

OMB No. 0607-0806: Approval Expires 12/31/2010

<p>FORM D-2(E)VI (1-21-2009)</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU</p> <h2 style="text-align: center;">ENUMERATOR QUESTIONNAIRE</h2> <h3 style="text-align: center;">U.S. Virgin Islands 2010 Census</h3>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">LCO</td> <td style="width: 15%;">County</td> <td style="width: 15%;">Block</td> <td style="width: 15%;">AA</td> <td style="width: 15%;">Map Spot</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="5">Unit ID</td> </tr> <tr> <td colspan="5"><input type="text"/></td> </tr> <tr> <td colspan="5" style="text-align: center;">← APPLY LABEL HERE →</td> </tr> </table>	LCO	County	Block	AA	Map Spot	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Unit ID					<input type="text"/>					← APPLY LABEL HERE →				
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<p>Are there any continuation forms for this address?</p> <p><input type="checkbox"/> Yes – Number of forms <input type="text"/></p> <p><input type="checkbox"/> No</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">House #</td> <td style="width: 60%;">Road name</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Estate name</td> <td>Plot #</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td colspan="2">House #</td> </tr> <tr> <td colspan="2"><input type="text"/></td> </tr> <tr> <td colspan="2">Physical landmark/Other identifying information</td> </tr> <tr> <td colspan="2"><input type="text"/></td> </tr> <tr> <td>Island</td> <td>ZIP Code</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	House #	Road name	<input type="text"/>	<input type="text"/>	Estate name	Plot #	<input type="text"/>	<input type="text"/>	House #		<input type="text"/>		Physical landmark/Other identifying information		<input type="text"/>		Island	ZIP Code	<input type="text"/>	<input type="text"/>					
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<p>S1. Hello, my name is <i>(Your name)</i> and I'm an official census worker for Census 2010 in the U.S. Virgin Islands <i>(Show ID.)</i>.</p> <p>S2. I'm here to complete a Census questionnaire for this address. It should take about 42 minutes. <i>(Hand respondent Confidentiality Notice.) This explains that your answers are confidential. Did you or anyone in this household live here on April 1, 2010?</i></p> <p><input type="checkbox"/> Yes – Continue with question S3</p> <p><input type="checkbox"/> No – SKIP to question S4</p> <p>S3. Does someone usually live at this (house/apartment/mobile home), or is this a vacation or seasonal home?</p> <p><input type="checkbox"/> Usually lives here – SKIP to question S5</p> <p><input type="checkbox"/> Vacation or seasonal home or held for occasional use – SKIP to "Respondent Information" on back page</p>																										
<p>S4. (Only ask if no household member lived here on April 1.) On April 1, was this unit vacant, or occupied by a different household?</p> <p><input type="checkbox"/> Vacant – SKIP to "Respondent Information" on back page</p> <p><input type="checkbox"/> Occupied by a different household – Using a knowledgeable respondent, complete this questionnaire for the Census Day household</p> <p><input type="checkbox"/> Not a housing unit – SKIP to "Respondent Information" on back page</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>S5. We need to count people where they live and sleep most of the time.</p> <p><i>(Show Card A.) Please look at Card A. It contains examples of people who should and should not be counted at this place. Based on these examples, how many people were living or staying in this (house/apartment/mobile home) on April 1?</i></p> <p><input type="text"/> Number of people</p> </div>																										



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<p>1. Let's make a list of all those people. Please start with the name of an owner or renter who was living here on April 1. Otherwise, start with any adult living here.</p>	<p>2. (Show Card B.) Please look at Card B. How is (Name) related to (Read name of Person 1)?</p> <p>Mark <input checked="" type="checkbox"/> ONE box.</p>	<p>3. Is (Name) male or female?</p> <p>Mark <input checked="" type="checkbox"/> ONE box.</p>
<p>Person 1</p> <p>First Name MI <input type="text"/> <input type="checkbox"/></p> <p>Last Name <input type="text"/></p>	<p><input checked="" type="checkbox"/> Person 1</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Person 2</p> <p>First Name MI <input type="text"/> <input type="checkbox"/></p> <p>Last Name <input type="text"/></p>	<p><input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law</p> <p><input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Person 3</p> <p>First Name MI <input type="text"/> <input type="checkbox"/></p> <p>Last Name <input type="text"/></p>	<p><input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law</p> <p><input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Person 4</p> <p>First Name MI <input type="text"/> <input type="checkbox"/></p> <p>Last Name <input type="text"/></p>	<p><input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law</p> <p><input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>Person 5</p> <p>First Name MI <input type="text"/> <input type="checkbox"/></p> <p>Last Name <input type="text"/></p>	<p><input type="checkbox"/> Husband or wife <input type="checkbox"/> Biological son or daughter <input type="checkbox"/> Adopted son or daughter <input type="checkbox"/> Stepson or stepdaughter <input type="checkbox"/> Brother or sister <input type="checkbox"/> Father or mother <input type="checkbox"/> Grandchild <input type="checkbox"/> Parent-in-law</p> <p><input type="checkbox"/> Son-in-law or daughter-in-law <input type="checkbox"/> Other relative <input type="checkbox"/> Roomer or boarder <input type="checkbox"/> Housemate or roommate <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Other nonrelative</p>	<p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>

ENUMERATOR NOTE: Refer to S5 on the cover. If the number of people is more than 5, add additional household members to Form D-2(E)SUPP VI, Continuation Form.



<p>4. What was (Name's) age on April 1, 2010? What is (Name's) date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.</p>	<p>5. (Show Card C.) Please look at Card C. Is (Name) of Hispanic, Latino, or Spanish Origin? Read if necessary: Examples of another Hispanic, Latino, or Spanish origin include Argentinean, Colombian, Cuban, Nicaraguan, Salvadoran, Spaniard, and so on.</p>
<p>Age on April 1, 2010 <input type="text"/></p> <p>DATE OF BIRTH</p> <p>Month <input type="text"/></p> <p>Day <input type="text"/></p> <p>Year of birth <input type="text"/></p>	<p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Dominican</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – What is that origin? <input type="text"/></p>
<p>Age on April 1, 2010 <input type="text"/></p> <p>DATE OF BIRTH</p> <p>Month <input type="text"/></p> <p>Day <input type="text"/></p> <p>Year of birth <input type="text"/></p>	<p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Dominican</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – What is that origin? <input type="text"/></p>
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<p>Age on April 1, 2010 <input type="text"/></p> <p>DATE OF BIRTH</p> <p>Month <input type="text"/></p> <p>Day <input type="text"/></p> <p>Year of birth <input type="text"/></p>	<p><input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Dominican</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin – What is that origin? <input type="text"/></p>

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6. (Show Card D.) Please look at Card D and choose one or more races. For this census, Hispanic origins are not races. What is (Name's) race?

