

# 2020 Island Areas Censuses Questionnaire Content

---

American Samoa, Commonwealth of the Northern Mariana Islands, Guam, U.S. Virgin Islands

June 12, 2019

This page is intentionally blank.

# Table of Contents

|  |    |
|--|----|
| Introduction.....  | 1  |
| Background.....  | 1  |
| Aligning Island Areas Censuses questionnaires with the ACS.....  | 2  |
| Island Areas Censuses Content Determination Process.....   | 2  |
| Note About Question Images.....  | 3  |
| Operational Questions.....   | 5  |
| 2020 Island Areas Censuses Questions.....  | 7  |
| Acreage and Agricultural Sales.....  | 9  |
| Age.....   | 11 |
| Ancestry.....  | 13 |
| Commuting (Journey to Work).....   | 15 |
| Computer and Internet Use.....   | 17 |
| Disability.....  | 19 |
| Fertility.....   | 21 |
| Grandparent Caregivers.....  | 23 |
| Health Insurance Coverage.....   | 25 |
| Hispanic Origin.....   | 27 |
| Home Value and Rent.....   | 29 |
| Income.....  | 31 |
| Industry, Occupation, and Class of Worker.....   | 35 |
| Labor Force Status.....  | 37 |
| Language Spoken at Home.....   | 39 |
| Marital Status and Marital History.....  | 41 |
| Migration (Previous Residence)/ Residence Five Years Ago and Reason for Migration.....                                   | 43 |
| Place of Birth, Parent’s Place of Birth , Citizenship, and Year of Entry.....  | 45 |
| Plumbing Facilities, Kitchen Facilities, and Telephone Service.....  | 47 |
| Race.....  | 49 |
| Relationship.....  | 51 |
| School Enrollment, Educational Attainment, and Undergraduate Field of Degree.....  | 53 |
| Selected Monthly Owner Costs (Cost of Utilities, Condominium and Mobile Home Fees, Taxes, Insurance, and Mortgages)..... | 55 |
| Sex.....   | 57 |
| Source of Water and Sewage Disposal.....   | 59 |
| Supplemental Nutrition Assistance Program (SNAP)/Food Stamps.....  | 61 |
| Tenure (Owner/Renter).....   | 63 |
| Units in Structure, Rooms, and Bedrooms.....   | 65 |
| Vehicles Available.....  | 67 |
| Veteran Status, Period of Service, and Department of Veterans Affairs (VA) Service-Connected Disability Rating.....      | 69 |
| Work Status Last Year.....   | 71 |
| Year Built and Year Moved In.....  | 73 |
| Appendix: Informational Questionnaires.....  | 75 |

This page is intentionally blank.

# Introduction

## BACKGROUND

Since 1790, a national census of the U.S. population has been conducted every 10 years, as required by the U.S. Constitution. Additional information beyond the population count has been collected with each census in response to the challenges facing the nation and a national desire to understand ourselves.

In the 20th century, most addresses received a short form, while a portion of addresses received a more detailed long form. The Census 2000 short form was designed to collect basic demographic and housing information (such as age, Hispanic origin, race, relationship, sex, and tenure) to be used for apportionment and redistricting. The long form, sent to approximately one in six households, collected social, housing, and economic information (such as citizenship, educational attainment, disability status, employment status, income, and housing costs) that was used to plan and determine funding for various federal, state, local, and tribal programs.

Since 2005, these data have been collected monthly (and released annually) through the American Community Survey (ACS) to provide communities, businesses, and the public with the detailed characteristics from the long form more frequently. This innovation enabled the 2010 Census to be a short form census. Decoupling the collection of short and long form data allowed the U.S. Census Bureau to focus decennial census efforts on the constitutional requirements to produce a count of the resident population, while employing technology in both collections to improve efficiencies, improve accuracy, and reduce costs. The result has been the dissemination of more current and detailed information than has ever been available.

In the 50 states, the District of Columbia, and Puerto Rico, the decennial census program will provide an official count through a short form census, as well as a

portrait of communities counted across the nation through data collected by the ACS.

In American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands, the population will be counted through a long form census. The Census Bureau conducts decennial census operations in partnership with the governments of American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands to comply with the legal requirements set forth in Title 13 of the United States Code (U.S.C.) and meet the specific data needs of the Island Areas.

The geographic scope of the decennial census is specified in Title 13 U.S.C. Section 191 as covering the 50 states, the District of Columbia, Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the U.S. Virgin Islands, and “as may be determined by the Secretary, such other possessions and areas over which the United States exercises jurisdiction, control, or sovereignty.” The latter authority includes American Samoa.

The Census Bureau has authority to participate in the 2020 Island Areas Censuses with the Governors of the Island Areas under:

- 1) **13 U.S.C. § 141**—Authorizes the decennial census.
- 2) **13 U.S.C. § 191**—Requires that the decennial census include any area not specifically designated in subsection (a) of section 191 and authorizes the Secretary to use information collected by the governor, if such information was obtained in accordance with plans prescribed or approved by the Secretary.
- 3) **13 U.S.C. § 6**—Authorizes the Census Bureau to acquire records, reports, or other materials from “states, counties, cities, or other units of governments, or their instrumentalities” for the efficient and economical conduct of the census.
- 4) **13 U.S.C. § 12 and 13**—Allow the Census Bureau to conduct “mechanical or electronic development work” (e.g., computer systems or software) or enter

into “development contracts” to do so and to receive monographs from colleges/universities (i.e., the compilation of existing research).

## ALIGNING ISLAND AREAS CENSUSES QUESTIONNAIRES WITH THE ACS

In the Island Areas, census data are collected once each decade through the decennial census. Ongoing surveys, such as the ACS, are not fielded between censuses. The Census Bureau uses a long form census to meet the Island Areas data needs for detailed social, housing, and economic information.

The thorough pretesting and field testing that shape the design of ACS questions make them an ideal starting point for the Census Bureau to use when designing the Island Areas Censuses questionnaire.

In addition to aligning the Island Areas Censuses questions with the ACS questions, the Census Bureau will also streamline questionnaires to be consistent across Island Areas. This will allow for greater comparability within the datasets produced for each Island Area.

## ISLAND AREAS CENSUSES CONTENT DETERMINATION PROCESS

To prepare the Island Areas Censuses questions, the Census Bureau worked with the local agencies designated by each Governor. These agencies are: American Samoa Department of Commerce, Commonwealth of the Northern Mariana Islands Central Statistics Division, Guam Bureau of Statistics and Plans, and University of the Virgin Islands.

As the largest statistical agency of the federal government, the Census Bureau has statistical quality standards that incorporate guidelines from both OMB and the Department of Commerce. By following these standards, the Census Bureau’s staff and contractors ensure consistency in the process, utility, objectivity, and integrity of the statistical information gathered and disseminated.

According to the guidelines, data collection instruments and supporting materials must be pretested with respondents to ensure questions are well understood. Pretesting of data collection instruments can be

accomplished by using cognitive testing, focus groups using self-administered instruments, usability techniques, behavior coding, and respondent debriefings. The standards allow for methodological expert reviews when a program is under extreme budget, resource, or time constraints.

A pretest in the field in the Island Areas was not feasible because of budget constraints and resource capacity. The Census Act requires that the questions to be included in the next census be submitted to Congress no later than two years before the census date (April 1, 2018). Island Areas Censuses data collection activities are conducted through contracts with each Island Area government, and the funds became available in fiscal year 2019, for the contracts to be awarded in December 2018. Given the timing of the availability of funding, work could not begin in time to conduct field testing.

To mitigate these constraints, the Census Bureau conducted structured expert reviews between 2016 and 2018. Census Bureau subject matter experts selected questions from the ACS (including personal interview modes), that could be fielded on a paper questionnaire data collection tool for enumerator-led personal interviews in the Island Areas. Then, Census Bureau subject matter experts and experts within agencies appointed by the Governors of each Island Area, reviewed the questions concurrently. Expert reviewers participating in the structured assessments of the questions had previous experience with expert reviews of survey questionnaires and instruments.

During the first structured expert review session, each expert reviewer was asked to review the paper-based ACS questionnaire instrument, to consider the applicability of the questions to their respective Island Area and to provide feedback on the questions and/or the questionnaire. Island Areas expert reviewers commented on question wording, response categories, and any other aspect of the questionnaire. The feedback was then reviewed to ensure these data needs were justified and to verify that these data could not be acquired by other means.

During the subsequent sessions, reviewers focused on refining the questions to be meaningful and relevant in

the Island Areas. After these structured review sessions were completed, Census Bureau staff finalized the questions to be submitted to Congress, including congressional delegates from the Island Areas.

### NOTE ABOUT QUESTION IMAGES

Where a reference to the specific Island Area is necessary to improve readability and understanding, the reference will be adapted to the specific location. For example, the question “When did this person come to live in [Island Area]?” will be “When did this person come to live in Guam?” on the Guam questionnaires. The questionnaires have been streamlined to be otherwise comparable; response categories, question numbering, and question order will all be identical.

Images included in this document are taken from the housing unit and transitory location questionnaire for American Samoa. Images of the questions that appear on each Island Area questionnaire are available in the Appendix. Specific formatting is used to guide the enumerator through the paper questionnaire, and ensure the enumerators read all required text to respondents.

### Questionnaire Formatting Key:

|                    |                             |
|--------------------|-----------------------------|
| <b>Bold:</b>       | Required text               |
| Plain text:        | Optional text               |
| <i>Italicized:</i> | Instruction for enumerators |

### Year of Entry Question Versions for each Island Area:

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

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

**10. When did this person come to live in the Commonwealth of the Northern Mariana Islands?**  
If this person came to live in the Commonwealth of the Northern Mariana Islands more than once, print latest year.  
Year

**10. When did this person come to live in the U.S. Virgin Islands?**  
If this person came to live in the U.S. Virgin Islands more than once, print latest year.  
Year

This page intentionally blank.



## OPERATIONAL QUESTIONS

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

- Yes  
 No → *Skip to S3.*

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

- Usually lives here – *Skip to question 1.*  
 Vacation or seasonal home or held for occasional use – *Skip to page 7.*

**S3. On April 1, 2020, was this unit**

- Occupied by a different household?** – *Using a knowledgeable respondent, complete this questionnaire for the people occupying the household on April 1, 2020.*  
 **Vacant?** – *Skip to page 7.*  
 **Not a housing unit** – *Skip to "Respondent Information" on page 44.*

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

Number of people =

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

*Mark [X] all that apply. Include any additional people on the person pages.*

- Children, related or unrelated, such as newborn babies, grandchildren, or foster children**  
 **Relatives, such as adult children, cousins, or in-laws**  
 **Nonrelatives, such as roommates or live-in babysitters**  
 **People staying here temporarily**  
 **No additional people**

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

*Mark [X] all that apply.*

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

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

Last Name(s)

First Name

MI

Address of proxy



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

Telephone Number

 -  - 

**R3. To confirm: Did you**

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

Questions about whether anyone lives or stays in the home, how many people live or stay in the home, and the names of those people will not result in published counts or estimates. These operational questions are used to better administer the data collection process and ensure greater accuracy of the data collected.

The Census Bureau uses residence criteria to determine whom to count and where. Asking these additional questions helps ensure that no one is missed, people are not counted in multiple locations, and that people are included in the right place.

Contact information is not part of published estimates and is carefully protected, as mandated by federal law, to respect the personal information of respondents.

## Selected Statutory Uses of Operational Questions Data

|  |                                 |
|--|---------------------------------|
| U.S. Department of Commerce,<br>Bureau of the Census | The Census Act, 13 USC § 141(c) |
| U.S. Department of Commerce,<br>Bureau of the Census | The Census Act, 13 USC § 181    |

## 2020 Island Areas Censuses Questions

The descriptions of the questions on the following pages are designed to give the reader a clear understanding of 1) the relationship between questions asked of respondents and the summarized data that are released in published tables, 2) how the resulting data may be used, and 3) the benefits of the data at the community level. Selected statutes and regulations that describe these uses are listed on the reverse of each page.

This page intentionally blank.

## ACREAGE AND AGRICULTURAL SALES

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

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

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

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

**QUESTIONS ABOUT THE ACREAGE ASSOCIATED WITH HOUSES AND MOBILE HOMES, AND AGRICULTURAL SALES ARE USED TO CREATE DATA ABOUT AGRICULTURAL PROPERTIES AND TO BETTER UNDERSTAND HOME VALUE STATISTICS.**

These data are used in planning government programs designed to benefit the farm population and identifying or excluding agricultural areas for many other programs.

### **ACREAGE AND AGRICULTURAL SALES DATA HELP COMMUNITIES:**

#### **Provide Equitable Housing Assistance**

Knowing which homes might qualify for farm subsidies, and which homes qualify for housing subsidies, is important to ensure that funds are fairly allocated. For example, the historical definition of Fair Market Rents, used to allocate housing assistance, has always excluded units on acreage of more than 10 acres to eliminate those

units that might benefit from farm subsidies and therefore have lower-than-market rents. Understanding which kinds of properties are eligible for certain programs helps communities inform eligible residents and determine whether the community is eligible for funds based on its farm population.

#### **Support Agricultural Programs**

Knowing which areas of a community are agricultural helps communities ensure eligible institutions receive funding for cooperative agricultural extension work and agricultural research. This funding is distributed to eligible institutions based on a legislatively determined formula that uses these data.

#### **Plan Community Development**

Knowing the size and agricultural nature of areas of each community can help communities understand changes in local housing markets; identify opportunities to improve tax, assistance, and zoning policies; and reduce tax revenue losses from vacant or abandoned properties.

## Selected Statutory Uses of Acreage and Agricultural Sales Data

|  |  |
|--|--|
| U.S. Department of Housing and Urban Development | United States Housing Act of 1937, Public Law 93-383, as amended, 42 USC § 1437f(c)(1); 24 CFR 888.113, 24 CFR 982.401 |
|--|--|

## AGE

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

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

years                 

### **ANSWERS TO THE AGE AND DATE OF BIRTH QUESTIONS ARE USED TO UNDERSTAND THE SIZE AND CHARACTERISTICS OF DIFFERENT AGE GROUPS AND TO PRESENT OTHER DATA BY AGE.**

Age data are used in planning and funding government programs that provide funds or services for specific age groups, such as children, working-age adults, women of childbearing age, or the older population. These statistics are also used to enforce laws, regulations, and policies against age discrimination in government programs and in society.

#### **AGE DATA HELP COMMUNITIES:**

##### **Provide Assistance to Older Americans**

Knowing how many people in a community are aged 60 and older helps local officials provide programs and services that enable older adults to remain living safely in their homes and

communities (Older Americans Act). Age data are also used in programs that provide services and assistance to seniors.

##### **Provide Assistance to Children and Families**

Knowing the numbers and ages of children in families can help communities enroll eligible families in programs designed to assist them. For example, age data are used in targeted efforts to enroll eligible people in Medicaid and the Children's Health Insurance Program.

##### **Educate Children and Adults**

Knowing how many children and adults depend on services through schools can help school districts make long-term building, staffing, and funding decisions.

##### **Ensure Equal Opportunity**

Knowing the age distribution of a community's population helps government and communities enforce laws, regulations, and policies against discrimination based on age.

## Selected Statutory Uses of Age Data

|   |   |
|---|---|
| U.S. Department of Agriculture  | 42 USC § 1472, 1474, 1485, 1486, 1490, and 1490a, 7 CFR 3550.10   |
| U.S. Department of Health and Human Services, Administration for Community Living                           | 42 USC § 300kk  |
| U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services                     | Patient Protection and Affordable Care Act, Public Law 111-148, Section 10334; 42 USC § 300kk   |
| U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation | 42 USC § 1397ii(b)(2)(A)–(C)  |
| U.S. Department of Labor  | Older Americans Act Amendments of 2000, Public Law 109-365, 42 USC § 3056e; 20 CFR 641.140, 641.360, and 641.365  |
| U.S. Department of Labor  | 29 USC § 49f(a)(3)(D), 49g(d), and 49l-2(a)15   |
| U.S. Department of Transportation   | Fixing America's Surface Transportation Act, Public Law 114-94; 49 USC § 5303(c), (e), (h), (i), (j), (k), and (n)  |
| U.S. Environmental Protection Agency  | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)–(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1)                                 |
| U.S. Equal Employment Opportunity Commission, Office of General Counsel                                     | Age Discrimination in Employment Act of 1967, Public Law 90-202, 29 USC § 623(a)–(d) and 633a; 29 CFR 1625.7(d); Hazelwood School Dist. v. United States, 433 U.S. 299 (1977) |
| U.S. Social Security Administration   | The Social Security Act, Public Law 74-271, as amended, 42 USC § 401(c)   |



## ANCESTRY

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

### **A QUESTION ABOUT A PERSON'S ANCESTRY OR ETHNIC ORIGIN IS USED TO CREATE STATISTICS ABOUT VARIOUS ANCESTRY GROUPS.**

Ancestry data are used in planning and evaluating government programs and policies to ensure they fairly and equitably serve the needs of all groups. These statistics are also used to enforce laws, regulations, and policies against discrimination in society.

### **ANCESTRY DATA HELP COMMUNITIES:**

#### **Ensure Equal Opportunity**

Knowing the ethnic groups in a community in combination with information about housing, language, and employment, helps government and

communities enforce laws, regulations, and policies against discrimination based on national origin. For example, ancestry data are used to enforce nondiscrimination in employment by federal agencies, private employers, employment agencies, and labor organizations; and to enforce laws, regulations, and policies against discrimination in federal financial assistance (Civil Rights Act of 1964).

#### **Understand Changes**

Knowing whether people from different backgrounds have the same opportunities in employment, homeownership, and many other areas is of interest to researchers, advocacy groups, and policymakers. For example, ancestry data are used with age and language data to address language and cultural diversity needs in health care plans for the older population.

## Selected Statutory Uses of Ancestry Data

|   |   |
|---|---|
| U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics | 42 USC § 242k(b), (h), and (l)  |
| U.S. Department of Justice, Civil Rights Division   | Title VI of Civil Rights Act of 1964, 42 USC § 2000d to 2000d-7; 28 CFR 42.101 to 42.112; 28 CFR 42.401 to 42.415; 28 CFR 50.3; 67 Fed. Reg. 41, 555 (June 18, 2002); <u>Lau v. Nichols</u> , 414 U.S. 563 (1974) |
| U.S. Department of Justice, Civil Rights Division   | Civil Rights Act of 1964, 42 USC § 2000c et seq.  |
| U.S. Equal Employment Opportunity Commission, Office of General Counsel   | Civil Rights Act of 1964, Public Law 88-352; 42 USC § 2000e-2(k)(1)(A); <u>Hazelwood School Dist. v. United States</u> , 433 U.S. 299, 307-308 (1977)   |
| U.S. Equal Employment Opportunity Commission, Office of Research, Information, and Planning                                     | Civil Rights Act of 1964, Public Law 88-352; 42 USC § 2000e-2(k)(1)(A); <u>Hazelwood School Dist. v. United States</u> , 433 U.S. 299, 307-308 (1977)   |
| U.S. Environmental Protection Agency  | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1)   |
| U.S. Department of Health and Human Services, Administration for Children and Families  | Community Services Block Grant Act, Public Law 105-285, § 673 (2), 674, and 681A, 42 USC § 9902 (2), 9903, and 9908 (b)(1)(A), (b)(11) & (c)(1)(A)(i)   |

## COMMUTING (JOURNEY TO WORK)

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

American Samoa – Print name of village below. ↴

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

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

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

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

**QUESTIONS ABOUT WHERE PEOPLE WORK, HOW THEY GET THERE, WHEN THEY LEAVE, AND HOW LONG IT TAKES ARE USED TO CREATE DATA ABOUT COMMUTING, OR A PERSON'S JOURNEY TO WORK.**

Journey to work data are used in planning and funding for improvements to road infrastructure, developing transportation plans and services, and understanding where people are traveling in the course of a normal day. These data are also used to evaluate transportation plans to ensure they fairly and equitably serve the needs of all groups.

The address-level specificity of the ACS place of work question is not needed in the Island Areas, as data products that detail the distance of commutes or the flows from residence to worksite geographies are not required by data uses.

The categories in the transportation to work question were adapted to include the types of

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

Person(s)

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

Hour Minute  a.m.

 : 

p.m.

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

Minutes

transportation that are used in the Island Areas. The categories private van/bus; public van/bus; plane or seaplane; and boat, ferry, or water taxi were added. The terms subway or elevated rail; long-distance train or commuter rail; light rail, streetcar, or trolley; and ferryboat were removed.

