



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.

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="text"/>	<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 you 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
- 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.

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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.* ↴

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RACE

What is your race?

Mark one or more boxes **AND** print origins.

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

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

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- 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.* ↴

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

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

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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

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GED or alternative credential

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| 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"/> |
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U.S. Virgin Islands

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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"/> Chamorra |
| <input type="checkbox"/> Otra asiática –
<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.* ↘

TÍTULO O NIVEL DE EDUCACIÓN MÁS ALTO

¿Cuál es el título 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 NINGÓN GRADO

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)

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 discapacidades | <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) (inscrito[a] 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 estuvo usted en servicio activo en las Fuerzas Armadas de los EE. UU.? Marque una casilla para CADA período durante el cual usted prestó servicio activo, 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

FORM D-JA-GE-VI(S) (8-9-2019)

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

Página 3

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** (incluyendo 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

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