OMB No. xxxx-xxxx: Approval Expires xx/xx/xxxx

United States Census 2020
American Samoa

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

2020 Census of American Samoa Individual Census Questionnaire

FOR NPC USE ONLY

This is your Individual Census Questionnaire for the 2020 Census of American Samoa. It is important that everyone be counted, regardless of where they may be living at the time of the census. This Individual Census Questionnaire is to be used to count people who were living, staying or receiving services in group quarters on April 1, 2020. Some examples of group quarters include college or university residence halls, nursing homes, group homes, residential treatment centers, workers' group living quarters and correctional facilities. **Please answer ALL of the questions on this questionnaire. Then follow the instructions you were given when you received this questionnaire in order to return it to the appropriate person.** You are required by law to respond to the census (Title 13, U.S. Code, Sections 141, 193, 221 and 223).

Please turn to page 2 to begin.

Census Office | County | BCU | Map Spot | Within Map Spot ID

UHE BCU | UHE Map Spot | UHE Within Map Spot ID

The Census Bureau estimates that completing the questionnaire will take 25 minutes on average. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project xxxx-xxxx, U.S. Census Bureau, DCMD-2H174, 4600 Silver Hill Road, Washington, DC 20233. You may email comments to <2020.census.paperwork@census.gov>. Use "Paperwork Reduction Project xxxx-xxxx" as the subject.

This collection of information has been approved by the Office of Management and Budget (OMB). The eight-digit approval number that appears at the upper right of the questionnaire confirms this approval. If this number were not displayed, we could not conduct the census.

FOR OFFICIAL USE ONLY

Group Quarters ID

A. PN

B. Answered By: ☐ Respondent ☐ Group Quarters Administrator ☐ Observation (TNSOLs only) ☐ Other

C. QC: ☐ Rework

D. JIC1 **JIC2**

FORM **D-Q-GE-AS** (11-20-2018) Draft 17

11810017

Start here

Use a blue or black pen.

1. What is your name? *Print name below.*

Last Name(s)

First Name MI

2. Do you live or stay here most of the time?

☐ Yes ☐ No

3. Besides here, what is the full address of a place where you sometimes live or stay?

☐ I never stay at any other place. I only live here.

Address Number *(For example: 5007)*

Street Name *(For example: N Maple Ave)*

Apt/Unit *(For example: Apt A or Lot 3)*

Physical Description *(if applicable)*

Village/Municipality/Estate

ZIP Code

4. Are you male or female? *Mark ✗ ONE box.*

☐ Male ☐ Female

5. What is your age on April 1, 2020, and what is your date of birth? *If you don't know the exact age, please estimate. For babies less than 1 year old, do not write the age in months. Write 0 as the age.*

Print numbers in boxes.

Age on April 1, 2020 — years

Month Day Year of birth

➜ **NOTE: Please answer BOTH Question 6 about Hispanic origin and Question 7 about race. For this census, Hispanic origin is not a race.**

6. Are you of Hispanic, Latino, or Spanish origin?

☐ **No**, not of Hispanic, Latino, or Spanish origin
☐ Yes, Mexican, Mexican Am., Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, another Hispanic, Latino, or Spanish origin – *Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.*

7. What is your race?

*Mark ✗ one or more boxes **AND** print origins.*

☐ White – *Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.*

☐ Black or African Am. – *Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*

☐ American Indian or Alaska Native – *Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.*

☐ Chinese
☐ Filipino
☐ Asian Indian
☐ Other Asian – *Print, for example, Pakistani, Cambodian, Hmong, etc.*
☐ Vietnamese
☐ Korean
☐ Japanese
☐ Native Hawaiian
☐ Samoan
☐ Chamorro
☐ Other Pacific Islander – *Print, for example, Tongan, Fijian, Marshallese, etc.*

☐ Some other race – *Print race or origin.*

11810025

8. Are you a citizen or national of the United States?

- ☐ Yes, born in American Samoa ➜ *SKIP to question 11a*
- ☐ Yes, born in another U.S. state or U.S. territory
- ☐ Yes, born abroad of U.S. citizen or U.S. national parent or parents
- ☐ Yes, U.S. citizen by naturalization – *Print year of naturalization.* ↙

  ☐☐☐☐
- ☐ No, not a U.S. citizen or U.S. national (permanent resident)
- ☐ No, not a U.S. citizen or U.S. national (temporary resident)

9. Where were you born?
Print name of U.S. state, U.S. territory, or foreign country.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

10. When did you come to live in American Samoa?
If you came to live in American Samoa more than once, print latest year.

