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



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Vacation or seasonal home or held for occasional use – *SKIP to "Respondent"* 

Information" on back page

ENUMERATOR NOTE: For questions 2 through 5, prompt respondent with names if needed, for example, "Let's start with Bob." 2 1. Let's make a list of all those people. Please 2. (Show Card B.) Please look at Card B. How is **3.** Is (Name) start with the name of an owner or renter (Name) related to (Read name of Person 1)? male or who was living here on April 1. Otherwise, female? start with any adult living here. Mark X ONE box. Mark X ONE box. **Person 1** X Person 1 Male First Name MI Female Last Name **Person 2** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 3** Husband or wife Male Son-in-law or First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 4** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 5** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law ENUMERATOR NOTE: Refer to S5 on the cover. If the number of people is more than 5, add additional household members to Form D-2(E)SUPP VI, Continuation Form. Form D-2(E)VI

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4. What was (Name's) age on April 1, 2010? What is (Name's) date of birth? Please report babies as age 0 when the child is less than 1 year old. Print numbers in boxes.	5. (Show Card C.) Please look at Card C. Is (Name) of Hispanic, Latino, or Spanish Origin? Read if necessary: Examples of another Hispanic, Latino, or Spanish origin include Argentinean, Colombian, Cuban, Nicaraguan, Salvadoran, Spaniard, and so on.
Age on April 1, 2010  DATE OF BIRTH  Month  Day  Year of birth	<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican American, Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin – What is that origin?</li></ul>
Age on April 1, 2010  DATE OF BIRTH  Month  Day  Year of birth	<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican American, Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin − What is that origin? </li> </ul>
Age on April 1, 2010  DATE OF BIRTH  Month  Day  Year of birth	<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican American, Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin − What is that origin?</li> </ul>
Age on April 1, 2010  DATE OF BIRTH  Month  Day  Year of birth	<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican American, Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin − What is that origin? </li> </ul>
Age on April 1, 2010  DATE OF BIRTH  Month  Day  Year of birth	<ul> <li>No, not of Hispanic, Latino, or Spanish origin</li> <li>Yes, Puerto Rican</li> <li>Yes, Dominican</li> <li>Yes, Mexican, Mexican American, Chicano</li> <li>Yes, another Hispanic, Latino, or Spanish origin – What is that origin? </li> </ul>

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4 6. (Show Card D.) Please look at Card D and choose one or more races. For this census, Hispanic origins are not races. What is (Name's) race? Read if necessary: Examples of other Asian groups include Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. Examples of other Pacific Islander groups include Fijian, Tongan, and so on. What is the name of the enrolled or principal tribe? White Black, African American Indian American, or Negro or Alaska Native Other Asian – What is that group? Asian Indian Chinese Filipino Japanese Vietnamese Korean Other Pacific Islander – What is that group? Native Guamanian Samoan Hawaiian or Chamorro Some other race – What is that group? What is the name of the enrolled or principal tribe? White Black, African American Indian American, or Negro or Alaska Native Asian Indian Other Asian – What is that group? Chinese Filipino Japanese Vietnamese Korean Native Other Pacific Islander – What is that group? Samoan Guamanian Hawaiian or Chamorro Some other race – What is that group? What is the name of the enrolled or principal tribe? White Black, African American Indian American, or Negro or Alaska Native Other Asian - What is that group? Asian Indian Chinese Filipino Japanese Korean Vietnamese Native Guamanian Samoan Other Pacific Islander – What is that group? Hawaiian or Chamorro Some other race – What is that group? What is the name of the enrolled or principal tribe? White Black, African American Indian American, or Negro or Alaska Native Asian Indian Chinese Other Asian – What is that group? Filipino Japanese Korean Vietnamese Guamanian Samoan Other Pacific Islander – What is that group? Native Hawaiian or Chamorro Some other race – What is that group? What is the name of the enrolled or principal tribe? White Black, African American Indian American, or Negro or Alaska Native Chinese Asian Indian Filipino Other Asian – What is that group? Japanese Korean Vietnamese Other Pacific Islander – What is that group? Samoan Native Guamanian Hawaiian or Chamorro Some other race – What is that group? Form D-2(E)VI

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P	erson 1		
7.	Print the name of Person 1 from page 2. First Name  MI	12b.	What grade or level (were you/was) attending? $Mark \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
			<ul><li>☐ Nursery school, preschool</li><li>☐ Kindergarten</li></ul>
	Last Name		☐ Grade 1 through 12 —  Specify grade 1–12  ☐ College undergraduate years (freshman to senior)
8.	Where (were you/was) born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.	13.	Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)
			Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
9.	(Show Card E.) (Are you/Is) a CITIZEN of the United States?		NO SCHOOLING COMPLETED
	Yes, born in the U.S. Virgin Islands – <i>SKIP to question</i>	11a	☐ No schooling completed
	Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands	774	NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12
	Yes, born abroad of U.S. parent or parents		☐ Nursery school, preschool
	Yes, a U.S. citizen by naturalization		☐ Kindergarten
	<ul><li>No, not a U.S. citizen (permanent resident)</li><li>No, not a U.S. citizen (temporary resident)</li></ul>		Grade 1 through 11 – Specify grade 1–11
10.	When did (you/) come to the U.S. Virgin		☐ 12 <sup>th</sup> grade – NO DIPLOMA
	Islands to stay? If (you have/ has) entered the		HIGH SCHOOL GRADUATE
	U.S. Virgin Islands more than once, what is the latest year?		Regular high school diploma
	Print numbers in boxes. Year		☐ GED or alternative credential
			COLLEGE OR SOME COLLEGE
11a.	Where was (your/'s) mother born? Print		Some college credit, but less than 1 year of college credit
	St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		<ul> <li>☐ 1 or more years of college credit, no degree</li> <li>☐ Associate's degree (for example: AA, AS)</li> <li>☐ Bachelor's degree (for example: BA, BS)</li> </ul>
			AFTER BACHELOR'S DEGREE
b.	Where was (your/'s) father born? Print		☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
			□ Doctorate degree (for example: PhD, EdD)
12a.	At any time since February 1, 2010, (have you/has) attended school or college? Include only nursery school or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK – Was it public or private?	14.	(Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in the U.S. Virgin Islands?
	No, has not attended since February 1 – <i>SKIP to question 13</i>		Yes, in the U.S. Virgin Islands Yes, not in the U.S. Virgin Islands
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☐ Yes, public school, public college

