| TRANSCRIBE FROM THE ADDRESS LABEL AREA ON FORM D | 0-2(E)VI OR D-13 VI. |
|--------------------------------------------------|----------------------------------------------------------------------------------------|
| LCO County Block AA Ma | ap Spot |
| | |
| Unit ID | |
| | Form |
| House # Road name | |
| | of of |
| Estate name | Plot # House # Form(s) |
| | |
| Physial landmark/Other identifying information | |
| Island | ZIP Code |
| Isialiu | ZIF Code |
| | |
| CONTINUATION Census 2010-U.S. | |
| FORM D-2(E)SUPP VI (1-21-2009) | U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU |
| | |

798001

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 6** X Person 1 Male First Name MI Female Last Name **Person 7** 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 8** 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 9** 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 10 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)SUPP VI

798002

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

798003

| 3. | His | spanic origin | s are not races. What | is (Name's) race? groups include Hmon | g, La | e races. For this census, otian, Thai, Pakistani, Cambodian, and so on. jian, Tongan, and so on. |
|----|-----|--------------------------|--------------------------------------|------------------------------------------|----------|--------------------------------------------------------------------------------------------------------|
| | | White | Black, African American, or Negro | American Indian or Alaska Native | | What is the name of the enrolled or principal tribe |
| | | Asian Indian Japanese | ☐ Chinese☐ Korean | ☐ Filipino ☐ Vietnamese | | Other Asian – What is that group? |
| | | Native Hawaiian | Guamanian or Chamorro | Samoan | | Other Pacific Islander – What is that group? |
| | | | e – What is that group? | ? | → | |
| | | White | Black, African American, or Negro | American Indian or Alaska Native | | What is the name of the enrolled or principal tribe? |
| | | Asian Indian | Chinese | Filipino | | Other Asian – What is that group? |
| | | Japanese | ☐ Korean | ☐ Vietnamese | | |
| | | Native Hawaiian | Guamanian or Chamorro | Samoan | | Other Pacific Islander – What is that group? |
| | | Some other rac | e – What is that group? | ? | → | |
| | | White | Black, African American, or Negro | American Indian or Alaska Native | | What is the name of the enrolled or principal tribe |
| | | Asian Indian Japanese | ☐ Chinese ☐ Korean | Filipino Vietnamese | | Other Asian – What is that group? |
| | | Native Hawaiian | Guamanian or Chamorro | Samoan | | Other Pacific Islander - What is that group? |
| | | Some other rac | e – What is that group? | ? | → | |
| | | White | Black, African American, or Negro | American Indian or Alaska Native | | What is the name of the enrolled or principal tribe |
| | | Asian Indian | Chinese | Filipino | | Other Asian – What is that group? |
| | | Japanese | ☐ Korean | ☐ Vietnamese | | |
| | | Native Hawaiian | Guamanian or Chamorro | Samoan | | Other Pacific Islander – What is that group? |
| | | Some other rac | e – What is that group? | ? | → | |
| | | White | Black, African American, or Negro | American Indian or Alaska Native | | What is the name of the enrolled or principal tribe |
| | | Asian Indian | Chinese Korean | ☐ Filipino ☐ Vietnamese | | Other Asian – What is that group? |
| | | Japanese | = | | | |
| | Ш | Native Hawaiian | Guamanian or Chamorro | Samoan | | Other Pacific Islander – What is that group? |
| | П | Some other rac | e – What is that group? | ? | → | |

| P | erson 6 | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. | Print the name of Person 1 from page 2. First Name MI | 12b. | What grade or level (were you/was) attending? Mark X ONE box. |
| | Last Name | | Nursery school, preschool Kindergarten 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. | level of school (you have/ has) COMPLETED? |
| 9. | (Show Card E.) (Are you/Is) a CITIZEN of the | | Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received. |
| ٠. | United States? | | NO SCHOOLING COMPLETED |
| | ☐ Yes, born in the U.S. Virgin Islands – SKIP to question 11a | ì | ■ 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 | | ☐ Kindergarten |
| | No, not a U.S. citizen (permanent resident) 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 th 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 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. | | Some college credit, but less than 1 year of college credit 1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS) |
| | | | |
| h. | Where was (your/'s) father born? Print | | AFTER BACHELOR'S DEGREE ☐ 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) |
| | termory, or loreign country. | | 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? No, has not attended since February 1 – SKIP to | 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 |
| | question 13 Yes, public school, public college Yes, private school, private college, home school | | Yes, not in the U.S. Virgin Islands |
| | 100, private concert, private concept, frome sonor | | |



