This is the official form for all the people at this address. It is quick and easy, and your answers are protected by law. Complete the Census and help your community get what it needs — today and in the future!

Start Here

Please use a black or blue pen. Do NOT mail this form, your completed form will be picked up by a census worker.

1 How many people were living or staying in this house, apartment, or mobile home on April 1, 2000?

Number of people

INCLUDE in this number:
- foster children, roomers, or housemates
- people staying here on April 1, 2000 who have no other permanent place to stay
- people living here most of the time while working, even if they have another place to live

DO NOT INCLUDE in this number:
- college students living away while attending college
- people in a correctional facility, nursing home, or mental hospital on April 1, 2000
- Armed Forces personnel living somewhere else
- people who live or stay at another place most of the time

Please turn the page and print the names of all the people living or staying here on April 1, 2000.

Please fill out your form promptly. A census worker will visit your home to pick up your completed questionnaire or assist you if you have questions.

The Census Bureau estimates that, for the average household, this form will take about 41 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0860, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.
Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.
List of Persons

Please be sure you answered question 1 on the front page before continuing.

Please print the names of all the people who you indicated in question 1 were living or staying here on April 1, 2000.

Example — Last Name

**JOHNSON**

First Name  **MI**  

Robin

Start with the person, or one of the people living here who owns, is buying, or rents this house, apartment, or mobile home. If there is no such person, start with any adult living or staying here.

**Person 1 — Last Name**

First Name  **MI**

**Person 2 — Last Name**

First Name  **MI**

**Person 3 — Last Name**

First Name  **MI**

**Person 4 — Last Name**

First Name  **MI**

**Person 5 — Last Name**

First Name  **MI**

**Person 6 — Last Name**

First Name  **MI**

**Person 7 — Last Name**

First Name  **MI**

**Person 8 — Last Name**

First Name  **MI**

**Person 9 — Last Name**

First Name  **MI**

**Person 10 — Last Name**

First Name  **MI**

**Person 11 — Last Name**

First Name  **MI**

**Person 12 — Last Name**

First Name  **MI**

Next, answer questions about Person 1. If you didn’t have room to list everyone who lives in this house or apartment, please tell this to the census worker when you are visited. The census worker will complete a census form for the additional people.
Person 1

Your answers are important!
Every person in the Census counts.

What is this person’s name? Print the name of Person 1 from page 2.

Last Name

First Name

MI

What is this person’s telephone number? We may contact this person if we don’t understand an answer.

Area Code + Number

What is this person’s sex? Mark X ONE box.

☐ Male
☐ Female

What is this person’s age and what is this person’s date of birth?

Age on April 1, 2000

Print numbers in boxes.

Month Day Year of birth

What is this person’s ethnic origin or race?

(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)

FOR OFFICE USE ONLY

What is this person’s marital status?

☐ Now married
☐ Widowed
☐ Divorced
☐ Separated
☐ Never married

a. At any time since February 1, 2000, has this person attended regular school or college? Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

☐ No, has not attended since February 1 → Skip to 8a
☐ Yes, public school, public college
☐ Yes, private school, private college

b. What grade or level was this person attending?

Mark X ONE box.

☐ Pre-kindergarten
☐ Kindergarten
☐ Grade 1 to grade 4
☐ Grade 5 to grade 8
☐ Grade 9 to grade 12
☐ College undergraduate years (freshman to senior)
☐ Graduate or professional school (for example: medical, dental, or law school)

What is the highest degree or level of school this person has COMPLETED? Mark X ONE box.

If currently enrolled, mark the previous grade or highest degree received.

☐ No schooling completed
☐ Pre-kindergarten to 4th grade
☐ 5th grade or 6th grade
☐ 7th grade or 8th grade
☐ 9th grade
☐ 10th grade
☐ 11th grade
☐ 12th grade, NO DIPLOMA

☐ HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)
☐ Some college credit, but less than 1 year
☐ 1 or more years of college, no degree
☐ Associate degree (for example: AA, AS)
☐ Bachelor’s degree (for example: BA, AB, BS)
☐ Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)
☐ Professional degree (for example: MD, DDS, DVM, LLB, JD)
☐ Doctorate degree (for example: PhD, EdD)

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

☐ No
☐ Yes, in this Area
☐ Yes, not in this Area
9. a. Does this person speak a language other than English at home?
   - Yes
   - No ➔ Skip to 10

   b. What is this language?
   (For example: Chamorro, Samoan, Carolinian, Tongan)
   
   c. Does this person speak this language at home more frequently than English?
   - Yes, more frequently than English
   - Both equally often
   - No, less frequently than English
   - Does not speak English

10. Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

11. Is this person a CITIZEN or NATIONAL of the United States?
   - Yes, born in this Area ➔ Skip to 14a
   - Yes, born in the United States or another U.S. territory or commonwealth
   - Yes, born elsewhere of U.S. parent or parents
   - Yes, a U.S. citizen by naturalization
   - No, not a U.S. citizen or national (permanent resident)
   - No, not a U.S. citizen or national (temporary resident)

12. When did this person come to this Area to stay? If this person has entered the Area more than once, what is the latest year? Print numbers in boxes.
Year

13. What was this person’s main reason for moving to this Area?
   - Employment
   - Military
   - Subsistence activities
   - Missionary activities
   - Moved with spouse or parent
   - To attend school
   - Medical
   - Housing
   - Other

14. a. Where was this person’s mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

   b. Where was this person’s father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

15. Is this person a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.
   - Yes, dependent of an active-duty member of the Armed Forces
   - Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
   - No

16. a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
   - Yes, this house ➔ Skip to 17
   - No, different house

   b. Where did this person live 5 years ago?
   Name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 17.

   c. Name of city, town, or village

17. Does this person have any of the following long-lasting conditions:
   a. Blindness, deafness, or a severe vision or hearing impairment?
   - Yes
   - No

   b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
   - Yes
   - No
18 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

- a. Learning, remembering, or concentrating? Yes No
- b. Dressing, bathing, or getting around inside the home? Yes No
- c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office? Yes No
- d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business? Yes No

19 Was this person under 15 years of age on April 1, 2000?
- Yes → Skip to 35
- No

20 a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
- None → Skip to 21a
- 1 6 11
- 2 7 12
- 3 8 13
- 4 9 14
- 5 10 15 or more

b. What was the date of birth of the last child born to this person? Print numbers in boxes.

21 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 22a

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
- Yes
- No → Skip to 22a

c. How long has this grandparent been responsible for the(se) grandchild(ren)? 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 years or more

22 a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
- Yes, now on active duty
- Yes, on active duty in past, but not now
- No, training for Reserves or National Guard only → Skip to 23
- No, never served in the military → Skip to 23

b. 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.
- April 1995 or later
- August 1990 to March 1995 (including Persian Gulf War)
- September 1980 to July 1990
- May 1975 to August 1980
- Vietnam era (August 1964—April 1975)
- February 1955 to July 1964
- Korean conflict (June 1950—January 1955)
- World War II (September 1940—July 1947)
- Some other time

c. In total, how many years of active-duty military service has this person had?
- Less than 2 years
- 2 years or more

23 LAST WEEK, did this person do ANY work for either pay or profit? Answer “Yes” even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark ONE box.
- Yes, worked for pay or profit; did NO subsistence activity
- Yes, worked for pay or profit AND did subsistence activity
- No, did NOT work for pay or profit; did subsistence activity → Skip to 27a
- No, did NOT work for pay or profit; did NO subsistence activity → Skip to 27a

24 At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.

a. Name of island, U.S. state, commonwealth, territory, or foreign country

b. Name of city, town, or village
Person 1 (continued)

25 a. How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark ☑ the box of the one used for most of the distance.
   ☐ Car, truck, or private van/bus
   ☐ Public van/bus
   ☐ Boat
   ☐ Taxicab
   ☐ Motorcycle
   ☐ Bicycle
   ☐ Walked
   ☐ Worked at home → Skip to 29
   ☐ Other method

   ➜ If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.

