

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 62 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 b page be	e sur fore	e yo	ou an tinuir	swe ig.	red	qu	esti	ion	1 о	n tl	he f	ront
Please print the names of all the people who you indicated in question 1 were living or staying here on April 1, 2000. Example — Last Name												
J 0 1	4 N	S	0 N	/								
First Nam	ne										MI	
R 0 1	8 /	N									J	
Start wi here wh apartme person,	o ow ent, o	ns, r mo	is bu obile	ying hon	j, or ne. l	re If th	nts nere	this e is	s ho no	suc	e, h	
Person 1	I — L	ast N	Name									
First Nam	ne										MI	
Person 2	2 — L	ast N	Name									
First Nam	ne										MI	
Person 3	3 — L	ast N	Name									
First Nam	ne										MI	
Person 4	ı — L	.ast N	Name									
First Nam	ne										MI	
Person 5	5 — L	ast N	Name									
First Nam	ne										MI	

Person 6 — Last Name				
First Name			Ν	ΛI
Person 7 — Last Name				
First Name			Ν	ΛI
Person 8 — Last Name				
First Name			Λ	ΛI
Person 9 — Last Name				
Last Name				
First Name			N	/1
That Ivallie			10	/11
Person 10 — Last Name				
First Name			Ν	/I
Person 11 — Last Name				
First Name			Ν	ΛI
Person 12 — Last Name				
First Name			Λ	ΛI

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!

	are important! Every person in the Census counts.	 No, has not attended since February 1 → Skip to 8a Yes, public school, public college Yes, private school, private college
		b. What grade or level was this person attending? Mark X ONE box.
1	What is this person's name? Print the name of Person 1 from page 2. Last Name First Name MI	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)
2	What is this person's telephone number? We may contact this person if we don't understand an answer. Area Code + Number -	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
3	What is this person's sex? Mark X ONE box. Male Female	Pre-kindergarten to 4th grade 5th grade or 6th grade 7th grade or 8th grade 9th grade
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	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)
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.) FOR OFFICE USE ONLY	 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.
6	What is this person's marital status? Now married Widowed Divorced	No Yes, in this Area Yes, not in this Area
	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.



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

18	Because of a physical, mental, or emotion condition lasting 6 months or more, does this person have any difficulty in doing a the following activities:	;	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 detavities.	Yes	No	activation, for example, for the Persian Gulf War.				
	a. Learning, remembering, or concentrating?			Yes, now on active duty				
	b. Dressing, bathing, or getting around inside the home?			 Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 23 				
	c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?			\bigcirc No, never served in the military \rightarrow <i>Skip to 23</i>				
	d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?			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.				
1	on overally working at a job of business.			April 1995 or later				
19	Was this person under 15 years of age of April 1, 2000?	า		August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990				
	\square Yes \rightarrow Skip to 35							
	No			☐ May 1975 to August 1980 ☐ Vietnam era (August 1964—April 1975)				
1				February 1955 to July 1964				
20	a. If this person is female, how many bal	oies has	s she	Sorean conflict (June 1950—January 1955)				
T	ever had, not counting stillbirths? Do not stepchildren or children she has adopted.	count		World War II (September 1940—July 1947)				
				Some other time				
	$\bigcup \text{None} \to Skip \text{ to } 21a$							
	$\begin{array}{c cccc} & 1 & & & 6 & & & 11 \\ \hline & 2 & & 7 & & & 12 \end{array}$			c. In total, how many years of active-duty military service has this person had?				
	3 8 13			Less than 2 years				
	O 4 O 9 O 14			2 years or more				
	□ 5 □ 10 □ 15 or more		2	LAST WEEK did this person do ANV work for				
	b. What was the date of birth of the last born to this person? Print numbers in boxe		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					
	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				
21	a. Does this person have any of his/her o	wn		purposes. Mark 🗷 ONE box.				
4	grandchildren under the age of 18 living house or apartment?			Yes, worked for pay or profit; did NO subsistence activity				
	Yes			Yes, worked for pay or profit AND did subsistence activity				
	$\bigcirc \text{No} \rightarrow \text{Skip to } 22a$			No, did NOT work for pay or profit; did subsistence activity \rightarrow <i>Skip to 27a</i>				
	b. Is this grandparent currently responsible of the basic needs of any grandchild(ren) age of 18 who live(s) in this house or apa	under	the	No, did NOT work for pay or profit; did NO subsistence activity → Skip to 27a				
	Yes	ar criteri	24	At what location did this person work LAST WEEK?				
	$\bigcirc \text{No} \rightarrow \text{Skip to } 22a$			Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week.				
	c. How long has this grandparent been res for the(se) grandchild(ren)? If the grandpare		le	a. Name of island, U.S. state, commonwealth, territory, or foreign country				
	financially responsible for more than one grand	dchild, a						
	the question for the grandchild for whom the has been responsible for the longest period of		arent					
	Less than 6 months			FOR OFFICE USE ONLY				
	6 to 11 months			b. Name of city, town, or village				
	1 or 2 years							
	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		☐ 1995 to 1997 ☐ 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 $\to \Box$ 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.)?

30	Occupation a. What kind of work was this person doing? (For example: registered nurse, machine repairer, watchmaker, auto mechanic, accountant)	33	INCOME IN 1999 — Mark the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark the "No" box if the income source was not received.
			If net income was a loss, enter the amount and mark 🗷 the "Loss" box next to the dollar amount.
			For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark the "No" box for the other person. If exact amount is not known, please give best estimate.
	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 activities or duties? (For example: patient care,		taxes, bonds, dues, or other items. Yes Annual amount — Dollars
	repairing machinery, making watches, repairing automobiles, reconciling financial records)		\$
			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
31	Was this person — Mark 🗷 ONE box.		\$.00 DLoss
	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 — Dollars
	Federal GOVERNMENT employee SELF-EMPLOYED in own NOT INCORPORATED		\$.00
	business, professional practice, or farm SELF-EMPLOYED in own INCORPORATED business,		d. Social Security or Railroad Retirement
	professional practice, or farm Working WITHOUT PAY in family business or farm		Yes Annual amount — Dollars
32	a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include subsistence activity.		\$
	Yes		e. Supplemental Security Income (SSI)
	\bigcirc No \rightarrow Skip to 33		Yes Annual amount — Dollars
	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		U IVU
			f. Any public assistance or welfare payments from the state or local welfare office
	c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK? Do		Yes Annual amount — Dollars \$.00
	not include subsistence activity. Usual hours worked each WEEK		□ No
	Osual Hours Worked Each WEEK		<u> </u>

