

Census 2010

U.S. Virgin Islands

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

**This is the official form for all people at this address.
It is easy, and your answers are protected by law.**

Use a blue or black pen.
Start here

Do NOT mail this form, your completed form will be picked up by a census worker.

The Census must count every person living in the U.S. Virgin Islands on April 1, 2010.

Before you answer Question 1, count the people living in this house, apartment, or mobile home using our guidelines.

- Count all people, including babies, who live and sleep here most of the time.

The Census Bureau also conducts counts in institutions and other places, so:

- Do not count anyone living away either at college or in the Armed Forces.
- Do not count anyone in a nursing home, jail, prison, detention facility, etc., on April 1, 2010.
- Leave these people off your form, even if they will return to live here after they leave college, the nursing home, the military, jail, etc. Otherwise, they may be counted twice.

The Census must also include people without a permanent place to stay, so:

- If someone who has no permanent place to stay is staying here on April 1, 2010, count that person. Otherwise, he or she may be missed in the census.

1. How many people were living or staying in this house, apartment, or mobile home on April 1, 2010?

Number of people

→ Please turn the page and print the names of all the people living or staying here on April 1, 2010.

Please fill out your form promptly. A census worker will visit your home to pick up your completed questionnaire or assist you if you have questions.

The U.S. Census Bureau estimates that, for the average household, this form will take about 42 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this 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.

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



797301

The "Informational Copy" shows the content of the Census 2010 questionnaire for the U.S. Virgin Islands. Each household will receive a form, which includes 46 questions relating to population characteristics and 25 questions relating to housing characteristics. The content of the form resulted from reviewing the 2000 census data, consulting with federal and nonfederal data users, and conducting tests.

For additional information about Census 2010 in the U.S. Virgin Islands, please write to the Director, U.S. Census Bureau, Washington, DC 20233.

Form **D-61 VI**

List of Persons

→ Please be sure you answered Question 1 on the front page before continuing.

2. Please print the names of all the people who you indicated in Question 1 were living or staying here on April 1, 2010.

Example — Last Name

C R U Z

First Name MI

J O H N J

Start with the person living here who owns or rents this house, apartment, or mobile home. If the owner or renter lives somewhere else, start with any adult living here. This will be Person 1.

Person 1 — Last Name

First Name MI

Person 2 — Last Name

First Name MI

Person 3 — Last Name

First Name MI

Person 4 — Last Name

First Name MI

Person 5 — Last Name

First Name MI

Person 6 — Last Name

First Name MI

Person 7 — Last Name

First Name MI

Person 8 — Last Name

First Name MI

Person 9 — Last Name

First Name MI

Person 10 — Last Name

First Name MI

Person 11 — Last Name

First Name MI

Person 12 — Last Name

First Name MI

→ Next, answer questions about Person 1. If you did not have room to list everyone who lives in this house, apartment, or mobile home, please tell this to the census worker when you are visited. The census worker will complete a census form for the additional people.



797302

Person 1

1. What is this person's name? *Print the name of Person 1 from page 2.*

Last Name

First Name

MI

2. What is this person's telephone number? *We may contact this person if we don't understand an answer.*

Area Code + Number

 - -

3. What is this person's sex? Mark ONE box.

- Male
- Female

4. What is this person's age and what is this person's date of birth? *Please report babies as age 0 when the child is less than 1 year old.*

Age on April 1, 2010

Print numbers in boxes.

Month Day Year of birth

→ **NOTE: Please answer BOTH Question 5 about Hispanic origin and Question 6 about race. For this census, Hispanic origins are not races.**

5. Is this person 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.*

6. What is this person's 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.*

7. Where was this person 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.*

8. Is this person a CITIZEN of the United States?

- Yes, born in the U.S. Virgin Islands – *SKIP to question 10a*
- 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)

9. When did this person come to the U.S. Virgin Islands to stay? If this person has entered the U.S. Virgin Islands more than once, what is the latest year? *Print numbers in boxes.*

Year



797303

Person 1 - Continued

14b. What is this language?

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

c. How well does this person speak English?

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

15a. Did this person live in this house or apartment 1 year ago (on April 1, 2009)?

- Person is under 1 year old – SKIP to question 16
- Yes, this house – SKIP to question 16
- No, different house

b. Where did this person live 1 year ago?

Name of the Island in the U.S. Virgin Islands, or the name of U.S. State, commonwealth, territory, or foreign country

c. Name of city, town, or village

16. Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a–g.

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

17a. Is this person deaf or does he/she have serious difficulty hearing?

- Yes
- No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- Yes
- No

Answer questions 18a–c if this person is 5 years old or over. Otherwise, SKIP to question 47.

18a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

b. Does this person have serious difficulty walking or climbing stairs?

- Yes
- No

c. Does this person have difficulty dressing or bathing?

- Yes
- No

Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to question 47.

19. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

20. What is this person's marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married

21. If this person is female, how many babies has she ever had, not counting stillbirths?

Do not count stepchildren or children she has adopted.

- None OR Number of children



797305

Person 1 – Continued

Answer question 29 if you marked "Car, truck, or van" in question 28. Otherwise, SKIP to question 30.

29. How many people, including this person, usually rode to work in the car, truck, or van LAST WEEK?

Person(s)

30. What time did this person usually leave home to go to work LAST WEEK?

Hour Minute

 :

a.m.
 p.m.

31. How many minutes did it usually take this person to get from home to work LAST WEEK?

Minutes

Answer questions 32–35 if this person did NOT work last week. Otherwise, SKIP to question 36.