Read if necessary: *Examples of other Asian groups include Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. Examples of other Pacific Islander groups include Fijian, Tongan, and so on.*

1	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian – What is that group?	<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Pacific Islander – What is that group?
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan		<input type="checkbox"/> Some other race – What is that group? →	
What is the name of the enrolled or principal tribe? <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Other Asian – What is that group? <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Other Pacific Islander – What is that group? <input style="width: 100%;" type="text"/>			
2	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian – What is that group?	<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Pacific Islander – What is that group?
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan		<input type="checkbox"/> Some other race – What is that group? →	
What is the name of the enrolled or principal tribe? <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Other Asian – What is that group? <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Other Pacific Islander – What is that group? <input style="width: 100%;" type="text"/>			
3	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian – What is that group?	<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Pacific Islander – What is that group?
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan		<input type="checkbox"/> Some other race – What is that group? →	
What is the name of the enrolled or principal tribe? <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Other Asian – What is that group? <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Other Pacific Islander – What is that group? <input style="width: 100%;" type="text"/>			
4	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian – What is that group?	<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Pacific Islander – What is that group?
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan		<input type="checkbox"/> Some other race – What is that group? →	
What is the name of the enrolled or principal tribe? <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Other Asian – What is that group? <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Other Pacific Islander – What is that group? <input style="width: 100%;" type="text"/>			
5	<input type="checkbox"/> White <input type="checkbox"/> Black, African American, or Negro <input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Other Asian – What is that group?	<input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Pacific Islander – What is that group?
<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan		<input type="checkbox"/> Some other race – What is that group? →	
What is the name of the enrolled or principal tribe? <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Other Asian – What is that group? <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Other Pacific Islander – What is that group? <input style="width: 100%;" type="text"/>			



Person 1

7. Print the name of Person 1 from page 2.

First Name MI

 Last Name

8. **Where (were you/was ...) born?** Print *St. Croix, St. John, or St. Thomas* if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

9. (Show Card E.) **(Are you/Is ...) a CITIZEN of the United States?**

- Yes, born in the U.S. Virgin Islands – SKIP to question 11a
 Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands
 Yes, born abroad of U.S. parent or parents
 Yes, a U.S. citizen by naturalization
 No, not a U.S. citizen (permanent resident)
 No, not a U.S. citizen (temporary resident)

10. **When did (you/...) come to the U.S. Virgin Islands to stay? If (you have/... has) entered the U.S. Virgin Islands more than once, what is the latest year?**

Print numbers in boxes.

Year

11a. **Where was (your/...'s) mother born?** Print *St. Croix, St. John, or St. Thomas* if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

b. **Where was (your/...'s) father born?** Print *St. Croix, St. John, or St. Thomas* if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

12a. **At any time since February 1, 2010, (have you/has ...) attended school or college? Include only nursery school or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK – Was it public or private?**

- No, has not attended since February 1 – SKIP to question 13
 Yes, public school, public college
 Yes, private school, private college, home school

12b. **What grade or level (were you/was ...) attending?** Mark ONE box.

- Nursery school, preschool
 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)

13. (Show Card F.) **What is the highest degree or level of school (you have/... has) COMPLETED?** Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool
 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)

14. **(Have you/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. If "Yes," ASK – Was training received in the U.S. Virgin Islands?**

- No
 Yes, in the U.S. Virgin Islands
 Yes, not in the U.S. Virgin Islands



Person 1 – Continued

15a. (Do you/Does ...) speak a language other than English at home?

- Yes
- No – SKIP to question 16a

b. What is this language?

(For example: French, Spanish, Chinese, Italian)

c. How well (do you/does ...) speak English?

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

16a. Did (you/...) live in this house or apartment 1 year ago (on April 1, 2009)?

- Person is under 1 year old – SKIP to question 17
- Yes, this house – SKIP to question 17
- No, different house

b. Where did (you/...) live 1 year ago?

What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?

c. What is the name of the city, town, or village?

17. (Show Card G.) (Are you/Is ...) 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–g.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

18a. (Are you/Is ...) deaf or (do you/does ...) have serious difficulty hearing?

- Yes
- No

b. (Are you/Is ...) blind or (do you/does ...) have serious difficulty seeing even when wearing glasses?

- Yes
- No



Person 1 – Continued

Ask questions 19a–19c if this person is 5 years old or over. Otherwise, SKIP to question 48.

19a. Because of a physical, mental, or emotional condition, (do you/does ...) have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. (Do you/Does ...) have serious difficulty walking or climbing stairs?

- Yes
 No

c. (Do you/Does ...) have difficulty dressing or bathing?

- Yes
 No

Ask question 20 if this person is 15 years old or over. Otherwise, SKIP to question 48.

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

- Yes
 No

21. What is (your/...'s) marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

22. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.

- None OR Number of children

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23a. (Do you/Does ...) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No – SKIP to question 24

b. (Are you/Is ...) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- Yes
 No – SKIP to question 24

23c. How long (have you/has ...) been responsible for the(se) grandchild(ren)? If (you are/... is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/... has) 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

24. (Show Card H.) (Have you/Has ...) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only – SKIP to question 26a
 No, never served in the military – SKIP to question 27a

25. (Show Card I.) When did (you/...) serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 September 1980 to July 1990
 May 1975 to August 1980
 Vietnam era (August 1964 to April 1975)
 March 1961 to July 1964
 February 1955 to February 1961
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 1 – Continued

26a. (Do you/Does ...) have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, . . . , 100%)
 No – SKIP to question 27a

b. What is (your/...'s) service-connected disability rating?

