Census 2000 Commonwealth of the Northern Mariana Islands

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.



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 45 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 page before continuing.	ne front
Please print the names of all the people who indicated in question 1 were living or staying on April 1, 2000. Example — Last Name	you here
JOHNSON	
First Name	MI
ROBIN	J
Start with the person, or one of the people lively here who owns, is buying, or rents this house apartment, or mobile home. If there is no sucperson, start with any adult living or staying	e, h
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 — Las	t Name			
First Name				М
Person 7 — Las	t Name			
First Name				Ν
Person 8 — Las	t Name			
First Name				Ν
Person 9 — Las	+ Nama			
Person 9 — Las	i Name			
First Name				
rirst Name				N
Person 10 — La	ast Nam	e		
First Name				N
Person 11 — La	ast Nam	e		
First Name				Ν
Person 12 — La	ast Nam	e		
First Name				Ν

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





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

	b. V Mar
What is this person's name? Print the name of Person 1 from page 2.	
Last Name	
	0000
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	a. W this If cu degr
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	
5 What is this person's ethnic origin or race?	
T	
(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)	□ i b. H
FOR OFFICE USE ONLY	voca busi for a inclu
Mhat is this person's marital status? Now married Widowed Divorced Separated Never married	

7	
	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.
	\bigcup No, has not attended since February 1 \rightarrow <i>Skip to 8a</i>
	Yes, public school, public college
	Yes, private school, private college
	b. What grade or level was this person attending? <i>Mark</i> (X) <i>ONE box.</i>
	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	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
	C 163, HOURT UIIS AICA



9	a. Does this person speak a language other than English at home?	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.
	Yes	
	\bigcup No \rightarrow Skip to 10	
1	b. What is this language?	FOR OFFICE
1		USE ONLY
	(For example: Chamorro, Samoan, Carolinian, Tongan)	b. Where was this person's father born? Print the name
1	FOR OFFICE	of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
	USE ONLY	
	c. Does this person speak this language at home more	
	frequently than English?	FOR OFFICE USE ONLY
1	Yes, more frequently than English	OSE ONE!
	Both equally often	Is this person a dependent of an active-duty or
	No, less frequently than English Does not speak English	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
<u>10</u>	Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth,	training for the military Reserves or National Guard.
	territory, or foreign country.	Yes, dependent of an active-duty member of the Armed Forces
1		Yes, dependent of retired member of the Armed
	FOR OFFICE	Forces, or dependent of an active-duty or retired
1	USE ONLY	member of full-time National Guard or Armed Forces Reserve
11	Is this person a CITIZEN or NATIONAL of the	□ No
Ψ	United States?	6 a. Did this person live in this house or apartment
1	\square Yes, born in this Area \rightarrow <i>Skip to 14a</i>	5 years ago (on April 1, 1995)?
1	Yes, born in the United States or another U.S. territory	\square Person is under 5 years old \rightarrow <i>Skip to 35</i>
1	or commonwealth Yes, born elsewhere of U.S. parent or parents	\bigcirc Yes, this house \rightarrow <i>Skip to 17</i>
1	Yes, a U.S. citizen by naturalization	No, different house
1	No, not a U.S. citizen or national (permanent resident)	b. Where did this person live 5 years ago?
	No, not a U.S. citizen or national (temporary resident)	Name of the island, U.S. state, commonwealth,
12	When did this person come to this Area to stay? If this	territory, or foreign country. If outside this Area, print the answer below and skip to 17.
۳	person has entered the Area more than once, what is	
	the latest year? Print numbers in boxes.	
	Year	FOR OFFICE USE ONLY
13	What was this person's main reason for moving to	c. Name of city, town, or village
	this Area?	
	Employment	FOR OFFICE
	Military	USE ONLY
	Subsistence activities Missionary activities	Does this person have any of the following
	Moved with spouse or parent	long-lasting conditions: Yes No
	☐ To attend school	a. Blindness, deafness, or a severe
	☐ Medical	vision or hearing impairment?
	Housing	b. A condition that substantially limits
	Other	one or more basic physical activities such as walking, climbing stairs,
		reaching, lifting, or carrying?

18	Because of a physical, mental, or emotio condition lasting 6 months or more, does this person have any difficulty in doing a the following activities:	S	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	
	the following activities.	Yes	No	activation, for example, for the Persian Gulf War.	
	a. Learning, remembering, or			Yes, now on active duty	
	concentrating?			Yes, on active duty in past, but not now	
	b. Dressing, bathing, or getting around inside the home?			No, training for Reserves or National Guard only \rightarrow <i>Skip to 23</i>	
	c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home			\square No, never served in the military \rightarrow <i>Skip to 23</i>	
	alone to shop or visit a doctor's office? d. (Answer if this person is 16 YEARS OLD			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.	
	OR OVER.) Working at a job or business?			April 1995 or later	
19	Was this person under 15 years of age of April 1, 2000?	n		August 1990 to March 1995 (including Persian Gulf War)	
				September 1980 to July 1990	
	○ No			May 1975 to August 1980	
	U NO			Vietnam era (August 1964—April 1975)	
20			s she	February 1955 to July 1964	
	ever had, not counting stillbirths? Do not stepchildren or children she has adopted.	t count		Korean conflict (June 1950—January 1955)	
				✓ World War II (September 1940—July 1947)☐ Some other time	
	None \rightarrow <i>Skip to 21a</i>				
				c. In total, how many years of active-duty military service has this person had?	
	 2 3 8 13			_	
	0 4 0 9 0 14			Less than 2 years	
	5 0 10 0 15 or more			2 years or more	
	b. What was the date of birth of the last	child	2	either pay or profit? Answer "Yes" even if the person	
	born to this person? Print numbers in boxe			worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active	
	Month Day Year of birth			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.		
21	a. Does this person have any of his/her or grandchildren under the age of 18 living			Yes, worked for pay or profit; did NO subsistence activity	
	house or apartment?			Yes, worked for pay or profit AND did subsistence activity	
	Yes No \rightarrow Skip to 22a			No, did NOT work for pay or profit; did subsistence activity \rightarrow <i>Skip to 27a</i>	
	b. Is this grandparent currently responsit of the basic needs of any grandchild(ren	ole for) under	most the	No, did NOT work for pay or profit; did NO subsistence activity \rightarrow <i>Skip to 27a</i>	
	age of 18 who live(s) in this house or ap	artmen	t?	4 At what location did this person work LAST WEEK?	
	Yes		4	Do not include subsistence activity. If this person worked	
	\bigcirc No \rightarrow Skip to 22a		_	at more than one location, print where he or she worked most last week.	
	c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is		a. Name of island, U.S. state, commonwealth, territory, or foreign country		
	financially responsible for more than one gran	dchild, a		territory, or foreign country	
	the question for the grandchild for whom the has been responsible for the longest period of		arent		
		arric.		FOR OFFICE USE ONLY	
	Less than 6 months 6 to 11 months			b. Name of city, town, or village	
	1 or 2 years			b. Name of City, town, or village	
	3 or 4 years				
	5 years or more			FOR OFFICE	



25	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	27	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.)
	 Walked Worked at home → Skip to 29 Other method 	28	When did this person last work, even for a few days? Do not include subsistence activity. 2000 1999
	If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.		1998 1995 to 1997
25	rode to work in the car, truck, or private van/bus LAST WEEK? Drove alone		1990 to 1994 \rightarrow <i>Skip to 33</i> 1989 or earlier \rightarrow <i>Skip to 33</i> Never worked; or did subsistence only \rightarrow <i>Skip to 33</i>
	2 people 3 people 4 people 5 or 6 people 7 or more people	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.
26	a. What time did this person usually leave home to go to work LAST WEEK? a.m. p.m.		a. For whom did this person work? If now on active duty in the Armed Forces, mark X this box $\to \square$ and print the branch of the Armed Forces.
	b. How many minutes did it usually take this person to get from home to work LAST WEEK?		Name of company, business, or other employer
	Minutes		
	Answer questions 27–28 for persons who did not work for pay or profit last week. Others skip to 29.		FOR OFFICE USE ONLY
27	 a. LAST WEEK, was this person on layoff from a job? Yes → Skip to 27c No 		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)
	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		 c. Is this mainly — Mark ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?