### COMMUTING DATA HELP COMMUNITIES:

#### Improve Transportation Planning

Knowing where people commute to and from, and what time of day they are commuting, helps transportation planners create transportation plans that are compliant with various transportation, environmental, and antidiscrimination regulations.

Local agencies and organizations use these statistics to plan transportation programs and services that meet the diverse needs of local populations, including the disabled population, bicycle commuters, carpools, and ride-sharers. Commuting data are also used to forecast future use of new or updated transportation systems.

#### Ensure Equal Opportunity

Knowing where people could reasonably commute from to work in a certain area is used by communities and businesses for employment planning, and by communities and governments to enforce laws, regulations, and policies against employment discrimination.

## Selected Statutory Uses of Commuting (Journey to Work) Data

|   |   |
|---|---|
| U.S. Department of Health and Human Services, Administration for Children and Families  | Community Services Block Grant Act, Public Law 105-285, 42 USC § 9902 (2), 9903, and 9908 (b)(1)(A), (b)(11) & (c)(1)(A)(i),              |
| U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services   | 2003 Medicare Modernization Act, 42 USC § 1395ww(d)(13)   |
| U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Healthcare Workforce Analysis | Public Health Service Act, § 761(b)(2)(A), 792(a), 792(b)(2), and 806(f)(1), 42 USC § 294n, 295k, and 296e                                |
| U.S. Department of Justice, Civil Rights Division   | Title VII of the Civil Rights Act of 1964, 42 USC § 2000e(2)(k); <u>Wards Cove Packing Co. v. Atonio</u> , 490 U.S. 642 (1989)            |
| U.S. Department of Transportation   | 49 USC § 5303; 49 CFR Part 613  |
| U.S. Department of Transportation   | Fixing America's Surface Transportation Act, Public Law 114-94; 49 USC § 5304; 49 CFR Part 613, Subpart B                                 |
| U.S. Department of Transportation   | Fixing America's Surface Transportation Act, Public Law 114-94; 49 USC § 5303(c), (e), (h), (i), (j), (k) & (n)                           |
| U.S. Department of Transportation   | 49 USC § 6302(b)(3)(B), 6303(c), 6304(a), 6309 (a)  |
| U.S. Environmental Protection Agency  | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), (o)(1) |
| U.S. Equal Employment Opportunity Commission, Office of Federal Operations  | The Rehabilitation Act of 1973, Public Law 93-112; 29 USC § 791(b); 29 CFR 1614.602   |

## COMPUTER AND INTERNET USE

**9. Please read the COMPUTER USE section on the Flashcard. 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"/> |

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

Yes

No → *SKIP to question 12*

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

Yes

No → *SKIP to question 12*

**11. Please read the INTERNET section on the Flashcard. 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"/> |

The Census Bureau uses the version of the internet access questions used in ACS personal interviewing for the 2020 Island Areas Censuses questionnaires.

### COMPUTER AND INTERNET USE DATA HELP COMMUNITIES:

#### Ensure Residents Can Communicate

Agencies can use these statistics to evaluate access to broadband in their communities. Schools, libraries, rural health care providers, and other public service providers, also use this information. Communities ensure their residents are connected to assistance programs, emergency services, and important information. These statistics may also be useful to understand whether to use Internet or more expensive outreach methods for distributing important public health or safety information.

Federal agencies use these data to evaluate the extent of access to, and adoption of, broadband with a focus on underserved areas. Agencies might choose to use these statistics to evaluate access to broadband in their communities.

**QUESTIONS ABOUT THE COMPUTERS AND DEVICES THAT PEOPLE USE, WHETHER PEOPLE ACCESS THE INTERNET, AND HOW PEOPLE ACCESS THE INTERNET ARE USED TO CREATE DATA ABOUT COMPUTER AND INTERNET USE.**

These questions were added as a requirement of the Broadband Data Improvement Act of 2008. They help federal agencies measure the development of broadband access and decrease barriers to broadband access.

## Selected Statutory Uses of Computer and Internet Use Data

|   |   |
|---|---|
| U.S. Federal Communications Commission  | Broadband Data Improvement Act of 2008, Public Law 110-385, 47 USC § 1303(d)                              |
| U.S. Department of Commerce, National Telecommunications and Information Administration | Broadband Data Improvement Act of 2008, Public Law 110-385, 47 USC § 1303(d)                              |
| U.S. Department of Transportation   | Fixing America's Surface Transportation Act, Public Law 114-94; 49 USC § 5304; 49 CFR Part 613, Subpart B |

## DISABILITY

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

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

- Yes  
 No

c. Does this person have difficulty dressing or bathing?

- Yes  
 No

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

- Yes  
 No

**QUESTIONS ABOUT A PERSON'S DIFFICULTY WITH SPECIFIC DAILY TASKS ARE USED TO CREATE STATISTICS ABOUT DISABILITY.**

Disability data are used in planning and funding government programs that provide funds or services for populations with disabilities. In addition, these data are used in evaluating other government programs and policies to ensure that they fairly and equitably serve the needs of all groups. These statistics are also used to enforce laws, regulations, and policies against discrimination.

## DISABILITY DATA HELP COMMUNITIES:

### Provide Adequate Housing

Knowing the different types of disabled households in a community helps communities understand whether available housing meets the needs of residents. When housing is not sufficient or not affordable, disability data can help communities enroll eligible households in programs designed to assist them and can help communities qualify for grants from the Community Development Block Grant, HOME Investment Partnerships Program, Emergency Solutions Grants, Housing Opportunities for Persons With AIDS, and other programs.

### Provide Health Care to Children and Families

Knowing the disability status of people in families in combination with other information, such as household income, health insurance status, and poverty status, can help communities enroll eligible families in programs designed to assist them. For example, disability data are used to target efforts to enroll eligible people in Medicaid, and the Children's Health Insurance Program (CHIP). Disability data are also used to ensure that Medicare, Medicaid, and CHIP programs are adequately serving these families.

### Ensure Equal Opportunity

Knowing the disability status of people in the community in combination with information about housing and employment, helps governments and communities enforce laws, regulations, and policies against discrimination based on disability status.

### Provide Assistance to People with Disabilities

Knowing how many people in a community over a certain age have a disability helps local officials provide programs and services to older adults that enable them to remain living safely in their homes and communities (Older Americans Act). Disability status data are also used in programs that provide services and assistance to people with a disability.

## Understand Changes

Knowing whether people with disabilities have the same opportunities in employment, home ownership, and many other areas is of interest to researchers, advocacy groups, and policymakers.

Communities also need to understand changes in the needs and geographic concentrations of people with disabilities to ensure that they can meet the community's needs during weather events, disasters, and public health emergencies.

## Selected Statutory Uses of Disability Data

|   |   |
|---|---|
| U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics | 42 USC § 242k(b), (h), and (l)  |
| U.S. Department of Health and Human Services, Centers for Disease Control and Prevention  | Public Health Service Act, § 301, 42 USC 241; Public Health Service Act, § 3101, 42 USC § 300kk   |
| U.S. Department of Health and Human Services, Administration for Community Living   | 42 USC § 300kk  |
| U.S. Department of Health and Human Services, Administration for Community Living   | Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, § 124(c)(5); 42 USC § 15024   |
| U.S. Department of Health and Human Services, Administration for Community Living   | Older Americans Act of 1965; Public Law 89-73; 42 USC § 3013, 3024, 3030s-1, 3032   |
| U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services   | Patient Protection and Affordable Care Act, Public Law 111-148, §10334; 42 USC § 300kk.   |
| U.S. Department of Health and Human Services, Health Resources and Services Administration                                      | Public Health Service Act § 792(b)(2), 42 USC § 295(k)(b)(2)  |
| U.S. Department of Health and Human Services, Office for Civil Rights   | Rehabilitation Act of 1973, § 504, Public Law 93-112; Americans with Disabilities Act Titles II and III, as amended by the ADA Amendments Act of 2008, Public Law 110-325, 42 USC § 126 |
| U.S. Department of Housing and Urban Development  | McKinney-Vento Homeless Assistance Act, 42 USC § 11371-11376; 24 CFR Part 91  |
| U.S. Department of Housing and Urban Development  | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625, 42 USC § 12705(b)(1)-(3); 24 CFR Part 91; 24 CFR 91.205(a)-(c)   |
| U.S. Department of Housing and Urban Development  | Rehabilitation Act of 1973, § 504, Public Law 93-112, 29 USC § 794; 24 CFR § 8.22(b); 24 CFR §8.23(a)   |
| U.S. Department of Veterans Affairs   | 38 USC § 546  |
| U.S. Department of Veterans Affairs   | 38 USC § 8104(b)(2)   |



## FERTILITY

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

None or   Number of children

### A QUESTION ABOUT THE NUMBER OF BABIES A PERSON HAS HAD IS USED TO CREATE STATISTICS ABOUT FERTILITY.

Fertility data are used in planning government programs and adjusting other important data, such as the size of the population eligible for different services, as new people are born. These statistics can also be used to project the future size of the population and to understand more about growing families.

The Census Bureau uses the version of this question that was asked in the 2010 Island Areas Censuses on the 2020 Island Areas Censuses questionnaires. Because the Island Areas Censuses questions are asked once every ten years, a question about the number of babies a person has had in her lifetime provides a better measure of fertility.

## FERTILITY DATA HELP COMMUNITIES:

### Provide Health Care to Children and Families

Knowing the number of women who have given birth in combination with other information, such as marital status, labor force status, household income, health insurance status, and poverty status, can help communities understand changes in the demand for health care.

### Understand Changing Households

Knowing the characteristics of women who have given birth, including where they live, is important to understand the relationships among different development patterns, including housing and travel information, and public health and pollution.

Though local vital statistics offices typically have a count of births per year, fertility data are able to provide federal program planners, policymakers, and researchers with additional statistics about the age, education, and employment of parents in households welcoming children, and other important information about the homes (age, size, etc.) and households (income, language spoken, etc.). These data provide a more complete picture of families.

Local agencies can use these statistics in combination with other information about mothers, such as education and income, to understand future needs for the local education system and health services.

## Selected Statutory Uses of Fertility Data

|                                      |   |
|--------------------------------------|---|
| U.S. Environmental Protection Agency | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1) |
|--------------------------------------|---|

## GRANDPARENT CAREGIVERS

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

Yes

No → SKIP to question 30

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

Yes

No → SKIP to question 30

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

Less than 6 months

6 to 11 months

1 or 2 years

3 or 4 years

5 or more years

**QUESTIONS ABOUT WHETHER A PERSON IS THE PRIMARY CAREGIVER FOR HIS OR HER GRANDCHILDREN AND HOW LONG HE OR SHE HAS CARED FOR HIS OR HER GRANDCHILDREN, ARE USED TO CREATE STATISTICS ABOUT GRANDPARENT CAREGIVERS.**

Grandparent caregiver data help federal agencies understand the special provisions needed for federal programs designed to assist families, as older Americans are often in different financial, housing, and health circumstances than those of

other ages. These data are also used to measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

### GRANDPARENT CAREGIVER DATA HELP COMMUNITIES:

#### Provide Assistance to Families

Knowing more about families, particularly those where grandparents care for grandchildren, along with data about the ages of children, household income, disability, and poverty status can help communities enroll eligible families in programs designed to assist them, such as the Children's Health Insurance Program, and can help communities qualify for grants to fund these programs. These data are also used to evaluate programs such as Temporary Assistance for Needy Families.

#### Provide Assistance to Older Americans

Knowing how many people in a community are over a certain age, including whether older Americans are caring for grandchildren, helps local officials fund programs and services targeted to reach older adults with the greatest economic and social needs (Older Americans Act).

#### Understand Changing Households


Knowing more about how often grandparents are responsible for the basic care of grandchildren and how long they have been responsible, in combination with information about age, presence of children, income, etc., can help communities understand if available housing and services are meeting residents' needs.

### Selected Statutory Uses of Grandparent Caregivers Data

|  |                   |
|--|-------------------|
| U.S. Department of Commerce,<br>Bureau of the Census   | 13 USC § 141 note |
| U.S. Department of Health and<br>Human Services, Administration for Children<br>and Families | 13 USC § 141 note |

## HEALTH INSURANCE COVERAGE

**20. Please read the HEALTH INSURANCE section on the Flashcard.**  
**Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?**  
*Mark "Yes" or "No" for EACH type of coverage in items a – h.*

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

**QUESTIONS ABOUT THE SOURCES OF A PERSON'S HEALTH INSURANCE ARE USED TO CREATE STATISTICS ABOUT THE PERCENTAGE OF PEOPLE COVERED BY HEALTH INSURANCE AND THE SOURCES OF HEALTH INSURANCE.**

Health insurance data are used in planning government programs, determining eligibility criteria, and encouraging eligible people to participate in health insurance programs.

## HEALTH INSURANCE DATA HELP COMMUNITIES:

### Provide Assistance to Children and Families

Knowing the health insurance coverage status in combination with other information, such as number and age of children in families, household income, and poverty status, can help communities enroll eligible families in programs designed to assist them. For example, health insurance coverage status and age data are used to target efforts to enroll eligible people in Medicaid and the Children's Health Insurance Program (CHIP). Health insurance data are also used to ensure that Medicare, Medicaid, and CHIP programs are improving health outcomes for families.

### Provide Health Care for Veterans

Knowing the number and characteristics of veterans eligible to use Department of Veterans Affairs health care, compared to those currently using services, can help communities and the federal government estimate the future demand for health care services and facilities for veterans.

### Understand Changes

Knowing the health insurance coverage status of people in a community helps planners identify gaps in community services, plan programs that address those gaps, and qualify for funding for those programs.

Knowing more about changes in health insurance coverage rates and the characteristics of people who have or do not have health insurance is also of interest to researchers, advocacy groups, and policymakers.

## Selected Statutory Uses of Health Insurance Data

|   |  |
|---|--|
| U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality  | 42 USC § 299a(a)(3),(6),(8), 299b-2(a)(1), and 299(c)(1)(B)  |
| U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics | 42 USC § 242k(b), (h), and (l)   |
| U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services   | Patient Protection and Affordable Care Act, Public Law 111-148, §10334; 42 USC § 300kk.  |
| U.S. Department of Health and Human Services, Office for Civil Rights   | Rehabilitation Act of 1973, § 504; Public Law 93-112; Americans with Disabilities Act, Titles II and III, as amended by the ADA Amendments Act of 2008, Public Law 110-325, 42 USC § 12101 |
| U.S. Department of Veterans Affairs   | Public Law 106-117, 38 USC § 8134(a)(2)  |

## HISPANIC ORIGIN

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

No, not of Hispanic, Latino, or Spanish origin

Yes, Mexican, Mexican Am., Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.* ↗

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

### A QUESTION ABOUT WHETHER A PERSON IS OF HISPANIC, LATINO, OR SPANISH ORIGIN IS USED TO CREATE STATISTICS ABOUT THIS ETHNIC GROUP.

These data are required for federal programs and are critical factors in the basic research behind numerous policies, particularly for civil rights. Hispanic origin data are used in planning and funding government programs that provide funds or services for specific groups. These data are also used to evaluate government programs and policies to ensure they fairly and equitably serve the needs of the Hispanic population and to monitor compliance with antidiscrimination laws, regulations, and policies.

Though many respondents expect to see a Hispanic, Latino, or Spanish category on the race question, this question is asked separately because people of Hispanic origin may be of any race(s) in accordance with the 1997 Office of Management and Budget standards on race and ethnicity.

### HISPANIC ORIGIN DATA HELP COMMUNITIES:

#### Ensure Equal Opportunity

We ask about the Hispanic, Latino, or Spanish origin of community members to help governments and communities enforce antidiscrimination laws, regulations, and policies. For example, data on the Hispanic population are used to:

- Establish and evaluate the guidelines for federal affirmative action plans under the Federal Equal Opportunity Recruitment Program.
- Monitor and enforce equal employment opportunities under the Civil Rights Act of 1964.
- Identify segments of the population who may not be getting needed medical services under the Public Health Service Act.

#### Understand Changes

Researchers, advocacy groups, and policymakers are interested in knowing if the distribution of the Hispanic and non-Hispanic population changes by age, sex, relationship, and housing tenure.

## Selected Statutory Uses of Hispanic Origin Data

|   |   |
|---|---|
| U.S. Department of Commerce, Bureau of the Census                                       | 13 USC § 141(c)   |
| U.S. Department of Health and Human Services, Administration for Children and Families  | Community Services Block Grant Act, Public Law 105-285, , 42 USC § 9902(2), 9903, and 9908(b)(1)(A), (b)(11) & (c)(1)(A)(i)                   |
| U.S. Department of Health and Human Services, Administration for Community Living       | Older Americans Act of 1965, Public Law 89-73, 42 USC § 3018.   |
| U.S. Department of Health and Human Services, Administration for Community Living       | 42 USC § 300kk  |
| U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services | Patient Protection and Affordable Care Act, Public Law 111-148, § 10334; 42 USC § 300kk.  |
| U.S. Department of Housing and Urban Development  | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625, 42 USC § 12705(b)(1)-(3); 24 CFR Part 91, 24 CFR 91.205(a)-(c)         |
| U.S. Department of Housing and Urban Development  | McKinney-Vento Homeless Assistance Act, 42 USC § 11371-11376; 24 CFR Part 91  |
| U.S. Department of Housing and Urban Development  | Housing and Community Development Act of 1974, 42 USC § 5306(a)(1); 24 CFR §1003.101  |
| U.S. Department of Justice, Civil Rights Division                                       | Title VII of the Civil Rights Act of 1964, 42 USC § 2000e-2.  |
| U.S. Environmental Protection Agency  | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1) |



## HOME VALUE AND RENT

**19. a. What is the monthly rent for this house, apartment, or mobile home?**

Monthly amount – *Dollars*

\$             .00

**b. Does the monthly rent include any meals?**

Yes

No

**20. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?**

Amount – *Dollars*

\$                      .00

**QUESTIONS ABOUT THE MONTHLY RENT AMOUNT OR HOW MUCH THE HOME AND PROPERTY ARE WORTH ARE USED TO PRODUCE STATISTICS ABOUT RENT AND HOME VALUE.**

These data are used in government programs that analyze whether adequate housing is affordable for residents and provide and fund housing assistance programs. These statistics are also used to enforce laws, regulations, and policies designed to eliminate discrimination in private-market housing, government programs, and in society.

### HOME VALUE AND RENT DATA HELP COMMUNITIES:

#### Provide Adequate Housing

Knowing the different types of households in a community (single people, couples, families, roommates, etc.) helps communities understand whether available housing meets the needs of residents. Housing costs in combination with

relationship and combined income of all people in a household helps communities understand whether housing is affordable.

When rental housing is not affordable, rent data are used to identify rental distribution of housing units (the standard cost of different types of housing in different areas of the country) and to determine Fair Market Rents, which the Department of Housing and Urban Development uses to determine the amount of tenant subsidies in housing assistance programs.

When housing is not sufficient or not affordable, housing cost data can help communities enroll eligible households in programs designed to assist them and can help communities qualify for grants from the Community Development Block Grant, HOME Investment Partnerships Program, Emergency Solutions Grants, Housing Opportunities for Persons With AIDS, and other programs.

#### Plan Community Development

Knowing how the balance of rented homes, mortgaged homes, and owned homes changes over time can help communities understand changes in local housing markets and identify opportunities to improve tax, assistance, and zoning policies.

#### Ensure Equal Opportunity

Knowing more about people who rent and people who own homes in the community in combination with age, sex, race, Hispanic origin, disability, and other data, helps government and communities enforce laws, such as the 1968 Fair Housing Act designed to eliminate discrimination in housing.