Year

☐☐☐☐

11. a. At any time since February 1, 2020, have you attended school or college? *Include only nursery or preschool, pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.*

- ☐ Yes
- ☐ No ➜ *SKIP to question 12*

b. Was that a public school or college, a private school or college, or home school?

- ☐ Public school or public college
- ☐ Private school or private college or home school

c. What grade or level were you attending?
Mark ☒ ONE box.

- ☐ Nursery school, preschool, or pre-kindergarten
- ☐ Kindergarten
- ☐ Grade 1 through 12 – *Specify grade 1 – 12* ↙

  ☐☐
- ☐ College undergraduate years (freshman to senior)
- ☐ Graduate or professional school beyond a bachelor's degree *(for example: MA or PhD program, or medical or law school)*

12. What is the highest degree or level of school you have COMPLETED? *Mark ☒ ONE box. If currently enrolled, mark the previous grade or highest degree received.*

NO SCHOOLING COMPLETED

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school, preschool, or pre-kindergarten
- ☐ Kindergarten
- ☐ Grade 1 through 11 – *Specify grade 1 – 11* ↙

  ☐☐
- ☐ 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

A *Answer question 13 if you have a bachelor's degree or higher. Otherwise, SKIP to question 14.*

13. This question focuses on your BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES you have received? *(For example: chemical engineering, elementary teacher education, organizational psychology)*

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

14. Have you completed requirements for a vocational training program at a trade school, hospital, or some other kind of school for occupational training or place of work?
Do not include academic college courses.

- ☐ Yes
- ☐ No

15. What is your ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

16. a. Where was your mother born?

- ☐ American Samoa
- ☐ Outside American Samoa – *Print name of U.S. state, U.S. territory, or foreign country below.*

b. Where was your father born?

- ☐ American Samoa
- ☐ Outside American Samoa – *Print name of U.S. state, U.S. territory, or foreign country below.*

17. a. Do you speak a language other than English at home?

- ☐ Yes
- ☐ No ➜ *SKIP to question 18*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese.

c. How well do you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all

18. Did you live at this address 5 years ago (on April 1, 2015)?

- ☐ Person is under 5 years old ➜ *SKIP to question 20*
- ☐ Yes, this address ➜ *SKIP to question 20*
- ☐ No, different address in American Samoa
- ☐ No, outside American Samoa – *Print name of U.S. state, U.S. territory, or foreign country below.*

19. What was your main reason for moving?
Mark ✗ ONE box.

- ☐ Employment
- ☐ Military
- ☐ Housing
- ☐ Other reason
- ☐ To attend school
- ☐ Family-related
- ☐ Natural disaster

20. In 2019, did you receive benefits from the Food Stamp Program, SNAP (the Supplemental Nutrition Assistance Program), or NAP (Nutrition Assistance Program)?
Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- ☐ Yes
- ☐ No

21. Are you CURRENTLY covered by any of the following types of health insurance or health coverage plans?
Mark "Yes" or "No" for EACH type of coverage in items a – h.

	Yes	No
a. Insurance through a current or former employer or union (of yours or another family member)	☐	☐
b. Insurance purchased directly from an insurance company (by you or another family member)	☐	☐
c. Medicare, for people 65 and older, or people with certain disabilities	☐	☐
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	☐	☐
e. TRICARE or other military health care	☐	☐
f. VA (enrolled for VA health care)	☐	☐
g. Indian Health Service	☐	☐
h. Any other type of health insurance or health coverage plan – *Specify*	☐	☐

22. a. Are you deaf or do you have serious difficulty hearing?

- ☐ Yes
- ☐ No

b. Are you blind or do you have serious difficulty seeing even when wearing glasses?

- ☐ Yes
- ☐ No

B *Answer questions 23a – c if you are 5 years old or over. Otherwise, the questionnaire is complete.*

23. a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- ☐ Yes
- ☐ No

b. Do you have serious difficulty walking or climbing stairs?

- ☐ Yes
- ☐ No

c. Do you have difficulty dressing or bathing?

