OMB No. 0607-0806: Approval Expires 12/31/2010 LCO County Block Map Spot AA FORM **D-2(E)VI** (1-21-2009) Unit ID U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administratio U.S. CENSUS BUREAU APPLY LABEL HERE **ENUMERATOR QUESTIONNAIRE Virgin Islands** 2010 Census House # Road name Are there any continuation forms for this address? Plot # House # Estate name Yes – Number of forms No Physical landmark/Other identifying information Island ZIP Code S1. Hello, my name is (Your name) and I'm an **S4.** (Only ask if no household member lived here on April 1.) official census worker for Census 2010 On April 1, was this unit vacant, or occupied by a in the U.S. Virgin Islands (Show ID.). different household? ■ Vacant – SKIP to "Respondent Information" on back page **S2.** I'm here to complete a Census Occupied by a different household – *Using a knowledgeable* questionnaire for this address. It respondent, complete this questionnaire for the Census Day household should take about 42 minutes. (Hand respondent Confidentiality Notice.) This Not a housing unit – SKIP to "Respondent Information" on back page explains that your answers are confidential. Did you or anyone in this household live here on April 1, 2010? S5. We need to count people where they live and sleep most of Yes – Continue with question S3 the time. ■ No – SKIP to question S4 (Show Card A.) Please look at Card A. It contains examples of people who should and should not be counted at this place. **S3.** Does someone usually live at this Based on these examples, how many people were living or (house/apartment/mobile home), or is staying in this (house/apartment/mobile home) on April 1? this a vacation or seasonal home? Usually lives here – SKIP to question S5 Number of people Vacation or seasonal home or held for



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occasional use - SKIP to "Respondent

Information" on back page

ENUMERATOR NOTE: For questions 2 through 5, prompt respondent with names if needed, for example, "Let's start with Bob." 2 1. Let's make a list of all those people. Please 2. (Show Card B.) Please look at Card B. How is **3.** Is (Name) start with the name of an owner or renter (Name) related to (Read name of Person 1)? male or who was living here on April 1. Otherwise, female? start with any adult living here. Mark X ONE box. Mark X ONE box. **Person 1** X Person 1 Male First Name MI Female Last Name **Person 2** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 3** Husband or wife Male Son-in-law or First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 4** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 5** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law 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. Form D-2(E)VI

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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.	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.
Age on April 1, 2010  DATE OF BIRTH  Month  Day  Year of birth	<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican American, Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin – What is that origin?</li></ul>
Age on April 1, 2010  DATE OF BIRTH  Month  Day  Year of birth	<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican American, Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin − What is that origin? </li> </ul>
Age on April 1, 2010  DATE OF BIRTH  Month  Day  Year of birth	<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican American, Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin − What is that origin?</li> </ul>
Age on April 1, 2010  DATE OF BIRTH  Month  Day  Year of birth	<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican American, Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin – What is that origin?</li></ul>
Age on April 1, 2010  DATE OF BIRTH  Month  Day  Year of birth	<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican American, Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin – What is that origin? </li> </ul>

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4 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. What is the name of the enrolled or principal tribe? White Black, African American Indian American, or Negro or Alaska Native Other Asian – What is that group? Asian Indian Chinese Filipino Japanese Vietnamese Korean Other Pacific Islander – What is that group? Native Guamanian Samoan Hawaiian or Chamorro Some other race – What is that group? What is the name of the enrolled or principal tribe? White Black, African American Indian American, or Negro or Alaska Native Asian Indian Other Asian – What is that group? Chinese Filipino Japanese Vietnamese Korean Native Other Pacific Islander – What is that group? Samoan Guamanian Hawaiian or Chamorro Some other race – What is that group? What is the name of the enrolled or principal tribe? White Black, African American Indian American, or Negro or Alaska Native Other Asian - What is that group? Asian Indian Chinese Filipino Japanese Vietnamese Korean Native Guamanian Samoan Other Pacific Islander – What is that group? Hawaiian or Chamorro Some other race – What is that group? What is the name of the enrolled or principal tribe? White Black, African American Indian American, or Negro or Alaska Native Asian Indian Chinese Other Asian – What is that group? Filipino Japanese Korean Vietnamese Guamanian Samoan Other Pacific Islander – What is that group? Native Hawaiian or Chamorro Some other race – What is that group? What is the name of the enrolled or principal tribe? White Black, African American Indian American, or Negro or Alaska Native Chinese Asian Indian Filipino Other Asian – What is that group? Japanese Korean Vietnamese Other Pacific Islander – What is that group? Samoan Native Guamanian Hawaiian or Chamorro Some other race – What is that group? Form D-2(E)VI

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P	erson 1		
7.	Print the name of Person 1 from page 2. First Name MI	12b.	What grade or level (were you/was) attending? $Mark \times ONE \ box.$
			☐ Nursery school, preschool
	Lead Name		☐ Kindergarten
	Last Name		Grade 1 through 12 – Specify grade 1–12
			College undergraduate years (freshman to senior)
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,		Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)
	territory, or foreign country.	13.	(Show Card F.) What is the highest degree or
			level of school (you have/ has) COMPLETED?  Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
9.	(Show Card E.) (Are you/Is) a CITIZEN of the United States?		NO SCHOOLING COMPLETED
	☐ Yes, born in the U.S. Virgin Islands – SKIP to question 11a		☐ No schooling completed
	Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands		NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12
	Yes, born abroad of U.S. parent or parents		☐ Nursery school, preschool
	Yes, a U.S. citizen by naturalization  No, not a U.S. citizen (permanent resident)		☐ Kindergarten
	No, not a U.S. citizen (temporary resident)		Grade 1 through 11 – Specify grade 1–11
10.	When did (you/) come to the U.S. Virgin		12 <sup>th</sup> grade – NO DIPLOMA
	Islands to stay? If (you have/ has) entered the U.S. Virgin Islands more than once, what is the		HIGH SCHOOL GRADUATE
	latest year?		Regular high school diploma
	Print numbers in boxes. Year		GED or alternative credential
			COLLEGE OR SOME COLLEGE
440	Where was (your/'s) mother born? Print		☐ Some college credit, but less than 1 year of college credit
ııa.	St. Croix, St. John, or St. Thomas if in the U.S. Virgin		1 or more years of college credit, no degree
	Islands, or the name of the U.S. state, commonwealth,		Associate's degree (for example: AA, AS)
	territory, or foreign country.		Bachelor's degree (for example: BA, BS)
			AFTER BACHELOR'S DEGREE
b.	Where was (your/'s) father born? Print		☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	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.		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
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?		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?
	<ul> <li>No, has not attended since February 1 − SKIP to</li> </ul>		Yes, in the U.S. Virgin Islands
	question 13		☐ Yes, not in the U.S. Virgin Islands
	Yes, public school, public college		
	Yes, private school, private college, home school		



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. What is	the name of the o	itv. town. or	village?	L	Yes						
<b>G.</b>		, ,	- J	L	No						
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					Yes						
					No						



### **Person 1 – Continued**

over.	questions 19a–19c if this person is 5 years old or Otherwise, SKIP to question 48.	23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
			Less than 6 months
	☐ Yes ☐ No		6 to 11 months
	□ NO		1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years
	Yes	24.	(Show Card H.) (Have you/Has) ever served on
	□ No	27.	active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	Yes		☐ Yes, now on active duty
	□ No		Yes, on active duty during the last 12 months,
Ask o	question 20 if this person is 15 years old or over. rwise, SKIP to question 48.		but not now  Yes, on active duty in the past, but not during
Olite	i wise, Only to question 40.		the last 12 months
20.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty		<ul> <li>No, training for Reserves or National Guard only − SKIP to question 26a</li> </ul>
	doing errands alone such as visiting a doctor's office or shopping?		No, never served in the military – SKIP to question 27a
	Yes		'
0.4	□ No	25.	(Show Card I.) When did (you)) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH
21.			period in which this person served, even if just for part of the period. After each response, ASK – <b>Any other time?</b>
	Now married		September 2001 or later
	Widowed		August 1990 to August 2001 (including
	Divorced		Persian Gulf War)
	Separated Never married		September 1980 to July 1990
	Never married		May 1975 to August 1980
22.	If this person is female, ASK – <b>How many babies</b>		Vietnam era (August 1964 to April 1975)
	(have you/has she) ever had, not counting stillbirths? Do not count stepchildren or		March 1961 to July 1964
	children (you have/she has) adopted.		February 1955 to February 1961
	None OR Number of children		Korean War (July 1950 to January 1955)
	None OR Number of Children		January 1947 to June 1950
			<ul><li>☐ World War II (December 1941 to December 1946)</li><li>☐ November 1941 or earlier</li></ul>
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		



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### **Person 1 – Continued**