Yes, private school, private college, home school

erson i - Continued		
than English at home?  Yes	17.	(Show Card G.) (Are you/Is) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a–g.
. What is this language?		a. Insurance through a current or former employer or union (of this person or another family member)
		insurance company (by this person or another family member)
☐ Very well ☐ Well ☐ Not well ☐ Not at all		people with certain disabilities
		TRICARE or other military health care       VA (including those who have ever used or enrolled for VA health care)
<ul> <li>□ Person is under 1 year old – SKIP to question 17</li> <li>□ Yes, this house – SKIP to question 17</li> <li>□ No, different house</li> </ul>		g. Any other type of health insurance or health coverage plan − Specify  □
Where did (you/) live 1 year ago?		
Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?		(Are you/Is) deaf or (do you/does) have serious difficulty hearing?
	b.	<ul> <li>No</li> <li>(Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?</li> <li>☐ Yes</li> </ul>
		□ No
	<ul> <li>Yes</li> <li>No − SKIP to question 16a</li> <li>What is this language?</li> <li>(For example: French, Spanish, Chinese, Italian)</li> <li>How well (do you/does) speak English?</li> <li>Very well</li> <li>Well</li> <li>Not well</li> <li>Not at all</li> <li>Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?</li> <li>Person is under 1 year old − SKIP to question 17</li> <li>Yes, this house − SKIP to question 17</li> <li>No, different house</li> <li>Where did (you/) live 1 year ago?</li> <li>What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state,</li> </ul>	than English at home?  Yes No - SKIP to question 16a  What is this language?  (For example: French, Spanish, Chinese, Italian)  How well (do you/does) speak English?  Very well Not well Not at all  Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  Person is under 1 year old - SKIP to question 17 Yes, this house - SKIP to question 17 No, different house  Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?



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## **Person 1 – Continued**

over.	questions 19a–19c if this person is 5 years old or Otherwise, SKIP to question 48.	23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
	Yes		Less than 6 months
	□ No		6 to 11 months
	L NO		1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years
	Yes	24.	(Show Card H.) (Have you/Has) ever served on
	□ No		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	Yes		Yes, now on active duty
	□ No		Yes, on active duty uring the last 12 months,
Ask o	question 20 if this person is 15 years old or over. rwise, SKIP to question 48.		but not now
20.	•		Yes, on active duty in the past, but not during the last 12 months
20.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty		<ul> <li>No, training for Reserves or National Guard only – SKIP to question 26a</li> </ul>
	doing errands alone such as visiting a doctor's office or shopping?  Yes		No, never served in the military − SKIP to question 27a
	□ No	25.	(Show Card I.) When did (you/) serve on active duty
21.		23.	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. After each response, ASK – Any other time?
	Now married		September 2001 or later
	Widowed		August 1990 to August 2001 (including
	Divorced		Persian Gulf War)
	Separated Never married		September 1980 to July 1990
	Never married		May 1975 to August 1980
22.	If this person is female, ASK – <b>How many babies</b>		☐ Vietnam era (August 1964 to April 1975)
	(have you/has she) ever had, not counting		☐ March 1961 to July 1964
	stillbirths? Do not count stepchildren or children (you have/she has) adopted.		February 1955 to February 1961
			Korean War (July 1950 to January 1955)
	None OR Number of children		January 1947 to June 1950
			World War II (December 1941 to December 1946)
			November 1941 or earlier
23a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?		
	Yes		
	□ No – SKIP to question 24		
b.	(Are you/ls) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?		
	_		
	☐ Yes ☐ No – SKIP to question 24		
	- No OMI to question 24		
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26a.	(Do you/Does) have a VA service-connected disability rating?		uestion 30 if this person answered "Car, truck, or van" in ion 29. Otherwise, SKIP to question 31.
	<ul><li>Yes (such as 0%, 10%, 20%,, 100%)</li><li>No − SKIP to question 27a</li></ul>	30.	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK?
b.	What is (your/'s) service-connected disability rating?		Person(s)
	0 percent 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher	31.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute  a.m.
27a.	LAST WEEK, did (you/) work for pay at a job (or business)?		p.m.
	Yes – SKIP to question 28  No, did not work (or retired)	32.	How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour?		
	Yes No – SKIP to question 33a		uestions 33–36 if this person did NOT work last week. wise, SKIP to question 37.
	At what location did (you/) work LAST WEEK?  If this person worked at more than one location, print where he or she worked most last week.  What is the name of the island in the U.S. Virgin Islands, or name of the U.S. state, commonwealth, territory, or foreign country?		LAST WEEK, (were you/was) on layoff from a job?  Yes – SKIP to question 33c No  No  LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather,
b.	What is the name of the city, town, or village?		etc. – SKIP to question 36  No – SKIP to question 34
29.	(Show Card J.) How did (you/) usually get to work  LAST WEEK? If this person usually used more than one method of transportation during the trip, mark  the box of the one used for most of the distance.  Car, truck, or van  Bus (including Vitran or Vitran Plus)  Taxicab  Motorcycle  Safari or taxi bus  Ferryboat or water taxi  Plane or seaplane  Walked  Worked at home – SKIP to question 37  Other method	34. 35.	(Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work?  Yes - SKIP to question 36 No  During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?  Yes No - SKIP to question 36  LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK - Was this because of a temporary illness or for some other reason?  Yes, could have gone to work No, because of own temporary illness No, because of all other reasons (in school, etc.)



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P	erson	1 - Conti	inued
36.	When did (you	u/) last work, ev	en for a fe

36.	When did (you/) last work, even for a few days?  ☐ 2005 to 2010 ☐ 2004 or earlier, or never worked – SKIP to question 46	40.	Is this mainly - Mark X ONE box.  Manufacturing? Wholesale trade?  Retail trade?
37–4	ACTIVITY		Other (agriculture, construction, service, government, etc.)?
	Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41.	What kind of work (were you/was) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)
37.	(Show Card K.) (Were you/Was) - Mark X ONE box.		
	An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?		
	An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	42.	What were (your/'s) most important
	<ul><li>□ A local GOVERNMENT employee (territorial, etc.)?</li><li>□ A federal GOVERNMENT employee?</li></ul>		activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)
	SELF-EMPLOYED in own NOT INCORPORATED business, professional		
	<ul> <li>practice, or farm?</li> <li>SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</li> </ul>		
	Working WITHOUT PAY in family business or farm?		
38.	For whom did (you/) work?  If now on active duty in the Armed Forces, mark X this box — — — — — — — — — — — — — — — — — — —	43.	LAST YEAR, 2009, did (you/) work at a job or business at any time?  Yes
	Name of company, business, or other employer		□ No – SKIP to question 46
		44a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work.
			☐ Yes – SKIP to question 45 ☐ No
		b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?
39.	What kind of business or industry was this?		50 to 52 weeks
	Describe the activity at the location where employed. (For example: hospital, newspaper		48 to 49 weeks
	publishing, mail order house, auto repair shop, bank)		40 to 47 weeks
			27 to 39 weeks
			☐ 14 to 26 weeks ☐ 13 weeks or less
		45.	During 2009, in the WEEKS WORKED, how many
			hours did (you/) usually work each WEEK?
			Usual hours worked each WEEK
orm D-2/F	SWI		



