

Individual Census Report



U.S. Department of Commerce Bureau of the Census

Diagon wint was a name	
Please print your name — Last Name	(For example: Chamorro, Samoan, White, Black,
	Carolinian, Filipino, Japanese, Korean, Palauan, Tong and so on.) FOR OFFICE
First Name MI	USE ONLY
	If you live here or stay here MOST OF THE TIME Skip to 8 on page 2.
a. Do you live here or stay here MOST OF THE TIME?	6 What is the address of the place where you live or stay MOST OF THE TIME?
Yes → Skip to 2d	House number
L No	
b. Do you have a place where you live or stay	
MOST OF THE TIME?	Street or road name, Rural route and box, or PO box
☐ Yes	
\square No \rightarrow Skip to 2d	
c. What is your telephone number? We may call you if we don't understand an answer.	Apartment number
Area Code + Number	
	Election District/Village
d. ANSWER ONLY IF THIS PLACE IS A SHELTER — Including tonight, how many nights during the	
past 7 nights did you stay in a SHELTER?	County or foreign country
☐ 7 nights	
☐ 6 nights	State/Territory/Island
☐ 5 nights	
	710 C. 1
2 nights	ZIP Code
☐ 1 night	
	Names of nearest intersecting streets or roads
What is your sex? Mark 🗵 ONE box.	
☐ Male	
☐ Female	CONTINUE on page 2.
What is your age and what is your date of birth?	
Age on April 1, 2000	

If the address in question 6 is a rural route/box or PO box, and the place you live or stay MOST OF THE TIME has a house number/street address, print it below. House number Your answers are important! Every person in the Census counts. Street or road name a. What is the highest degree or level of school you have COMPLETED? Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received. Apartment number No schooling completed Pre-kindergarten to 4th grade Election District/Village 5th grade or 6th grade 7th grade or 8th grade 9th grade County or foreign country 10th grade 11th grade 12th grade, NO DIPLOMA State/Territory/Island HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (for example: GED) Some college credit, but less than 1 year **ZIP Code** 1 or more years of college, no degree Associate degree (for example: AA, AS) Names of nearest intersecting streets or roads 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, What is your marital status? LLB, JD) Doctorate degree (for example: PhD, EdD) Now married Widowed b. Have you completed the requirements for a Divorced vocational training program at a trade school, business school, hospital, some other kind of Separated school for occupational training, or place of work? Never married Do not include academic college courses. a. At any time since February 1, 2000, have you Nο attended regular school or college? Include only Yes, in this Area pre-kindergarten, kindergarten, elementary school, and Yes, not in this Area schooling which leads to a high school diploma or a college degree. No, have not attended school since February 1 → a. Do you speak a language other than English at Skip to 10a home? Yes, public school, public college Yes Yes, private school, private college \square No → Skip to 12 b. What grade or level were you attending? b. What is this language? Mark X ONE box. ☑ Pre-kindergarten (For example: Chamorro, Samoan, Carolinian, Tongan) ☐ Grade 1 to grade 4 Grade 5 to grade 8 **CONTINUE** on page 3. Grade 9 to grade 12 College undergraduate years (freshman to senior) Graduate or professional school (for example: medical, dental, or law school)

c. Do you speak this language at home more frequently than English? Yes, more frequently than English Both equally often No, less frequently than English Do not speak English	Census information helps your community get financial assistance for roads, hospitals, schools, and more.
Where were you born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. FOR OFFICE	
Table 13 Are you a CITIZEN or NATIONAL of the United States? ☐ Yes, born in this Area → Skip to 16a	Reserves or National Guard. Yes, dependent of an active-duty member of the Armed Forces Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty
Yes, born in the United States or another U.S. territory or commonwealth Yes, born elsewhere of U.S. parent or parents Yes, a U.S. citizen by naturalization No, not a U.S. citizen or national (permanent	or retired member of full-time National Guard or Armed Forces Reserve No a. Did you live in this house, apartment,
resident) No, not a U.S. citizen or national (temporary resident) When did you come to this Area to stay? If you have entered the Area more than once, what is	dormitory, or institution 5 years ago (on April 1, 1995)? ☐ Person is under 5 years old → Skip to 37 ☐ Yes, this house → Skip to 19 ☐ No, different house
the latest year? Print numbers in boxes. Year	b. Where did you live 5 years ago? Name of the island, U.S. state, commonwealth, territory, or foreign country. If outside this Area, print the answer below and skip to 19.
 What was your main reason for moving to this Area? ☐ Employment ☐ Military ☐ Subsistence activities 	FOR OFFICE USE ONLY c. Name of city, town, or village
 ✓ Missionary activities ✓ Moved with spouse or parent ✓ To attend school ✓ Medical 	FOR OFFICE USE ONLY
Housing Other 16 a. Where was your mother born? Print the name of	Do you have any of the following long-lasting conditions: Yes No a. Blindness, deafness, or a severe
the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country. FOR OFFICE USE ONLY	b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
b. Where was your father born? Print the name of the island (village in American Samoa), U.S. state, commonwealth, territory, or foreign country.	CONTINUE on page 4.