## Selected Statutory Uses of Home Value and Rent Data

|  |  |
|--|--|
| U.S. Department of Agriculture   | 42 USC § 1485, 1486, 1490a, 1490l, 1490m, 1490p-2, 1490r; 7 CFR 1940.560 through 1940.567, 1940.575; 7 CFR 3550.10, 3560.11, 3560.152(a)(2), 3560.254(c)     |
| U.S. Department of Health and Human Services, Administration for Children and Families | Community Services Block Grant Act, Public Law 105-285, 42 USC § 9902 (2), 9903, and 9908 (b)(1)(A), (b)(11) & (c)(1)(A)(i),                                 |
| U.S. Department of Health and Human Services, Administration for Children and Families | 42 USC § 9902 (2), 9908(b)(1)(A), and 9914 (a) and (c )  |
| U.S. Department of Housing and Urban Development                                       | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625, 42 USC § 12705(b)(1)-(3); 24 CFR Part 91, 24 CFR 91.205(a)-(c)                        |
| U.S. Department of Housing and Urban Development                                       | McKinney-Vento Homeless Assistance Act, 42 USC §11371-11376; 24 CFR Part 91  |
| U.S. Department of Housing and Urban Development                                       | United States Housing Act of 1937, Public Law 93-383, as amended; 42 USC § 1437f(c)(1); 24 CFR 888.113, 24 CFR 982.401                                       |
| U.S. Department of Housing and Urban Development                                       | Housing and Economic Recovery Act of 2008, Public Law 110-289, Federal Housing Enterprises Financial Safety and Soundness Act of 1992, § 1338, 12 USC § 4568 |
| U.S. Department of Transportation  | 49 USC § 6302(b)(3)(B), 6303(c ), 6304(a), and 6309 (a).   |
| U.S. Department of Transportation  | Fixing America's Surface Transportation Act, Public Law 114-94; 49 USC § 5303(c), (e), (h), (i), (j), (k) and (n)  |
| U.S. Environmental Protection Agency   | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1)                |

INCOME

46. INCOME IN 2019

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

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

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

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the net income after business expenses?

TOTAL AMOUNT – Dollars

\$  .00

No

Loss

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

Loss

QUESTIONS ABOUT THE FUNDS A PERSON RECEIVES FROM VARIOUS SOURCES ARE USED TO CREATE STATISTICS ABOUT INCOME, ASSISTANCE, EARNINGS, AND POVERTY STATUS

Income data are used in planning and funding government programs that provide economic assistance for populations in need and measure economic well-being. Income and poverty estimates are often part of allocation formulas that determine how food, health care, job training, housing, and other assistance are distributed.

The Census Bureau uses versions of these questions from ACS group quarters and personal interviews. The version of these questions used in

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

OR \$  .00

None

TOTAL AMOUNT for 2019

Loss

ACS self-response would likely require significant probing as each subpart is not phrased as a question.

## **INCOME DATA HELP COMMUNITIES:**

### **Provide Adequate Housing**

Knowing the combined income of all people in a household in combination with housing costs, helps communities understand whether housing is affordable for residents. When housing is not sufficient or not affordable, income data can help communities enroll eligible households in programs designed to assist them and can help communities qualify for grants from the Community Development Block Grant, HOME Investment Partnerships Program, Emergency Solutions Grant, Housing Opportunities for Persons With AIDS, and other programs.

### **Provide Assistance to Older Americans**

Knowing how many older people in a community are living in poverty in combination with other information, such as age and disability status of other family members, can help communities ensure these residents receive appropriate assistance.

### **Provide Assistance to Children and Families**

Knowing household income in combination with other information, such as the number and age of children in families, health insurance status, and poverty status, can help communities enroll eligible

families in programs designed to assist them. For example, income data are used to identify eligibility and provide funding in programs such as Medicaid, the Child and Adult Care Food Program, and Head Start.

### **Educate Children and Adults**

Knowing how many children and adults depend on services through schools helps school districts make long-term building, staffing, and funding decisions. Household income and family composition determine poverty status, which is used along with school enrollment, information on disability status, and language spoken at home to help schools understand the needs of their students and qualify for grants that help fund programs for students with needs for additional services or assistance, including free/reduced price school lunches.

### **Plan Community Development**

Knowing more about the financial situation of residents, including income, employment, and housing costs, can help communities qualify for loan and grant programs designed to stimulate economic recovery, improve housing, run job-training programs, and define areas as empowerment or enterprise zones.

## Selected Statutory Uses of Income Data

|  |  |
|--|--|
| U.S. Department of Agriculture   | National Agricultural Research, Extension, and Teaching Policy Act, Public Law 95-113, Title XIV; Act of May 8, 1914, ch. 79, 7 USC § 3175; 7 USC § 343(d) |
| U.S. Department of Agriculture   | 7 USC § 2020(e)(1); 7 CFR 272.4(b)(6)  |
| U.S. Department of Agriculture   | 42 USC § 1766(f)(3)(A)(ii)(I)(aa) and 1766(f)(3)(E)(i); 7 CFR 226.15(f)  |
| U.S. Department of Health and Human Services, Administration for Community Living        | 42 USC § 300kk   |
| U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services  | Patient Protection and Affordable Care Act, Public Law 111-148, §10334; 42 USC § 300kk.  |
| U.S. Department of Health and Human Services, Centers for Disease Control and Prevention | Public Health Service Act, § 301, 42 USC 241; Public Health Service Act, § 3101, 42 USC § 300kk  |
| U.S. Department of Housing and Urban Development   | McKinney-Vento Homeless Assistance Act, 42 USC 11371-11376; 24 CFR Part 91   |
| U.S. Department of Housing and Urban Development   | Housing and Community Development Act of 1974, 42 USC § 5306(a)(1); 24 CFR §1003.101   |
| U.S. Department of Housing and Urban Development   | Housing and Community Development Act of 1974, Public Law 93-383, as amended, 42 USC § 1439 (d)(1)(A)(i); 24 CFR 791.402                                   |
| U.S. Department of Housing and Urban Development   | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625, 42 USC § 12705(b)(1)-(3); 24 CFR Part 91, 24 CFR 91.205(a)-(c)                      |

This page intentionally blank.

## INDUSTRY, OCCUPATION, AND CLASS OF WORKER

### 45. DESCRIPTION OF EMPLOYMENT

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

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

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

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

#### PRIVATE SECTOR EMPLOYEE

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

#### GOVERNMENT EMPLOYEE

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

#### SELF-EMPLOYED OR OTHER

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

d. Was this mainly – Mark  ONE box.

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

These data are used to provide information about the labor force in government programs, to evaluate government programs and policies to ensure they fairly and equitably serve the needs of all groups, and to enforce laws, regulations, and policies against discrimination in society.

In question 45a, the term territorial was added to the local government response category and the state government category was removed. The question is based on the version of the question used in the 2019 ACS, and the adaptation is similar to how these categories were adapted in the 2010 Island Areas Censuses.

### INDUSTRY, OCCUPATION, AND CLASS OF WORKER DATA HELP COMMUNITIES:

#### Provide Employment Opportunities

Knowing whether programs designed to employ specific groups, such as people with disabilities or veterans, are succeeding is important to employers, federal agencies, and federal government contractors (Vietnam Era Veterans' Readjustment Assistance Act, Rehabilitation Act of 1973). Industry, occupation, and class of worker

QUESTIONS ABOUT A PERSON'S EMPLOYER, THE KIND OF BUSINESS OR INDUSTRY OF THAT EMPLOYER, THE KIND OF WORK A PERSON DOES, AND THAT PERSON'S MOST IMPORTANT ACTIVITIES ARE USED TO PRODUCE INDUSTRY, OCCUPATION, AND CLASS OF WORKER STATISTICS

data provide additional detail about the jobs and careers pursued by people participating in these programs.

Local agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and promote business opportunities.

### Ensure Equal Employment Opportunity

Knowing more about people who are employed or looking for work in combination with educational attainment, age, sex, race, Hispanic origin, disability status, veteran status, and other data, helps governments and communities enforce civil rights laws against employment discrimination. For example, these data are used to enforce

nondiscrimination in employment by federal agencies, private employers, employment agencies, and labor organizations (Civil Rights Act of 1964).

### Understand Changes

Knowing the characteristics of growing or declining industries and occupations is an important part of estimating changes in the economy. Labor force estimates are used in funding decisions; to ensure surveys are accurate, including surveys that provide official labor market estimates; and to understand change in other data (Wagner-Peyser Act and Workforce Investment Act).

Class of worker data, in particular, are used by the National Institute of Food and Agriculture to understand changes in farm workers and agriculture.

## Selected Statutory Uses of Industry, Occupation, and Class of Worker Data

|  |  |
|--|--|
| U.S. Department of Agriculture   | Smith- Lever Act of 1914, 7 USC § 343(c)   |
| U.S. Department of Agriculture   | National Agricultural Research, Extension, and Teaching Policy Act, Public Law 95-113, Title XIV, 7 USC § 3222   |
| U.S. Department of Agriculture   | National Agricultural Research, Extension, and Teaching Policy Act, Public Law 95-113, Title XIV, 7 USC § 3221   |
| U.S. Department of Justice, Civil Rights Division                          | Title VII of the Civil Rights Act of 1964, Public Law 88-352, 42 USC § 2000e-2   |
| U.S. Department of Justice, Civil Rights Division                          | Title VII of the Civil Rights Act of 1964, Public Law 88-352, 42 USC § 2000e-2; <u>Wards Cove Packing Co. v. Atonio</u> , 490 U.S. 642 (1989)  |
| U.S. Department of Transportation  | 49 USC § 5303; 49 CFR Part 613   |
| U.S. Department of Transportation  | 49 USC §6303(c ) and6304(a);   |
| U.S. Equal Employment Opportunity Commission, Office of Federal Operations | The Rehabilitation Act of 1973, Public Law 93-112; 29 USC § 791 (b); 29 CFR 1614.602   |
| U.S. Equal Employment Opportunity Commission, Office of General Counsel    | Age Discrimination in Employment Act of 1967, Public Law 90-202,29 USC § 623(a)-(d) and 633a; 29 CFR 1625.7(d); <u>Hazelwood School Dist. v. United States</u> , 433 U.S. 299 (1977) |



## LABOR FORCE STATUS

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

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

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

- Yes
- No → SKIP to question 39a

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

- Yes → SKIP to question 39c
- No

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

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

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

- Yes → SKIP to question 41
- No

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

- Yes
- No → SKIP to question 42a

**41. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**

- Yes, could have gone to work
- No, because of own temporary illness
- No, because of all other reasons (in school, etc.)

**QUESTIONS ABOUT WHETHER A PERSON WORKED LAST WEEK AND, IF THE ANSWER IS NO, WHY HE OR SHE WAS NOT WORKING, WHETHER HE OR SHE PLANS TO RETURN TO WORK, AND HOW MUCH HE OR SHE WORKED IN THE PAST YEAR ARE USED TO PRODUCE STATISTICS ABOUT THE LABOR FORCE, INCLUDING UNEMPLOYMENT STATISTICS.**

Labor force data are used in planning and funding government programs that provide unemployment assistance and services. These data are also used to evaluate other government programs and policies to ensure they fairly and equitably serve the needs of all groups, and to enforce laws, regulations, and policies against discrimination in society.

### LABOR FORCE DATA HELP COMMUNITIES:

#### Provide Employment Opportunities

Knowing whether programs designed to employ specific groups, such as people with disabilities or veterans, are succeeding is important to employers, federal agencies, and federal government contractors (Vietnam Era Veterans' Readjustment Assistance Act, Rehabilitation Act of 1973). Agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs, including job fairs and training programs, and to promote business opportunities.

#### Ensure Equal Opportunity

Knowing more about people who are employed or looking for work in combination with age, sex, race, Hispanic origin, disability status, veteran status, and other data, helps governments and communities enforce laws, regulations, and policies against discrimination in employment. For example, labor force data are used to enforce nondiscrimination in employment by federal agencies, private employers, employment agencies, and labor organizations (Civil Rights Act of 1964).

#### Understand Changes

Knowing the characteristics of people who are working or looking for work is an important part of estimating changes in the economy. Labor force estimates are used in funding decisions; to ensure surveys are accurate, including surveys that provide official labor market estimates; and to understand change in other data (Wagner-Peyser Act and Workforce Investment Act).

## Selected Statutory Uses of Labor Force Status Data

|   |   |
|---|---|
| U.S. Department of Health and Human Services, Administration for Community Living | Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, Section 124(c)(3); 42 U.S.C §15024  |
| U.S. Department of Justice, Civil Rights Division                                 | Title VII of the Civil Rights Act of 1964, Public Law 88-352, 42 USC § 2000e-2; <u>Wards Cove Packing Co. v. Atonio</u> , 490 U.S. 642 (1989)   |
| U.S. Department of Labor  | 29 USC § 49f(a)(3)(D), 49g(d), and 49l-2(a)   |
| U.S. Department of Transportation   | 49 USC § 5303; 49 CFR Part 613  |
| U.S. Department of Transportation   | Moving Ahead for Progress in the 21st Century Act, Public Law 112-141 (2012), 49 USC § 5304 (a); 49 CFR Part 613, Subpart B   |
| U.S. Equal Employment Opportunity Commission, Office of Federal Operations        | The Rehabilitation Act of 1973, Public Law 93-112, 29 USC § 791 (b); 29 CFR 1614.602  |
| U.S. Equal Employment Opportunity Commission, Office of General Counsel           | Age Discrimination in Employment Act of 1967, Public Law 90-202, 29 USC § 623(a)-(d) and 633a; 29 CFR 1625.7(d); <u>Hazelwood School Dist. v. United States</u> , 433 U.S. 299 (1977) |

## LANGUAGE SPOKEN AT HOME

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

- Yes  
 No → *SKIP to question 18*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

- Very well  
 Well  
 Not well  
 Not at all

**QUESTIONS ABOUT WHETHER A PERSON SPEAKS A LANGUAGE OTHER THAN ENGLISH AT HOME, WHAT LANGUAGE HE OR SHE SPEAKS, AND HOW WELL HE OR SHE SPEAKS ENGLISH ARE USED TO CREATE STATISTICS ABOUT LANGUAGE AND ABOUT ABILITY TO SPEAK ENGLISH.**

Language data are used in planning government programs for adults and children who do not speak English well. These data are also used to ensure that information about public health, law, regulations, and safety is communicated in languages that community members understand.

## LANGUAGE SPOKEN AT HOME DATA HELP COMMUNITIES:

### Educate Children

Knowing how many children and youth with limited English-speaking abilities depend on services through schools helps school districts make long-term staffing and funding decisions.

### Ensure Equal Opportunity

Knowing the languages spoken by people in the community in combination with information about housing and employment, helps the government and communities enforce laws, regulations, and policies against discrimination based on national origin.

Knowing languages spoken in a community also helps federal agencies identify needs for services for people with limited English proficiency under Executive Order 13166.

### Understand Changes

Knowing whether people who speak languages other than English have the same opportunities in employment and home ownership, and many other areas is of interest to researchers, advocacy groups, and policymakers. For example, language data are used with age and ancestry data to address language and cultural diversity needs in health care plans for the older population.

## Selected Statutory Uses of Language Spoken at Home Data

|   |   |
|---|---|
| U.S. Department of Agriculture  | 7 USC § 2020(e)(1); 7 CFR 272.4(b)(6)   |
| U.S. Department of Health and Human Services, Administration for Children and Families  | 42 USC § 9835(g)  |
| U.S. Department of Health and Human Services, Administration for Community Living   | 42 USC § 300kk  |
| U.S. Department of Health and Human Services, Administration for Community Living   | Older Americans Act of 1965, Public Law 89-73, as amended, 42 USC § 3013, 3024. 3030s-1, 3032   |
| U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services   | Patient Protection and Affordable Care Act, Public Law 111-148, § 10334; 42 USC § 300kk   |
| U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics | 42 USC § 242k (l)   |
| U.S. Department of Housing and Urban Development  | McKinney-Vento Homeless Assistance Act 42 USC § 11371-11376; 42 USC § 12901; 24 CFR Part 91; 24 CFR Part 576;   |
| U.S. Department of Housing and Urban Development  | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625, 42 USC § 12705(b)(1)-(3); 24 CFR Part 91, 24 CFR 91.205(a)-(c)   |
| U.S. Department of Justice, Civil Rights Division   | The Civil Rights Act of 1964, Title VI, 42 USC § 2000d to 2000d-7; 28 CFR 42.101 to 42.112; 28 CFR 42.401 to 42.415; 28 CFR 50.3; <u>Lau v. Nichols</u> , 414 U.S. 563 (1974) |

## MARITAL STATUS AND MARITAL HISTORY

24. What is this person's marital status?

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

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

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

26. How many times has this person been married?

- Once
- Two times
- Three or more times

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

Year

**QUESTIONS ABOUT WHETHER A PERSON IS CURRENTLY MARRIED, WIDOWED, DIVORCED, SEPARATED, OR NEVER MARRIED; WHETHER HIS OR HER MARITAL STATUS CHANGED IN THE PAST 12 MONTHS; AND LIFETIME MARRIAGES ARE USED TO CREATE STATISTICS ABOUT CURRENT MARITAL STATUS AND MARITAL HISTORY.**

Marital status and marital history data help federal agencies understand marriage trends, forecast future needs of programs that have spousal benefits, and measure the effects of policies and programs that focus on the well-being of families, including tax policies and financial assistance programs.

## MARITAL STATUS AND MARITAL HISTORY DATA HELP COMMUNITIES:

### Provide Benefits to Spouses and Survivors

Knowing more about how many spouses and ex-spouses may qualify for programs with spousal benefits, including veteran and social security programs, can help federal agencies ensure adequate funding and facilities for these programs and can help communities determine where gaps in benefits and services might exist.

### Provide Assistance to Families

Knowing more about families, particularly blended and single-parent families, along with data about the presence of children, labor force status, and poverty status, can help communities enroll eligible families in programs designed to assist them, such as the Children's Health Insurance Program, and can help communities qualify for grants to fund these programs. These data are also used to evaluate programs such as Temporary Assistance for Needy Families.

### Understand Changing Households

Knowing more about community marriage trends (whether people are marrying later in life, not getting married, or marrying again) in combination with information about age, presence of children, and income, can help communities understand if the available housing, job training, rental assistance, and administrative services and programs are meeting residents' needs during their major life changes. These data also help the federal government plan for the future. For example, the Social Security Administration estimates future program needs based on the current marital status of working people.

## Selected Statutory Uses of Marital Status and Marital History Data

|  |  |
|--|--|
| U.S. Department of Health and Human Services, Administration for Children and Families   | 13 U.S.C § 141 note  |
| U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Health Statistics | 42 USC § 242k(b), (h), and (l)                                     |
| U.S. Social Security Administration  | Social Security Act, Public Law 74–271 as amended, 42 USC § 401(c) |

MIGRATION (PREVIOUS RESIDENCE)/ RESIDENCE FIVE YEARS AGO AND REASON FOR MIGRATION

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

Person is under 5 years old → SKIP to question 20

Yes, this house → SKIP to question 20

No, different house in American Samoa

No, outside American Samoa – Print name of U.S. state, U.S. territory, or foreign country below.

|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|

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

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

**QUESTIONS ABOUT WHETHER A PERSON MOVED IN THE LAST FIVE YEARS, WHERE HE OR SHE LIVED FIVE YEARS AGO AND WHY HE OR SHE MOVED ARE USED TO CREATE STATISTICS ABOUT WHERE PEOPLE ARE MOVING.**

Migration data are used in planning government programs and adjusting other important geographic data as people move. The characteristics of people who have moved are also an important part of estimating population changes.

This question has been adapted to use the 5-year reference period, consistent with the 2000 Census long form, instead of the 1-year reference period used in the ACS. Since the data collection in the Island Areas is conducted once every 10 years, a 5-year reference period provides more information about migration over time.

**MIGRATION/RESIDENCE FIVE YEARS AGO AND REASON FOR MIGRATION DATA HELP COMMUNITIES:**

**Understand Changes**

Knowing the characteristics of people who have moved and the patterns of migration (where people move to and from) is an important part of estimating population changes. Population estimates are used in funding decisions, to ensure surveys are accurate, to understand change in other data, and to produce international migration estimates. These data also help agencies assess residential stability.

Knowing the characteristics of people who live or have lived in certain areas is important to understand the relationships among different development patterns, including housing and travel information, public health, and pollution. These data may also assist local agencies in developing programs that attract new residents or employers.

In the Island Areas, these data are also used to understand more about the migration of people from Freely Associated States that are part of the Compact of Free Association.


