

FORM **H-COFA(G)**  
(06-12-2018)U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU**2018  
SURVEY OF COMPACT OF  
FREE ASSOCIATION  
(COFA) MIGRANTS  
Survey Questionnaire  
GUAM**

Tract

Block

ID No.

Map Spot No.

House No.

Street or road name, Rural route and box,  
or PO box No.

Apartment No.

☐ Additional  
form(s) attachedEnumerator  
codeNumber of additional  
forms for this address

Location description

**INTRODUCTION**

**S1. Hello, my name is *(Your name)* and I'm an official working with the U.S. Census Bureau on the 2018 Survey of Compact of Free Association (COFA) Migrants. *(Show ID card.)***

**S2. For the average household, this interview should take about 20 minutes. This letter from the Director of the U.S. Census Bureau and Frequently Asked Questions *(hand respondent the letter and FAQs)* explain the purpose of the survey and that your answers are kept confidential. Do you live in this *(house/apartment/mobile home)*?**

☐ Yes☐ No**What is your name?**

**S3. In case we need to contact you about this survey, what is your telephone number and the best time to call?**

Area code Telephone number

☐ Day☐ Evening☐ Either

**S4. How many people are living or staying in this *(house/apartment/mobile home)* at this address? *INCLUDE everyone living or staying here for more than 2 months. INCLUDE anyone staying here who does not have another place to stay, even if they are here for 2 months or less. DO NOT INCLUDE anyone who is living somewhere else for more than 2 months, such as a college student living away.***

Number of people

We estimate that completing the 2018 Survey of Compact of Free Association (COFA) Migrants will take 20 minutes on average. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Commerce, U.S. Census Bureau, 4600 Silver Hill Road, 8H590, Washington, DC 20233. You may email comments to [Demo.Paperwork@census.gov](mailto:Demo.Paperwork@census.gov); use "COFA Paperwork Project 0607-1005" as the subject. This collection has been approved by the Office of Management and Budget (OMB). The eight-digit OMB approval number that appears at the upper left of the form confirms this approval. If this number were not displayed we could not conduct this survey.



**1. Let's make a list of all those people. Please start with the name of an owner or renter. Otherwise, start with any adult living here.**

**2. (Show Card A.) Please look at Card A. How is (Name) related to (Read name of Person 1)?**

Mark ☒ ONE box.

**Person 1**

First Name MI

Last Name

0 ☒ Person 1

**Person 2**

First Name MI

Last Name

- |   |  |  |   |
|---|--|--|---|
| 1 <input type="checkbox"/> Husband or wife            | 5 <input type="checkbox"/> Brother or sister | 9 <input type="checkbox"/> Son-in-law or daughter-in-law | 13 <input type="checkbox"/> Unmarried partner |
| 2 <input type="checkbox"/> Biological son or daughter | 6 <input type="checkbox"/> Father or mother  | 10 <input type="checkbox"/> Other relative               | 14 <input type="checkbox"/> Foster child      |
| 3 <input type="checkbox"/> Adopted son or daughter    | 7 <input type="checkbox"/> Grandchild        | 11 <input type="checkbox"/> Roomer or boarder            | 15 <input type="checkbox"/> Other nonrelative |
| 4 <input type="checkbox"/> Stepson or stepdaughter    | 8 <input type="checkbox"/> Parent-in-law     | 12 <input type="checkbox"/> Housemate or roommate        |   |

**Person 3**

First Name MI

Last Name

- |   |  |  |   |
|---|--|--|---|
| 1 <input type="checkbox"/> Husband or wife            | 5 <input type="checkbox"/> Brother or sister | 9 <input type="checkbox"/> Son-in-law or daughter-in-law | 13 <input type="checkbox"/> Unmarried partner |
| 2 <input type="checkbox"/> Biological son or daughter | 6 <input type="checkbox"/> Father or mother  | 10 <input type="checkbox"/> Other relative               | 14 <input type="checkbox"/> Foster child      |
| 3 <input type="checkbox"/> Adopted son or daughter    | 7 <input type="checkbox"/> Grandchild        | 11 <input type="checkbox"/> Roomer or boarder            | 15 <input type="checkbox"/> Other nonrelative |
| 4 <input type="checkbox"/> Stepson or stepdaughter    | 8 <input type="checkbox"/> Parent-in-law     | 12 <input type="checkbox"/> Housemate or roommate        |   |

**Person 4**

First Name MI

Last Name

- |   |  |  |   |
|---|--|--|---|
| 1 <input type="checkbox"/> Husband or wife            | 5 <input type="checkbox"/> Brother or sister | 9 <input type="checkbox"/> Son-in-law or daughter-in-law | 13 <input type="checkbox"/> Unmarried partner |
| 2 <input type="checkbox"/> Biological son or daughter | 6 <input type="checkbox"/> Father or mother  | 10 <input type="checkbox"/> Other relative               | 14 <input type="checkbox"/> Foster child      |
| 3 <input type="checkbox"/> Adopted son or daughter    | 7 <input type="checkbox"/> Grandchild        | 11 <input type="checkbox"/> Roomer or boarder            | 15 <input type="checkbox"/> Other nonrelative |
| 4 <input type="checkbox"/> Stepson or stepdaughter    | 8 <input type="checkbox"/> Parent-in-law     | 12 <input type="checkbox"/> Housemate or roommate        |   |