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Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:		BC
	Yes No a. Learning, remembering, or concentrating?	Information about children helps your community plan for child care, education, and
	b. Dressing, bathing, or getting around inside the home?	recreation.
	c. (Answer if you are 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? d. (Answer if you are 16 YEARS OLD OR OVER.) Working at a job or business?	a. Have you 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.
21	Were you under 15 years of age on April 1, 2000? ☐ Yes → Skip to 37 ☐ 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 25
	a If you are female, how many babies have you	\square No, never served in the military → <i>Skip to 25</i>
22	a. If you are female, how many babies have you ever had, not counting stillbirths? Do not count stepchildren or children you have adopted.	b. When did you serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which you served.
	None → Skip to 23a 1 6 11 2 7 12 3 8 13 4 9 14 5 10 15 or more	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)
	b. What was the date of birth of the last child born to you? Print numbers in boxes. Month Day Year of birth	February 1955 to July 1964 Korean conflict (June 1950—January 1955) World War II (September 1940—July 1947) Some other time
23	a. Do you have any of your own grandchildren under the age of 18 living in this house, apartment, dormitory, or institution? Yes	c. In total, how many years of active-duty military service have you had? Less than 2 years 2 years or more
		LAST WEEK, did you do ANY work for either pay or profit? Answer "Yes" even if you worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or were on active duty in the Armed Forces. Also indicate whether you did subsistence activity last week, such as fishing, growing
	Yes	crops, etc., NOT primarily for commercial purposes. Mark 🗷 one box.
	No → Skip to 24ac. How long have you been responsible for the(se)	 Yes, worked for pay or profit; did NO subsistence activity
grandchild(ren)? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the		Yes, worked for pay or profit AND did subsistence activity
	longest period of time. Less than 6 months	No, did NOT work for pay or profit; did subsistence activity → Skip to 29a
	6 to 11 months	No, did NOT work for pay or profit; did NO subsistence activity → Skip to 29a
	1 or 2 years	·
	3 or 4 years	CONTINUE on page 5.

At what location did you work LAST WEEK? Do not include subsistence activity. If you worked at more than one location, print where you worked most last week.	
a. Name of island, U.S. state, commonwealth, territory, or foreign country	Knowing about age, race, and sex helps your community better meet
FOR OFFICE	the needs of everyone.
USE ONLY 2	9 b. LAST WEEK, were you TEMPORARILY absent
b. Name of city, town, or village	from a job or business?
	Yes, on vacation, temporary illness, labor dispute, etc. → <i>Skip to 30</i>
FOR OFFICE	\square No \rightarrow Skip to 29d
a. How did you usually get to work LAST WEEK? Do not include transportation to subsistence activity. If you usually used more than one method of	c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work? ☐ Yes → Skip to 29e
transportation during the trip, mark X the box of the one used for most of the distance.	No
Car, truck, or private van/bus	
Public van/bus	d. Have you been looking for work during the last 4 weeks?
☐ Boat	☐ Yes
☐ Taxicab	\square No \rightarrow Skip to 30
Motorcycle	e. LAST WEEK, could you have started a job if
☐ Bicycle	offered one, or returned to work if recalled?
☐ Walked	Yes, could have gone to work
\square Worked at home \rightarrow <i>Skip to 31</i>	No, because of own temporary illness
Other method	No, because of all other reasons (in school, etc.)
If "Car, truck, or private van/bus" is marked in 27a, go to 27b. Otherwise, skip to 28a.	When did you last work, even for a few days? Do not include subsistence activity.
b. How many people, including yourself, usually rode to work in the car, truck, or private van/bus LAST WEEK?	☐ 2000 ☐ 1999 ☐ 1998
Drove alone	1995 to 1997
2 people	☐ 1990 to 1994 → <i>Skip to 35</i>
3 people	\square 1989 or earlier \rightarrow <i>Skip to 35</i>
4 people	\square Never worked; or did subsistence only \rightarrow <i>Skip to 35</i>
☐ 5 or 6 people☐ 7 or more people☐ 3	Industry or Employer — Describe clearly your chief
	job activity or business last week. If you had more than one job, describe the one at which you worked
a. What time did you usually leave home to go to work LAST WEEK?	the most hours. If you had no job or business last week, give the information for your last job or
□ a.m. □ p.m.	business since 1995.
b. How many minutes did it usually take you to get from home to work LAST WEEK?	a. For whom did you work? If now on active duty in the Armed Forces, mark X this box $\rightarrow \Box$ and print the branch of the Armed Forces.
Minutes	Name of company, business, or other employer
Answer questions 29–30 if you did not work for pay or profit last week. Otherwise, skip to 31.	
a. LAST WEEK, were you on layoff from a job?	
\square Yes \rightarrow Skip to 29c	FOR OFFICE
No	CONTINUE on page 6.
	CONTINUE ON Page 0.

