

APPENDIX E.

Facsimile of Questionnaire Pages

OMB No. 0607-0661: Approval Expires 12/31/90

<p>FORM D-2A G</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS</p> <p style="text-align: center;">1990 CENSUS OF POPULATION AND HOUSING GUAM</p>		<p>NOTICE — Response to this inquiry is required by law (Title 13, U.S. Code). By the same law, your report to the Census Bureau is confidential. It may be seen only by persons who have sworn to uphold the confidentiality of the census and may be used only for statistical purposes.</p> <p style="text-align: center;">INTRODUCTION</p> <p>• FOR LIST/ENUMERATE AREAS (PERSONAL VISIT)</p> <p>Hello, my name is (Your name) and I'm an official census taker for the 1990 Census of Guam. This is my identification (PAUSE) and here's some information about the purpose of my visit (Give respondent copy of Privacy Act Notice). For the average household, this interview should take about 34 minutes.</p> <p>NEXT: Ask the questions at the top of the listing page. Complete a form for each housing unit.</p>			
FOR CENSUS USE					
A1. DO code 3500	A2. Unit ID <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	A3. ARA <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	A4. Block <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	B. Map spot <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	C. Form type L
D. Population	E. Type of Unit Occupied 3 <input type="checkbox"/> First Form 4 <input type="checkbox"/> Continuation Vacant 1 <input type="checkbox"/> Regular 2 <input type="checkbox"/> UHE	F1. Complete after 1 <input type="checkbox"/> LR 3 <input type="checkbox"/> MV 5 <input type="checkbox"/> TC 7 <input type="checkbox"/> PO 9 <input type="checkbox"/> SM 2 <input type="checkbox"/> P/F 4 <input type="checkbox"/> ED 6 <input type="checkbox"/> RE 8 <input type="checkbox"/> IA 0 <input type="checkbox"/> P1			F2. Coverage 1 <input type="checkbox"/> 1b 2 <input type="checkbox"/> 1a
G. Address — Number, street, apartment number or location description <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Election District/Village <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				GUAM	ZIP Code <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
H. Method of completion — Mark (X) ONE box 1 <input type="checkbox"/> Personal visit 2 <input type="checkbox"/> Telephone		I. Respondent's name <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		J. Respondent's telephone number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
O. CERTIFICATION — I certify that the entries I have made on this questionnaire are true and correct to the best of my knowledge.					
Enumerator's signature <div style="border: 1px solid black; height: 20px; width: 100%;"></div>				Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Crew leader's initials <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		CLD number <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
NOTES <div style="border: 1px solid black; height: 150px; width: 100%;"></div>					

The 1990 census must count every person at his or her "usual residence." This means the place where the person lives and sleeps most of the time.

Include

- Everyone who usually lives here such as family members, housemates and roommates, foster children, roomers, boarders, and live-in employees
- Persons who are temporarily away on a business trip, on vacation, or in a general hospital
- College students who stay here while attending college
- **Persons in the Armed Forces WHO LIVE HERE**
- Newborn babies still in the hospital
- Children in boarding schools below the college level
- Persons who stay here most of the week while working even if they have a home somewhere else
- Persons with no other home who are staying here on April 1

Do NOT Include

- Persons who usually live somewhere else
- Persons who are away in an institution such as a prison, mental hospital, or a nursing home
- College students who live somewhere else while attending college
- Persons in the Armed Forces who live somewhere else
- Persons who stay somewhere else most of the week while working

- 1a. Please give me the name of each person living here on Sunday, April 1, including all persons staying here who have no other home. If **EVERYONE** is staying here temporarily and usually lives somewhere else, give me the name of each person. Begin with the household member in whose name the home is owned, being bought, or rented. If there is no such person, start with any adult household member.

Print last name, first name, and middle initial for each person.

LAST	FIRST	INITIAL	LAST	FIRST	INITIAL
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

- 1b. If **EVERYONE** listed above is staying here only temporarily and usually lives somewhere else, mark (X) this box —→ ☐

DO NOT PRINT THE ADDRESS LISTED IN ITEM G ON THE FRONT COVER.

House number	Street or road/Rural route and box number	Apartment number
City/Village	State or territory/Island	ZIP Code
County or foreign country	Names of nearest intersecting streets or roads	

H1a. When you told me the names of persons living here on April 1, did you leave anyone out because you were not sure if the person should be listed — for example, someone temporarily away on a business trip or vacation, a newborn baby still in the hospital, or a person who stays here once in a while and has no other home?

1 ☐ Yes — Determine if you should add the person(s) based on the instructions for Question 1a on page 1.

2 ☐ No

b. When you told me the names of persons living here on April 1, did you include anyone even though you were not sure that the person should be listed — for example, a visitor who is staying here temporarily or a person who usually lives somewhere else?

1 ☐ Yes — Determine if you should delete the person(s) based on the instructions for Question 1a on page 1.

2 ☐ No

H2. Which best describes this building? Include all apartments, flats, etc., even if vacant.