26a.	(Do you/Does) have a VA service-connected disability rating?		question 30 if this person answered "Car, truck, or van" in tion 29. Otherwise, SKIP to question 31.				
	<ul><li>Yes (such as 0%, 10%, 20%,, 100%)</li><li>No − SKIP to question 27a</li></ul>	30.	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK?				
b.	What is (your/'s) service-connected disability rating?		Person(s)				
	<ul><li>□ 0 percent</li><li>□ 10 or 20 percent</li></ul>						
	30 or 40 percent	31.	What time did (you/) usually leave home to				
	50 or 60 percent		go to work LAST WEEK?				
	70 percent or higher		Hour Minute				
27a.	LAST WEEK, did (you/) work for pay at a job (or business)?		□ a.m. □ p.m.				
	_	32.	How many minutes did it usually take (you/) to				
	Yes – SKIP to question 28		get from home to work LAST WEEK?				
	No, did not work (or retired)		Minutes				
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour?						
	Yes	Ask q	uestions 33–36 if this person did NOT work last week.				
	□ No – SKIP to question 33a	Otherwise, SKIP to question 37.					
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.	33a.	LAST WEEK, (were you/was) on layoff from a job?  Yes – SKIP to question 33c				
a	What is the name of the island in the		No				
a.	U.S. Virgin Islands, or name of the U.S. state, commonwealth, territory, or foreign country?	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. – <i>SKIP to question 36</i>				
b.	What is the name of the city, town, or village?		□ 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				
29.	(Show Card J.) How did (you/) usually get to work		OR been given a date to return to work?				
	<b>LAST WEEK?</b> If this person usually used more than one method of transportation during the trip, mark $X$ the box of		Yes – SKIP to question 36				
	the one used for most of the distance.		□ No				
	<ul><li>☐ Car, truck, or van</li><li>☐ Bus (including Vitran or Vitran Plus)</li></ul>	34.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?				
	Taxicab		Yes				
			☐ No – SKIP to question 36				
	Safari or taxi bus		·				
	Ferryboat or water taxi	35.	LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No,"				
	☐ Plane or seaplane		ASK – Was this because of a temporary illness or				
	■ Walked		for some other reason?				
	Worked at home – SKIP to question 37		Yes, could have gone to work				
	Other method		☐ No, because of own temporary illness				
			☐ No, because of all other reasons (in school, etc.)				



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6.	When did (you/) last work, even for a few days?  ☐ 2005 to 2010 ☐ 2004 or earlier, or never worked – SKIP to question 46	40.	Is this mainly - Mark X ONE box.  Manufacturing?  Wholesale trade?  Retail trade?
7–4	2. CURRENT OR MOST RECENT JOB ACTIVITY		Other (agriculture, construction, service, government, etc.)?
	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.	41.	What kind of work (were you/was) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)
<b>.</b>	(Show Card K.) (Were you/Was) - Mark X 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?	42.	What were (your/'s) most important
	<ul><li>□ A local GOVERNMENT employee (territorial, etc.)?</li><li>□ A federal GOVERNMENT employee?</li></ul>		activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)
	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?		
<b>3.</b>	For whom did (you/) work?  If now on active duty in the Armed Forces, mark I this box	43.	LAST YEAR, 2009, did (you/) work at a job or business at any time?
	and print the branch of the Armed Forces.  Name of company, business, or other employer		<ul><li>✓ Yes</li><li>✓ No − SKIP to question 46</li></ul>
		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?
).	What kind of business or industry was this?  Describe the activity at the location where		50 to 52 weeks
	employed. (For example: hospital, newspaper		48 to 49 weeks 40 to 47 weeks
	publishing, mail order house, auto repair shop, bank)		27 to 39 weeks
			14 to 26 weeks
			13 weeks or less
		45.	During 2009, in the WEEKS WORKED, how man hours did (you/) usually work each WEEK?
			Usual hours worked each WEEK



798209

46. The next set of questions is about each income 46e. Did (you/...) receive any public assistance or source (you/...) received during 2009. If the net welfare payments from the state or local welfare income was a loss, please give the dollar office, including Supplemental Security Income (SSI) in 2009? amount of the loss. For income received jointly, report, if possible, the appropriate share for Yes – What was the amount? each person; otherwise, report the whole amount for only one person (and mark X the "No" Annual amount - Dollars box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the No dollar amount. f. Did (you/...) receive any retirement, survivor, or a. Did (you/...) receive any wages, salary, disability pensions in 2009? Do NOT include commissions, bonuses, or tips in 2009? Social Security. ☐ Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or Yes – What was the amount? other items? Annual amount - Dollars Annual amount - Dollars -00 ☐ No No g. Did (you/...) receive any other sources of income b. Did (you/...) receive any self-employment regularly such as Veterans' (VA) payments, income from own nonfarm businesses or farm unemployment compensation, child support, or businesses, including proprietorships and alimony in 2009? Do NOT include lump-sum partnerships in 2009? payments such as money from an inheritance or sale of a home. Yes – What was the NET income after business Yes – What was the amount? expenses? Annual amount - Dollars Annual amount - Dollars Loss -00 ☐ No No Do not ask question 47 if questions 46a-46g are completed. c. Did (you/...) receive any interest, dividends, net rental income, royalty income, or income from Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark X the "Loss" estates and trusts in 2009? Report even small box next to the dollar amount. amounts credited to an account. Yes – What was the amount? 47. What was (your/...'s) total income during 2009? Annual amount - Dollars Loss Annual amount - Dollars Loss .00 None OR No d. Did (you/...) receive any Social Security or **Railroad Retirement in 2009?** Yes – What was the amount? Annual amount - Dollars No Form D-2(E)VI



_			
The	next set of questions is about your household.	<u>53.</u>	Is there a business (such as a store or barber shop) or a medical office on this
<u>48.</u>	(Show Card L.) Which of these categories best describes this building? Include all apartments, flats, etc., even if vacant.		property?  Yes
	nats, etc., even ii vacant.		No
	A mobile home		
	A one-family house detached from any other house	54a.	How many separate rooms are in this
	A one-family house attached to one or more houses		(house/apartment/mobile home)? Rooms must be
	A building with 2 apartments		separated by built-in archways or walls that
			extend out at least 6 inches and go from floor to
	A building with 3 or 4 apartments		ceiling.
	A building with 5 to 9 apartments		• INCLUDE bedrooms, kitchens, etc.
	A building with 10 to 19 apartments		<ul> <li>EXCLUDE bathrooms, porches, balconies,</li> </ul>
	A building with 20 or more apartments		foyers, halls, or unfinished basements.
	A boat or houseboat		1 room
	RV, van, etc.		2 rooms
	,,		
<u>49.</u>	About when was this building first built?		3 rooms
	2009 or 2010		4 rooms
			☐ 5 rooms
	2000 to 2008		6 rooms
	1990 to 1999		7 rooms
	1980 to 1989		8 rooms
	☐ 1970 to 1979		9 or more rooms
	☐ 1960 to 1969		
	☐ 1950 to 1959	b.	How many of these rooms are bedrooms? Count
	☐ 1940 to 1949	_	as bedrooms those rooms you would list if this
	1939 or earlier		(house/apartment/mobile home) were for sale or
	- 1000 of outlief		rent. If this is an efficiency/studio apartment, mark X "No
50.	When did (Read name of Person 1) move into this		bedroom."
<b>J</b> 0.	(house/apartment/mobile home)?		■ No bedroom
			1 bedroom
	2009 or 2010		2 bedrooms
	2000 to 2008		3 bedrooms
	1990 to 1999		4 bedrooms
	☐ 1980 to 1989		5 or more bedrooms
	☐ 1970 to 1979		5 of filore bedrooms
	☐ 1969 or earlier	<b>55.</b>	Does this (house/apartment/
D . ( .		<u>===</u>	mobile home) have - Yes No
Rete	r to question 48. Ask questions 51–53 if this is a HOUSE MOBILE HOME. Otherwise, SKIP to question 54a.		a. Hot and cold running water?
or a i	WOBILE HOWE. Otherwise, SKIP to question 54a.		<b>b.</b> A flush toilet?
51.	How many acres is this house or mobile		<b>c.</b> A bathtub or shower?
<u> </u>	home on?		
			d. A sink with a faucet?
	Less than 1 acre – SKIP to question 53		e. A stove or range?
	1 to 9.9 acres		<b>f.</b> A refrigerator?
	■ 10 or more acres	<b>E</b> C	<b>.</b>
		56.	Does this (house/apartment/mobile home) have telephone service from which you can both make
<u>52.</u>	In 2009, what were the actual sales of all		and receive calls? If "Yes," ASK – Does it have a cell
	agricultural products from this property?		or mobile phone only, a landline only, or both?
	None		
	□ \$1 to \$999		Yes, a cell or mobile phone only
	\$1,000 to \$2,499		Yes, a landline only
	\$2,500 to \$4,999		Yes, both a cell or mobile phone and a landline
			□ No
	\$5,000 to \$9,999		
	\$10,000 or more		