## Selected Statutory Uses of Migration/Residence Five Years Ago Data

|  |   |
|--|---|
| U.S. Department of Health and Human Services, Administration for Children and Families | Community Services Block Grant Act, Public Law 105-285, 42 USC § 9902 (2), 9903, and 9908 (b)(1)(A), (b)(11) & (c)(1)(A)(i),                  |
| U.S. Environmental Protection Agency   | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1) |



## PLACE OF BIRTH, PARENT'S PLACE OF BIRTH , CITIZENSHIP, AND YEAR OF ENTRY

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


- Yes, born in American Samoa → *SKIP to question 11a*
- Yes, born in another U.S. state or U.S. territory
- Yes, born abroad of U.S. citizen or U.S. national parent or parents
- Yes, U.S. citizen by naturalization – *Print year of naturalization.* 
- No, not a U.S. citizen or U.S. national (permanent resident)
- No, not a U.S. citizen or U.S. national (temporary resident)

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


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

Year

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

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

**b. Where was this person's father born?**

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

**QUESTIONS ABOUT A PERSON'S PLACE OF BIRTH, PARENT'S PLACE OF BIRTH, CITIZENSHIP, AND YEAR OF ENTRY ARE USED TO CREATE DATA ABOUT CITIZENS, NONCITIZENS, AND THE FOREIGN-BORN**

These statistics are essential for agencies and policymakers setting and evaluating immigration policies and laws, seeking to understand the experience of different immigrant groups, and enforcing laws, policies, and regulations against discrimination based on national origin. These

statistics are also used to tailor services to accommodate cultural differences.

In the citizenship question, the term “national” is included in relevant categories in order to count U.S. nationals living in American Samoa. The implementation of the term matches the 2010 Island Areas Censuses question used in the Pacific Islands. The permanent and temporary resident versions of the non citizen category were also added as implemented in the 2010 Island Areas Censuses question used in the Pacific Islands. This distinction is needed to understand COFA migration.

The specific geographic references, such as “in American Samoa,” are used to resolve a confusion that could result from the “this Area” reference used in the 2010 Island Areas Censuses.

The two response categories in the ACS place of birth question (“In the United States—*Print name of state*” and “Outside the United States—*Print name of foreign country, or Puerto Rico, Guam, etc.*”) may be confusing for respondents in the Island Areas as these areas are part of the United States, but are not states. Instead, the Island Areas Censuses version of the question uses one write-in field to capture the place of birth of people who were not born in the Island Areas.

### PLACE OF BIRTH, PARENT'S PLACE OF BIRTH, CITIZENSHIP, AND YEAR OF ENTRY DATA HELP COMMUNITIES:

#### Ensure Equal Opportunity

Knowing how many people in the community are born in other countries in combination with information about housing, language, and employment, helps the government and communities to enforce laws, regulations, and policies against discrimination based on national origin.

## Educate Children

Knowing how many foreign-born children depend on services through schools may help school districts make staffing and funding decisions.

## Understand Changes

Knowing whether people of different races or countries of birth have the same opportunities in employment, home ownership, and many other areas is of interest to researchers, advocacy groups, and policymakers.

### Selected Statutory Uses of Place of Birth, Parent's Place of Birth, Citizenship, and Year of Entry Data

|   |  |
|---|--|
| U.S. Department of Commerce, Bureau of the Census   | 13 USC § 141(c)  |
| U.S. Department of Health and Human Services, Administration for Children and Families  | Community Services Block Grant Act, Public Law 105-285, 42 USC § 9902 (2), 9903, and 9908(b)(1)(A), (b)(11) & (c)(1)(A)(i)                   |
| U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics | 42 USC § 242k(b), (h), and (l)   |
| U.S. Department of Housing and Urban Development  | Fair Housing Act, Public Law 90-284, 42 USC 3600-3620; 42 USC 3608(e)  |
| U.S. Department of Justice, Civil Rights Division   | Civil Rights Act of 1964, Title VII, Public Law 88-352, 42 USC § 2000e-2   |
| U.S. Department of Justice, Civil Rights Division   | Civil Rights Act of 1964, Title VII, Public Law 88-352, 42 USC § 2000e-2 ; <u>Wards Cove Packing Co. v. Atonio</u> , 490 U.S. 642 (1989)     |
| U.S. Equal Employment Opportunity Commission, Office of Federal Operations  | The Rehabilitation Act of 1973, Public Law 93-112, 29 USC § 791 (b); 29 CFR 1614.602   |
| U.S. Equal Employment Opportunity Commission, Office of General Counsel   | Civil Rights Act of 1964, Public Law 88-352, 42 USC § 2000e-2(k)(1)(A)   |
| U.S. Equal Employment Opportunity Commission, Office of Research, Information, and Planning                                     | Civil Rights Act of 1964, Public Law 88-352, 42 USC § 2000e-2(k)(1)(A); <u>Hazelwood School Dist. v. United States</u> , 433 U.S. 299 (1977) |
| U.S. Social Security Administration   | Social Security Act, Public Law 74-271, as amended, 42 USC § 401(c)  |

## PLUMBING FACILITIES, KITCHEN FACILITIES, AND TELEPHONE SERVICE

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

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

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

Yes

No

**QUESTIONS ABOUT THE PRESENCE OF RUNNING WATER, A BATHTUB OR SHOWER, A FLUSH TOILET, A SINK WITH A FAUCET, A STOVE OR RANGE, A REFRIGERATOR, AND TELEPHONE SERVICE ARE USED TO CREATE DATA ABOUT INDICATORS OF HOUSING QUALITY.**

These data are used in planning and funding government programs that identify areas eligible for housing assistance, rehabilitation loans, and other programs that help people access and afford decent, safe, and sanitary housing. Public health officials may also use this information to locate areas in danger of groundwater contamination and waterborne diseases.

Question 7a uses the version of the running water subquestion used in Puerto Rico (on the Puerto Rico Community Survey), as an absence of hot running water may not be an indicator of substandard housing.

Question 7c is added from the 2010 Island Areas Censuses question used in the U.S. Virgin Islands. The question is needed in the Island Areas to satisfy a public health data need.

## PLUMBING FACILITIES, KITCHEN FACILITIES, AND TELEPHONE SERVICE DATA HELP COMMUNITIES:

### Provide Adequate Housing

Knowing more about the quality of housing in a community helps communities understand whether available housing meets the needs of residents. When housing is not sufficient or not affordable, data on household facilities can help communities enroll eligible households in programs designed to assist them, and can help communities qualify for grants from the Community Development Block Grant, HOME Investment Partnerships Program, Emergency Solutions Grant, Housing Opportunities for Persons With AIDS, and other programs.

### Plan Community Development

Knowing information about the quality of different types of homes in combination with whether they are occupied or vacant, can help communities identify opportunities to improve tax, assistance, and zoning policies and to reduce tax revenue losses from vacant or abandoned properties. These data may also be useful in identifying types of homes in disaster-prone areas during emergency planning and preparation.

### Ensure Residents Can Communicate

Measuring the extent of telephone service, including access for schools, libraries, health care providers, and low-income residents, helps communities ensure their residents have universal access to assistance programs, emergency services, and important information.

### Measure Environmental Impacts

Substandard plumbing systems may impact the local water supply. Understanding where these systems are concentrated helps communities research their wastewater infrastructure needs and work to improve their systems.

## Selected Statutory Uses of Plumbing Facilities, Kitchen Facilities, and Telephone Service Data

|  |  |
|--|--|
| U.S. Department of Agriculture                   | 42 USC § 1472, 1474, 1485, 1486, 1490, 1490a, 1490c, 1490d, 1490e, and 1490l; 7 CFR 1940.560 through 1940.567, 1940.575; 7 CFR 3550.10, 1980.312, 3560.11; 7 CFR 3550.53(a), 3550.67(b), 3550.68(c); 7 CFR 1980.301(d); 7 CFR 3560.152(a)(2), 3560.254(c) RD Instruction 1980-D, Exhibit C |
| U.S. Department of Housing and Urban Development | United States Housing Act of 1937, Public Law 93-383, as amended, 42 USC § 1437f(c)(1); 24 CFR 888.113; 24 CFR 982.401   |
| U.S. Department of Housing and Urban Development | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625 42 USC 12705(b)(1)-(3); 24 CFR Part 91; 24 CFR 91.205(a)-(c)   |
| U.S. Department of Housing and Urban Development | Federal Housing Enterprises Financial Safety and Soundness Act of 1992, § 1338, 12 USC § 4568  |
| U.S. Department of Housing and Urban Development | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625, 42 USC § 12747(b)(1)(A) & (B); 24 CFR 92.50(a), (b), and (c)  |
| U.S. Department of Transportation                | Fixing America's Surface Transportation Act, Public Law 114-94; 49 USC § 5304; 49 CFR Part 613, Subpart B  |
| U.S. Federal Communications Commission           | Telecommunications Act of 1996, Public Law 104-104, 47 USC §151 and 254; 47 CFR 54.702(i)  |

## RACE

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

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

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

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

Chinese

Vietnamese

Native Hawaiian

Filipino

Korean

Samoan

Asian Indian

Japanese

Chamorro

Other Asian –  
Print, for example,  
Pakistani, Cambodian,  
Hmong, etc. ↴

Other Pacific Islander –  
Print, for example,  
Tongan, Fijian,  
Marshallese, etc. ↴

Some other race – Print race or origin. ↴

**A QUESTION ABOUT A PERSON'S RACE IS USED TO CREATE STATISTICS ABOUT RACE AND TO PRESENT OTHER STATISTICS BY RACE GROUPS.**

These data are required for federal programs and are critical factors in the basic research behind numerous policies, particularly for civil rights. Race data are used in planning and funding government programs that provide funds or services for specific groups. These data are also used to evaluate government programs and policies to ensure they fairly and equitably serve

the needs of all racial groups and to monitor compliance with antidiscrimination laws, regulations, and policies.

The U.S. Census Bureau collects race and ethnicity data in accordance with the 1997 Office of Management and Budget (OMB) standards on race and ethnicity. The categories on race are based on self-identification and generally reflect a social definition of race. The categories are not an attempt to define race and ethnicity biologically, anthropologically, or genetically.

### RACE AND ETHNICITY DATA HELP COMMUNITIES:

#### Ensure Equal Opportunity

Knowing the races of community members helps government and communities enforce antidiscrimination laws, regulations, and policies. For example, race data are used in the following ways:

- Establish and evaluate the guidelines for federal affirmative action plans under the Federal Equal Opportunity Recruitment Program.
- Monitor and enforce equal employment opportunities under the Civil Rights Act of 1964.
- Identify segments of the population who may not be getting needed medical services under the Public Health Service Act.

#### Understand Changes

Researchers, advocacy groups, and policymakers are interested in knowing if the distribution of the different racial groups changes by age, sex, relationship, and housing tenure.

## Selected Statutory Uses of Race Data

|   |   |
|---|---|
| U.S. Department of Commerce, Bureau of the Census                                       | 13 USC § 141(c)   |
| U.S. Department of Health and Human Services, Administration for Children and Families  | Community Services Block Grant Act, Public Law 105-285, , 42 USC § 9902(2), 9903, and 9908(b)(1)(A), (b)(11) & (c)(1)(A)(i)                   |
| U.S. Department of Health and Human Services, Administration for Community Living       | Older Americans Act of 1965, Public Law 89-73, 42 USC § 3018.   |
| U.S. Department of Health and Human Services, Administration for Community Living       | 42 USC § 300kk  |
| U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services | Patient Protection and Affordable Care Act, Public Law 111-148, § 10334; 42 USC § 300kk.  |
| U.S. Department of Housing and Urban Development  | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625, 42 USC § 12705(b)(1)-(3); 24 CFR Part 91, 24 CFR 91.205(a)-(c)         |
| U.S. Department of Housing and Urban Development  | McKinney-Vento Homeless Assistance Act, 42 USC § 11371-11376; 24 CFR Part 91  |
| U.S. Department of Housing and Urban Development  | Housing and Community Development Act of 1974, 42 USC § 5306(a)(1); 24 CFR §1003.101  |
| U.S. Department of Justice, Civil Rights Division                                       | Title VII of the Civil Rights Act of 1964, 42 USC § 2000e-2.  |
| U.S. Environmental Protection Agency  | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1) |

## RELATIONSHIP

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

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

**A QUESTION ABOUT THE RELATIONSHIP OF EACH PERSON IN A HOUSEHOLD TO ONE CENTRAL PERSON IS USED TO CREATE ESTIMATES ABOUT FAMILIES, HOUSEHOLDS, AND OTHER GROUPS, AND TO PRESENT OTHER DATA AT A HOUSEHOLD LEVEL.**

Relationship data are used in planning and funding government programs that provide funds or services for families, people living or raising children alone, grandparents living with grandchildren, or other households that qualify for additional assistance.

### RELATIONSHIP DATA HELP COMMUNITIES:

#### **Provide Adequate Housing**

Knowing about the different types of households in a community (single people, couples, families, roommates, etc.) helps communities understand

whether available housing meets the needs of residents.

When housing is not sufficient or not affordable, relationship data can help communities enroll eligible households in programs designed to assist them, and can help communities qualify for grants from the Community Development Block Grant, HOME Investment Partnerships Program, Emergency Solutions Grant, Housing Opportunities for Persons With AIDS, and other programs.

#### **Provide Assistance to Families**

Knowing more about families, such as the ages of children, can help communities enroll eligible families in programs designed to assist them, such as Head Start and the Children's Health Insurance Program, and can help communities qualify for grants to fund these programs. Relationship data are also used to ensure that programs such as Temporary Assistance for Needy Families are making a difference for families.

## Selected Statutory Uses of Relationship Data

|   |   |
|---|---|
| U.S. Department of Energy   | Energy Conservation and Production Act, Public Law 94-385, as amended, 42 USC § 6861, 6864; 10 CFR 440.10                           |
| U.S. Department of Transportation   | Fixing America's Surface Transportation Act, Public Law 114-94; 49 USC § 5303(c), (e), (h), (i), (j), (k) & (n)                     |
| U.S. Department of Health and Human Services, Administration for Children and Families  | 13 USC § 141 note   |
| U.S. Department of Health and Human Services, Administration for Community Living       | Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, § 124(c)(5); 42 USC 15024                 |
| U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services | Patient Protection and Affordable Care Act, Public Law 111-148, §10334; 42 USC 300kk.   |
| U.S. Department of Housing and Urban Development  | McKinney-Vento Homeless Assistance Act, 42 USC 11371-11376; 24 CFR Part 91  |
| U.S. Department of Housing and Urban Development  | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625, 42 USC 12705(b)(1)-(3); 24 CFR Part 91; 24 CFR 91.205(a)-(c) |
| U.S. Social Security Administration   | The Social Security Act, Public Law 74-271, as amended, 42 USC § 401(c)   |



## SCHOOL ENROLLMENT, EDUCATIONAL ATTAINMENT, AND UNDERGRADUATE FIELD OF DEGREE

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

Yes  
 No → *SKIP to question 12*

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

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

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

Nursery school, preschool, or pre-kindergarten  
 Kindergarten  
 Grade 1 through 12 – *Specify grade 1 – 12*

College undergraduate years (freshman to senior)  
 Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

Yes  
 No

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

**NO SCHOOLING COMPLETED**

No schooling completed

**NURSERY OR PRESCHOOL THROUGH GRADE 12**

Nursery school, preschool or pre-kindergarten  
 Kindergarten  
 Grade 1 through 11 – *Specify grade 1 – 11*

12th grade – NO DIPLOMA

**HIGH SCHOOL GRADUATE**

Regular high school diploma  
 GED or alternative credential

**COLLEGE OR SOME COLLEGE**

Some college credit, but less than 1 year of college credit  
 1 or more years of college credit, no degree  
 Associate's degree (for example: AA, AS)  
 Bachelor's degree (for example: BA, BS)

**AFTER BACHELOR'S DEGREE**

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)  
 Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)  
 Doctorate degree (for example: PhD, EdD)

The term “pre-kindergarten” was used in the 2010 Island Areas Censuses and is still a relevant and necessary term in the Island Areas.

Question 14 about vocational training has been added using the version of the question asked in the 2010 Island Areas Censuses. This question satisfies a workforce data need.

**QUESTIONS ABOUT WHETHER A PERSON IS ATTENDING SCHOOL OR COLLEGE, THE HIGHEST LEVEL OF EDUCATION HE OR SHE HAS COMPLETED, AND THE FIELD OF ANY COMPLETED UNDERGRADUATE COLLEGE DEGREES ARE USED TO CREATE DATA ABOUT EDUCATION.**

### SCHOOL ENROLLMENT, EDUCATIONAL ATTAINMENT, AND UNDERGRADUATE FIELD OF DEGREE DATA HELP COMMUNITIES:

#### Educate Children and Adults

Knowing how many children and adults depend on services through schools can help school districts make long-term building, staffing, and funding decisions.

These statistics are used to analyze the characteristics and needs of school-age children and to understand the continuing education needs of adults.

### Ensure Equal Opportunity

Understanding more about the characteristics of people enrolled or not enrolled in school helps government and communities enforce laws, regulations, and policies against discrimination in education (Civil Rights Act).

Knowing the educational attainment of workers compared to those seeking employment in combination with age, sex, race, Hispanic origin, disability, and other data, helps enforce nondiscrimination in employment by federal agencies, private employers, employment agencies, and labor organizations (Civil Rights Act of 1964).

### Selected Statutory Uses of School Enrollment, Educational Attainment, and Undergraduate Field of Degree Data

|   |   |
|---|---|
| U.S. Department of Health and Human Services, Administration for Children and Families      | 42 USC § 9835(g)  |
| U.S. Department of Health and Human Services, Administration for Community Living           | Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, Section 124(c)(5); 42 USC § 15024                   |
| U.S. Department of Justice, Civil Rights Division   | Title VII of the Civil Rights Act of 1964, Public Law 88-352, 42 USC § 2000e-2; <u>Wards Cove Packing Co. v. Atonio</u> , 490 U.S. 642 (1989) |
| U.S. Environmental Protection Agency  | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1) |
| U.S. Equal Employment Opportunity Commission, Office of Research, Information, and Planning | Civil Rights Act of 1964, Public Law 88-352, 42 USC § 2000e-2(k)(1)(A); <u>Hazelwood School Dist. v. United States</u> , 433 U.S. 299 (1977)  |

## SELECTED MONTHLY OWNER COSTS (COST OF UTILITIES, CONDOMINIUM AND MOBILE HOME FEES, TAXES, INSURANCE, AND MORTGAGES)

15. a. What is the average monthly cost of electricity for this house, apartment, or mobile home?  
Average monthly cost – Dollars  
\$     .00  
OR  
 Included in rent or condominium fee  
 No charge or electricity not used

b. What is the average monthly cost of gas for this house, apartment, or mobile home?  
Average monthly cost – Dollars  
\$     .00  
OR  
 Included in rent or condominium fee  
 Included in electricity payment entered above  
 No charge or gas not used

c. What is the average monthly cost of water and sewer for this house, apartment, or mobile home?  
Average monthly cost – Dollars  
\$     .00  
OR  
 Included in rent or condominium fee  
 No charge

d. What is the average monthly cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home?  
Average monthly cost – Dollars  
\$     .00  
OR  
 Included in rent or condominium fee  
 No charge or these fuels not used

17. Is this house, apartment, or mobile home part of a condominium?  
 Yes → What is the monthly condominium fee?  
For renters, answer only if you pay the condominium fee in addition to your rent. Otherwise, mark the "None" box.  
Monthly amount – Dollars  
\$     .00  
OR  
 None  
 No

21. What were the annual real estate taxes on THIS property in 2019?  
Annual amount – Dollars  
\$     .00  
OR  
 None

22. What was the annual payment for fire, hazard, typhoon or hurricane, and flood insurance on THIS property in 2019?  
Annual amount – Dollars  
\$     .00  
OR  
 None

23. a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?  
 Yes, mortgage, deed of trust, or similar debt  
 Yes, contract to purchase  
 No → SKIP to question 24a

b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.  
Monthly amount – Dollars  
\$     .00  
OR  
 No regular payment required → SKIP to question 24a

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?  
 Yes, taxes included in mortgage payment  
 No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, typhoon or hurricane, or flood insurance on THIS property?  
 Yes, insurance included in mortgage payment  
 No, insurance paid separately or no insurance

24. a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?  
 Yes, home equity loan  
 Yes, second mortgage  
 Yes, second mortgage and home equity loan  
 No → SKIP to D

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?  
Monthly amount – Dollars  
\$     .00  
OR  
 No regular payment required

25. What were the total annual costs for installment loan payments, personal property taxes, site rent, marina fee, registration fees, and license fees on THIS mobile home or boat and its site/slip fee in 2019? Exclude real estate taxes.  
Annual costs – Dollars  
\$     .00

**QUESTIONS ABOUT THE USE AND COST OF COMMON UTILITIES, ANY APPLICABLE CONDOMINIUM AND MOBILE HOME FEES, TAXES, INSURANCE, MORTGAGES, AND HOME LOANS ARE USED TO PRODUCE STATISTICS ABOUT SELECTED MONTHLY OWNER COSTS.**

These data are used in government programs that analyze whether adequate housing is affordable for residents, and to provide and fund housing assistance programs. These statistics are also used to enforce laws, regulations, and policies against

discrimination in government programs and in society.