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

27a. LAST WEEK, did (you/...) work for pay at a job (or business)?

- Yes – SKIP to question 28
 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 33a

28. At what location did (you/...) work LAST WEEK?

If this person worked at more than one location, print where he or she worked most last week.

a. What is the name of the island in the U.S. Virgin Islands, or name of the U.S. state, commonwealth, territory, or foreign country?

b. What is the name of the city, town, or village?

29. (Show Card J.) How did (you/...) usually get to work LAST WEEK? *If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.*

- Car, truck, or van
 Bus (including Vitran or Vitran Plus)
 Taxicab
 Motorcycle
 Safari or taxi bus
 Ferryboat or water taxi
 Plane or seaplane
 Walked
 Worked at home – SKIP to question 37
 Other method

Ask question 30 if this person answered "Car, truck, or van" in question 29. Otherwise, SKIP to question 31.

30. How many people, including (yourself/...), usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

31. What time did (you/...) usually leave home to go to work LAST WEEK?

Hour Minute a.m.
 p.m.

 :

32. How many minutes did it usually take (you/...) to get from home to work LAST WEEK?

Minutes

Ask questions 33–36 if this person did NOT work last week. Otherwise, SKIP to question 37.

33a. LAST WEEK, (were you/was ...) on layoff from a job?

- Yes – SKIP to question 33c
 No

b. LAST WEEK, (were you/was ...) TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 36
 No – SKIP to question 34

c. (Have you/Has ...) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes – SKIP to question 36
 No

34. During the LAST 4 WEEKS, (have you/has ...) been ACTIVELY looking for work?

- Yes
 No – SKIP to question 36

35. LAST WEEK, could (you/...) have started a job if offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or for some other reason?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)



Person 1 – Continued

36. When did (you/...) last work, even for a few days?

- 2005 to 2010
- 2004 or earlier, or never worked – SKIP to question 46

37–42. CURRENT OR MOST RECENT JOB ACTIVITY

Describe clearly (your/...'s) chief job activity or business last week. If (you/...) had more than one job, describe the one at which (you/...) worked the most hours. If (you/...) had no job or business last week, give information for (your/...'s) last job or business since 2005.

37. (Show Card K.) (Were you/Was ...) – Mark ONE box.

- An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
- An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- A local GOVERNMENT employee (territorial, etc.)?
- A federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- Working WITHOUT PAY in family business or farm?

38. For whom did (you/...) work?

If now on active duty in the Armed Forces, mark this box and print the branch of the Armed Forces.

Name of company, business, or other employer

39. What kind of business or industry was this?

Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)

40. Is this mainly – Mark ONE box.

- Manufacturing?
- Wholesale trade?
- Retail trade?
- Other (agriculture, construction, service, government, etc.)?

41. What kind of work (were you/was ...) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

42. What were (your/...'s) most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

43. LAST YEAR, 2009, did (you/...) work at a job or business at any time?

- Yes
- No – SKIP to question 46

44a. During 2009 (all 52 weeks), did (you/...) work 50 or more weeks? Count paid time off as work.

- Yes – SKIP to question 45
- No

b. How many weeks DID (you/...) work, even for a few hours, including paid vacation, paid sick leave, and military service?

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

45. During 2009, in the WEEKS WORKED, how many hours did (you/...) usually work each WEEK?

Usual hours worked each WEEK



Person 1 – Continued

46. The next set of questions is about each income source (you/...) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark the "Loss" box next to the dollar amount.

a. Did (you/...) receive any wages, salary, commissions, bonuses, or tips in 2009?

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

Annual amount – Dollars

\$, .00

No

b. Did (you/...) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?

Yes – **What was the NET income after business expenses?**

Annual amount – Dollars

Loss

\$, .00

No

c. Did (you/...) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.

Yes – **What was the amount?**

Annual amount – Dollars

Loss

\$, .00

No

d. Did (you/...) receive any Social Security or Railroad Retirement in 2009?

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

46e. Did (you/...) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009?

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

f. Did (you/...) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

g. Did (you/...) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

Do not ask question 47 if questions 46a-46g are completed. Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark the "Loss" box next to the dollar amount.

47. What was (your/...'s) total income during 2009?

Annual amount – Dollars

Loss

None OR \$, .00



Person 1 – Continued

The next set of questions is about your household.

48. (Show Card L.) Which of these categories best describes this building? Include all apartments, flats, etc., even if vacant.

- A mobile home
- A one-family house detached from any other house
- A one-family house attached to one or more houses
- A building with 2 apartments
- A building with 3 or 4 apartments
- A building with 5 to 9 apartments
- A building with 10 to 19 apartments
- A building with 20 or more apartments
- A boat or houseboat
- RV, van, etc.

49. About when was this building first built?

- 2009 or 2010
- 2000 to 2008
- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

50. When did (Read name of Person 1) move into this (house/apartment/mobile home)?

- 2009 or 2010
- 2000 to 2008
- 1990 to 1999
- 1980 to 1989
- 1970 to 1979
- 1969 or earlier

Refer to question 48. Ask questions 51–53 if this is a HOUSE or a MOBILE HOME. Otherwise, SKIP to question 54a.

51. How many acres is this house or mobile home on?

- Less than 1 acre – SKIP to question 53
- 1 to 9.9 acres
- 10 or more acres

52. In 2009, what were the actual sales of all agricultural products from this property?

- None
- \$1 to \$999
- \$1,000 to \$2,499
- \$2,500 to \$4,999
- \$5,000 to \$9,999
- \$10,000 or more

53. Is there a business (such as a store or barber shop) or a medical office on this property?

- Yes
- No

54a. How many separate rooms are in this (house/apartment/mobile home)? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.

- INCLUDE bedrooms, kitchens, etc.
- EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

- 1 room
- 2 rooms
- 3 rooms
- 4 rooms
- 5 rooms
- 6 rooms
- 7 rooms
- 8 rooms
- 9 or more rooms

b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this (house/apartment/mobile home) were for sale or rent. If this is an efficiency/studio apartment, mark "No bedroom."

