



## 2020 Census of the Commonwealth of the Northern Mariana Islands Individual Census Questionnaire

FOR NPC  
 USE ONLY



This is your Individual Census Questionnaire for the 2020 Census of the Commonwealth of the Northern Mariana Islands. It is important that everyone be counted, regardless of where they may be living at the time of the census. This Individual Census Questionnaire is to be used to count people who were living, staying or receiving services in group quarters on April 1, 2020. Some examples of group quarters include college or university residence halls, nursing homes, group homes, residential treatment centers, workers' group living quarters and correctional facilities. **Please answer ALL of the questions on this questionnaire. Then follow the instructions you were given when you received this questionnaire in order to return it to the appropriate person.** You are required by law to respond to the census (Title 13, U.S. Code, Sections 141, 193, 221 and 223).

Please turn to page 2 to begin.

Census Office

County

BCU

Map Spot

Within Map Spot ID

UHE BCU

UHE Map Spot

UHE Within Map Spot ID

The Census Bureau estimates that completing the questionnaire will take 25 minutes on average. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project 0607-1006, U.S. Census Bureau, DCMD-2H174, 4600 Silver Hill Road, Washington, DC 20233. You may email comments to <2020.census.paperwork@census.gov>. Use "Paperwork Reduction Project 0607-1006" as the subject.

This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit approval number that appears at the upper right of the questionnaire confirms this approval. If this number were not displayed, we could not conduct the census.

### FOR OFFICIAL USE ONLY

#### Group Quarters ID

A. PN

B. Answered By:  Respondent  Group Quarters Administrator  
 Observation (TNSOLs only)  Other

C. QC:  Rework

D. JIC1  JIC2

# Start here

Use a blue or black pen.

### 1. What is your name? *Print name below.*

Last Name(s)

First Name

MI

### 2. Do you live or stay here most of the time?

- Yes  No

### 3. Besides here, what is the full address of a place where you sometimes live or stay?

- I never stay at any other place. I only live here.

Address Number (For example: 5007)

Street Name (For example: N Maple Ave)

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

Physical Description (if applicable)

Village/Municipality/Estate

ZIP Code

### 4. Are you male or female? Mark ONE box.

- Male  Female

### 5. What is your age on April 1, 2020, and what is your date of birth? *If you don't know the exact age, please estimate. For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

*Print numbers in boxes.*

Age on April 1, 2020

Month

Day

Year of birth

 years

→ NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this census, Hispanic origin is not a race.

### 6. Are you of Hispanic, Latino, or Spanish origin?

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

### 7. What is your race?

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

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

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

- American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, 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.* ↴



**8. Where were you 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. ↘

**A** Answer question 9 if you were born outside the Commonwealth of the Northern Mariana Islands. Otherwise, SKIP to question 10a.

**9. When did you come to live in the Commonwealth of the Northern Mariana Islands?**

If you came to live in the Commonwealth of the Northern Mariana Islands more than once, print latest year.

Year

**10. a. At any time since February 1, 2020, have you 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 11

**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 were you 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)

**11. 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)

**B** Answer question 12 if you have a bachelor's degree or higher. Otherwise, SKIP to question 13.

**12. This question focuses on your BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES you have received?** (For example: chemical engineering, elementary teacher education, organizational psychology)

**13. Have you 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

**14. What is your ancestry or ethnic origin?**

Two empty 20-character text boxes for entering 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.)

**15. a. Where was your 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. ↘

Empty 20-character text box for printing name of U.S. state, U.S. territory, or foreign country.

**b. Where was your 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. ↘

Empty 20-character text box for printing name of U.S. state, U.S. territory, or foreign country.

**16. a. Do you speak a language other than English at home?**

- Yes
- No → SKIP to question 17

**b. What is this language?**

Empty 20-character text box for entering the language.

For example: Korean, Italian, Spanish, Vietnamese.

**c. How well do you speak English?**

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

**17. Did you live at this address 5 years ago (on April 1, 2015)?**

- Person is under 5 years old → SKIP to question 19
- Yes, this address → SKIP to question 19
- No, different address 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. ↘

Empty 20-character text box for printing name of U.S. state, U.S. territory, or foreign country.

**18. What was your main reason for moving?**

Mark  ONE box.

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

**19. In 2019, did you 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

**20. 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"/> |

Empty 20-character text box for specifying other type of health insurance or health coverage plan.