25 b. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?
   ☐ Drove alone
   ☐ 2 people
   ☐ 3 people
   ☐ 4 people
   ☐ 5 or 6 people
   ☐ 7 or more people

26 a. What time did this person usually leave home to go to work LAST WEEK?
   ☐ : a.m. ☐ p.m.

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

27 a. LAST WEEK, was this person on layoff from a job?
   ☐ Yes → Skip to 27c
   ☐ No

   b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
   ☐ Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 28
   ☐ No → Skip to 27d

   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 27e
   ☐ No

28 When did this person last work, even for a few days? Do not include subsistence activity.
   ☐ 2000
   ☐ 1999
   ☐ 1998
   ☐ 1995 to 1997
   ☐ 1990 to 1994 → Skip to 33
   ☐ 1989 or earlier → Skip to 33
   ☐ Never worked; or did subsistence only → Skip to 33

29 Industry or Employer — Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give the information for his/her last job or business since 1995.

   a. For whom did this person work?
      If now on active duty in the Armed Forces, mark ☑ this box → ☐ and print the branch of the Armed Forces.

      Name of company, business, or other employer

   b. What kind of business or industry was this?
      Describe the activity at location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)

   c. Is this mainly — Mark ☑ ONE box.
      ☐ Manufacturing?
      ☐ Wholesale trade?
      ☐ Retail trade?
      ☐ Other (agriculture, construction, service, government, etc.)?
Was this person — Mark X ONE box.

- Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions
- Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
- Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)
- Federal GOVERNMENT employee
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm
- Working WITHOUT PAY in family business or farm

INCOME IN 1999 — Mark X the “Yes” box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of $999,999. Mark X the “No” box if the income source was not received.

If net income was a loss, enter the amount and mark X the “Loss” box next to the dollar amount.

For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark X the “No” box for the other person. If exact amount is not known, please give best estimate.

a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.
   - Yes Annual amount — Dollars
   - No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.
   - Yes Annual amount — Dollars
   - No
   - Loss

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account.
   - Yes Annual amount — Dollars
   - No
   - Loss

d. Social Security or Railroad Retirement
   - Yes Annual amount — Dollars
   - No

e. Supplemental Security Income (SSI)
   - Yes Annual amount — Dollars
   - No

f. Any public assistance or welfare payments from the state or local welfare office
   - Yes Annual amount — Dollars
   - No

a. What kind of work was this person doing?
   (For example: registered nurse, machine repairer, watchmaker, auto mechanic, accountant)

b. What were this person’s most important activities or duties?
   (For example: patient care, repairing machinery, making watches, repairing automobiles, reconciling financial records)

a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.
   - Yes
   - No → Skip to 33

b. How many weeks did this person work in 1999?
   Count paid vacation, paid sick leave, and military service; do not count subsistence activity.
   Weeks

c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do not include subsistence activity.
   Usual hours worked each WEEK
Now, please answer questions 35—61 about your household.

Is this living quarters —
- Owned by you or someone in this household with a mortgage or loan?
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented for cash rent?
- Occupied without payment of cash rent?

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 – Applies only in American Samoa
- Three or more houses – Applies only in American Samoa
- 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
- A container
- Boat, RV, van, etc.

About when was this building first built?
- 1999 or 2000
- 1995 to 1998
- 1990 to 1994
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

When did this person move into this living quarters?
- 1999 or 2000
- 1995 to 1998
- 1990 to 1994
- 1980 to 1989
- 1970 to 1979
- 1969 or earlier

How many rooms do you have in this living quarters? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.
- 1 room
- 2 rooms
- 3 rooms
- 4 rooms
- 5 rooms
- 6 rooms
- 7 rooms
- 8 rooms
- 9 or more rooms

How many bedrooms do you have; that is, how many bedrooms would you list if this living quarters were on the market for sale or rent?
- No bedroom
- 1 bedroom
- 2 bedrooms
- 3 bedrooms
- 4 bedrooms
- 5 or more bedrooms

Do you have hot and cold piped water?
- Yes, in this unit
- Yes, in this building, not in unit
- No, only cold piped water in this unit
- No, only cold piped water in this building
- No, only cold piped water outside this building
- No piped water

Do you have a bathtub or shower?
- Yes, in this unit
- Yes, in this building, not in unit
- Yes, outside this building
- No
41. c. Do you have a flush toilet?
   - Yes, in this unit → Skip to 42a
   - Yes, in this building, not in unit → Skip to 42a
   - Yes, outside this building → Skip to 42a
   - No

d. What type of toilet facilities do you have?
   - Outhouse or privy
   - Other or none

42. a. Are your MAIN cooking facilities located inside or outside this building?
   - Inside this building
   - Outside this building
   - No cooking facilities → Skip to 42c

   b. What type of cooking facilities are these?
   - Electric stove
   - Kerosene stove
   - Gas stove
   - Microwave oven and non-portable burners
   - Microwave oven only
   - Other (fireplace, hotplate, etc.)

c. Do you have a refrigerator in this building?
   - Yes
   - No

d. Do you have a sink with piped water in this building?
   - Yes
   - No

43. Is there telephone service available in this living quarters from which you can both make and receive calls?
   - Yes
   - No

44. Do you have air conditioning?
   - Yes, a central air-conditioning system (includes split-type)
   - Yes, 1 individual room unit
   - Yes, 2 or more individual room units
   - No

45. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?
   - None
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6 or more

46. Do you have a battery operated radio? Count car radios, transistors, and other battery operated sets in working order or needing only a new battery for operation.
   - Yes, 1 or more
   - No

47. Do you get water from —
   - A public system only?
   - A public system and catchment?
   - A village water system only? – Applies only in American Samoa
   - An individual well?
   - A catchment, tanks, or drums only?
   - Some other source such as a standpipe, spring, river, creek, etc.?

48. Is this building connected to a public sewer?
   - Yes, connected to public sewer
   - No, connected to septic tank or cesspool
   - No, use other means

49. Is this living quarters part of a condominium?
   - Yes
   - No

50. What is the MAIN type of material used for the outside walls of this building?
   - Poured concrete
   - Concrete blocks
   - Metal
   - Wood
   - Other

51. What is the MAIN type of material used for the roof of this building?
   - Poured concrete
   - Metal
   - Wood
   - Other

52. What is the MAIN type of material used for the foundation of this building?
   - Concrete
   - Wood pier or pilings
   - Other

53. Answer ONLY if this is a ONE-FAMILY HOUSE OR MOBILE HOME — All others skip to 54a.

   Is there a business (such as a store or shop) or a medical office on THIS property?
   - Yes
   - No

54. a. What is the average monthly cost for electricity for this living quarters?
   - Average monthly cost — Dollars
     
     $ | | .00
   - OR
     - Included in rent or in condominium fee
     - No charge or electricity not used
b. What is the average monthly cost for gas for this living quarters?
Average monthly cost — Dollars

 OR

☐ Included in rent or in condominium fee
☐ No charge or gas not used

c. What is the average monthly cost for water and sewer for this living quarters?
Average monthly cost — Dollars

 OR

☐ Included in rent or in condominium fee
☐ No charge

d. What is the average monthly cost for oil, coal, kerosene, wood, etc. for this living quarters?
Average monthly cost — Dollars

 OR

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

a. Answer 55b ONLY if RENT IS PAID for this living quarters — All others skip to 56.
b. What is the monthly rent?
Monthly amount — Dollars


Answer questions 56a—61 if you or someone in this household owns or is buying this living quarters; otherwise, skip to questions for Person 2.
a. Do you 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 57a

b. How much is your regular monthly mortgage payment on THIS property? Include payment only on first mortgage or contract to purchase.
Monthly amount — Dollars