_	Occupation	INCOME IN 1999 — Mark 🗷 the "Yes" box for each
	a. What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, auto mechanic, accountant)	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 🗷
		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.
	FOR OFFICE USE ONLY	a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for
	b. What were this person's most important	taxes, bonds, dues, or other items.
	activities or duties? (For example: patient care, repairing machinery, making watches, repairing	Yes Annual amount — Dollars
	automobiles, reconciling financial records)	\$.00
		U 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 — <i>Dollars</i>
31	Was this person — Mark 🗷 ONE box.	\$.00 Loss
	 Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions 	□ No
	Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account.
	Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)	Yes Annual amount — <i>Dollars</i>
	_ (,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
	Federal GOVERNMENT employee	\$.00 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Federal GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm	\$.00 Loss
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm SELF-EMPLOYED in own INCORPORATED business,	
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm	□ No
32	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm	d. Social Security or Railroad Retirement
32	 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 	 No d. Social Security or Railroad Retirement Yes Annual amount — Dollars \$
32	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.	 No d. Social Security or Railroad Retirement Yes Annual amount — Dollars \$
32	 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. 	 No d. Social Security or Railroad Retirement Yes Annual amount — Dollars \$
32	 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; 	 No d. Social Security or Railroad Retirement Yes Annual amount — Dollars \$
32	 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. 	 No d. Social Security or Railroad Retirement Yes Annual amount — Dollars \$.00 No e. Supplemental Security Income (SSI) Yes Annual amount — Dollars \$.00
32	 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 	 No d. Social Security or Railroad Retirement Yes Annual amount — Dollars \$ 1, 00 No e. Supplemental Security Income (SSI) Yes Annual amount — Dollars \$ 00 No f. Any public assistance or welfare payments
32	 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 	 No d. Social Security or Railroad Retirement Yes Annual amount — Dollars \$.00 No e. Supplemental Security Income (SSI) Yes Annual amount — Dollars \$.00 No f. Any public assistance or welfare payments from the state or local welfare office Yes Annual amount — Dollars
32	 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. 	 No d. Social Security or Railroad Retirement Yes Annual amount — Dollars \$.00 No e. Supplemental Security Income (SSI) Yes Annual amount — Dollars \$.00 No f. Any public assistance or welfare payments from the state or local welfare office Yes Annual amount — Dollars \$.00
32	 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 	 No d. Social Security or Railroad Retirement Yes Annual amount — Dollars \$.00 No e. Supplemental Security Income (SSI) Yes Annual amount — Dollars \$.00 No f. Any public assistance or welfare payments from the state or local welfare office Yes Annual amount — Dollars \$.00

g. Retirement, survivor, or disability pensions — Do NOT include Social Security.	About when was this building first built? 1999 or 2000 1960 to 1969
Yes Annual amount — Dollars	1995 to 1998
\$.00	1990 to 1994
No	☐ 1980 to 1989 ☐ 1939 or earlier
h. Any remittances — Include money from relatives	1970 to 1979
outside the household or in the military.	N/han did this navsan mayo into this living guartous?
Yes Annual amount — Dollars	When did this person move into this living quarters?
\$, .00	1999 or 2000 1995 to 1998
□ No	1995 to 1998
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.	1980 to 1989 1970 to 1979 1969 or earlier
Yes Annual amount — <i>Dollars</i>	9 How many rooms do you have in this living
\$.00	quarters? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.
□ No	
	1 room 6 rooms 2 rooms 7 rooms
What was this person's total income in 1999? Add entries in questions 33a—33i; subtract any losses. If net	3 rooms 8 rooms
income was a loss, enter the amount and mark (X) the	4 rooms 9 or more rooms
"Loss" box next to the dollar amount.	5 rooms
Annual amount — <i>Dollars</i>	
None OR \$.00 Loss	How many bedrooms do you have; that is, how many bedrooms would you list if this living quarters were on
Now, please answer questions 35—61 about your household.	the market for sale or rent? No bedroom
35 Is this living quarters —	1 bedroom
o and army daments	
Owned by you or someone in this household with a	2 bedrooms
Owned by you or someone in this household with a mortgage or loan?	3 bedrooms
Owned by you or someone in this household with a	3 bedrooms 4 bedrooms
Owned by you or someone in this household with a mortgage or loan?Owned by you or someone in this household free and	3 bedrooms
 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)? 	3 bedrooms 4 bedrooms
 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? 	3 bedrooms 4 bedrooms 5 or more bedrooms
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?	3 bedrooms 4 bedrooms 5 or more bedrooms a. Do you have hot and cold piped water? Yes, in this unit Yes, in this building, not in unit
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	3 bedrooms 4 bedrooms 5 or more bedrooms a. 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
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.	3 bedrooms 4 bedrooms 5 or more bedrooms 1 a. 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
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	3 bedrooms 4 bedrooms 5 or more bedrooms 1 a. 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
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	3 bedrooms 4 bedrooms 5 or more bedrooms 1 a. 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
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	3 bedrooms 4 bedrooms 5 or more bedrooms a. 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
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	3 bedrooms 4 bedrooms 5 or more bedrooms a. 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 b. Do you have a bathtub or shower?
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	3 bedrooms 4 bedrooms 5 or more bedrooms a. Do you have hot and cold piped water? Yes, in this unit No, only cold piped water in this unit No, only cold piped water in this building No, only cold piped water in this building No, only cold piped water outside this building No piped water b. Do you have a bathtub or shower? Yes, in this unit
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	3 bedrooms 4 bedrooms 5 or more bedrooms a. Do you have hot and cold piped water? Yes, in this 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 b. Do you have a bathtub or shower? Yes, in this unit Yes, in this building, not in unit
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 5 to 9 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments	3 bedrooms 4 bedrooms 5 or more bedrooms a. Do you have hot and cold piped water? Yes, in this unit No, only cold piped water in this unit No, only cold piped water in this building No, only cold piped water in this building No, only cold piped water outside this building No piped water b. Do you have a bathtub or shower? Yes, in this unit
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	 ☐ 3 bedrooms ☐ 4 bedrooms ☐ 5 or more bedrooms 1 a. Do you have hot and cold piped water? ☐ Yes, in this 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 b. Do you have a bathtub or shower? ☐ Yes, in this unit ☐ Yes, in this building, not in unit ☐ Yes, outside this building Yes, outside this building
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 5 to 9 apartments A building with 5 to 9 apartments A building with 10 to 19 apartments	 ☐ 3 bedrooms ☐ 4 bedrooms ☐ 5 or more bedrooms 1 a. Do you have hot and cold piped water? ☐ Yes, in this 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 b. Do you have a bathtub or shower? ☐ Yes, in this unit ☐ Yes, in this building, not in unit ☐ Yes, outside this building Yes, outside this building
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	 ☐ 3 bedrooms ☐ 4 bedrooms ☐ 5 or more bedrooms 1 a. Do you have hot and cold piped water? ☐ Yes, in this 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 b. Do you have a bathtub or shower? ☐ Yes, in this unit ☐ Yes, in this building, not in unit ☐ Yes, outside this building Yes, outside this building

 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 	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.?
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	Is this building connected to a public sewer? Yes, connected to public sewer No, connected to septic tank or cesspool No, use other means Is this living quarters part of a condominium? Yes No
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	What is the MAIN type of material used for the outside walls of this building? Poured concrete Concrete blocks Metal Wood Other What is the MAIN type of material used for the
d. Do you have a sink with piped water in this building? Yes No Is there telephone service available in this living quarters from which you can both make and receive calls?	roof of this building? Poured concrete Metal Wood Other What is the MAIN type of material used for the
Yes No No Yes, a central air-conditioning system (includes split-type	foundation of this building? Concrete Wood pier or pilings Other
Yes, 1 individual room unit Yes, 2 or more individual room units No How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use	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
by members of your household? None 4 1 5 2 6 or more 3 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	a. What is the average monthly cost for electricity for this living quarters? Average monthly cost — Dollars S

Person





Census information helps your community get financial assistance for roads, hospitals, schools and more.