1 ☐ A mobile home or trailer

2 ☐ A one-family house detached from any other house

3 ☐ A one-family house attached to one or more houses

6 ☐ A building with 2 apartments

7 ☐ A building with 3 or 4 apartments

9 ☐ A building with 5 to 9 apartments

10 ☐ A building with 10 to 19 apartments

11 ☐ A building with 20 to 49 apartments

12 ☐ A building with 50 or more apartments

13 ☐ Other

H3. When did (Person 1 listed in line 1 of question 1a on page 1) move into this (house/apartment)?

1 ☐ 1989 or 1990

2 ☐ 1985 to 1988

3 ☐ 1980 to 1984

4 ☐ 1970 to 1979

5 ☐ 1960 to 1969

6 ☐ 1959 or earlier

H4. What is the MAIN type of material used for the outside walls of this building? Read each category and mark (X) ONE box.

1 ☐ Poured concrete

2 ☐ Concrete blocks

3 ☐ Metal

4 ☐ Wood

5 ☐ Other

6 ☐ No walls

H5. What is the MAIN type of material used for the roof of this building? Read each category and mark (X) ONE box.

1 ☐ Poured concrete

2 ☐ Metal

3 ☐ Wood

4 ☐ Thatch

5 ☐ Other

H6. What is the MAIN type of material used for the foundation of this building?

1 ☐ Concrete

2 ☐ Wood pier or pilings

3 ☐ Other

H7. About when was this building first built?

1 ☐ 1989 or 1990

2 ☐ 1985 to 1988

3 ☐ 1980 to 1984

4 ☐ 1970 to 1979

5 ☐ 1960 to 1969

6 ☐ 1950 to 1959

7 ☐ 1940 to 1949

8 ☐ 1939 or earlier

9 ☐ Don't know

H8. How many rooms do you have in this (house/apartment)? Count living rooms, dining rooms, kitchens, and bedrooms, but do NOT count bathrooms, balconies, foyers, or halls.

1 ☐ 1 room

2 ☐ 2 rooms

3 ☐ 3 rooms

4 ☐ 4 rooms

5 ☐ 5 rooms

6 ☐ 6 rooms

7 ☐ 7 rooms

8 ☐ 8 rooms

9 ☐ 9 or more rooms

H9. How many bedrooms do you have; that is, how many bedrooms would you list if this (house/apartment) were on the market for sale or rent?

0 ☐ No bedroom

1 ☐ 1 bedroom

2 ☐ 2 bedrooms

3 ☐ 3 bedrooms

4 ☐ 4 bedrooms

5 ☐ 5 or more bedrooms

H10a. Do you have hot and cold piped water?

1 ☐ Yes, in this unit

2 ☐ Yes, in this building

3 ☐ No, only cold piped water in this unit

4 ☐ No, only cold piped water in this building

5 ☐ No, only cold piped water outside this building

6 ☐ No piped water

} Skip to H10c

b. What type of energy does your water heater use most?