798005

| | erson o-continued | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15a. | (Do you/Does) speak a language other than English at home? Yes No - SKIP to question 16a | 17. | (Show Card G.) (Are you/Is) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-g. |
| b. | What is this language? | | a. Insurance through a current or former employer or union (of this person or |
| | (For example: French, Spanish, Chinese, Italian) | | another family member) |
| c. | How well (do you/does) speak English? | | c. Medicare, for people 65 and older, or people with certain disabilities |
| | Very wellWellNot wellNot at all | | d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability |
| | I NOT at all | | e. TRICARE or other military health care |
| 16a. | 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 □ Yes, this house − SKIP to question 17 □ No, different house | | g. Any other type of health insurance or health coverage plan − <i>Specify</i> □ □ |
| | | | |
| b. | Where did (you/) live 1 year ago? | | |
| | What is the name of the island in the U.S. Virgi Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | | (Are you/Is) deaf or (do you/does) have |
| | | | serious difficulty hearing? |
| _ | What is the name of the city, town, or village? | | Yes |
| C. | | | □ No |
| | | b. | (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? |
| | | | ☐ Yes |
| | | | □ No |
| | | | |
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798006

| 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 | | 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 | | 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 | | No, training for Reserves or National Guard only – SKIP to question 26a |
| | doing errands alone such as visiting a doctor's office or shopping? | | No, never served in the military − SKIP to question 27a |
| | Yes | 05 | (Oh O (1) Who |
| 24 | □ No | 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 |
| 21. | | | 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 – How many babies | | ☐ 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 |
| | — 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) |
| 00 - | | | 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 6" | ZVOLUDD VII | | |



798007

| (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. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 30. | How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK? |
| What is (your/'s) service-connected disability rating? | | 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)? | | p.m. |
| Yes – SKIP to question 28 | 32. | How many minutes did it usually take (you/) to get from home to work LAST WEEK? |
| , | | Minutes |
| ☐ Yes ☐ No – SKIP to question 33a | | uestions 33–36 if this person did NOT work last week. wise, SKIP to question 37. |
| 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 |
| (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. | 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.) |
| | Yes (such as 0%, 10%, 20%, , 100%) No − SKIP to question 27a What is (your/'s) service-connected disability rating? 0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher LAST WEEK, did (you/) work for pay at a job (or business)? Yes − SKIP to question 28 No, did not work (or retired) LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Yes No − SKIP to question 33a 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 I 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 | disability rating? Yes (such as 0%, 10%, 20%,, 100%) No - SKIP to question 27a What is (your/'s) service-connected disability rating? O percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher LAST WEEK, did (you/) work for pay at a job (or business)? Yes - SKIP to question 28 No, did not work (or retired) LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Yes No - SKIP to question 33a 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 X 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 |



798008

| Person | 6-Continu | ed |
|--------|-----------|----|
|--------|-----------|----|

| 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 ✗ 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) |
| . | (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.)?□ A federal GOVERNMENT employee? | | 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? | | |
| | For whom did (you/) work? If now on active duty in the Armed Forces, mark \(\begin{array}{c} \begin{array}{c} \text{ this box} & \end{array} \) | 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 | | ✓ 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? |
|). | 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 |
| | | | |
| | | | |



798009

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 П No Refer to S5 on the D-2(E) VI. If the number of people is more than six, continue on the next page. If not, SKIP to d. Did (you/...) receive any Social Security or the "Respondent Information" block on page 39 of form **Railroad Retirement in 2009?** D-2(E) VI. Yes – What was the amount? Annual amount - Dollars No



| P | erson 7 | | |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. | Print the name of Person 2 from page 2. First Name MI | 12b. | What grade or level (were you/was) attending? $Mark \overline{X} ONE box.$ |
| | | | ☐ 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 level of school (you have/ has) COMPLETED? Mark X ONE box. If currently enrolled, mark the previous |
| 9. | (Show Card E.) (Are you/Is) a CITIZEN of the | | grade or highest degree received. |
| | United States? | 110 | NO SCHOOLING COMPLETED No schooling completed |
| | Yes, born in the U.S. Virgin Islands − SKIP to question Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands | 11a | 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 th 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? Print numbers in boxes. | | Regular high school diploma GED or alternative credential |
| | Year | | COLLEGE OR SOME COLLEGE |
| | | | ☐ Some college credit, but less than 1 year of college |
| 11a. | Where was (your/'s) mother born? Print | | credit 1 or more years of college credit, no degree |
| | St. Croix, St. John, or St. Thomas if in the U.S. Virgin 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 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) |
| l 2a. | 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? | | (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 | | |
| | | | |