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
	1970 to 1979
h. Any remittances — Include money from relatives outside the household or in the military.	When did this never means into this living supertura?
☐ Yes Annual amount — Dollars	When did this person move into this living quarters?
\$, .00	1999 or 2000
□ No	1995 to 1998 1990 to 1994
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 1994 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,
□ No	foyers, halls, or half-rooms.
	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
Owned by you or company in this baycahold with a	2 bedrooms
Owned by you or someone in this household with a	
mortgage or loan?	3 bedrooms
mortgage or loan? Owned by you or someone in this household free and	4 bedrooms
mortgage or loan?	
mortgage or loan? Owned by you or someone in this household free and clear (without a mortgage or loan)?	4 bedrooms
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?	4 bedrooms 5 or more bedrooms
mortgage or loan? Owned by you or someone in this household free and clear (without a mortgage or loan)? Rented for cash rent?	4 bedrooms 5 or more bedrooms a. Do you have hot and cold piped water?
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?	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
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.	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
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	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
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	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
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	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
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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	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
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41	c. Do you have a flush toilet? Yes, in this unit → Skip to 42a Yes, in this building, not in unit → Skip to 42a Yes, outside this building → Skip to 42a No d. What type of toilet facilities do you have? Outhouse or privy Other or none	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.?
42	 a. Are your MAIN cooking facilities located inside or outside this building? ☐ Inside this building ☐ Outside this building ☐ No cooking facilities → Skip to 42c b. What type of cooking facilities are these? ☐ Electric stove ☐ Kerosene stove 	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 d. Do you have a sink with piped water in this building? Yes No	outside walls of this building? Poured concrete Concrete blocks Metal Wood Other What is the MAIN type of material used for the roof of this building? Poured concrete Metal
43	Is there telephone service available in this living quarters from which you can both make and receive calls? Yes No	foundation of this building? Concrete
44	Do you have air conditioning? Yes, a central air-conditioning system (includes split-type) Yes, 1 individual room unit Yes, 2 or more individual room units No	Wood pier or pilings Other Answer ONLY if this is a ONE-FAMILY HOUSE OR MOBILE HOME — All others skip to 54a. Is there a business (such as a store or shop) or a medical office on THIS property?
45	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household? None 4 1 5 2 6 or more	Yes No a. What is the average monthly cost for electricity for this living quarters? Average monthly cost — Dollars \$.00
46	Do you have a battery operated radio? Count car radios, transistors, and other battery operated sets in working order or needing only a new battery for operation. Yes, 1 or more No	OR Included in rent or in condominium fee No charge or electricity not used

55	b. What is the average monthly cost for gas for this living quarters? Average monthly cost — Dollars S	d. Does your regular monthly mortgage payment include payments for fire, hazard, typhoon, or flood insurance on THIS property? Yes, insurance included in mortgage payment No, insurance paid separately or no insurance a. Do you have a second mortgage or a home equity loan on THIS property? Mark A all boxes that apply. Yes, a second mortgage Yes, a home equity loan No → Skip to 58 b. How much is your regular monthly payment on all second or junior mortgages and all home equity loans on THIS property? Monthly amount — Dollars No regular payment required What were the real estate taxes on THIS property last year? Yearly amount — Dollars None What was the annual payment for fire, hazard, typhoon, and flood insurance on THIS property? Annual amount — Dollars None What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot would sell for if it were for sale? Value of property — Dollars
	Person 2. a. Do you have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?	What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot would sell for if it were for sale? Value of property — Dollars \$,

Person

2



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									
How is this person related to Person 1? Mark ONE box. Husband/wife Natural-born son/daughter Adopted son/daughter Stepson/stepdaughter Brother/sister Father/mother Grandchild Parent-in-law Son-in-law/daughter-in-law Other relative — Print exact relationship.									
If NOT RELATED to Person 1:									
Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative									
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, 2	.000						
	Print no Month	umbers in Day	<i>boxes.</i> Year c	of hirth					
	IVIOITEI	Day	reare						
5	Whati	is this no	son's eth	nic oria	in or rac	۵7			
	vvilat	is this per	3011 3 6(11)	inc orig	iii oi rac	C:			
	(For exa	ample: Ch	amorro, Sa	moan, V	Vhite, Bla	ack, Carolinian,			
	(For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.)								
			FOR OFFIC						
6	What i	is this per	son's mai	ital sta	tus?				
	\equiv	w married							
		dowed orced							
	Sep	parated							
	☐ Nev	ver married	b						
	person only pri and sch	n attende e-kinderga	arten, kinde	school (ergarten	or colleg , elemen	es this e? Include tary school, diploma or a			
	O Yes	s, public so	attended si chool, publ chool, priv	ic colleg	е	Skip to 8a			
	b. Wha	at grade o	or level w		9	ttending?			
		X) ÖNE bo: -kindergar							
		dergarten	terr						
		ade 1 to g							
		ade 5 to gr ade 9 to gr							
		_	rgraduate						
		aduate or _l ntal, or lav		al school	(tor exai	mple: medical,			

		No. 11. American Colonia Colon
8	a. What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently	Is this person a CITIZEN or NATIONAL of the United States?
	enrolled, mark the previous grade or highest degree received.	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 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
	Master's degree (for example: MA, MS, MEng, MEd,	Military
	MSW, MBA)	Subsistence activities
	Professional degree (for example: MD, DDS, DVM,	Missionary activities
	LLB, JD)	Moved with spouse or parent
	Doctorate degree (for example: PhD, EdD)	To attend school
	b. Has this person completed the requirements for a	☐ Medical
	vocational training program at a trade school, business	Housing
	school, hospital, some other kind of school for occupational training, or place of work? Do not include	Other
	academic college courses.	
	□ No	4 a. Where was this person's mother born? Print the name
	Yes, in this Area	of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.
	Yes, not in this Area	commonwealth, termony, or roreign country.
\perp		
9	a. Does this person speak a language other than English at home?	FOR OFFICE
		USE ONLY
	Yes	b. Where was this person's father born? <i>Print the name</i>
	\bigcup No \rightarrow Skip to 10	of the island (village in American Samoa), U.S. state,
	b. What is this language?	commonwealth, territory, or foreign country.
	(For example: Chamorro, Samoan, Carolinian, Tongan)	FOR OFFICE
	FOR OFFICE	USE ONLY
	USE ONLY	
	c. Does this person speak this language at home more	5 Is this person a dependent of an active-duty or retired member of the Armed Forces of the United
	frequently than English?	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
10		Yes, dependent of retired member of the Armed Forces, or
Ψ	Where was this person born? Print the name of the island, (village in American Samoa), U.S. state, commonwealth,	dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve
	territory, or foreign country.	No
	FOR OFFICE USE ONLY	