- No bedroom
- 1 bedroom
- 2 bedrooms
- 3 bedrooms
- 4 bedrooms
- 5 or more bedrooms

55. Does this (house/apartment/mobile home) have –

	Yes	No
a. Hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>
b. A flush toilet?	<input type="checkbox"/>	<input type="checkbox"/>
c. A bathtub or shower?	<input type="checkbox"/>	<input type="checkbox"/>
d. A sink with a faucet?	<input type="checkbox"/>	<input type="checkbox"/>
e. A stove or range?	<input type="checkbox"/>	<input type="checkbox"/>
f. A refrigerator?	<input type="checkbox"/>	<input type="checkbox"/>

56. Does this (house/apartment/mobile home) have telephone service from which you can both make and receive calls? If "Yes," ASK – Does it have a cell or mobile phone only, a landline only, or both?

- Yes, a cell or mobile phone only
- Yes, a landline only
- Yes, both a cell or mobile phone and a landline
- No



Person 1 – Continued

57. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?

- None
 1
 2
 3
 4
 5
 6 or more

58. Which FUEL is used MOST for cooking in this (house/apartment/mobile home)?

Mark ONE box.

- Gas: bottled or tank
 Electricity
 Fuel oil, kerosene, etc.
 Wood or charcoal
 Other fuel
 No fuel used

59a. Do you or any member of this household have a home computer or laptop in working condition?

- Yes
 No – SKIP to question 60a

b. Do you or any member of this household have an Internet connection at this (house/apartment/mobile home)?

- Yes
 No

60a. (Show Card M.) Do you get water from –
 Mark ONE box.

- A public system only?
 A public system and cistern?
 A cistern, tanks, or drums only?
 A public standpipe?
 Some other source, such as an individual well or spring?

b. (Show Card M.) During the past month, did anyone in this (house/apartment/mobile home) purchase any water from – Mark all that apply.

- A water delivery vendor?
 A supermarket or grocery store?
 Neither

61. Is this building connected to a public sewer? If "No," ASK – Is it connected to a septic tank or cesspool OR other means?

- Yes, connected to a public sewer
 No, connected to a septic tank or cesspool
 No, use other means

62. Is this (house/apartment/mobile home) part of a condominium?

- Yes
 No

63a. What is the average monthly cost for electricity for this (house/apartment/mobile home)?

Average monthly cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
 No charge or electricity not used

b. What is the average monthly cost for gas for this (house/apartment/mobile home)?

Average monthly cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
 Included in electricity payment entered above
 No charge or gas not used

c. What is the average monthly cost for water and sewer for this (house/apartment/mobile home)?

Average monthly cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
 No charge

d. What is the average monthly cost for oil, coal, kerosene, wood, etc. for this (house/apartment/mobile home)?

Average monthly cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
 No charge or these fuels not used

64. (Show Card N.) Is this (house/apartment/mobile home) – Mark ONE box.

- Owned by you or someone in this household with a mortgage or loan? Include home equity loans.
 Owned by you or someone in this household free and clear (without a mortgage or loan)?
 Rented?
 Occupied without payment of rent?



Person 1 – Continued

Refer to question 64. Ask questions 65a and 65b if this (house/apartment/mobile home) is RENTED. Otherwise, SKIP to question 66.

65a. What is the monthly rent for this (house/apartment/mobile home)?

Monthly amount – Dollars

\$, .00

b. Does the monthly rent include any meals?

- Yes
 No

66–72. Refer to question 64. Ask questions 66–72 only if someone in the household OWNS or IS BUYING this (house/apartment/mobile home). Otherwise, SKIP to the questions for Person 2.

66. About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?

Amount – Dollars

\$, , .00

67. What were the real estate taxes on THIS property last year?

Annual amount – Dollars

\$, .00

OR

- None

68. What was the annual payment for fire, hazard, and flood insurance on THIS property?

Annual amount – Dollars

\$, .00

OR

- None

69a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt
 Yes, contract to purchase
 No – SKIP to question 70a

69b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – Dollars

\$, .00

OR

- No regular payment required – SKIP to question 70a

c. Does the regular monthly mortgage payment include payments for real estate taxes on THIS property?

- Yes, taxes included in mortgage payment
 No, taxes paid separately or taxes not required

d. Does the regular monthly mortgage payment include payments for fire, hazard, or flood insurance on THIS property?

- Yes, insurance included in mortgage payment
 No, insurance paid separately or no insurance

70a. Do you or any member of this household have a second mortgage or home equity loan on THIS property? If "Yes," ASK – Is it a home equity loan, a second mortgage, or both?

- Yes, a home equity loan
 Yes, a second mortgage
 Yes, both second mortgage and home equity loan
 No – SKIP to question 71

b. How much is the regular monthly payment on all second or junior mortgages and all home equity loans on THIS property?

Monthly amount – Dollars

\$, .00

OR

- No regular payment required



Person 1 – Continued

Ask question 71 ONLY if this is a CONDOMINIUM.

71. What is the monthly condominium fee?

Monthly amount – Dollars

\$, .00

Ask question 72 ONLY if this is a MOBILE HOME or a BOAT.

72. What was the total annual cost for installment loan payments, personal property taxes, site rent, marina fee, registration fees, and license fees on THIS mobile home or boat and its site/slip last year. Exclude real estate taxes.

Monthly amount – Dollars

\$, .00

73. Refer to S5 on the front cover. If more than one person is listed, continue with Person 2. If not, SKIP to the "Respondent Information" on back page.



Person 2-Continued

15a. (Do you/Does ...) speak a language other than English at home?

- Yes
- No – SKIP to question 16a

b. What is this language?

(For example: French, Spanish, Chinese, Italian)

c. How well (do you/does ...) speak English?

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

16a. Did (you/...) live in this house or apartment 1 year ago (on April 1, 2009)?

- Person is under 1 year old – SKIP to question 17
- Yes, this house – SKIP to question 17
- No, different house

b. Where did (you/...) live 1 year ago?

What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?

c. What is the name of the city, town, or village?

17. (Show Card G.) (Are you/Is ...) 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–g.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

18a. (Are you/Is ...) deaf or (do you/does ...) have serious difficulty hearing?