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



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



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## **Person 1 – Continued**

57.	How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?  None	<u>62.</u>	Is this (house/apartment/mobile home) part of a condominium?  Yes No
	□ 1 □ 2 □ 3	63a.	What is the average monthly cost for electricity for this (house/apartment/mobile home)?
	☐ 4 ☐ 5 ☐ 6 or more		Average monthly cost – Dollars  .00
58.	Which FUEL is used MOST for cooking in this (house/apartment/mobile home)?  Mark X ONE box.  Gas: bottled or tank		OR Included in rent or condominium fee No charge or electricity not used
	☐ Electricity ☐ Fuel oil, kerosene, etc. ☐ Wood or charcoal	b.	What is the average monthly cost for gas for this (house/apartment/mobile home)?  Average monthly cost – Dollars
	Other fuel No fuel used		\$ .00 OR
59a.	Do you or any member of this household have a home computer or laptop in working condition?  Yes No - SKIP to question 60a		☐ Included in rent or condominium fee ☐ Included in electricity payment entered above ☐ No charge or gas not used
b.	Do you or any member of this household have an Internet connection at this (house/apartment/mobile home)?	C.	What is the average monthly cost for water and sewer for this (house/apartment/mobile home)?  Average monthly cost – Dollars
	☐ Yes ☐ No		\$ .00 OR
<u>60a.</u>	(Show Card M.) Do you get water from – Mark ☒ ONE box.  ☐ A public system only?		☐ Included in rent or condominium fee ☐ No charge
	<ul><li>□ A public system and cistern?</li><li>□ A cistern, tanks, or drums only?</li><li>□ A public standpipe?</li></ul>	d.	What is the average monthly cost for oil, coal, kerosene, wood, etc. for this (house/apartment/mobile home)?
<u>b.</u>	Some other source, such as an individual well or spring?  (Show Card M.) During the past month, did anyone		Average monthly cost – Dollars  .00
	in this (house/apartment/mobile home) purchase any water from – Mark Z all that apply.  A water delivery vendor?		OR Included in rent or condominium fee No charge or these fuels not used
64	<ul><li>□ A supermarket or grocery store?</li><li>□ Neither</li></ul>	64.	(Show Card N.) Is this (house/apartment/mobile home) – Mark X ONE box.
<u>61.</u>	Is this building connected to a public sewer?  If "No," ASK – Is it connected to a septic tank or cesspool OR other means?		<ul> <li>Owned by you or someone in this household with a mortgage or loan? Include home equity loans.</li> </ul>
	Yes, connected to a public sewer  No, connected to a septic tank or cesspool  No, use other means		<ul> <li>Owned by you or someone in this household free and clear (without a mortgage or loan)?</li> <li>Rented?</li> </ul>
orm D-2(E	. We		Occupied without payment of rent?



Refer to question 64. Ask questions 65a and 65b if this (house/apartment/mobile home) is RENTED. Otherwise, SKIP to question 66.

65a.	What is the monthly rent for this	•
	(house/apartment/mobile home)	?

Monthly amount - Dollars

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$\mathbf{u}$

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

П	Ye
	. •

☐ No

# **66–72.** Refer to question 64. Ask questions 66–72 only if someone in the household OWNS or IS BUYING this (house/apartment/mobile home). Otherwise, SKIP to the questions for Person 2.

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

	Am	oun	t –	Dol	lars	;	
5							.00

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

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

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

Annual amount – Dollars

OR

None

None

69a. Do you or any member of this household have a mortgage, deed of trust, contract to purchase, or similar debt on THIS property?

	Yes,	mortgage,	deed	of trust	or	similar	deb
_	Yes,	contract to	purch	nase			

□ No – SKIP to question 70a

69b. How much is the regular monthly mortgage payment on THIS property? Include payment only on FIRST mortgage or contract to purchase.

Monthly amount – *Dollars* 

\$	,		.00
	OB		

No regular payment required – SKIP to question 70a

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

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

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

Yes, insurance included in mortgage paymer
No, insurance paid separately or no insurance

70a. Do you or any member of this household have a second mortgage or home equity loan on THIS property? If "Yes," ASK – Is it a home equity loan, a second mortgage, or both?

	Yes, a home equity loan
	Yes, a second mortgage
	Yes, both second mortgage and home equ
П	No – SKIP to question 71

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

Monthly amount - Dollars

\$	,		.00	
	OF	₹		

No regular payment required

Form D-2(E)VI



ity loan

798213

Ask question 71 ONLY if this is a CONDOMINIUM.

71.	What is	s the	monthly	condominium	fee?
-----	---------	-------	---------	-------------	------

 $Monthly\ amount-\textit{Dollars}$ 

\$			.00

Ask question 72 ONLY if this is a MOBILE HOME or a BOAT.

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

Monthly amount - Dollars



**73.** Refer to S5 on the front cover. If more than one person is listed, continue with Person 2. If not, SKIP to the "Respondent Information" on back page.