Person 2 (continued) 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 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 \bigcup 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: Yes No Less than 6 months 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 activation, for example, for the Persian Gulf War. any of the following activities: Yes No 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 b. Dressing, bathing, or getting around only \rightarrow *Skip to 23* inside the home? \bigcup No, never served in the military \rightarrow Skip to 23 c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home b. When did this person serve on active duty alone to shop or visit a doctor's office? in the U.S. Armed Forces? Mark (X) a box for EACH period in which this person served. d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business? April 1995 or later 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 \bigcup 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 7 12 Less than 2 years 3 8 13 2 years or more 4 9 14



15 or more

10

23	either pay or profit? Answer "Yes" even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark X ONE box. Yes, worked for pay or profit; did NO subsistence activity Yes, worked for pay or profit AND did subsistence activity No, did NOT work for pay or profit; did subsistence	a. What time did this person usually leave home to go to work LAST WEEK?
24	 activity → Skip to 27a No, did NOT work for pay or profit; did NO subsistence activity → Skip to 27a At what location did this person work LAST WEEK? 	Answer questions 27–28 for persons who did not work for pay or profit last week. Others skip to 29. 7 a. LAST WEEK, was this person on layoff from a job? ☐ Yes → Skip to 27c
	Do not include subsistence activity. If this person worked at more than one location, print where he or she worked most last week. a. Name of island, U.S. state, commonwealth, territory, or foreign country	b. 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
	b. Name of city, town, or village FOR OFFICE	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
25	a. How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.	 d. Has this person been looking for work during the last 4 weeks? ☐ Yes ☐ No → Skip to 28
	Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle	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 \rightarrow <i>Skip to 29</i> Other method	When did this person last work, even for a few days? Do not include subsistence activity. 2000
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	 1999 1998 1995 to 1997 1990 to 1994 → Skip to 33 1989 or earlier → Skip to 33 Never worked; or did subsistence only → Skip to 33

Industry or Employer — Describe clearly this person's	1 Was this person — Mark ₭ ONE box.
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	 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 (territoriall 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
FOR OFFICE USE ONLY	 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
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)	 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. Is this mainly — Mark ONE box. Manufacturing? Wholesale trade?	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	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.
a. What kind of work was this person doing? (For example: registered nurse, machine repairer, watch maker, auto mechanic, accountant)	If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount.
	For income received jointly, report, if possible, the appropriate share for each person; otherwise, report
	the whole amount for only one person and mark (X) the "No" box for the other person. If exact amount is not known, please give best estimate.
FOR OFFICE USE ONLY	a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.
h What wore this person's most important	Yes Annual amount — Dollars
b. What were this person's most important activities or duties? (For example: patient care,	\$
repairing machinery, making watches, repairing automobiles, reconciling financial records)	U No



Loss

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

☐ No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts — Report even small amounts credited to an account. Yes Annual amount — Dollars No	Information about children helps your community plan for child care, education,
d. Social Security or Railroad Retirement Yes Annual amount — Dollars No	and recreation. 1 What is this person's name? Print the name of
e. Supplemental Security Income (SSI) Yes Annual amount — Dollars No I. Any public assistance or welfare payments	Person 3 from page 2. Last Name First Name MI
from the state or local welfare office Yes Annual amount — Dollars No	How is this person related to Person 1? Mark NONE box. Husband/wife Natural-born son/daughter
g. Retirement, survivor, or disability pensions — Do NOT include Social Security. Yes Annual amount — Dollars No	Adopted son/daughter Stepson/stepdaughter Brother/sister Father/mother Grandchild Parent-in-law
h. Any remittances — Include money from relatives outside the household or in the military. Yes Annual amount — Dollars No	Son-in-law/daughter-in-law Other relative — Print exact relationship. FOR OFFICE
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 1.00	If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative
What was this person's total income in 1999? Add entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. Annual amount — Dollars None OR	What is this person's sex? Mark (X) ONE box. Male Female
None OR Loss Are there more people living here? If yes, continue with Person 3.	

Person 3 (continued) What is this person's age and what is this person's date of birth? Age on April 1, 2000

4	What is this person's age and what is this person's date of birth?
	Age on April 1, 2000
	Print numbers in house
	Print numbers in boxes. Month Day Year of birth
5	What is this person's ethnic origin or race?
Ĭ	
	(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
7	 a. At any time since February 1, 2000, has this person attended regular school or college? Include only pre-kindergarten, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree. No, has not attended since February 1 → Skip to 8a
	Yes, private school, private 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)
	10

3)	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
	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)
	occupational training, or place of work? Do not include academic college courses. No Yes, in this Area Yes, not in this Area
	a. Does this person speak a language other than English at home?
	Yes
	\bigcirc No \rightarrow Skip to 10
	b. What is this language?
	(For example: Chamorro, Samoan, Carolinian, Tongan)
	FOR OFFICE
	USE ONLY
	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
0	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) 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 b. A condition that substantially limits Subsistence activities one or more basic physical activities such as walking, climbing stairs, Missionary activities reaching, lifting, or carrying? Moved with spouse or parent To attend school Because of a physical, mental, or emotional condition lasting 6 months or more, does 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? () No 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 a. If this person is female, how many babies has she 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 $\bigcup 6$ 11 2 7 12 Yes, dependent of retired member of the Armed Forces, or

3

4

Month

8

9

10

Day

this person? Print numbers in boxes.

13

14

b. What was the date of birth of the last child born to

Year of birth

15 or more

dependent of an active-duty or retired member of full-time

National Guard or Armed Forces Reserve

Person is under 5 years old \rightarrow Skip to 35

5 years ago (on April 1, 1995)?