 OR

☐ No regular payment required → Skip to 57a

c. Does your 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

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

57 a. Do you have a second mortgage or a home equity loan on THIS property? Mark ☑ all boxes that apply.
☐ Yes, a second mortgage
☐ Yes, a home equity loan
☐ No → Skip to 58

b. How much is your regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?
Monthly amount — Dollars

 OR

☐ No regular payment required

58 What were the real estate taxes on THIS property last year?
Yearly amount — Dollars

 OR

☐ None

59 What was the annual payment for fire, hazard, typhoon, and flood insurance on THIS property?
Annual amount — Dollars

 OR

☐ None

60 What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot would sell for if it were for sale?
Value of property — Dollars


Answer ONLY if this is a CONDOMINIUM —

61 What is the monthly condominium fee?
Monthly amount — Dollars


Are there more people living here? If yes, continue with Person 2.
1. What is this person’s name? Print the name of Person 2 from page 2.
   Last Name
   First Name
   MI

2. How is this person related to Person 1? Mark ONE box.
   - Husband/wife
   - Natural-born son/daughter
   - Adopted son/daughter
   - Stepson/stepdaughter
   - Brother/sister
   - Father/mother
   - Grandchild
   - Parent-in-law
   - Son-in-law/daughter-in-law
   - Other relative — Print exact relationship.

   If NOT RELATED to Person 1:
   - Roomer, boarder
   - Housemate, roommate
   - Unmarried partner
   - Foster child
   - Other nonrelative

3. What is this person’s sex? Mark ONE box.
   - Male
   - Female

4. What is this person’s age and what is this person’s date of birth?
   Age on April 1, 2000
   Print numbers in boxes.
   Month  Day  Year of birth

5. What is this person’s ethnic origin or race?
   (For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)

6. What is this person’s marital status?
   - Now married
   - Widowed
   - Divorced
   - Separated
   - Never married

7. a. At any time since February 1, 2000, has this person attended regular school or college? Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.
   - No, has not attended since February 1 → Skip to 8a
   - Yes, public school, public college
   - Yes, private school, private college

   b. What grade or level was this person attending? Mark ONE box.
   - Pre-kindergarten
   - Kindergarten
   - Grade 1 to grade 4
   - Grade 5 to grade 8
   - Grade 9 to grade 12
   - College undergraduate years (freshman to senior)
   - Graduate or professional school (for example: medical, dental, or law school)
Person 2 (continued)

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

☐ No schooling completed
☐ Pre-kindergarten to 4th grade
☐ 5th grade or 6th grade
☐ 7th grade or 8th grade
☐ 9th grade
☐ 10th grade
☐ 11th grade
☐ 12th grade, NO DIPLOMA
☐ HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)
☐ Some college credit, but less than 1 year
☐ 1 or more years of college, no degree
☐ Associate degree (for example: AA, AS)
☐ Bachelor’s degree (for example: BA, AB, BS)
☐ Master’s degree (for example: MA, MS, MEng, MED, MSW, MBA)
☐ Professional degree (for example: MD, DDS, DVM, LLB, JD)
☐ Doctorate degree (for example: PhD, EdD)

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

☐ No
☐ Yes, in this Area
☐ Yes, not in this Area

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

☐ Yes
☐ No → Skip to 10

b. What is this language?

______________________________
(For example: Chamorro, Samoan, Carolinian, Tongan)

9. Does this person speak this language at home more frequently than English?

☐ Yes, more frequently than English
☐ Both equally often
☐ No, less frequently than English
☐ Does not speak English

10 Where was this person born? Print the name of the island, (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

______________________________
(FOR OFFICE USE ONLY)  

11 Is this person a CITIZEN or NATIONAL of the United States?

☐ Yes, born in this Area → Skip to 14a
☐ Yes, born in the United States or another U.S. territory or commonwealth
☐ Yes, born elsewhere of U.S. parent or parents
☐ Yes, a U.S. citizen by naturalization
☐ No, not a U.S. citizen or national (permanent resident)
☐ No, not a U.S. citizen or national (temporary resident)

12 When did this person come to this Area to stay? If this person has entered the Area more than once, what is the latest year? Print numbers in boxes.

Year

13 What was this person’s main reason for moving to this Area?

☐ Employment
☐ Military
☐ Subsistence activities
☐ Missionary activities
☐ Moved with spouse or parent
☐ To attend school
☐ Medical
☐ Housing
☐ Other

14 a. Where was this person’s mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

______________________________
(FOR OFFICE USE ONLY)

b. Where was this person’s father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

______________________________
(FOR OFFICE USE ONLY)

15 Is this person a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.

☐ Yes, dependent of an active-duty member of the Armed Forces
☐ Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
☐ No
Person 2 (continued)

16 a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
- Person is under 5 years old → Skip to 35
- Yes, this house → Skip to 17
- No, different house → Skip to 17

b. Where did this person live 5 years ago?
Name of island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 17.

17 Does this person have any of the following long-lasting conditions:
- a. Blindness, deafness, or a severe vision or hearing impairment? Yes No
- b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? Yes No

18 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
- a. Learning, remembering, or concentrating? Yes No
- b. Dressing, bathing, or getting around inside the home? Yes No
- c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office? Yes No
- d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business? Yes No

19 Was this person under 15 years of age on April 1, 2000?
- Yes → Skip to 35
- No

20 a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
- None → Skip to 21a
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15 or more

b. What was the date of birth of the last child born to this person? Print numbers in boxes.
Month Day Year of birth

21 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 22a

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
- Yes
- No → Skip to 22a

c. How long has this grandparent been responsible for the(se) grandchild(ren)? 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 years or more

22 a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
- Yes, now on active duty
- Yes, on active duty in past, but not now
- No, training for Reserves or National Guard only → Skip to 23
- No, never served in the military → Skip to 23

b. 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.
- April 1995 or later
- August 1990 to March 1995 (including Persian Gulf War)
- September 1980 to July 1990
- May 1975 to August 1980
- Vietnam era (August 1964—April 1975)
- February 1955 to July 1964
- Korean conflict (June 1950—January 1955)
- World War II (September 1940—July 1947)
- Some other time

23 a. What was the date of birth of the last child born to this person? Print numbers in boxes.
Month Day Year of birth

24 Does this person have any of the following long-lasting conditions:
- a. Blindness, deafness, or a severe vision or hearing impairment? Yes No
- b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? Yes No

25 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
- a. Learning, remembering, or concentrating? Yes No
- b. Dressing, bathing, or getting around inside the home? Yes No
- c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office? Yes No
- d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business? Yes No

26 Was this person under 15 years of age on April 1, 2000?
- Yes → Skip to 35
- No

27 a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
- None → Skip to 21a
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15 or more

b. What was the date of birth of the last child born to this person? Print numbers in boxes.
Month Day Year of birth

28 Does this person have any of the following long-lasting conditions:
- a. Blindness, deafness, or a severe vision or hearing impairment? Yes No
- b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? Yes No

29 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
- a. Learning, remembering, or concentrating? Yes No
- b. Dressing, bathing, or getting around inside the home? Yes No
- c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office? Yes No
- d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business? Yes No

30 Was this person under 15 years of age on April 1, 2000?
- Yes → Skip to 35
- No

31 a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
- None → Skip to 21a
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15 or more
23. LAST WEEK, did this person do ANY work for either pay or profit? Answer "Yes" even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark X ONE box.

- Yes, worked for pay or profit; did NO subsistence activity
- Yes, worked for pay or profit AND did subsistence activity
- No, did NOT work for pay or profit; did subsistence activity → Skip to 27a
- No, did NOT work for pay or profit; did NO subsistence activity → Skip to 27a

24. At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.

a. Name of island, U.S. state, commonwealth, territory, or foreign country

b. Name of city, town, or village

25. a. How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance.

- Car, truck, or private van/bus
- Public van/bus
- Boat
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Worked at home → Skip to 29
- Other method

If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.