1 ☐ Electricity

2 ☐ Gas

3 ☐ Solar

4 ☐ Other fuels

<p>H10c. Do you have a bathtub or shower?</p> <p>1 <input type="checkbox"/> Yes, in this unit</p> <p>2 <input type="checkbox"/> Yes, in this building</p> <p>3 <input type="checkbox"/> Yes, outside this building</p> <p>4 <input type="checkbox"/> No</p>	<p>H17. Is this building connected to a public sewer?</p> <p>1 <input type="checkbox"/> Yes, connected to public sewer</p> <p>2 <input type="checkbox"/> No, connected to septic tank or cesspool</p> <p>3 <input type="checkbox"/> No, use other means</p>	<p>H21a. What is the average monthly cost for electricity for this (house/apartment)?</p> <p style="text-align: center;">\$.00</p> <p style="text-align: center;">Average monthly cost — Dollars</p> <p style="text-align: center;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee</p> <p>2 <input type="checkbox"/> No charge or electricity not used</p>
<p>d. Do you have a flush toilet?</p> <p>1 <input type="checkbox"/> Yes, in this unit</p> <p>2 <input type="checkbox"/> Yes, in this building</p> <p>3 <input type="checkbox"/> Yes, outside this building</p> <p>4 <input type="checkbox"/> No</p> <p style="text-align: right;">} <i>Skip to H11</i></p>	<p>H18a. Are your MAIN cooking facilities inside or outside this building?</p> <p>1 <input type="checkbox"/> Inside this building</p> <p>2 <input type="checkbox"/> Outside this building</p> <p>3 <input type="checkbox"/> No cooking facilities — <i>Skip to H18c</i></p> <p style="text-align: right;">} <i>Go to H18b</i></p>	
<p>e. What type of toilet facilities do you have?</p> <p>1 <input type="checkbox"/> Outhouse or privy</p> <p>2 <input type="checkbox"/> Other or none</p>	<p>b. What type of cooking facilities are these?</p> <p>1 <input type="checkbox"/> Electric stove</p> <p>2 <input type="checkbox"/> Kerosene stove</p> <p>3 <input type="checkbox"/> Gas stove</p> <p>4 <input type="checkbox"/> Microwave oven and non-portable burners</p> <p>5 <input type="checkbox"/> Microwave oven only</p> <p>6 <input type="checkbox"/> Other (fireplace, hotplate, etc.)</p>	<p>b. What is the average monthly cost for gas for this (house/apartment)?</p> <p style="text-align: center;">\$.00</p> <p style="text-align: center;">Average monthly cost — Dollars</p> <p style="text-align: center;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee</p> <p>2 <input type="checkbox"/> No charge or gas not used</p>
<p>H11. Does this (house/apartment) have electric power?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>		
<p>H12. Do you have a telephone in this (house/apartment)?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>c. Do you have a refrigerator in this building?</p> <p><i>If "Yes," ask — What type?</i></p> <p>1 <input type="checkbox"/> Yes, electric</p> <p>2 <input type="checkbox"/> Yes, gas</p> <p>3 <input type="checkbox"/> No refrigerator</p>	
<p>H13. Do you have a battery operated radio? Count car radios, transistors, and other battery operated sets in working order or needing only new battery for operation.</p> <p>1 <input type="checkbox"/> Yes, 1 or more</p> <p>2 <input type="checkbox"/> No</p>	<p>d. Do you have a sink with piped water in this building?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>c. What is the average monthly cost for water for this (house/apartment)?</p> <p style="text-align: center;">\$.00</p> <p style="text-align: center;">Average monthly cost — Dollars</p> <p style="text-align: center;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee</p> <p>2 <input type="checkbox"/> No charge</p>
<p>H14. Do you have a television set?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>		
<p>H15. Do you have air conditioning?</p> <p>1 <input type="checkbox"/> Yes, a central air-conditioning system</p> <p>2 <input type="checkbox"/> Yes, 1 individual room unit</p> <p>3 <input type="checkbox"/> Yes, 2 or more individual room units</p> <p>4 <input type="checkbox"/> No</p>	<p>H19. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?</p> <p>0 <input type="checkbox"/> None</p> <p>1 <input type="checkbox"/> 1</p> <p>2 <input type="checkbox"/> 2</p> <p>3 <input type="checkbox"/> 3</p> <p>4 <input type="checkbox"/> 4</p> <p>5 <input type="checkbox"/> 5</p> <p>6 <input type="checkbox"/> 6</p> <p>7 <input type="checkbox"/> 7 or more</p>	
<p>H16. Do you get water from —</p> <p><i>Read list and mark (X) ONE box.</i></p> <p>1 <input type="checkbox"/> A public (government) system only?</p> <p>2 <input type="checkbox"/> A public (government) system and catchment?</p> <p>4 <input type="checkbox"/> An individual well?</p> <p>5 <input type="checkbox"/> A catchment, tanks, or drums only?</p> <p>6 <input type="checkbox"/> A public standpipe or steel hydrant?</p> <p>7 <input type="checkbox"/> Some other source such as a spring, river, creek, etc.?</p>	<p>H20. Is this (house/apartment) part of a condominium?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>d. What is the average monthly cost for oil, coal, kerosene, wood, etc., for this (house/apartment)?</p> <p style="text-align: center;">\$.00</p> <p style="text-align: center;">Average monthly cost — Dollars</p> <p style="text-align: center;">OR</p> <p>1 <input type="checkbox"/> Included in rent or in condominium fee</p> <p>2 <input type="checkbox"/> No charge or these fuels not used</p>