Because the Island Areas Censuses questions are asked once, as opposed to an ongoing monthly question on the ACS, the reference periods in these questions use “average monthly cost” in the cost of utilities question, and “2019” in the questions about annual costs.

In the property insurance question, the term “typhoon” was added from the 2010 Island Areas Censuses question asked in the Pacific Islands. In order to streamline the questions to be comparable between the Pacific Islands and the

U.S. Virgin Islands, the Atlantic term for this weather system (hurricane) was also added to the question.

In question 25, the terms “boat” and “slip” were added to better capture total selected monthly owner costs.

**SELECTED MONTHLY OWNER COSTS DATA HELP COMMUNITIES:**

**Provide Adequate Housing**

Comparing housing costs to household income (the combined income of everyone in the household) helps communities understand whether housing is affordable for residents.

When housing is not sufficient or not affordable, housing cost data can help communities enroll eligible households in programs designed to assist them, and can help communities qualify for grants

from the Community Development Block Grant, HOME Investment Partnerships Program, Emergency Solutions Grants, Housing Opportunities for Persons With AIDS, and other programs.

**Plan Community Development**

Knowing how housing costs change over time can help communities understand changes in local housing markets and to identify opportunities to improve tax, assistance, and zoning policies.

**Ensure Equal Opportunity**

Knowing more about the housing costs of people who own homes in the community in combination with age, sex, race, Hispanic origin, disability, and other data about the household residents, helps government and communities enforce laws, such as the 1968 Fair Housing Act designed to eliminate discrimination in housing.

**Selected Statutory Uses of Selected Monthly Owner Costs Data**

|  |   |
|--|---|
| U.S. Department of Commerce, Bureau of Economic Analysis | 15 USC § 1516; Department Organization Order 35-1A  |
| U.S. Department of Housing and Urban Development         | McKinney-Vento Homeless Assistance Act, 42 USC § 11371-11376, 42 USC § 12901; 24 CFR Part 91; 24 CFR Part 576; 24 CFR Part 574                |
| U.S. Department of Housing and Urban Development         | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625, 42 USC § 12705(b)(1)-(3); 24 CFR Part 91; 24 CFR 91.205(a)-(c)         |
| U.S. Environmental Protection Agency                     | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1) |

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

Male  Female

**A QUESTION ABOUT THE SEX OF EACH PERSON IS USED TO CREATE STATISTICS ABOUT MALES AND FEMALES AND TO PRESENT OTHER DATA BY SEX.**

Data disaggregated by sex are used in planning and funding government programs and in evaluating other government programs and policies to ensure they fairly and equitably serve the needs of males and females. These statistics are also used to enforce laws, regulations, and policies against discrimination in government programs and in society.

The question wording matches enumerator-administered versions of this question, including the enumerator version of this question from the 2010 Island Areas Censuses, and the version used in 2020 Census enumerator questionnaires.

## **DATA DISAGGREGATED BY SEX HELP COMMUNITIES:**

### **Ensure Equal Opportunity**

Data disaggregated by sex are used to evaluate employment practices under the Civil Rights Act of 1964. The Equal Employment Opportunity Commission, using sex-disaggregated data, establishes and evaluates guidelines dealing with equal employment opportunity. Data disaggregated by sex are used to evaluate housing policies and practices under the Civil Rights Act.

### **Understand Changes**

Local planners analyze social and economic characteristics of males and females to predict future needs for housing, childcare, health care, transportation, and employment.

## Selected Statutory Uses of Sex Data

|   |  |
|---|--|
| U.S. Department of Health and Human Services, Administration for Community Living   | 42 USC § 300kk   |
| U.S. Department of Health and Human Services, Center for Medicare and Medicaid Services   | Patient Protection and Affordable Care Act, Public Law 111-148, § 10334; 42 USC 300kk.   |
| U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Clinician Recruitment and Service | 42 USC § 254e; 42 CFR 5.2  |
| U.S. Department of Housing and Urban Development  | Fair Housing Act, Public Law 90–284, 42 USC 3600-3620, 42 USC 3608(e)  |
| U.S. Department of Justice, Civil Rights Division   | Title VII of the Civil Rights Act of 1964, Public Law 88-352, 42 USC § 2000e(2)(k); <u>Wards Cove Packing Co. v. Atonio</u> ; 490 U.S. 642 (1989)      |
| U.S. Department of Transportation   | Fixing America's Surface Transportation Act, Public Law 114-94; 49 USC § 5303(c), (e), (h), (i), (j), (k) and (n)                                      |
| U.S. Environmental Protection Agency  | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1)          |
| U.S. Equal Employment Opportunity Commission, Office of General Counsel   | Civil Rights Act of 1964, Public Law 88-352; 42 USC § 2000e-2(k)(1)(A); <u>Hazelwood School Dist. v. United States</u> , 433 U.S. 299, 307-308 (1977). |
| U.S. Social Security Administration   | The Social Security Act, Public Law 74–271, as amended, 42 USC § 401(c)  |

## SOURCE OF WATER AND SEWAGE DISPOSAL

**13. Please read the SOURCE OF WATER section on the Flashcard. 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.)?

**14. Please read the SEWAGE DISPOSAL section on the Flashcard. 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

Island Areas experts requested the inclusion of these questions to satisfy a public health data need. The 2020 Island Areas Censuses question streamlines versions of these questions that were fielded in the 2010 Island Areas Censuses.

Public health officials may use this information to locate areas in danger of groundwater contamination and waterborne diseases. The two questions are needed as substandard plumbing systems may impact the local water supply. Understanding where these systems are concentrated helps communities research their wastewater infrastructure needs and work to improve their systems.

### SOURCE OF WATER AND SEWAGE DISPOSAL DATA HELP COMMUNITIES

#### Measure Environmental Impacts

Substandard plumbing systems may impact the local water supply. Understanding where these systems are concentrated helps communities research their wastewater infrastructure needs and work to improve their systems.

**QUESTIONS ABOUT THE SOURCE OF WATER AND MEANS OF SEWAGE DISPOSAL ARE USED TO PLAN POLICY AND INFRASTRUCTURE CHANGES THAT ADDRESS PUBLIC HEALTH CONCERNS.**

## Selected Programmatic Uses of Source of Water and Sewage Disposal Data

|                                      |   |
|--------------------------------------|---|
| U.S. Environmental Protection Agency | Federal Water Pollution Control Act (Clean water Act),<br>Pub. L. No. 92-500, 33 U.S.C. §1296 |
| U.S. Environmental Protection Agency | Safe Drinking Water Act, Pub. L. No. 104-182, 42 U.S.C. §<br>300g-1, (b)(3)(C ) and (b)(4)(E) |



## SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)/FOOD STAMPS

**16. In 2019, did you or any member of this household receive benefits from the Food Stamp Program, SNAP (the Supplemental Nutrition Assistance Program), or NAP (Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.**

- Yes  
 No

**QUESTIONS ABOUT A HOUSEHOLD'S RECEIPT OF FOOD STAMPS OR SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM ARE USED TO CREATE STATISTICS ABOUT PARTICIPATION IN FOOD ASSISTANCE PROGRAMS.**

SNAP data are used in planning and funding government programs that provide food assistance and in evaluating other government programs.

The term "NAP (Nutrition Assistance Program)" was added to the question wording to include the term used in American Samoa.

### SNAP DATA HELP COMMUNITIES:

#### **Provide Food Assistance to School Children**

Knowing more about food assistance program participation in combination with school enrollment, income, and poverty status, can help communities streamline administration of food assistance.

#### **Evaluate Food Assistance**

Knowing more about food-assistance program participation is used to evaluate the SNAP program and award bonuses to communities that administer SNAP funds well.

#### **Understand Changes**

Agencies use these statistics to assess food assistance needs and participation rates for eligible families and individuals and to determine gaps in services and programs. Faith-based and other nonprofit organizations use information about food assistance needs to determine where food banks, food kitchens, and other programs could be beneficial and how the needs of their communities can be met with additional resources and services.

## Selected Statutory Uses of SNAP Data

|  |   |
|--|---|
| U.S. Department of Health and Human Services, Administration for Children and Families | Community Services Block Grant Act, Public Law 105-285, 42 USC § 9902 (2), 9903, and 9908 (b)(1)(A), (b)(11) & (c)(1)(A)(i)                   |
| U.S. Department of Health and Human Services, Administration for Children and Families | 42 USC § 9835(g)  |
| U.S. Department of Health and Human Services, Administration for Children and Families | 13 USC § 141 note   |
| U.S. Department of Health and Human Services, Administration for Children and Families | 42 USC § 603(a)(4)  |
| U.S. Environmental Protection Agency   | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1) |

## TENURE (OWNER/RENTER)

**18. Is this house, apartment, or mobile home –**  
Mark  ONE box.

- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent? → SKIP to C

### A QUESTION ABOUT WHETHER A HOME IS OWNED OR RENTED IS USED TO CREATE DATA ABOUT TENURE, RENTERS, AND HOMEOWNERSHIP.

Tenure is the most basic characteristic to assess housing inventory. Tenure data are used in government programs that analyze whether adequate housing is available to residents. Tenure data are also used to provide and fund housing assistance programs. These statistics are also used to enforce laws, regulations, and policies against discrimination in private-market housing, government programs, and in society.

#### TENURE DATA HELP COMMUNITIES:

##### **Provide Adequate Housing**

Knowing the rates of home rental and ownership helps communities understand whether available housing meets the needs of residents.

When housing is not sufficient or affordable, data about owners and renters can help communities enroll eligible households in programs designed to assist them.

##### **Plan Community Development**

Knowing how the balance of rented homes, mortgaged homes, and homes owned free and clear changes over time can help communities understand changes in local housing markets; identify opportunities to improve tax, assistance, and zoning policies; and reduce tax revenue losses from vacant or abandoned properties.

##### **Ensure Equal Opportunity**

Knowing the characteristics of people who rent and people who own homes in the community, such as age, sex, race, and Hispanic origin, helps government and communities enforce laws, such as the 1968 Fair Housing Act, designed to eliminate discrimination in housing.

##### **Understand Changing Households**

Knowing whether older residents are staying in homes as they age or moving into rented homes, and whether young people are staying with parents, renting with roommates, or buying homes, can help governments and communities distribute funds appropriately between homeownership and rental housing programs and services for residents.

## Selected Statutory Uses of Tenure Data

|  |   |
|--|---|
| U.S. Department of Agriculture                   | 42 USC § 1472, 1474, 1485, 1486, 1490, 1490a, 1490l, 1490m, 1490p-2, 1490r; 7 CFR 1940.563-564, 1940.575, 3560.11, and 3560.152(a)(2) |
| U.S. Department of Housing and Urban Development | McKinney-Vento Homeless Assistance Act, 42 USC § 11371-11376; 24 CFR Part 91  |
| U.S. Department of Housing and Urban Development | Housing and Community Development Act of 1974, Public Law 93-383, as amended, 42 USC § 1439 (d)(1)(A)(i); 24 CFR 791.402              |
| U.S. Department of Housing and Urban Development | United States Housing Act of 1937, Public Law 93-383, as amended, 42 USC § 1437f(c)(1); 24 CFR 888.113; 24 CFR 982.401                |
| U.S. Department of Housing and Urban Development | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625, 42 USC 12705(b)(1)-(3); 24 CFR Part 91, 24 CFR 91.205(a)-(c)   |
| U.S. Department of Housing and Urban Development | Rehabilitation Act of 1973, § 504, Public Law 93-112, 29 USC 794; 24 CFR §8.22(b); 24 CFR §8.23(a)                                    |
| U.S. Department of Housing and Urban Development | 12 USC § 4568   |
| U.S. Department of Housing and Urban Development | 12 U.S.C § 1701q; 24 CFR part 891   |
| U.S. Department of Transportation                | 49 USC § 5303; 49 CFR Part 613  |
| U.S. Department of Transportation                | Fixing America's Surface Transportation Act, Public Law 114-94; 49 USC § 5303(c), (e), (h), (i), (j), (k) & (n);                      |
| U.S. Department of Transportation                | 49 USC § 6302(b)(3)(B), 6302(c), 6304(a), 6309(a)   |

## UNITS IN STRUCTURE, ROOMS, AND BEDROOMS

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

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

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

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

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

Number of rooms

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

Number of bedrooms

**QUESTIONS ABOUT THE TYPE OF BUILDING, UNITS IN THE STRUCTURE, NUMBER OF ROOMS, AND NUMBER OF BEDROOMS ARE USED TO CREATE DATA ABOUT HOUSING TYPES AND HOUSING DENSITY.**

These data are used in government programs that analyze whether adequate housing is available and affordable for residents and provide and fund housing assistance programs. The number of rooms in combination with the number of people living in a unit provides a ratio of people to rooms, which

can be used to measure the extent of overcrowding among our nation's households. These statistics are also used to enforce laws, policies, and regulations against discrimination in government programs and in society.

The categories "Two houses" and "Three or more houses" were added from the 2010 Island Areas Censuses question asked in the Pacific Islands to include building types that are relevant in American Samoa.

### **Units in Structure, Rooms, and Bedrooms Data Help Communities:**

#### **Provide Adequate Housing**

Knowing the different types of housing, and how many people occupy that housing, helps communities understand whether available housing meets the needs of residents. For example, these data are used to measure overcrowding in communities and are used as integral components to set Fair Market Rents for all areas of the country.

When housing is not sufficient, data can help communities enroll eligible households in programs designed to assist them (such as the Low Income Home Energy Assistance Program), and can help communities qualify for grants from the Community Development Block Grant, HOME Investment Partnerships Program, Emergency Solutions Grants, Housing Opportunities for Persons With AIDS, and other programs.

These data provide benchmark statistics that measure progress toward the congressional declaration of goals for a national housing policy—a decent home and suitable living environment for every American family.

#### **Plan Community Development**

These data are used to identify adequate housing and may be useful in identifying types of structures in disaster-prone areas during emergency planning and preparation.

## Selected Statutory Uses of Units in Structure, Rooms, and Bedrooms Data

|  |   |
|--|---|
| U.S. Department of Agriculture                   | 42 USC § 1472, 1474, 1485, 1486, 1490, 1490a, 1490c, 1490d, 1490e, 1490l, 1490m, 1490p-2, 1490r; 7 CFR 1940.560 through 1940.567, 1940.575; 7 CFR 3550.10, 1980.312, 3560.11; 7 CFR 3550.53(a), 3550.67(b), 3550.68(c); 7 CFR 1980.301(d); 7 CFR 3560.152(a)(2), 3560.254(c) RD Instruction 1980-D, Exhibit C |
| U.S. Department of Housing and Urban Development | Housing and Community Development Act of 1974; 42 USC § 5306(a)(1); 24 CFR 1003.101   |
| U.S. Department of Housing and Urban Development | 12 U.S.C § 1701q; 24 CFR Part 891   |
| U.S. Department of Housing and Urban Development | McKinney-Vento Homeless Assistance Act; 42 USC §11371-11376; 42 USC § 12901; 24 CFR Part 91; 24 CFR Part 576; 24 CFR Part 574   |
| U.S. Department of Housing and Urban Development | Housing and Community Development Act of 1974, Public Law 93–383, as amended, 42 USC § 1439 (d)(1)(A)(i); 24 CFR 791.402  |
| U.S. Department of Housing and Urban Development | Housing and Community Development Act of 1974, Public Law 93-383 as amended, 42 USC § 5302(a)(6)(D)(iv), (a)(9), (10), (11), (12), (13), (14), (15), (20) & (b) and 5306(a), (b)(1), (2), and (3) and (d)(1); 24 CFR 1003.101   |
| U.S. Department of Housing and Urban Development | Cranston-Gonzalez National Affordable Housing Act, Public Law 101–625' 42 USC § 12705(b)(1)-(3); 24 CFR Part 91; 24 CFR 91.205(a)-(c)   |
| U.S. Department of Housing and Urban Development | Federal Housing Enterprises Financial Safety and Soundness Act of 1992, section 1338, 12 USC § 4568   |
| U.S. Environmental Protection Agency             | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1)   |

## VEHICLES AVAILABLE

12. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

**A QUESTION ABOUT THE VEHICLES AVAILABLE TO EACH HOUSEHOLD IS USED TO CREATE DATA ABOUT VEHICLE ACCESS.**

Vehicle data are used in planning and funding for improvements to road and highway infrastructure, developing transportation plans and services, and understanding how people are traveling in the course of a normal day. These data are also used to evaluate pollution and access to transportation in emergencies.

## VEHICLE AVAILABILITY DATA HELP COMMUNITIES:

### **Improve Transportation**

Knowing how many households have access to vehicles, in combination with where people commute to and from, and whether they commute with a personal vehicle helps transportation planners create transportation plans that are compliant with various regulations.

Local agencies and organizations use these data to plan programs and services for the disabled population, bicycle commuters, carpool and ride-sharers, and many other groups, and to predict future use of new or updated transportation systems based on their understanding of the current users of various transportation options.

### **Understand Changes in Vehicle Use**

Understanding vehicle availability and use helps communities understand exposure to air pollution and plan programs to help people without vehicles move about the community. Knowing whether people could evacuate using their personal vehicles in an emergency also helps communities plan emergency response.

## Selected Statutory Uses of Vehicles Available Data

|                                      |   |
|--------------------------------------|---|
| U.S. Department of Transportation    | 49 USC § 5303; 49 CFR Part 613  |
| U.S. Department of Transportation    | Fixing America's Surface Transportation Act, Public Law 114-94, 49 USC § 5304; 49 CFR Part 613, Subpart B                                     |
| U.S. Department of Transportation    | Fixing America's Surface Transportation Act, Public Law 114-94, 49 USC § 5303(c), (e), (h), (i), (j), (k) & (n)                               |
| U.S. Department of Transportation    | 49 USC § 6302(b)(3)(B), 6303(c), 6304(a), and 6309 (a)  |
| U.S. Environmental Protection Agency | Air Pollution Control Act (Clean Air Act), Public Law 84-159, 42 USC § 7403(a)(2), (b)(1), and (b)(6)   |
| U.S. Environmental Protection Agency | Air Pollution Control Act (Clean Air Act), Public Law 84-159, 42 USC § 7403(a)(1), (b)(6), (b)(7), (e), and (g)                               |
| U.S. Environmental Protection Agency | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500' 33 USC § 1254 (a)(2), (b)(6), and (s)                               |
| U.S. Environmental Protection Agency | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1), and (o)(1) |



## VETERAN STATUS, PERIOD OF SERVICE, AND DEPARTMENT OF VETERANS AFFAIRS (VA) SERVICE-CONNECTED DISABILITY RATING

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

Mark  ONE box.

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

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

**When did this person serve on active duty in the U.S. Armed Forces?** Mark  a box for EACH period in which this person served, even if just for part of the period.

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

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

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

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

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

**QUESTIONS ABOUT A PERSON'S MILITARY SERVICE AND SERVICE-CONNECTED DISABILITY RATING ARE USED TO CREATE ESTIMATES OF VETERANS AND THEIR NEEDS AT THE COMMUNITY LEVEL.**

Data about veterans are used in planning and funding government programs that provide funds or services for veterans, and in evaluating other government programs and policies to ensure they fairly and equitably serve the needs of veterans. These statistics are also used to enforce laws, policies, and regulations against discrimination in society. Though the VA maintains veterans' records, statistics about veterans provide federal program planners, policymakers, and researchers with additional statistics about all veterans, regardless of whether they use VA services.

### VETERAN STATUS, PERIOD OF SERVICE, AND VA SERVICE-CONNECTED DISABILITY RATING DATA HELP COMMUNITIES:

#### Administer Programs for Veterans

Knowing the numbers and characteristics of veterans eligible for federal programs benefiting veterans, such as the VA Home Loan Guaranty Program, the Post-9/11 GI Bill, and job training and hiring preference programs can help communities and the federal government estimate the future demand for these programs and services. These data are also used to evaluate these programs to determine whether they are benefiting veterans as intended.