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

- Drove alone
- 2 people
- 3 people
- 4 people
- 5 or 6 people
- 7 or more people

26. a. What time did this person usually leave home to go to work LAST WEEK?

- [ ] o'clock a.m. [ ] o'clock p.m.

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

Minutes

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

- Yes → Skip to 27c
- No → Skip to 27d

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

- Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 28
- No → Skip to 27d

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 27e
- No

d. Has this person been looking for work during the last 4 weeks?

- Yes
- No → Skip to 28

e. 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.)

28. When did this person last work, even for a few days? Do not include subsistence activity.

- 2000
- 1999
- 1998
- 1995 to 1997
- 1990 to 1994 → Skip to 33
- 1989 or earlier → Skip to 33
- Never worked; or did subsistence only → Skip to 33
Industry or Employer — Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give the information for his/her last job or business since 1995.

a. For whom did this person work? If now on active duty in the Armed Forces, mark ☑ this box → ☐ and print the branch of the Armed Forces.

Name of company, business, or other employer

FOR OFFICE USE ONLY

b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)

C. Is this mainly — Mark ☑ ONE box.

☐ Manufacturing?
☐ Wholesale trade?
☐ Retail trade?
☐ Other (agriculture, construction, service, government, etc.?)

Occupation

a. What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, auto mechanic, accountant)

FOR OFFICE USE ONLY

b. What were this person’s most important activities or duties? (For example: patient care, repairing machinery, making watches, repairing automobiles, reconciling financial records)

Was this person — Mark ☑ ONE box.

☐ Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions
☐ Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
☐ Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)
☐ Federal GOVERNMENT employee
☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm
☐ Working WITHOUT PAY in family business or farm

a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.

☐ Yes
☐ No → Skip to 33

b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service; do not count subsistence activity.

Weeks

c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do not include subsistence activity.

Usual hours worked each WEEK

INCOME IN 1999 — Mark ☑ the “Yes” box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of $999,999. Mark ☐ the “No” box if the income source was not received.

If net income was a loss, enter the amount and mark ☑ the “Loss” box next to the dollar amount.

For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark ☑ the “No” box for the other person. If exact amount is not known, please give best estimate.

a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.

☐ Yes Annual amount — Dollars $\_\_\_\_\_\_\_\_\_\_\_\_\_.00

☐ No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.

☐ Yes Annual amount — Dollars $\_\_\_\_\_\_\_\_\_\_\_\_\_.00 ☐ Loss
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account.

- Yes
  - Annual amount — Dollars $0.00
- No

- Social Security or Railroad Retirement

- Yes
  - Annual amount — Dollars $0.00
- No

e. Supplemental Security Income (SSI)

- Yes
  - Annual amount — Dollars $0.00
- No

f. Any public assistance or welfare payments from the state or local welfare office

- Yes
  - Annual amount — Dollars $0.00
- No

g. Retirement, survivor, or disability pensions — Do NOT include Social Security.

- Yes
  - Annual amount — Dollars $0.00
- No

h. Any remittances — Include money from relatives outside the household or in the military.

- Yes
  - Annual amount — Dollars $0.00
- No

i. Any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

- Yes
  - Annual amount — Dollars $0.00
- No

33 What was this person’s total income in 1999? Add entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount.

- Annual amount — Dollars $0.00

35 Are there more people living here? If yes, continue with Person 3.
What is this person’s age and what is this person’s date of birth?

Age on April 1, 2000

Print numbers in boxes.
Month Day Year of birth

What is this person’s ethnic origin or race?

(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)

FOR OFFICE USE ONLY

What is this person’s marital status?

☐ Now married
☐ Widowed
☐ Divorced
☐ Separated
☐ Never married

a. At any time since February 1, 2000, has this person attended regular school or college? Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

☐ No, has not attended since February 1 → Skip to 8a
☐ Yes, public school, public college
☐ Yes, private school, private college

b. What grade or level was this person attending?
Mark ONE box.
☐ Pre-kindergarten
☐ Kindergarten
☐ Grade 1 to grade 4
☐ Grade 5 to grade 8
☐ Grade 9 to grade 12
☐ College undergraduate years (freshman to senior)
☐ Graduate or professional school (for example: medical, dental, or law school)

a. 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
☐ Pre-kindergarten to 4th grade
☐ 5th grade or 6th grade
☐ 7th grade or 8th grade
☐ 9th grade
☐ 10th grade
☐ 11th grade
☐ 12th grade, NO DIPLOMA
☐ HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)
☐ Some college credit, but less than 1 year
☐ 1 or more years of college, no degree
☐ Associate degree (for example: AA, AS)
☐ Bachelor’s degree (for example: BA, AB, BS)
☐ Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)
☐ Professional degree (for example: MD, DDS, DVM, LLB, JD)
☐ Doctorate degree (for example: PhD, EdD)

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

☐ No
☐ Yes, in this Area
☐ Yes, not in this Area

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

☐ Yes
☐ No → Skip to 10

b. What is this language?

(For example: Chamorro, Samoan, Carolinian, Tongan)

FOR OFFICE USE ONLY

Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
Person 3 (continued)

11 Is this person a CITIZEN or NATIONAL of the United States?
☐ Yes, born in this Area → Skip to 14a
☐ Yes, born in the United States or another U.S. territory or commonwealth
☐ Yes, born elsewhere of U.S. parent or parents
☐ Yes, a U.S. citizen by naturalization
☐ No, not a U.S. citizen or national (permanent resident)
☐ No, not a U.S. citizen or national (temporary resident)

12 When did this person come to this Area to stay? If this person has entered the Area more than once, what is the latest year? Print numbers in boxes.

Year

13 What was this person’s main reason for moving to this Area?
☐ Employment
☐ Military
☐ Subsistence activities
☐ Missionary activities
☐ Moved with spouse or parent
☐ To attend school
☐ Medical
☐ Housing
☐ Other

14 a. Where was this person’s mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

b. Where was this person’s father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

15 Is this person a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? “Active duty” does NOT include training for the military Reserves or National Guard.
☐ Yes, dependent of an active-duty member of the Armed Forces
☐ Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
☐ No

16 a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
☐ Person is under 5 years old → Skip to 35
☐ Yes, this house → Skip to 17
☐ No, different house

b. What was the date of birth of the last child born to this person? Print numbers in boxes.

17 Does this person have any of the following long-lasting conditions:

a. Blindness, deafness, or a severe vision or hearing impairment?
   Yes ☐ No ☐

b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
   Yes ☐ No ☐

c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?
   Yes ☐ No ☐

d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?
   Yes ☐ No ☐

18 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

a. Learning, remembering, or concentrating?
   Yes ☐ No ☐

b. Dressing, bathing, or getting around inside the home?
   Yes ☐ No ☐

c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?
   Yes ☐ No ☐

d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?
   Yes ☐ No ☐

19 Was this person under 15 years of age on April 1, 2000?
☐ Yes → Skip to 35
☐ No

20 a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
   ☐ None → Skip to 21a
   ☐ 1 ☐ 6 ☐ 11
   ☐ 2 ☐ 7 ☐ 12
   ☐ 3 ☐ 8 ☐ 13
   ☐ 4 ☐ 9 ☐ 14
   ☐ 5 ☐ 10 ☐ 15 or more

b. What was the date of birth of the last child born to this person? Print numbers in boxes.