	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 X 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
	What is this person's sex? Mark (X) 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: Chamerra Camean White Plack Carelinian
	(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)
	FOR OFFICE
	USE ONLY
6	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.
	\square No, has not attended since February 1 \rightarrow <i>Skip to 8a</i>
	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)

a. What is the highest degree or level of school this	1 Is this person a CITIZEN or NATIONAL of the United States?
person has COMPLETED? Mark X ONE box. If currently	Yes, born in this Area \rightarrow <i>Skip to 14a</i>
enrolled, mark the previous grade or highest degree received. No schooling completed	Yes, born in the United States or another U.S. territory or commonwealth
Pre-kindergarten to 4th grade	Yes, born elsewhere of U.S. parent or parents
5th grade or 6th grade	Yes, a U.S. citizen by naturalization
7th grade or 8th grade	No, not a U.S. citizen or national (permanent resident)
9th grade	No, not a U.S. citizen or national (temporary resident)
10th grade	
11th grade	When did this person come to this Area to stay? If this person has entered the Area more than once, what is
12th grade, NO DIPLOMA	the latest year? Print numbers in boxes.
HIGH SCHOOL GRADUATE — high school DIPLOMA	Year
or the equivalent (for example: GED)	
Some college credit, but less than 1 year	
1 or more years of college, no degree	3 What was this person's main reason for moving to
Associate degree (for example: AA, AS)	this Area?
Bachelor's degree (for example: BA, AB, BS)	Employment Employment
Master's degree (for example: MA, MS, MEng, MEd,	Military
MSW, MBA)	Subsistence activities
Professional degree (for example: MD, DDS, DVM, LLB, JD)	Missionary activities
Doctorate degree (for example: PhD, EdD)	Moved with spouse or parent
· · · · · · · · · · · · · · · · · · ·	To attend school
b. Has this person completed the requirements for a vocational training program at a trade school, business	Medical
school, hospital, some other kind of school for	Housing
occupational training, or place of work? Do not include academic college courses.	Other
	4 a. Where was this person's mother born? Print the name
□ No □	of the island (village in American Samoa), U.S. state,
Yes, in this Area	commonwealth, territory, or foreign country.
Yes, not in this Area	
a. Does this person speak a language other than English at home?	FOR OFFICE USE ONLY
Yes	
\bigcirc No \rightarrow Skip to 10	b. Where was this person's father born? Print the name of the island (village in American Samoa), U.S. state,
b. What is this language?	commonwealth, territory, or foreign country.
S. What is this language.	
(For example: Chamorro, Samoan, Carolinian, Tongan)	FOR OFFICE
FOR OFFICE USE ONLY	USE ONLY
1	5 Is this person a dependent of an active-duty or
c. Does this person speak this language at home more frequently than English?	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
Yes, more frequently than English	training for the military Reserves or National Guard.
Both equally often No, less frequently than English	Yes, dependent of an active-duty member of the
Does not speak English	Armed Forces
<u> </u>	Yes, dependent of retired member of the Armed Forces, or
Where was this person born? Print the name of the island, (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.	dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
	│ U No
FOR OFFICE USE ONLY	

a. Did this person live in this house or apartment b. What was the date of birth of the last child born 5 years ago (on April 1, 1995)? to this person? Print numbers in boxes. Month Day Year of birth \bigcup Person is under 5 years old \rightarrow Skip to 35 \bigcup Yes, this house \rightarrow *Skip to 17* No, different house a. Does this person have any of his/her own grandchildren under the age of 18 living in this b. Where did this person live 5 years ago? house or apartment? Name of island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 17. \bigcup No \rightarrow 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 c. Name of city, town, or village \bigcirc No \rightarrow 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 Does this person have any of the following has been responsible for the longest period of time. long-lasting conditions: Less than 6 months No a. Blindness, deafness, or a severe 6 to 11 months vision or hearing impairment? 1 or 2 years b. A condition that substantially limits 3 or 4 years one or more basic physical activities 5 years or more such as walking, climbing stairs, reaching, lifting, or carrying? a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or Because of a physical, mental, or emotional **National Guard?** Active duty does not include training condition lasting 6 months or more, does for the Reserves or National Guard, but DOES include this person have any difficulty in doing any of activation, for example, for the Persian Gulf War. the following activities: No Yes Yes, now on active duty a. Learning, remembering, or Yes, on active duty in past, but not now concentrating? No, training for Reserves or National Guard only \rightarrow *Skip to 23* b. Dressing, bathing, or getting around inside the home? \bigcup No, never served in the military \rightarrow Skip to 23 c. (Answer if this person is 16 YEARS OLD b. When did this person serve on active duty OR OVER.) Going outside the home in the U.S. Armed Forces? Mark (X) a box for alone to shop or visit a doctor's office? EACH period in which this person served. d. (Answer if this person is 16 YEARS OLD April 1995 or later OR OVER.) Working at a job or business? August 1990 to March 1995 (including Persian Gulf War) Was this person under 15 years of age on September 1980 to July 1990 April 1, 2000? May 1975 to August 1980 \bigvee Yes \rightarrow Skip to 35 U Vietnam era (August 1964—April 1975) (No February 1955 to July 1964 Korean conflict (June 1950—January 1955) a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count World War II (September 1940—July 1947) stepchildren or children she has adopted. Some other time \bigcup None \rightarrow Skip to 21a c. In total, how many years of active-duty military 6 11 service has this person had? 2 12 Less than 2 years 3 8 13 2 years or more 9 4 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		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
	 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 		Answer questions 27–28 for persons who did not work for pay or profit last week. Others skip to 29.
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		a. LAST WEEK, was this person on layoff from a job? Yes → Skip to 27c No No No LAST WEEK, was this person TEMPORARILY
	FOR OFFICE USE ONLY		 absent from a job or business? Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 28 No → Skip to 27d
	b. Name of city, town, or village FOR OFFICE USE ONLY		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
25		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 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?
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		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

erson 2 (continued)	
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?	 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
Retail trade? Other (agriculture, construction, service, government, etc.)? 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	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.
b. What were this person's most important activities or duties? (For example: patient care,	Yes Annual amount — Dollars \$

☐ No

Yes

☐ No

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

Annual amount — Dollars

repairing machinery, making watches, repairing automobiles, reconciling financial records)

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	Information about children helps your community plan for child care, education,
d. Social Security or Railroad Retirement Yes Annual amount — Dollars No	and recreation.
e. Supplemental Security Income (SSI) Yes Annual amount — Dollars No I Any public assistance or welfare payments	What is this person's name? Print the name of Person 3 from page 2. Last Name First Name MI
from the state or local welfare office Yes Annual amount — Dollars Solution — 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 Solution — No No	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.
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. Annual amount — Dollars None OR	If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative What is this person's sex? Mark ONE box. Male Female
Are there more people living here? If yes, continue with Person 3.	255