Form D-2(E)VI



798214

P	erson 2		
7.	Print the name of Person 2 from page 2. First Name MI	12b.	What grade or level (were you/was) attending? Mark X ONE box.
			Nursery school, preschool
	Last Name		<ul><li>☐ Kindergarten</li><li>☐ Grade 1 through 12 –</li></ul>
			Specify grade 1–12
			☐ College undergraduate years (freshman to senior)
8.	Where (were you/was) born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.	13.	Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)  (Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED?  Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
9.	(Show Card E.) (Are you/Is) a CITIZEN of the United States?		NO SCHOOLING COMPLETED
	Yes, born in the U.S. Virgin Islands – <i>SKIP to question</i>	n 11a	☐ No schooling completed
	Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands		NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12
	Yes, born abroad of U.S. parent or parents		☐ Nursery school, preschool
	Yes, a U.S. citizen by naturalization		☐ Kindergarten
	No, not a U.S. citizen (permanent resident)  No, not a U.S. citizen (temporary resident)		Grade 1 through 11 – Specify grade 1–11
10.	When did (you/) come to the U.S. Virgin		☐ 12 <sup>th</sup> grade – NO DIPLOMA
10.	Islands to stay? If (you have/ has) entered the U.S. Virgin Islands more than once, what is the		HIGH SCHOOL GRADUATE
	latest year? Print numbers in boxes.		Regular high school diploma
	Year		GED or alternative credential
			COLLEGE OR SOME COLLEGE
			Some college credit, but less than 1 year of college credit
11a.	Where was (your/'s) mother born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin		☐ 1 or more years of college credit, no degree
	Islands, or the name of the U.S. state, commonwealth,		Associate's degree (for example: AA, AS)
	territory, or foreign country.		☐ Bachelor's degree (for example: BA, BS)
			AFTER BACHELOR'S DEGREE
b.	Where was (your/'s) father born? Print		Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
			Doctorate degree (for example: PhD, EdD)
12a.	At any time since February 1, 2010, (have you/has) attended school or college? Include only nursery school or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK – Was it public or	1	(Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in the U.S. Virgin Islands?
	private?  ☐ No, has not attended since February 1 – SKIP to		☐ No ☐ Yes, in the U.S. Virgin Islands
	question 13		Yes, not in the U.S. Virgin Islands
	Yes, public school, public college Yes, private school, private college, home school		
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a. Insurance through a current or former employer or union (of this person or another family member)  (For example: French, Spanish, Chinese, Italian)  How well (do you/does) speak English?  Very well  Well  Not well  Not well  Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  Person is under 1 year old − SKIP to question 17  Yes, this house − SKIP to question 17  No, different house  Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  Insurance through a current or former employer or union (of this person or another family member)  Linsurance purchased directly from an insurance company (by this person or another family member)  C. Medicare, for people 65 and older, or people with certain disabilities  d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability  e. TRICARE or other military health care  f. VA (including those who have ever used or enrolled for VA health care)  g. Any other type of health insurance or health coverage plan − Specify     Person is under 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  18a. (Are you/Is) deaf or (do you/does) have serious difficulty hearing?    Yes   No	What is this language?  a. Insurance through a current or former employer or union (of this person or another family member).  (For example: French, Spanish, Chinese, Italian)  How well (do you/does) speak English?  Very well  Well  Not well  Not well  Not at all  Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  Person is under 1 year old – SKIP to question 17  Yes, this house – SKIP to question 17  No, different house  Where did (you/) live 1 year ago?  What is the name of the U.S. virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?	a. Insurance through a current or former employer or union (of this person or another family member)    Month   Month	what is this language?  a. Insurance through a current or former employer or union (of this person or another family member).  b. Insurance purchased directly from an insurance company (by this person or another family member).  c. Medicare, for people 65 and older, or people with certain disabilities.  d. Medicaid, Medicaid Assistance, or any kind of federal government assistance plan for those with low incomes or a disability.  Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  Person is under 1 year old – SKIP to question 17  Yes, this house – SKIP to question 17  No, different house  Where did (you/) live 1 year ago?  What is the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Yes  No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes	than English at home?  ☐ Yes ☐ No − SKIP to question 16a	17. (Show Card G.) (Are you/Is) CURRENTLY cover by any of the following types of health insurar or health coverage plans? Mark "Yes" or "No" for type of coverage in items a-g.
Solution   Spanish   Chinese   Italian	b. Insurance purchased directly from an insurance company (by this person or another family member)   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people 65 and older, or people with certain disabilities   C. Medicare, for people with certain disabilit	b. Insurance purchased directly from an insurance company (by this person or another family member)	b. Insurance purchased directly from an insurance company (by this person or another family member)	•	<ul> <li>a. Insurance through a current or former employer or union (of this person or</li> </ul>
How well (do you/does) speak English?  □ Very well □ Well □ Not well □ Not well □ Not at all  Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? □ Person is under 1 year old − SKIP to question 17 □ Yes, this house − SKIP to question 17 □ No, different house  Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Lare you/ls) blind or (do you/does) have serious difficulty seeing even when wearing.	How well (do you/does) speak English?    Very well   Well   Well   Well   Wot at all	How well (do you/does) speak English?    Very well   Well   Well   Not well   Not well   Not at all      Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?    Person is under 1 year old – SKIP to question 17   Yes, this house – SKIP to question 17   No, different house  Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?    And vier type of health insurance or health coverage plan – Specify   Personance of the city   Specific   Personance of the city   Personance of	How well (do you/does) speak English?    Very well   Well   Well   Well   Well   Would   Well	(For example: French, Spanish, Chinese, Italian)	<b>b.</b> Insurance purchased directly from an insurance company (by this person or
Very well   Well   Well     Not well   Not well     Not well   Not at all     Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?     Person is under 1 year old − SKIP to question 17   Yes, this house − SKIP to question 17   No, different house     Where did (you/) live 1 year ago?     What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?     What is the name of the city, town, or village?     What is the name of the city, town, or village?     Care you/Is) blind or (do you/does) have serious difficulty seeing even when wearing     Care you/Is) blind or (do you/does) have serious difficulty seeing even when wearing	Very well   We	Very well   We	Very well   W	How well (do you/does) speak English?	<b>c.</b> Medicare, for people 65 and older, or
Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  □ Person is under 1 year old − SKIP to question 17 □ Yes, this house − SKIP to question 17 □ No, different house  Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?    Yes   No	Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  □ Person is under 1 year old − SKIP to question 17 □ Yes, this house − SKIP to question 17 □ No, different house  Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?    Yes   No	Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  □ Person is under 1 year old − SKIP to question 17 □ Yes, this house − SKIP to question 17 □ No, different house  Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?    Yes   No	Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?  Person is under 1 year old – SKIP to question 17  Yes, this house – SKIP to question 17  No, different house  Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Yes  Yes  Yes	☐ Well Not well	d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or
Person is under 1 year old − <i>SKIP to question 17</i> Yes, this house − <i>SKIP to question 17</i> No, different house  Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  18a. (Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes  No  LAR you/Is) blind or (do you/does) have serious difficulty seeing even when wearing	Person is under 1 year old − <i>SKIP to question 17</i> Yes, this house − <i>SKIP to question 17</i> No, different house  Where did (you/) live 1 year ago?  What is the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?    Yes   Yes   Yes	Person is under 1 year old – SKIP to question 17  Yes, this house – SKIP to question 17  No, different house  Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Yes  Yes  Yes	Person is under 1 year old − <i>SKIP to question 17</i> Yes, this house − <i>SKIP to question 17</i> No, different house  Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Yes  No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes		•
Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?  Isa. (Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes  No  Isa. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing	Yes, this house	Where did (you/) live 1 year ago?  What is the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?    Yes	Where did (you/) live 1 year ago?  What is the name of the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?    Yes   No	Person is under 1 year old – SKIP to question 17	used or enrolled for VA health care) $\square$
What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  What is the name of the city, town, or village?    Yes   No     No     What is the name of the city, town, or village?	What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?	What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?	What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?		
Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  18a. (Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  18a. (Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes  No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  18a. (Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes  No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  18a. (Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes	Where did (you/) live 1 year ago?	
					serious difficulty hearing?  Yes No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?
					□ No



