, inform businesses looking to add jobs and more.

## **Taking part is your civic duty.**

Completing the 2020 Census of the U.S. Virgin Islands is required. It is a way to say I count.

## **Your information is confidential.**

Federal law protects your responses. Your answers can only be used to produce statistics and cannot be used against you by any government agency or court.

**Use this flashcard to answer questions from the 2020 Census of the  
U.S. Virgin Islands.**

Please turn to the next page to begin using this flashcard.

## WHO TO COUNT

**We need to count people where they live and sleep most of the time.**

### **Do NOT include:**

- College students who live away from this address most of the year.
- Armed Forces personnel who live away.
- People in a nursing home, mental hospital, etc. on April 1, 2020.
- People in jail, prison, detention facility, etc. on April 1, 2020.

### **Do include:**

- Babies and children living here, including foster children.
- Roommates.
- Boarders.
- People staying here on April 1, 2020 who have no permanent place to live.

## RELATIONSHIP

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



## BUILDING TYPE

### 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.

## COMPUTER USE

### At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?

- |                                                   | Yes                      | No                       |
|---------------------------------------------------|--------------------------|--------------------------|
| a. Desktop or laptop                              | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Smartphone                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tablet or other portable wireless computer     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Some other type of computer – <i>Specify</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

## INTERNET

### At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?

- Yes
- No

### Do you or any member of this household pay a cell phone company or Internet service provider to access the Internet?

- Yes
- No

### Do you or any member of this household have access to the Internet using a –

- |                                                                                                                    | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Cellular data plan for a smartphone or other mobile device?                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Satellite Internet service installed in this household?                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dial-up Internet service installed in this household?                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Some other service? – <i>Specify service</i> ↘                                                                  | <input type="checkbox"/> | <input type="checkbox"/> |

## SOURCE OF WATER

In 2019, did this house, apartment, or mobile home get water from – Mark  all that apply.

- A public system?
- A cistern, catchment, tanks, or drums?
- A delivery vendor or water truck?
- A supermarket or grocery store?
- Some other source (a standpipe, spring, individual well, etc.)?

## SEWAGE DISPOSAL

What is the MAIN means of sewage disposal for this house, apartment, or mobile home? Mark  ONE box.

- Public sewer
- Septic tank or cesspool
- Other

## CITIZEN or NATIONAL

Is this person a citizen or national of the United States?

- Yes, born in the U.S. Virgin Islands
- 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)

## HIGHEST DEGREE or LEVEL OF SCHOOL

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*)

## HEALTH INSURANCE

**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"/> |

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

## PERIOD OF SERVICE

**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



## TRANSPORTATION TO WORK

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
- Other method

## TYPE OF WORKER

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

D-JA-VI(S) (4-12-2019)



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

# TARJETA DE REFERENCIA

## **Todos cuentan.**

El objetivo del Censo del 2020 de las Islas Vírgenes de los EE. UU. es contar a todos mediante la recopilación de información sobre adultos, niños y bebés que vivan en las Islas Vírgenes de los EE. UU.

## **Los datos del censo son importantes.**

La Constitución de los EE. UU. requiere un censo cada 10 años. Cuando usted responde al Censo del 2020 de las Islas Vírgenes de los EE. UU., está haciendo su parte para ayudar a su comunidad a planificar para hospitales y escuelas, apoyar programas locales, mejorar servicios de emergencia, construir caminos, informar a las empresas que desean agregar puestos de trabajo y más.

## **Participar es su deber cívico.**

Completar el Censo del 2020 de las Islas Vírgenes de los EE. UU. es obligatorio. Es una manera de decir "Yo cuento".

## **Su información es confidencial.**

La ley federal protege sus respuestas. Sus respuestas se pueden usar solo para producir estadísticas y no pueden ser usadas en su contra por ninguna agencia del gobierno o tribunal.

## **Use esta tarjeta de referencia para responder preguntas del Censo del 2020 de las Islas Vírgenes de los EE. UU.**

Por favor, dá vuelta a la siguiente página para comenzar a usar esta tarjeta de referencia.

## A QUIÉN CONTAR

### Necesitamos contar a las personas donde viven y duermen la mayor parte del tiempo.

#### NO incluya:

- Estudiantes universitarios que no viven en esta dirección la mayor parte del año.
- Personal de las Fuerzas Armadas que vive fuera de aquí
- Personas que estaban en un hogar de ancianos o *nursing home*, un hospital para enfermos mentales, etc. el 1 de abril de 2020.
- Personas que estaban en una cárcel, una prisión, un centro de detención, etc. el 1 de abril de 2020.

#### Incluya:

- Bebés y niños que viven aquí incluyendo a hijos de crianza (*foster*).
- Compañeros de casa o cuarto.
- Inquilinos.
- Personas que se quedaban aquí el 1 de abril de 2020 y que no tienen lugar permanente donde vivir.

## PARENTESCO

¿Cómo está esta persona relacionada con la Persona 1?

Marque  UNA casilla.

- Espos(a) del sexo opuesto
- Pareja no casada del sexo opuesto
- Espos(a) del mismo sexo
- Pareja no casada del mismo sexo
- Hijo(a) biológico(a) o de sangre
- Hijo(a) adoptivo(a)
- Hijastro(a)
- Hermano(a)
- Padre o madre
- Nieto(a)
- Suegro(a)
- Yerno o nuera
- Otro pariente
- Roommate* o compañero(a) de casa
- Hijo(a) *foster*
- Otra persona que no es pariente

## ORIGEN HISPANO

¿Es esta persona de origen hispano, latino o español?

- No**, no es 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.* ↘

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

## RAZA

¿Cuál es la raza de esta persona? Usted puede seleccionar una o más razas. Marque  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"/> Vietnamita | <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, pakistán, 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.* ↘

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

## TIPO DE EDIFICIO

¿CuŪ describe mejor este edificio? Incluye todos los apartamentos, pisos, etc., aunque estŪn desocupados.