798011

| | order / dominaca | | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------|
| 15a. | (Do you/Does) speak a language other than English at home? | 17. | by any of the following types of health insurance |
| | Yes | | or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-g. |
| | ☐ No – SKIP to question 16a | | |
| b. | . What is this language? | | a. Insurance through a current or former employer or union (of this person or another family member) |
| | | | |
| | (For example: French, Spanish, Chinese, Italian) | | b. Insurance purchased directly from an insurance company (by this person or another family member) |
| c. | How well (do you/does) speak English? | | c. Medicare, for people 65 and older, or people with certain disabilities |
| | Very well | | d. Medicaid, Medical Assistance, or any |
| | Well | | kind of federal government assistance |
| | Not well | | plan for those with low incomes or |
| | Not at all | | a disability |
| 160 | Did (vay/) live in this bayes as anostment | | e. TRICARE or other military health care |
| ı oa. | 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) \Box |
| | □ Person is under 1 year old − SKIP to question 17 □ Yes, this house − SKIP to question 17 □ No, different house | | g. Any other type of health insurance or health coverage plan − <i>Specify</i> \nearrow |
| | No, unlerent nouse | | |
| b. | Where did (you/) live 1 year ago? | | |
| | What is the name of the island in the U.S. Virgi Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | | . (Are you/Is) deaf or (do you/does) have serious difficulty hearing? |
| | | | Yes |
| C. | 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 |
| | | | □ No |
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Form D-2(E)VI



798012

| Ask o 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 | | 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 | | 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 | | No, training for Reserves or National Guard only – SKIP to question 26a |
| | doing errands alone such as visiting a doctor's office or shopping? | | No, never served in the military − SKIP to question 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 paried in which this parson served even if just for part of the |
| 21. | | | 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 |
| 22. | If this person is female, ASK – How many babies | | ☐ 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. 6. | TOURD W | | 1111 18 8811 8 19 1 10 10 |



798013

Person 7–Continued

| Ask question 30 if this person answered "Car, truck, or van" in question 29. Otherwise, SKIP to question 31. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 30. How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK? |
| Person(s) |
| 31. What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute |
| ob (or a.m. |
| 32. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes |
| ay, |
| Ask questions 33–36 if this person did NOT work last week. Otherwise, SKIP to question 37. |
| SEK? It where 33a. LAST WEEK, (were you/was) on layoff from a job? Yes – SKIP to question 33c No 14. 15. 16. 16. 17. 18. 18. 18. 18. 18. 18. 18 |
| |



798014

| ٠. | When did (you/) last work, even for a few days? | 40. | Is this mainly - Mark ✗ ONE box. ☐ Manufacturing? |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 2005 to 2010 2004 or earlier, or never worked – SKIP to question 46 | | □ Wholesale trade? □ Retail trade? |
| | 12. 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, typing and filing, reconciling financial records) |
| | A federal GOVERNMENT employee? | | typing and ming, reconciling illiancial 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. | 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. | 43. | LAST YEAR, 2009, did (you/) work at a job or business at any time? |
| | Name of company, business, or other employer | | □ No − SKIP to question 46 |
| | Traine of company, sacrificacy, of other employer | 44a. | During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as wo |
| | | | ☐ Yes – <i>SKIP to question 45</i> |
| | | | □ No |
| | | b. | How many weeks DID (you/) work, even for few hours, including paid vacation, paid sick leave, and military service? |
| 39. | What kind of business or industry was this? Describe the activity at the location where | | ☐ 50 to 52 weeks |
| | Describe the activity at the location where | | 48 to 49 weeks |
| | employed. (For example: hospital, newspaper | | |
| • | employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank) | | 40 to 47 weeks |
| | employed. (For example: hospital, newspaper | | ☐ 40 to 47 weeks ☐ 27 to 39 weeks ☐ 14 to 26 weeks |



