

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

Form **D-13 VI**



797301

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

10a. Where was this person's mother born? Print *St. Croix, St. John, or St. Thomas* if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

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

11a. At any time since February 1, 2010, has this person 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, has not attended since February 1 – *SKIP to question 12*
- Yes, public school, public college
- Yes, private school, private college, home school

b. What grade or level was this person 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)

12. What is the highest degree or level of school this person has COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12

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

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

13. Has this person 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

14a. Does this person speak a language other than English at home?

- Yes
- No – *SKIP to question 15a*



797304

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

22a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
- No – SKIP to question 23

b. Is this grandparent 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 23

c. How long has this grandparent been responsible for the(se) grandchild(ren)?
If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

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

23. Has this person 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 25a
- No, never served in the military – SKIP to question 26a

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

- 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

25a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, . . . , 100%)
- No – SKIP to question 26a

b. What is this person's service-connected disability rating?

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

26a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes – SKIP to question 27
- No, did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
- No – SKIP to question 32a

27. At what location did this person work LAST WEEK? *If this person worked at more than one location, print where he or she worked most last week.*

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

b. Name of city, town, or village

28. How did this person 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 36
- Other method



797306

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 text entry.

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 text entry.

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 text entry.

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 text entry.

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

45d. 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

g. 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

46. What was this person's total income during 2009? Add entries in questions 45a–45g; 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

Please answer questions 47–71 about your household.

47. Which best describes this building? Include all apartments, flats, etc., even if vacant.

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

48. About when was this building first built?

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

49. When did PERSON 1 (listed on page 2) move into this house, apartment, or mobile home?

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

Answer questions 50–52 if this is a HOUSE or a MOBILE HOME. Otherwise, SKIP to question 52.

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

- Less than 1 acre – SKIP to question 52
- 1 to 9.9 acres
- 10 or more acres

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

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

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

- Yes
- No



797309

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? Yes No
- b. A flush toilet? Yes No
- c. A bathtub or shower? Yes No
- d. A sink with a faucet? Yes No
- e. A stove or range? Yes No
- f. A refrigerator? Yes No

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

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



797313

Person 2-Continued

10a. Where was this person's mother born? Print *St. Croix, St. John, or St. Thomas* if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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11a. At any time since February 1, 2010, has this person 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, has not attended since February 1 – SKIP to question 12
- Yes, public school, public college
- Yes, private school, private college, home school

b. What grade or level was this person 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)

12. What is the highest degree or level of school this person has COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12

- Nursery school, preschool
- Kindergarten
- Grade 1 through 11 – Specify grade 1–11 →

--	--
- 12th grade – **NO DIPLOMA**

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

13. Has this person 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

14a. Does this person speak a language other than English at home?

- Yes
- No – SKIP to question 15a



797314

Person 2-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 the 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 the 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



797315

Person 2-Continued

22a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
- No – SKIP to question 23

b. Is this grandparent 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 23

c. How long has this grandparent been responsible for the(se) grandchild(ren)?
If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

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

23. Has this person 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 25a
- No, never served in the military – SKIP to question 26a

24. When did this person 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 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

25a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, . . . , 100%)
- No – SKIP to question 26a

b. What is this person's service-connected disability rating?

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

26a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes – SKIP to question 27
- No, did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
- No – SKIP to question 32a

27. At what location did this person work LAST WEEK? *If this person worked at more than one location, print where he or she worked most last week.*

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

b. Name of city, town, or village

28. How did this person 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 36
- Other method



Person 2-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



Person 2-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)

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)

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)

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

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



797318

Person 2-Continued

45d. 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

g. 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

46. What was this person's total income during 2009? Add entries in questions 45a-45g; 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

47. Are there more people living here? If YES, continue with person 3.



797319

Person 3

1. What is this person's name? Print the name of Person 3 from page 2.

Last Name

First Name MI

2. How is this person related to Person 1? Mark ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Grandchild | |
| <input type="checkbox"/> Parent-in-law | |

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



797320

Person 3-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 Island in the U.S. Virgin Islands, or the name of the 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 the 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



797322

Person 3-Continued

22a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?

- Yes
- No – *SKIP to question 23*

b. Is this grandparent 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 23*

c. How long has this grandparent been responsible for the(se) grandchild(ren)?
If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.

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

23. Has this person 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 25a*
- No, never served in the military – *SKIP to question 26a*

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

- 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

25a. Does this person have a VA service-connected disability rating?

- Yes (such as 0%, 10%, 20%, . . . , 100%)
- No – *SKIP to question 26a*

b. What is this person's service-connected disability rating?

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

26a. LAST WEEK, did this person work for pay at a job (or business)?