- Una casa mŪ vil
- Una casa para una sola familia, separada de otras casas
- Una casa para una sola familia, unida a una o mŪs casas
- Dos casas (*Samoa Estadounidense solamente*)
- Tres o mŪs casas (*Samoa Estadounidense solamente*)
- Un edificio con 2 apartamentos
- Un edificio con 3 o 4 apartamentos
- Un edificio con 5 a 9 apartamentos
- Un edificio con 10 a 19 apartamentos
- Un edificio con 20 a 49 apartamentos
- Un edificio con 50 apartamentos o mŪs
- EmbarcaciŪn, vehŪculo recreativo (RV), van, etc.

## USO DE COMPUTADORA

En esta casa, apartamento o casa mŪ vil, ¿tiene o usa usted o algŪn otro miembro de este hogar alguno de los siguientes tipos de computadoras?

- |                                                          | Yes                      | No                       |
|----------------------------------------------------------|--------------------------|--------------------------|
| a. Computadora de escritorio o computadora portŪtil      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. TelŪfono inteligente ( <i>smartphone</i> )            | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Tableta u otra computadora inalŪmbrica portŪtil       | <input type="checkbox"/> | <input type="checkbox"/> |
| d. AlgŪn otro tipo de computadora – <i>Especifique</i> ↘ | <input type="checkbox"/> | <input type="checkbox"/> |

## INTERNET

En esta casa, apartamento o casa mŪ vil, ¿tiene usted o algŪn otro miembro de este hogar acceso a internet?

- SŪ
- No

¿Paga usted o algŪn otro miembro de este hogar a una compaŪa de telŪfonos celulares o a un proveedor de servicio de internet para tener acceso a internet?

- SŪ
- No

¿Tiene usted o algŪn otro miembro de este hogar acceso a internet a travŪs de un –

- |                                                                                                                                          | Yes                      | No                       |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| a. Plan de datos celulares para un telŪfono inteligente ( <i>smartphone</i> ) u otro dispositivo mŪ vil?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Servicio de internet de banda ancha (alta velocidad) tales como servicio de cable, fibra Ūptica o <i>DSL</i> instalado en este hogar? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Servicio de internet por satŪlite instalado en este hogar?                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Servicio de internet de conexiŪn <i>Dial-up</i> instalado en este hogar?                                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| e. AlgŪn otro servicio? – <i>Especifique el servicio</i> ↘                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |

## FUENTE DE AGUA

En 2019, ¿esta casa, apartamento o casa mí vil recibió agua de –  
Marque  todas las que correspondan.

- Un sistema público?
- Una cisterna, zona de captación de agua, tanques o tambores?
- Un servicio de entrega o un camión cisterna?
- Un supermercado o tienda de comestibles?
- Alguna otra fuente (un tubo vertical, manantial, pozo individual, etc.)?

## ELIMINACIÓN DE AGUAS CLOACALES

¿Cuál es el medio PRINCIPAL de eliminación de aguas cloacales de  
esta casa, apartamento o casa mí vil? Marque  UNA casilla.

- Alcantarillado o desagüe público
- Tanque séptico o pozo ciego
- Otro

## CIUDADANO(A) O NACIONAL

¿Es esta persona ciudadana o nacional de los Estados Unidos?

- Se nacido(a) en las Islas Vírgenes de los EE. UU.
- Se nacido(a) en otro estado de los EE. UU. o territorio de los EE. UU.
- Se nacido(a) en el extranjero de padre o madre que es ciudadano (a) o nacional de los EE. UU.
- Se es ciudadano(a) de los EE. UU. por naturalización – *Escriba el año de naturalización n.* ↘

--	--	--	--

- No, no es ciudadano(a) o nacional de los EE. UU. (residente permanente)
- No, no es ciudadano(a) o nacional de los EE. UU. (residente temporal)

## TÍTULO O NIVEL DE EDUCACIÓN MÁS ALTO

¿Cuál es el título o nivel de educación más alto que esta persona ha COMPLETADO? Marque  UNA casilla. Si está matriculada actualmente, marque el grado escolar anterior o el título más alto recibido.

### NO HA COMPLETADO NINGÚN TÍTULO

- No ha completado ningún grado

### GUARDERÍA O PREESCOLAR HASTA GRADO 12

- Guardería, preescolar o prekindergarten
- Kindergarten
- Grado 1 al 11 – *Especifique el grado, 1 - 11* ↘

--	--

- Grado 12 – **SIN DIPLOMA**

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

- Diploma de escuela secundaria o preparatoria (high school)
- 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*)





## TRANSPORTE AL TRABAJO

¿Cí mo llegí esta persona habitualmente al trabajo LA SEMANA PASADA? Marque  UNA casilla para el medio de transporte que utilizí por mÛs distancia.

- Automí vil, camí n o van/autobôs privado
- Van/autobôs pÛblico
- Taxi
- Motocicleta
- Bicicleta
- Caminí
- Aví n o hidroaví n
- Lancha, ferri o taxi acuÛtico
- Trabají en el hogar
- Otro mätodo

## TIPO DE TRABAJADOR

¿CuÛ de las siguientes opciones describe mejor el empleo de esta persona la semana pasada o el empleo mÛs reciente en los òltimos cinco aëos (desde 2015)? Marque  UNA casilla.

### EMPLEADO(A) DEL SECTOR PRIVADO

- Empresa u organizaciñ n **con fines de lucro**
- Organizaciñ n **sin fines de lucro** (incluyendo organizaciones exentas de impuestos y organizaciones benäficas)

### EMPLEADO(A) DEL GOBIERNO

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

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

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