798015

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 D-2(E) VI. If the number of people is more than seven, continue on the next page. If not, SKIP to d. Did (you/...) receive any Social Security or the "Respondent Information" block on page 39 of form **Railroad Retirement in 2009?** D-2(E) VI. Yes – What was the amount? Annual amount - Dollars No Form D-2(E)SUPP VI

798016

| P | erson 8 | | |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. | Print the name of Person 3 from page 2. First Name MI | 12b. | What grade or level (were you/was) attending? Mark X 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) |
| | | | 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 | | ☐ Kindergarten |
| | No, not a U.S. citizen (permanent resident) No, not a U.S. citizen (temporary resident) | | Grade 1 through 11 – Specify grade 1–11 |
| 40 | | | 12 th grade – NO DIPLOMA |
| 10. | When did (you/) come to the U.S. Virgin Islands to stay? If (you have/ has) entered the | | HIGH SCHOOL GRADUATE |
| | U.S. Virgin Islands more than once, what is the | | _ |
| | latest year? Print numbers in boxes. | | Regular high school diploma GED or alternative credential |
| | Year | | |
| | | | 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 | | 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) |
| | termory, or loreign country. | | □ 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, 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 | | |
| | | | |
| orm D-2/ | E)SUPP VI | | |



798017

| (Do you/Does) speak a language other than English at home? | 17. (Show Card G.) (Are you/Is) CURRENTLY cov by any of the following types of health insura or health coverage plans? Mark "Yes" or "No" for |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| No – SKIP to question 16a | type of coverage in items a-g. |
| What is this language? | Yes No a. Insurance through a current or former employer or union (of this person or |
| | another family member) 🔲 🗀 |
| (For example: French, Spanish, Chinese, Italian) | b. Insurance purchased directly from an insurance company (by this person or another family member) |
| How well (do you/does) speak English? | c. Medicare, for people 65 and older, or people with certain disabilities |
| Very well | d. Medicaid, Medical Assistance, or any |
| Well | kind of federal government assistance |
| Not well | plan for those with low incomes or |
| Not at all | a disability |
| Did (you/) live in this house or apartment | e. TRICARE or other military health care \Box |
| 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 – <i>SKIP to question 17</i> Yes, this house – <i>SKIP to question 17</i> | g. Any other type of health insurance or |
| No, different house | health coverage plan – Specify 🗸 🔲 🔲 |
| ivo, different flouse | |
| 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? | |
| Islands, or the name of the U.S. state, | 18a. (Are you/Is) deaf or (do you/does) have serious difficulty hearing? |
| Islands, or the name of the U.S. state, | |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes |
| Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? | serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes |



798018

| | 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 | | 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 |
| | , , , , , , , , , , , , , , , , , , , | | the last 12 months |
| 20. | Because of a physical, mental, or emotional condition, (do you/does) have difficulty | | No, training for Reserves or National Guard only – SKIP to question 26a |
| | doing errands alone such as visiting a doctor's office or shopping? | | □ No, never served in the military – SKIP to question 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 paried in which this parson cannot even if just for part of the |
| 21. | | | period in which this person served, even if just for part of the period. After each response, ASK – Any other time? |
| | 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 – How many babies | | ☐ 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 | | |
| | 4 | | |
| | | | |
| orm D-2/I | ENSTINE VI | | |



798019

| 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. | Yes (such as 0%, 10%, 20%,, 100%) No − SKIP to question 27a What is (your/'s) service-connected disability rating? | 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 |
| | LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? Yes No – SKIP to question 33a | Other | nuestions 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? | 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) |
| 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 is 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 | 34. | 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 |
| | □ Plane or seaplane □ Walked □ Worked at home − SKIP to question 37 □ Other method | | 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.) |



798020

| P | erson 8-Continued | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | When did (you/) last work, even for a few days? 2005 to 2010 2004 or earlier, or never worked – SKIP to question 46 CURRENT OR MOST RECENT JOB ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005. | 41. | Is this mainly - Mark X ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) |
| 37. | (Show Card K.) (Were you/Was) - Mark ✗ ONE box. □ An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? □ An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? □ A local GOVERNMENT employee (territorial, etc.)? □ A federal GOVERNMENT employee? □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? □ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? □ Working WITHOUT PAY in family business or farm? | 42. | What were (your/'s) most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records) |
| 38. | 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. Name of company, business, or other employer | 43. 44a. | business at any time? ☐ Yes ☐ No - SKIP to question 46 During 2009 (all 52 weeks), did (you/) work |
| 39. | What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank) | b. | 50 or more weeks? Count paid time off as work. 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? 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks 27 to 39 weeks 14 to 26 weeks |