798211

### **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?	<u>62.</u>	Is this (house/apartment/mobile home) part of a condominium?
	None		Yes
	1 1		□ No
	_ 2	63a.	What is the average monthly cost for electricity for this (house/apartment/mobile home)?
	<ul><li>□ 3</li><li>□ 4</li></ul>		Average monthly cost – <i>Dollars</i>
	□ 5		Average monthly cost – Dollars
	☐ 6 or more		\$ .00
58.	Which FUEL is used MOST for cooking in this		OR
	(house/apartment/mobile home)?  Mark X ONE box.		Included in rent or condominium fee
	Gas: bottled or tank		☐ No charge or electricity not used
	☐ Electricity	b.	What is the average monthly cost for gas for this
	Fuel oil, kerosene, etc.		(house/apartment/mobile home)?
	<ul><li>■ Wood or charcoal</li><li>■ Other fuel</li></ul>		Average monthly cost – Dollars
	□ No fuel used		\$
5 <b>9</b> 2	Do you or any member of this household have a		OR
Jai	home computer or laptop in working condition?		☐ Included in rent or condominium fee
	Yes		Included in electricity payment entered above
	□ No – SKIP to question 60a		No charge or gas not used
b.	Do you or any member of this household have an Internet connection at this	C.	What is the average monthly cost for water and sewer for this (house/apartment/mobile home)?
	(house/apartment/mobile home)?		Average monthly cost – Dollars
	☐ Yes		\$ ,
<b>CO</b> -	(Ole and Ocard MA) <b>D</b> and a second of the s		OR
<u>60a.</u>	(Show Card M.) <b>Do you get water from –</b> Mark X ONE box.		Included in rent or condominium fee
	☐ A public system only?		□ No charge
	■ A public system and cistern?	d.	What is the average monthly cost for oil, coal,
	A cistern, tanks, or drums only?	a.	kerosene, wood, etc. for this
	<ul><li>□ A public standpipe?</li><li>□ Some other source, such as an</li></ul>		(house/apartment/mobile home)?
	individual well or spring?		Average monthly cost – <i>Dollars</i>
b.	(Show Card M.) During the past month, did anyone		\$00
=	in this (house/apartment/mobile home) purchase		OR
	any water from – Mark X all that apply.		☐ Included in rent or condominium fee
	<ul><li>■ A water delivery vendor?</li><li>■ A supermarket or grocery store?</li></ul>		☐ No charge or these fuels not used
	Neither	64.	(Show Card N.) Is this (house/apartment/
64	le this building connected to a mublic course?		mobile home) – Mark X ONE box.
<u>61.</u>	Is this building connected to a public sewer?  If "No," ASK – Is it connected to a septic tank or cesspool OR other means?		Owned by you or someone in this household with a mortgage or loan? Include home equity
	Yes, connected to a public sewer		
	No, connected to a septic tank or cesspool		Owned by you or someone in this household free and clear (without a mortgage or loan)?
	No, use other means		Rented?
			Occupied without payment of rent?
orm D-2/F	OVI		



798212

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

	_		_	
9				ററ
w				.uu

#### b. Does the monthly rent include any meals?

П	Ye
	. •

☐ 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?

	Am	oun	t –	Dol	lars	;	
5		,					.00

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

Anr	nual	am	noui	nt –	Dollai
\$					.00
		OR			

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

Annual amount – Dollars

OR

None

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 tr	ust,	or	similar	deb
┚	Yes,	contract to	purch	nase	<u> </u>			

□ 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
	OB		

No regular payment required – SKIP to question 70a

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

ш	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 paymer
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 equ
П	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
	OF	₹	

No regular payment required

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ity loan

798213

Ask question 71 ONLY if this is a CONDOMINIUM.

71.	What is	the month	hly condominium	fee?
-----	---------	-----------	-----------------	------

Monthly amount - Dollars

\$	,	,		.00
~				.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



**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.

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798214

P	erson 2		
7.	Print the name of Person 2 from page 2. First Name MI	12b.	What grade or level (were you/was) attending? Mark NONE box.
	Last Name		<ul> <li>Nursery school, preschool</li> <li>Kindergarten</li> <li>Grade 1 through 12 − Specify grade 1−12</li> </ul>
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.	13.	<ul> <li>College undergraduate years (freshman to senior)</li> <li>Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)</li> <li>(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED?         Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.     </li> </ul>
9.	(Show Card E.) (Are you/Is) a CITIZEN of the United States?		NO SCHOOLING COMPLETED
	<ul> <li>Yes, born in the U.S. Virgin Islands − SKIP to question</li> <li>Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands</li> <li>Yes, born abroad of U.S. parent or parents</li> <li>Yes, a U.S. citizen by naturalization</li> <li>No, not a U.S. citizen (permanent resident)</li> <li>No, not a U.S. citizen (temporary resident)</li> </ul>	n 11a	<ul> <li>No schooling completed</li> <li>NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12</li> <li>□ Nursery school, preschool</li> <li>□ Kindergarten</li> <li>□ Grade 1 through 11 − Specify grade 1−11</li> </ul>
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		☐ 12 <sup>th</sup> 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
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.		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
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.		<ul> <li>Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</li> <li>Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)</li> </ul>
12a.	At any time since February 1, 2010, (have	14.	Doctorate degree (for example: PhD, EdD)  (Have you/Has) completed the requirements for a vocational training program at a trade
	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?	,	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, has not attended since February 1 − SKIP to question 13		Yes, in the U.S. Virgin Islands Yes, not in the U.S. Virgin Islands
	Yes, public school, public college Yes, private school, private college, home school		
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798215

	(Do you/Does) speak a language other	17. (Show Card G.) (Are you/Is) CURRENTLY con
	than English at home?	by any of the following types of health insur- or health coverage plans? Mark "Yes" or "No" fo
	Yes	type of coverage in items a-g.
١	No – SKIP to question 16a	Yes No
). \	What is this language?	a. Insurance through a current or former employer or union (of this person or another family member)
		<b>b.</b> Insurance purchased directly from an
	(For example: French, Spanish, Chinese, Italian)	insurance company (by this person or another family member)
c.	How well (do you/does) speak English?	<b>c.</b> Medicare, for people 65 and older, or people with certain disabilities
	Very well	<b>d.</b> Medicaid, Medical Assistance, or any
	☐ Well ☐ Not well	kind of federal government assistance
i	Not at all	plan for those with low incomes or a disability
	I Not at all	e. TRICARE or other military health care
	Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?	f. VA (including those who have ever used or enrolled for VA health care)
	Person is under 1 year old – SKIP to question 17	g. Any other type of health insurance or
	Yes, this house – SKIP to question 17	health coverage plan – Specify Z
	No, different house	
h	Where did (you/) live 1 year ago?	
<b>c.</b> '	What is the name of the city, town, or village?	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?
		yiasses:
		☐ Yes ☐ No



798216

over.	questions 19a–19c if this person is 5 years old or Otherwise, SKIP to question 48.	23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	Yes		Less than 6 months
	□ No		6 to 11 months
	L NO		1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years
	Yes	24.	(Show Card H.) (Have you/Has) ever served on
	□ No		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	☐ Yes		Yes, now on active duty
	□ No		Yes, on active duty during the last 12 months,
Ask o	question 20 if this person is 15 years old or over. rwise, SKIP to question 48.		but not now  Yes, on active duty in the past, but not during
			the last 12 months
20.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a		<ul> <li>No, training for Reserves or National Guard only – SKIP to question 26a</li> </ul>
	doctor's office or shopping?		No, never served in the military − SKIP to question 27a
	Yes	05	(Charry Card I) When did front I have an active duty
21.	□ No What is (your/'s) marital status?	25.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the
<b>41.</b>			period. After each response, ASK – Any other time?
	Now married		September 2001 or later
	Widowed		August 1990 to August 2001 (including
	Divorced		Persian Gulf War)
	Separated		September 1980 to July 1990
	Never married		☐ May 1975 to August 1980
22.	If this person is female, ASK – <b>How many babies</b>		☐ Vietnam era (August 1964 to April 1975)
	(have you/has she) ever had, not counting		☐ March 1961 to July 1964
	stillbirths? Do not count stepchildren or children (you have/she has) adopted.		☐ February 1955 to February 1961
	children (you nave/sne nas) adopted.		☐ Korean War (July 1950 to January 1955)
	None OR Number of children		☐ January 1947 to June 1950
			World War II (December 1941 to December 1946)
			November 1941 or earlier
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		
D 0//	- NA		1111 18 881 181 811



### **Person 2–Continued**

26a.	(Do you/Does) have a VA service-connected disability rating?		question 30 if this person answered "Car, truck, or van" in tion 29. Otherwise, SKIP to question 31.
b.	<ul> <li>Yes (such as 0%, 10%, 20%,, 100%)</li> <li>No − SKIP to question 27a</li> <li>What is (your/'s) service-connected disability rating?</li> </ul>	30.	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK?  Person(s)
	0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	31.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute  a.m.
	LAST WEEK, did (you/) work for pay at a job (or business)?  Yes – SKIP to question 28  No, did not work (or retired)	32.	p.m.  How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
D.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour?  Yes No – SKIP to question 33a	Othei	questions 33–36 if this person did NOT work last week. rwise, SKIP to question 37.
a.	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.  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?  What is the name of the city, town, or village?	b.	LAST WEEK, (were you/was) on layoff from a job?  Yes - SKIP to question 33c No  No  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  (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months
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	34. 35.	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  During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?  Yes No – SKIP to question 36  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.)