#### Provide Health Care for Veterans

Knowing the number of veterans eligible to use VA health care in combination with age, disability, and service-connected disability ratings, can help communities and the federal government estimate the future demand for health care services and facilities. Communities in need of major VA medical facilities throughout the country make a case for new construction projects using these data to estimate the expected usage of new facilities.

#### Plan End-of-Life Options for Veterans

Knowing where veterans are living toward the end of their lives is important, as the VA estimates the number of nursing home and domiciliary beds needed based on the concentrations of eligible

veterans over age 65. These data are also important for the VA National Cemetery Administration, whose goal is to have a VA burial option within 75 miles of a veteran’s residence. These data are used to plan construction of new cemeteries near the communities where veterans choose to live.

**Ensure Equal Opportunity**

Knowing the veteran and service-connected disability rating status of people in the community in combination with information about housing, and employment, helps government and

communities enforce against discrimination based on veteran or disability status.

**Understand New Challenges for Veterans**

Knowing more about the characteristics of veterans returning to civilian life is also important to combat specific problems they may face. For example, these data are used in research to understand why veteran status is a predictor of homelessness. Such data have been combined with administrative data produced by shelters in an attempt to understand and document which interventions reduce homelessness among veterans.

**Selected Statutory Uses of Veteran Status, Period of Service, and VA Service-Connected Disability Rating Data**

|   |  |
|---|--|
| U.S. Department of Justice, Civil Rights Division | Title VII of the Civil Rights Act of 1964, Public Law 88-352 42 USC § 2000e-2  |
| U.S. Department of Justice, Civil Rights Division | Title VII of the Civil Rights Act of 1964, Public Law 88-352, 42 USC § 2000e-2.; <u>Wards Cove Packing Co. v. Atonio</u> , 490 U.S. 642 (1989) |
| U.S. Department of Veterans Affairs               | Veterans Millennium Health Care Benefits Act, Public Law 106-117, Section 101; 38 USC § 1710, 8131(1), and 8134(a)(2)                          |
| U.S. Department of Veterans Affairs               | 38 USC § 8104(b)(2)  |
| U.S. Department of Veterans Affairs               | 38 USC § 546   |
| U.S. Department of Veterans Affairs               | Veterans Millennium Health Care and Benefits Act, Public Law 106-117, Section 613(b)(2)  |

## WORK STATUS LAST YEAR

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

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

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

- Yes
- No → SKIP to L

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

- Yes → SKIP to question 44
- No

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

Weeks

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

Usual hours worked each WEEK

**QUESTIONS ABOUT HOW MANY WEEKS A PERSON WORKED IN THE LAST YEAR, AND HOW MANY HOURS HE OR SHE WORKED EACH WEEK ARE USED TO PRODUCE STATISTICS ABOUT FULL-TIME AND PART-TIME WORKERS, AS WELL AS YEAR-ROUND AND SEASONAL WORKERS.**

Data on work status last year are used in planning and funding government programs that provide unemployment assistance and services, and to understand trends and difference in wages, benefits, work hours, and seasonal work. These data are also used to evaluate other government programs and policies to ensure they fairly and equitably serve the needs of all groups, and to enforce laws, regulations, and policies against discrimination in society.

The question about when a person last worked uses a time period that matches the ACS question,

but uses calendar years to align with other questions. These calendar year references match the reference dates used in long form questionnaires, such as the 2000 Census. Modifying these reference periods allows for comparability within work status, employment and income data. In order to align employment, and income data for people who are currently working (working in 2020), it is also necessary to ask whether they worked in 2019.

### WORK STATUS LAST YEAR DATA HELP COMMUNITIES:

#### Provide Employment Opportunities

Knowing whether programs designed to employ specific groups, such as people with disabilities or veterans, are succeeding is important to employers, federal agencies, and federal government contractors. Agencies use these statistics to identify labor surplus areas (areas with people available for hiring and training), plan workforce development programs including job fairs and training programs, and promote business opportunities.

#### Ensure Equal Opportunity

Knowing more about people who are employed or looking for work, in combination with age, sex, race, Hispanic origin, disability status, veteran status, and other data, helps governments and communities enforce laws, policies, and regulations against discrimination in employment. For example, data on work status last year are used to enforce laws against discrimination in employment by federal agencies, private employers, employment agencies, and labor organizations (Civil Rights Act of 1964).

#### Understand Changes


Knowing the characteristics of people who are working or looking for work is an important part of estimating changes in the economy. Estimates of work status last year are used in funding decisions; to ensure surveys are accurate, including surveys that provide official labor market estimates; and to understand change in other data).

## Selected Statutory Uses of Work Status Last Year Data

|   |   |
|---|---|
| U.S. Department of Health and Human Services, Administration for Community Living           | Developmental Disabilities Assistance and Bill of Rights Act of 2000, Public Law 106-402, Section 124(c)(5), 42 USC § 15024     |
| U.S. Department of Health and Human Services, Administration for Children and Families      | Community Services Block Grant Act, Public Law 105-285, 42 USC § 9902 (2), 9903, and 9908 (b)(1)(A), (b)(11) & (c)(1)(A)(i)     |
| U.S. Department of Labor  | Workforce Investment Act of 1998, Public Law 105-220; 20 CFR 668.296(b) and 668.440   |
| U.S. Equal Employment Opportunity Commission, Office of Federal Operations                  | The Rehabilitation Act of 1973, Public Law 93-112, 29 USC § 791(b); 29 CFR 1614.602   |
| U.S. Equal Employment Opportunity Commission, Office of Research, Information, and Planning | Civil Rights Act of 1964, Public Law 88-352, 42 USC § 2000e-2(k)(1)(A); <u>Hazelwood v. United States</u> , 433 U.S. 299 (1977) |

## YEAR BUILT AND YEAR MOVED IN

**2. About when was this building first built?**

2000 or later – *Specify year* 

1990 to 1999

1980 to 1989

1970 to 1979

1960 to 1969

1950 to 1959

1940 to 1949

1939 or earlier

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

Month      Year

**QUESTIONS ABOUT WHEN A BUILDING WAS BUILT AND WHEN A PERSON MOVED INTO THAT HOME ARE USED TO CREATE DATA ABOUT HOUSING AGE AND AVAILABILITY.**

These data are used in government programs that analyze whether adequate housing is available and affordable for residents, provide and fund housing assistance programs, and measure neighborhood stability.

## YEAR BUILT AND YEAR MOVED IN DATA HELP COMMUNITIES:

### Provide Adequate Housing

Knowing the ages of housing in a community helps communities understand whether available housing meets the needs of residents.

When housing is not sufficient or older than a certain age, housing data can help communities enroll eligible households in programs designed to assist them, and can help communities qualify for grants from the Community Development Block Grant, HOME Investment Partnerships Program, Emergency Solutions Grants, Housing Opportunities for Persons With AIDS, and other programs.

### Plan Community Development

Knowing about the balance of different ages of homes in combination with whether they are occupied or vacant, can help communities identify opportunities to improve tax, assistance, and zoning policies and to reduce tax revenue losses from vacant or abandoned properties. These data may also be useful in identifying older structures in disaster-prone areas during emergency planning and preparation.

Knowing more about the age of the housing stock in combination with the financial situation of residents, including income, employment, and housing costs, can help communities qualify for loan and grant programs designed to stimulate economic recovery, improve housing, and run job-training programs.

## Selected Statutory Uses of Year Built and Year Moved In Data

|  |  |
|--|--|
| U.S. Department of Housing and Urban Development | United States Housing Act of 1937, Public Law 93-383, as amended, 42 USC § 1437f(c)(1); 24 CFR 888.113; 24 CFR 982.401                       |
| U.S. Department of Housing and Urban Development | Housing and Community Development Act of 1974, Public Law 93-383, as amended, 42 USC § 1439 (d)(1)(A)(i); 24 CFR 791.402                     |
| U.S. Department of Housing and Urban Development | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625, 42 USC 12705(b)(1)-(3); 24 CFR Part 91; 24 CFR 91.205(a)-(c)          |
| U.S. Department of Housing and Urban Development | Cranston-Gonzalez National Affordable Housing Act, Public Law 101-625, 42 USC § 12747(b)(1)(A) & (B); 24 CFR 92.50(a), (b), and (c)          |
| U.S. Environmental Protection Agency             | Federal Water Pollution Control Act (Clean Water Act), Public Law 92-500, 33 USC § 1254(a)(1)-(2), (b)(2), (b)(6), (b)(7), (n)(1) and (o)(1) |

APPENDIX: INFORMATIONAL QUESTIONNAIRES FOR AMERICAN SAMOA, COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS, GUAM, AND U.S. VIRGIN ISLANDS



# 2020 Census of American Samoa

Census Office

County

FOR NPC  
USE ONLY

BCU

Map Spot

Within Map Spot ID

← APPLY LABEL HERE →

Are there any continuation questionnaires for this address?

Yes → Number of continuation questionnaires =

No

Address Number (For example: 5007)

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

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

Physical Description (if applicable)

Village/Municipality/Estate

ZIP Code

## Start here

Use a blue or black pen.

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

 Yes No → Skip to S3.

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

 Usually lives here – Skip to question 1. Vacation or seasonal home or held for occasional use – Skip to page 7.

**S3. On April 1, 2020, was this unit**

 Occupied by a different household? – Using a knowledgeable respondent, complete this questionnaire for the people occupying the household on April 1, 2020. Vacant? – Skip to page 7. Not a housing unit – Skip to “Respondent Information” on page 44.

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

Number of people = 

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

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

 Children, related or unrelated, such as newborn babies, grandchildren, or foster children Relatives, such as adult children, cousins, or in-laws Nonrelatives, such as roommates or live-in babysitters People staying here temporarily No additional people



**Person 1**

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

**What is Person 1's name?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Male  Female

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

Age on April 1, 2020

years

Print numbers in boxes.

Month

Day

Year of birth

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

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

- Some other race – Print race or origin. ↴

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

INFORMATION



# 1. What is the name of **Person 2** ?

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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



**1. What is the name of Person 3 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

 years

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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



**1. What is the name of Person 4 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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



**1. What is the name of Person 5 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

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

years                 

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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

# Housing

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

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

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

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

**2. About when was this building first built?**

- 2000 or later – *Specify year* ↘

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

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

|   |   |
|---|---|
| Month                                     | Year  |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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

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

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

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

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

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

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

Number of rooms

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

Number of bedrooms

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

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

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

- Yes
- No

# Housing (continued)

**9. Please read the COMPUTER USE section on the Flashcard. 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"/> |

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

- Yes  
 No → SKIP to question 12

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

- Yes  
 No → SKIP to question 12

**11. Please read the INTERNET section on the Flashcard. 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 checked="" type="checkbox"/> | <input checked="" 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"/>            |

**12. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**

- None  
 1  
 2  
 3  
 4  
 5  
 6 or more

**13. Please read the SOURCE OF WATER section on the Flashcard. 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.)?

**14. Please read the SEWAGE DISPOSAL section on the Flashcard. 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

**15. a. What is the average monthly cost of electricity for this house, apartment, or mobile home?**

Average monthly cost – Dollars

\$       .00

OR

- Included in rent or condominium fee  
 No charge or electricity not used

**b. What is the average monthly cost of gas for this house, apartment, or mobile home?**

Average monthly cost – Dollars

\$       .00

OR

- Included in rent or condominium fee  
 Included in electricity payment entered above  
 No charge or gas not used

**c. What is the average monthly cost of water and sewer for this house, apartment, or mobile home?**

Average monthly cost – Dollars

\$       .00

OR

- Included in rent or condominium fee  
 No charge

**d. What is the average monthly cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home?**

Average monthly cost – Dollars

\$       .00

OR

- Included in rent or condominium fee  
 No charge or these fuels not used

# Housing (continued)

16. In 2019, did you or any member of this household receive benefits from the Food Stamp Program, SNAP (the Supplemental Nutrition Assistance Program), or NAP (Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- Yes
- No

17. Is this house, apartment, or mobile home part of a condominium?

- Yes → What is the monthly condominium fee?  
For renters, answer only if you pay the condominium fee in addition to your rent. Otherwise, mark the "None" box.

Monthly amount – Dollars

\$       .00

OR

None

- No

18. Is this house, apartment, or mobile home –  
Mark  ONE box.

- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent? → SKIP to C

B Ask questions 19a and 19b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 20.

19. a. What is the monthly rent for this house, apartment, or mobile home?

Monthly amount – Dollars

\$       .00

b. Does the monthly rent include any meals?

- Yes
- No

C Ask questions 20 – 24 if this person or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E on the next page.

20. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

\$           .00

21. What were the annual real estate taxes on THIS property in 2019?

Annual amount – Dollars

\$       .00

OR

None

22. What was the annual payment for fire, hazard, typhoon or hurricane, and flood insurance on THIS property in 2019?

Annual amount – Dollars

\$       .00

OR

None

23. a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt
- Yes, contract to purchase
- No → SKIP to question 24a

b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – Dollars

\$       .00

OR

No regular payment required → SKIP to question 24a

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

- Yes, taxes included in mortgage payment
- No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, typhoon or hurricane, or flood insurance on THIS property?

- Yes, insurance included in mortgage payment
- No, insurance paid separately or no insurance





# Housing (continued)

**24. a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?**

- Yes, home equity loan
- Yes, second mortgage
- Yes, second mortgage and home equity loan
- No → SKIP to D

**b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?**

Monthly amount – Dollars

\$             .00

OR

No regular payment required

**D** Ask question 25 if this is a MOBILE HOME or a BOAT. Otherwise, SKIP to E.

**25. What were the total annual costs for installment loan payments, personal property taxes, site rent, marina fee, registration fees, and license fees on THIS mobile home or boat and its site/slip fee in 2019? Exclude real estate taxes.**

Annual costs – Dollars

\$                      .00

**E** Ask questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 44 for further instructions.

INFORMATIONAL

# Person 1

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

Last Name(s)

First Name

MI

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

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

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

**9. Where was this person born?**

*Print name of U.S. state, U.S. territory, or foreign country.*

**10. When did this person come to live in American Samoa?**

If this person came to live in American Samoa more than once, print latest year.

Year

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

- Yes
- No → *SKIP* to question 12

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

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

**c. What grade or level was this person attending?**

Mark  ONE box.

- Nursery school, preschool, or pre-kindergarten
- Kindergarten
- Grade 1 through 12 – *Specify grade 1 – 12* ↘

- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

**12. Please read the HIGHEST DEGREE or LEVEL OF SCHOOL section on the Flashcard.**

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

### NO SCHOOLING COMPLETED

- No schooling completed

### NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool or pre-kindergarten
- Kindergarten
- Grade 1 through 11 – *Specify grade 1 – 11* ↘

- 12th grade – NO DIPLOMA

### HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

### COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

### AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

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

**13. This question focuses on this person's BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES this person has received?**

(For example: chemical engineering, elementary teacher education, organizational psychology.)

**14. Has this person completed requirements for a vocational training program at a trade school, hospital, or some other kind of school for occupational training or place of work?**

Do not include academic college courses.

- Yes
- No



# Person 1 (continued)

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

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

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

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

b. Where was this person's father born?

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

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

- Yes
- No → SKIP to question 18

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

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

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

Mark  ONE box.

- Employment
- Military
- Housing
- To attend school
- Family-related
- Natural disaster
- Other reason

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

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

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

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

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

- Yes
- No

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

- Yes
- No



# Person 1 (continued)

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

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

- Yes
- No

**24.** What is this person's marital status?

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

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

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

**26.** How many times has this person been married?

- Once
- Two times
- Three or more times

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

Year

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

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

- None or  Number of children

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

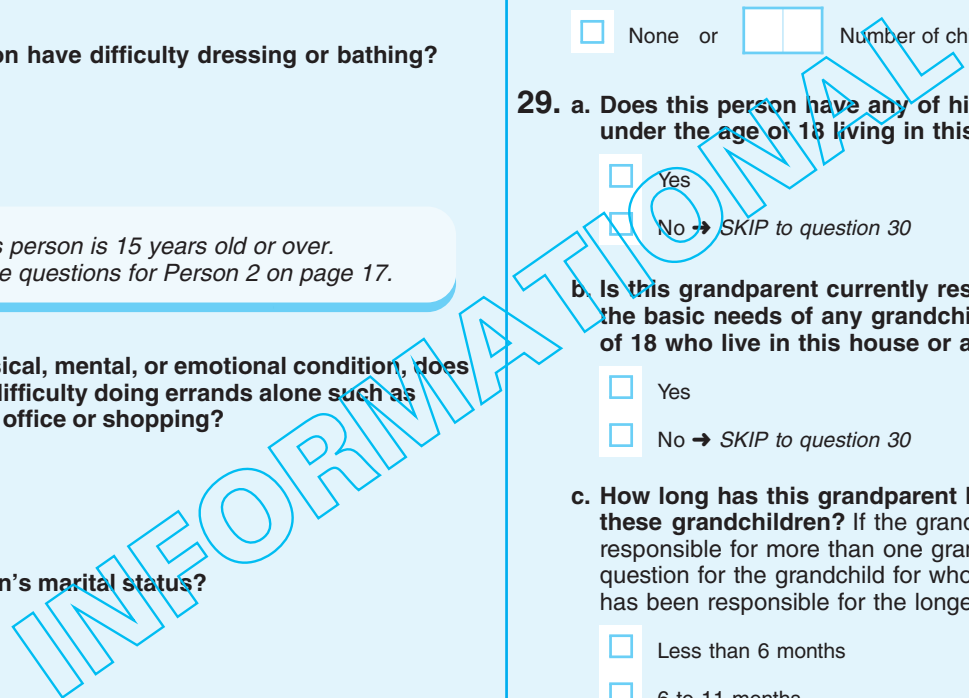
- Yes
- No → SKIP to question 30

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

- Yes
- No → SKIP to question 30

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

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



# Person 1 (continued)

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

Mark  ONE box.

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

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

When did this person serve on active duty in the U.S. Armed Forces? Mark  a box for EACH period in which this person served, even if just for part of the period.

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

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

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

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

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

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

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

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

- Yes
- No → SKIP to question 39a

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

- American Samoa – Print name of village below. ↴

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

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

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

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

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

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

Person(s)

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

Hour      Minute       a.m.  
 p.m.

 : 

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

Minutes

## Person 1 (continued)

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

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

- Yes → SKIP to question 39c  
 No

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

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

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

- Yes → SKIP to question 41  
 No

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

- Yes  
 No → SKIP to question 42a

**41. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**

- Yes, could have gone to work  
 No, because of own temporary illness  
 No, because of all other reasons (in school, etc.)

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

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

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

- Yes  
 No → SKIP to L

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

- Yes → SKIP to question 44  
 No

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

Weeks

|  |  |
|--|--|
|  |  |
|--|--|

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

Usual hours worked each WEEK

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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

### 45. DESCRIPTION OF EMPLOYMENT

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

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

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

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

#### PRIVATE SECTOR EMPLOYEE

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

#### GOVERNMENT EMPLOYEE

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

#### SELF-EMPLOYED OR OTHER

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**c. What kind of business or industry was this?**

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# Person 1 (continued)

d. Was this mainly – Mark  ONE box.

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 46. INCOME IN 2019

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

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

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

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the net income after business expenses?

TOTAL AMOUNT – Dollars

\$  .00  Loss

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00  Loss

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

OR \$  .00

None TOTAL AMOUNT for 2019 Loss

→ Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 3, SKIP to page 44 for further instructions.



# 2020 Census of the Commonwealth of the Northern Mariana Islands

Census Office

County

FOR NPC  
USE ONLY

BCU

Map Spot

Within Map Spot ID

← APPLY LABEL HERE →

Are there any continuation questionnaires for this address?

Yes → Number of continuation questionnaires = 

No

Address Number (For example: 5007)

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

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

Physical Description (if applicable)

Village/Municipality/Estate

ZIP Code

## Start here

Use a blue or black pen.

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

 Yes No → Skip to S3.

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

 Usually lives here – Skip to question 1. Vacation or seasonal home or held for occasional use – Skip to page 7.

**S3. On April 1, 2020, was this unit**

 Occupied by a different household? – Using a knowledgeable respondent, complete this questionnaire for the people occupying the household on April 1, 2020. Vacant? – Skip to page 7. Not a housing unit – Skip to “Respondent Information” on page 44.

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

Number of people = 

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

Mark  all that apply. Include any additional people on the person pages. Children, related or unrelated, such as newborn babies, grandchildren, or foster children Relatives, such as adult children, cousins, or in-laws Nonrelatives, such as roommates or live-in babysitters People staying here temporarily No additional people





## Person 1

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

**What is Person 1's name?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Male  Female

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

Age on April 1, 2020

 years

Print numbers in boxes.