- Yes
- No

b. (Are you/Is ...) blind or (do you/does ...) have serious difficulty seeing even when wearing glasses?

- Yes
- No



Person 2–Continued

Ask questions 19a–19c if this person is 5 years old or over. Otherwise, SKIP to question 48.

19a. Because of a physical, mental, or emotional condition, (do you/does ...) have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. (Do you/Does ...) have serious difficulty walking or climbing stairs?

- Yes
 No

c. (Do you/Does ...) have difficulty dressing or bathing?

- Yes
 No

Ask question 20 if this person is 15 years old or over. Otherwise, SKIP to question 48.

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

- Yes
 No

21. What is (your/...'s) marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

22. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.

- None OR Number of children

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23a. (Do you/Does ...) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No – SKIP to question 24

b. (Are you/Is ...) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- Yes
 No – SKIP to question 24

23c. How long (have you/has ...) been responsible for the(se) grandchild(ren)? If (you are/... is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/... has) 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

24. (Show Card H.) (Have you/Has ...) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only – SKIP to question 26a
 No, never served in the military – SKIP to question 27a

25. (Show Card I.) When did (you/...) serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 September 1980 to July 1990
 May 1975 to August 1980
 Vietnam era (August 1964 to April 1975)
 March 1961 to July 1964
 February 1955 to February 1961
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 2-Continued

- 36. When did (you/...) last work, even for a few days?**
- 2005 to 2010
 - 2004 or earlier, or never worked – SKIP to question 46

37-42. CURRENT OR MOST RECENT JOB ACTIVITY

Describe clearly (your/...'s) chief job activity or business last week. If (you/...) had more than one job, describe the one at which (you/...) worked the most hours. If (you/...) had no job or business last week, give information for (your/...'s) last job or business since 2005.

- 37. (Show Card K.) (Were you/Was ...) – Mark ONE box.**

- An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
- An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- A local GOVERNMENT employee (territorial, etc.)?
- A federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- Working WITHOUT PAY in family business or farm?

- 38. For whom did (you/...) work?**
 If now on active duty in the Armed Forces, mark this box and print the branch of the Armed Forces.

Name of company, business, or other employer

- 39. What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)**

- 40. Is this mainly – Mark ONE box.**

- Manufacturing?
- Wholesale trade?
- Retail trade?
- Other (agriculture, construction, service, government, etc.)?

- 41. What kind of work (were you/was ...) doing?**
 (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

- 42. What were (your/...'s) most important activities or duties?** (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

- 43. LAST YEAR, 2009, did (you/...) work at a job or business at any time?**

- Yes
- No – SKIP to question 46

- 44a. During 2009 (all 52 weeks), did (you/...) work 50 or more weeks? Count paid time off as work.**

- Yes – SKIP to question 45
- No

- b. How many weeks DID (you/...) work, even for a few hours, including paid vacation, paid sick leave, and military service?**

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

- 45. During 2009, in the WEEKS WORKED, how many hours did (you/...) usually work each WEEK?**

Usual hours worked each WEEK



Person 2-Continued

46. The next set of questions is about each income source (you/...) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark the "Loss" box next to the dollar amount.

a. Did (you/...) receive any wages, salary, commissions, bonuses, or tips in 2009?

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

Annual amount – Dollars

\$, .00

No

b. Did (you/...) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?

Yes – **What was the NET income after business expenses?**

Annual amount – Dollars

Loss

\$, .00

No

c. Did (you/...) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.

Yes – **What was the amount?**

Annual amount – Dollars

Loss

\$, .00

No

d. Did (you/...) receive any Social Security or Railroad Retirement in 2009?

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

46e. Did (you/...) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009?

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

f. Did (you/...) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

g. Did (you/...) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

Do not ask question 47 if questions 46a-46g are completed. Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark the "Loss" box next to the dollar amount.

47. What was (your/...'s) total income during 2009?

Annual amount – Dollars

Loss

None OR \$, .00

48. Refer to S5 on the front cover. If more than two persons are listed, continue with Person 3. If not, SKIP to the "Respondent Information" on back page.



Person 3 – Continued

15a. (Do you/Does ...) speak a language other than English at home?

- Yes
- No – SKIP to question 16a

b. What is this language?

(For example: French, Spanish, Chinese, Italian)

c. How well (do you/does ...) speak English?

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

16a. Did (you/...) live in this house or apartment 1 year ago (on April 1, 2009)?

- Person is under 1 year old – SKIP to question 17
- Yes, this house – SKIP to question 17
- No, different house

b. Where did (you/...) live 1 year ago?

What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?

c. What is the name of the city, town, or village?

17. (Show Card G.) (Are you/Is ...) 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–g.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

18a. (Are you/Is ...) deaf or (do you/does ...) have serious difficulty hearing?

- Yes
- No

b. (Are you/Is ...) blind or (do you/does ...) have serious difficulty seeing even when wearing glasses?

- Yes
- No



Person 3 – Continued

Ask questions 19a–19c if this person is 5 years old or over. Otherwise, SKIP to question 48.

19a. Because of a physical, mental, or emotional condition, (do you/does ...) have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. (Do you/Does ...) have serious difficulty walking or climbing stairs?

- Yes
 No

c. (Do you/Does ...) have difficulty dressing or bathing?

- Yes
 No

Ask question 20 if this person is 15 years old or over. Otherwise, SKIP to question 48.

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

- Yes
 No

21. What is (your/...'s) marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

22. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.

- None OR Number of children

--	--

23a. (Do you/Does ...) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No – SKIP to question 24

b. (Are you/Is ...) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- Yes
 No – SKIP to question 24

23c. How long (have you/has ...) been responsible for the(se) grandchild(ren)? If (you are/... is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/... has) 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

24. (Show Card H.) (Have you/Has ...) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only – SKIP to question 26a
 No, never served in the military – SKIP to question 27a

25. (Show Card I.) When did (you/...) serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 September 1980 to July 1990
 May 1975 to August 1980
 Vietnam era (August 1964 to April 1975)
 March 1961 to July 1964
 February 1955 to February 1961
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 3 – Continued

36. When did (you/...) last work, even for a few days?

- 2005 to 2010
- 2004 or earlier, or never worked – SKIP to question 46

37–42. CURRENT OR MOST RECENT JOB ACTIVITY

Describe clearly (your/...'s) chief job activity or business last week. If (you/...) had more than one job, describe the one at which (you/...) worked the most hours. If (you/...) had no job or business last week, give information for (your/...'s) last job or business since 2005.