ALSO ASK THESE QUESTIONS FOR THIS HOUSEHOLD

Page 4

<p>H22. Is this (house/apartment) — <i>Read list and mark (X) ONE box.</i></p> <p>1 <input type="checkbox"/> Owned by you or someone in this household with a mortgage or loan?</p> <p>2 <input type="checkbox"/> Owned by you or someone in this household free and clear (without a mortgage)?</p> <p>3 <input type="checkbox"/> Rented for cash rent?</p> <p>4 <input type="checkbox"/> Occupied without payment of cash rent?</p>	<p>H27. What was the annual payment for fire, hazard, and flood insurance on THIS property?</p> <div style="border: 1px dashed black; width: 100px; text-align: center; margin: 10px 0;">\$.00</div> <p style="text-align: center;">Yearly amount — Dollars</p> <p style="text-align: center;">OR</p> <p>0 <input type="checkbox"/> None</p>	<p>H29a. Is there a second or junior mortgage or a home equity loan on THIS property?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No — <i>Go to page 5 and ask population questions for Person 1 listed on line 1 of question 1a on page 1.</i></p>
<p><i>Ask only if RENT IS PAID for this (house/apartment) —</i></p> <p>H23. What is the monthly rent?</p> <p><i>If rent is NOT PAID BY THE MONTH, see your job instructions on how to figure a monthly rent.</i></p> <div style="border: 1px dashed black; width: 100px; text-align: center; margin: 10px 0;">\$.00</div> <p style="text-align: center;">Monthly amount — Dollars</p>	<p>H28a. Is there a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?</p> <p>1 <input type="checkbox"/> Yes, mortgage, deed of trust, or similar debt</p> <p>2 <input type="checkbox"/> Yes, contract to purchase</p> <p>3 <input type="checkbox"/> No — <i>Skip to H29a</i></p> <p style="text-align: right; margin-top: -20px;">} Go to H28b</p>	<p>b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans?</p> <div style="border: 1px dashed black; width: 100px; text-align: center; margin: 10px 0;">\$.00</div> <p style="text-align: center;">Monthly amount — Dollars</p> <p style="text-align: center;">OR</p> <p>0 <input type="checkbox"/> No regular payment required</p>
<p><i>If this is a ONE-FAMILY HOUSE —</i></p> <p>H24. Is there a business (such as a store or shop) or a medical office on this property?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>b. How much is the regular monthly mortgage payment on THIS property? Include payments only on first mortgage or contract to purchase.</p> <div style="border: 1px dashed black; width: 100px; text-align: center; margin: 10px 0;">\$.00</div> <p style="text-align: center;">Monthly amount — Dollars</p> <p style="text-align: center;">OR</p> <p>0 <input type="checkbox"/> No regular payment required — <i>Skip to H29a</i></p>	<p><i>Ask ONLY if this is a CONDOMINIUM</i></p> <p>H30. What is the monthly condominium fee?</p> <div style="border: 1px dashed black; width: 100px; text-align: center; margin: 10px 0;">\$.00</div> <p style="text-align: center;">Monthly amount — Dollars</p>
<p>INTERVIEWER INSTRUCTION:</p> <p><i>Ask questions H25 to H30 if this is a one-family house, a condominium, or a mobile home that someone in this household OWNS OR IS BUYING; otherwise, go to page 5.</i></p>	<p>c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?</p> <p>1 <input type="checkbox"/> Yes, taxes included in payment</p> <p>2 <input type="checkbox"/> No, taxes paid separately or taxes not required</p>	<p><i>Go to page 5 and ask population questions for Person 1 listed on line 1 of question 1a on page 1.</i></p>
<p>H25. What is the value of this property; that is, how much do you think this property (house and lot/condominium unit) would sell for if it were for sale?</p> <div style="border: 1px dashed black; width: 100px; text-align: center; margin: 10px 0;">\$.00</div> <p style="text-align: center;">Value of property — Dollars</p>	<p>d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?</p> <p>1 <input type="checkbox"/> Yes, insurance included in payment</p> <p>2 <input type="checkbox"/> No, insurance paid separately or no insurance</p>	
<p>H26. What were the real estate taxes on THIS property last year?</p> <div style="border: 1px dashed black; width: 100px; text-align: center; margin: 10px 0;">\$.00</div> <p style="text-align: center;">Yearly amount — Dollars</p> <p style="text-align: center;">OR</p> <p>0 <input type="checkbox"/> None</p>		

FOR ENUMERATOR USE		
<p>C1. Vacancy status</p> <p>1 <input type="checkbox"/> For rent</p> <p>2 <input type="checkbox"/> For sale only</p> <p>3 <input type="checkbox"/> Rented or sold, not occupied</p> <p>4 <input type="checkbox"/> For seas/rec/occ</p> <p>5 <input type="checkbox"/> For migrant workers</p> <p>6 <input type="checkbox"/> Other vacant</p>	<p>C2. Is this unit boarded up?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>D. Months vacant</p> <p>1 <input type="checkbox"/> Less than 1</p> <p>2 <input type="checkbox"/> 1 up to 2</p> <p>3 <input type="checkbox"/> 2 up to 6</p> <p>4 <input type="checkbox"/> 6 up to 12</p> <p>5 <input type="checkbox"/> 12 up to 24</p> <p>6 <input type="checkbox"/> 24 or more</p>