Month

Day

Year of birth




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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

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

- Some other race – Print race or origin. ↴

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

INFORMATION



# 1. What is the name of **Person 2** ?

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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



**1. What is the name of Person 3 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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



**1. What is the name of Person 4 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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



**1. What is the name of Person 5 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

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

years                 

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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



# Housing

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

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

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

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

### 2. About when was this building first built?

- 2000 or later – *Specify year* ↘

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

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

Month

Year

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

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

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

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

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

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

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

Number of rooms

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

Number of bedrooms

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

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

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

- Yes
- No

INFORMATIONAL

# Housing (continued)

9. Please read the **COMPUTER USE** section on the Flashcard. 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 – Specify ↴    | <input type="checkbox"/> | <input type="checkbox"/> |

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

- Yes  
 No → SKIP to question 12

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

- Yes  
 No → SKIP to question 12

11. Please read the **INTERNET** section on the Flashcard. 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 checked="" type="checkbox"/> | <input checked="" 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? – Specify service ↴   | <input type="checkbox"/>            | <input type="checkbox"/>            |

12. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

- None  
 1  
 2  
 3  
 4  
 5  
 6 or more

13. Please read the **SOURCE OF WATER** section on the Flashcard. 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.)?

14. Please read the **SEWAGE DISPOSAL** section on the Flashcard. 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

15. a. What is the average monthly cost of electricity for this house, apartment, or mobile home?

Average monthly cost – Dollars

\$      .00

OR

- Included in rent or condominium fee  
 No charge or electricity not used

b. What is the average monthly cost of gas for this house, apartment, or mobile home?

Average monthly cost – Dollars

\$      .00

OR

- Included in rent or condominium fee  
 Included in electricity payment entered above  
 No charge or gas not used

c. What is the average monthly cost of water and sewer for this house, apartment, or mobile home?

Average monthly cost – Dollars

\$      .00

OR

- Included in rent or condominium fee  
 No charge

d. What is the average monthly cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home?

Average monthly cost – Dollars

\$      .00

OR

- Included in rent or condominium fee  
 No charge or these fuels not used

## Housing (continued)

**16.** In 2019, did you or any member of this household receive benefits from the Food Stamp Program, SNAP (the Supplemental Nutrition Assistance Program), or NAP (Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- Yes  
 No

**17.** Is this house, apartment, or mobile home part of a condominium?

Yes → **What is the monthly condominium fee?**  
 For renters, answer only if you pay the condominium fee in addition to your rent. Otherwise, mark the "None" box.

Monthly amount – Dollars

\$           .00

OR

None

No

**18.** Is this house, apartment, or mobile home – Mark  ONE box.

- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.  
 Owned by you or someone in this household free and clear (without a mortgage or loan)?  
 Rented?  
 Occupied without payment of rent? → SKIP to C

**B** Ask questions 19a and 19b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 20.

**19. a.** What is the monthly rent for this house, apartment, or mobile home?

Monthly amount – Dollars

\$           .00

**b.** Does the monthly rent include any meals?

- Yes  
 No

**C** Ask questions 20 – 24 if this person or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E on the next page.

**20.** About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

\$           .00

**21.** What were the annual real estate taxes on THIS property in 2019?

Annual amount – Dollars

\$           .00

OR

None

**22.** What was the annual payment for fire, hazard, typhoon or hurricane, and flood insurance on THIS property in 2019?

Annual amount – Dollars

\$           .00

OR

None

**23. a.** Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt  
 Yes, contract to purchase  
 No → SKIP to question 24a

**b.** How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – Dollars

\$           .00

OR

No regular payment required → SKIP to question 24a

**c.** Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

- Yes, taxes included in mortgage payment  
 No, taxes paid separately or taxes not required

**d.** Does the regular monthly mortgage payment include payments for fire, hazard, typhoon or hurricane, or flood insurance on THIS property?

- Yes, insurance included in mortgage payment  
 No, insurance paid separately or no insurance





# Housing (continued)

24. a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

- Yes, home equity loan
- Yes, second mortgage
- Yes, second mortgage and home equity loan
- No → SKIP to D

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount – Dollars

\$       .00

OR

No regular payment required

**D** Ask question 25 if this is a MOBILE HOME or a BOAT. Otherwise, SKIP to E.

25. What were the total annual costs for installment loan payments, personal property taxes, site rent, marina fee, registration fees, and license fees on THIS mobile home or boat and its site/slip fee in 2019? Exclude real estate taxes.

Annual costs – Dollars

\$       .00

**E** Ask questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 44 for further instructions.

INFORMATIONAL



# Person 1

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

Last Name(s)

First Name

MI

## 8. Please read the CITIZEN or NATIONAL section on the Flashcard.

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

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

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

## 9. Where was this person born?

Print name of U.S. state, U.S. territory, or foreign country.

## 10. When did this person come to live in the Commonwealth of the Northern Mariana Islands?

If this person came to live in the Commonwealth of the Northern Mariana Islands more than once, print latest year.

Year

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

- Yes
- No → SKIP to question 12

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

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

## c. What grade or level was this person attending?

Mark  ONE box.

- Nursery school, preschool, or pre-kindergarten
- Kindergarten
- Grade 1 through 12 – Specify grade 1 – 12 ↘

- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

## 12. Please read the HIGHEST DEGREE or LEVEL OF SCHOOL section on the Flashcard.

What is the highest degree or level of school this person has COMPLETED? Mark  ONE box. If currently enrolled, mark the previous grade or highest degree received.

### NO SCHOOLING COMPLETED

- No schooling completed

### NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool or pre-kindergarten
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11 ↘

- 12th grade – NO DIPLOMA

### HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

### COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

### AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

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

## 13. This question focuses on this person's BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES this person has received?

(For example: chemical engineering, elementary teacher education, organizational psychology.)

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

- Yes
- No

# Person 1 (continued)

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



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

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

- Commonwealth of the Northern Mariana Islands
- Outside the Commonwealth of the Northern Mariana Islands – Print name of U.S. state, U.S. territory, or foreign country below. ↘

b. Where was this person's father born?

- Commonwealth of the Northern Mariana Islands
- Outside the Commonwealth of the Northern Mariana Islands – Print name of U.S. state, U.S. territory, or foreign country below. ↘

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

- Yes
- No → SKIP to question 18

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

- Person is under 5 years old → SKIP to question 20
- Yes, this house → SKIP to question 20
- No, different house in the Commonwealth of the Northern Mariana Islands
- No, outside the Commonwealth of the Northern Mariana Islands – Print name of U.S. state, U.S. territory, or foreign country below. ↘

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

Mark  ONE box.

- Employment
- Military
- Housing
- To attend school
- Family-related
- Natural disaster
- Other reason

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

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

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

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

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

- Yes
- No

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

- Yes
- No



# Person 1 (continued)

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

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

- Yes
- No

**24.** What is this person's marital status?

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

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

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

**26.** How many times has this person been married?

- Once
- Two times
- Three or more times

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

Year





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

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

None or  Number of children

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

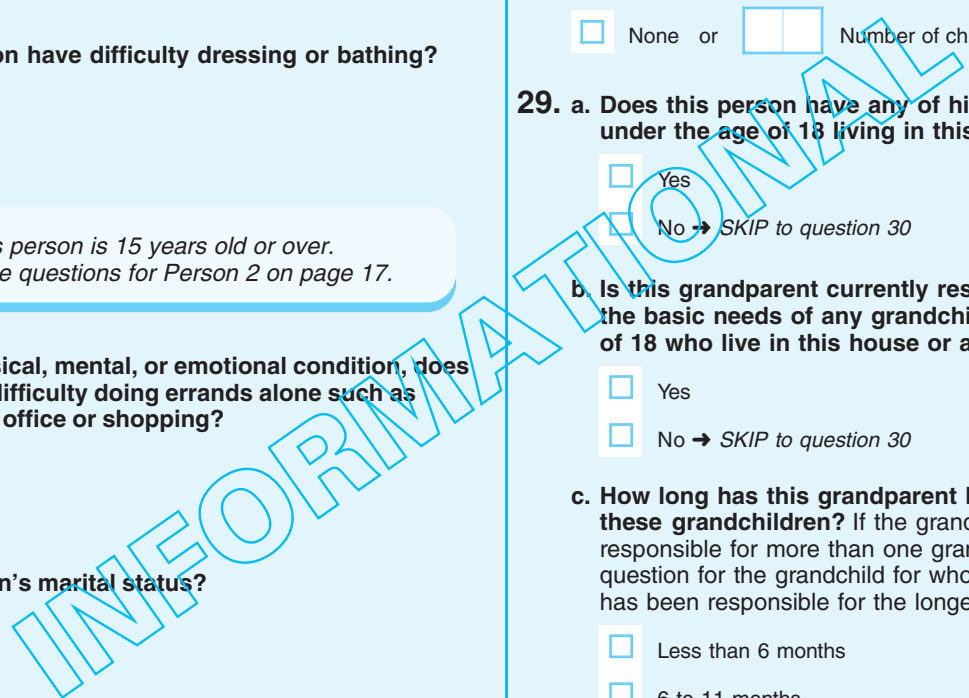
- Yes
- No → SKIP to question 30

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

- Yes
- No → SKIP to question 30

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

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



# Person 1 (continued)

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

Mark  ONE box.

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

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

**When did this person serve on active duty in the U.S. Armed Forces?** Mark  a box for EACH period in which this person served, even if just for part of the period.

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

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

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

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

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

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

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

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

- Yes
- No → SKIP to question 39a

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

- Commonwealth of the Northern Mariana Islands – Print name of village below.
- Outside the Commonwealth of the Northern Mariana Islands – Print the name of U.S. state, U.S. territory, or foreign country below.

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

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

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

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

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

Person(s)

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

Hour      Minute       a.m.  
 :        p.m.

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

Minutes



# Person 1 (continued)

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

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

- Yes → SKIP to question 39c
- No

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

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

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

- Yes → SKIP to question 41
- No

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

- Yes
- No → SKIP to question 42a

**41. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**

- Yes, could have gone to work
- No, because of own temporary illness
- No, because of all other reasons (in school, etc.)

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

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

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

- Yes
- No → SKIP to L

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

- Yes → SKIP to question 44
- No

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

Weeks

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

Usual hours worked each WEEK



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

## 45. DESCRIPTION OF EMPLOYMENT

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

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

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

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

### PRIVATE SECTOR EMPLOYEE

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

### GOVERNMENT EMPLOYEE

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

### SELF-EMPLOYED OR OTHER

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

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



**c. What kind of business or industry was this?**

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)



## Person 1 (continued)

d. Was this mainly – Mark  ONE box.

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### 46. INCOME IN 2019

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

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

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

TOTAL AMOUNT – Dollars

\$  .00

- No

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

- Yes → What was the net income after business expenses?

TOTAL AMOUNT – Dollars

\$  .00

- No Loss

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

- Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

- No Loss

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

- Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

- No

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

- Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

- No

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

- Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

- No

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

- Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

- No

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

- Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

- No

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

OR \$  .00

None TOTAL AMOUNT for 2019 Loss

→ Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 3, SKIP to page 44 for further instructions.



# 2020 Census of Guam

Census Office

County

FOR NPC  
USE ONLY

BCU

Map Spot

Within Map Spot ID

← APPLY LABEL HERE →

Are there any continuation questionnaires for this address?

Yes → Number of continuation questionnaires = 

No

Address Number (For example: 5007)

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

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

Physical Description (if applicable)

Village/Municipality/Estate

ZIP Code

## Start here

Use a blue or black pen.

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

 Yes No → Skip to S3.

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

 Usually lives here – Skip to question 1. Vacation or seasonal home or held for occasional use – Skip to page 7.

**S3. On April 1, 2020, was this unit**

 Occupied by a different household? – Using a knowledgeable respondent, complete this questionnaire for the people occupying the household on April 1, 2020. Vacant? – Skip to page 7. Not a housing unit – Skip to “Respondent Information” on page 44.

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

Number of people = 

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

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

 Children, related or unrelated, such as newborn babies, grandchildren, or foster children Relatives, such as adult children, cousins, or in-laws Nonrelatives, such as roommates or live-in babysitters People staying here temporarily No additional people





## Person 1

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

**What is Person 1's name?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Male  Female

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

Age on April 1, 2020

 years

Print numbers in boxes.

Month

Day

Year of birth




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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

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

- Some other race – Print race or origin. ↴

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

INFORMATION



**1. What is the name of Person 2 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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



**1. What is the name of Person 3 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

 years

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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



**1. What is the name of Person 4 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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

**1. What is the name of Person 5 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

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

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

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

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

- Male  Female

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

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

years                 

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

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

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

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

# Housing

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

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

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

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

**2. About when was this building first built?**

- 2000 or later – *Specify year* ↘

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

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

|   |   |
|---|---|
| Month                                     | Year  |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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

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

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

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

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

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

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

Number of rooms

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

Number of bedrooms

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

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

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

- Yes
- No

# Housing (continued)

**9. Please read the COMPUTER USE section on the Flashcard. 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"/> |

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

- Yes  
 No → SKIP to question 12

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

- Yes  
 No → SKIP to question 12

**11. Please read the INTERNET section on the Flashcard. 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 checked="" type="checkbox"/> | <input checked="" 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"/>            |

**12. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**

- None  
 1  
 2  
 3  
 4  
 5  
 6 or more

**13. Please read the SOURCE OF WATER section on the Flashcard. 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.)?

**14. Please read the SEWAGE DISPOSAL section on the Flashcard. 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

**15. a. What is the average monthly cost of electricity for this house, apartment, or mobile home?**

Average monthly cost – Dollars

\$       .00

OR

- Included in rent or condominium fee  
 No charge or electricity not used

**b. What is the average monthly cost of gas for this house, apartment, or mobile home?**

Average monthly cost – Dollars

\$       .00

OR

- Included in rent or condominium fee  
 Included in electricity payment entered above  
 No charge or gas not used

**c. What is the average monthly cost of water and sewer for this house, apartment, or mobile home?**

Average monthly cost – Dollars

\$       .00

OR

- Included in rent or condominium fee  
 No charge

**d. What is the average monthly cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home?**

Average monthly cost – Dollars

\$       .00

OR

- Included in rent or condominium fee  
 No charge or these fuels not used



# Housing (continued)

**16.** In 2019, did you or any member of this household receive benefits from the Food Stamp Program, SNAP (the Supplemental Nutrition Assistance Program), or NAP (Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- Yes
- No

**17.** Is this house, apartment, or mobile home part of a condominium?

Yes → **What is the monthly condominium fee?**  
For renters, answer only if you pay the condominium fee in addition to your rent. Otherwise, mark the "None" box.

Monthly amount – Dollars

\$       .00

OR

None

No

**18.** Is this house, apartment, or mobile home – Mark  ONE box.

- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented?
- Occupied without payment of rent? → SKIP to C

**B** Ask questions 19a and 19b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 20.

**19. a.** What is the monthly rent for this house, apartment, or mobile home?

Monthly amount – Dollars

\$       .00

**b.** Does the monthly rent include any meals?

- Yes
- No

**C** Ask questions 20 – 24 if this person or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E on the next page.

**20.** About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

\$           .00

**21.** What were the annual real estate taxes on THIS property in 2019?

Annual amount – Dollars

\$       .00

OR

None

**22.** What was the annual payment for fire, hazard, typhoon or hurricane, and flood insurance on THIS property in 2019?

Annual amount – Dollars

\$       .00

OR

None

**23. a.** Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt
- Yes, contract to purchase
- No → SKIP to question 24a

**b.** How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – Dollars

\$       .00

OR

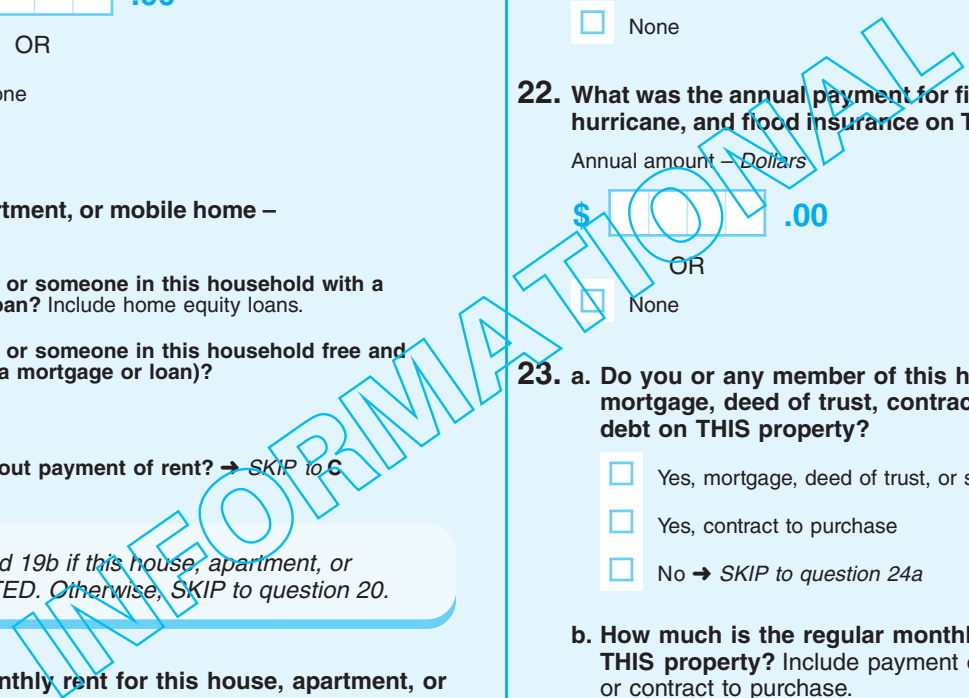
No regular payment required → SKIP to question 24a

**c.** Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

- Yes, taxes included in mortgage payment
- No, taxes paid separately or taxes not required

**d.** Does the regular monthly mortgage payment include payments for fire, hazard, typhoon or hurricane, or flood insurance on THIS property?

- Yes, insurance included in mortgage payment
- No, insurance paid separately or no insurance







## Housing (continued)

**24. a.** Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

- Yes, home equity loan
- Yes, second mortgage
- Yes, second mortgage and home equity loan
- No → SKIP to D

**b.** How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount – Dollars

\$       .00

OR

No regular payment required

**D** Ask question 25 if this is a MOBILE HOME or a BOAT. Otherwise, SKIP to E.

**25.** What were the total annual costs for installment loan payments, personal property taxes, site rent, marina fee, registration fees, and license fees on THIS mobile home or boat and its site/slip fee in 2019? Exclude real estate taxes.

Annual costs – Dollars

\$       .00

**E** Ask questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 44 for further instructions.

INFORMATIONAL

# Person 1

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

Last Name(s)

First Name

MI

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

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

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

**9. Where was this person born?**

Print name of U.S. state, U.S. territory, or foreign country.

**10. When did this person come to live in Guam?**

If this person came to live in Guam more than once, print latest year.

Year

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

- Yes
- No → SKIP to question 12

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

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

**c. What grade or level was this person attending?**

Mark  ONE box.

- Nursery school, preschool, or pre-kindergarten
- Kindergarten
- Grade 1 through 12 – Specify grade 1 – 12 ↘

- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

**12. Please read the HIGHEST DEGREE or LEVEL OF SCHOOL section on the Flashcard.**

What is the highest degree or level of school this person has COMPLETED? Mark  ONE box. If currently enrolled, mark the previous grade or highest degree received.

### NO SCHOOLING COMPLETED

- No schooling completed

### NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool or pre-kindergarten
- Kindergarten
- Grade 1 through 11 – Specify grade 1 – 11 ↘

- 12th grade – NO DIPLOMA

### HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

### COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

### AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

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

**13. This question focuses on this person's BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES this person has received?**

(For example: chemical engineering, elementary teacher education, organizational psychology.)



**14. Has this person completed requirements for a vocational training program at a trade school, hospital, or some other kind of school for occupational training or place of work?**

Do not include academic college courses.

- Yes
- No

# Person 1 (continued)

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



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

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

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

b. Where was this person's father born?

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

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

- Yes
- No → SKIP to question 18

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

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

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

Mark  ONE box.