- ☐ Yes
- ☐ No

C *Answer question 24 if you are 15 years old or over. Otherwise, the questionnaire is complete.*

24. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ Yes
- ☐ No

25. What is your marital status?

- ☐ Now married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married ➜ *SKIP to* **D**

26. In the PAST 12 MONTHS did you get –

	Yes	No
a. Married?	☐	☐
b. Widowed?	☐	☐
c. Divorced?	☐	☐

27. How many times have you been married?

- ☐ Once
- ☐ Two times
- ☐ Three or more times

28. In what year did you last get married?

Year

☐☐☐☐

D *Answer question 29 if you are female and 15 years old or over. Otherwise, SKIP to question 30a.*

29. How many babies have you ever had, not counting stillbirths? *Do not count stepchildren or children you have adopted.*

☐ None or ☐☐ Number of children

30. a. Do you have any of your own grandchildren under the age of 18 living in this place?

- ☐ Yes
- ☐ No ➜ *SKIP to question 31*

b. Are you currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this place?

- ☐ Yes
- ☐ No ➜ *SKIP to question 31*

c. How long have you been responsible for these grandchildren? *If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.*

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

31. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?
Mark ✗ ONE box.

- ☐ Never served in the military ➜ *SKIP to question 34a*
- ☐ Only on active duty for training in the Reserves or National Guard ➜ *SKIP to question 33a*
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

32. When did you serve on active duty in the U.S. Armed Forces?
Mark ✗ a box for EACH period in which you served, even if just for part of the period.

- ☐ September 2001 or later
- ☐ August 1990 to August 2001 (including Persian Gulf War)
- ☐ May 1975 to July 1990
- ☐ Vietnam Era (August 1964 to April 1975)
- ☐ February 1955 to July 1964
- ☐ Korean War (July 1950 to January 1955)
- ☐ January 1947 to June 1950
- ☐ World War II (December 1941 to December 1946)
- ☐ November 1941 or earlier

33. a. Do you have a VA service-connected disability rating?

- ☐ Yes (such as 0%, 10%, 20%, ..., 100%)
- ☐ No ➜ *SKIP to question 34a*

b. What is your service-connected disability rating?

- ☐ 0 percent
- ☐ 10 or 20 percent
- ☐ 30 or 40 percent
- ☐ 50 or 60 percent
- ☐ 70 percent or higher

34. a. LAST WEEK, did you work for pay at a job (or business)?

- ☐ Yes ➜ *SKIP to question 35*
- ☐ No – Did not work (or retired)

b. LAST WEEK, did you do ANY work for pay, even for as little as one hour?

- ☐ Yes
- ☐ No ➜ *SKIP to question 40a*

35. At what location did you work LAST WEEK?

- ☐ **American Samoa** – *Print name of village below.*

- ☐ **Outside American Samoa** – *Print name of U.S. state, U.S. territory, or foreign country below.*

36. How did you usually get to work LAST WEEK?
Mark ✗ ONE box for the method of transportation used for most of the distance.

- ☐ Car, truck, or private van/bus
- ☐ Public van/bus
- ☐ Taxicab
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Plane or seaplane
- ☐ Boat, ferry, or water taxi
- ☐ Worked from home ➜ *SKIP to question 44a*
- ☐ Other method

E *Answer question 37 if you marked "Car, truck, or private van/bus" in question 36. Otherwise, SKIP to question 38.*

37. How many people, including you, usually rode to work in the car, truck, or private van/bus LAST WEEK?

Person(s)

38. LAST WEEK, what time did your trip to work usually begin?

Hour : Minute

- ☐ a.m.
- ☐ p.m.

39. How many minutes did it usually take you to get from home to work LAST WEEK?

Minutes

F *Answer questions 40 – 43a if you did NOT work last week. Otherwise, SKIP to question 43b.*

40. a. LAST WEEK, were you on layoff from a job?

- ☐ Yes ➜ *SKIP to question 40c*
- ☐ No

b. LAST WEEK, were you TEMPORARILY absent from a job or business?

- ☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. ➜ *SKIP to question 43a*
- ☐ No ➜ *SKIP to question 41*

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 question 42*
- ☐ No

41. During the LAST 4 WEEKS, have you been ACTIVELY looking for work?

- ☐ Yes
- ☐ No ➜ *SKIP to question 43a*

42. LAST WEEK, could you 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.)

43. a. When did you last work, even for a few days?

- ☐ 2020
- ☐ 2019 ➜ *SKIP to question 44a*
- ☐ 2015 to 2018 ➜ *SKIP to* **G**
- ☐ 2014 or earlier, or never worked ➜ *SKIP to question 47*

b. LAST YEAR, 2019, did you work at a job or business at any time?

