



United States®  
**Census  
2020**  
American Samoa

## FLASHCARD

### **Everyone counts.**

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

### **Census data are important.**

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

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## WHO TO COUNT

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

### **Do NOT include:**

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

### **Do include:**

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

## RELATIONSHIP

How is this person related to Person 1? Mark  ONE box.

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





## SOURCE OF WATER

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

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

## SEWAGE DISPOSAL

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

- Public sewer
- Septic tank or cesspool
- Other

## HIGHEST DEGREE or LEVEL OF SCHOOL

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

### NO SCHOOLING COMPLETED

No schooling completed

### NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school, preschool, or pre-kindergarten

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11

12th grade – **NO DIPLOMA**

### HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

### COLLEGE OR SOME COLLEGE

Some college credit, but less than 1 year of college credit

1 or more years of college credit, no degree

Associate's degree (for example: AA, AS)

Bachelor's degree (for example: BA, BS)

### AFTER BACHELOR'S DEGREE

Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)

Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)

Doctorate degree (for example: PhD, EdD)

## HEALTH INSURANCE

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

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

## PERIOD OF SERVICE

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

- September 2001 or later
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## TRANSPORTATION TO WORK

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

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

## TYPE OF WORKER

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

### PRIVATE SECTOR EMPLOYEE

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

### GOVERNMENT EMPLOYEE

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

### SELF-EMPLOYED OR OTHER

- Owner of non-incorporated** business, professional practice, or farm
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United States®  
**Census  
2020**

**Guam**

# FLASHCARD

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## RELATIONSHIP

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## SOURCE OF WATER

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U.S. Virgin Islands

# TARJETA DE REFERENCIA

## **Todos cuentan.**

El objetivo del Censo del 2020 de las Islas Vřrgenes de los EE. UU. es contar a todos mediante la recopilaci3n de informaci3n sobre adultos, ni1os y beb1as que vivan en las Islas Vřrgenes de los EE. UU.

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

La Constituci3n de los EE. UU. requiere un censo cada 10 a1os. Cuando usted responde al Censo del 2020 de las Islas Vřrgenes de los EE. UU., est1 haciendo su parte para ayudar a su comunidad a planificar para hospitales y escuelas, apoyar programas locales, mejorar servicios de emergencia, construir caminos, informar a las empresas que desean agregar puestos de trabajo y m1s.

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

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

## **Su informaci3n es confidencial.**

La ley federal protege sus respuestas. Sus respuestas se pueden usar solo para producir estad1sticas y no pueden ser usadas en su contra por ninguna agencia del gobierno o tribunal.

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

Por favor, d1 vuelta a la siguiente p1gina para comenzar a usar esta tarjeta de referencia.

## A QUIÉN CONTAR

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

#### NO incluya:

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

#### Incluya:

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

## PARENTESCO

¿Cómo está esta persona relacionada con la Persona 1?

Marque  UNA casilla.

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

# ORIGEN HISPANO

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

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

# RAZA

¿Cuál es la raza de esta persona? Usted puede seleccionar una o más razas. Marque  una o más casillas **Y** escriba los orígenes.

- Blanca – *Escriba, por ejemplo, alemán, irlandés, inglés, italiano, libanés, egipcio, etc.* ↘
- Negra o afroamericana – *Escriba, por ejemplo, afroamericano, jamaquino, haitiano, nigeriano, etíope, somalí etc.* ↘
- Indígena de las Américas o nativa de Alaska – *Escriba el nombre de la(s) tribu(s) en la(s) que está inscrita o la(s) tribu(s) principal(es), por ejemplo, Navajo Nation, Blackfeet Tribe, maya, azteca, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.* ↘

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

- alguna otra raza – *Escriba la raza o el origen.* ↘

## TIPO DE EDIFICIO

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

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

## USO DE COMPUTADORA

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

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

## INTERNET

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

- SŪ
- No

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

- SŪ
- No

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

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

## FUENTE DE AGUA

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

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

## ELIMINACIÓN DE AGUAS CLOACALES

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

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

## TÍTULO O NIVEL DE EDUCACIÓN MÁS ALTO

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

### NO HA COMPLETADO NINGÚN GRADO

- No ha completado ningún grado

### GUARDERÍA O PREESCOLAR HASTA GRADO 12

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

- Grado 12 – **SIN DIPLOMA**

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

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

### UNIVERSIDAD O ALGUNOS CRÉDITOS UNIVERSITARIOS

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

### DESPUÉS DEL TÍTULO DE LICENCIATURA UNIVERSITARIA

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

## SEGURO MÉDICO

¿Tiene esta persona cobertura ACTUALMENTE de alguno de los siguientes tipos de seguros de salud o planes de cobertura de salud? Marque "Sí" o "No" para CADA tipo de cobertura en las respuestas a – h.

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

## PERÍODO DE SERVICIO

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

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

## TRANSPORTE AL TRABAJO

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

- Automóvil, camión o van/autobús privado
- Van/autobús público
- Taxi
- Motocicleta
- Bicicleta
- Camión
- Avión o hidroavión
- Lancha, ferri o taxi acuático
- Trabajó en el hogar
- Otro método

## TIPO DE TRABAJADOR

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

### EMPLEADO(A) DEL SECTOR PRIVADO

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

### EMPLEADO(A) DEL GOBIERNO

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

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

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