- Employment
- Military
- Housing
- To attend school
- Family-related
- Natural disaster
- Other reason

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

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

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

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

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

- Yes
- No

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

- Yes
- No



# Person 1 (continued)

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

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

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

- Yes
- No

**24.** What is this person's marital status?

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

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

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

**26.** How many times has this person been married?

- Once
- Two times
- Three or more times

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

Year





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

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

None or  Number of children

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

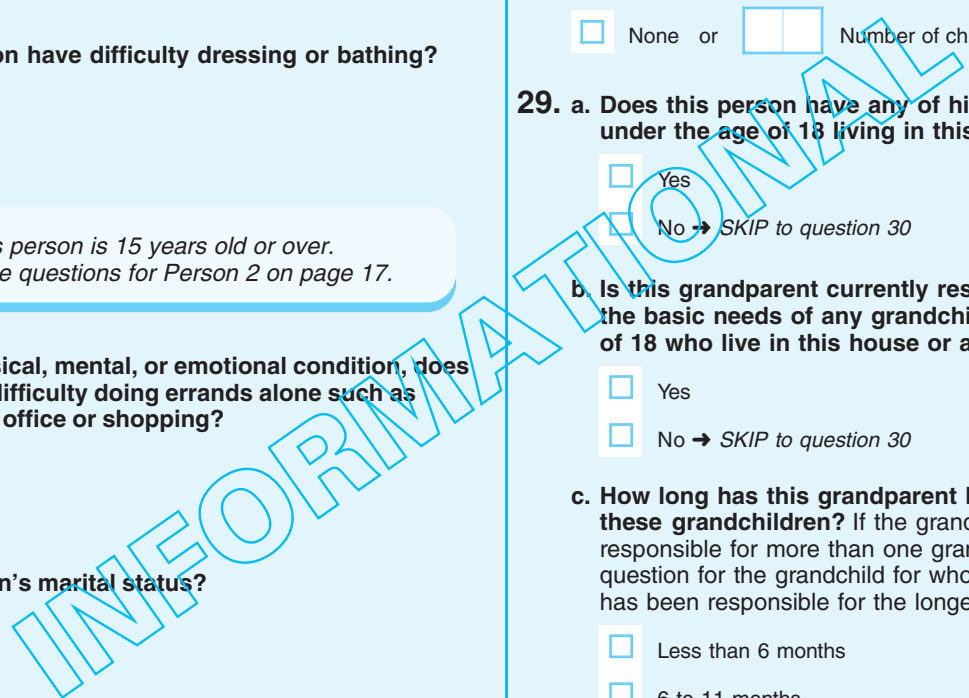
- Yes
- No → SKIP to question 30

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

- Yes
- No → SKIP to question 30

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

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



# Person 1 (continued)

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

Mark  ONE box.

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

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

When did this person serve on active duty in the U.S. Armed Forces? Mark  a box for EACH period in which this person served, even if just for part of the period.

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

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

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

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

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

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

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

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

- Yes
- No → SKIP to question 39a

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

Guam – Print name of village below. ↴

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

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

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

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

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

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

Person(s)

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

Hour Minute  a.m.

:   p.m.

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

Minutes



# Person 1 (continued)

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

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

- Yes → SKIP to question 39c
- No

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

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

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

- Yes → SKIP to question 41
- No

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

- Yes
- No → SKIP to question 42a

### 41. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

- Yes, could have gone to work
- No, because of own temporary illness
- No, because of all other reasons (in school, etc.)

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

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

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

- Yes
- No → SKIP to L

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

- Yes → SKIP to question 44
- No

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

Weeks



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

Usual hours worked each WEEK




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

## 45. DESCRIPTION OF EMPLOYMENT

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

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

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

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

#### PRIVATE SECTOR EMPLOYEE

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

#### GOVERNMENT EMPLOYEE

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

#### SELF-EMPLOYED OR OTHER

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

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


### c. What kind of business or industry was this?

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)



# Person 1 (continued)

d. Was this mainly – Mark  ONE box.

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

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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

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

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

## 46. INCOME IN 2019

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

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

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

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the net income after business expenses?

TOTAL AMOUNT – Dollars

\$  .00

No

Loss

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

Loss

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$  .00

No

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

OR \$  .00

None

TOTAL AMOUNT for 2019

Loss

→ Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 3, SKIP to page 44 for further instructions.



# 2020 Census of the U.S. Virgin Islands

Census Office

County

FOR NPC  
USE ONLY

BCU

Map Spot

Within Map Spot ID

← APPLY LABEL HERE →

Are there any continuation questionnaires for this address?

Yes → Number of continuation questionnaires = 

No

Address Number (For example: 5007)

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

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

Physical Description (if applicable)

Village/Municipality/Estate

ZIP Code

## Start here

Use a blue or black pen.

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

 Yes No → Skip to S3.

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

 Usually lives here – Skip to question 1. Vacation or seasonal home or held for occasional use – Skip to page 7.

**S3. On April 1, 2020, was this unit**

 Occupied by a different household? – Using a knowledgeable respondent, complete this questionnaire for the people occupying the household on April 1, 2020. Vacant? – Skip to page 7. Not a housing unit – Skip to “Respondent Information” on page 44.

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

Number of people = 

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

Mark  all that apply. Include any additional people on the person pages. Children, related or unrelated, such as newborn babies, grandchildren, or foster children Relatives, such as adult children, cousins, or in-laws Nonrelatives, such as roommates or live-in babysitters People staying here temporarily No additional people



**Person 1**

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

**What is Person 1's name?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Male  Female

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

Age on April 1, 2020

years

Print numbers in boxes.

Month

Day

Year of birth

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

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

- Some other race – Print race or origin. ↴

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

INFORMATION



**1. What is the name of Person 2 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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



1. What is the name of **Person 3** ?

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

 years

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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



**1. What is the name of Person 4 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

Print numbers in boxes.

Age on April 1, 2020

Month

Day

Year of birth

years

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴

- Some other race – Print race or origin. ↴

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



**1. What is the name of Person 5 ?**

Print name below and verify the spelling.

Last Name(s)

First Name

MI

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

Mark  all that apply.

- With a parent or other relative
- For college
- For a military assignment
- For a job or business
- In a nursing home
- In a jail or prison
- At a seasonal or second residence
- For another reason
- No

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

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

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

- Male
- Female

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

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

years                 

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

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

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

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

Mark  one or more boxes AND print origins.

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

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

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

- Chinese
- Filipino
- Asian Indian
- Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.* ↴
- Vietnamese
- Korean
- Japanese
- Native Hawaiian
- Samoan
- Chamorro
- Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.* ↴

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

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

# Housing

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

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

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

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

**2. About when was this building first built?**

- 2000 or later – *Specify year* ↴

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

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

|   |   |
|---|---|
| Month                                     | Year  |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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

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

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

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

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

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

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

Number of rooms

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

Number of bedrooms

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

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

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

- Yes
- No



# Housing (continued)

9. Please read the **COMPUTER USE** section on the Flashcard. 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"/> |

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

- Yes  
 No → SKIP to question 12

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

- Yes  
 No → SKIP to question 12

11. Please read the **INTERNET** section on the Flashcard. 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 checked="" type="checkbox"/> | <input checked="" 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"/>            |

12. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

- None  
 1  
 2  
 3  
 4  
 5  
 6 or more

13. Please read the **SOURCE OF WATER** section on the Flashcard. 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.)?

14. Please read the **SEWAGE DISPOSAL** section on the Flashcard. 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

15. a. What is the average monthly cost of electricity for this house, apartment, or mobile home?

Average monthly cost – Dollars

\$         .00

OR

- Included in rent or condominium fee  
 No charge or electricity not used

b. What is the average monthly cost of gas for this house, apartment, or mobile home?

Average monthly cost – Dollars

\$         .00

OR

- Included in rent or condominium fee  
 Included in electricity payment entered above  
 No charge or gas not used

c. What is the average monthly cost of water and sewer for this house, apartment, or mobile home?

Average monthly cost – Dollars

\$         .00

OR

- Included in rent or condominium fee  
 No charge

d. What is the average monthly cost of oil, coal, kerosene, wood, etc., for this house, apartment, or mobile home?

Average monthly cost – Dollars

\$         .00

OR

- Included in rent or condominium fee  
 No charge or these fuels not used

## Housing (continued)

- 16.** In 2019, did you or any member of this household receive benefits from the Food Stamp Program, SNAP (the Supplemental Nutrition Assistance Program), or NAP (Nutrition Assistance Program)? Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- Yes  
 No

- 17.** Is this house, apartment, or mobile home part of a condominium?

- Yes → What is the monthly condominium fee?  
 For renters, answer only if you pay the condominium fee in addition to your rent. Otherwise, mark the "None" box.

Monthly amount – Dollars

\$       .00

OR

None

- No

- 18.** Is this house, apartment, or mobile home –  
 Mark  ONE box.

- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.  
 Owned by you or someone in this household free and clear (without a mortgage or loan)?  
 Rented?  
 Occupied without payment of rent? → SKIP to C

- B** Ask questions 19a and 19b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 20.

- 19. a.** What is the monthly rent for this house, apartment, or mobile home?

Monthly amount – Dollars

\$       .00

- b.** Does the monthly rent include any meals?

- Yes  
 No

- C** Ask questions 20 – 24 if this person or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to E on the next page.

- 20.** About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

\$           .00

- 21.** What were the annual real estate taxes on THIS property in 2019?

Annual amount – Dollars

\$       .00

OR

- None

- 22.** What was the annual payment for fire, hazard, typhoon or hurricane, and flood insurance on THIS property in 2019?

Annual amount – Dollars

\$       .00

OR

- None

- 23. a.** Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt  
 Yes, contract to purchase  
 No → SKIP to question 24a

- b.** How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – Dollars

\$       .00

OR

- No regular payment required → SKIP to question 24a

- c.** Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

- Yes, taxes included in mortgage payment  
 No, taxes paid separately or taxes not required

- d.** Does the regular monthly mortgage payment include payments for fire, hazard, typhoon or hurricane, or flood insurance on THIS property?

- Yes, insurance included in mortgage payment  
 No, insurance paid separately or no insurance



## Housing (continued)

24. a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

- Yes, home equity loan
- Yes, second mortgage
- Yes, second mortgage and home equity loan
- No → SKIP to D

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount – Dollars

\$       .00

OR

No regular payment required

**D** Ask question 25 if this is a MOBILE HOME or a BOAT. Otherwise, SKIP to E.

25. What were the total annual costs for installment loan payments, personal property taxes, site rent, marina fee, registration fees, and license fees on THIS mobile home or boat and its site/slip fee in 2019? Exclude real estate taxes.

Annual costs – Dollars

\$       .00

**E** Ask questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 44 for further instructions.

# Person 1

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

Last Name(s)

First Name

MI

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

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

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

- 9. Where was this person born?**

*Print name of U.S. state, U.S. territory, or foreign country.*

- 10. When did this person come to live in the U.S. Virgin Islands?**

If this person came to live in the U.S. Virgin Islands more than once, print latest year.

Year

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

- Yes
- No → *SKIP* to question 12

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

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

- c. What grade or level was this person attending?**

Mark  ONE box.

- Nursery school, preschool, or pre-kindergarten
- Kindergarten
- Grade 1 through 12 – *Specify grade 1 – 12* ↘

- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

- 12. Please read the HIGHEST DEGREE or LEVEL OF SCHOOL section on the Flashcard.**

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

## NO SCHOOLING COMPLETED

- No schooling completed

## NURSERY OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool or pre-kindergarten
- Kindergarten
- Grade 1 through 11 – *Specify grade 1 – 11* ↘

- 12th grade – NO DIPLOMA

## HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

## COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

## AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

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

- 13. This question focuses on this person's BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES this person has received?**

(For example: chemical engineering, elementary teacher education, organizational psychology.)

- 14. Has this person completed requirements for a vocational training program at a trade school, hospital, or some other kind of school for occupational training or place of work?**

Do not include academic college courses.

- Yes
- No



# Person 1 (continued)

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

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

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

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

b. Where was this person's father born?

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

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

- Yes
- No → SKIP to question 18

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

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

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

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

Mark  ONE box.

- Employment
- Military
- Housing
- To attend school
- Family-related
- Natural disaster
- Other reason

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

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

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

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

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

- Yes
- No

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

- Yes
- No



# Person 1 (continued)

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

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

- Yes
- No

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

- Yes
- No

**c.** Does this person have difficulty dressing or bathing?

- Yes
- No

**H** Ask question 23 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 17.

**23.** Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

**24.** What is this person's marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married → SKIP to I

**25.** In the PAST 12 MONTHS did this person get –

- |              | Yes                      | No                       |
|--------------|--------------------------|--------------------------|
| a. Married?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Widowed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Divorced? | <input type="checkbox"/> | <input type="checkbox"/> |

**26.** How many times has this person been married?

- Once
- Two times
- Three or more times

**27.** In what year did this person last get married?

Year

**I** Ask question 28 if this person is female and 15 years old or over. Otherwise, SKIP to question 29a.

**28.** How many babies has this person ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.

- None or  Number of children

**29. a.** Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

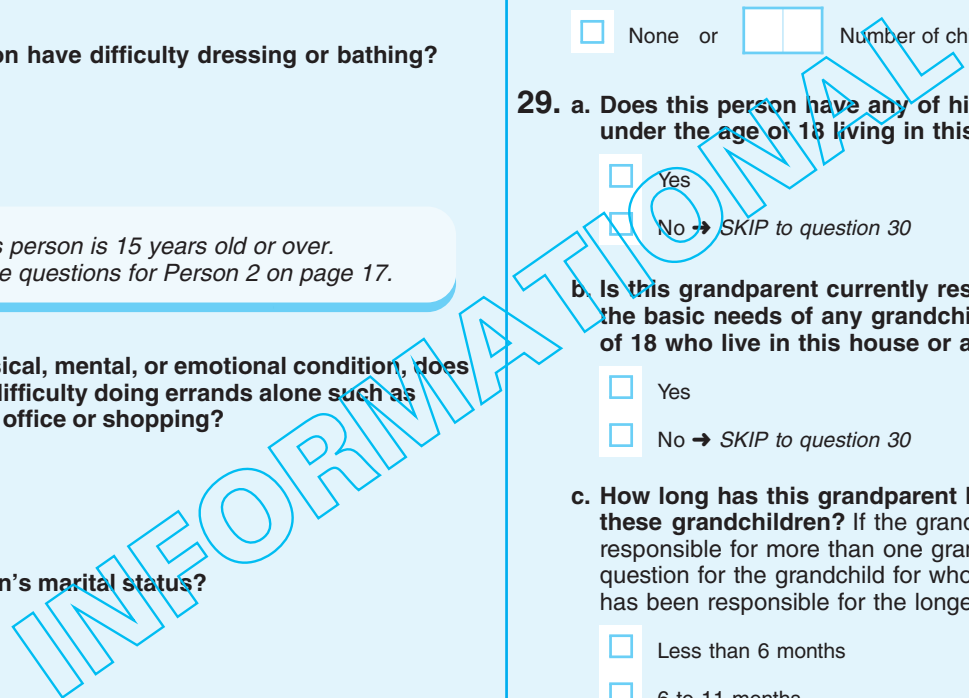
- Yes
- No → SKIP to question 30

**b.** Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- Yes
- No → SKIP to question 30

**c.** How long has this grandparent been responsible for these grandchildren? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years



# Person 1 (continued)

30. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Mark  ONE box.

- Never served in the military → SKIP to question 33a
- Only on active duty for training in the Reserves or National Guard → SKIP to question 32a
- Now on active duty
- On active duty in the past, but not now

31. Please read the PERIOD OF SERVICE section on the Flashcard.

When did this person serve on active duty in the U.S. Armed Forces? Mark  a box for EACH period in which this person served, even if just for part of the period.

- September 2001 or later
- August 1990 to August 2001 (including Persian Gulf War)
- May 1975 to July 1990
- Vietnam Era (August 1964 to April 1975)
- February 1955 to July 1964
- Korean War (July 1950 to January 1955)
- January 1947 to June 1950
- World War II (December 1941 to December 1946)
- November 1941 or earlier

32. a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, ..., 100%)
- No → SKIP to question 33a

b. What is this person's service-connected disability rating?

- 0 percent
- 10 or 20 percent
- 30 or 40 percent
- 50 or 60 percent
- 70 percent or higher

33. a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes → SKIP to question 34
- No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
- No → SKIP to question 39a

34. At what location did this person work LAST WEEK?

- U.S. Virgin Islands – Print name of village below. ↴

- Outside the U.S. Virgin Islands – Print name of U.S. state, U.S. territory, or foreign country below. ↴

35. Please read the TRANSPORTATION TO WORK section on the Flashcard.

How did this person usually get to work LAST WEEK? Mark  ONE box for the method of transportation used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Plane or seaplane
- Boat, ferry, or water taxi
- Worked from home → SKIP to question 43a
- Other method

**J** Ask question 36 if you marked "Car, truck, or private van/bus" in question 35. Otherwise, SKIP to question 37.

36. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?

Person(s)

37. LAST WEEK, what time did this person's trip to work usually begin?

Hour      Minute       a.m.  
 :        p.m.

38. How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes



# Person 1 (continued)

**K** Ask questions 39 – 42a if this person did NOT work last week. Otherwise, SKIP to question 42b.

**39. a. LAST WEEK, was this person on layoff from a job?**

- Yes → SKIP to question 39c
- No

**b. LAST WEEK, was this person TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → SKIP to question 42a
- No → SKIP to question 40

**c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?**

- Yes → SKIP to question 41
- No

**40. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**

- Yes
- No → SKIP to question 42a

**41. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?**

- Yes, could have gone to work
- No, because of own temporary illness
- No, because of all other reasons (in school, etc.)

**42. a. When did this person last work, even for a few days?**

- 2020
- 2019 → SKIP to question 43a
- 2015 to 2018 → SKIP to L
- 2014 or earlier, or never worked → SKIP to question 46

**b. LAST YEAR, 2019, did this person work at a job or business at any time?**

- Yes
- No → SKIP to L

**43. a. During 2019 (all 52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- Yes → SKIP to question 44
- No

**b. During 2019 (all 52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.**

Weeks

**44. During 2019, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

**L** Ask questions 45a – f if this person worked in the past 5 years (since 2015). Otherwise, SKIP to question 46.

## 45. DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years (since 2015).

**a. Please read the TYPE OF WORKER section on the Flashcard.**

Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years (since 2015)? Mark  ONE box.

### PRIVATE SECTOR EMPLOYEE

- For-profit company or organization
- Non-profit organization (including tax-exempt and charitable organizations)

### GOVERNMENT EMPLOYEE

- Local or territorial government (for example: public elementary school)
- Active duty U.S. Armed Forces or Commissioned Corps
- Federal government civilian employee

### SELF-EMPLOYED OR OTHER

- Owner of non-incorporated business, professional practice, or farm
- Owner of incorporated business, professional practice, or farm
- Worked without pay in a for-profit family business or farm for 15 hours or more per week

**b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?**

**c. What kind of business or industry was this?**

Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)



# Person 1 (continued)

d. Was this mainly – Mark  ONE box.

- manufacturing?
- wholesale trade?
- retail trade?
- other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation? (For example: 4th grade teacher, entry-level plumber)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

## 46. INCOME IN 2019

The next series of questions is about income received during 2019. If the exact amount is not known, please give your best estimate. If net income was a loss, please give the dollar amount of the loss. For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person. Mark  the "No" box for the other person.

a. Did this person receive any wages, salary, commissions, bonuses, or tips in 2019?

Yes → What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?

TOTAL AMOUNT – Dollars

\$ 

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

 .00

No

b. Did this person have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in 2019?

Yes → What was the net income after business expenses?

TOTAL AMOUNT – Dollars

\$ 

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

 .00  Loss

No

c. Did this person receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2019? Report even small amounts credited to an account.

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$ 

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

 .00  Loss

No

d. Did this person receive any Social Security or Railroad Retirement benefits in 2019?

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$ 

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

 .00

No

e. Did this person receive any Supplemental Security Income (SSI) payments in 2019?

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$ 

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

 .00

No

f. Did this person receive any public assistance or public welfare payments from the state or local welfare office in 2019?

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$ 

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

 .00

No

g. Did this person receive any retirement income, pensions, survivor or disability income in 2019? Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$ 

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

 .00

No

h. Did this person receive income on a regular basis from any other sources such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support or alimony in 2019?

Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$ 

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

 .00

No

## 47. What was this person's total income for 2019?

OR \$ 

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

 .00

None TOTAL AMOUNT for 2019 Loss

→ Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 3, SKIP to page 44 for further instructions.