798218

P	erson	2-Cont	tinued
36.	When did (vo	ou/) last work.	even for a fe

Other (agriculture, construction, service, government, etc.)?   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.   (Show Card K.) (Were you/Was) – Mark   \( \tilde{\textit{L}}\) (NE 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-EMPLOVED in own INCORPORATED business, professional practice, or farm?     Working WITHOUT PAY in family business or farm?     Working WITHOUT PAY in family business or farm?     For whom did (you/) work?     If now on active duty in the Armed Forces, mark   It his bax	5. \ [	When did (you/) last work, even for a few days?  2005 to 2010  2004 or earlier, or never worked – SKIP to question 46	40.	Is this mainly - Mark X ONE box.  Manufacturing?  Wholesale trade?  Retail trade?
describe the one at which (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.  (Show Card K.) (Were you/Was) - Mark ⋈ ONE box.  An employee of a PRIVATE 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?  For whom did (you/) work?  If now on active duty in the Armed Forces, mark ⋈ ithis box and print the branch of the Armed Forces. Name of company, business, or other employer  What kind of business or industry was this? Describe the activity at the location where employed, (For example: registered nuise, special printing 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 — SKIP to question 46  44a. During 2009 (all 52 weeks), did (you/) work or few hours, including paid vacation, paid sick leave, and military service?  What kind of business or industry was this? Describe the activity at the location where employed, (For example: palient 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 — SKIP to question 46  44a. During 2009 (all 52 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  14 to 26 weeks  15 buring 2009, in the WEEKS WORKED, how main hours did (you/) usually work each WEEK?	<b>'-42</b>			
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?  For whom did (you/) work? If now on active duty in the Armed Forces, mark X it his box and print the branch of the Armed Forces.  Name of company, business, or other employer  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?    Do to 52 weeks   48 to 49 weeks   40 to 47 weeks   27 to 39 weeks   13 weeks or less   13 weeks or less   14 to 26 weeks   14 to 26 weeks   14 to 26 weeks   14 to 26 weeks   15 to 26 weeks   15 to 26 weeks   16 to 26	k C	ousiness 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	41.	(For example: registered nurse, personnel manager,
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?  Working WITHOUT PAY in family business or farm?  Working WITHOUT PAY in family business or farm?  For whom did (you/) work? If now on active duty in the Armed Forces, mark X lift box and print the branch of the Armed Forces. Name of company, business, or other employer  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, even for a few hours, including paid vacation, paid sick leave, and military service?  So to 52 weeks 45 During 2009, in the WEEKS WORKED, how many hours did (you/) usually work each WEEK?	· (	Show Card K.) (Were you/Was) – Mark 🗴 ONE box.		
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?  Working WITHOUT PAY in family business or farm?  Working WITHOUT PAY in family business or farm?  For whom did (you/) work? If now on active duty in the Armed Forces.  Name of company, business, or other employer  As and print the branch of the Armed Forces.  Name of company, business, or other employer  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)  What were (your/'s) most important activities or duties? (For example: patient care, directing hining policies, supervising order clerks, typing and filing, reconciling financial records)  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.  No  No  How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?  SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  45. LAST YEAR, 2009, did (you/) work at a job or business at any time?  Yes = SKIP to question 46  46a. During 2009 (all 52 weeks), did (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?  150 to 52 weeks  48 to 49 weeks  17 to 29 weeks  18 to 26 weeks  19 weeks or less  19 uring 2009, in the WEEKS WORKED, how man hours did (you/) usually work each WEEK?		company or business or of an individual,		
A federal GOVERNMENT employee?		An employee of a PRIVATE NOT-FOR-PROFIT,	42.	
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?  Working WITHOUT PAY in family business or farm?  For whom did (you/) work?  If now on active duty in the Armed Forces, mark   X  this box	[	(territorial, etc.)?		directing hiring policies, supervising order clerks,
SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?  Working WITHOUT PAY in family business or farm?  For whom did (you/) work?  If now on active duty in the Armed Forces, mark    this box		SELF-EMPLOYED in own NOT INCORPORATED business, professional		
Working WITHOUT PAY in family business or farm?    For whom did (you/) work?   If now on active duty in the Armed Forces, mark   X this box and print the branch of the Armed Forces.   Yes   No − SKIP to question 46    Yes   No − SKIP to question 46    Yes   SKIP to question 45   No   No   Work at a job or business at any time?   Yes   No − SKIP to question 46    Yes   SKIP to question 45   No   No   No   Work at a job or business at any time?   Yes   No − SKIP to question 46    Yes   SKIP to question 45   No   No   No   No   No   No   No   N		SELF-EMPLOYED in own INCORPORATED		
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  44a. During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work \( \) Yes \( \) No  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)  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)  During 2009, in the WEEKS WORKED, how man hours did (you/) usually work each WEEK?		Working WITHOUT PAY in family business		
Name of company, business, or other employer    No - SKIP to question 46    Yes - SKIP to question 45    Yes - SKIP to question 45    No   No   No   No   No   No   No   N	I.	f now on active duty in the Armed Forces, mark Ϫ this box ———————————————————————————————————	43.	business at any time?
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     No		•		
b. How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?  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)  27 to 39 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?	[		44a.	
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)  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?				
Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)  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?			b.	few hours, including paid vacation, paid sick
employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)  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?				
27 to 39 weeks  14 to 26 weeks  13 weeks or less  45. During 2009, in the WEEKS WORKED, how man hours did (you/) usually work each WEEK?	e	employed. (For example: hospital, newspaper		
□ 14 to 26 weeks □ 13 weeks or less  45. During 2009, in the WEEKS WORKED, how many hours did (you/) usually work each WEEK?	þ	publisning, mail order nouse, auto repair shop, bank)		
45. During 2009, in the WEEKS WORKED, how man hours did (you/) usually work each WEEK?				
hours did (you/) usually work each WEEK?				13 weeks or less
Usual hours worked each WEEK			45.	
				Usual hours worked each WEEK



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46. The next set of questions is about each income 46e. Did (you/...) receive any public assistance or source (you/...) received during 2009. If the net welfare payments from the state or local welfare income was a loss, please give the dollar office, including Supplemental Security Income (SSI) in 2009? amount of the loss. For income received jointly, report, if possible, the appropriate share for Yes – What was the amount? each person; otherwise, report the whole amount for only one person (and mark X the "No" Annual amount - Dollars box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the No dollar amount. f. Did (you/...) receive any retirement, survivor, or a. Did (you/...) receive any wages, salary, disability pensions in 2009? Do NOT include commissions, bonuses, or tips in 2009? Social Security. Yes – What was the amount from all jobs before deductions for taxes, bonds, Yes – What was the amount? dues, or other items? Annual amount - Dollars Annual amount - Dollars -00 ☐ No No g. Did (you/...) receive any other sources of income b. Did (you/...) receive any self-employment regularly such as Veterans' (VA) payments, income from own nonfarm businesses or farm unemployment compensation, child support, or businesses, including proprietorships and alimony in 2009? Do NOT include lump-sum partnerships in 2009? payments such as money from an inheritance or sale of a home. Yes – What was the NET income after business Yes – What was the amount? expenses? Annual amount - Dollars Annual amount - Dollars Loss -00 No No c. Did (you/...) receive any interest, dividends, net Do not ask question 47 if questions 46a-46g are completed. rental income, royalty income, or income from Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark X the "Loss" estates and trusts in 2009? Report even small box next to the dollar amount. amounts credited to an account. Yes – What was the amount? 47. What was (your/...'s) total income during 2009? Annual amount - Dollars Loss Annual amount - Dollars Loss .00 None OR П No Refer to S5 on the front cover. If more than two persons are listed, continue with Person 3. If not, SKIP to the d. Did (you/...) receive any Social Security or "Respondent Information" on back page. **Railroad Retirement in 2009?** Yes – What was the amount? Annual amount - Dollars No Form D-2(E)VI

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P	erson 3		
7.	Print the name of Person 3 from page 2. First Name MI	12b.	What grade or level (were you/was) attending? $Mark \times ONE \ box.$
			☐ Nursery school, preschool ☐ Kindergarten
	Last Name		Grade 1 through 12 –  Specify grade 1–12  Self-are reducted warm (freely and to carrier)
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,		<ul> <li>College undergraduate years (freshman to senior)</li> <li>Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)</li> </ul>
	territory, or foreign country.	13.	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED?  Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
9.	(Show Card E.) (Are you/Is) a CITIZEN of the United States?		NO SCHOOLING COMPLETED
	☐ Yes, born in the U.S. Virgin Islands – <i>SKIP to question 1</i>	1a	☐ No schooling completed
	Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands		NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12
	Yes, born abroad of U.S. parent or parents		Nursery school, preschool
	Yes, a U.S. citizen by naturalization  No, not a U.S. citizen (permanent resident)		☐ Kindergarten
	No, not a U.S. citizen (temporary resident)		Grade 1 through 11 – Specify grade 1–11
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		☐ 12 <sup>th</sup> grade − NO DIPLOMA  HIGH SCHOOL GRADUATE  ☐ Regular high school diploma ☐ GED or alternative credential
			COLLEGE OR SOME COLLEGE
11a.	Where was (your/'s) mother born? Print		Some college credit, but less than 1 year of college credit
	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.		<ul> <li>1 or more years of college credit, no degree</li> <li>Associate's degree (for example: AA, AS)</li> <li>Bachelor's degree (for example: BA, BS)</li> </ul>
			AFTER BACHELOR'S DEGREE
b.	Where was (your/'s) father born? Print		☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	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.		Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
			Doctorate degree (for example: PhD, EdD)
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?	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?
	<ul><li>No, has not attended since February 1 − SKIP to question 13</li></ul>		Yes, in the U.S. Virgin Islands Yes, not in the U.S. Virgin Islands
	Yes, public school, public college Yes, private school, private college, home school		