No, different house

Yes, this house \rightarrow *Skip to 17*

a. Did this person live in this house or apartment

21	a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment? Yes No → Skip to 22a b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment? Yes No → Skip to 22a c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time. Less than 6 months 6 to 11 months 1 or 2 years	 either pay or profit? Answer "Yes" even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark ♥ ONE box. Yes, worked for pay or profit; did NO subsistence activity Yes, worked for pay or profit AND did subsistence activity No, did NOT work for pay or profit; did subsistence activity → Skip to 27a No, did NOT work for pay or profit; did NO subsistence activity → Skip to 27a 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,
	3 or 4 years	territory, or foreign country
	5 years or more	
222	 a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War. Yes, now on active duty Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 23 No, never served in the military → Skip to 23 b. When did this person serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served. April 1995 or later August 1990 to March 1995 (including Persian Gulf War) September 1980 to July 1990 May 1975 to August 1980 Vietnam era (August 1964—April 1975) February 1955 to July 1964 Korean conflict (June 1950—January 1955) World War II (September 1940—July 1947) Some other time c. In total, how many years of active-duty military 	b. Name of city, town, or village FOR OFFICE USE ONLY BOUND FOR OFFICE USE ONLY A. How did this person usually get to work LAST WEEK? Do not include transportation to subsistence activity. If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance. Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home → Skip to 29 Other method If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.
	service has this person had? 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? Drove alone 2 people 3 people 4 people 5 or 6 people



20	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
	Answer questions 27–28 for persons who did not work for pay or profit last week. Others skip to 29.	
2	a. LAST WEEK, was this person on layoff from a job?	EOD OFFICE
1	\square Yes \rightarrow Skip to 27c	FOR OFFICE USE ONLY
	□ 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. \rightarrow <i>Skip to 28</i>	
	\bigcup 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.
		Manufacturing?
	$ \begin{array}{c} $	☐ Wholesale trade?
	∪ No	Retail trade?
	d. Has this person been looking for work during the last 4 weeks?	Other (agriculture, construction, service, government, etc.)?
	Yes	0 Occupation
	\square No \rightarrow Skip to 28	a. What kind of work was this person doing? (For example: registered nurse, machine repairer, watch
	e. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?	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.)	
2	When did this person last work, even for a few days? Do not include subsistence activity.	FOR OFFICE USE ONLY
	2000	
	1999	b. What were this person's most important
	1998	activities or duties? (For example: patient care,
	1995 to 1997	repairing machinery, making watches, repairing automobiles, reconciling financial records)
	☐ 1990 to 1994 → <i>Skip to 33</i>	
	$\bigcirc 1989 \text{ or earlier} \rightarrow Skip \text{ to } 33$	
	\bigcup Never worked; or did subsistence only \rightarrow <i>Skip to 33</i>	

31 Was this person — Mark X ONE box.	
Employee of a PRIVATE-FOR-PROFIT company or	income, or income from estates and trusts — Report even small amounts credited to an account.
business or of an individual, for wages, salary, or commissions	Yes Annual amount — <i>Dollars</i>
Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization	\$, .00
Local or territorial GOVERNMENT employee	□ No
(territorial/commonwealth, etc.)	d. Social Security or Railroad Retirement
Federal GOVERNMENT employee 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	Yes Annual amount — <i>Dollars</i>
job or business at any time? Do not include subsistence activity.	\$, .00
Yes	□ No
\bigcirc 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	\$
a During the weeks WORKED in 1000 how many	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>
	\$, .00
33 INCOME IN 1999 — Mark X the "Yes" box for each	□ No
income source received during 1999 and enter the total	h. Any remittances — Include money from relatives
amount received during 1999 to a maximum of \$999,999. Mark X the "No" box if the income source was not	outside the household or in the military. Yes Annual amount — Dollars
received.	
If net income was a loss, enter the amount and mark [X] the "Loss" box next to the dollar amount.	\$, .00
For income received jointly, report, if possible, the	U No
appropriate share for each person; otherwise, report the whole amount for only one person and mark (X)	i. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment
the "No" box for the other person. If exact amount is not known, please give best estimate.	compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an
a. Wages, salary, commissions, bonuses, or tips	inheritance or sale of a home.
from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.	Yes Annual amount — <i>Dollars</i>
Yes Annual amount — <i>Dollars</i>	_ \$, .00
\$.00	□ No
□ No	4 What was this person's total income in 1999? Add
b. Self-employment income from own nonfarm	entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark 🗶 the
businesses or farm businesses, including proprietorships and partnerships — Report NET	"Loss" box next to the dollar amount.
income after business expenses.	Annual amount — Dollars
Yes Annual amount — <i>Dollars</i>	None OR .00 Loss
\$, .00 D Loss	Are there more people living here? If yes,
□ No	continue with Person 4.



Person





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

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 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 What is this person's sex? Mark NONE box.		ame							
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	First Na	ame							М
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	11136146	11110							
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									
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	How i <i>Mark</i> (s this X ONE	persor box.	rela	ted to	Per	son 1	?	
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	O Hu	sband	/wife						
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	☐ Na	tural-b	orn sor	n/dau	ghter				
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	$\overline{}$	•		-	r				
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		•		ghter					
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	$\overline{}$								
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	$\overline{}$								
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	$\overline{}$								
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	=			hter-i	n-law				
If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative	$\overline{}$		_			relat	ionsh	ip.	
If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative									
If NOT RELATED to Person 1: Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative					F.C				
Roomer, boarder Housemate, roommate Unmarried partner Foster child Other nonrelative					FC	JK OF	FICE		
Housemate, roommate Unmarried partner Foster child Other nonrelative									
☐ Unmarried partner ☐ Foster child ☐ Other nonrelative	If NOT	RELAT	ED to F	ersor	US				
Foster child Other nonrelative					US				
Other nonrelative	Roc	omer, k	ooarder		1:				
_	Roc Hou	omer, k usemat married	ooarder te, roor d partn	nmate	1:				
What is this person's sex? Mark (X) ONE box.	Roce Hou Uni Fos	omer, k usemat married ter chi	poarder te, roor d partna ld	nmate	1:				
	Roce Hou Uni Fos	omer, k usemat married ter chi	poarder te, roor d partna ld	nmate	1:				
	Roce Hote Uni Fos Oth	omer, k usemat married ter chi ner nor	poarder te, roor d partna Id nrelative	nmate	U! 1:	SE ON	ILY	E box	