32a. LAST WEEK, was this person on layoff from a job?

- Yes – SKIP to question 32c
- No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 35
- No – SKIP to question 33

c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?

- Yes – SKIP to question 34
- No

33. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?

- Yes
- No – SKIP to question 35

34. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?

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

35. When did this person last work, even for a few days?

- 2005 to 2010
- 2004 or earlier, or never worked – SKIP to question 45

36–41. CURRENT OR MOST RECENT JOB ACTIVITY

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

36. Was this person –

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?

37. For whom did this person 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



797307

Person 1 – Continued

38. 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)*

Three empty grid boxes for describing the business or industry.

39. Is this mainly – Mark ONE box.

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

40. What kind of work was this person doing?
(For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)

Three empty grid boxes for describing the kind of work.

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

Three empty grid boxes for describing the most important activities or duties.

42. LAST YEAR, 2009, did this person work at a job or business at any time?

- Yes
- No – SKIP to question 45

43a. During 2009 (all 52 weeks), did this person work 50 or more weeks? *Count paid time off as work.*

- Yes – SKIP to question 44
- No

43b. How many weeks DID this person 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

44. During 2009, in the WEEKS WORKED, how many hours did this person usually work each WEEK?

Usual hours worked each WEEK

Empty grid box for entering usual hours worked each week.

45. 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 45d and 45e). 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.

For income received jointly, report the appropriate share for each person – or, if that's not possible, report the whole amount for only one person and mark the "No" box for the other person. If exact amount is not known, please give best estimate.

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



797308

Person 1 – Continued

53a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.

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

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

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

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

54. Does this house, apartment, or mobile home have -

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

55. Does this house, apartment, or mobile home have telephone service from which you can both make and receive calls?

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

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

- None
- 1
- 2
- 3
- 4
- 5
- 6 or more

57. Which FUEL is used MOST for cooking in this house, apartment, or mobile home? Mark ONE box.

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

58a. Do you or any member of this household have a home computer or laptop? Count only if computer is in working condition.

- Yes
- No – SKIP to question 59a

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

- Yes
- No

59a. Do you get water from - Mark ONE box.

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

b. During the past month, did anyone in this house, apartment, or mobile home purchase any water from - Mark all that apply.

- A water delivery vendor?
- A supermarket or grocery store?
- Neither of the above

60. Is this building connected to a public sewer?

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

61. Is this living quarters part of a condominium?

- Yes
- No



797310

Person 1 – Continued

62a. What is the average monthly cost for electricity for this house, apartment, or mobile home?

Average monthly cost – Dollars

\$, .00

OR

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

b. What is the average monthly cost for gas for this house, apartment, or mobile home?

Average monthly cost – Dollars

\$, .00

OR

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

c. What is the average monthly cost for water and sewer for this house, apartment, or mobile home?

Average monthly cost – Dollars

\$, .00

OR

- Included in rent or condominium fee
- No charge

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

Average monthly cost – Dollars

\$, .00

OR

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

63. Is this house, apartment, or mobile home –
Mark ONE box.

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

Answer questions 64a and 64b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 65.

64a. What is the monthly rent for this house, apartment, or mobile home?

Monthly amount – Dollars

\$, .00

b. Does the monthly rent include any meals?

- Yes
- No

65–71. Answer questions 65–71 if you or someone else in this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to the questions for Person 2.

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

Amount – Dollars

\$, , .00

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

Annual amount – Dollars

\$, .00

OR

- None

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

Annual amount – Dollars

\$, .00

OR

- None



797311

Person 1 – Continued

68a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

- Yes, mortgage, deed of trust, or similar debt
- Yes, contract to purchase
- No – SKIP to question 69a

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

Monthly amount – Dollars

\$, .00

OR

- No regular payment required – SKIP to question 69a

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

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

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

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

69a. Do you or any member of this household have a second mortgage or home equity loan on THIS property?

- Yes, a home equity loan
- Yes, a second mortgage
- Yes, both second mortgage and home equity loan
- No – SKIP to question 70

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

Monthly amount – Dollars

\$, .00

OR

- No regular payment required

Answer question 70 ONLY if this is a CONDOMINIUM.

70. What is the monthly condominium fee?

Monthly amount – Dollars

\$, .00

Answer question 71 if this is a MOBILE HOME or a BOAT. Otherwise, SKIP to the questions for Person 2 on page 13.

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

Annual amount – Dollars

\$, .00

→ **Are there more people living here?** If YES, continue with Person 2 on the next page.



797312

Person 2

1. What is this person's name? *Print the name of Person 2 from page 2.*

Last Name

First Name

MI

2. How is this person related to Person 1?

Mark ONE box.

- Husband or wife
- Biological son or daughter
- Adopted son or daughter
- Stepson or stepdaughter
- Brother or sister
- Father or mother
- Grandchild
- Parent-in-law
- Son-in-law or daughter-in-law
- Other relative
- Roomer or boarder
- Housemate or roommate
- Unmarried partner
- Other nonrelative

**For Persons 3-6,
repeat questions
1-46 of Person 2.**



797313

Person 3

For Persons 3–6, repeat questions 1–46 of Person 2.

NOTE– *The content for Question 2 varies between Person 1 and Persons 2–6.*

Thank you for completing your official Census 2010 form. If there are more than six people living in this house or apartment, please make sure you have completed the form for the first six people. When the census worker visits your residence, he/she will obtain the information for the additional people.