4	What is this person's age and what is this person's date of birth? Age on April 1, 2000	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.
	/ tgc 5117 tp111 17, 2000	☐ No schooling completed
		Pre-kindergarten to 4th grade
	Print numbers in boxes.	5th grade or 6th grade
	Month Day Year of birth	7th grade or 8th grade
		9th grade
		10th grade
5	What is this person's ethnic origin or race?	11th grade
		12th grade, NO DIPLOMA
		HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)
	(For example: Chamorro, Samoan, White, Black,	Some college credit, but less than 1 year
	Carolinian, Filipino, Japanese, Korean, Palauan, Tongan,	1 or more years of college, no degree
	and so on.)	Associate degree (for example: AA, AS)
	FOR OFFICE	Bachelor's degree (for example: BA, AB, BS)
6	What is this person's marital status?	Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
Ÿ	Now married	Professional degree (for example: MD, DDS, DVM, LLB, JD)
	Widowed	Doctorate degree (for example: PhD, EdD)
	Divorced	
	Separated	b. Has this person completed the requirements for a vocational training program at a trade school, business
	Never married	school, hospital, some other kind of school for
		occupational training, or place of work? Do not include academic college courses.
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	☐ No ☐ Yes, in this Area
	college degree.	Yes, not in this Area
	No, has not attended since February 1 \rightarrow Skip to 8a Yes, public school, public college	a. Does this person speak a language other than English at home?
	Yes, private school, private college	Yes
	b. What grade or level was this person attending?	
	Mark (X) ONE box.	b. What is this language?
	Pre-kindergarten Kindergarten	
	Grade 1 to grade 4	(For example: Chamorro, Samoan, Carolinian, Tongan)
	Grade 5 to grade 8	FOR OFFICE
	Grade 9 to grade 12	USE ONLY
	College undergraduate years (freshman to senior) Graduate or professional school (for example:	c. Does this person speak this language at home more frequently than English?
	medical, dental, or law school)	Yes, more frequently than English
		Both equally often
		No, less frequently than English
		Does not speak English
		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



Person 3 (continued) 11 Is this person a CITIZEN or NATIONAL of the United States? 16 b. Where did this person live 5 years ago? Name of island, U.S. state, commonwealth, \bigcup Yes, born in this Area \rightarrow Skip to 14a territory, or foreign country. If outside this Area, Yes, born in the United States or another U.S. territory print the answer below and skip to 17. 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) c. Name of city, town, or village 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 Does this person have any of the following long-lasting conditions: What was this person's main reason for moving to Yes No this Area? a. Blindness, deafness, or a severe vision or hearing impairment? **Employment** Military b. A condition that substantially limits one or more basic physical activities Subsistence activities such as walking, climbing stairs, Missionary activities reaching, lifting, or carrying? Moved with spouse or parent Because of a physical, mental, or emotional To attend school condition lasting 6 months or more, does Medical this person have any difficulty in doing any of Housing the following activities: Other Yes No a. Learning, remembering, or a. Where was this person's mother born? Print the name concentrating? of the island (village in American Samoa), U.S. state, b. Dressing, bathing, or getting around commonwealth, territory, or foreign country. 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? **b. Where was this person's father born?** Print the name d. (Answer if this person is 16 YEARS OLD of the island (village in American Samoa), U.S. state, OR OVER.) Working at a job or business? commonwealth, territory, or foreign country. Was this person under 15 years of age on April 1, 2000? \bigcup Yes \rightarrow Skip to 35 U No Is this person a dependent of an active-duty or retired member of the Armed Forces of the United a. If this person is female, how many babies has she States or of the full-time military Reserves or ever had, not counting stillbirths? Do not count National Guard? "Active duty" does NOT include stepchildren or children she has adopted. training for the military Reserves or National Guard. None \rightarrow *Skip to 21a* Yes, dependent of an active-duty member of the Armed Forces () 6 11 2 7 12 Yes, dependent of retired member of the Armed Forces, or

3

8

	dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve No
1	a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?
	Person is under 5 years old \rightarrow <i>Skip to 35</i> Yes, this house \rightarrow <i>Skip to 17</i> No, different house

□ 5	10	15 or more
		date of birth of the last child born to to 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 	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,
	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	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 → Skip to 22a c. How long has this grandparent been responsible 	 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
	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	activity → Skip to 27a 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.
	1 or 2 years 3 or 4 years	a. Name of island, U.S. state, commonwealth, territory, or foreign country
	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 OFFICE USE ONLY
	for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	b. Name of city, town, or village
	Yes, now on active duty Yes, on active duty in past, but not now No, training for Reserves or National Guard	FOR OFFICE USE ONLY
	only → <i>Skip to 23</i> No, never served in the military → <i>Skip to 23</i> b. When did this person serve on active duty in the U.S. Armed Forces? <i>Mark</i> 🔀 a box for	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.
	EACH period in which this person served. April 1995 or later	Car, truck, or private van/bus Public van/bus
	August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980	Boat Taxicab Motorcycle
	Vietnam era (August 1964—April 1975) February 1955 to July 1964 Verson conflict (here 1950)	Bicycle Walked
	✓ 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	If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.
	Less than 2 years 2 years or more	b. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?
	2 years or more	☐ Drove alone ☐ 2 people
		3 people 4 people
		5 or 6 people



26	a. What time did this person usually leave home to go to work LAST WEEK?	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
I	work for pay or profit last week. Others skip to 29.	
27	a. LAST WEEK, was this person on layoff from a job?	FOR OFFICE
	$\bigcirc \text{ Yes} \rightarrow \textit{Skip to 27c}$	USE ONLY
	U No	b. What kind of business or industry was this? Describe the activity at location where employed. (For example:
	b. LAST WEEK, was this person TEMPORARILY absent from a job or business?	hospital, fish cannery, watchmaker, auto repair shop, bank)
	Yes, on vacation, temporary illness, labor dispute, etc. → <i>Skip to 28</i>	
	\bigcirc No \rightarrow 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?	c. Is this mainly — Mark 🗷 ONE box.
	$\bigcirc \text{ Yes} \rightarrow \textit{Skip to 27e}$	Manufacturing?
	○ No	Wholesale trade?
1	d. Has this person been looking for work during	Retail trade?
	the last 4 weeks?	Other (agriculture, construction, service, government, etc.)?
	Yes 30	Occupation
	\bigcirc No \rightarrow Skip to 28	a. What kind of work was this person doing?
	e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	(For example: registered nurse, machine repairer, watch maker, auto mechanic, accountant)
	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.	FOR OFFICE USE ONLY
	2000	h Mhat ways this navsan's most important
1	☐ 1999☐ 1998	b. What were this person's most important activities or duties? (For example: patient care,
	1998 1995 to 1997	repairing machinery, making watches, repairing automobiles, reconciling financial records
	☐ 1990 to 1994 → Skip to 33	adiomobiles, reconciling illiancial records)
	1989 or earlier \rightarrow <i>Skip to 33</i>	
	\square Never worked; or did subsistence only \rightarrow <i>Skip to 33</i>	

31 Was this person — Mark 🗷 ONE box.	c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report
Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or	even small amounts credited to an account.
commissions	Yes Annual amount — <i>Dollars</i>
Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization	\$.00 Doss
Local or territorial GOVERNMENT employee	□ No
(territorial/commonwealth, etc.) Federal GOVERNMENT employee	d. Social Security or Railroad Retirement
SELF-EMPLOYED in own NOT INCORPORATED	Yes Annual amount — <i>Dollars</i>
business, professional practice, or farm	\$, .00
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm	□ No
Working WITHOUT PAY in family business or farm	e. Supplemental Security Income (SSI)
a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include	Yes Annual amount — <i>Dollars</i>
subsistence activity.	\$, .00
Yes	□ No
\bigcup No \rightarrow Skip to 33	f. Any public assistance or welfare payments
b. How many weeks did this person work in 1999? Count paid vacation, paid sick leave, and military service;	from the state or local welfare office
do not count subsistence activity.	☐ Yes Annual amount — <i>Dollars</i>
Weeks	\$, .00
a During the weeks WORKED in 1000 heavy many	U No
c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do	g. Retirement, survivor, or disability pensions — Do NOT include Social Security.
not include subsistence activity. Usual hours worked each WEEK	Yes Annual amount — <i>Dollars</i>
osadi nodis Worked eden WEEK	\$.00
	□ No
33 INCOME IN 1999 — Mark X the "Yes" box for each	h. Any remittances — Include money from relatives
income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999.	outside the household or in the military.
Mark 🗷 the "No" box if the income source was not received.	Yes Annual amount — <i>Dollars</i>
If net income was a loss, enter the amount and mark 🗶	\$.00
the "Loss" box next to the dollar amount.	□ No
For income received jointly, report, if possible, the appropriate share for each person; otherwise, report	i. Any other sources of income received regularly
the whole amount for only one person and mark 🔏 the "No" box for the other person. If exact amount is	such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT
not known, please give best estimate.	include lump-sum payments such as money from an inheritance or sale of a home.
a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for	Yes Annual amount — <i>Dollars</i>
taxes, bonds, dues, or other items.	\$.00
Yes Annual amount — Dollars	□ No
_ \$, .00	
□ No	4) What was this person's total income in 1999? Add entries in questions 33a—33i; subtract any losse <u>s.</u> If net
b. Self-employment income from own nonfarm	income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.
businesses or farm businesses, including proprietorships and partnerships — Report NET	Annual amount — Dollars
income after business expenses.	
☐ Yes Annual amount — Dollars	□ None OR □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
\$.00 \(\text{Loss} \)	Are there more people living here? If yes, continue with Person 4.
¹ U No	Continue With Ferson 4.



