

# Census 2010 Guam

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

**This is the official form for all people at this address.  
It is easy, and your answers are protected by law.**

The "Informational Copy" shows the content of the Census 2010 questionnaire for Guam. Each household will receive a form, which includes 48 questions relating to population characteristics and 27 questions relating to housing characteristics. The content of the form resulted from reviewing the 2000 census data, consulting with federal and non-federal data users, and conducting tests.

For additional information about Census 2010 in Guam, please write to the Director, U.S. Census Bureau, Washington, DC 20233.

**Use a blue or black pen.**

## **Start here**

*Do NOT mail this form, your completed form will be picked up by a census worker.*

**The Census must count every person living in Guam on April 1, 2010.**

**Before you answer Question 1, count the people living in this house, apartment, or mobile home using our guidelines.**

- Count all people, including babies, who live and sleep here most of the time.

**The Census Bureau also conducts counts in institutions and other places, so:**

- Do not count anyone living away either at college or in the Armed Forces.
- Do not count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2010.
- Leave these people off your form, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.

**The Census must also include people without a permanent place to stay, so:**

- If someone who has no permanent place to stay is staying here on April 1, 2010, count that person. Otherwise, he or she may be missed in the census.

**1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2010?**

Number of people

**→ Please turn the page and print the names of all the people living or staying here on April 1, 2010.**

**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 U.S. Census Bureau estimates that, for the average household, this form will take about 43 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project 0607-0860, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to [Paperwork@census.gov](mailto:Paperwork@census.gov); use "Paperwork Project 0607-0860" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

OMB No. 0607-0860: Approval Expires 12/31/2010

Form **D-61 G**



797201

# List of Persons

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

2. Please print the names of all the people who you indicated in Question 1 were living or staying here on April 1, 2010.

Example — Last Name

C R U Z

First Name MI

J O H N J

Start with the person living here who owns or rents this house, apartment, or mobile home. If the owner or renter lives somewhere else, start with any adult living here. This will be Person 1.

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

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Person 6 — Last Name

[ ]

First Name MI

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Person 7 — Last Name

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First Name MI

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Person 8 — Last Name

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First Name MI

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Person 9 — Last Name

[ ]

First Name MI

[ ]

Person 10 — Last Name

[ ]

First Name MI

[ ]

Person 11 — Last Name

[ ]

First Name MI

[ ]

Person 12 — Last Name

[ ]

First Name MI

[ ]

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



# Person 1

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

Last Name

First Name

MI

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

Area Code + Number

 -  - 

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

- Male
- Female

**4. What is this person's age and what is this person's date of birth?** *Please report babies as age 0 when the child is less than 1 year old.*

Age on April 1, 2010

*Print numbers in boxes.*

Month      Day      Year of birth

**5. What is this person's ethnic origin or race?**



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

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

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

- Yes, born in this Area – *SKIP to question 10a*
- Yes, born in the United States or another U.S. territory or commonwealth
- Yes, born elsewhere of U.S. parent or parents
- Yes, a U.S. citizen by naturalization
- No, not a U.S. citizen or national (permanent resident)
- No, not a U.S. citizen or national (temporary resident)

**8. 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

**9. What was this person's MAIN reason for moving to this Area?** Mark  ONE box.

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

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

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

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

- Yes, dependent of an active-duty member of the Armed Forces
- Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
- No



# Person 1 – Continued

**12a. At any time since February 1, 2010, has this person attended school or college?** *Include only pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*

- No, has not attended since February 1 – *SKIP to question 13*
- Yes, public school, public college
- Yes, private school, private college, home school

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

- Pre-kindergarten
- Kindergarten
- Grade 1 through 12 –  
Specify grade 1–12 →
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)

**13. What is the highest degree or level of school this person has COMPLETED?** Mark  ONE box. *If currently enrolled, mark the previous grade or highest degree received.*

## NO SCHOOLING COMPLETED

- No schooling completed

## PRE-KINDERGARTEN THROUGH GRADE 12

- Pre-kindergarten
- Kindergarten
- Grade 1 through 11 –  
Specify grade 1–11 →
- 12<sup>th</sup> grade – **NO DIPLOMA**

## HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

## COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
- 1 or more years of college credit, no degree
- Associate's degree (for example: AA, AS)
- Bachelor's degree (for example: BA, BS)

## AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

**14. 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

**15a. Does this person speak a language other than English at home?**

- Yes
- No – *SKIP to question 16a*

**b. What is this language?**

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

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

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

**16a. Did this person live in this house or apartment 1 year ago (on April 1, 2009)?**

- Person is under 1 year old – *SKIP to question 17*
- Yes, this house – *SKIP to question 17*
- No, different house

**b. Where did this person live 1 year ago?**

*Print the name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and SKIP to question 17.*