4	What is this person's age and what is this person's date of birth?				
Age on April 1, 2000					
gc 5, p, 2555					
Print numbers in boxes.					
	Month Day Year of birth				
5	What is this person's ethnic origin or race?				
	(Farancial Channes Connected William Blad				
	(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? <i>Mark</i> ONE box.				
	Pre-kindergarten				
	Kindergarten				
	Grade 1 to grade 4				
	Grade 5 to grade 8				
	Grade 9 to grade 12 College undergraduate years (freshman to senior)				
	Graduate or professional school (for example: medical,				
	dental, or law school)				

a. What is the highest degree or level of school this person has COMPLETED? Mark 🗷 ONE box. If currently	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
\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 USE ONLY
FOR OFFICE USE 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	

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 c. Name of city, town, or village	? h,	t 20	 a. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has adopted. None → Skip to 21a 1 6 11 2 7 12 3 8 13 4 9 14 5 10 15 or more b. What was the date of birth of the last child born to this person? Print numbers in boxes. Month Day Year of birth a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?
USE ONLY			Yes
Does this person have any of the following long-lasting conditions:	ng		\bigcup No \rightarrow Skip to 22a
a. Blindness, deafness, or a severe vision or hearing impairment?	Yes	No	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?
 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 c. How long has this grandparent been responsible for the(se) grandchild(ren)? If the grandparent is
condition lasting 6 months or more, does	5		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 ☐ 1 or 2 years
3	_	_	3 or 4 years
inside the home?			5 years or more
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 for the Person of National Guard, but DOES include
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.
Was this person under 15 years of age of April 1, 2000? ☐ Yes → Skip to 35 ☐ No	n		 Yes, now on active duty Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 23 No, never served in the military → Skip to 23
	S 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 C. Name of city, town, or village FOR OFFICE USE ONLY Does this person have any of the followi long-lasting conditions: a. Blindness, deafness, or a severe vision or hearing impairment? b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? 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: a. Learning, remembering, or concentrating? b. Dressing, bathing, or getting around inside the home? c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business? Was this person under 15 years of age or April 1, 2000? Yes → Skip to 35	S years ago (on April 1, 1995)? □ Person is under 5 years old → Skip to 35 □ Yes, this house → Skip to 17 □ No, different house b. Where did this person live 5 years ago? Name of island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 17. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	5 years ago (on April 1, 1995)? □ Person is under 5 years old → Skip to 35 □ Yes, this house → Skip to 17 □ No, different house b. Where did this person live 5 years ago? Name of island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 17. C. Name of city, town, or village

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)	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
	 Some other time In total, how many years of active-duty military service has this person had? Less than 2 years 	 Worked at home → Skip to 29 Other method If "Car, truck, or private van/bus" is marked in 25a, go to 25b. Otherwise, skip to 26a.
23	 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 4 people 5 or 6 people 7 or more people a. What time did this person usually leave home to go to work LAST WEEK? Drove alone 2 people 3 people 4 people 5 or 6 people 7 or more people 6 people 7 or more people 8 person usually leave home to go to work LAST WEEK? Drove alone 2 people 9 peop
	FOR OFFICE USE ONLY b. Name of city, town, or village	a. LAST WEEK, was this person on layoff from a job? ☐ Yes → Skip to 27c ☐ No
	FOR OFFICE USE ONLY	 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



27		30	Occupation
T	the last 4 weeks?	T	a. What kind of work was this person doing?
	Yes \bigcirc No \rightarrow <i>Skip to 28</i>		(For example: registered nurse, machine repairer, watch 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 (III school, etc.)		USE ONLY
28	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		
	1990 to 1994 \rightarrow <i>Skip to 33</i>		
	Never worked; or did subsistence only \rightarrow <i>Skip to 33</i>		
29		31	Was this person — Mark 🗷 ONE box.
	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		 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
	FOR OFFICE USE ONLY	32	a. LAST YEAR, 1999, did this person work at a job or business at any time? Do not include
	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)		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. Is this mainly — Mark X ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?		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

33	income so amount re Mark X t received.	IN 1999 — Mark X the "Yes" box for each furce received during 1999 and enter the total eceived during 1999 to a maximum of \$999,999. The "No" box if the income source was not some was a loss, enter the amount and mark X	Do NOT include Social Security. Yes Annual amount — Dollars S	
	the "Loss" For incom appropriate the whole the "No"	box next to the dollar amount. e received jointly, report, if possible, the te share for each person; otherwise, report amount for only one person and mark box for the other person. If exact amount is n, please give best estimate.	h. Any remittances — Include money from relatives outside the household or in the military. Yes Annual amount — Dollars	
	Trom all j taxes, bor Yes No No Self-er businesse proprieto	s, salary, commissions, bonuses, or tips obs — Report amount before deductions for ods, dues, or other items. Annual amount — Dollars \$	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 No What was this person's total income in 1999? Add	
	income, o	\$.00 Loss It, dividends, net rental income, royalty or income from estates and trusts — Report II amounts credited to an account. Annual amount — Dollars \$.00 Loss	entries in questions 33a—33i; subtract any losses. If net income was a loss, enter the amount and mark (x) the "Loss" box next to the dollar amount. Annual amount — Dollars None OR \$.00 Loss Are there more people living here? If yes, continue with Person 5.	
	No e. Supple Yes No f. Any pu	Security or Railroad Retirement Annual amount — Dollars Semental Security Income (SSI) Annual amount — Dollars Solution assistance or welfare payments state or local welfare office		
	☐ Yes ☐ No	Annual amount — Dollars \$		



Your answers help your community plan for the future.

	hat is tl rson 5 fi			nam	e? Pri	nt th	ne na	ame	of
Las	st Name								
Firs	st Name								MI
		nd/wife nd/wife nl-born s ed son/o n/stepd r/sister /mother child -in-law -law/dau	con/da daught aught ughter	ught ter er in-la	er				
						OFFIC ONLY			
If N	NOT REL	ATED to) Perso	on 1:					
	Roome			.+.					
	Houser Unmarı			ate					
_	Foster	•							
	Other r	nonrelat	ive						
Wł	nat is th Male	is pers	on's s	ex?	Mark	X	ONE	box	