PERSON 1		11a. How much school has . . . COMPLETED?		16. INTERVIEWER CHECK ITEM — Mark (X) based on question 5.	
Last name _____ Middle Initial _____		<p><i>Read categories if person is unsure. Mark (X) ONE box for the highest grade COMPLETED or degree RECEIVED. If currently enrolled, mark the previous grade attended or highest degree received.</i></p> <p>30 <input type="checkbox"/> No school completed</p> <p>31 <input type="checkbox"/> Pre-kindergarten</p> <p>32 <input type="checkbox"/> Kindergarten</p> <p>Grades 1—11</p> <p>1 <input type="checkbox"/> 1st 4 <input type="checkbox"/> 4th 7 <input type="checkbox"/> 7th 10 <input type="checkbox"/> 10th</p> <p>2 <input type="checkbox"/> 2nd 5 <input type="checkbox"/> 5th 8 <input type="checkbox"/> 8th 11 <input type="checkbox"/> 11th</p> <p>3 <input type="checkbox"/> 3rd 6 <input type="checkbox"/> 6th 9 <input type="checkbox"/> 9th</p> <p>12 <input type="checkbox"/> 12th grade, NO DIPLOMA</p> <p>13 <input type="checkbox"/> HIGH SCHOOL GRADUATE — high school DIPLOMA or the equivalent (For example: GED)</p> <p>14 <input type="checkbox"/> Some college but no degree</p> <p>15 <input type="checkbox"/> Associate degree in college — Occupational program</p> <p>16 <input type="checkbox"/> Associate degree in college — Academic program</p> <p>17 <input type="checkbox"/> Bachelor's degree (For example: BA, AB, BS)</p> <p>18 <input type="checkbox"/> Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)</p> <p>19 <input type="checkbox"/> Professional school degree (For example: MD, DDS, DVM, LLB, JD)</p> <p>20 <input type="checkbox"/> Doctorate degree (For example: PhD, EdD)</p>		<p>1 <input type="checkbox"/> Born before April 1, 1975 — Go to 17a</p> <p>2 <input type="checkbox"/> Born April 1, 1975 or later — Go to questions for the next person</p>	
<p>2. HOUSEHOLDER</p> <p><i>START with the household member (or one of the members) in whose name the home is owned, being bought, or rented. This should be the first person listed in question 1a on page 1.</i></p> <p><i>If there is no such person, start with any adult household member.</i></p>		<p>b. Has . . . ever been on active-duty military service in the Armed Forces of the United States? "Active duty" does NOT include training for the military Reserves or National Guard.</p> <p>1 <input type="checkbox"/> Yes, now on active duty — Skip to 17c</p> <p>2 <input type="checkbox"/> Yes, on active duty in past, but not now — Skip to 17c</p> <p>3 <input type="checkbox"/> No</p>		<p>b. Has . . . ever been in the United States military Reserves or National Guard?</p> <p>1 <input type="checkbox"/> Yes, now in Reserves or National Guard</p> <p>2 <input type="checkbox"/> Yes, in Reserves or National Guard in past, but not now</p> <p>3 <input type="checkbox"/> No</p>	
<p>3. Is . . . male or female?</p> <p>Mark (X) ONE box.</p> <p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>		<p>b. Has . . . 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.</p> <p>If "Yes," ask — Was training received in this area?</p> <p>1 <input type="checkbox"/> No</p> <p>2 <input type="checkbox"/> Yes, in this area</p> <p>3 <input type="checkbox"/> Yes, not in this area</p>		<p>c. Did . . . serve on active duty during — Read each category and mark (X) each box for which the answer is "Yes."</p> <p>1 <input type="checkbox"/> September 1980 or later</p> <p>2 <input type="checkbox"/> May 1975 to August 1980</p> <p>3 <input type="checkbox"/> Vietnam era (August 1964—April 1975)</p> <p>4 <input type="checkbox"/> February 1955—July 1964</p> <p>5 <input type="checkbox"/> Korean conflict (June 1950—January 1955)</p> <p>6 <input type="checkbox"/> World War II (September 1940—July 1947)</p> <p>7 <input type="checkbox"/> World War I (April 1917—November 1918)</p> <p>8 <input type="checkbox"/> Any other time</p>	
<p>4. What is . . . 's ethnic origin or race?</p> <p>Print no more than two groups.</p> <p>_____</p> <p>For example: Chamorro, Samoan, White, Black, Carolinian, Filipino, Japanese, Korean, Palauan, Tongan, and so on.</p> <p>_____</p>		<p>12a. Where was . . . 's father born?</p> <p>Print the name of the island, U.S. State, or foreign country in the space below.</p> <p>_____</p>		<p>d. In total, how many years of active-duty military service has . . . had?</p> <p>_____ Years</p>	
<p>5. Age and year of birth</p> <p>a. How old is . . . ? (Age should be as of April 1, 1990.)</p> <p>If unknown, say — Please give me your best estimate.</p> <p>Print the age in the boxes.</p> <p>____ Age</p>		<p>b. Where was . . . 's mother born?</p> <p>Print the name of the island, U.S. State, or foreign country in the space below.</p> <p>_____</p>		<p>e. Is . . . receiving military retirement, survivor, or disability benefits, or VA disability compensation?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>b. In what year was . . . born?</p> <p>Print the year of birth in the boxes.</p> <p>____ Year of birth</p>		<p>13. Is . . . a dependent of an active-duty or retired member of the Armed Forces of the United States or of the full-time military Reserves or National Guard? "Active duty" does NOT include training for the military Reserves or National Guard.