**c. Name of city, town, or village**



# Person 1 – Continued

**17. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?** Mark "Yes" or "No" for EACH type of coverage in items a–h.

Yes No

- a. Insurance through a current or former employer or union (of this person or another family member) . . . . .
- b. Insurance purchased directly from an insurance company (by this person or another family member) . . . . .
- c. Medicare, for people 65 and older, or people with certain disabilities . . . . .
- d. Medicaid or any kind of federal government assistance plan for those with low incomes or a disability . . . . .
- e. TRICARE or other military health care . . . . .
- f. VA (including those who have ever used or enrolled for VA health care) . . . . .
- g. Local medical programs for indigents . . . . .
- h. Any other type of health insurance or health coverage plan – Specify ↴

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**18a. Is this person deaf or does he/she have serious difficulty hearing?**

- Yes
- No

**b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?**

- Yes
- No

Answer questions 19a–c if this person is 5 years old or over. Otherwise, SKIP to question 49.

**19a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?**

- Yes
- No

**b. Does this person have serious difficulty walking or climbing stairs?**

- Yes
- No

**19c. Does this person have difficulty dressing or bathing?**

- Yes
- No

Answer question 20 if this person is 15 years old or over. Otherwise, SKIP to question 49.

**20. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?**

- Yes
- No

**21. What is this person's marital status?**

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

**22. 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 OR Number of children

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**23a. 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 question 24

**b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?**

- Yes
- No – SKIP to question 24

**c. How long has this grandparent been responsible for the(se) grandchild(ren)?** If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 or more years









# Person 1 – Continued

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**40. Is this mainly –** Mark  ONE box.

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

**41. What kind of work was this person doing?**

(For example: registered nurse, machine repairer,  
 watchmaker, secretary, accountant)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**42. What were this person's most important activities or duties?** (For example: patient care, repairing machinery, making watches, typing and filing, reconciling financial records)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**43. LAST YEAR, 2009, did this person work at a job or business at any time?** Do not include subsistence activity.

- Yes
- No – SKIP to question 46

**44a. During 2009 (all 52 weeks), did this person work 50 or more weeks?** Count paid time off as work. Do not include subsistence activity.

- Yes – SKIP to question 45
- No

**44b. How many weeks DID this person work, even for a few hours, including paid vacation, paid sick leave, and military service?** Do not include subsistence activity.

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

**45. During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK?** Do not include subsistence activity.

Usual hours worked each WEEK

\_\_\_\_\_

**46. INCOME IN 2009**

Mark  the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 46d and 46e). 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 the appropriate share for each person – or, if that's not possible, 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.

Annual amount – Dollars

- Yes → \$ \_\_\_\_\_,\_\_\_\_\_.00
- 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

- Yes → \$ \_\_\_\_\_,\_\_\_\_\_.00
- Loss
- No

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

Annual amount – Dollars

- Yes → \$ \_\_\_\_\_,\_\_\_\_\_.00
- Loss
- No







# Person 1 – Continued

**53a. How many separate rooms are in this living quarters?** Rooms must be separated by built-in archways or walls that extend from floor to ceiling.

- INCLUDE bedrooms, kitchens, etc.
- EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

- 1 room  
 2 rooms  
 3 rooms  
 4 rooms  
 5 rooms  
 6 rooms  
 7 rooms  
 8 rooms  
 9 or more rooms

**b. How many of these rooms are bedrooms?**

Count as bedrooms those rooms you would list if this living quarters were for sale or rent. If this is an efficiency/studio apartment, mark  "No bedroom."

- No bedroom  
 1 bedroom  
 2 bedrooms  
 3 bedrooms  
 4 bedrooms  
 5 or more bedrooms

**54a. 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?**

- Yes, in this unit  
 Yes, in this building, not in unit  
 Yes, outside this building  
 No

**c. Do you have a flush toilet?**

- Yes, in this unit – SKIP to question 55a  
 Yes, in this building, not in unit – SKIP to question 55a  
 Yes, outside this building – SKIP to question 55a  
 No

**d. What type of toilet facilities do you have?**

- Outhouse or privy  
 Other or none

**55a. Are your MAIN cooking facilities located inside or outside this building?** Mark  ONE box.

- Inside this building  
 Outside this building  
 No cooking facilities – SKIP to question 55c

**b. What type of cooking facilities are these?**

Mark  ONE box.

- Electric stove  
 Kerosene stove  
 Gas stove  
 Microwave oven and non-portable burners  
 Microwave oven only  
 Other (fireplace, hotplate, etc.)