Person





Knowing about age, race, and sex helps your community better meet the needs of everyone.

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.
	FOR OFFICE USE ONLY
	If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative
3	What is this person's sex? Mark (X) ONE box. Male Female

	n Ap	ril 1	, 200	0									
Print r	numk	oers	in bo	xes.									
Month	1	Day		Yea	ar of	bir	th						
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b. Wh Mark Pro Ki	nat g Ø 0 e-kin nder	rad NE iderg gart	e or <i>box.</i> gartei en	leve			nis	per	SO	n at	tter	ndin	
b. Wh Mark Pro Ki Gi	nat g X O e-kin nder rade	g rad ONE of derg gart 1 to	e or box. gartei	leve			nis	per	SO	n at	tter	ndin	
b. Wh Mark Pro Ki Gi Gi	nat g X O e-kin nder rade rade	prad ONE of derg gart 1 to 5 to	e or box. gartei en grac	level	l wa		nis	per	SO	n at	tter	ndin	
 Y€ b. Wh Mark Pro Ki Gi Gi 	nat g E-kin nder rade rade rade	yrad ONE oderg gart 1 to 5 to 9 to	e or box. garter en grac	level	l wa	s tł)
Yee	e-kin nder rade rade rade ollege	gart 1 to 5 to 9 to e un	e or box. garter en grace grace grace dergr	level le 4 le 8 le 12 radua	ate y	s th	s (fi	esh	ma	ın to	o se	enior	
Ye Ye	e-kin nder rade rade rade ollege	gart 1 to 5 to 9 to e un	e or box. garter en grace grace grace	level le 4 le 8 le 12 radua	ate y	s th	s (fi	esh	ma	ın to	o se	enior	

a. What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently	1 Is this person a CITIZEN or NATIONAL of the United States?
enrolled, mark the previous grade or highest degree received.	\square Yes, born in this Area \rightarrow <i>Skip to 14a</i>
No schooling completed	Yes, born in the United States or another U.S. territory
Pre-kindergarten to 4th grade	or commonwealth
5th grade or 6th grade	Yes, born elsewhere of U.S. parent or parents
7th grade or 8th grade	Yes, a U.S. citizen by naturalization
9th grade	No, not a U.S. citizen or national (permanent resident)
10th grade	No, not a U.S. citizen or national (temporary resident)
11th grade	When did this person come to this Area to stay? If
 12th grade, NO DIPLOMA HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED) 	this person has entered the Area more than once, what is the latest year? Print numbers in boxes.
Some college credit, but less than 1 year	Year
1 or more years of college, no degree	
Associate degree (for example: AA, AS)	
Bachelor's degree (for example: AA, AB, BS)	What was this person's main reason for moving to
Master's degree (for example: MA, MS, MEng, MEd,	this Area?
MSW, MBA)	Employment
Professional degree (for example: MD, DDS, DVM,	Military
LLB, JD)	Subsistence activities
Doctorate degree (for example: PhD, EdD)	Missionary activities
b. Has this person completed the requirements for a	Moved with spouse or parent
vocational training program at a trade school, business	To attend school
school, hospital, some other kind of school for occupational training, or place of work? Do not include	Medical
academic college courses.	Housing
□ No	Other
Yes, in this Area	4 a. Where was this person's mother born? Print the
Yes, not in this Area	name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
a. Does this person speak a language other than English at home?	
Yes	FOR OFFICE USE ONLY
\bigcirc No \rightarrow Skip to 10	b. Where was this person's father born? Print the
b. What is this language?	name of the island (village in American Samoa), U.S.
	state, commonwealth, territory, or foreign country.
(For example: Chamorro, Samoan, Carolinian, Tongan)	
FOR OFFICE	FOR OFFICE USE ONLY
LISE ONLY	
c. Does this person speak this language at home more frequently than English?	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
Yes, more frequently than English	training for the military Reserves or National Guard.
Both equally often	Yes, dependent of an active-duty member of the
No, less frequently than English	Armed Forces
Does not speak English	Yes, dependent of retired member of the Armed
Where was this person born? Print the name of the island	Forces, or dependent of an active-duty or retired member of full-time National Guard or
(village in American Samoa), U.S. state, commonwealth,	Armed Forces Reserve
territory, or foreign country.	□ No
FOR OFFICE	

1	a. Did this person live in this house or apa 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, commonwealt territory, or foreign country. If outside this print the answer below and skip to 17. FOR OFFICE USE ONLY	? h,	at 2	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
	c. Name of city, town, or village			5 4.
			2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this
	FOR OFFICE USE ONLY			house or apartment?
				Yes \bigcirc No \rightarrow Skip to 22a
4	Does this person have any of the followi long-lasting conditions:	ng		'
		Yes	No	b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the
	a. Blindness, deafness, or a severe vision or hearing impairment?			age of 18 who live(s) in this house or apartment?
	b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?		0	 Yes No → Skip to 22a c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is
1	Because of a physical, mental, or emotion condition lasting 6 months or more, does this person have any difficulty in doing a the following activities:	any of		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
	a. Learning, remembering, or	Yes	No	6 to 11 months
	concentrating?			1 or 2 years 3 or 4 years
	 b. Dressing, bathing, or getting around inside the home? 			5 years or more
	c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?		2	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
	d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?			for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
1	Was this person under 15 years of age or	n		Yes, now on active duty
۲	April 1, 2000?			Yes, on active duty in past, but not now No, training for Reserves or National Guard
	\bigcirc Yes \rightarrow Skip to 35			only \rightarrow <i>Skip to 23</i>
	□ No			\square No, never served in the military \rightarrow <i>Skip to 23</i>

22	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	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
	service has this person had?	If "Car truck or private van/hus" is marked in 35a
	Less than 2 years	If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.
	2 years or more	b. How many people, including this person, usually
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; 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	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 5 or 6 people 7 or more people a. What time did this person usually leave home to go to work LAST WEEK? b. How many minutes did it usually take this person to get from home to work LAST WEEK?
24	Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.	Minutes
	a. Name of island, U.S. state, commonwealth, territory, or foreign country	Answer questions 27–28 for persons who did not work for pay or profit last week. Others skip to 29.
	FOR OFFICE	a. LAST WEEK, was this person on layoff from a job?
	USE ONLY	\square Yes \rightarrow Skip to 27c
	b. Name of city, town, or village	□ No
		b. LAST WEEK, was this person TEMPORARILY
	FOR OFFICE USE ONLY	 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 27eNo