798021

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

☐ 13 weeks or less

Usual hours worked each WEEK

| 46. | The next set of questions is about each income source (you/) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark \(\) the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark \(\) the "Loss" box next to the dollar amount. | 46e. Did (you/) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009? Yes – What was the amount? Annual amount – Dollars No |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| a. | Did (you/) receive any wages, salary, commissions, bonuses, or tips in 2009? | f. Did (you/) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security. |
| b. | Yes - What was the amount from all jobs before deductions for taxes, bonds, dues, or other items? Annual amount - Dollars Annual amount - Dollars No Did (you/) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009? Yes - What was the NET income after business expenses? Annual amount - Dollars Loss | Yes – What was the amount? Annual amount – Dollars Annual amount – Dollars No 9. Did (you/) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or sale of a home. Yes – What was the amount? Annual amount – Dollars |
| C. | Did (you/) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account. | ■ No Do not ask question 47 if questions 46a-46g are completed. Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark 🗓 the "Loss" box next to the dollar amount. |
| | Yes – What was the amount? | 47. What was (your/'s) total income during 2009? |
| d. | Annual amount – Dollars \$.00 | Annual amount – Dollars Loss None OR None OR |
| Form D-2(| E)SUPP VI | |

798022

| P | erson 9 | | |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. | Print the name of Person 4 from page 2. First Name MI | 12b. | What grade or level (were you/was) attending? Mark X ONE box. |
| | | | ☐ Nursery school, preschool☐ Kindergarten |
| | Last Name | | Grade 1 through 12 – |
| | | | Specify grade 1–12 College undergraduate years (freshman to senior) |
| 8. 9. 10. | 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? Yes, born in the U.S. Virgin Islands — SKIP to question Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands Yes, born abroad of U.S. parent or parents Yes, a U.S. citizen by naturalization No, not a U.S. citizen (permanent resident) No, not a U.S. citizen (temporary resident) 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 Where was (your/'s) mother born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin | n 11a | College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school) (Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED? Mark |
| | Islands, or the name of the U.S. state, commonwealth, territory, or foreign country. | | ☐ Associate's degree (for example: AA, AS) ☐ Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE ☐ Masteria degree (for example: MA, MS, MEas |
| 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) |
| l 2a. | 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 | , | (Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in the U.S. Virgin Islands? No Yes, in the U.S. Virgin Islands Yes, not in the U.S. Virgin Islands |
| | COURT | | |



798023

| than English at home? Yes | than English at home? Yes No - SKIP to question 16a | than English at home? Yes No - SKIP to question 16a b. What is this language? (For example: French, Spanish, Chinese, Italian) c. How well (do you/does) speak English? Yery well Not at all 6a. 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 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? by any of the following or health coverage pla type of coverage in items at type of coverage in items at the employer or union (of this another family member) b. Insurance through a cur employer or union (of this another family member) b. Insurance processed dir insurance company (by another family member) b. Medicaid, Medical Assis kind of federal government of the total with low in a disability | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) (For example: French, Spanish, Chinese, Italian) c. How well (do you/does) speak English? Very well Well Not well Not at all ia. Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 17 Yes, this house – SKIP to question 17 No, different house b. Where did (you/) live 1 year ago? What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? c. What is the name of the city, town, or village? A. Insurance through a current or former employer or union (of this person or another family member) b. Insurance purchased directly from an insurance pleased directly from an insurance pleased insurance, or any kind of federal government assistance plan for town with low incomes or a disability e. TRICARE or other military health care g. Any other type of health insurance or health coverage plan – Specify g. Any other type of health insurance or health coverage plan – Specify serious difficulty hearing? Yes No b. (Are 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) Grote example: French, Spanish, Chinese, Italian) | mployer or union (of this another family member) b. Insurance purchased dir insurance company (by another family member) c. How well (do you/does) speak English? Very well Well Not well Not well Not at all b. Medicare, for people 65 people with certain disation of federal government a disability | g types of health insuranc ans? Mark "Yes" or "No" for EA a-g. |
| c. How well (do you/does) speak English? Very well Well Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability Medicaid, Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability Medicaid, | c. How well (do you/does) speak English? Very well Well Not well Not at all Sa. 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? 18a. (Are you/ls) deaf or (do you/does) have serious difficulty seeing even when wearing glasses? Yes | c. How well (do you/does) speak English? Very well Well Not well Not at all Ca. Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old — SKIP to question 17 Yes, this house — SKIP to question 17 No, different house b. Where did (you/) live 1 year ago? What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? C. What is the name of the city, town, or village? C. What is the name of the city, town, or village? And well city in people 65 People with certain disated. Medicaid, Medical Assis kind of federal governme plan for those with low in a disability | rrent or former his person or) |
| a. Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 17 Yes, this house – SKIP to question 17 No, different house b. Where did (you/) live 1 year ago? What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? C. What is the name of the city, town, or village? 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 | a. Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? □ Person is under 1 year old − SKIP to question 17 □ Yes, this house − SKIP to question 17 □ No, different house b. Where did (you/) live 1 year ago? What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? □ 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 | a. Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 17 Yes, this house – SKIP to question 17 No, different house b. Where did (you/) live 1 year ago? What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? C. What is the name of the city, town, or village? Yes No | 5 and older, or abilities |
| 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 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 (a serious difficulty hearing yes No b. (Are you/Is) blind or (a serious difficulty seeing glasses? | o have ever health care) □ □ |
| b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? | b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? | b. (Are you/Is) blind or (serious difficulty seein glasses? Yes | |
| | | | |