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



## **Person 2–Continued**

26a.	(Do you/Does) have a VA service-connected disability rating?  ☐ Yes (such as 0%, 10%, 20%,, 100%) ☐ No − SKIP to question 27a	Ask question 30 if this person answered "Car, truck, or van" in question 29. Otherwise, SKIP to question 31.		
b.		30.	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK?	
	What is (your/'s) service-connected disability rating?		Person(s)	
	<ul> <li>0 percent</li> <li>10 or 20 percent</li> <li>30 or 40 percent</li> <li>50 or 60 percent</li> <li>70 percent or higher</li> </ul>	31.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute  a.m.	
27a.	LAST WEEK, did (you/) work for pay at a job (or business)?		p.m.	
	☐ Yes – <i>SKIP to question 28</i> ☐ No, did not work (or retired)	32.	How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes	
b.	LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour?			
	☐ Yes ☐ No – SKIP to question 33a		questions 33–36 if this person did NOT work last week. rwise, SKIP to question 37.	
a.	At what location did (you/) work LAST WEEK?  If this person worked at more than one location, print where he or she worked most last week.  What is the name of the island in the U.S. Virgin Islands, or name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?		LAST WEEK, (were you/was) on layoff from a job?  Yes – SKIP to question 33c No  LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 36 No – SKIP to question 34	
29.	(Show Card J.) How did (you/) usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance.		(Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work?  Yes – SKIP to question 36 No	
	Car, truck, or van  Bus (including Vitran or Vitran Plus)  Taxicab  Motorcycle  Safari or taxi bus  Ferryboat or water taxi  Plane or seaplane  Walked  Worked at home – SKIP to question 37  Other method	34.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?  Yes  No – SKIP to question 36  LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or for some other reason?  Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in school, etc.)	
	<ul><li>☐ Walked</li><li>☐ Worked at home – SKIP to question 37</li></ul>		for some other reason?  Yes, could have gone to work  No, because of own temporary illness	



798218

erson 2-Continued		
When did (you/) last work, even for a few days?	40.	Is this mainly - Mark X ONE box.
2005 to 2010		☐ Manufacturing?
2004 or earlier, or never worked – SKIP to question 46		Wholesale trade?
		Retail trade?
-42. CURRENT OR MOST RECENT JOB ACTIVITY		Other (agriculture, construction, service, government, etc.)?
Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41.	What kind of work (were you/was) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)
(Show Card K.) (Were you/Was) - Mark X ONE box.		
An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?		
An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?		What were (your/'s) most important
A local GOVERNMENT employee (territorial, etc.)?		activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,
■ A federal GOVERNMENT employee?		typing and filling, reconciling financial records)
SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?		
☐ SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?		
Working WITHOUT PAY in family business or farm?		
For whom did (you/) work?  If now on active duty in the Armed Forces, mark X this box	43.	LAST YEAR, 2009, did (you/) work at a job or business at any time?
and print the branch of the Armed Forces.		Yes
Name of company, business, or other employer		□ No – SKIP to question 46
	44a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as wor
		☐ Yes − SKIP to question 45 ☐ No
	b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?
What kind of business or industry was this?		50 to 52 weeks
Describe the activity at the location where		48 to 49 weeks
employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)		40 to 47 weeks
publishing, mail order nouse, auto repail shop, balik)		27 to 39 weeks
		14 to 26 weeks
		13 weeks or less
	45.	During 2009, in the WEEKS WORKED, how ma hours did (you/) usually work each WEEK?



798219

Usual hours worked each WEEK

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



P	erson 3		
7.	Print the name of Person 3 from page 2. First Name MI	12b.	What grade or level (were you/was) attending? $Mark   \overline{X}   ONE   box.$
	Last Name		<ul> <li>Nursery school, preschool</li> <li>Kindergarten</li> <li>Grade 1 through 12 − Specify grade 1−12</li> <li>College undergraduate years (freshman to senior)</li> </ul>
8.	Where (were you/was) born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.	13.	Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)  (Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED?  Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
9.	(Show Card E.) (Are you/Is) a CITIZEN of the United States?		NO SCHOOLING COMPLETED
	Yes, born in the U.S. Virgin Islands – <i>SKIP to question 1</i>	11a	☐ No schooling completed
	Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands	rτα	NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12
	Yes, born abroad of U.S. parent or parents		Nursery school, preschool
	Yes, a U.S. citizen by naturalization		☐ Kindergarten
	No, not a U.S. citizen (permanent resident)  No, not a U.S. citizen (temporary resident)		Grade 1 through 11 –
10.			Specify grade 1–11  ☐ 12 <sup>th</sup> grade – NO DIPLOMA
	When did (you/) come to the U.S. Virgin Islands to stay? If (you have/ has) entered the U.S. Virgin Islands more than once, what is the		HIGH SCHOOL GRADUATE
	latest year?		Regular high school diploma
	Print numbers in boxes. Year		GED or alternative credential
	Teal		COLLEGE OR SOME COLLEGE
			☐ Some college credit, but less than 1 year of college
11a.	Where was (your/'s) mother born? Print		credit
	St. Croix, St. John, or St. Thomas if in the U.S. Virgin		1 or more years of college credit, no degree     Associate's degree (for example: AA, AS)
	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		Bachelor's degree (for example: BA, BS)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Bachelol 3 degree (lor example. BA, BO)
			AFTER BACHELOR'S DEGREE
b.	Where was (your/'s) father born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin		Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
			Doctorate degree (for example: PhD, EdD)
		14.	(Have you/Has) completed the requirements
12a.	At any time since February 1, 2010, (have you/has) attended school or college? Include only nursery school or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK – Was it public or private?		for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in the U.S. Virgin Islands?
	No, has not attended since February 1 – SKIP to question 13		Yes, in the U.S. Virgin Islands Yes, not in the U.S. Virgin Islands
	Yes, public school, public college		- 100, Not in the o.e. virgin islands
	Yes, private school, private college, home school		