	Occupation Occupation
the last 4 weeks?	a. What kind of work was this person doing? (For example: registered nurse, machine repairer, watch
Yes $ \bigcirc \text{No} \rightarrow \text{Skip to } 28 $	maker, auto mechanic, accountant)
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.)	FOR OFFICE
No, because of all other reasons (in scribbl, etc.)	USE ONLY
When did this person last work, even for a few days? Do not include subsistence activity. 2000 1999	b. What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, repairing automobiles, reconciling financial records)
1998	
$\bigcirc 1990 \text{ to } 1994 \rightarrow Skip \text{ to } 33$	
$\bigcirc 1989 \text{ or earlier} \rightarrow Skip \text{ to } 33$	
Never worked; or did subsistence only \rightarrow <i>Skip to 33</i>	
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	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.
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 X ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?	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 X the "Yes income source received during 1999 and amount received during 1999 to a maxim Mark X the "No" box if the income sour received.	num of \$999,999. rce was not	Do NOT include	survivor, or disability pensions — social Security. ual amount — Dollars
If net income was a loss, enter the amount the "Loss" box next to the dollar amount.		□ No	
For income received jointly, report, if possappropriate share for each person; otherwise the whole amount for only one person at the "No" box for the other person. If example it is not known, please give best estimate. a. Wages, salary, commissions, bonus from all jobs — Report amount before of	wise, report nd mark (X) ct amount is es, or tips	outside the hou	ances — Include money from relatives isehold or in the military. Jual amount — Dollars Juan 1.00
taxes, bonds, dues, or other items. Yes Annual amount — Dollars No	S G i	such as Vetera compensation include lump-su inheritance or sa	ources of income received regularly ins' (VA) payments, unemployment, child support, or alimony — Do NOT imply payments such as money from an ale of a home.
b. Self-employment income from own businesses or farm businesses, includ proprietorships and partnerships — R	ing	\$ No	, .00
income after business expenses. Yes Annual amount — Dollars	34	What was this	person's total income in 1999? Add
\$, .00	O Loss i	income was a lo	ions 33a—33i; subtract any losses. If het oss, enter the amount and mark 🗷 the to the dollar amount.
	_		Annual amount — <i>Dollars</i>
c. Interest, dividends, net rental incor income, or income from estates and t even small amounts credited to an accou	trusts — Report (None OR	\$, .00
Yes Annual amount — <i>Dollars</i>			e people living here? If yes,
\$, .00	Loss	continue with	reisuri 5.
	ent		
Yes Annual amount — Dollars			
\$			
□ No			
e. Supplemental Security Income (SSI)		
Yes Annual amount — Dollars			
\$, .00			
□ No			
f. Any public assistance or welfare pa from the state or local welfare office	ayments		
Yes Annual amount — <i>Dollars</i>			
\$, .00			
□ No			
b. Self-employment income from own businesses or farm businesses, includ proprietorships and partnerships — Rincome after business expenses. Yes Annual amount — Dollars No c. Interest, dividends, net rental incomincome, or income from estates and the even small amounts credited to an account even small amounts credited to an account even small amounts credited to an account even small amount — Dollars No d. Social Security or Railroad Retirem Yes Annual amount — Dollars \$ 1, 00 No e. Supplemental Security Income (SSI) Yes Annual amount — Dollars \$ 1, 00 No f. Any public assistance or welfare part from the state or local welfare office Yes Annual amount — Dollars	n nonfarm ing Report NET Loss me, royalty trusts — Report int. Loss ent	include lump-suinheritance or so	in payments such as money from an ale of a home. ual amount — Dollars sperson's total income in 1999? Add ions 33a—33i; subtract any losses. If net coss, enter the amount and mark to the dollar amount. Annual amount — Dollars specific to the dollar amount in the cost of the dollar amount. Annual amount — Dollars specific to the dollar income in 1999? Add ions 33a—33i; subtract any losses. If net cost in the dollar amount in the cost in the dollar amount. Annual amount — Dollars specific to the dollar income in 1999? Add ions 33a—33i; subtract any losses. If net cost in the cost

Person



Your answers help your community plan for the future.

First Name M 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.	How is this person related to Person 1? Mark NONE 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	Last Nan	ne								
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	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.										
Mark (X) 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	Mark (X) 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.	First Nan	ne								Μ
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	Mark (X) 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.										
		Mark (X) Husk Natu Adop Step Brott	ONE boand/with oral-borroted sor son/steper/siste	ox. fe n son/da n/daugh odaught	iught iter			301	 •		
		Pare Son- Othe	nt-in-lav in-law/c er relativ	laughte e — <i>Pri</i>	nt ex	FO US			D.		
If NOT RELATED to Person 1:		Pare Son- Othe	nt-in-lav in-law/c er relativ	laughte re — <i>Pri</i> l	nt ex	FO US			0.		
	Roomer, boarder	Pare Son- Othe	nt-in-lav in-law/c er relativ ELATED	laughte e — Pri l to Pers	nt ex	FO US			p.		
If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner	Roomer, boarder Housemate, roommate Unmarried partner	Pare Son- Othe	nt-in-lav in-law/c er relativ ELATED ner, boa emate, arried p.	laughte e — <i>Pri</i> to Pers arder roomma	nt ex	FO US			0.		
If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child	Roomer, boarder Housemate, roommate Unmarried partner Foster child	Pare Son- Other	nt-in-lav in-law/c er relativ ELATED ner, boa emate, arried por r child	to Pers	nt ex	FO US			0.		
If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative	Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative	Pare Son- Othe If NOT R Roon Hous Unm. Foste Othe	nt-in-lav in-law/c er relativ ener, boa emate, arried por r child r nonrel	to Persurder roommaartner	on 1:	FO US	R OF	FICI			
f NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child	Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative What is this person's sex? Mark X ONE box.	Foste Othe Foste Othe Mhat is	nt-in-lav in-law/c er relativ ELATED ner, boa emate, arried por r child r nonrel	to Persurder roommaartner	on 1:	FO US	R OF	FICI		x.	

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
	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
6	What is this person's marital status?
	Now married
	Widowed
	Divorced
	Separated Never married
T	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.
	\square No, has not attended since February 1 \rightarrow <i>Skip to 8a</i>
	Yes, public school, public college
	Yes, private school, private college
	b. What grade or level was this person attending? <i>Mark</i> (X) <i>ONE box.</i>
	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)