**c. Do you have a refrigerator in this building?**

- Yes  
 No

**d. Do you have a sink with piped water in this building?**

- Yes  
 No

**56. Does this living quarters have telephone service from which you can both make and receive calls?**

- Yes, a cell or mobile phone only  
 Yes, a landline only  
 Yes, both a cell or mobile phone and a landline  
 No

**57. Do you have air conditioning?**

- Yes, a central air-conditioning system (includes split-type)  
 Yes, 1 individual room unit  
 Yes, 2 or more individual room units  
 No

**58. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?**

- None  
 1  
 2  
 3  
 4  
 5  
 6 or more



# Person 1 – Continued

**59. Do you or any member of this household 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  
 No

**60a. Do you or any member of this household have a home computer or laptop?** *Count only if computer is in working condition.*

- Yes  
 No – SKIP to question 61

**b. Do you or any member of this household have an Internet connection at this living quarters?**

- Yes  
 No

**61. Do you get water from –** Mark  ONE box.

- 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 (a standpipe, spring, river, creek, etc.)?

**62. Is this building connected to a public sewer?**

- Yes, connected to a public sewer  
 No, connected to a septic tank or cesspool  
 No, use other means

**63. Is this living quarters part of a condominium?**

- Yes  
 No

**64. What is the MAIN type of material used for the outside walls of this building?**

Mark  ONE box.

- Poured concrete  
 Concrete blocks  
 Metal  
 Wood  
 Other

**65. What is the MAIN type of material used for the roof of this building?** Mark  ONE box.

- Poured concrete  
 Metal  
 Wood  
 Other

**66. What is the MAIN type of material used for the foundation of this building?** Mark  ONE box.

- Concrete  
 Wood pier or pilings  
 Other

**67a. What is the average monthly cost for electricity for this living quarters?**

Average monthly cost – Dollars

\$  ,   .00

OR

- Included in rent or condominium fee  
 No charge or electricity not used

**b. What is the average monthly cost for gas for this living quarters?**

Average monthly cost – Dollars

\$  ,   .00

OR

- Included in rent or condominium fee  
 Included in electricity payment entered above  
 No charge or gas not used

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

Average monthly cost – Dollars

\$  ,   .00

OR

- Included in rent or condominium fee  
 No charge

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

Average monthly cost – Dollars

\$  ,   .00

OR

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

**68. Is this living quarters –** Mark  ONE box.

- Owned by you or someone in this household with a mortgage or loan? *Include home equity loans.*  
 Owned by you or someone in this household free and clear (without a mortgage or loan)?  
 Rented?  
 Occupied without payment of rent?



# Person 1 – Continued

Answer question 69 if this living quarters is RENTED.  
Otherwise, SKIP to question 70.

**69. What is the monthly rent for this living quarters?**

Monthly amount – Dollars

\$  ,     .00

**70–75. Answer questions 70–75 if you or someone else in this household OWNS or IS BUYING this living quarters. Otherwise, SKIP to the questions for Person 2 on page 13.**

**70. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?**

Amount – Dollars

\$  ,      .00

**71. What were the real estate taxes on THIS property last year?**

Annual amount – Dollars

\$  ,     .00

OR

None

**72. What was the annual payment for fire, hazard, typhoon, and flood insurance on THIS property?**

Annual amount – Dollars

\$  ,     .00

OR

None

**73a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?**

- Yes, mortgage, deed of trust, or similar debt  
 Yes, contract to purchase  
 No – SKIP to question 74a

**73b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.**

Monthly amount – Dollars

\$  ,     .00

OR

No regular payment required – SKIP to question 74a

**c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?**

- Yes, taxes included in mortgage payment  
 No, taxes paid separately or taxes not required

**d. Does the regular monthly mortgage payment include payments for fire, hazard, typhoon, or flood insurance on THIS property?**

- Yes, insurance included in mortgage payment  
 No, insurance paid separately or no insurance

**74a. Do you or any member of this household have a second mortgage or home equity loan on THIS property?**

- Yes, a home equity loan  
 Yes, a second mortgage  
 Yes, both second mortgage and home equity loan  
 No – SKIP to question 75

**b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?**

Monthly amount – Dollars

\$  ,     .00

OR

No regular payment required

Answer question 75 ONLY if this is a CONDOMINIUM.

**75. What is the monthly condominium fee?**

Monthly amount – Dollars

\$  ,     .00

→ **Are there more people living here? If YES, continue with Person 2 on the next page.**



# Person 2

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

Last Name

First Name

MI

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

- Husband or wife
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Other nonrelative

**For Person 2,  
repeat questions  
3-48 of Person 1.**

INFORMATIONAL COPY





## Person 3

**For Persons 3–6, repeat questions 1–48 of Person 2.**

**NOTE**– *The content for Question 2 varies between Person 1 and Persons 2–6.*

**Thank you for completing your official Census 2010 form. If there are more than six people living in this house, apartment, or mobile home, please make sure you have completed the form for the first six people. When the census worker visits your residence, he/she will obtain the information for the additional people.**