than English at home?  Yes No - SKIP to question 16a  b. What is this language?    Growample: 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   No, different house   What is the name of the U.S. State, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?    What is the name of the city, town, or village?   What is the name of the city, town, or village?   What is the name of the city, town, or village?   What is the name of the city, town, or village?   C. What is the name of the city, town, or village?	han English at home?  Yes  No – SKIP to question 16a	17.	by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EAC type of coverage in items a–g.  Yes No a. Insurance through a current or former
b. What is this language?    Gro example: French, Spanish, Chinese, Italian)   C. How well (do you/does) speak English?   Very well   Well   Not well   Not well   Not at all	,		a. Insurance through a current or former
b. Insurance company (by this person or another family member)  c. How well (do you/does) speak English?  Very well  Well  Not 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 U.S. state, commonwealth, territory, or foreign country?  C. What is the name of the city, town, or village?  b. Insurance company (by this person or another family member)  c. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability  e. TRICARE or other military health care    f. VA (including those who have ever used or enrolled for VA health care)  g. Any other type of health insurance or health coverage plan – Specify  and provides and prov			
Very well   Well   Not 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 U.S. state, commonwealth, territory, or foreign country?    c. What is the name of the city, town, or village?   Westing the name of the city, town, or village?   No    b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	For example: French, Spanish, Chinese, Italian)		<b>b.</b> Insurance purchased directly from an insurance company (by this person or
Weil   Not 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   D. Where did (you/) live 1 year ago?   What is the name of the U.S. state, commonwealth, territory, or foreign country?   Sa. (Are you/ls) deaf or (do you/does) have serious difficulty seeing even when wearing glasses?   C. What is the name of the city, town, or village?   C. What is the name of the city, town, or village?   C. What is the name of the city, town, or village?   D. (Are you/ls) blind or (do you/does) have serious difficulty seeing even when wearing glasses?			
a Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  □ Person is under 1 year old − <i>SKIP to question 17</i> □ Yes, this house − <i>SKIP to question 17</i> □ 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?    What is the name of the city, town, or village?    Any other type of health insurance or health coverage plan − <i>Specify</i>   □	Well Not well		kind of federal government assistance plan for those with low incomes or
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?  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, this house − SKIP to question 17   No, different house	year ago (on April 1, 2009)?		<b>f.</b> VA (including those who have ever used or enrolled for VA health care) $\square$
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?  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, this house – SKIP to question 17		
Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  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?	Where did (you/) live 1 year ago?		
c. What is the name of the city, town, or village?  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	slands, or the name of the U.S. state,	18a.	serious difficulty hearing?
b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	What is the name of the city, town, or village?		_
□ No		b.	(Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes
		Very well Well Not well Not at all  Vid (you/) live in this house or apartment 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  Vhere did (you/) live 1 year ago?  Vhat is the name of the island in the U.S. Virgin slands, or the name of the U.S. state, ommonwealth, territory, or foreign country?	Very well Well Not well Not at all  Vid (you/) live in this house or apartment 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  Vhere did (you/) live 1 year ago?  Vhat is the name of the island in the U.S. Virgin slands, or the name of the U.S. state, ommonwealth, territory, or foreign country?  18a.  Vhat is the name of the city, town, or village?



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over.	questions 19a–19c if this person is 5 years old or Otherwise, SKIP to question 48.	23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	☐ Yes		Less than 6 months
	□ No		6 to 11 months
	L NO		1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years
	Yes	24.	(Show Card H.) (Have you/Has) ever served on
	□ No		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	Yes		Yes, now on active duty
	□ No		Yes, on active duty during the last 12 months,
Ask o	question 20 if this person is 15 years old or over. rwise, SKIP to question 48.		but not now  Yes, on active duty in the past, but not during
00	Parameter and a subscript of successful and successful and		the last 12 months
20.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a		No, training for Reserves or National Guard only – SKIP to question 26a
	doctor's office or shopping?		No, never served in the military − SKIP to question 27a
	Yes	05	(Chan Card I \ Whan did (non)   ) come on oaking dukun
21.	□ No What is (your/'s) marital status?	25.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the
<b>41.</b>			period. After each response, ASK – Any other time?
	Now married		September 2001 or later
	Widowed		August 1990 to August 2001 (including
	Divorced		Persian Gulf War)
	Separated		September 1980 to July 1990
	Never married		☐ May 1975 to August 1980
22.	If this person is female, ASK – <b>How many babies</b>		☐ Vietnam era (August 1964 to April 1975)
	(have you/has she) ever had, not counting		☐ March 1961 to July 1964
	stillbirths? Do not count stepchildren or children (you have/she has) adopted.		☐ February 1955 to February 1961
	children (you nave/sne nas) adopted.		☐ Korean War (July 1950 to January 1955)
	None OR Number of children		☐ January 1947 to June 1950
			World War II (December 1941 to December 1946)
			November 1941 or earlier
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		
aum D 0/I	-N/I		1111 18 881 181 1 8 1881



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### **Person 3–Continued**

26a.	(Do you/Does) have a VA service-connected disability rating?		uestion 30 if this person answered "Car, truck, or van" in ion 29. Otherwise, SKIP to question 31.
	<ul><li>☐ Yes (such as 0%, 10%, 20%,, 100%)</li><li>☐ No − SKIP to question 27a</li></ul>	30.	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK?
b.	What is (your/'s) service-connected disability rating?		Person(s)
	☐ 0 percent ☐ 10 or 20 percent		
	<ul><li>30 or 40 percent</li><li>50 or 60 percent</li></ul>	31.	What time did (you/) usually leave home to go to work LAST WEEK?
	70 percent or higher		Hour Minute a.m.
27a.	LAST WEEK, did (you/) work for pay at a job (or business)?		p.m.
	☐ Yes – SKIP to question 28	32.	How many minutes did it usually take (you/) to get from home to work LAST WEEK?
	No, did not work (or retired)		Minutes
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour?		
	☐ Yes☐ No – SKIP to question 33a		uestions 33–36 if this person did NOT work last week. wise, SKIP to question 37.
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.	33a.	LAST WEEK, (were you/was) on layoff from a job?
			Yes – SKIP to question 33c
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.	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. – <i>SKIP to question 36</i>
b.	What is the name of the city, town, or village?		□ No − SKIP to question 34
29.	(Show Card J.) How did (you/) usually get to work	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?
	<b>LAST WEEK?</b> If this person usually used more than one method of transportation during the trip, mark $X$ the box of the one used for most of the distance.		Yes – SKIP to question 36 No
	Car, truck, or van	34.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?
	<ul><li>Bus (including Vitran or Vitran Plus)</li><li>Taxicab</li></ul>		Yes
	Motorcycle		□ No − SKIP to question 36
	☐ Safari or taxi bus		,
	Ferryboat or water taxi	35.	LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No,"
	Plane or seaplane		ASK – Was this because of a temporary illness or
	Walked		for some other reason?
	<ul><li>Worked at home − SKIP to question 37</li><li>Other method</li></ul>		Yes, could have gone to work
	Outer metriod		No, because of own temporary illness
			No, because of all other reasons (in school, etc.)



798224

P	erson 3-Continued
36.	When did (you/) last work, even for a fe
	2005 to 2010

	When did (you/) last work, even for a few days?		Is this mainly - Mark 🗴 ONE box.
	2005 to 2010		☐ Manufacturing?
	2004 or earlier, or never worked – SKIP to question 46		Wholesale trade?
	,		Retail trade?
4:	2. CURRENT OR MOST RECENT JOB ACTIVITY		Other (agriculture, construction, service, government, etc.)?
	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.	41.	What kind of work (were you/was) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)
	(Show Card K.) (Were you/Was) - Mark X 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?	42.	What were (your/'s) most important
	☐ A local GOVERNMENT employee (territorial, etc.)?		activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,
	■ A federal GOVERNMENT employee?		typing and filing, reconciling financial records)
	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?		
	For whom did (you/) work?  If now on active duty in the Armed Forces,  mark I this box	43.	LAST YEAR, 2009, did (you/) work at a job or business at any time?
	and print the branch of the Armed Forces.		Yes
	Name of company, business, or other employer		□ No – SKIP to question 46
		442	During 2009 (all 52 weeks), did (you/) work
		тта.	50 or more weeks? Count baid time off as wor
		77a.	50 or more weeks? Count paid time off as wor  Ves – SKIP to question 45
		770.	Yes – SKIP to question 45
			☐ Yes – SKIP to question 45 ☐ No
			Yes – SKIP to question 45
	What kind of business or industry was this?		<ul> <li>Yes − SKIP to question 45</li> <li>No</li> <li>How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick</li> </ul>
	Describe the activity at the location where		Yes – SKIP to question 45 No  How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?
	Describe the activity at the location where employed. (For example: hospital, newspaper		<ul> <li>Yes − SKIP to question 45</li> <li>No</li> <li>How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?</li> <li>50 to 52 weeks</li> </ul>
	Describe the activity at the location where		<ul> <li>Yes − SKIP to question 45</li> <li>No</li> <li>How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?</li> <li>50 to 52 weeks</li> <li>48 to 49 weeks</li> </ul>
	Describe the activity at the location where employed. (For example: hospital, newspaper		<ul> <li>Yes − SKIP to question 45</li> <li>No</li> <li>How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?</li> <li>50 to 52 weeks</li> <li>48 to 49 weeks</li> <li>40 to 47 weeks</li> </ul>
	Describe the activity at the location where employed. (For example: hospital, newspaper		<ul> <li>Yes − SKIP to question 45</li> <li>No</li> <li>How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?</li> <li>50 to 52 weeks</li> <li>48 to 49 weeks</li> <li>40 to 47 weeks</li> <li>27 to 39 weeks</li> </ul>
	Describe the activity at the location where employed. (For example: hospital, newspaper		<ul> <li>Yes − SKIP to question 45</li> <li>No</li> <li>How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?</li> <li>50 to 52 weeks</li> <li>48 to 49 weeks</li> <li>40 to 47 weeks</li> <li>27 to 39 weeks</li> <li>14 to 26 weeks</li> <li>13 weeks or less</li> </ul> During 2009, in the WEEKS WORKED, how ma
	Describe the activity at the location where employed. (For example: hospital, newspaper	b.	<ul> <li>Yes − SKIP to question 45</li> <li>No</li> <li>How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?</li> <li>50 to 52 weeks</li> <li>48 to 49 weeks</li> <li>40 to 47 weeks</li> <li>27 to 39 weeks</li> <li>14 to 26 weeks</li> <li>13 weeks or less</li> <li>During 2009, in the WEEKS WORKED, how mahours did (you/) usually work each WEEK?</li> </ul>
	Describe the activity at the location where employed. (For example: hospital, newspaper	b.	<ul> <li>Yes − SKIP to question 45</li> <li>No</li> <li>How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?</li> <li>50 to 52 weeks</li> <li>48 to 49 weeks</li> <li>40 to 47 weeks</li> <li>27 to 39 weeks</li> <li>14 to 26 weeks</li> <li>13 weeks or less</li> </ul> During 2009, in the WEEKS WORKED, how ma