Month Day Year of birth
21 Person 3 (continued)

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 22a

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
   - Yes
   - No → Skip to 22a

c. How long has this grandparent been responsible for the(se) grandchild(ren)? 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 years or more

22 LAST WEEK, did this person do ANY work for either pay or profit? Answer “Yes” even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark ONE box.
   - Yes, worked for pay or profit; did NO subsistence activity
   - Yes, worked for pay or profit AND did subsistence activity
   - No, did NOT work for pay or profit; did subsistence activity → Skip to 27a
   - No, did NOT work for pay or profit; did NO subsistence activity → Skip to 27a

23 At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.

   a. Name of island, U.S. state, commonwealth, territory, or foreign country

   b. Name of city, town, or village

24 a. How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.
   - Car, truck, or private van/bus
   - Public van/bus
   - Boat
   - Taxicab
   - Motorcycle
   - Bicycle
   - Walked
   - Worked at home → Skip to 29
   - Other method

25 If “Car, truck, or private van/bus” is marked in 25a, go to 25b. Otherwise, skip to 26a.

b. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?
   - Drove alone
   - 2 people
   - 3 people
   - 4 people
   - 5 or 6 people
   - 7 or more people
Person 3 (continued)

26. What time did this person usually leave home to go to work LAST WEEK?
   - a.m.  ☐  p.m.  ☐

27. LAST WEEK, was this person on layoff from a job?
   - Yes → Skip to 27c
   - No

28. When did this person last work, even for a few days?
   - ☐ 2000
   - ☐ 1999
   - ☐ 1998
   - ☐ 1995 to 1997
   - ☐ 1990 to 1994 → Skip to 33
   - ☐ 1989 or earlier → Skip to 33
   - ☐ Never worked; or did subsistence only → Skip to 33

29. Industry or Employer — Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give the information for his/her last job or business since 1995.

   a. For whom did this person work? If now on active duty in the Armed Forces, mark ☑ this box → ☐ and print the branch of the Armed Forces.

   Name of company, business, or other employer

   b. What kind of business or industry was this?
   Describe the activity at location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)

   Industry or Employer

   c. Is this mainly — Mark ☑ ONE box.
   - Manufacturing?
   - Wholesale trade?
   - Retail trade?
   - Other (agriculture, construction, service, government, etc.)?

30. Occupation

   a. What kind of work was this person doing?
   (For example: registered nurse, machine repairer, watchmaker, auto mechanic, accountant)

   Occupation

   b. What were this person’s most important activities or duties? (For example: patient care, repairing machinery, making watches, repairing automobiles, reconciling financial records)

   Occupation Activities or Duties
Person 3 (continued)

31 Was this person — Mark ☒ ONE box.
☐ Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions
☐ Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
☐ Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)
☐ Federal GOVERNMENT employee
☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm
☐ Working WITHOUT PAY in family business or farm

32 a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.
☐ Yes
☐ No → Skip to 33

b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service; do not count subsistence activity. Weeks

33 INCOME IN 1999 — Mark ☒ the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of $999,999. Mark ☒ the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark ☒ the "Loss" box next to the dollar amount.

For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark ☒ the "No" box for the other person. If exact amount is not known, please give best estimate.

a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.
☐ Yes Annual amount — Dollars
☐ No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.
☐ Yes Annual amount — Dollars
☐ No

34 What was this person’s total income in 1999? Add entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark ☒ the "Loss" box next to the dollar amount.

Annual amount — Dollars
☐ None OR $[999,999.00] ☐ Loss

35 Are there more people living here? If yes, continue with Person 4.
1. **What is this person’s name?** Print the name of Person 4 from page 2.
   - Last Name
   - First Name MI

2. **How is this person related to Person 1?** Mark ONE box.
   - Husband/wife
   - Natural-born son/daughter
   - Adopted son/daughter
   - Stepson/stepdaughter
   - Brother/sister
   - Father/mother
   - Grandchild
   - Parent-in-law
   - Son-in-law/daughter-in-law
   - Other relative — Print exact relationship.

3. **What is this person’s sex?** Mark ONE box.
   - Male
   - Female

4. **What is this person’s age and what is this person’s date of birth?**
   - Age on April 1, 2000
   - Print numbers in boxes.
   - Month Day Year of birth

5. **What is this person’s ethnic origin or race?**
   - (For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)

6. **What is this person’s marital status?**
   - Now married
   - Widowed
   - Divorced
   - Separated
   - Never married

7. **a. At any time since February 1, 2000, has this person attended regular school or college?** Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.
   - No, has not attended since February 1 → Skip to 8a
   - Yes, public school, public college
   - Yes, private school, private college

   **b. What grade or level was this person attending?** Mark ONE box.
   - Pre-kindergarten
   - Kindergarten
   - Grade 1 to grade 4
   - Grade 5 to grade 8
   - Grade 9 to grade 12
   - College undergraduate years (freshman to senior)
   - Graduate or professional school (for example: medical, dental, or law school)
Person 4 (continued)

8. 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
   - Pre-kindergarten to 4th grade
   - 5th grade or 6th grade
   - 7th grade or 8th grade
   - 9th grade
   - 10th grade
   - 11th grade
   - 12th grade, NO DIPLOMA
   - HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)
   - Some college credit, but less than 1 year
   - 1 or more years of college, no degree
   - Associate degree (for example: AA, AS)
   - Bachelor’s degree (for example: BA, AB, BS)
   - Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)
   - Professional degree (for example: MD, DDS, DVM, LLB, JD)
   - Doctorate degree (for example: PhD, EdD)

   b. Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.
      - No
      - Yes, in this Area
      - Yes, not in this Area

9. Does this person speak a language other than English at home?
   - Yes
   - No → Skip to 10

   b. What is this language?

      (For example: Chamorro, Samoan, Carolinian, Tongan)

   c. Does this person speak this language at home more frequently than English?
      - Yes, more frequently than English
      - Both equally often
      - No, less frequently than English
      - Does not speak English

10. Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

11. Is this person a CITIZEN or NATIONAL of the United States?
   - Yes, born in this Area → Skip to 14a
   - Yes, born in the United States or another U.S. territory or commonwealth
   - Yes, born elsewhere of U.S. parent or parents
   - Yes, a U.S. citizen by naturalization
   - No, not a U.S. citizen or national (permanent resident)
   - No, not a U.S. citizen or national (temporary resident)

12. When did this person come to this Area to stay? If this person has entered the Area more than once, what is the latest year? Print numbers in boxes. Year

13. What was this person’s main reason for moving to this Area?
   - Employment
   - Military
   - Subsistence activities
   - Missionary activities
   - Moved with spouse or parent
   - To attend school
   - Medical
   - Housing
   - Other

14. a. Where was this person’s mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

   b. Where was this person’s father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

15. Is this person a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.
   - Yes, dependent of an active-duty member of the Armed Forces
   - Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
   - No
Person 4 (continued)

16 a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
   - Person is under 5 years old → Skip to 35
   - Yes, this house → Skip to 17
   - No, different house

b. Where did this person live 5 years ago?
   Name of island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 17.
   [Blank]

   FOR OFFICE USE ONLY

17 c. Name of city, town, or village
   [Blank]

   FOR OFFICE USE ONLY

Does this person have any of the following long-lasting conditions?

   a. Blindness, deafness, or a severe vision or hearing impairment?  Yes   No
   - [Blank]

   b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?  Yes   No
   - [Blank]

18 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities?

   a. Learning, remembering, or concentrating?  Yes   No
   - [Blank]

   b. Dressing, bathing, or getting around inside the home?  Yes   No
   - [Blank]

   c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?  Yes   No
   - [Blank]

   d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?  Yes   No
   - [Blank]

19 Was this person under 15 years of age on April 1, 2000?
   - Yes → Skip to 35
   - No

20 a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
   - None → Skip to 21a
   - 1   2   3   4   5   6   7   8   9   10   11   12   13   14   15 or more

b. What was the date of birth of the last child born to this person? Print numbers in boxes.
   Month   Day   Year of birth
   [Blank]

21 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 22a

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
   - Yes
   - No → Skip to 22a

22 a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
   - Yes, now on active duty
   - Yes, on active duty in past, but not now
   - No, training for Reserves or National Guard only → Skip to 23
   - No, never served in the military → Skip to 23
22. 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:
- April 1995 or later
- August 1990 to March 1995 (including Persian Gulf War)
- September 1980 to July 1990
- May 1975 to August 1980
- Vietnam era (August 1964—April 1975)
- February 1955 to July 1964
- Korean conflict (June 1950—January 1955)
- World War II (September 1940—July 1947)
- Some other time