798221

2			
	(Do you/Does) speak a language other than English at home?  Yes	17.	(Show Card G.) (Are you/Is) CURRENTLY cover by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for E type of coverage in items a—g.
	No – SKIP to question 16a		Yes No
<b>)</b> .	What is this language?		a. Insurance through a current or former employer or union (of this person or
	(For example: French, Spanish, Chinese, Italian)		<b>b.</b> Insurance purchased directly from an insurance company (by this person or another family member)
-	How well (do you/does) speak English?		<b>c.</b> Medicare, for people 65 and older, or people with certain disabilities
	Very well		d. Medicaid, Medical Assistance, or any
	Well		kind of federal government assistance
	Not well		plan for those with low incomes or
	Not at all		a disability
			e. TRICARE or other military health care
•	Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?		<b>f.</b> VA (including those who have ever used or enrolled for VA health care) $\Box$
	Person is under 1 year old – SKIP to question 17		g. Any other type of health insurance or
	Yes, this house – SKIP to question 17		health coverage plan – Specify Z
	No, different house		
	What is the name of the island in the U.S. Virgislands, or the name of the U.S. state, commonwealth, territory, or foreign country?		(Are you/Is) deaf or (do you/does) have
			serious difficulty hearing?
		1	Yes
	What is the name of the city town or village?		No
-	What is the name of the city, town, or village?		
-	What is the name of the city, town, or village?	b.	(Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?
-	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?
•	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?
•	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
•	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
•	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
•	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
•	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
-	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
•	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
-	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
-	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
-	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
-	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes
	What is the name of the city, town, or village?	b.	serious difficulty seeing even when wearing glasses?  Yes



798222

Ask questions 19a–19c if this person is 5 years old or over. Otherwise, SKIP to question 48.		23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one	
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.	
	<u> </u>		Less than 6 months	
	☐ Yes		6 to 11 months	
	□ No		1 or 2 years	
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years	
	Yes	24.	(Show Card H.) (Have you/Has) ever served on	
	□ No	27.	active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does	
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.	
	Yes		☐ Yes, now on active duty	
	□ No		Yes, on active duty during the last 12 months,	
Ask o	question 20 if this person is 15 years old or over. rwise, SKIP to question 48.		but not now  Yes, on active duty in the past, but not during	
	, , , , , , , , , , , , , , , , , , ,		the last 12 months	
20.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty		No, training for Reserves or National Guard only – SKIP to question 26a	
	doing errands alone such as visiting a doctor's office or shopping?		□ No, never served in the military – SKIP to question 27a	
	Yes			
04	No	25.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH paried in which this person served even if just for part of the	
21.			period in which this person served, even if just for part of the period. After each response, ASK – <b>Any other time?</b>	
	Now married			
	Widowed		September 2001 or later  August 1990 to August 2001 (including	
	Divorced		Persian Gulf War)	
	Separated		September 1980 to July 1990	
	Never married		☐ May 1975 to August 1980	
22.	If this person is female, ASK – <b>How many babies</b>		☐ Vietnam era (August 1964 to April 1975)	
	(have you/has she) ever had, not counting		☐ March 1961 to July 1964	
	stillbirths? Do not count stepchildren or		February 1955 to February 1961	
	children (you have/she has) adopted.		☐ Korean War (July 1950 to January 1955)	
	None OR Number of children		☐ January 1947 to June 1950	
			☐ World War II (December 1941 to December 1946)	
			November 1941 or earlier	
23a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?			
	☐ Yes			
	□ No – SKIP to question 24			
b.	(Are you/Is) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?			
	☐ Yes			
	No – SKIP to question 24			
	,			
orm D-2/I				
nrm /1_9/1	-1//1			



798223

26a.	(Do you/Does) have a VA service-connected disability rating?		uestion 30 if this person answered "Car, truck, or van" in ion 29. Otherwise, SKIP to question 31.
b.	Yes (such as 0%, 10%, 20%,, 100%)  No – SKIP to question 27a  What is (your/'s) service-connected disability rating?  O percent	•	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK?  Person(s)
27a.	10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher  LAST WEEK, did (you/) work for pay at a job (or business)?	31.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.
b.	☐ Yes – SKIP to question 28 ☐ No, did not work (or retired)  LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour?	32.	How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
	☐ Yes ☐ No – <i>SKIP to question 33a</i>	Other	uestions 33–36 if this person did NOT work last week. wise, SKIP to question 37.
a. b.	At what location did (you/) work LAST WEEK?  If this person worked at more than one location, print where he or she worked most last week.  What is the name of the island in the U.S. Virgin Islands, or name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?	b.	LAST WEEK, (were you/was) on layoff from a job?  Yes – SKIP to question 33c No  LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 36 No – SKIP to question 34  (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months
29.	(Show Card J.) How did (you/) usually get to work  LAST WEEK? If this person usually used more than one method of transportation during the trip, mark  the box of the one used for most of the distance.  Car, truck, or van  Bus (including Vitran or Vitran Plus)  Taxicab  Motorcycle  Safari or taxi bus  Ferryboat or water taxi  Plane or seaplane  Walked  Worked at home – SKIP to question 37	34. 35.	OR been given a date to return to work?  Yes - SKIP to question 36 No  During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?  Yes No - SKIP to question 36  LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK - Was this because of a temporary illness or for some other reason?
	Other method		Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in school, etc.)