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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)		
	Your answers help your community plan for the future.	
	4. b. How many weeks did you work in 1999? Count	
c. Is this mainly — Mark 🗷 ONE box. Manufacturing?	paid vacation, paid sick leave, and military service; do not count subsistence activity.	
☐ Wholesale trade? ☐ Retail trade?	Weeks	
Other (agriculture, construction, service, government, etc.)?	c. During the weeks WORKED in 1999, how many hours did you usually work each WEEK? Do not include subsistence activity.	
32 Occupation	Usual hours worked each WEEK	
a. What kind of work were you doing? (For example: registered nurse, machine repairer, watchmaker, auto mechanic, accountant)		
	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 🔀 the "No" box if the income source was not received.	
FOR OFFICE	If net income was a loss, enter the amount and mark 🗷 the "Loss" box next to the dollar amount.	
USE ONLY	a. Wages, salary, commissions, bonuses, or tips from all jobs — Report amount before deductions for	
b. What were your most important activities or duties? (For example: patient care, repairing machinery, making watches, repairing automobiles,	taxes, bonds, dues, or other items. Yes Annual amount — Dollars	
reconciling financial records)	\$.00	
	□ No	
	b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships — Report NET	
	income after business expenses.	
Were you — Mark 🗓 ONE box.	Yes Annual amount — <i>Dollars</i>	
Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions	\$.00 □ Loss	
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	\$.00 D Loss	
SELF-EMPLOYED in own NOT INCORPORATED	No Loss	
business, professional practice, or farm SELF-EMPLOYED in own INCORPORATED	d. Social Security or Railroad Retirement	
business, professional practice, or farm	Yes Annual amount — <i>Dollars</i>	
☐ Working WITHOUT PAY in family business or farm	\$, .00	
a. LAST YEAR, 1999, did you work at a job or business at any time? Do not include subsistence activity.	□ No	
Yes	CONTINUE on page 7.	
$\square \text{ No} \rightarrow \text{Skip to 35}$		

35	e. Suppl	emental Security Income (SSI)		
	Yes Annual amount — Dollars			
		\$		
	☐ No	, , , , , , , , , , , , , , , , , , , ,		
	f. Any po	ublic assistance or welfare payments e state or local welfare office		
	Yes	Annual amount — Dollars		
	☐ No	\$, .00		
		ment, survivor, or disability s — Do NOT include Social Security.		
	Yes	Annual amount — Dollars		
		\$, .00		
	☐ No			
	h. Any remittances — Include money from relatives outside the household or in the military.			
	Yes	Annual amount — Dollars		
		\$, .00		
	☐ No			
	regularly unemplo or alimo	ther sources of income received y such as Veterans' (VA) payments, byment compensation, child support, my — Do NOT include lump-sum as such as money from an inheritance or home.		
	Yes	Annual amount — Dollars		
	□ No	\$.00		
36	What was your total income in 1999? Add entries in questions 35a-35i; subtract any losses. If net income was a loss, enter the amount and mark X the "Loss" box next to the dollar amount.			
		Annual amount — Dollars		
	None	OR \$.00 Dioss		

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Please check this form to be sure you have answered all the required questions completely.

To return your form, please follow the instructions on the envelope that the form came in.

Thank you for completing this official Census 2000 form.

The Census Bureau estimates that, on average, each respondent will take 24 minutes to complete this form, 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.



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