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Mo	nth	Day	y	Y	ear o	f bir	th					
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only and coll	At any rson a y pre- d scho lege d No, h Yes, Yes,	y tim tter kinde oling egree nas n publi priva grae ONE	ne sinded ergar y white e. ot at ic sch te sc	reguerten, interested in the second in the s	ilar s kinde ads t ed sir publi priva	ergan o a n nce fi ic co	eb	or on the scalar of the scalar	eme hoo	ege enta ol di →	? Indary so plom Skip	clude chool na or to 8
only and coll	At any rson a y pre-id school ege d No, h Yes, i Yes, i	y tim atter kinde oling egre nas n publi priva grae ONE	ne sinded ergar g whi e. ot at ic sch te sc de ox rgart	reguerten, interested in the second in the s	ilar s kinde ads t ed sir publi priva	ergan o a n nce fi ic co	eb	or on the scalar of the scalar	eme hoo	ege enta ol di →	? Indary so plom Skip	clude chool na or to 8
pei only and colli	At any rson a y pre-ly school ege din Yes, Yes, What rk X	y tin tter kinde oling egre as n publi priva grad ONE inde	ne sinded ergar g white ot at ic sch te sc de on box rgart	regulaten, in tenden cool, hool, releven	ilar skinde kinde ads tr ed sir publi priva	ergan o a n nce fi ic co	eb	or on the scalar of the scalar	eme hoo	ege enta ol di →	? Indary so plom Skip	clude chool na or to 8
b. Ma	At any rson a sy pre-id school lege did No, had Yes, Yes, What rk X	y tin tter kinde oling egre- nas n publi priva grac ONE indei	ne sinded ergar y white ot at te sc te sc box rgart ten o gra	tenden	ilar s kinde ads t ed sir publi priva	ergan o a n nce fi ic co	eb	or on the scalar of the scalar	eme hoo	ege enta ol di →	? Indary so plom Skip	clude chool na or to 8
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b. Ma	At any pre-k scholege de No, h Yes, l Yes, l What rk X Pre-k Kinde Grade	y time tter kinde olingegree as n publi priva grace ONE inder gare 1 t e 5 t t e 9 t	ne sinded inded in	tenden	kinder skinder skinder skinder stranger skinder skinde	schoo o a l nnce I ic co ate c	rter high eb Illeg colle	or in, eld in,	ry 1	ege enta ol di →	? Inc ary sc plom Skip	clude chool, na or to 8a
b. Na	At any rson a sy pre-id school lege did No, had res, idea of the North Notes of the North Notes of the North North Notes of the North Nort	y time tter kinde	ne sinded ergar y white ot at ic sch te sc de oi box rgart ten o gra o gra o gra o nder or p	regulten, in tenden leich leic	kinder skinder	schoolander	rter high Feb illeccolle nis	or in the scale of	ry 1	ege enta ol di → at	? Incomplete Incomplet	clude chool as or to 8. clude shool as or to 8. clude shool as or to 8. clude should be should b
b. Ma	At any rson a sy pre-id school dege did No, had rk (X) Pre-k (X) Pre-k (X) Grade (Grade (Grade (Colle)	y time tter kinde	ne sinded ergar y white ot at ic sch te sc de oi box rgart ten o gra o gra o gra o nder or p	regulten, in tenden leich leic	kinder skinder	schoolander	rter high Feb illeccolle nis	or in the scale of	ry 1	ege enta ol di → at	? Incomplete Incomplet	clude thoo as or to & diling in ior)
b. Ma	At any rson a sy pre-id school lege did No, had res, idea of the North Notes of the North Notes of the North North Notes of the North Nort	y time tter kinde	ne sinded ergar y white ot at ic sch te sc de oi box rgart ten o gra o gra o gra o nder or p	regulten, in tenden leich leic	kinder skinder	schoolander	rter high Feb illeccolle nis	or in the scale of	ry 1	ege enta ol di → at	? Incomplete Incomplet	clude chool as or to 8. clude shool as or to 8. clude shool as or to 8. clude should be should b
b. Na	At any rson a sy pre-id school lege did No, had res, idea of the North Notes of the North Notes of the North North Notes of the North Nort	y time tter kinde	ne sinded ergar y white ot at ic sch te sc de oi box rgart ten o gra o gra o gra o nder or p	regulten, in tenden leich leic	kinder skinder	schoolander	rter high Feb illeccolle nis	or in the scale of	ry 1	ege enta ol di → at	? Incomplete Incomplet	clude chool as or to 8. clude shool as or to 8. clude shool as or to 8. clude should be should b
b. Na	At any rson a sy pre-id school lege did No, had res, idea of the North Notes of the North Notes of the North North Notes of the North Nort	y time tter kinde	ne sinded ergar y white ot at ic sch te sc de oi box rgart ten o gra o gra o gra o nder or p	regulten, in tenden leich leic	kinder skinder	schoolander	rter high Feb illeccolle nis	or in the scale of	ry 1	ege enta ol di → at	? Incomplete Incomplet	clude thool and or to 8 dilling?