23. LAST WEEK, did this person do ANY work for either pay or profit? Answer "Yes" even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark ONE box.
- Yes, worked for pay or profit; did NO subsistence activity
- Yes, worked for pay or profit AND did subsistence activity
- No, did NOT work for pay or profit; did subsistence activity
- No, did NOT work for pay or profit; did NO subsistence activity

24. At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week:
- Name of island, U.S. state, commonwealth, territory, or foreign country
- Name of city, town, or village

25. a. How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.
- Car, truck, or private van/bus
- Public van/bus
- Boat
- Taxicab
- Motorcycle
- Bicycle
- Walked
- Worked at home → Skip to 29
- Other method

b. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?
- 7 or more people
- 5 or 6 people
- 3 people
- 2 people
- 1 person

26. a. What time did this person usually leave home to go to work LAST WEEK?
- [Time]:[Time] a.m.  p.m.

b. How many minutes did it usually take this person to get from home to work LAST WEEK?
- [Minutes]

27. a. LAST WEEK, was this person on layoff from a job?
- Yes → Skip to 27c
- No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
- Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 28
- No → Skip to 27d

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 27e
- No
Person 4 (continued)

27. Has this person been looking for work during the last 4 weeks?
   - Yes
   - No → Skip to 28

28. When did this person last work, even for a few days?
   Do not include subsistence activity.
   - 2000
   - 1999
   - 1998
   - 1995 to 1997
   - 1990 to 1994 → Skip to 33
   - 1989 or earlier → Skip to 33
   - Never worked; or did subsistence only → Skip to 33

29. Industry or Employer — Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give the information for his/her last job or business since 1995.
   a. For whom did this person work? If now on active duty in the Armed Forces, mark this box → and print the branch of the Armed Forces.
      Name of company, business, or other employer

30. Occupation
   a. What kind of work was this person doing?
      (For example: registered nurse, machine repairer, watch maker, auto mechanic, accountant)

31. Was this person — Mark ONE box.
   - Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions
   - Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
   - Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)
   - Federal GOVERNMENT employee
   - SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
   - SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm
   - Working WITHOUT PAY in family business or farm

32. a. Last year, 1999, did this person work at a job or business at any time? Do not include subsistence activity.
   - Yes
   - No → Skip to 33

   b. How many weeks did this person work in 1999?
      Count paid vacation, paid sick leave, and military service; do not count subsistence activity.
      Weeks

   c. During the weeks WORKED in 1999, how many hours did this person WORKED each WEEK? Do not include subsistence activity.
      Usual hours worked each WEEK

   c. Is this mainly — Mark ONE box.
      - Manufacturing?
      - Wholesale trade?
      - Retail trade?
      - Other (agriculture, construction, service, government, etc.)?
Person 4 (continued)

33 INCOME IN 1999 — Mark X the “Yes” box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of $999,999. Mark X the “No” box if the income source was not received.

If net income was a loss, enter the amount and mark X the “Loss” box next to the dollar amount.

For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark X the “No” box for the other person. If exact amount is not known, please give best estimate.

a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.

☐ Yes  Annual amount — Dollars

☐ No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.

☐ Yes  Annual amount — Dollars

☐ No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account.

☐ Yes  Annual amount — Dollars

☐ No

d. Social Security or Railroad Retirement

☐ Yes  Annual amount — Dollars

☐ No

e. Supplemental Security Income (SSI)

☐ Yes  Annual amount — Dollars

☐ No

f. Any public assistance or welfare payments from the state or local welfare office

☐ Yes  Annual amount — Dollars

☐ No

g. Retirement, survivor, or disability pensions — Do NOT include Social Security.

☐ Yes  Annual amount — Dollars

☐ No

h. Any remittances — Include money from relatives outside the household or in the military.

☐ Yes  Annual amount — Dollars

☐ No

i. Any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

☐ Yes  Annual amount — Dollars

☐ No

34 What was this person’s total income in 1999? Add entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark X the “Loss” box next to the dollar amount.

Annual amount — Dollars

☐ None  OR

☐ Loss

35 Are there more people living here? If yes, continue with Person 5.
**Person 5**

Your answers help your community plan for the future.

1. **What is this person's name?** Print the name of Person 5 from page 2.
   - Last Name
   - First Name

2. **How is this person related to Person 1?** Mark ONE box.
   - Husband/wife
   - Natural-born son/daughter
   - Adopted son/daughter
   - Stepson/stepdaughter
   - Brother/sister
   - Father/mother
   - Grandchild
   - Parent-in-law
   - Son-in-law/daughter-in-law
   - Other relative — Print exact relationship.

3. **What is this person's sex?** Mark ONE box.
   - Male
   - Female

4. **What is this person’s age and what is this person’s date of birth?**
   - Age on April 1, 2000
   - Print numbers in boxes.
   - Month
   - Day
   - Year of birth

5. **What is this person’s ethnic origin or race?**
   - (For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)

6. **What is this person’s marital status?**
   - Now married
   - Widowed
   - Divorced
   - Separated
   - Never married

7. **At any time since February 1, 2000, has this person attended regular school or college?** Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.
   - No, has not attended since February 1 → Skip to 8a
   - Yes, public school, public college
   - Yes, private school, private college

   a. **What grade or level was this person attending?** Mark ONE box.
   - Pre-kindergarten
   - Kindergarten
   - Grade 1 to grade 4
   - Grade 5 to grade 8
   - Grade 9 to grade 12
   - College undergraduate years (freshman to senior)
   - Graduate or professional school (for example: medical, dental, or law school)

8. **What is this person’s age and what is this person’s date of birth?**
   - Age on April 1, 2000
   - Print numbers in boxes.
   - Month
   - Day
   - Year of birth

Your answers help your community plan for the future.
Person 5 (continued)

8. 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
☐ Pre-kindergarten to 4th grade
☐ 5th grade or 6th grade
☐ 7th grade or 8th grade
☐ 9th grade
☐ 10th grade
☐ 11th grade
☐ 12th grade, NO DIPLOMA
☐ HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)
☐ Some college credit, but less than 1 year
☐ 1 or more years of college, no degree
☐ Associate degree (for example: AA, AS)
☐ Bachelor’s degree (for example: BA, AB, BS)
☐ Master’s degree (for example: MA, MS, MEng, ME, MSW, MBA)
☐ Professional degree (for example: MD, DDS, DVM, LLB, JD)
☐ Doctorate degree (for example: PhD, EdD)

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

☐ No
☐ Yes, in this Area
☐ Yes, not in this Area

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

☐ Yes
☐ No → Skip to 10

b. What is this language?

(For example: Chamorro, Samoan, Carolinian, Tongan)

10. Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

11. Is this person a CITIZEN or NATIONAL of the United States?

☐ Yes, born in this Area → Skip to 14a
☐ Yes, born in the United States or another U.S. territory or commonwealth
☐ Yes, born elsewhere of U.S. parent or parents
☐ Yes, a U.S. citizen by naturalization
☐ No, not a U.S. citizen or national (permanent resident)
☐ No, not a U.S. citizen or national (temporary resident)

12. When did this person come to this Area to stay? If this person has entered the Area more than once, what is the latest year? Print numbers in boxes.

Year

13. What was this person’s main reason for moving to this Area?

☐ Employment
☐ Military
☐ Subsistence activities
☐ Missionary activities
☐ Moved with spouse or parent
☐ To attend school
☐ Medical
☐ Housing
☐ Other

14a. Where was this person’s mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

14b. Where was this person’s father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

15. Is this person a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.

☐ Yes, dependent of an active-duty member of the Armed Forces
☐ Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
☐ No
Person 5 (continued)

16 a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
   - Person is under 5 years old → Skip to 35
   - Yes, this house → Skip to 17
   - No, different house

b. Where did this person live 5 years ago?
   Name of island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 17.
   FOR OFFICE USE ONLY

c. Name of city, town, or village
   FOR OFFICE USE ONLY

17 Does this person have any of the following long-lasting conditions:
   Yes No
   a. Blindness, deafness, or a severe vision or hearing impairment?
   b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

18 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
   Yes No
   a. Learning, remembering, or concentrating?
   b. Dressing, bathing, or getting around inside the home?
   c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?
   d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?