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46. The next set of questions is about each income 46e. Did (you/...) receive any public assistance or source (you/...) received during 2009. If the net welfare payments from the state or local welfare income was a loss, please give the dollar office, including Supplemental Security Income (SSI) in 2009? amount of the loss. For income received jointly, report, if possible, the appropriate share for Yes – What was the amount? each person; otherwise, report the whole amount for only one person (and mark X the "No" Annual amount - Dollars box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the No dollar amount. f. Did (you/...) receive any retirement, survivor, or a. Did (you/...) receive any wages, salary, disability pensions in 2009? Do NOT include commissions, bonuses, or tips in 2009? Social Security. ☐ Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or Yes – What was the amount? other items? Annual amount - Dollars Annual amount - Dollars -00 ☐ No No g. Did (you/...) receive any other sources of income b. Did (you/...) receive any self-employment regularly such as Veterans' (VA) payments, income from own nonfarm businesses or farm unemployment compensation, child support, or businesses, including proprietorships and alimony in 2009? Do NOT include lump-sum partnerships in 2009? payments such as money from an inheritance or sale of a home. Yes – What was the NET income after business Yes – What was the amount? expenses? Annual amount - Dollars Annual amount - Dollars Loss -00 No No c. Did (you/...) receive any interest, dividends, net Do not ask question 47 if questions 46a-46g are completed. rental income, royalty income, or income from Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark X the "Loss" estates and trusts in 2009? Report even small box next to the dollar amount. amounts credited to an account. Yes – What was the amount? 47. What was (your/...'s) total income during 2009? Annual amount - Dollars Loss Annual amount - Dollars Loss .00 None OR No Refer to S5 on the front cover. If more than three persons are listed, continue with Person 4. If not, SKIP to the d. Did (you/...) receive any Social Security or "Respondent Information" on back page. **Railroad Retirement in 2009?** Yes – What was the amount? Annual amount - Dollars No



P	erson 4		
7.	Print the name of Person 4 from page 2. First Name MI	12b.	What grade or level (were you/was) attending? $Mark  \overline{X} $ ONE box.
8. 9.	Last Name  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.  (Show Card E.) (Are you/Is) a CITIZEN of the United States?	13.	<ul> <li>Nursery school, preschool</li> <li>Kindergarten</li> <li>Grade 1 through 12 −         Specify grade 1−12</li> <li>College undergraduate years (freshman to senior)</li> <li>Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)</li> <li>(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.</li> <li>NO SCHOOLING COMPLETED</li> </ul>
10.	<ul> <li>Yes, born in the U.S. Virgin Islands − SKIP to question</li> <li>Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands</li> <li>Yes, born abroad of U.S. parent or parents</li> <li>Yes, a U.S. citizen by naturalization</li> <li>No, not a U.S. citizen (permanent resident)</li> <li>No, not a U.S. citizen (temporary resident)</li> </ul> When did (you/) come to the U.S. Virgin		Nursery school or preschool through GRADE 12  Nursery school, preschool Kindergarten Grade 1 through 11 – Specify grade 1–11  12th grade – NO DIPLOMA
	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		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
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.		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
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.	14.	<ul> <li>Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)</li> <li>□ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)</li> <li>□ Doctorate degree (for example: PhD, EdD)</li> <li>(Have you/Has) completed the requirements</li> </ul>
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	) 	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
	30, private concer, private concept, florite school		



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over.	questions 19a–19c if this person is 5 years old or Otherwise, SKIP to question 48.	23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
			Less than 6 months
	☐ Yes ☐ No		6 to 11 months
	INO NO		1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years
	Yes	24.	(Show Card H.) (Have you/Has) ever served on
	No		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	☐ Yes		Yes, now on active duty
	□ No		Yes, on active duty during the last 12 months,
Ask o	question 20 if this person is 15 years old or over. rwise, SKIP to question 48.		but not now  Yes, on active duty in the past, but not during
	·		the last 12 months
20.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty		<ul> <li>No, training for Reserves or National Guard only − SKIP to question 26a</li> </ul>
	doing errands alone such as visiting a doctor's office or shopping?		□ No, never served in the military – <i>SKIP to</i> guestion 27a
	Yes		·
04	□ No	25.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH
21.			period in which this person served, even if just for part of the period. After each response, ASK – <b>Any other time?</b>
	Now married		
	Widowed		September 2001 or later
	Divorced		August 1990 to August 2001 (including Persian Gulf War)
	Separated		September 1980 to July 1990
	Never married		☐ May 1975 to August 1980
22.	If this person is female, ASK – <b>How many babies</b>		☐ Vietnam era (August 1964 to April 1975)
	(have you/has she) ever had, not counting		☐ March 1961 to July 1964
	stillbirths? Do not count stepchildren or		February 1955 to February 1961
	children (you have/she has) adopted.		☐ Korean War (July 1950 to January 1955)
	■ None OR Number of children		☐ January 1947 to June 1950
			☐ World War II (December 1941 to December 1946)
			November 1941 or earlier
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		
	INO - SKIF IO QUESIION 24		
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798229

### **Person 4–Continued**

26a.	(Do you/Does) have a VA service-connected disability rating?		question 30 if this person answered "Car, truck, or van" in tion 29. Otherwise, SKIP to question 31.
	<ul><li>Yes (such as 0%, 10%, 20%,, 100%)</li><li>No − SKIP to question 27a</li></ul>	30.	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK?
b.	What is (your/'s) service-connected disability rating?		Person(s)
	<ul><li>□ 0 percent</li><li>□ 10 or 20 percent</li></ul>		
	30 or 40 percent	31.	What time did (you/) usually leave home to
	50 or 60 percent		go to work LAST WEEK?
	70 percent or higher		Hour Minute
27a.	LAST WEEK, did (you/) work for pay at a job (or business)?		□ a.m. □ p.m.
	_	32.	How many minutes did it usually take (you/) to
	Yes – SKIP to question 28		get from home to work LAST WEEK?
	No, did not work (or retired)		Minutes
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour?		
	☐ Yes		ruestions 33–36 if this person did NOT work last week.
	□ No – SKIP to question 33a	Othe	rwise, SKIP to question 37.
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.	33a.	LAST WEEK, (were you/was) on layoff from a job?  Yes – SKIP to question 33c
a.	What is the name of the island in the		□ No
-	U.S. Virgin Islands, or name of the U.S. state, commonwealth, territory, or foreign country?	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. – <i>SKIP to question 36</i>
b.	What is the name of the city, town, or village?		□ No − SKIP to question 34
			,
29.	(Show Card J.) How did (you/) usually get to work LAST WEEK? If this person usually used more than one	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?
	method of transportation during the trip, mark X the box of		Yes – SKIP to question 36
	the one used for most of the distance.		□ No
	<ul><li>Car, truck, or van</li><li>Bus (including Vitran or Vitran Plus)</li></ul>	34.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?
	☐ Taxicab		Yes
			☐ No – SKIP to question 36
	Safari or taxi bus		·
	Ferryboat or water taxi	35.	LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No,"
	☐ Plane or seaplane		ASK – Was this because of a temporary illness or
	■ Walked		for some other reason?
	Worked at home – SKIP to question 37		Yes, could have gone to work
	Other method		☐ No, because of own temporary illness
			☐ No, because of all other reasons (in school, etc.)