</p> <p>1 <input type="checkbox"/> Yes, dependent of active-duty member of the Armed Forces</p> <p>2 <input type="checkbox"/> Yes, dependent of retired member of the Armed Forces, or dependent of an active-duty or retired member of full-time National Guard or Armed Forces Reserve</p> <p>3 <input type="checkbox"/> No</p>		<p>18. Does . . . have a physical, mental, or other health condition that has lasted for 6 or more months and which —</p> <p>a. Limits the kind or amount of work . . . can do at a job?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>6. Is . . . now married, widowed, divorced, separated, or has . . . never been married?</p> <p>Mark (X) ONE box.</p> <p>1 <input type="checkbox"/> Now married</p> <p>2 <input type="checkbox"/> Widowed</p> <p>3 <input type="checkbox"/> Divorced</p> <p>4 <input type="checkbox"/> Separated</p> <p>5 <input type="checkbox"/> Never married</p>		<p>14a. If the person was born after April 1, 1985, mark (X) box without asking 14a, and go to the next person.</p> <p>Did . . . live in this house or apartment 5 years ago (on April 1, 1985)?</p> <p>1 <input type="checkbox"/> Born after April 1, 1985 — Go to questions for the next person</p> <p>2 <input type="checkbox"/> Yes — Skip to 15a</p> <p>3 <input type="checkbox"/> No</p>		<p>b. Prevents . . . from working at a job?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>7. Where was . . . born?</p> <p>Print the name of the island, U.S. State, or foreign country in the space below.</p> <p>_____</p>		<p>b. What is the name of the island, U.S. State, or foreign country where . . . lived 5 years ago?</p> <p>_____</p> <p>If outside this area, print the answer above and skip to 15a.</p>		<p>19. Because of a health condition that has lasted for 6 or more months, does . . . have any difficulty —</p> <p>a. Going outside the home alone, for example, to shop or visit a doctor's office?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>8. If the answer to question 7 appears in one of the first two "Yes" categories listed below, mark (X) the appropriate "Yes" category. Otherwise, ask —</p> <p>Is . . . a CITIZEN or NATIONAL of the United States?</p> <p>1 <input type="checkbox"/> Yes, born in this area — Skip to 10</p> <p>2 <input type="checkbox"/> Yes, born in the United States or another U.S. Territory or Commonwealth</p> <p>3 <input type="checkbox"/> Yes, born elsewhere of U.S. parent or parents</p> <p>4 <input type="checkbox"/> Yes, U.S. citizen by naturalization</p> <p>5 <input type="checkbox"/> No, not a U.S. citizen or national (permanent residence)</p> <p>6 <input type="checkbox"/> No, not a U.S. citizen or national (temporary residence)</p>		<p>c. What is the name of the village where . . . lived?</p> <p>_____</p>		<p>b. Taking care of his or her own personal needs, such as bathing, dressing, or getting around inside the home?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>9. When did . . . come to this area to stay? If entered the area more than once, ask — What is the latest year?</p> <p>____ Year</p>		<p>15a. Does . . . know how to read and write in any language?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>		<p>20. If this person is a female, ask — How many babies has . . . ever had, not counting stillbirths? Do not count stepchildren or children . . . has adopted.</p> <p>0 <input type="checkbox"/> None 1 <input type="checkbox"/> 1 6 <input type="checkbox"/> 6 11 <input type="checkbox"/> 11</p> <p>2 <input type="checkbox"/> 2 7 <input type="checkbox"/> 7 12 <input type="checkbox"/> 12</p> <p>3 <input type="checkbox"/> 3 8 <input type="checkbox"/> 8 13 <input type="checkbox"/> 13</p> <p>4 <input type="checkbox"/> 4 9 <input type="checkbox"/> 9 14 <input type="checkbox"/> 14</p> <p>5 <input type="checkbox"/> 5 10 <input type="checkbox"/> 10 15 <input type="checkbox"/> 15 or more</p>	
<p>10. At any time since February 1, 1990, has . . . 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.</p> <p>If "Yes," ask — Public or private?</p> <p>1 <input type="checkbox"/> No, has not attended since February 1</p> <p>2 <input type="checkbox"/> Yes, public school, public college</p> <p>3 <input type="checkbox"/> Yes, private school, private college</p>		<p>d. Does . . . speak this language at home more frequently than English?</p> <p>1 <input type="checkbox"/> Yes, more frequently than English</p> <p>2 <input type="checkbox"/> Both equally often</p> <p>3 <input type="checkbox"/> No, less frequently than English</p> <p>4 <input type="checkbox"/> Does not speak English</p>		<p>21a. Did . . . work at any time LAST WEEK, either full time or part time? Work includes part-time work such as delivering papers, or helping without pay in a family business or farm; It also includes active duty in the Armed Forces. Work does NOT include own housework, school work, or volunteer work. Substantive activity includes fishing, growing crops, etc., NOT primarily for commercial purposes.</p> <p>Read each category and mark (X) the ONE box that applies.</p> <p>1 <input type="checkbox"/> Yes, worked full time or part time at a job or business AND did NO substantive activity</p> <p>2 <input type="checkbox"/> Yes, worked full time or part time at a job or business AND did substantive activity</p> <p>3 <input type="checkbox"/> Yes, did substantive activity only</p> <p>4 <input type="checkbox"/> No (did not work OR did only own housework, school work, or volunteer work)</p>	
				<p>b. How many hours did . . . work LAST WEEK at all jobs, excluding substantive activity? Subtract any time off and add any overtime or extra hours worked.</p> <p>_____ Hours</p>	