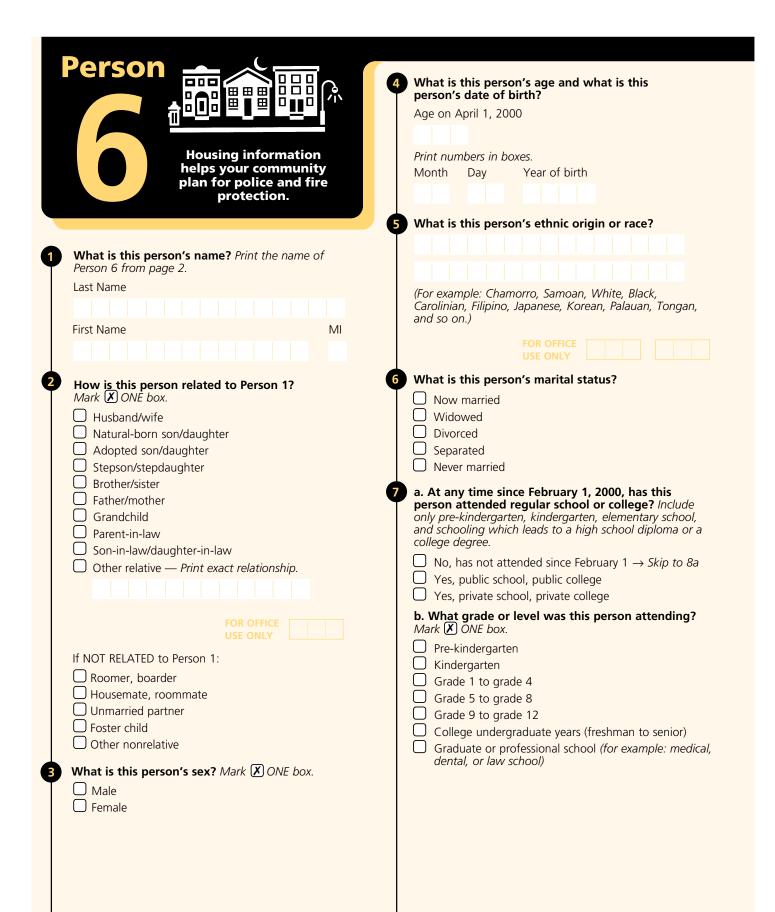
a. What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently	1 Is this person a CITIZEN or NATIONAL of the United States?
enrolled, mark the previous grade or highest degree received.	\square Yes, born in this Area \rightarrow <i>Skip to 14a</i>
No schooling completed	Yes, born in the United States or another U.S. territory
Pre-kindergarten to 4th grade	or commonwealth
5th grade or 6th grade	Yes, born elsewhere of U.S. parent or parents
7th grade or 8th grade	Yes, a U.S. citizen by naturalization
9th grade	No, not a U.S. citizen or national (permanent resident)
10th grade	No, not a U.S. citizen or national (temporary resident)
11th grade	When did this person come to this Area to stay? If
12th grade, NO DIPLOMA HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)	this person has entered the Area more than once, what is the latest year? Print numbers in boxes.
Some college credit, but less than 1 year	Year
1 or more years of college, no degree	
Associate degree (for example: AA, AS)	
Bachelor's degree (for example: AA, AB, BS)	What was this person's main reason for moving to
Master's degree (for example: MA, MS, MEng, MEd,	this Area?
MSW, MBA)	Employment
Professional degree (for example: MD, DDS, DVM,	Military
LLB, JD)	Subsistence activities
Doctorate degree (for example: PhD, EdD)	Missionary activities
b. Has this person completed the requirements for a	Moved with spouse or parent
vocational training program at a trade school, business	To attend school
school, hospital, some other kind of school for occupational training, or place of work? Do not include	Medical
academic college courses.	Housing
□ No	Other
Yes, in this Area	4 a. Where was this person's mother born? Print the
Yes, not in this Area	name of the island (village in American Samoa), U.S.
	state, commonwealth, territory, or foreign country.
a. Does this person speak a language other than English at home?	FOR OFFICE
Yes	USE ONLY
No → Skip to 10b. What is this language?	b. Where was this person's father born? Print the name of the island (village in American Samoa), U.S.
b. What is this language:	state, commonwealth, territory, or foreign country.
(For example: Chamorro, Samoan, Carolinian, Tongan)	FOR OFFICE
	USE ONLY
FOR OFFICE USE ONLY	5 Is this person a dependent of an active-duty or
c. Does this person speak this language at home more frequently than English?	retired member of the Armed Forces of the United States or of the full-time military Reserves or
Yes, more frequently than English	National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.
Both equally often	
No, less frequently than English	Yes, dependent of an active-duty member of the Armed Forces
Does not speak English	Yes, dependent of retired member of the Armed
	Forces, or dependent of an active-duty or retired
Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth,	member of full-time National Guard or Armed Forces Reserve
territory, or foreign country.	No
FOR OFFICE	

1	a. Did this person live in this house or apa 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, commonwealt territory, or foreign country. If outside this print the answer below and skip to 17.	? :h,	nt	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
	FOR OFFICE USE ONLY c. Name of city, town, or village			b. What was the date of birth of the last child born to this person? Print numbers in boxes. Month Day Year of birth a. Does this person have any of his/her own grandchildren under the age of 18 living in this
1	Does this person have any of the following long-lasting conditions:		No	house or apartment? ☐ Yes ☐ No → Skip to 22a b. Is this grandparent currently responsible for most
	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,	Yes	No	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
18	reaching, lifting, or carrying? Because of a physical, mental, or emotion condition lasting 6 months or more, does this person have any difficulty in doing a the following activities:	S		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
	a. Learning, remembering, or concentrating?	Yes	No	6 to 11 months 1 or 2 years
	b. Dressing, bathing, or getting around inside the home?			3 or 4 years 5 years or more
	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?			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
19	Was this person under 15 years of age of April 1, 2000? ☐ Yes → Skip to 35 ☐ No	n		 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	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.	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
	April 1995 or later	of transportation during the trip, mark (X) the box of the one used for most of the distance.
	August 1990 to March 1995 (including Persian Gulf War)	
	September 1980 to July 1990	Car, truck, or private van/bus Public van/bus
	May 1975 to August 1980	Boat
	Vietnam era (August 1964—April 1975)	Taxicab
	February 1955 to July 1964	Motorcycle
	Korean conflict (June 1950—January 1955)	Bicycle
	World War II (September 1940—July 1947)	Walked
	Some other time	\square Worked at home \rightarrow <i>Skip to 29</i>
	c. In total, how many years of active-duty military	Other method
	service has this person had?	If "Car, truck, or private van/bus" is marked in 25a,
	Less than 2 years	go to 25b. Otherwise, skip to 26a.
	2 years or more	b. How many people, including this person, usually
		rode to work in the car, truck, or private van/bus LAST WEEK?
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	Drove alone 2 people
	business or farm for 15 hours or more, or was on active	3 people
	duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing,	4 people
	growing crops, etc., NOT primarily for commercial	5 or 6 people
	purposes. Mark (X) ONE box.	7 or more people
	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 → <i>Skip to 27a</i>	a. What time did this person usually leave home to go to work LAST WEEK?
	No, did NOT work for pay or profit; did NO subsistence activity → <i>Skip to 27a</i>	b. How many minutes did it usually take this
		person to get from home to work LAST WEEK?
24	At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked	Minutes
	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	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?
	FOR OFFICE	$\square \text{ Yes} \rightarrow \text{Skip to } 27c$
	USE ONLY	○ No
	b. Name of city, town, or village	□ No
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?
	FOR OFFICE USE ONLY	 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

Occupation a. What kind of work was this person doing?
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)
 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 (territoriallcommonwealth, 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 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.	g. Retirement, survivor, or disability pensions — Do NOT include Social Security. Yes Annual amount — Dollars \$
If net income was a loss, enter the amount and mark 🗶 the "Loss" box next to the dollar amount.	□ No
For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark \(\mathbb{X} \) 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 Solution 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	h. Any remittances — Include money from relatives outside the household or in the military. Yes Annual amount — Dollars \$.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 \$.00 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 x the
No Loss	"Loss" box next to the dollar amount.
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	Annual amount — Dollars None OR Solution None OR None OR None OR None OR Solution Loss Are there more people living here? If yes, continue with Person 6.
S .00 Loss	
d. Social Security or Railroad Retirement Yes Annual amount — Dollars Supplemental Security Income (SSI) Yes Annual amount — Dollars No I. Any public assistance or welfare payments from the state or local welfare office Yes Annual amount — Dollars No No No No	



a. What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently	1 Is this person a CITIZEN or NATIONAL of the United States?			
enrolled, mark the previous grade or highest degree received.	\bigcirc Yes, born in this Area \rightarrow <i>Skip to 14a</i>			
No schooling completed	Yes, born in the United States or another U.S. territory			
Pre-kindergarten to 4th grade	or commonwealth			
5th grade or 6th grade	Yes, born elsewhere of U.S. parent or parents			
7th grade or 8th grade	Yes, a U.S. citizen by naturalization			
9th grade	No, not a U.S. citizen or national (permanent resident)			
10th grade	No, not a U.S. citizen or national (temporary resident)			
11th grade 12th grade, NO DIPLOMA	When did this person come to this Area to stay? If			
☐ HIGH SCHOOL GRADUATE — high school DIPLOMA	this person has entered the Area more than once,			
or the equivalent (for example: GED)	what is the latest year? Print numbers in boxes. Year			
Some college credit, but less than 1 year				
1 or more years of college, no degree				
Associate degree (for example: AA, AS)	3 What was this person's main reason for moving to			
Bachelor's degree (for example: BA, AB, BS)	this Area?			
Master's degree (for example: MA, MS, MEng, MEd,	☐ Employment			
MSW, MBA) Professional degree (for example: MD, DDS, DVM,	Military			
LLB, JD)	Subsistence activities			
Doctorate degree (for example: PhD, EdD)	Missionary activities			
b. Has this person completed the requirements for a	Moved with spouse or parent			
vocational training program at a trade school, business	To attend school			
school, hospital, some other kind of school for occupational training, or place of work? Do not include	Medical			
academic college courses.	Housing			
□ No	Other			
Yes, in this Area	a. Where was this person's mother born? Print the			
Yes, not in this Area	name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.			
9 a. Does this person speak a language other than				
English at home?				
Yes	FOR OFFICE USE ONLY			
\bigcirc No \rightarrow Skip to 10	b. Where was this person's father born? Print the			
b. What is this language?	name of the island (village in American Samoa), U.S.			
S. Frince is this language:	state, commonwealth, territory, or foreign country.			
(For example: Chamorro, Samoan, Carolinian, Tongan)	FOR OFFICE			
FOR OFFICE	USE ONLY			
	Is this person a dependent of an active-duty or			
c. Does this person speak this language at home more frequently than English?	retired member of the Armed Forces of the United States or of the full-time military Reserves or			
Yes, more frequently than English	National Guard? "Active duty" does NOT include			
Both equally often	training for the military Reserves or National Guard.			
No, less frequently than English	Yes, dependent of an active-duty member of the			
Does not speak English	Armed Forces Yes, dependent of retired member of the Armed			
	Forces, or dependent of an active-duty or retired			
Where was this person born? Print the name of the island (village in American Samoa), U.S. state, commonwealth,	member of full-time National Guard or			
territory, or foreign country.	Armed Forces Reserve No			
FOR OFFICE				