- ☐ Yes
- ☐ No ➜ *SKIP to* **G**

44. a. During 2019 (all 52 weeks), did you work EVERY week? Count paid vacation, paid sick leave, and military service as work.

- ☐ Yes ➜ *SKIP to question 45*
- ☐ No

b. During 2019 (all 52 weeks), how many WEEKS did you work? Include paid time off and include weeks when you only worked for a few hours.

Weeks

☐☐

45. During 2019, in the WEEKS WORKED, how many hours did you usually work each WEEK?

Usual hours worked each WEEK

☐☐☐

G *Answer questions 46a – f if you worked in the past 5 years (since 2015). Otherwise, SKIP to question 47.*

46. DESCRIPTION OF EMPLOYMENT

The next series of questions is about the type of employment you had last week.

If you had more than one job, describe the one at which the most hours were worked. If you did not work last week, describe the most recent employment in the past five years (since 2015).

a. Which one of the following best describes your employment last week or the most recent employment in the past 5 years (since 2015)? *Mark ☒ ONE box.*

PRIVATE SECTOR EMPLOYEE

- ☐ **For-profit** company or organization
- ☐ **Non-profit** organization (including tax-exempt and charitable organizations)

GOVERNMENT EMPLOYEE

- ☐ **Local or territorial government** (for example: public elementary school)
- ☐ **Active duty** U.S. Armed Forces or Commissioned Corps
- ☐ **Federal government** civilian employee

SELF-EMPLOYED OR OTHER

- ☐ **Owner of non-incorporated** business, professional practice, or farm
- ☐ **Owner of incorporated** business, professional practice, or farm
- ☐ Worked **without pay** in a **for-profit** family business or farm for 15 hours or more per week

b. What was the name of your employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this?
Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

d. Was this mainly – *Mark ☒ ONE box.*

- ☐ manufacturing?
- ☐ wholesale trade?
- ☐ retail trade?
- ☐ other (agriculture, construction, service, government, etc.)?

e. What was your main occupation?
(For example: 4th grade teacher, entry-level plumber)

f. Describe your most important activities or duties.
(For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

47. INCOME IN 2019

Mark ☒ the "Yes" box for each type of income you received, and give your best estimate of the TOTAL AMOUNT during 2019.

Mark ☒ the "No" box to show types of income NOT received.

If your net income was a loss, mark the "Loss" box to the right of the dollar amount.

For income received jointly, report only your share of the amount received or earned.

a. Did you receive any wages, salary, commissions, bonuses, or tips in 2019?

☐ Yes ➜ **What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?**

TOTAL AMOUNT – *Dollars*

$ .00

☐ No

b. Did you have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in 2019?

☐ Yes ➜ **What was the net income after business expenses?**

TOTAL AMOUNT – *Dollars*

$ .00 ☐ Loss

☐ No

c. Did you receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2019? *Report even small amounts credited to an account.*

☐ Yes ➜ **What was the amount?**

TOTAL AMOUNT – *Dollars*

$ .00 ☐ Loss

☐ No

d. Did you receive any Social Security or Railroad Retirement income in 2019?

☐ Yes ➜ **What was the amount?**

TOTAL AMOUNT – *Dollars*

$ .00

☐ No

e. Did you receive any Supplemental Security Income (SSI) in 2019?

☐ Yes ➜ **What was the amount?**

TOTAL AMOUNT – *Dollars*

$ .00

☐ No

f. Did you receive any public assistance or welfare payments from the state or local welfare office in 2019?

☐ Yes ➜ **What was the amount?**

TOTAL AMOUNT – *Dollars*

$ .00

☐ No

g. Did you receive any retirement income, pensions, survivor or disability income in 2019? *Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.*

☐ Yes ➜ **What was the amount?**

TOTAL AMOUNT – *Dollars*

$ .00

☐ No

h. Did you have any other sources of income received regularly such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support, or alimony in 2019? *Do NOT include lump sum payments such as money from an inheritance or sale of a home.*

☐ Yes ➜ **What was the amount?**

TOTAL AMOUNT – *Dollars*

$ .00

☐ No

48. What was your total income for 2019?

Add entries in questions 47a to 47h; subtract any losses. If net income was a loss, enter the amount and mark ☒ the "Loss" box next to the dollar amount.

TOTAL AMOUNT for 2019

☐ None OR $ .00 ☐ Loss