**21. a. Are you deaf or do you have serious difficulty hearing?**

- Yes
- No

**b. Are you blind or do you have serious difficulty seeing even when wearing glasses?**

- Yes
- No



**C** Answer questions 22a – c if you are 5 years old or over. Otherwise, the questionnaire is complete.

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

- Yes
- No

**b.** Do you have serious difficulty walking or climbing stairs?

- Yes
- No

**c.** Do you have difficulty dressing or bathing?

- Yes
- No

**D** Answer question 23 if you are 15 years old or over. Otherwise, the questionnaire is complete.

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

- Yes
- No

**24.** What is your marital status?

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

**25.** In the PAST 12 MONTHS did you 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 have you been married?

- Once
- Two times
- Three or more times

**27.** In what year did you last get married?

Year





**E** Answer question 28 if you are female and 15 years old or over. Otherwise, SKIP to question 29a.

**28.** How many babies have you ever had, not counting stillbirths? Do not count stepchildren or children you have adopted.

None or  Number of children

**29. a.** Do you have any of your own grandchildren under the age of 18 living in this place?

- Yes
- No → SKIP to question 30

**b.** Are you currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this place?

- Yes
- No → SKIP to question 30

**c.** How long have you been responsible for these grandchildren? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have 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



**30. Have you 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. 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

**32. a. Do you have a VA service-connected disability rating?**

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

**b. What is your 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 you work for pay at a job (or business)?**

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

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

- Yes
- No → SKIP to question 39a

**34. At what location did you work LAST WEEK?**

- Commonwealth of the Northern Mariana Islands – Print name of village below. ↴

- Outside the Commonwealth of the Northern Mariana Islands – Print name of U.S. state, U.S. territory, or foreign country below. ↴

**35. 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 → SKIP to question 43a
- Other method

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

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

Person(s)

**37. LAST WEEK, what time did your trip to work usually begin?**

Hour Minute  a.m.  p.m.

 : 

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

Minutes





**e. What was your main occupation?**

(For example: 4th grade teacher, entry-level plumber)

Three empty grid boxes for entering occupation details.

**f. Describe your 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)

Four empty grid boxes for describing activities or duties.

**46. INCOME IN 2019**

Mark  the "Yes" box for each type of income you received, and give your best estimate of the TOTAL AMOUNT during 2019.

Mark  the "No" box to show types of income NOT received.

If your net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report only your share of the amount received or earned.

**a. Did you receive any wages, salary, commissions, bonuses, or tips in 2019?**

Form for wages, salary, commissions, bonuses, or tips in 2019. Includes a "Yes" checkbox with a "What was the amount" question and a grid for the amount, and a "No" checkbox.

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

Form for self-employment income in 2019. Includes a "Yes" checkbox with a "What was the net income after business expenses?" question and a grid for the amount, and a "No" checkbox with a "Loss" option.

**c. Did you 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.**

Form for interest, dividends, net rental income, royalty income, or income from estates and trusts in 2019. Includes a "Yes" checkbox with a "What was the amount?" question and a grid for the amount, and a "No" checkbox with a "Loss" option.

**d. Did you receive any Social Security or Railroad Retirement income in 2019?**

Form for Social Security or Railroad Retirement income in 2019. Includes a "Yes" checkbox with a "What was the amount?" question and a grid for the amount, and a "No" checkbox.

**e. Did you receive any Supplemental Security Income (SSI) in 2019?**

Form for Supplemental Security Income (SSI) in 2019. Includes a "Yes" checkbox with a "What was the amount?" question and a grid for the amount, and a "No" checkbox.

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

Form for public assistance or welfare payments in 2019. Includes a "Yes" checkbox with a "What was the amount?" question and a grid for the amount, and a "No" checkbox.

**g. Did you 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.**

Form for retirement income, pensions, survivor or disability income in 2019. Includes a "Yes" checkbox with a "What was the amount?" question and a grid for the amount, and a "No" checkbox.

**h. Did you have any other sources of income received regularly such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support, or alimony in 2019? Do NOT include lump sum payments such as money from an inheritance or sale of a home.**

Form for other sources of income in 2019. Includes a "Yes" checkbox with a "What was the amount?" question and a grid for the amount, and a "No" checkbox.

**47. What was your total income for 2019? Add entries in questions 46a to 46h; subtract any losses. If net income was a loss, enter the amount and mark  the "Loss" box next to the dollar amount.**

Form for total income for 2019. Includes a "TOTAL AMOUNT for 2019" label, a "Yes" checkbox with a "What was the amount?" question and a grid for the amount, and a "No" checkbox with a "Loss" option.