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<ul> <li>When did (you/) last work, even for a few days?</li> <li>□ 2005 to 2010</li> <li>□ 2004 or earlier, or never worked − SKIP to question 46</li> </ul>	40.	Is this mainly - Mark X ONE box.  Manufacturing?  Wholesale trade?  Retail trade?
-42. CURRENT OR MOST RECENT JOB ACTIVITY		Other (agriculture, construction, service, government, etc.)?
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.		What kind of work (were you/was) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)
(Show Card K.) (Were you/Was) - Mark X 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?	42.	What were (your/'s) most important
<ul> <li>□ A local GOVERNMENT employee (territorial, etc.)?</li> <li>□ A federal GOVERNMENT employee?</li> </ul>		activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)
<ul> <li>SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?</li> <li>SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</li> <li>Working WITHOUT PAY in family business or farm?</li> </ul>		
For whom did (you/) work?  If now on active duty in the Armed Forces, mark   this box		LAST YEAR, 2009, did (you/) work at a job or business at any time?
and print the branch of the Armed Forces.  Name of company, business, or other employer		<ul><li>☐ Yes</li><li>☐ No – SKIP to question 46</li></ul>
		During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work
		☐ Yes – <i>SKIP to question 45</i> ☐ No
		How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?
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)		50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks
		13 weeks or less



Usual hours worked each WEEK

46. The next set of questions is about each income 46e. Did (you/...) receive any public assistance or source (you/...) received during 2009. If the net welfare payments from the state or local welfare income was a loss, please give the dollar office, including Supplemental Security Income (SSI) in 2009? amount of the loss. For income received jointly, report, if possible, the appropriate share for Yes – What was the amount? each person; otherwise, report the whole amount for only one person (and mark X the "No" Annual amount - Dollars box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the No dollar amount. f. Did (you/...) receive any retirement, survivor, or a. Did (you/...) receive any wages, salary, disability pensions in 2009? Do NOT include commissions, bonuses, or tips in 2009? Social Security. Yes – What was the amount from all jobs before deductions for taxes, bonds, Yes – What was the amount? dues, or other items? Annual amount - Dollars Annual amount - Dollars -00 ☐ No No g. Did (you/...) receive any other sources of b. Did (you/...) receive any self-employment income regularly such as Veterans' (VA) income from own nonfarm businesses or farm payments, unemployment compensation, businesses, including proprietorships and child support, or alimony in 2009? Do NOT partnerships in 2009? include lump-sum payments such as money from an inheritance or sale of a home. Yes – What was the NET income after business Yes – What was the amount? expenses? Annual amount - Dollars Annual amount - Dollars Loss -00 No No c. Did (you/...) receive any interest, dividends, net Do not ask question 47 if questions 46a-46g are completed. rental income, royalty income, or income from Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark X the "Loss" estates and trusts in 2009? Report even small box next to the dollar amount. amounts credited to an account. Yes – What was the amount? 47. What was (your/...'s) total income during 2009? Annual amount - Dollars Loss Annual amount - Dollars Loss .00 None OR No Refer to S5 on the front cover . If more than four persons are listed, continue with Person 5. If not, SKIP to the d. Did (you/...) receive any Social Security or "Respondent Information" on back page. **Railroad Retirement in 2009?** Yes – What was the amount? Annual amount - Dollars No



P	erson 5		
7.	Print the name of Person 5 from page 2. First Name MI	12b.	What grade or level (were you/was) attending? $Mark \times ONE \ box.$
			Nursery school, preschool
			☐ Kindergarten
	Last Name		Grade 1 through 12 –
			Specify grade 1–12 College undergraduate years (freshman to senior)
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.	13.	Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)  (Show Card F.) What is the highest degree or
•	(Chaus Cord E.) (Are you'll a land of the		level of school (you have/ has) COMPLETED?  Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
9.	(Show Card E.) (Are you/Is) a CITIZEN of the United States?		NO SCHOOLING COMPLETED
	Yes, born in the U.S. Virgin Islands – SKIP to question 13	1a	☐ No schooling completed
	Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands		NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12
	Yes, born abroad of U.S. parent or parents		Nursery school, preschool
	Yes, a U.S. citizen by naturalization  No, not a U.S. citizen (permanent resident)		☐ Kindergarten
	No, not a U.S. citizen (temporary resident)		☐ Grade 1 through 11 —  Specify grade 1–11
10.	When did (you/) come to the U.S. Virgin		☐ 12 <sup>th</sup> grade − NO DIPLOMA
	Islands to stay? If (you have/ has) entered the		HIGH SCHOOL GRADUATE
	U.S. Virgin Islands more than once, what is the latest year?		Regular high school diploma
	Print numbers in boxes. Year		GED or alternative credential
			COLLEGE OR SOME COLLEGE
11a.	Where was (your/'s) mother born? Print		Some college credit, but less than 1 year of college credit
· · · ·	St. Croix, St. John, or St. Thomas if in the U.S. Virgin		1 or more years of college credit, no degree
	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		Associate's degree (for example: AA, AS)
	tornery, or recogn equality.		Bachelor's degree (for example: BA, BS)
			AFTER BACHELOR'S DEGREE
b.	Where was (your/'s) father born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin		Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
			Doctorate degree (for example: PhD, EdD)
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?	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
	No, has not attended since February 1 – SKIP to question 13		Yes, not in the U.S. Virgin Islands
	Yes, public school, public college Yes, private school, private college, home school		
	- 103, private soriooi, private college, northe school		



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a. Insurance through a current or former employer or union (of this person or another family member)	what is this language?	a. Insurance through a current or former employer or union (of this person or another family member)    French, Spanish, Chinese, Italian)   How well (do you/does) speak English?   Very well   Well   Not well   Not at all   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  Where did (you/) live 1 year ago?  What is the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?    What is the name of the city, town, or village?   Yes   No     Lare you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?   Yes	a. Insurance through a current or former employer or union (of this person or another family member)    Well   How well (do you/does) speak English?   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   No, different house   Where did (you/) live 1 year ago?   What is the name of the U.S. state, commonwealth, territory, or foreign country?   What is the name of the city, town, or village?   What is the name of the city, town, or village?   Yes   No      What is the name of the city, town, or village?   Yes   Yes      An insurance through a current or former employer or union (of this person or another family member)   Did (you/man) (by this person or another family member)   Din Insurance company (by this person or another family member)   Din Insurance or health creating ideating insurance or people with cretain disabilities   Din Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability   Did (federal government assistance plan for those with low incomes or a disability   Did (federal government assistance plan for those with low incomes or a disability   Did (federal government assistance plan for those with low incomes or a disability   Did (federal government assistance plan for those with low incomes or a disability   Did (federal government assistance plan for those with low incomes or a disability   Did (federal government assistance, or any kind of federal government a	a. Insurance through a current or former employer or union (of this person or another family member).  b. Insurance purchased directly from an insurance company (by this person or another family member).  c. How well (do you/does) speak English?    Very well   Wel	☐ Yes☐ No – SKIP to question 16a	17. (Show Card G.) (Are you/Is) CURRENTLY cove by any of the following types of health insurar or health coverage plans? Mark "Yes" or "No" for type of coverage in items a-g.  Yes No
b. Insurance company (by this person or another family member)	Section   Spanish   Chinese   Italian   Spanish   Chinese   Spanish   Chinese   Italian   Spanish   Chinese   Chin	b. Insurance purchased directly from an insurance company (by this person or another family member)	b. Insurance purchased directly from an insurance company (by this person or another family member)	b. Insurance purchased directly from an insurance company (by this person or another family member)	What is this language?	<ul> <li>a. Insurance through a current or former employer or union (of this person or</li> </ul>
How well (do you/does) speak English?  Very well  Well  Not well  Not well  Not at all  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  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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?	How well (do you/does) speak English?    Very well   Well   Well   Well   Well   Not well   Not well   Not at all	How well (do you/does) speak English?    Very well     Well     Not well     Not well     Not at all     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     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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?    Medicare, for people 65 and older, or people with certain disabilities     Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability     VA (including those who have ever used or enrolled for VA health care)     G. Any other type of health insurance or health coverage plan − Specify     Person is under 1 year old − SKIP to question 17     No, different house     G. Medicare, for people 65 and older, or people with certain disabilities     VA (including those who have ever used or enrolled for VA health care)     G. Any other type of health insurance or health coverage plan − Specify     Section     Section	How well (do you/does) speak English?    Very well     Well     Not well     Not well     Not at all     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     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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?    Medicare, for people 65 and older, or people with certain disabilities     Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability     VA (including those who have ever used or enrolled for VA health care)     Q. Any other type of health insurance or health coverage plan − Specify     Q. Any other type of health insurance or health coverage plan − Specify     Are you/ls) deaf or (do you/does) have serious difficulty hearing?   Yes     No     Did (You/) live in this house or apartment     Va (including those who have ever used or enrolled for VA health care)     Q. Any other type of health insurance or health coverage plan − Specify     Section     Section     No difficulty hearing     Yes     No     No     No     Did (You/) live in this house or any kind of federal government assistance plan for those with low incomes or a disability     O     No	How well (do you/does) speak English?  Very well  Well  Not well  Not well  Not at all  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  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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Islands, or the name of the city, town, or village?  What is the name of the city, town, or village?  Yes  No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes	(For example: French, Spanish, Chinese, Italian)	<b>b.</b> Insurance purchased directly from an insurance company (by this person or
Very well   We	Very well   Well   Well   Wot well   Not well   Not well   Not at all	Very well   Well   Well   Wot well   Not well   Not well   Not at all	Very well   Well   Well   Wot well   Not well   Not well   Not at all	Very well   Well   Well   Wot well   Not well   Not well   Not at all	How well (do you/does) speak English?	c. Medicare, for people 65 and older, or
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  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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Isa. (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?	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  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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Isa. (Are you/Is) deaf or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes	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  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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Yes  No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes	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  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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Yes  No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes	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  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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Yes  No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes	☐ Well Not well	<b>d.</b> Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or
□ Person is under 1 year old − <i>SKIP to question 17</i> □ Yes, this house − <i>SKIP to question 17</i> □ No, different house  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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Isla. (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?	□ Person is under 1 year old − <i>SKIP to question 17</i> □ Yes, this house − <i>SKIP to question 17</i> □ No, different house  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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?    Yes   No	□ Person is under 1 year old − <i>SKIP to question 17</i> □ Yes, this house − <i>SKIP to question 17</i> □ No, different house  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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  □ Yes □ No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? □ Yes	□ Person is under 1 year old − <i>SKIP to question 17</i> □ Yes, this house − <i>SKIP to question 17</i> □ No, different house  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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  □ Yes □ No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? □ Yes	□ Person is under 1 year old − <i>SKIP to question 17</i> □ Yes, this house − <i>SKIP to question 17</i> □ No, different house  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?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  □ Yes □ No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? □ Yes	Did (you/) live in this house or apartment	<b>f.</b> VA (including those who have ever
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?  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?	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?  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	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?  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	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?  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	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?  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	☐ Person is under 1 year old – SKIP to question 17☐ Yes, this house – SKIP to question 17	<b>g.</b> Any other type of health insurance or
serious difficulty seeing even when wearing glasses?	serious difficulty seeing even when wearing glasses?	serious difficulty seeing even when wearing glasses?	serious difficulty seeing even when wearing glasses?	serious difficulty seeing even when wearing glasses?	What is the name of the city, town, or village?	serious difficulty hearing?
□ No						serious difficulty seeing even when wearing glasses?



