Please print your name —

First Name   MI   Last Name

a. Do you live here or stay here MOST OF THE TIME?
   □ Yes → Skip to 2d
   □ No

b. Do you have a place where you live or stay MOST OF THE TIME?
   □ Yes
   □ No → Skip to 2d

c. What is your telephone number? We may call you if we don’t understand an answer.
   Area Code + Number

   _____ – _____ – ______

d. ANSWER ONLY IF THIS PLACE IS A SHELTER — Including tonight, how many nights during the past 7 nights did you stay in a SHELTER?
   □ 7 nights
   □ 6 nights
   □ 5 nights
   □ 4 nights
   □ 3 nights
   □ 2 nights
   □ 1 night

What is your sex? Mark ONE box.
   □ Female
   □ Male

What is your age and what is your date of birth?
   Age on April 1, 2000
   Print numbers in boxes.
   Month   Day   Year of birth
   _______   _______   _______

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

If you live here or stay here MOST OF THE TIME → Skip to 8 on page 2.

What is the address of the place where you live or stay MOST OF THE TIME?

House number

Street or road name, Rural route and box, or PO box

Apartment number

Election District/Village

County or foreign country

State/Territory/Island

ZIP Code

Names of nearest intersecting streets or roads

CONTINUE on page 2.
7. If the address in question 6 is a rural route/box or PO box, and the place you live or stay MOST OF THE TIME has a house number/street address, print it below.

   House number
   ____________________________________________________________

   Street or road name
   ____________________________________________________________

   Apartment number
   ____________________________________________________________

   Election District/Village
   ____________________________________________________________

   County or foreign country
   ____________________________________________________________

   State/Territory/Island
   ____________________________________________________________

   ZIP Code
   ____________________________________________________________

   Names of nearest intersecting streets or roads
   ____________________________________________________________

8. What is your marital status?
   □ Now married
   □ Widowed
   □ Divorced
   □ Separated
   □ Never married

9. a. At any time since February 1, 2000, have you 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, have not attended school since February 1 → Skip to 10a
   □ Yes, public school, public college
   □ Yes, private school, private college

   b. What grade or level were you 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)

10. a. What is the highest degree or level of school you have COMPLETED? Mark ☒ ONE box.
    If currently enrolled, mark the previous grade or highest degree received.
    □ No schooling completed
    □ 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. Have you 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

11. a. Do you speak a language other than English at home?
    □ Yes
    □ No → Skip to 12

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

   CONTINUE on page 3.
c. Do you speak this language at home more frequently than English?

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

12 Where were you born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

[ ] [ ] [ ]

[FOR OFFICE USE ONLY]

13 Are you a CITIZEN or NATIONAL of the United States?

☐ Yes, born in this Area → Skip to 16a
☐ 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)

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

Year
[ ] [ ] [ ]

15 What was your main reason for moving to this Area?

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

16 a. Where was your 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 your father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.

[ ] [ ] [ ]

[FOR OFFICE USE ONLY]

17 Are you 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

18 a. Did you live in this house, apartment, dormitory, or institution 5 years ago (on April 1, 1995)?

☐ Person is under 5 years old → Skip to 37
☐ Yes, this house → Skip to 19
☐ No, different house

b. Where did you 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 19.

[ ] [ ] [ ]

[FOR OFFICE USE ONLY]

19 Do you 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

CONTINUE on page 4.
Because of a physical, mental, or emotional condition lasting 6 months or more, do you 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 you are 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?
   - Yes
   - No

d. (Answer if you are 16 YEARS OLD OR OVER.) Working at a job or business?
   - Yes
   - No

Were you under 15 years of age on April 1, 2000?
- Yes
- No

a. If you are female, how many babies have you ever had, not counting stillbirths? Do not count stepchildren or children you have adopted.
   - None
   - 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 you? Print numbers in boxes.
   - Month
   - Day
   - Year of birth

a. Do you have any of your own grandchildren under the age of 18 living in this house, apartment, dormitory, or institution?
   - Yes
   - No

b. Are you currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house, apartment, dormitory, or institution?
   - Yes
   - No

c. How long have you been responsible for the(se) grandchild(ren)? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.
   - Less than 6 months
   - 6 to 11 months
   - 1 or 2 years
   - 3 or 4 years
   - 5 years or more

Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?
- Yes, now on active duty
- Yes, on active duty in past, but not now
- No, training for Reserves or National Guard only
- No, never served in the military

When did you serve on active duty in the U.S. Armed Forces?
- April 1995 or later
- Some other time
- World War II (September 1940—July 1947)
- Korean conflict (June 1950—January 1955)
- February 1955 to July 1964
- Vietnam era (August 1964—April 1975)
- May 1975 to August 1980
- September 1980 to July 1990
- August 1990 to March 1995 (including Persian Gulf War)
- April 1995 or later

In total, how many years of active-duty military service have you had?
- Less than 2 years
- 2 years or more

LAST WEEK, did you do ANY work for either pay or profit? Answer *Yes* even if you worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or were on active duty in the Armed Forces. Also indicate whether you did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes.
- 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

CONTINUE on page 5.
26. At what location did you work LAST WEEK? Do not include subsistence activity. If you worked at more than one location, print where you worked most last week.
   a. Name of island, U.S. state, commonwealth, territory, or foreign country
   b. Name of city, town, or village

27. a. How did you usually get to work LAST WEEK? Do not include transportation to subsistence activity. If you 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 31
   - Other method

29. a. LAST WEEK, were you TEMPORARILY absent from a job or business?
   - Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 30
   - No → Skip to 29d

29. b. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?
   - Yes → Skip to 29e
   - No

30. When did you last work, even for a few days? Do not include subsistence activity.
   - 2000
   - 1999
   - 1998
   - 1995 to 1997
   - 1990 to 1994 → Skip to 35
   - 1989 or earlier → Skip to 35
   - Never worked; or did subsistence only → Skip to 35

31. Industry or Employer — Describe clearly your chief job activity or business last week. If you had more than one job, describe the one at which you worked the most hours. If you had no job or business last week, give the information for your last job or business since 1995.
   a. For whom did you work? If now on active duty in the Armed Forces, mark this box and print the branch of the Armed Forces.

    Answer questions 29–30 if you did not work for pay or profit last week. Otherwise, skip to 31.
   a. LAST WEEK, were you on layoff from a job?
   - Yes → Skip to 29c
   - No

   CONTINUE on page 6.
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 were you doing? (For example: registered nurse, machine repairer, watchmaker, auto mechanic, accountant)

-----------

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

-----------

Were you — 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

b. How many weeks did you 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 you 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.

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
   ☐ 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
   $00 ☑ Loss
   ☐ No

d. Social Security or Railroad Retirement
   ☐ Yes Annual amount — Dollars
   $00
   ☐ No

CONTINUE on page 7.
What was your total income in 1999? Add entries in questions 35a–35i; 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 $ 00

☐ Loss
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