19 Was this person under 15 years of age on April 1, 2000?
   - Yes → Skip to 35
   - No

20 a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
   - None → Skip to 21a
   - 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 or more

b. What was the date of birth of the last child born to this person? Print numbers in boxes.
   Month Day Year of birth

21 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 22a

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
   - Yes
   - No → Skip to 22a

c. How long has this grandparent been responsible for the(se) grandchild(ren)? 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 years or more

22 a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
   - Yes, now on active duty
   - Yes, on active duty in past, but not now
   - No, training for Reserves or National Guard only → Skip to 23
   - No, never served in the military → Skip to 23
b. When did this person serve on active duty in the U.S. Armed Forces? Mark [X] a box for EACH period in which this person served.

☐ April 1995 or later
☐ August 1990 to March 1995 (including Persian Gulf War)
☐ September 1980 to July 1990
☐ May 1975 to August 1980
☐ Vietnam era (August 1964—April 1975)
☐ February 1955 to July 1964
☐ Korean conflict (June 1950—January 1955)
☐ World War II (September 1940—July 1947)
☐ Some other time

c. In total, how many years of active-duty military service has this person had?

☐ Less than 2 years
☐ 2 years or more

LAST WEEK, did this person do ANY work for either pay or profit? Answer "Yes" even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark [X] ONE box.

☐ Yes, worked for pay or profit; did NO subsistence activity
☐ Yes, worked for pay or profit AND did subsistence activity
☐ No, did NOT work for pay or profit; did subsistence activity
☐ No, did NOT work for pay or profit; did NO subsistence activity

At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.

a. Name of island, U.S. state, commonwealth, territory, or foreign country

b. Name of city, town, or village

How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark [X] the box of the one used for most of the distance.

☐ Car, truck, or private van/bus
☐ Public van/bus
☐ Boat
☐ Taxicab
☐ Motorcycle
☐ Bicycle
☐ Walked
☐ Worked at home → Skip to 29
☐ Other method

If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.

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

☐ 7 or more people
☐ 5 or 6 people
☐ 3 people
☐ 2 people

What time did this person usually leave home to go to work LAST WEEK?

☐ [ ] : [ ] a.m.  ☐ [ ] : [ ] p.m.

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

Minutes [ ] : [ ]

At what location did this person work LAST WEEK? Do not include transportation to subsistence activity. If this person worked at more than one location, print where he or she worked most last week.

a. Name of island, U.S. state, commonwealth, territory, or foreign country

b. Name of city, town, or village

How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark [X] the box of the one used for most of the distance.

☐ Car, truck, or private van/bus
☐ Public van/bus
☐ Boat
☐ Taxicab
☐ Motorcycle
☐ Bicycle
☐ Walked
☐ Worked at home → Skip to 29
☐ Other method

If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.

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

☐ 7 or more people
☐ 5 or 6 people
☐ 3 people
☐ 2 people

What time did this person usually leave home to go to work LAST WEEK?

☐ [ ] : [ ] a.m.  ☐ [ ] : [ ] p.m.

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

Minutes [ ] : [ ]

At what location did this person work LAST WEEK? Do not include transportation to subsistence activity. If this person worked at more than one location, print where he or she worked most last week.

a. Name of island, U.S. state, commonwealth, territory, or foreign country

b. Name of city, town, or village

How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark [X] the box of the one used for most of the distance.

☐ Car, truck, or private van/bus
☐ Public van/bus
☐ Boat
☐ Taxicab
☐ Motorcycle
☐ Bicycle
☐ Walked
☐ Worked at home → Skip to 29
☐ Other method

If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.

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

☐ 7 or more people
☐ 5 or 6 people
☐ 3 people
☐ 2 people

What time did this person usually leave home to go to work LAST WEEK?

☐ [ ] : [ ] a.m.  ☐ [ ] : [ ] p.m.

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

Minutes [ ] : [ ]
Person 5 (continued)

27 d. Has this person been looking for work during the last 4 weeks?
- Yes
- No → Skip to 28

28 e. 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.)

28 When did this person last work, even for a few days?
Do not include subsistence activity.
- 2000
- 1999
- 1998
- 1995 to 1997
- 1990 to 1994 → Skip to 33
- 1989 or earlier → Skip to 33
- Never worked; or did subsistence only → Skip to 33

29 Industry or Employer — Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give the information for his/her last job or business since 1995.

a. For whom did this person work? If now on active duty in the Armed Forces, mark this box and print the branch of the Armed Forces.

Name of company, business, or other employer

b. What kind of business or industry was this?
Describe the activity at location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)

c. Is this mainly — Mark ONE box.
- Manufacturing?
- Wholesale trade?
- Retail trade?
- Other (agriculture, construction, service, government, etc.)?

30 Occupation

a. What kind of work was this person doing?
(For example: registered nurse, machine repairer, watch maker, auto mechanic, accountant)

FOR OFFICE USE ONLY

b. What were this person’s most important activities or duties? (For example: patient care, repairing machinery, making watches, repairing automobiles, reconciling financial records)

31 Was this person — Mark ONE box.

- Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions
- Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
- Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)
- Federal GOVERNMENT employee
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm
- Working WITHOUT PAY in family business or farm

32 a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.
- Yes
- No → Skip to 33

b. How many weeks did this person work in 1999?
Count paid vacation, paid sick leave, and military service; do not count subsistence activity.

Weeks

<table>
<thead>
<tr>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

32 c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do not include subsistence activity.
Usual hours worked each WEEK

<table>
<thead>
<tr>
<th>Usual hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

Form D-13 G
Person 5 (continued)

33. **INCOME IN 1999** — Mark the “Yes” box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of $999,999. Mark the “No” box if the income source was not received.

- **g. Retirement, survivor, or disability pensions** — Do NOT include Social Security.
  - Yes: Annual amount — Dollars
  - No

- **h. Any remittances** — Include money from relatives outside the household or in the military.
  - Yes: Annual amount — Dollars
  - No

- **i. Any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support, or alimony** — Do NOT include lump-sum payments such as money from an inheritance or sale of a home.
  - Yes: Annual amount — Dollars
  - No

34. **What was this person’s total income in 1999?** Add entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark the “Loss” box next to the dollar amount.

- Annual amount — Dollars
- Loss

35. **Are there more people living here? If yes, continue with Person 6.**
What is this person’s name? Print the name of Person 6 from page 2.

Last Name

First Name

MI

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

- Husband/wife
- Natural-born son/daughter
- Adopted son/daughter
- Stepson/stepdaughter
- Brother/sister
- Father/mother
- Grandchild
- Parent-in-law
- Son-in-law/daughter-in-law
- Other relative — Print exact relationship.

What is this person’s sex? Mark ONE box.

- Male
- Female

What is this person’s age and what is this person’s date of birth?

Age on April 1, 2000

Print numbers in boxes.

Month Day Year of birth

What is this person’s ethnic origin or race?