1	a. Did this person live in this house or ap 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, commonweal territory, or foreign country. If outside this print the answer below and skip to 17.	o? th,	at 30	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
	USE ONLY L			
l	c. Name of city, town, or village			a Doos this parson have any of his/hor own
l			2	a. Does this person have any of his/her own grandchildren under the age of 18 living in this
l	FOR OFFICE USE ONLY			house or apartment?
	Danashia wanana hawa anyaétha fallaw			
4	Does this person have any of the follow long-lasting conditions:	ing		b. Is this grandparent currently responsible for most
l	a. Blindness, deafness, or a severe	Yes	No	of the basic needs of any grandchild(ren) under the
l	vision or hearing impairment?			age of 18 who live(s) in this house or apartment?
	 b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? 			 Yes No → Skip to 22a How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is
18	Because of a physical, mental, or emotion condition lasting 6 months or more, does this person have any difficulty in doing the following activities:	es any of	N	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
l	a. Learning, remembering, or	Yes	No	☐ 6 to 11 months ☐ 1 or 2 years
l	concentrating?			3 or 4 years
	b. Dressing, bathing, or getting around inside the home?			5 years or more
	 c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? 			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
	d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?			for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
				Yes, now on active duty
1	Was this person under 15 years of age of April 1, 2000?	n		Yes, on active duty in past, but not now
l	$\bigcirc \text{ Yes} \rightarrow \text{Skip to } 35$			No, training for Reserves or National Guard only → Skip to 23
l	□ No			No, never served in the military \rightarrow <i>Skip to 23</i>
l				
1				

22	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.	a. How did this person usually get to work LAST WEEK? Do not include transportation subsistence activity. If this person usually used more than one			
	April 1995 or later	method of transportation during the trip, mark X the box of the one used for most of the distance.			
	August 1990 to March 1995 (including Persian Gulf War)				
	September 1980 to July 1990	Car, truck, or private van/bus Public van/bus			
	May 1975 to August 1980	Boat			
	Vietnam era (August 1964—April 1975)	Taxicab			
	February 1955 to July 1964	Motorcycle			
	Korean conflict (June 1950—January 1955)	Bicycle			
	World War II (September 1940—July 1947)	Walked			
	Some other time	\square Worked at home \rightarrow <i>Skip to 29</i>			
	c. In total, how many years of active-duty military	Other method			
	service has this person had?	If "Car truck or private van/hus" is marked in 35a			
	Less than 2 years	If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.			
	2 years or more	b. How many people, including this person, usually			
	,	rode to work in the car, truck, or private van/bus			
23	LAST WEEK, did this person do ANY work for	LAST WEEK?			
	either pay or profit? Answer "Yes" even if the person worked only 1 hour, or helped without pay in a family	Drove alone			
	business or farm for 15 hours or more, or was on active	2 people			
	duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing,	3 people			
	growing crops, etc., NOT primarily for commercial	4 people 5 or 6 people			
	purposes. Mark 🗷 ONE box.	7 or more people			
	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	a. What time did this person usually leave home to go to work LAST WEEK?			
	No, did NOT work for pay or profit; did NO subsistence activity \rightarrow <i>Skip to 27a</i>	a.m. p.m.			
		b. How many minutes did it usually take this person to get from home to work LAST WEEK?			
24	At what location did this person work LAST WEEK? Do not include subsistence activity. If this person worked	Minutes			
	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	Answer questions 27–28 for persons who did not			
		work for pay or profit last week. Others skip to 29.			
	FOR OFFICE	a. LAST WEEK, was this person on layoff from a job?			
	FOR OFFICE USE ONLY	Yes \rightarrow Skip to 27c			
	h Name of city town or village	□ No			
	b. Name of city, town, or village				
		b. LAST WEEK, was this person TEMPORARILY absent from a job or business?			
	FOR OFFICE USE ONLY	Yes, on vacation, temporary illness, labor dispute, etc. → <i>Skip to 28</i> No → <i>Skip to 27d</i>			
		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?			
		will be recalled to work within the next 6 months			

d. Has this person been looking for work during the last 4 weeks?	y company
Yes	a. What kind of work was this person doing? (For example: registered nurse, machine repairer, watch
\bigcirc No \rightarrow Skip to 28	maker, auto mechanic, accountant)
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.)	FOR OFFICE USE ONLY
When did this person last work, even for a few days? Do not include subsistence activity. 2000 1999	b. What were this person's most important activities or duties? (For example: patient care, repairing machinery, making watches, repairing automobiles, reconciling financial records)
1998 1995 to 1997	
$\bigcirc 1995 \text{ to } 1997$ $\bigcirc 1990 \text{ to } 1994 \rightarrow Skip \text{ to } 33$	
\square 1989 or earlier \rightarrow <i>Skip to 33</i>	
\square Never worked; or did subsistence only \rightarrow <i>Skip to 33</i>	
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?	 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
Describe the activity at location where employed. (For example: hospital, fish cannery, watchmaker, auto repair shop, bank) c. Is this mainly — Mark X ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?	 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 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.	g. Retirement, survivor, or disability pensions — Do NOT include Social Security. Yes Annual amount — Dollars \$
If net income was a loss, enter the amount and mark 🗶 the "Loss" box next to the dollar amount.	□ No
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.	h. Any remittances — Include money from relatives outside the household or in the military. Yes Annual amount — Dollars \$
a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for	□ No
taxes, bonds, dues, or other items. Yes Annual amount — Dollars 00	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.
 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 S
Yes Annual amount — Dollars \$	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.
c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account.	Annual amount — Dollars None OR
	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
d. Social Security or Railroad Retirement Yes Annual amount — Dollars S	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.
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	
\$, .00	

FOR OFFICE USE ONLY						
1CO 3 6 0	County Block	AA	Map Spot			
Unit ID						
 	———— APPLY L	ABEL HERE ———				
House No. Street or road name, Rural route and box, or PO box No. Apartment				Apartment No.		
Location des	cription					
City		Municipality/Island		realth of the ariana Islands	ZIP Code	
R3. Respo	ndent – Lived here on April 1, 2000	☐ Moved in April 1, 20 (Refer to 0	00	☐ Is neighbor or	other	
1 = Occupied 2 = Occupied 3 = Vacant - 4 = Vacant - 5 = Demolisl 6 = Cannot l 7 = Duplicat 8 = Nonresic 9 = Other (o	d – Continuation - Regular - Usual home elsewhere hed/Burned out locate e	01–97 = Total 00 = Vacant 98 = Delete 99 = POP unkn	persons	l —	ld, not occupied recreational, l use workers	
D. SP	E. UHE F. MOV G. PI	H. REF I. REP J. CC	К. тс L. Л	JIC1 M. JIC2 N.	JIC3 0. JIC4	