798224

Person	3-Co	ntinue	d

36.	When did (you/) last work, even for a few days?  ☐ 2005 to 2010 ☐ 2004 or earlier, or never worked – SKIP to question 46	40.	Is this mainly - Mark X ONE box.  Manufacturing? Wholesale trade? Retail trade?
37–4	ACTIVITY		Other (agriculture, construction, service, government, etc.)?
	Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41.	What kind of work (were you/was) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)
37.	(Show Card K.) (Were you/Was) - Mark X ONE box.		
	An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?		
	An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	42.	What were (your/'s) most important
	<ul> <li>□ A local GOVERNMENT employee (territorial, etc.)?</li> <li>□ A federal GOVERNMENT employee?</li> </ul>		activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)
	SELF-EMPLOYED in own NOT INCORPORATED business, professional		
	<ul> <li>practice, or farm?</li> <li>SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</li> </ul>		
	Working WITHOUT PAY in family business or farm?		
38.	For whom did (you/) work?  If now on active duty in the Armed Forces, mark \( \overline{X} \) this box \( \overline{A} \) and print the branch of the Armed Forces.	43.	LAST YEAR, 2009, did (you/) work at a job or business at any time?  Yes
	Name of company, business, or other employer		□ No − SKIP to question 46
		44a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work.
			☐ Yes – SKIP to question 45 ☐ No
		b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?
39.	What kind of business or industry was this?  Describe the activity at the location where		☐ 50 to 52 weeks
	employed. (For example: hospital, newspaper		48 to 49 weeks
	publishing, mail order house, auto repair shop, bank)		40 to 47 weeks
			27 to 39 weeks
			☐ 14 to 26 weeks ☐ 13 weeks or less
		45.	During 2009, in the WEEKS WORKED, how many
			hours did (you/) usually work each WEEK? Usual hours worked each WEEK
			Osual flours worked each WEEN
orm D-2/F	WI		



798225

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



P	erson 4		
7.	Print the name of Person 4 from page 2. First Name MI	12b.	What grade or level (were you/was) attending? Mark X ONE box.
			<ul><li>Nursery school, preschool</li><li>Kindergarten</li></ul>
	Last Name		☐ Grade 1 through 12 – Specify grade 1–12 →
			College undergraduate years (freshman to senior)
8.	Where (were you/was) born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth,		Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)
	territory, or foreign country.	13.	(Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED?
			Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
9.	(Show Card E.) (Are you/Is) a CITIZEN of the United States?		NO SCHOOLING COMPLETED
	☐ Yes, born in the U.S. Virgin Islands – SKIP to question	11a	■ No schooling completed
	Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands		NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12
	Yes, born abroad of U.S. parent or parents  Yes, a U.S. citizen by naturalization		☐ Nursery school, preschool
	No, not a U.S. citizen (permanent resident)		Kindergarten
	No, not a U.S. citizen (temporary resident)		Grade 1 through 11 –  Specify grade 1–11
10.	When did (you/) come to the U.S. Virgin		☐ 12 <sup>th</sup> grade − NO DIPLOMA
	Islands to stay? If (you have/ has) entered the U.S. Virgin Islands more than once, what is the		HIGH SCHOOL GRADUATE
	latest year?		Regular high school diploma
	Print numbers in boxes. Year		GED or alternative credential
			COLLEGE OR SOME COLLEGE
112	Where was (your/'s) mother born? Print		<ul> <li>Some college credit, but less than 1 year of college credit</li> </ul>
	St. Croix, St. John, or St. Thomas if in the U.S. Virgin		1 or more years of college credit, no degree
	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		<ul><li>□ Associate's degree (for example: AA, AS)</li><li>□ Bachelor's degree (for example: BA, BS)</li></ul>
			AFTER BACHELOR'S DEGREE
b.	Where was (your/'s) father born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin		Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
			Doctorate degree (for example: PhD, EdD)
1 2a.	At any time since February 1, 2010, (have you/has) attended school or college? Include only nursery school or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK – Was it public or private?		(Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in the U.S. Virgin Islands?
	<ul><li>No, has not attended since February 1 − SKIP to</li></ul>		Yes, in the U.S. Virgin Islands
	question 13		Yes, not in the U.S. Virgin Islands
	Yes, public school, public college Yes, private school, private college, home school		



	CISOII + Continucu		
15a.	(Do you/Does) speak a language other than English at home?  Yes	17.	by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH
	□ No – SKIP to question 16a		type of coverage in items a-g.
	The Chin to question roa		Yes No
b.	What is this language?		a. Insurance through a current or former employer or union (of this person or another family member)
			<b>b.</b> Insurance purchased directly from an
	(For example: French, Spanish, Chinese, Italian)		insurance company (by this person or another family member)
c.	How well (do you/does) speak English?		<b>c.</b> Medicare, for people 65 and older, or people with certain disabilities
	☐ Very well		<b>d.</b> Medicaid, Medical Assistance, or any
	☐ Well		kind of federal government assistance
	■ Not well		plan for those with low incomes or
	■ Not at all		a disability
162	Did (you/) live in this house or apartment		e. TRICARE or other military health care
ıoa.	1 year ago (on April 1, 2009)?		<b>f.</b> VA (including those who have ever used or enrolled for VA health care) $\square$
	Person is under 1 year old – <i>SKIP to question 17</i> Yes, this house – <i>SKIP to question 17</i>		g. Any other type of health insurance or health coverage plan – Specify →
	No, different house		health coverage plan – Specify    □ □ □
h	Where did (you/) live 1 year ago?		
	where did (you)) live I year ago:		
	What is the name of the island in the U.S. Virgi Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?		
		18a.	. (Are you/Is) deaf or (do you/does) have serious difficulty hearing?
_	What is the many of the site town annillance		☐ Yes
C.	What is the name of the city, town, or village?		□ No
		b.	. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?
			☐ Yes
			□ No

Form D-2(E)VI



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over.	guestions 19a–19c if this person is 5 years old or Otherwise, SKIP to question 48.	23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
			Less than 6 months
	☐ Yes ☐ No		6 to 11 months
	LI NO		1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years
	Yes	24.	(Show Card H.) (Have you/Has) ever served on
	□ No		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	☐ Yes		Yes, now on active duty
	□ No		Yes, on active duty during the last 12 months,
Ask o	guestion 20 if this person is 15 years old or over.		but not now  Yes, on active duty in the past, but not during
			the last 12 months
20.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a doctor's office or shopping?		<ul> <li>No, training for Reserves or National Guard only − SKIP to question 26a</li> </ul>
			□ No, never served in the military – <i>SKIP to</i> guestion 27a
	Yes		·
04	□ No	25.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH
21.	What is (your/'s) marital status?		period in which this person served, even if just for part of the period. After each response, ASK – <b>Any other time?</b>
	Now married		
	Widowed		September 2001 or later
	Divorced		August 1990 to August 2001 (including Persian Gulf War)
	Separated		September 1980 to July 1990
	Never married		☐ May 1975 to August 1980
22.	If this person is female, ASK – <b>How many babies</b>		☐ Vietnam era (August 1964 to April 1975)
	(have you/has she) ever had, not counting		☐ March 1961 to July 1964
	stillbirths? Do not count stepchildren or		February 1955 to February 1961
	children (you have/she has) adopted.		☐ Korean War (July 1950 to January 1955)
	■ None OR Number of children		☐ January 1947 to June 1950
			☐ World War II (December 1941 to December 1946)
			November 1941 or earlier
23a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?		
	☐ Yes		
	☐ No – SKIP to question 24		
b.	(Are you/ls) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?		
	_		
	☐ Yes☐ No − SKIP to question 24		
	15 400000. 2		
D 0/F	-NA		