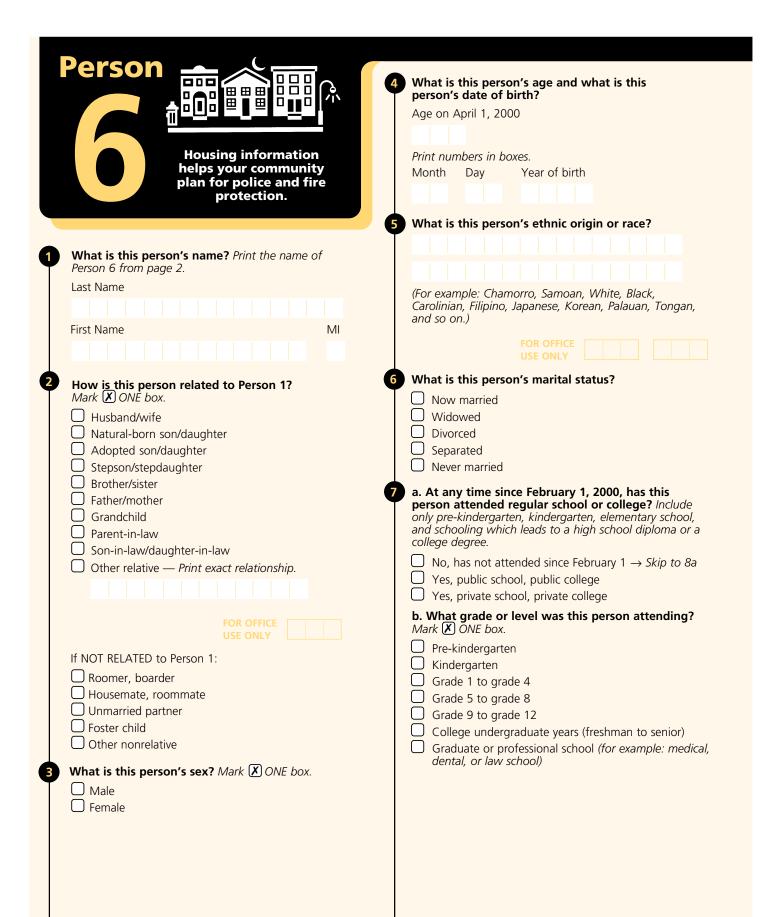
a. What is the highest degree or level of school this person has COMPLETED? Mark X ONE box. If currently	Is this person a CITIZEN or NATIONAL of the United States?
enrolled, mark the previous grade or highest degree received.	Yes, born in this Area \rightarrow <i>Skip to 14a</i>
No schooling completed	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 parson some to this Area to stay? If
2 12th grade, No bil LowA	When did this person come to this Area to stay? If this person has entered the Area more than once,
HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED)	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: BA, AB, BS)	13 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	14 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
\bigcirc No \rightarrow Skip to 10	b Where was this person's father harm? Print the
'	b. Where was this person's father born? <i>Print the name of the island (village in American Samoa), U.S.</i>
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	15 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	member of full-time National Guard or Armed Forces Reserve
(village in American Samoa), U.S. state, commonwealth, territory, or foreign country.	Armed Forces Reserve
	INO
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, commonwealt territory, or foreign country. If outside this print the answer below and skip to 17. FOR OFFICE USE ONLY c. Name of city, town, or village	? :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
			2	a. Does this person have any of his/her own
	FOR OFFICE			grandchildren under the age of 18 living in this house or apartment?
	USE ONLY			Yes
1	Does this person have any of the follow	ing		\bigcirc No \rightarrow Skip to 22a
	long-lasting conditions:	Yes	No	b. Is this grandparent currently responsible for most
	a. Blindness, deafness, or a severe	163		of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
	vision or hearing impairment?			Yes
	 b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? 			 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, doesn't be following activities:	S		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
	the following activities:	Yes	No	6 to 11 months
	a. Learning, remembering, or concentrating?			1 or 2 years
	b. Dressing, bathing, or getting around	_	_	3 or 4 years
	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. Yes, now on active duty
1	Was this person under 15 years of age o	n		Yes, on active duty
	April 1, 2000?			No, training for Reserves or National Guard
	$\bigcup \text{ Yes} \to \text{Skip to 35}$			only \rightarrow <i>Skip to 23</i> No, never served in the military \rightarrow <i>Skip to 23</i>
	U No			No, hever served in the mintary 7 July to 25

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	\bigcirc Worked at home \rightarrow <i>Skip to 29</i>
	and the total the control of the Con	Other method
	c. In total, how many years of active-duty military service has this person had?	
	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	·
23	,	b. How many people, including this person, usually rode to work in the car, truck, or private van/bus LAST WEEK?
Ψ	either pay or profit? Answer "Yes" even if the person	Drove alone
	worked only 1 hour, or helped without pay in a family	2 people
	business or farm for 15 hours or more, or was on active duty in the Armed Forces. Also indicate whether the	3 people
	person did subsistence activity last week, such as fishing,	4 people
	growing crops, etc., NOT primarily for commercial purposes. Mark (X) ONE box.	5 or 6 people
		7 or more people
	Yes, worked for pay or profit; did NO subsistence activity	a. What time did this person usually leave home
	Yes, worked for pay or profit AND did subsistence activity No, did NOT work for pay or profit; did subsistence activity → Skip to 27a	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.
	FOR OFFICE 7	a. LAST WEEK, was this person on layoff from a job?
	USE ONLY	$\bigvee \text{Yes} \to \text{Skip to } 27c$
	b. Name of city, town, or village	U 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?
		\square Yes \rightarrow Skip to 27e
		□ No

27	d. Has this person been looking for work during	30	Occupation
T	the last 4 weeks?		a. What kind of work was this person doing?
	Yes \bigcirc No \rightarrow <i>Skip to 28</i>		(For example: registered nurse, machine repairer, watch 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
28	When did this person last work, even for a few days?		
T	Do not include subsistence activity.		b. What were this person's most important activities or duties? (For example: patient care,
	2000		repairing machinery, making watches, repairing
	1999		automobiles, reconciling financial records)
	1998		
	\square Never worked; or did subsistence only \rightarrow <i>Skip to 33</i>		
29	Industry or Employer — Describe clearly this person's	31	Was this person — Mark 🗷 ONE box.
T	chief job activity or business last week. If this person had more than one job, describe the one at which this person		Employee of a PRIVATE-FOR-PROFIT company or
	worked the most hours. If this person had no job or		business or of an individual, for wages, salary, or commissions
	business last week, give the information for his/her last job or business since 1995.		Employee of a PRIVATE NOT-FOR-PROFIT,
	a. For whom did this person work? <u>If now on</u>		tax-exempt, or charitable organization
	active duty in the Armed Forces, mark X this box $\rightarrow \square$ and print the branch of the Armed Forces.		Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.)
	Name of company, business, or other employer		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
	FOR OFFICE USE ONLY	32	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?		Yes
	Describe the activity at location where employed. (For example: hospital, fish cannery, watchmaker, auto repair		$\bigcirc \text{No} \rightarrow \text{Skip to } 33$
	shop, bank)		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. Is this mainly — Mark X ONE box.		c. During the weeks WORKED in 1999, how many
	Manufacturing?		hours did this person usually work each WEEK? Do not include subsistence activity.
	Wholesale trade?		Usual hours worked each WEEK
	Retail trade?		
	Other (agriculture, construction, service,		
	government, etc.)?		