<p>22. Where did . . . usually work LAST WEEK? Exclude subsistence activity. If . . . worked at more than one location, ask — Where did . . . work most last week? If outside the area (for example, another territory, commonwealth, or country), skip to 22b.</p> <p>a. What is the name of the village? </p> <p style="text-align: center;"><i>Skip to 23a</i></p> <p>b. What is the name of the territory, commonwealth, U.S. State, or foreign country where . . . worked? </p>	<p>28-30. The following questions ask about the job worked last week. If . . . had more than one job, describe the one . . . worked the most hours. If . . . didn't work, the questions refer to the most recent job or business since 1985.</p> <p>28a. For whom did . . . work? If now on active duty in the Armed Forces or full-time military Reserves or National Guard, mark (X) this box → <input type="checkbox"/> and print the branch of service. If not the Armed Forces, print the name of company, business, or other employer. </p> <p>b. What kind of business or industry was this? Describe the activity at location where employed. For example: hospital, fish cannery, retail bakery.</p> <p>c. Is this mainly manufacturing, wholesale trade, retail trade, or something else? <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale trade <input type="checkbox"/> Retail trade <input type="checkbox"/> Other (agriculture, construction, service, government, etc.)</p>	<p>32. The following questions are about income received during 1989. If an exact amount is not known, accept a best estimate. If net income in b, c, or question 33 was a loss, write "Loss" above the dollar amount.</p> <p>a. Did . . . earn income from wages, salary, commissions, bonuses, or tips? Report amount before deductions for taxes, bonds, dues, or other items.</p> <p>1 <input type="checkbox"/> Yes — How much from all jobs? → .00 2 <input type="checkbox"/> No Annual amount — Dollars</p> <p>b. Did . . . earn any income from (his/her) own farm or nonfarm business, proprietorship, or partnership? Report net income after business expenses.</p> <p>1 <input type="checkbox"/> Yes — How much? → .00 2 <input type="checkbox"/> No Annual amount — Dollars</p> <p>c. Did . . . receive any interest, dividends, net rental or royalty income, or income from estates and trusts? Include even small amounts credited to an account.</p> <p>1 <input type="checkbox"/> Yes — How much? → .00 2 <input type="checkbox"/> No Annual amount — Dollars</p> <p>d. Did . . . receive any Social Security or Railroad Retirement payments? Include payments to retired workers, dependents, and to disabled workers.</p> <p>1 <input type="checkbox"/> Yes — How much? → .00 2 <input type="checkbox"/> No Annual amount — Dollars</p> <p>e. Did . . . receive any income from government programs for Supplemental Security Income (SSI), Aid to Families with Dependent Children (AFDC), or other public assistance or public welfare payments?</p> <p>1 <input type="checkbox"/> Yes — How much? → .00 2 <input type="checkbox"/> No Annual amount — Dollars</p> <p>f. Did . . . receive any income from retirement, survivor, or disability pensions? Include payments from companies, unions, Federal, State, and local governments, and the U.S. military. Do NOT include Social Security.</p> <p>1 <input type="checkbox"/> Yes — How much? → .00 2 <input type="checkbox"/> No Annual amount — Dollars</p> <p>g. Did . . . receive any remittances? Include money from relatives outside the household or in the military.</p> <p>1 <input type="checkbox"/> Yes — How much? → .00 2 <input type="checkbox"/> No Annual amount — Dollars</p> <p>h. Did . . . receive any income from Veterans' (VA) payments, unemployment compensation, child support, alimony, or any other regular source of income? Do NOT include lump-sum payments such as money from an inheritance or the sale of a home.</p> <p>1 <input type="checkbox"/> Yes — How much? → .00 2 <input type="checkbox"/> No Annual amount — Dollars</p> <p>33. Do not ask this question if 32a through 32h are complete. Instead, sum these entries and enter the amount below. What was . . . 's total income in 1989? .00 0 <input type="checkbox"/> None OR Annual amount — Dollars</p>											
<p>23a. What type of transportation did . . . usually use to get to work LAST WEEK? Exclude transportation to subsistence activity. If more than one method of transportation usually was used during the trip, mark (X) the box for the one used for most of the distance.</p> <p>1 <input type="checkbox"/> Car, truck, or private van/bus 2 <input type="checkbox"/> Public van/bus 3 <input type="checkbox"/> Boat 4 <input type="checkbox"/> Taxicab 5 <input type="checkbox"/> Motorcycle 6 <input type="checkbox"/> Bicycle 7 <input type="checkbox"/> Walked 8 <input type="checkbox"/> Worked at home — Skip to 28 9 <input type="checkbox"/> Other method</p> <p><i>Ask only if "car, truck, or private van/bus" is marked in 23a.</i></p> <p>b. How many people, including . . ., usually rode to work together LAST WEEK?</p> <table style="width: 100%;"> <tr> <td>1 <input type="checkbox"/> Drove alone</td> <td>5 <input type="checkbox"/> 5 people</td> </tr> <tr> <td>2 <input type="checkbox"/> 2 people</td> <td>6 <input type="checkbox"/> 6 people</td> </tr> <tr> <td>3 <input type="checkbox"/> 3 people</td> <td>7 <input type="checkbox"/> 7 to 9 people</td> </tr> <tr> <td>4 <input type="checkbox"/> 4 people</td> <td>8 <input type="checkbox"/> 10 or more people</td> </tr> </table>	1 <input type="checkbox"/> Drove alone	5 <input type="checkbox"/> 5 people	2 <input type="checkbox"/> 2 people	6 <input type="checkbox"/> 6 people	3 <input type="checkbox"/> 3 people	7 <input type="checkbox"/> 7 to 9 people	4 <input type="checkbox"/> 4 people	8 <input type="checkbox"/> 10 or more people	<p>29a. What kind of work was . . . doing? For example: registered nurse, industrial machinery mechanic, cake icer.</p> <p>b. What were . . . 's most important activities or duties? For example: patient care, repair machines in factory, icing cakes.</p>				
