

Census 2010 U.S. Virgin Islands

Individual Census Report

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

Use a blue or black pen.

Start here

1. What is your name? Print name below.

Last Name

[Last Name input box]

First Name

MI

[First Name input box] [MI input box]

2. Do you live or stay in this facility MOST OF THE TIME?

- Yes - SKIP to question 4
No

3. What is the address of the place where you live or stay MOST OF THE TIME?

House number

[House number input box]

Street or road name

[Street or road name input box]

Estate name

[Estate name input box]

Plot number

[Plot number input box]

House number

[House number input box]

Physical Landmark/Other Identifying Information

[Physical Landmark input box]

[Physical Landmark input box]

Island

[Island input box]

ZIP Code

[ZIP Code input box]

4. What is your telephone number? We may call you if we don't understand an answer.

Area Code + Number

[Area Code + Number input box]

5. What is your sex? Mark ONE box.

- Male
Female

6. What is your age and what is your date of birth? Please report babies as age 0 when the child is less than 1 year old.

Age on April 1, 2010

[Age on April 1, 2010 input box]

Print numbers in boxes.

Month Day Year of birth

[Month Day Year of birth input boxes]

NOTE: Please answer BOTH Question 7 about Hispanic origin and Question 8 about race. For this census, Hispanic origins are not races.

7. Are you of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
Yes, Puerto Rican
Yes, Dominican
Yes, Mexican, Mexican Am., Chicano
Yes, another Hispanic, Latino, or Spanish origin - Print origin, for example, Argentinean, Colombian, Cuban, Nicaraguan, Salvadoran, Spaniard, and so on.

[Origin input box]

OMB No. 0000-0000: Approval Expires 00/00/0000



8. What is your race? Mark one or more boxes.

- White
- Black, African Am., or Negro
- American Indian or Alaska Native – *Print name of enrolled or principal tribe.* ↴

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian – *Print race, for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.* ↴

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander – *Print race, for example, Fijian, Tongan, and so on.* ↴

- Some other race – *Print race.* ↴

9. Where were you 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.*

10. Are you a CITIZEN of the United States?

- Yes, born in the U.S. Virgin Islands – *SKIP to question 14a*
- 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)

11. When did you come to the U.S. Virgin Islands to stay? If you have entered the U.S. Virgin Islands more than once, what is the latest year?

Print numbers in boxes.

Year

12a. Where was your mother born? *Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.*

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

13a. At any time since February 1, 2010, have you 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.*

- No, have not attended since February 1 – *SKIP to question 16*
- Yes, public school, public college
- Yes, private school, private college, home school

b. What grade or level were you attending? Mark ONE box.

- Nursery school, preschool
- Kindergarten
- Grade 1 through 12 – *Specify grade 1–12* →
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (*for example, MA or PhD program or medical or law school*)



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14. What is the highest degree or level of school you have COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

No schooling completed

NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool
 Kindergarten
 Grade 1 through 11 - Specify grade 1-11
 12th grade - NO DIPLOMA

HIGH SCHOOL GRADUATE

- Regular high school diploma
 GED or alternative credential

COLLEGE OR SOME COLLEGE

- Some college credit, but less than 1 year of college credit
 1 or more years of college credit, no degree
 Associate's degree (for example: AA, AS)
 Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
 Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
 Doctorate degree (for example: PhD, EdD)

15. Have you 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.

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

16a. Do you speak a language other than English at home?

- Yes
 No - SKIP to question 17a

b. What is this language?

[Language input box]

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

c. How well do you speak English?

- Very well
 Well
 Not well
 Not at all

17a. Did you live at this address 1 year ago (on April 1, 2009)?

- Person is under 1 year old - SKIP to question 18
 Yes, at this address - SKIP to question 18
 No, at a different address

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?

[Address input box]

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

[City input box]

18. Are you 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.

- a. Insurance through a current or former employer or union... Yes No
b. Insurance purchased directly from an insurance company... Yes No
c. Medicare, for people 65 and older... Yes No
d. Medicaid, Medical Assistance... Yes No
e. TRICARE or other military health care... Yes No
f. VA (including those who have ever used or enrolled for VA health care)... Yes No
g. Any other type of health insurance or health coverage plan - Specify

[Insurance type input box]

[Insurance type input box]

19a. Are you deaf or do you have serious difficulty hearing?