**Person 5**

First Name MI

Last Name

- |   |  |  |   |
|---|--|--|---|
| 1 <input type="checkbox"/> Husband or wife            | 5 <input type="checkbox"/> Brother or sister | 9 <input type="checkbox"/> Son-in-law or daughter-in-law | 13 <input type="checkbox"/> Unmarried partner |
| 2 <input type="checkbox"/> Biological son or daughter | 6 <input type="checkbox"/> Father or mother  | 10 <input type="checkbox"/> Other relative               | 14 <input type="checkbox"/> Foster child      |
| 3 <input type="checkbox"/> Adopted son or daughter    | 7 <input type="checkbox"/> Grandchild        | 11 <input type="checkbox"/> Roomer or boarder            | 15 <input type="checkbox"/> Other nonrelative |
| 4 <input type="checkbox"/> Stepson or stepdaughter    | 8 <input type="checkbox"/> Parent-in-law     | 12 <input type="checkbox"/> Housemate or roommate        |   |

**Person 6**

First Name MI

Last Name

- |   |  |  |   |
|---|--|--|---|
| 1 <input type="checkbox"/> Husband or wife            | 5 <input type="checkbox"/> Brother or sister | 9 <input type="checkbox"/> Son-in-law or daughter-in-law | 13 <input type="checkbox"/> Unmarried partner |
| 2 <input type="checkbox"/> Biological son or daughter | 6 <input type="checkbox"/> Father or mother  | 10 <input type="checkbox"/> Other relative               | 14 <input type="checkbox"/> Foster child      |
| 3 <input type="checkbox"/> Adopted son or daughter    | 7 <input type="checkbox"/> Grandchild        | 11 <input type="checkbox"/> Roomer or boarder            | 15 <input type="checkbox"/> Other nonrelative |
| 4 <input type="checkbox"/> Stepson or stepdaughter    | 8 <input type="checkbox"/> Parent-in-law     | 12 <input type="checkbox"/> Housemate or roommate        |   |

**Person 7**

First Name MI

Last Name

- |   |  |  |   |
|---|--|--|---|
| 1 <input type="checkbox"/> Husband or wife            | 5 <input type="checkbox"/> Brother or sister | 9 <input type="checkbox"/> Son-in-law or daughter-in-law | 13 <input type="checkbox"/> Unmarried partner |
| 2 <input type="checkbox"/> Biological son or daughter | 6 <input type="checkbox"/> Father or mother  | 10 <input type="checkbox"/> Other relative               | 14 <input type="checkbox"/> Foster child      |
| 3 <input type="checkbox"/> Adopted son or daughter    | 7 <input type="checkbox"/> Grandchild        | 11 <input type="checkbox"/> Roomer or boarder            | 15 <input type="checkbox"/> Other nonrelative |
| 4 <input type="checkbox"/> Stepson or stepdaughter    | 8 <input type="checkbox"/> Parent-in-law     | 12 <input type="checkbox"/> Housemate or roommate        |   |





3. Is (Name) male or female? Mark <input checked="" type="checkbox"/> ONE box.	4. What is (Name's) age and date of birth? (Please report babies as age 0 when the child is less than 1 year old.)	5. Where (were you/was this person) born? (Print the name of the island, U.S. state, commonwealth, territory, or foreign country.)	6. When did (you/this person) come to live in Guam?	7. What is (your/this person's) marital status? Mark <input checked="" type="checkbox"/> ONE box.
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age (in years) Month Day Year of birth <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Code	Year <input type="text"/> If person came to live in Guam more than once, print the latest year.	1 <input type="checkbox"/> Now married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age (in years) Month Day Year of birth <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Code	Year <input type="text"/> If person came to live in Guam more than once, print the latest year.	1 <input type="checkbox"/> Now married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age (in years) Month Day Year of birth <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Code	Year <input type="text"/> If person came to live in Guam more than once, print the latest year.	1 <input type="checkbox"/> Now married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age (in years) Month Day Year of birth <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Code	Year <input type="text"/> If person came to live in Guam more than once, print the latest year.	1 <input type="checkbox"/> Now married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age (in years) Month Day Year of birth <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Code	Year <input type="text"/> If person came to live in Guam more than once, print the latest year.	1 <input type="checkbox"/> Now married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age (in years) Month Day Year of birth <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Code	Year <input type="text"/> If person came to live in Guam more than once, print the latest year.	1 <input type="checkbox"/> Now married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Age (in years) Month Day Year of birth <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> Code	Year <input type="text"/> If person came to live in Guam more than once, print the latest year.	1 <input type="checkbox"/> Now married 2 <input type="checkbox"/> Widowed 3 <input type="checkbox"/> Divorced 4 <input type="checkbox"/> Separated 5 <input type="checkbox"/> Never married



**RECORD OF CONTACT****OUTCOME CODES:**NV = Left Notice  
of Visit

NC = No Contact

RE = Refusal

CI = Conducted  
Interview

OT = Other

Type:

- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Personal |                                    |
| <input type="checkbox"/> Personal            | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Personal            | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Personal            | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Personal            | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Personal            | <input type="checkbox"/> Telephone |

Month

Day

Time

Outcome

Month	Day	Time	a.m.	p.m.	Outcome
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**INTERVIEW SUMMARY****A. Status of housing unit**


- 01 = Occupied  
 02 = Vacant  
 03 = Demolished  
 04 = Nonresidential  
 05 = Duplicate  
 06 = Cannot locate  
 07 = Other (condemned, under construction)

**B. Status of interview**


- 01 = Completed interview  
 02 = No interview  
 03 = Refused

**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 and date

Month

Day


**NOTES:**