- Yes – *SKIP to question 27*
- No, did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- Yes
- No – *SKIP to question 32a*

27. At what location did this person work LAST WEEK? *If this person worked at more than one location, print where he or she worked most last week.*

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

b. Name of city, town, or village

28. How did this person 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 36*
- Other method



Person 3-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



797324

Person 3 - 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)

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)

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)*

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

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



Person 3 – Continued

45d. 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

g. 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

46. What was this person's total income during 2009? Add entries in questions 45a–45g; 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

47. Are there more people living here? If YES, continue with person 4.



797326

Person 4

1. What is this person's name? *Print the name of Person 4 from page 2.*

Last Name

First Name

MI

2. How is this person related to Person 1?

Mark ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Grandchild | |
| <input type="checkbox"/> Parent-in-law | |

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



797327

Person 4-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 the 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 the 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



797329

Person 4-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



797331

Person 4 - Continued

45d. 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

g. 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

46. What was this person's total income during 2009? Add entries in questions 45a-45g; 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

47. Are there more people living here? If YES, continue with person 5.



797333

Person 5

1. What is this person's name? *Print the name of Person 5 from page 2.*

Last Name

 First Name MI

2. How is this person related to Person 1?
 Mark ONE box.

- | | |
|---|--|
| <input type="checkbox"/> Husband or wife | <input type="checkbox"/> Son-in-law or daughter-in-law |
| <input type="checkbox"/> Biological son or daughter | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Adopted son or daughter | <input type="checkbox"/> Roomer or boarder |
| <input type="checkbox"/> Stepson or stepdaughter | <input type="checkbox"/> Housemate or roommate |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Unmarried partner |
| <input type="checkbox"/> Father or mother | <input type="checkbox"/> Other nonrelative |
| <input type="checkbox"/> Grandchild | |
| <input type="checkbox"/> Parent-in-law | |

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



797334

Person 5 – Continued

10a. Where was this person’s mother born? Print *St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.*

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

11a. At any time since February 1, 2010, has this person 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, has not attended since February 1 – *SKIP to question 12*
- Yes, public school, public college
- Yes, private school, private college, home school

b. What grade or level was this person 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)

12. What is the highest degree or level of school this person has COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12

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

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR’S DEGREE

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

13. Has this person 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

14a. Does this person speak a language other than English at home?

- Yes
- No – *SKIP to question 15a*



797335

Person 5 – 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 the 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 \neq | <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 the 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



797336

Person 5 – 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



797338

Person 5 – 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)

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)

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)

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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



797339

Person 5 – Continued

45d. 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

g. 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

46. What was this person's total income during 2009? Add entries in questions 45a–45g; 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

47. Are there more people living here? If YES, continue with person 6.



797340

Person 6

1. What is this person's name? *Print the name of Person 6 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

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



797341

Person 6-Continued

10a. Where was this person's mother born? Print *St. Croix, St. John, or St. Thomas* if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

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

11a. At any time since February 1, 2010, has this person 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, has not attended since February 1 – *SKIP to question 12*
- Yes, public school, public college
- Yes, private school, private college, home school

b. What grade or level was this person 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)

12. What is the highest degree or level of school this person has COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

NO SCHOOLING COMPLETED

- No schooling completed

NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12

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

HIGH SCHOOL GRADUATE

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

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

13. Has this person 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

14a. Does this person speak a language other than English at home?

- Yes
- No – *SKIP to question 15a*



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Person 6-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 the 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 the 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



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Person 6-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



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Person 6 – 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 text entry.

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 text entry.

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 text entry.

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 hours worked.

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



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Person 6 – Continued

45d. 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

g. 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

46. What was this person's total income during 2009? Add entries in questions 45a–45g; 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

47. Thank you for completing your official 2010 Census 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, the information for the additional people will be collected.



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FOR OFFICE USE ONLY								
LCO	County	Block	AA	Map Spot				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Unit ID								
<input type="text"/>								
← APPLY LABEL HERE →								
House #		Road name						
<input type="text"/>		<input type="text"/>						
Estate name						Plot #		House #
<input type="text"/>						<input type="text"/>		<input type="text"/>
Physical landmark/Other identifying information								
<input type="text"/>								
Island							ZIP Code	
<input type="text"/>							<input type="text"/>	
R3. Respondent - <input type="checkbox"/> Lived here on April 1, 2010 <input type="checkbox"/> Moved in after April 1, 2010 (Refer to Card G) <input type="checkbox"/> Is neighbor or other proxy								
A. Status on April 1, 2010 1 = Occupied 2 = Vacant – Regular 3 = Vacant – Usual home elsewhere 4 = Demolished/Burned out/Cannot locate 5 = Nonresidential 6 = Empty mobile home/trailer site 7 = Uninhabitable (open to elements, condemned, under construction) 8 = Duplicate <div style="text-align: center; margin-top: 10px;"><input type="text"/></div>			B. POP on April 1, 2010 <div style="text-align: center; margin-bottom: 10px;"><input type="text"/></div> 01–49 = Total persons 00 = Vacant 98 = Delete 99 = POP unknown			C. VACANT – Which category best described this vacant unit as of April 1, 2010? <input type="checkbox"/> For rent <input type="checkbox"/> Rented, not occupied <input type="checkbox"/> For sale only <input type="checkbox"/> Sold, not occupied <input type="checkbox"/> For seasonal, recreational, or occasional use <input type="checkbox"/> For migrant workers <input type="checkbox"/> Other vacant		
D. UHE	E. MOV	F. PI	G. REF	H. CO	I. REP	J. VDC	K. JIC1	L. JIC2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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