



United States®  
**Census  
2020**  
American Samoa

# INDIVIDUAL CENSUS QUESTIONNAIRE FLASHCARD

## **Everyone counts.**

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

## **Census data are important.**

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

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

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

## **Your information is confidential.**

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

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

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



## HIGHEST DEGREE or LEVEL OF SCHOOL

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


### NO SCHOOLING COMPLETED

No schooling completed

### NURSERY OR PRESCHOOL THROUGH GRADE 12

Nursery school, preschool, or pre-kindergarten

Kindergarten

Grade 1 through 11 – Specify grade 1 – 11 

12th grade – **NO DIPLOMA**

### HIGH SCHOOL GRADUATE

Regular high school diploma

GED or alternative credential

### COLLEGE OR SOME COLLEGE

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

1 or more years of college credit, no degree

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

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

### AFTER BACHELOR'S DEGREE

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


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

Doctorate degree (for example: PhD, EdD)

## HEALTH INSURANCE

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

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

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

## PERIOD OF SERVICE

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

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

## TRANSPORTATION TO WORK

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

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

## TYPE OF WORKER

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

### PRIVATE SECTOR EMPLOYEE

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

### GOVERNMENT EMPLOYEE

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

### SELF-EMPLOYED OR OTHER

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



United States®  
**Census  
2020**  
Guam

# INDIVIDUAL CENSUS QUESTIONNAIRE FLASHCARD

## **Everyone counts.**

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

## **Census data are important.**

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

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

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### NO SCHOOLING COMPLETED

No schooling completed

### NURSERY OR PRESCHOOL THROUGH GRADE 12

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Kindergarten

Grade 1 through 11 – Specify grade 1 – 11 

12th grade – **NO DIPLOMA**

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

**Census data are important.**

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U.S. Virgin Islands

# TARJETA DE REFERENCIA PARA EL CUESTIONARIO INDIVIDUAL DEL CENSO

## **Todos cuentan.**

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

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

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

## **Participar es su deber cívico.**

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

## **Su información es confidencial.**

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

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

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

## ORIGEN HISPANO

¿Es usted de origen hispano, latino o español?

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

## RAZA

¿Cuál es su raza?

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

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

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

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

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

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



## PERÍODO DE SERVICIO

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

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

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

## TRANSPORTE AL TRABAJO

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

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

Página 3



## TIPO DE TRABAJADOR

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

### EMPLEADO(A) DEL SECTOR PRIVADO

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

### EMPLEADO(A) DEL GOBIERNO

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

### EMPLEADO(A) POR CUENTA PROPIA U OTRO

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