1 <input type="checkbox"/> Drove alone	5 <input type="checkbox"/> 5 people												
2 <input type="checkbox"/> 2 people	6 <input type="checkbox"/> 6 people												
3 <input type="checkbox"/> 3 people	7 <input type="checkbox"/> 7 to 9 people												
4 <input type="checkbox"/> 4 people	8 <input type="checkbox"/> 10 or more people												
<p>24a. What time did . . . usually leave home to go to work LAST WEEK? "Usually" means on most days last week.</p> <p> 1 <input type="checkbox"/> a.m. 2 <input type="checkbox"/> p.m.</p> <p>b. How many minutes did it usually take . . . to get from home to work LAST WEEK? Minutes — Skip to 28</p>	<p>30. Was . . . — Read list. Mark (X) ONE box.</p> <p>1 <input type="checkbox"/> Employee of a PRIVATE FOR PROFIT company or business or of an individual, for wages, salary, or commissions 2 <input type="checkbox"/> Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization 3 <input type="checkbox"/> Local or territorial GOVERNMENT employee (territorial/commonwealth, etc.) 4 <input type="checkbox"/> Federal GOVERNMENT employee 5 <input type="checkbox"/> SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm 6 <input type="checkbox"/> SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm 7 <input type="checkbox"/> Working WITHOUT PAY in family business or farm</p>												
<p>25. Was . . . on layoff from a job or business LAST WEEK? If "No," ask — Was . . . temporarily absent or on vacation from a job or business last week?</p> <p>1 <input type="checkbox"/> Yes, on layoff 2 <input type="checkbox"/> Yes, on vacation, temporary illness, labor disputes, etc. 3 <input type="checkbox"/> No</p>	<p>31a. Last year (1989), did . . . work, even for a few days, at a paid job or in a business or farm, excluding subsistence activity?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 32</p> <p>b. How many weeks did . . . work in 1989, excluding subsistence activity? Count paid vacation, paid sick leave, and military service. Weeks</p> <p>c. During the weeks WORKED in 1989, how many hours did . . . usually work each week? Hours</p>												
<p>26a. Has . . . been looking for work to earn money during the last 4 weeks?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No — Skip to 27</p> <p>b. Could . . . have taken a job LAST WEEK if one had been offered? If "No," ask — For what reason?</p> <p>1 <input type="checkbox"/> No, already has a job 2 <input type="checkbox"/> No, temporarily ill 3 <input type="checkbox"/> No, other reasons (in school, etc.) 4 <input type="checkbox"/> Yes, could have taken a job</p>													
<p>27. When did . . . last work at a job, business, or farm, even for a few days?</p> <table style="width: 100%;"> <tr> <td>1 <input type="checkbox"/> 1990</td> <td rowspan="4" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="4" style="vertical-align: middle;">Go to 28</td> </tr> <tr> <td>2 <input type="checkbox"/> 1989</td> </tr> <tr> <td>3 <input type="checkbox"/> 1988</td> </tr> <tr> <td>4 <input type="checkbox"/> 1985 to 1987</td> </tr> <tr> <td>5 <input type="checkbox"/> 1980 to 1984</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td> <td rowspan="3" style="vertical-align: middle;">Skip to 32</td> </tr> <tr> <td>6 <input type="checkbox"/> 1979 or earlier</td> </tr> <tr> <td>7 <input type="checkbox"/> Never worked; or did subsistence only</td> </tr> </table>	1 <input type="checkbox"/> 1990	}	Go to 28	2 <input type="checkbox"/> 1989	3 <input type="checkbox"/> 1988	4 <input type="checkbox"/> 1985 to 1987	5 <input type="checkbox"/> 1980 to 1984	}	Skip to 32	6 <input type="checkbox"/> 1979 or earlier	7 <input type="checkbox"/> Never worked; or did subsistence only		
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Please turn to the next page and ask the questions for Person 2 listed on line 2 of question 1a. If this is the last person listed in question 1a on page 1, go to the back of the form.

INTERVIEWER INSTRUCTIONS:

Before you leave this housing unit, be sure **you** have recorded —

- 1.** Information in items A3, A4, B, D, E, F1 (when necessary), G and H on the front cover of the questionnaire.
- 2.** The respondent's name in item I and the respondent's telephone number (if any) in item J on the front cover of the questionnaire.
- 3.** **Your** signature (name) and the date under item O on the front cover of the questionnaire.

Also, be sure you have —

- 4.** Completed as many of the census questions as possible, including the last resort questions.
- 5.** Completed the FOR ENUMERATOR USE section on page 4, for vacant units only.
- 6.** Entered the required information on the address listing page on the address register **and** on the ARA map.
- 7.** Written all entries legibly.