- Yes
 No

b. Are you blind or do you have serious difficulty seeing even when wearing glasses?

- Yes
 No



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Answer questions 20a–c if you are 5 years old or over. Otherwise, SKIP to question 49.

20a. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
 No

b. Do you have serious difficulty walking or climbing stairs?

- Yes
 No

c. Do you have difficulty dressing or bathing?

- Yes
 No

Answer question 21 if you are 15 years old or over. Otherwise, SKIP to question 49.

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

- Yes
 No

22. What is your marital status?

- Now married
 Widowed
 Divorced
 Separated
 Never married

23. If you are female, how many babies have you ever had, not counting stillbirths? Do not count stepchildren or children you have adopted.

- None OR Number of children

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24a. Do you have any of your own grandchildren under the age of 18 living in this house, apartment, dormitory, or institution?

- Yes
 No – SKIP to question 25

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

- Yes
 No – SKIP to question 25

24c. How long have you been responsible for the(se) grandchild(ren)? If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.

- Less than 6 months
 6 to 11 months
 1 or 2 years
 3 or 4 years
 5 or more years

25. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty
 Yes, on active duty during the last 12 months, but not now
 Yes, on active duty in the past, but not during the last 12 months
 No, training for Reserves or National Guard only – SKIP to question 27a
 No, never served in the military – SKIP to question 28a

26. When did you serve on active duty in the U.S. Armed Forces? Mark a box for EACH period in which you served, even if just for part of the period.

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

27a. Do you have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, . . . , 100%)
 No – SKIP to question 28a

b. What is your service-connected disability rating?

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



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38-43. CURRENT OR MOST RECENT JOB ACTIVITY

Describe clearly your 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 last job or business since 2005.

38. Were you – 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?

39. For whom did you work?

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

Name of company, business, or other employer

40. 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)

41. Is this mainly – Mark ONE box.

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

42. What kind of work were you doing?

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

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

44. LAST YEAR, 2009, did you work at a job or business at any time?

- Yes
- No – SKIP to question 47

45a. During 2009 (all 52 weeks), did you work 50 or more weeks? Count paid time off as work.

- Yes – SKIP to question 46
- 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

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

Usual hours worked each WEEK

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47. INCOME IN 2009

Mark the "Yes" box for each income source received during 2009, and enter the total amount received during 2009 to a maximum of \$999,999 (\$99,999 for questions 49d and 49e). Mark the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount.

a. Wages, salary, commissions, bonuses, or tips from all jobs. Report amount before deductions for taxes, bonds, dues, or other items.

Annual amount – Dollars

Yes → \$, .00
 No

b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships. Report NET income after business expenses.

Annual amount – Dollars Loss

Yes → \$, .00
 No

c. Interest, dividends, net rental income, royalty income, or income from estates and trusts. Report even small amounts credited to an account.

Annual amount – Dollars Loss

Yes → \$, .00
 No

d. Social Security or Railroad Retirement.

Annual amount – Dollars

Yes → \$, .00
 No

e. Any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI).

Annual amount – Dollars

Yes → \$, .00
 No

f. Retirement, survivor, or disability pensions. Do NOT include Social Security.

Annual amount – Dollars

Yes → \$, .00
 No

47g. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony. Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Annual amount – Dollars

Yes → \$, .00
 No

48. What was your total income during 2009?

Add entries in questions 47a–47g; subtract any losses. If net income was a loss, enter the amount and mark the "Loss" box next to the dollar amount.

Annual amount – Dollars Loss

None OR \$, .00

49. Please check this form to be sure you have answered all the required questions completely.

To return your form, please follow the instructions on the envelope that the form came in.

Thank you for completing this official Census 2010 form.

The Census Bureau estimates that, on average, each respondent will take 24 minutes to complete this form, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any aspect of the burden to: Paperwork Reduction Project 0607-0000, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0000" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.



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FOR OFFICE USE ONLY

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A. GQ ID

B. LCO

C. County

D. Block

E. AA

F. Map Spot

G. PN

H. Add

I. GQ Type

J.



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