(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)

What is this person’s marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married

a. At any time since February 1, 2000, has this person attended regular school or college? Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended since February 1 → Skip to 8a
- Yes, public school, public college
- Yes, private school, private college

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

- Pre-kindergarten
- Kindergarten
- Grade 1 to grade 4
- Grade 5 to grade 8
- Grade 9 to grade 12
- College undergraduate years (freshman to senior)
- Graduate or professional school (for example: medical, dental, or law school)
Person 6 (continued)

8. a. 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
   - Pre-kindergarten to 4th grade
   - 5th grade or 6th grade
   - 7th grade or 8th grade
   - 9th grade
   - 10th grade
   - 11th grade
   - 12th grade, NO DIPLOMA
   - HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)
   - Some college credit, but less than 1 year
   - 1 or more years of college, no degree
   - Associate degree (for example: AA, AS)
   - Bachelor’s degree (for example: BA, AB, BS)
   - Master’s degree (for example: MA, MS, MEng, MEd, MSW, MBA)
   - Professional degree (for example: MD, DDS, DVM, LLB, JD)
   - Doctorate degree (for example: PhD, EdD)

b. Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.
   - No
   - Yes, in this Area
   - Yes, not in this Area

9. a. Does this person speak a language other than English at home?
   - Yes
   - No → Skip to 10

b. What is this language?
   (For example: Chamorro, Samoan, Carolinian, Tongan)

   c. Does this person speak this language at home more frequently than English?
      - Yes, more frequently than English
      - Both equally often
      - No, less frequently than English
      - Does not speak English

10. Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

11. Is this person a CITIZEN or NATIONAL of the United States?
   - Yes, born in this Area → Skip to 14a
   - Yes, born in the United States or another U.S. territory or commonwealth
   - Yes, born elsewhere of U.S. parent or parents
   - Yes, a U.S. citizen by naturalization
   - No, not a U.S. citizen or national (permanent resident)
   - No, not a U.S. citizen or national (temporary resident)

12. When did this person come to this Area to stay? If this person has entered the Area more than once, what is the latest year? Print numbers in boxes.
    Year
    __ __ __ __

13. What was this person’s main reason for moving to this Area?
    - Employment
    - Military
    - Subsistence activities
    - Missionary activities
    - Moved with spouse or parent
    - To attend school
    - Medical
    - Housing
    - Other

14. a. Where was this person’s mother born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

b. Where was this person’s father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

15. Is this person a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.
   - Yes, dependent of an active-duty member of the Armed Forces
   - Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
   - No
16. a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
   - Person is under 5 years old → Skip to 35
   - Yes, this house → Skip to 17
   - No, different house

   b. Where did this person live 5 years ago?
   Name of island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 17.

   c. Name of city, town, or village

17. Does this person have any of the following long-lasting conditions:
   - Blinding, deafness, or a severe vision or hearing impairment? Yes No
   - A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? Yes No

18. Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:
   - Learning, remembering, or concentrating? Yes No
   - Dressing, bathing, or getting around inside the home? Yes No
   - (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office? Yes No
   - (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business? Yes No

19. Was this person under 15 years of age on April 1, 2000?
   - Yes → Skip to 35
   - No

20. a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.
   - None → Skip to 21a
   - 1 6 11
   - 2 7 12
   - 3 8 13
   - 4 9 14
   - 5 10 15 or more

   b. What was the date of birth of the last child born to this person? Print numbers in boxes.
   Month Day Year of birth

21. 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 22a

   b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
   - Yes
   - No → Skip to 22a

   c. How long has this grandparent been responsible for the(se) grandchild(ren)? 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 years or more

22. a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
   - Yes, now on active duty
   - Yes, on active duty in past, but not now
   - No, training for Reserves or National Guard only → Skip to 23
   - No, never served in the military → Skip to 23
b. 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:

- August 1990 to March 1995 (including Persian Gulf War)
- September 1980 to July 1990
- May 1975 to August 1980
- Vietnam era (August 1964—April 1975)
- February 1955 to July 1964
- Korean conflict (June 1950—January 1955)
- World War II (September 1940—July 1947)
- Some other time

22

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

- 7 or more people
- 5 or 6 people
- 3 people
- 2 people

25

If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.

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

Minutes

26

Answer questions 27-28 for persons who did not work for pay or profit last week. Others skip to 29.

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

☐ Yes → Skip to 27c
☐ No

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

☐ Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 28
☐ No → Skip to 27d

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 27e
☐ No

24

At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week:

a. Name of island, U.S. state, commonwealth, territory, or foreign country

b. Name of city, town, or village

27

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

☐ Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 28
☐ No → Skip to 27d

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 27e
☐ No
d. Has this person been looking for work during the last 4 weeks?
   ☐ Yes
   ☐ No → Skip to 28

e. 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.)

When did this person last work, even for a few days?
Do not include subsistence activity.
   ☐ 2000
   ☐ 1999
   ☐ 1998
   ☐ 1995 to 1997
   ☐ 1990 to 1994 → Skip to 33
   ☐ 1989 or earlier → Skip to 33
   ☐ Never worked; or did subsistence only → Skip to 33

Industry or Employer — Describe clearly this person’s chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give the information for his/her last job or business since 1995.

a. For whom did this person work? If now on active duty in the Armed Forces, mark ☒ this box → ☐ and print the branch of the Armed Forces.

Name of company, business, or other employer

b. What kind of business or industry was this?
Describe the activity at location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank)

Was this person — Mark ☒ ONE box.
   ☐ Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions
   ☐ Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
   ☐ Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)
   ☐ Federal GOVERNMENT employee
   ☐ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
   ☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm
   ☐ Working WITHOUT PAY in family business or farm

a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.
   ☐ Yes
   ☐ No → Skip to 33

b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service; do not count subsistence activity.

Weeks

30 Occupation

a. What kind of work was this person doing?
(For example: registered nurse, machine repairer, watch maker, auto mechanic, accountant)

b. What were this person’s most important activities or duties? (For example: patient care, repairing machinery, making watches, repairing automobiles, reconciling financial records)

32 a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.
   ☐ Yes
   ☐ No → Skip to 33

b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service; do not count subsistence activity.

Weeks

31 Was this person — Mark ☒ ONE box.

33 c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do not include subsistence activity.

Usual hours worked each WEEK

FOR OFFICE USE ONLY
INCOME IN 1999 — Mark the “Yes” box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of $999,999. Mark the “No” box if the income source was not received.

If net income was a loss, enter the amount and mark the “Loss” box next to the dollar amount.

For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark the “No” box for the other person. If exact amount is not known, please give best estimate.

a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.

☐ Yes Annual amount — Dollars

☐ No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business expenses.

☐ Yes Annual amount — Dollars

☐ No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account.

☐ Yes Annual amount — Dollars

☐ No

d. Social Security or Railroad Retirement

☐ Yes Annual amount — Dollars

☐ No

e. Supplemental Security Income (SSI)

☐ Yes Annual amount — Dollars

☐ No

f. Any public assistance or welfare payments from the state or local welfare office

☐ Yes Annual amount — Dollars

☐ No

g. Retirement, survivor, or disability pensions — Do NOT include Social Security.

☐ Yes Annual amount — Dollars

☐ No

h. Any remittances — Include money from relatives outside the household or in the military.

☐ Yes Annual amount — Dollars

☐ No

i. Any other sources of income received regularly such as Veterans’ (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

☐ Yes Annual amount — Dollars

☐ No

What was this person’s total income in 1999? Add entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark the “Loss” box next to the dollar amount.

☐ None OR $ __________.00

☐ Loss

Thank you for completing your official Census 2000 form. If there are more than six people living in this house or apartment, please make sure you have completed the form for the first six people. When the census worker visits your residence, he/she will obtain the information for the additional people.
### Status on April 1, 2000

- 1 = Occupied
- 2 = Occupied – Continuation
- 3 = Vacant – Regular
- 4 = Vacant – Usual home elsewhere
- 5 = Demolished/Burned out
- 6 = Cannot locate
- 7 = Duplicate
- 8 = Nonresidential
- 9 = Other (open to elements, condemned, under construction)

### POP on April 1, 2000

01-97 = Total persons
00 = Vacant
98 = Delete
99 = POP unknown

### VACANT – Which category best described this vacant unit as of April 1, 2000?

- For rent
- For sale only
- Rented or sold, not occupied
- For seasonal, recreational, or occasional use
- For migrant workers
- Other vacant