| Ask o 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 | | 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 | | 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 | | No, training for Reserves or National Guard only – SKIP to question 26a |
| | doing errands alone such as visiting a doctor's office or shopping? | | No, never served in the military − SKIP to question 27a |
| | Yes | 0= | (0) |
| 24 | □ No | 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 |
| 21. | | | 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 – How many babies | | ☐ 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. 6." | | | |



798025

| 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. |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Yes (such as 0%, 10%, 20%,, 100%)No − SKIP to question 27a | 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 | | |
| | 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 | Other | wise, SKIP to question 37. |
| | 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? | | LAST WEEK, (were you/was) on layoff from a job? Yes – SKIP to question 33c No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business? |
| b. | What is the name of the city, town, or village? | | Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. − SKIP to question 36 No − SKIP to question 34 |
| | | c. | (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months |
| 29. | (Show Card J.) How did (you/) usually get to work LAST WEEK? If this person usually used more than one | | 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 |
| | Car, truck, or vanBus (including Vitran or Vitran Plus) | 34. | During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work? |
| | Taxicab | | Yes |
| | Motorcycle | | □ No – SKIP to question 36 |
| | Safari or taxi bus | 35 | LAST WEEK, could (you/) have started a job if |
| | Ferryboat or water taxiPlane or seaplaneWalked | 33. | offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or 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.) |
| | | | |



798026

| | erson 9-Continued | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| | 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? |
| 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 was (vow) to meet important |
| | ☐ A local GOVERNMENT employee | 42. | What were (your/'s) most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, |
| | (territorial, etc.)? 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 \(\overline{\mathbb{X}} \) this box \(| 43. | LAST YEAR, 2009, did (you/) work at a job or business at any time? Yes |
| | Name of company, business, or other employer | 44a. | □ No – SKIP to question 46 |
| | | | During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as wor |
| | | | ☐ 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? |
| 39. | What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank) | | ☐ 50 to 52 weeks ☐ 48 to 49 weeks ☐ 40 to 47 weeks ☐ 27 to 39 weeks |
| | | | 14 to 26 weeks 13 weeks or less |



798027

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 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 form D-2(E) VI. If the number of people is more than nine, continue on the next page. If not, SKIP to d. Did (you/...) receive any Social Security or the "Respondent Information" block on page 39 of form **Railroad Retirement in 2009?** D-2(E) VI. Yes – What was the amount? Annual amount - Dollars No Form D-2(E)SUPP VI