INCOME IN 1999 — Mark (X) the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark (X) the "No" box if the income source was not received. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark (X) the "No" box for the other person. If exact amount is not known, please give best estimate. a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for taxes, bonds, dues, or other items.	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 Show ather sources of income received regularly.
Yes Annual amount — Dollars \$	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
b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET income after business exposses	\$
income after business expenses. Yes Annual amount — Dollars Loss 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 "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 \$.00 Loss
Yes Annual amount — Dollars S	Are there more people living here? If yes, continue with Person 6.
d. Social Security or Railroad Retirement Yes Annual amount — Dollars	
e. Supplemental Security Income (SSI)	
Yes Annual amount — Dollars	
\$ \$ 1.00	
□ No	
f. Any public assistance or welfare payments from the state or local welfare office	
Yes Annual amount — Dollars	
\$	
\$, .00	
□ 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.	\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 ☐ Other
□ 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.
9 a. Does this person speak a language other than	state, commonwealth, territory, or foreign country.
English at home?	FOR OFFICE
Yes	USE ONLY
\bigcup 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 USE ONLY
FOR OFFICE USE ONLY	
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
A Milese was this possess have 2 Coint the same of the site of	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, territory, or foreign country.	member of full-time National Guard or Armed Forces Reserve
territory, or foreign country.	│
FOR OFFICE USE ONLY	

1	a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)? ☐ Person is under 5 years old → Skip to 35 ☐ Yes, this house → Skip to 17 ☐ No, different house b. Where did this person live 5 years ago? Name of island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 17. FOR OFFICE USE ONLY c. Name of city, town, or village			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 a. Does this person have any of his/her own		
	FOR OFFICE USE ONLY			grandchildren under the age of 18 living in this house or apartment? Yes		
1	Does this person have any of the following long-lasting conditions:	ing		No → Skip to 22a		
	a. Blindness, deafness, or a severe vision or hearing impairment?	Yes	No	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		
	 A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? 			 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 emotio condition lasting 6 months or more, does this person have any difficulty in doing a the following activities:	S		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 ☐ 1 or 2 years		
	concentrating? b. Dressing, bathing, or getting around			3 or 4 years		
	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?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.		
1	Was this person under 15 years of age of April 1, 2000? ☐ Yes → Skip to 35 ☐ No			 Yes, now on active duty Yes, on active duty in past, but not now No, training for Reserves or National Guard only → Skip to 23 No, never served in the military → Skip to 23 		

222	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)	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 method of transportation during the trip, mark the box of the one used for most of the distance. Car, truck, or private van/bus Public van/bus Boat Taxicab Motorcycle Bicycle Walked Worked at home → Skip to 29 Other method If "Car, truck, or private van/bus" is marked in 25a,		
	February 1955 to July 1964 Korean conflict (June 1950—January 1955) World War II (September 1940—July 1947) Some other time c. In total, how many years of active-duty military service has this person had?			
23	Less than 2 years 2 years or more LAST WEEK did this person do ANY work for	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?		
	LAST WEEK, did this person do ANY work for either pay or profit? Answer "Yes" even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces. Also indicate whether the person did subsistence activity last week, such as fishing, growing crops, etc., NOT primarily for commercial purposes. Mark ☑ ONE box. ☐ Yes, worked for pay or profit; did NO subsistence activity ☐ Yes, worked for pay or profit AND did subsistence activity ☐ No, did NOT work for pay or profit; did subsistence activity → Skip to 27a ☐ No, did NOT work for pay or profit; did NO subsistence activity → Skip to 27a 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	Drove alone 2 people 3 people 4 people 5 or 6 people 7 or more people 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 Answer questions 27–28 for persons who did not work for pay or profit last week. Others skip to 29.		
	FOR OFFICE USE ONLY	a. LAST WEEK, was this person on layoff from a job? ☐ Yes → Skip to 27c		
	b. Name of city, town, or village	□ No		
	FOR OFFICE USE ONLY	 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 		

27	d. Has this person been looking for work during the last 4 weeks?	Occupation a. What kind of work was this person doing?			
	Yes	(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			
28	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 1990 to 1994 → Skip to 33 				
	$\square 1989 \text{ or earlier} \rightarrow Skip \text{ to } 33$				
	Never worked; or did subsistence only \rightarrow <i>Skip to 33</i>				
29	Industry or Employer — Describe clearly this person's chief job activity or business last week. If this person had more than one job, describe the one at which this person worked the most hours. If this person had no job or business last week, give the information for his/her last job or business since 1995. a. For whom did this person work? If now on active duty in the Armed Forces, mark ✗ this box → □ and print the branch of the Armed Forces. Name of company, business, or other employer	 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			
	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)	 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? 			
	c. Is this mainly — Mark X ONE box.	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			
	Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)?				

INCOME IN 1999 — Mark X the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark X the "No" box if the income source was not received. If net income was a loss, enter the amount and mark 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	g. Retirement, survivor, or disability pensions — Do NOT include Social Security. Yes Annual amount — Dollars S		
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 S	S .00 .0		
Yes	Thank you for completing your official Census 2000 form. If there are more than six people living in this house or apartment, please make sure you have completed the form for the first six people. When the census worker visits your residence, he/she will obtain the information for the additional people.		

FOR OFFICE USE ONLY								
1CO 3 4 0 0	County Blo	ck	AA	Мар	o Spot			
Unit ID	Unit ID							
 ←	← APPLY LABEL HERE →							
House No. Street or road name, Rural route and box, or PO box No.					Apartment No.			
Location descript	ion							
Village		District/	Island	AMER	RICAN SAMOA	ZIP Code		
R3. Respondent – Lived here on April 1, 2000 Moved in after April 1, 2000 (Refer to Card G)					or other			
A. Status on April 1, 2000 1 = Occupied 2 = Occupied - Continuation 3 = Vacant - Regular 4 = Vacant - Usual home elsewhere 5 = Demolished/Burned out 6 = Cannot locate 7 = Duplicate 8 = Nonresidential 9 = Other (open to elements, condemned, under construction)			01–97 = Total p 00 = Vacant 98 = Delete 99 = POP unkno	ersons	described thi April 1, 2000 For rent For sale o Rented or For seasor or occasio	C. VACANT – Which category best described this vacant unit as of April 1, 2000? For rent For sale only Rented or sold, not occupied For seasonal, recreational, or occasional use For migrant workers Other vacant		
D. SP E. U	HE F. MOV G. I	PI H. REF	I. REP J. CO	K. TC	L. JIC1 M. JIC2	N. JIC3 O. JIC4		