Ask questions 19a-19c if this person is 5 years old or 23c. How long (have you/has ...) been responsible for the(se) grandchild(ren)? If (you are/... is) over. Otherwise, SKIP to question 48. financially responsible for more than one grandchild, answer the question for the 19a. Because of a physical, mental, or emotional grandchild for whom (you have/... has) been condition, (do you/does ...) have serious difficulty concentrating, remembering, or responsible for the longest period of time. making decisions? Less than 6 months Yes 6 to 11 months ☐ No 1 or 2 years 3 or 4 years b. (Do you/Does ...) have serious difficulty walking 5 or more vears or climbing stairs? Yes (Show Card H.) (Have you/Has ...) ever served on active duty in the U.S. Armed Forces, military ☐ No **Reserves, or National Guard? Active duty does** not include training for the Reserves or National c. (Do you/Does ...) have difficulty dressing or Guard, but DOES include activation, for example, bathing? for the Persian Gulf War. Yes Yes, now on active duty No Yes, on active duty during the last 12 months. but not now Ask question 20 if this person is 15 years old or over. Otherwise, SKIP to guestion 48. Yes, on active duty in the past, but not during the last 12 months 20. Because of a physical, mental, or emotional No, training for Reserves or National Guard condition, (do you/does ...) have difficulty only - SKIP to question 26a doing errands alone such as visiting a No, never served in the military – SKIP to doctor's office or shopping? question 27a Yes No 25. (Show Card I.) When did (you/...) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH 21. What is (your/...'s) marital status? period in which this person served, even if just for part of the period. After each response, ASK - Any other time? Now married September 2001 or later Widowed August 1990 to August 2001 (including Divorced Persian Gulf War) Separated September 1980 to July 1990 Never married May 1975 to August 1980 Vietnam era (August 1964 to April 1975) 22. If this person is female, ASK – How many babies (have you/has she) ever had, not counting March 1961 to July 1964 stillbirths? Do not count stepchildren or February 1955 to February 1961 children (you have/she has) adopted. Korean War (July 1950 to January 1955) None OR Number of children January 1947 to June 1950 World War II (December 1941 to December 1946) November 1941 or earlier 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? ■ No – SKIP to question 24

26a.	(Do you/Does) have a VA service-connected disability rating?		uestion 30 if this person answered "Car, truck, or van" in ion 29. Otherwise, SKIP to question 31.
b.	<ul> <li>Yes (such as 0%, 10%, 20%,, 100%)</li> <li>No − SKIP to question 27a</li> <li>What is (your/'s) service-connected disability rating?</li> <li>□ 0 percent</li> </ul>	30.	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK?  Person(s)
	<ul> <li>10 or 20 percent</li> <li>30 or 40 percent</li> <li>50 or 60 percent</li> <li>70 percent or higher</li> </ul>	31.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute  a.m.
27a.	LAST WEEK, did (you/) work for pay at a job (or business)?  Yes – SKIP to question 28  No, did not work (or retired)	32.	How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour?  Yes No - SKIP to question 33a		uestions 33–36 if this person did NOT work last week. wise, SKIP to question 37.
a.	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.  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?  What is the name of the city, town, or village?  (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	b.	LAST WEEK, (were you/was) on layoff from a job?  Yes – SKIP to question 33c  No  No  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  (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
	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	34. 35.	<ul> <li>□ No</li> <li>During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?</li> <li>□ Yes</li> <li>□ No − SKIP to question 36</li> <li>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?</li> <li>□ Yes, could have gone to work</li> <li>□ No, because of own temporary illness</li> <li>□ No, because of all other reasons (in school, etc.)</li> </ul>



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	When did (you/) last work, even for a few days?	40.	Is this mainly - Mark X ONE box.
	2005 to 2010		☐ Manufacturing?
	☐ 2004 or earlier, or never worked – SKIP to question 46		Wholesale trade?
	·		Retail trade?
ŀ	2. CURRENT OR MOST RECENT JOB ACTIVITY		Other (agriculture, construction, service, government, etc.)?
	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.	41.	What kind of work (were you/was) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)
	(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?	42.	What were (your/'s) most important
	☐ A local GOVERNMENT employee		activities or duties? (For example: patient care,
	(territorial, etc.)?		directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)
	■ A federal GOVERNMENT employee?		typing and liling, reconciling linancial records)
	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?		
	For whom did (you/) work?  If now on active duty in the Armed Forces, mark X this box — — — — — — — — — — — — — — — — — — —	43.	LAST YEAR, 2009, did (you/) work at a job o business at any time?
	Name of company, business, or other employer		□ No – SKIP to question 46
	Tame of Company, Sacrification of Company of		<b>'</b>
		44a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as wo
			☐ Yes – SKIP to question 45
			□ No
		b.	How many weeks DID (you/) work, even for few hours, including paid vacation, paid sick leave, and military service?
9.	What kind of business or industry was this?		50 to 52 weeks
	Describe the activity at the location where		48 to 49 weeks
	employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)		40 to 47 weeks
	publishing, mail order house, auto repail shop, bank)		27 to 39 weeks
			14 to 26 weeks



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

Usual hours worked each WEEK

46. The next set of questions is about each income 46e. Did (you/...) receive any public assistance or source (you/...) received during 2009. If the net welfare payments from the state or local welfare income was a loss, please give the dollar office, including Supplemental Security Income (SSI) in 2009? amount of the loss. For income received jointly, report, if possible, the appropriate share for Yes – What was the amount? each person; otherwise, report the whole amount for only one person (and mark X the "No" Annual amount - Dollars box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the No dollar amount. f. Did (you/...) receive any retirement, survivor, or a. Did (you/...) receive any wages, salary, disability pensions in 2009? Do NOT include commissions, bonuses, or tips in 2009? Social Security. Yes – What was the amount from all jobs before deductions for taxes, bonds, Yes – What was the amount? dues, or other items? Annual amount - Dollars Annual amount - Dollars -00 ☐ No No g. Did (you/...) receive any other sources of income b. Did (you/...) receive any self-employment regularly such as Veterans' (VA) payments, income from own nonfarm businesses or farm unemployment compensation, child support, or businesses, including proprietorships and alimony in 2009? Do NOT include lump-sum partnerships in 2009? payments such as money from an inheritance or sale of a home. Yes – What was the NET income after business Yes – What was the amount? expenses? Annual amount - Dollars Annual amount - Dollars Loss -00 No No c. Did (you/...) receive any interest, dividends, net Do not ask question 47 if questions 46a-46g are completed. rental income, royalty income, or income from Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark X the "Loss" estates and trusts in 2009? Report even small box next to the dollar amount. amounts credited to an account. Yes – What was the amount? 47. What was (your/...'s) total income during 2009? Annual amount - Dollars Loss Annual amount - Dollars Loss .00 None OR No Refer to S5 on the front and cover. If more than five persons are listed, continue with D-2(E) Supp VI form, If d. Did (you/...) receive any Social Security or not, continue with the "Respondent Information" on back **Railroad Retirement in 2009?** page. Yes – What was the amount? Annual amount - Dollars No



		39						
RESPONDENT INFORMATION								
R1. Enter respondent's name.  First Name  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						
INTER	RVIEW SUMMARY							
<ul> <li>A. Status on April 1, 2010</li> <li>1 = Occupied</li> <li>2 = Vacant – Regular</li> <li>3 = Vacant – Usual home elsewhere</li> <li>4 = Demolished/Burned out/ Cannot locate</li> <li>5 = Nonresidential</li> <li>6 = Empty mobile home/trailer site</li> <li>7 = Uninhabitable (open to elements, condemned, under construction)</li> <li>8 = Duplicate – Record ID of Dup. ▼</li> </ul>	categor vacant (Read category)  01-49 = Total persons  00 = Vacant  98 = Delete  99 = POP unknown  For sor occurrence  For no category  Read	- If vacant, ASK - Which ry best described this unit as of April 1, 2010? ategories.) ent ed, not occupied ale only not occupied aeasonal, recreational, acasional use nigrant workers r vacant						
D. UHE E. MOV F. PI G. REF H. CO	D I. REP J. VDC K. JIC1 L	JIC2						
RECO	RD OF CONTACT							
Type Month Day Time (Max.)    Personal	Dutcome Type Month Day Tim Personal Telephone Personal Telephone Personal Telephone Contact RE = Refusal Telephone  Telephone  Conducted interests	a.m. p.m. a.m. p.m. a.m. p.m.						
CERT	IFICATION							
I certify that the entries I have made on this questionnain to the best of my knowledge. Enumerator's signature and date		der's initials CLD number  Day						