37. (Show Card K.) (Were you/Was ...) – Mark ONE box.

- An employee of a **PRIVATE FOR-PROFIT** company or business or of an individual, for wages, salary, or commissions?
- An employee of a **PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?**
- A local **GOVERNMENT** employee (territorial, etc.)?
- A federal **GOVERNMENT** employee?
- SELF-EMPLOYED** in own **NOT INCORPORATED** business, professional practice, or farm?
- SELF-EMPLOYED** in own **INCORPORATED** business, professional practice, or farm?
- Working **WITHOUT PAY** in family business or farm?

38. For whom did (you/...) work?

If now on active duty in the Armed Forces, mark this box and print the branch of the Armed Forces.

Name of company, business, or other employer

39. What kind of business or industry was this?

Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)

40. Is this mainly – Mark ONE box.

- Manufacturing?**
- Wholesale trade?**
- Retail trade?**
- Other (agriculture, construction, service, government, etc.)?**

41. What kind of work (were you/was ...) doing?

(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

42. What were (your/...'s) most important activities or duties?

(For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

43. LAST YEAR, 2009, did (you/...) work at a job or business at any time?

- Yes
- No – SKIP to question 46

44a. During 2009 (all 52 weeks), did (you/...) work 50 or more weeks? Count paid time off as work.

- Yes – SKIP to question 45
- No

b. How many weeks DID (you/...) work, even for a few hours, including paid vacation, paid sick leave, and military service?

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

45. During 2009, in the WEEKS WORKED, how many hours did (you/...) usually work each WEEK?

Usual hours worked each WEEK



Person 3 – Continued

46. The next set of questions is about each income source (you/...) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark the "Loss" box next to the dollar amount.

a. Did (you/...) receive any wages, salary, commissions, bonuses, or tips in 2009?

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

Annual amount – Dollars

No Yes Loss
\$, .00

No

b. Did (you/...) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?

Yes – **What was the NET income after business expenses?**

Annual amount – Dollars

Loss

No Yes Loss
\$, .00

No

c. Did (you/...) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.

Yes – **What was the amount?**

Annual amount – Dollars

Loss

No Yes Loss
\$, .00

No

d. Did (you/...) receive any Social Security or Railroad Retirement in 2009?

Yes – **What was the amount?**

Annual amount – Dollars

No Yes Loss
\$, .00

No

46e. Did (you/...) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009?

Yes – **What was the amount?**

Annual amount – Dollars

No Yes Loss
\$, .00

No

f. Did (you/...) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.

Yes – **What was the amount?**

Annual amount – Dollars

No Yes Loss
\$, .00

No

g. Did (you/...) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Yes – **What was the amount?**

Annual amount – Dollars

No Yes Loss
\$, .00

No

Do not ask question 47 if questions 46a-46g are completed. Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark the "Loss" box next to the dollar amount.

47. What was (your/...'s) total income during 2009?

Annual amount – Dollars

Loss

None OR Yes Loss
\$, .00

48. Refer to S5 on the front cover. If more than three persons are listed, continue with Person 4. If not, SKIP to the "Respondent Information" on back page.



Person 4 – Continued

15a. (Do you/Does ...) speak a language other than English at home?

- Yes
- No – SKIP to question 16a

b. What is this language?

(For example: French, Spanish, Chinese, Italian)

c. How well (do you/does ...) speak English?

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

16a. Did (you/...) live in this house or apartment 1 year ago (on April 1, 2009)?

- Person is under 1 year old – SKIP to question 17
- Yes, this house – SKIP to question 17
- No, different house

b. Where did (you/...) live 1 year ago?

What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?

c. What is the name of the city, town, or village?

17. (Show Card G.) (Are you/Is ...) 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–g.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

18a. (Are you/Is ...) deaf or (do you/does ...) have serious difficulty hearing?

- Yes
- No

b. (Are you/Is ...) blind or (do you/does ...) have serious difficulty seeing even when wearing glasses?

- Yes
- No



Person 4 – Continued

Ask questions 19a–19c if this person is 5 years old or over. Otherwise, SKIP to question 48.

19a. Because of a physical, mental, or emotional condition, (do you/does ...) have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. (Do you/Does ...) have serious difficulty walking or climbing stairs?

- Yes
 No

c. (Do you/Does ...) have difficulty dressing or bathing?

- Yes
 No

Ask question 20 if this person is 15 years old or over. Otherwise, SKIP to question 48.

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

- Yes
 No

21. What is (your/...'s) marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

22. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.

- None OR Number of children

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23a. (Do you/Does ...) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No – SKIP to question 24

b. (Are you/Is ...) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- Yes
 No – SKIP to question 24

23c. How long (have you/has ...) been responsible for the(se) grandchild(ren)? If (you are/... is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/... has) 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

24. (Show Card H.) (Have you/Has ...) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only – SKIP to question 26a
 No, never served in the military – SKIP to question 27a

25. (Show Card I.) When did (you/...) serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 September 1980 to July 1990
 May 1975 to August 1980
 Vietnam era (August 1964 to April 1975)
 March 1961 to July 1964
 February 1955 to February 1961
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 4 – Continued

26a. (Do you/Does ...) have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, . . . , 100%)
 No – SKIP to question 27a

b. What is (your/...’s) service-connected disability rating?

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

27a. LAST WEEK, did (you/...) work for pay at a job (or business)?

- Yes – SKIP to question 28
 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 33a

28. At what location did (you/...) work LAST WEEK?

If this person worked at more than one location, print where he or she worked most last week.

a. What is the name of the island in the U.S. Virgin Islands, or name of the U.S. state, commonwealth, territory, or foreign country?

b. What is the name of the city, town, or village?

29. (Show Card J.) How did (you/...) usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark the box of the one used for most of the distance.