798028

| P | erson 10 | | |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. | Print the name of Person 5 from page 2. First Name MI | 12b. | What grade or level (were you/was) attending? $Mark X ONE box$. |
| 8. \ | Last Name | | Nursery school, preschool Kindergarten Grade 1 through 12 − Specify grade 1−12 |
| | 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, | | College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school) |
| | 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 11a</i> | а | ☐ No schooling completed |
| | Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands | u | 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 | | ☐ Kindergarten |
| | No, not a U.S. citizen (permanent resident) 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 th 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? Print numbers in boxes. Year | | Regular high school diplomaGED or alternative credential |
| | T edi | | COLLEGE OR SOME COLLEGE |
| 110 | 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 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 | | ☐ 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? |
| | No, has not attended since February 1 – SKIP to | | Yes, in the U.S. Virgin Islands |
| | auestion 13 | | Ves not in the LLS Virgin Islands |



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☐ Yes, public school, public college

☐ Yes, private school, private college, home school

| than English at home? Yes No - SKIP to question 16a What is this language? (For example: French, Spanish, Chinese, Italian) How well (do you/does) speak English? Very well Not well Not at all Not at all Not at all 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 Yes No Insurance through a current or former employer or union (of this person or another family member) Insurance purchased directly from an insurance company (by this person or another family member) C. Medicare, for people 65 and older, or people with certain disabilities Description: Wark "Yes" or "No" for type of coverage in items a-g. Yes No A. Insurance through a current or former employer or union (of this person or another family member) Description: A. Medicare, for people 65 and older, or people with certain disabilities Description: A. 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 | CISOII IO-COIILIIIUCU | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------|
| type of coverage in items a=g. | | by any of the following types of health insuran |
| a. Insurance through a current or former employer or union (of this person or another family member). Green Community C | | |
| what is this language? French, Spanish, Chinese, Italian) How well (do you/does) speak English? Very well Well Well Not well Not at all | □ No – SKIP to question Toa | |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | o. What is this language? | employer or union (of this person or |
| Not at all | | · · · · · · · · · · · · · · · · · · · |
| Very well We | (For example: French, Spanish, Chinese, Italian) | insurance company (by this person or |
| Well Not well Not well Not well Not at all No | . How well (do you/does) speak English? | |
| 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? Yes No | | |
| 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? Ves Val (including those who have ever used or enrolled for VA health care) □ | _ | kind of federal government assistance |
| e. TRICARE or other military health care | | a disability |
| 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 | I Not at an | |
| 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)? | f. VA (including those who have ever |
| Yes, this nouse - SkiP to question 17 No, different house | | |
| 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? 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 | No, different house | |
| 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 | Where did (you/) live 1 year ago? | |
| What is the name of the city, town, or village? D. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes Yes | Islands, or the name of the U.S. state, | 18a. (Are you/Is) deaf or (do you/does) have |
| What is the name of the city, town, or village? Do No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes | | |
| b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes | . What is the name of the city, town, or village? | = ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' |
| serious difficulty seeing even when wearing glasses? | | L NO |
| | | serious difficulty seeing even when wearing |
| | | Yes |
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| Ask questions 19a–19c if this person is 5 years old or over. 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 | | 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 | |
| | , , , , , , , , , , , , , , , , , , , | | 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 doctor's office or shopping? | | No, training for Reserves or National Guard only – SKIP to question 26a | |
| | | | □ No, never served in the military – SKIP to question 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 paried in which this parson served even if just for part of the | |
| 21. | | | period in which this person served, even if just for part of the period. After each response, ASK – Any other time? | |
| | 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 – How many babies | | ☐ 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 | | | |
| | 4 | | | |
| | | | | |
| orm D-2/I | ENSTINE VI | | | |



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| 26a. | . (Do you/Does) have a VA service-connected disability rating? | | Ask question 30 if this person answered "Car, truck, or van" in question 29. Otherwise, SKIP to question 31. | | | |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | Yes (such as 0%, 10%, 20%,, 100%) No − SKIP to question 27a What is (your/'s) service-connected disability rating? | 30. | How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK? | | | |
| b. | | | Person(s) | | | |
| | □ 0 percent□ 10 or 20 percent | | | | | |
| | 30 or 40 percent | 31. | What time did (you/) usually leave home to go to work LAST WEEK? | | | |
| | 50 or 60 percent70 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 | | | |
| D. | LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour? | | | | | |
| | ☐ Yes ☐ No – <i>SKIP to question 33a</i> | | sk questions 33–36 if this person did NOT work last week. Therwise, 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? | | | |
| 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? | | ☐ Yes − SKIP to question 33c☐ No | | | |
| | | b. | LAST WEEK, (were you/was) TEMPORARILY absent from a job or business? | | | |
| l. | | | Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – <i>SKIP to question 36</i> | | | |
| D. | 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? | | | |
| | LAST WEEK? 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 vanBus (including Vitran or Vitran Plus) | 34. | During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work? | | | |
| | Taxicab Motorcycle | | ☐ Yes ☐ No – SKIP to question 36 | | | |
| | Safari or taxi bus | 25 | · | | | |
| | Ferryboat or water taxiPlane or seaplaneWalked | 35. | LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or for some other reason? | | | |
| | Worked at home – SKIP to question 37 | | _ | | | |
| | Other method | | Yes, could have gone to work No, because of own temporary illness | | | |
| | | | No, because of all other reasons (in school, etc.) | | | |
| | | | | | | |
| | | | | | | |



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| P | erson 10-Continued | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 36. | When did (you/) last work, even for a few days? ☐ 2005 to 2010 ☐ 2004 or earlier, or never worked – SKIP to question 46 | 40. | Is this mainly - Mark X ONE box. Manufacturing? Wholesale trade? Retail trade? |
| 37–4 | 12. 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 | 41. | What kind of work (were you/was) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant) |
| | (your/'s) last job or business since 2005. | | |
| 37. | (Show Card K.) (Were you/Was) - Mark X ONE box. | | |
| | An ampleyee of a PRIVATE FOR PROFIT | | |

company or business or of an individual, for wages, salary, or commissions?

INCORPORATED business, professional

SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? **Working WITHOUT PAY in family business**

A local GOVERNMENT employee

■ A federal GOVERNMENT employee? **SELF-EMPLOYED** in own NOT

Name of company, business, or other employer

What kind of business or industry was this?

Describe the activity at the location where

publishing, mail order house, auto repair shop, bank)

employed. (For example: hospital, newspaper

(territorial, etc.)?

practice, or farm?

or farm?

An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?

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

For whom did (you/...) work? LAST YEAR, 2009, did (you/...) work at a job or If now on active duty in the Armed Forces, business at any time? mark X this box Yes and print the branch of the Armed Forces. □ No – SKIP to question 46

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

Yes – SKIP to question 45 No

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

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

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 П No Refer to S5 on form D-2(E) VI. If the number of people is more than ten, go to the next form D-2(E) SUPP VI. If not, d. Did (you/...) receive any Social Security or SKIP to the "Respondent Information" block on page 39 of **Railroad Retirement in 2009?** form D-2(E) VI. Yes – What was the amount? Annual amount - Dollars No



| RESPONDENT INFORMATION | | | | | | | | |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| R1. | Enter respondent's name. First Name MI Last Name | R2. | In case we need to conta what is your telephone rand the best time to call Area Code + Number Day Evening | number | R3. Respondent type – Household member lived here on April 1, 2010 Household member moved in after April 1, 2010 Neighbor or other proxy | | | |
| | INTE | RV | IEW SUMMARY | | | | | |
| | Status on April 1, 2010 1 = Occupied 2 = Vacant – Regular 3 = Vacant – Usual home elsewhere 4 = Demolished/Burned out/ Cannot locate 5 = Nonresidential 6 = Empty mobile home/trailer site 7 = Uninhabitable (open to elements, condemned, under construction) B = Duplicate – Record ID of Dup. | В | 3. POP on April 1, 2010 01–49 = Total persons 00 = Vacant 98 = Delete 99 = POP unknown | category vacant u (Read cate For re Rente Sold, I For se or occ | , | | | |
| ı | D. UHE E. MOV F. PI G. REF H. | CO | I. REP J. VDC K. | JIC1 L. | JIC2 | | | |
| | REC | ORI | D OF CONTACT | | | | | |
| | Type Month Day Time Personal a.m. Personal a.m. Telephone a.m. p.m. Personal p.m. Personal p.m. Personal p.m. | Outo | Type Month Personal Telephone Personal Telephone Personal Telephone Telephone Telephone | Day Time | Outcome a.m. p.m. p.m. a.m. p.m. p.m. | | | |
| OL | JTCOME CODES: NV = Left Notice of Visit NC = N | | | onducted interv | riew OT = Other | | | |
| | CER | ΓΙFΙ | ICATION | | | | | |
| l | I certify that the entries I have made on this questionne to the best of my knowledge. Enumerator's signature and date | aire a | are true and correct | Crew Lead Month | er's initials CLD number Day | | | |