- Car, truck, or van
 Bus (including Vitran or Vitran Plus)
 Taxicab
 Motorcycle
 Safari or taxi bus
 Ferryboat or water taxi
 Plane or seaplane
 Walked
 Worked at home – SKIP to question 37
 Other method

Ask question 30 if this person answered "Car, truck, or van" in question 29. Otherwise, SKIP to question 31.

30. How many people, including (yourself/...), usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

31. What time did (you/...) usually leave home to go to work LAST WEEK?

Hour Minute a.m.
 p.m.

 :

32. How many minutes did it usually take (you/...) to get from home to work LAST WEEK?

Minutes

Ask questions 33–36 if this person did NOT work last week. Otherwise, SKIP to question 37.

33a. LAST WEEK, (were you/was ...) on layoff from a job?

- Yes – SKIP to question 33c
 No

b. LAST WEEK, (were you/was ...) TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 36
 No – SKIP to question 34

c. (Have you/Has ...) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes – SKIP to question 36
 No

34. During the LAST 4 WEEKS, (have you/has ...) been ACTIVELY looking for work?

- Yes
 No – SKIP to question 36

35. LAST WEEK, could (you/...) have started a job if offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or for some other reason?

- Yes, could have gone to work
 No, because of own temporary illness
 No, because of all other reasons (in school, etc.)



Person 4-Continued

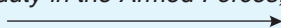
- 36. When did (you/...) last work, even for a few days?**
 2005 to 2010
 2004 or earlier, or never worked – *SKIP* to question 46

37-42. CURRENT OR MOST RECENT JOB ACTIVITY

Describe clearly (your/...'s) chief job activity or business last week. If (you/...) had more than one job, describe the one at which (you/...) worked the most hours. If (you/...) had no job or business last week, give information for (your/...'s) last job or business since 2005.

- 37. (Show Card K.) (Were you/Was ...) – Mark ONE box.**

- An employee of a **PRIVATE FOR-PROFIT** company or business or of an individual, for wages, salary, or commissions?
- An employee of a **PRIVATE NOT-FOR-PROFIT**, tax-exempt, or charitable organization?
- A local **GOVERNMENT** employee (territorial, etc.)?
- A federal **GOVERNMENT** employee?
- SELF-EMPLOYED** in own **NOT INCORPORATED** business, professional practice, or farm?
- SELF-EMPLOYED** in own **INCORPORATED** business, professional practice, or farm?
- Working **WITHOUT PAY** in family business or farm?

- 38. For whom did (you/...) work?**
If now on active duty in the Armed Forces, mark this box 
and print the branch of the Armed Forces.

Name of company, business, or other employer

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- 39. What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)**

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- 40. Is this mainly – Mark ONE box.**
- Manufacturing?**
 - Wholesale trade?**
 - Retail trade?**
 - Other (agriculture, construction, service, government, etc.)?**

- 41. What kind of work (were you/was ...) doing?** (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

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- 42. What were (your/...'s) most important activities or duties?** (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

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- 43. LAST YEAR, 2009, did (you/...) work at a job or business at any time?**

- Yes
- No – *SKIP* to question 46

- 44a. During 2009 (all 52 weeks), did (you/...) work 50 or more weeks? Count paid time off as work.**

- Yes – *SKIP* to question 45
- No

- b. How many weeks DID (you/...) work, even for a few hours, including paid vacation, paid sick leave, and military service?**

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

- 45. During 2009, in the WEEKS WORKED, how many hours did (you/...) usually work each WEEK?**

Usual hours worked each WEEK

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Person 4 – Continued

46. The next set of questions is about each income source (you/...) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark the "Loss" box next to the dollar amount.

a. Did (you/...) receive any wages, salary, commissions, bonuses, or tips in 2009?

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

Annual amount – Dollars

\$, .00

No

b. Did (you/...) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?

Yes – **What was the NET income after business expenses?**

Annual amount – Dollars Loss

\$, .00

No

c. Did (you/...) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.

Yes – **What was the amount?**

Annual amount – Dollars Loss

\$, .00

No

d. Did (you/...) receive any Social Security or Railroad Retirement in 2009?

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

46e. Did (you/...) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009?

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

f. Did (you/...) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

g. Did (you/...) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

Do not ask question 47 if questions 46a-46g are completed. Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark the "Loss" box next to the dollar amount.

47. What was (your/...'s) total income during 2009?

Annual amount – Dollars Loss

None OR \$, .00

48. Refer to S5 on the front cover . If more than four persons are listed, continue with Person 5. If not, SKIP to the "Respondent Information" on back page.



Person 5 – Continued

15a. (Do you/Does ...) speak a language other than English at home?

- Yes
- No – SKIP to question 16a

b. What is this language?

(For example: French, Spanish, Chinese, Italian)

c. How well (do you/does ...) speak English?

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

16a. Did (you/...) live in this house or apartment 1 year ago (on April 1, 2009)?

- Person is under 1 year old – SKIP to question 17
- Yes, this house – SKIP to question 17
- No, different house

b. Where did (you/...) live 1 year ago?

What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?

c. What is the name of the city, town, or village?

17. (Show Card G.) (Are you/Is ...) 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–g.

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Medicare, for people 65 and older, or people with certain disabilities | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability | <input type="checkbox"/> | <input type="checkbox"/> |
| e. TRICARE or other military health care | <input type="checkbox"/> | <input type="checkbox"/> |
| f. VA (including those who have ever used or enrolled for VA health care) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Any other type of health insurance or health coverage plan – Specify ↴ | <input type="checkbox"/> | <input type="checkbox"/> |

18a. (Are you/Is ...) deaf or (do you/does ...) have serious difficulty hearing?

- Yes
- No

b. (Are you/Is ...) blind or (do you/does ...) have serious difficulty seeing even when wearing glasses?

- Yes
- No



Person 5 – Continued

Ask questions 19a–19c if this person is 5 years old or over. Otherwise, SKIP to question 48.

19a. Because of a physical, mental, or emotional condition, (do you/does ...) have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. (Do you/Does ...) have serious difficulty walking or climbing stairs?

- Yes
 No

c. (Do you/Does ...) have difficulty dressing or bathing?

- Yes
 No

Ask question 20 if this person is 15 years old or over. Otherwise, SKIP to question 48.

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

- Yes
 No

21. What is (your/...'s) marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

22. If this person is female, ASK – How many babies (have you/has she) ever had, not counting stillbirths? Do not count stepchildren or children (you have/she has) adopted.

- None OR Number of children

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23a. (Do you/Does ...) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?

- Yes
 No – SKIP to question 24

b. (Are you/Is ...) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- Yes
 No – SKIP to question 24

23c. How long (have you/has ...) been responsible for the(se) grandchild(ren)? If (you are/... is) financially responsible for more than one grandchild, answer the question for the grandchild for whom (you have/... has) 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

24. (Show Card H.) (Have you/Has ...) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only – SKIP to question 26a
 No, never served in the military – SKIP to question 27a

25. (Show Card I.) When did (you/...) serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which this person served, even if just for part of the period. After each response, ASK – Any other time?

- September 2001 or later
 August 1990 to August 2001 (including Persian Gulf War)
 September 1980 to July 1990
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 Vietnam era (August 1964 to April 1975)
 March 1961 to July 1964
 February 1955 to February 1961
 Korean War (July 1950 to January 1955)
 January 1947 to June 1950
 World War II (December 1941 to December 1946)
 November 1941 or earlier



Person 5 – Continued

36. When did (you/...) last work, even for a few days?

- 2005 to 2010
- 2004 or earlier, or never worked – SKIP to question 46

37–42. CURRENT OR MOST RECENT JOB ACTIVITY

Describe clearly (your/...'s) chief job activity or business last week. If (you/...) had more than one job, describe the one at which (you/...) worked the most hours. If (you/...) had no job or business last week, give information for (your/...'s) last job or business since 2005.

37. (Show Card K.) (Were you/Was ...) – Mark ONE box.

- An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
- An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- A local GOVERNMENT employee (territorial, etc.)?
- A federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- Working WITHOUT PAY in family business or farm?

38. For whom did (you/...) work?

If now on active duty in the Armed Forces, mark this box and print the branch of the Armed Forces.

Name of company, business, or other employer

39. What kind of business or industry was this?

Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)

40. Is this mainly – Mark ONE box.

- Manufacturing?
- Wholesale trade?
- Retail trade?
- Other (agriculture, construction, service, government, etc.)?

41. What kind of work (were you/was ...) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

42. What were (your/...'s) most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)

43. LAST YEAR, 2009, did (you/...) work at a job or business at any time?

- Yes
- No – SKIP to question 46

44a. During 2009 (all 52 weeks), did (you/...) work 50 or more weeks? Count paid time off as work.

- Yes – SKIP to question 45
- No

b. How many weeks DID (you/...) work, even for a few hours, including paid vacation, paid sick leave, and military service?

- 50 to 52 weeks
- 48 to 49 weeks
- 40 to 47 weeks
- 27 to 39 weeks
- 14 to 26 weeks
- 13 weeks or less

45. During 2009, in the WEEKS WORKED, how many hours did (you/...) usually work each WEEK?

Usual hours worked each WEEK



Person 5 – Continued

46. The next set of questions is about each income source (you/...) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark the "Loss" box next to the dollar amount.

a. Did (you/...) receive any wages, salary, commissions, bonuses, or tips in 2009?

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

Annual amount – Dollars

\$, .00

No

b. Did (you/...) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009?

Yes – **What was the NET income after business expenses?**

Annual amount – Dollars

Loss

\$, .00

No

c. Did (you/...) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account.

Yes – **What was the amount?**

Annual amount – Dollars

Loss

\$, .00

No

d. Did (you/...) receive any Social Security or Railroad Retirement in 2009?

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

46e. Did (you/...) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009?

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

f. Did (you/...) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

g. Did (you/...) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Yes – **What was the amount?**

Annual amount – Dollars

\$, .00

No

Do not ask question 47 if questions 46a-46g are completed. Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark the "Loss" box next to the dollar amount.

47. What was (your/...'s) total income during 2009?

Annual amount – Dollars

Loss

None OR \$, .00

48. Refer to S5 on the front and cover. If more than five persons are listed, continue with D-2(E) Supp VI form. If not, continue with the "Respondent Information" on back page.



RESPONDENT INFORMATION

R1. Enter respondent's name.

First Name MI

 Last Name

R2. In case we need to contact you, what is your telephone number and the best time to call?

Area Code + Number
 - -
 Day Evening Either

R3. Respondent type –

- Household member lived here on April 1, 2010
- Household member moved in after April 1, 2010
- Neighbor or other proxy

INTERVIEW SUMMARY

A. Status on April 1, 2010

- 1** = Occupied
- 2** = Vacant – Regular
- 3** = Vacant – Usual home elsewhere
- 4** = Demolished/Burned out/ Cannot locate
- 5** = Nonresidential
- 6** = Empty mobile home/trailer site
- 7** = Uninhabitable (open to elements, condemned, under construction)

8 = Duplicate – Record ID of Dup. ↗

B. POP on April 1, 2010

- 01–49** = Total persons
- 00** = Vacant
- 98** = Delete
- 99** = POP unknown

C. VACANT – If vacant, ASK – Which category best described this vacant unit as of April 1, 2010? (Read categories.)

- For rent
- Rented, not occupied
- For sale only
- Sold, not occupied
- For seasonal, recreational, or occasional use
- For migrant workers
- Other vacant

D. UHE **E.** MOV **F.** PI **G.** REF **H.** CO **I.** REP **J.** VDC **K.** JIC1 **L.** JIC2

RECORD OF CONTACT

Type	Month	Day	Time	Outcome	Type	Month	Day	Time	Outcome
<input checked="" type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="text"/>	<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="text"/>
<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="text"/>	<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="text"/>
<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="text"/>	<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="text"/>
<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="text"/>	<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="text"/>
<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="text"/>	<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="text"/>
<input type="checkbox"/> Personal	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="text"/>	<input type="checkbox"/> Telephone	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="text"/>

OUTCOME CODES: NV = Left Notice of Visit NC = No contact RE = Refusal CI = Conducted interview OT = Other

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

Crew Leader's initials CLD number

Month Day