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## **Person 4–Continued**

26a.	(Do you/Does) have a VA service-connected disability rating?		uestion 30 if this person answered "Car, truck, or van" in ion 29. Otherwise, SKIP to question 31.
b.	<ul> <li>Yes (such as 0%, 10%, 20%,, 100%)</li> <li>No − SKIP to question 27a</li> <li>What is (your/'s) service-connected disability rating?</li> <li>□ 0 percent</li> </ul>	30.	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK?  Person(s)
272	10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher  LAST WEEK, did (you/) work for pay at a job (or	31.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.
	business)?  Yes – SKIP to question 28 No, did not work (or retired)  LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour?	32.	How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
	Yes No – SKIP to question 33a	Other	uestions 33–36 if this person did NOT work last week. wise, SKIP to question 37.
a.	At what location did (you/) work LAST WEEK?  If this person worked at more than one location, print where he or she worked most last week.  What is the name of the island in the U.S. Virgin Islands, or name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  (Show Card J.) How did (you/) usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark is the box of the one used for most of the distance.	b. c.	LAST WEEK, (were you/was) on layoff from a job?  Yes – SKIP to question 33c No  LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 36 No – SKIP to question 34  (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work?  Yes – SKIP to question 36 No
	Car, truck, or van  Bus (including Vitran or Vitran Plus)  Taxicab  Motorcycle  Safari or taxi bus  Ferryboat or water taxi  Plane or seaplane  Walked  Worked at home – SKIP to question 37  Other method	34.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?  Yes  No – SKIP to question 36  LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or for some other reason?  Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in school, etc.)



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	When did (you/) last work, even for a few days?  ☐ 2005 to 2010 ☐ 2004 or earlier, or never worked – SKIP to question 46	40.	Is this mainly - Mark ✗ ONE box.  ☐ Manufacturing? ☐ Wholesale trade? ☐ Retail trade?
-4	2. CURRENT OR MOST RECENT JOB ACTIVITY		Other (agriculture, construction, service, government, etc.)?
	Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41.	What kind of work (were you/was) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)
-	(Show Card K.) (Were you/Was) - Mark X ONE box.		
	An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?		
	An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	42.	What were (your/'s) most important
	A local GOVERNMENT employee (territorial, etc.)?		activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,
	<ul><li>□ A federal GOVERNMENT employee?</li><li>□ SELF-EMPLOYED in own NOT</li></ul>		typing and filing, reconciling financial records)
	<ul> <li>INCORPORATED business, professional practice, or farm?</li> <li>SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?</li> <li>Working WITHOUT PAY in family business or farm?</li> </ul>		
•	If now on active duty in the Armed Forces, mark X this box	43.	LAST YEAR, 2009, did (you/) work at a job o business at any time?
	and print the branch of the Armed Forces.		Yes
	Name of company, business, or other employer		□ No − SKIP to question 46
		44a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as wo
			☐ Yes – <i>SKIP to question 45</i> ☐ No
		b.	How many weeks DID (you/) work, even for few hours, including paid vacation, paid sick leave, and military service?
•	What kind of business or industry was this?  Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)		☐ 50 to 52 weeks ☐ 48 to 49 weeks ☐ 40 to 47 weeks ☐ 27 to 39 weeks
			27 to 39 weeks



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Usual hours worked each WEEK

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



P	erson 5		
7.	Print the name of Person 5 from page 2. First Name  MI	12b.	What grade or level (were you/was) attending? Mark \(\overline{\mathcal{X}}\) ONE box.
			☐ Nursery school, preschool
			☐ Kindergarten
	Last Name		☐ Grade 1 through 12 — Specify grade 1–12 →
			College undergraduate years (freshman to senior)
8.	Where (were you/was) born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.	13.	Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)  (Show Card F.) What is the highest degree or
			level of school (you have/ has) COMPLETED?  Mark X ONE box. If currently enrolled, mark the previous grade or highest degree received.
9.	(Show Card E.) (Are you/Is) a CITIZEN of the United States?		NO SCHOOLING COMPLETED
	☐ Yes, born in the U.S. Virgin Islands – SKIP to question	11a	□ No schooling completed
	Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands		NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12
	Yes, born abroad of U.S. parent or parents		☐ Nursery school, preschool
	Yes, a U.S. citizen by naturalization		☐ Kindergarten
	No, not a U.S. citizen (permanent resident)		☐ Grade 1 through 11 —
	No, not a U.S. citizen (temporary resident)		Specify grade 1–11
10.	When did (you/) come to the U.S. Virgin		☐ 12 <sup>th</sup> grade − NO DIPLOMA
	Islands to stay? If (you have/ has) entered the U.S. Virgin Islands more than once, what is the		HIGH SCHOOL GRADUATE
	latest year?		Regular high school diploma
	Print numbers in boxes. Year		GED or alternative credential
	real		COLLEGE OR SOME COLLEGE
440	Where was from 20 methor hours 2 Print		<ul> <li>Some college credit, but less than 1 year of college credit</li> </ul>
ı ıa.	Where was (your/'s) mother born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin		1 or more years of college credit, no degree
	Islands, or the name of the U.S. state, commonwealth,		Associate's degree (for example: AA, AS)
	territory, or foreign country.		Bachelor's degree (for example: BA, BS)
			AFTER BACHELOR'S DEGREE
b.	Where was (your/'s) father born? Print		☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
			□ Doctorate degree (for example: PhD, EdD)
12a.	At any time since February 1, 2010, (have you/has) attended school or college? Include only nursery school or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK – Was it public or private?	14.	(Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in the U.S. Virgin Islands?  No
	<ul> <li>No, has not attended since February 1 − SKIP to question 13</li> </ul>		<ul><li>Yes, in the U.S. Virgin Islands</li><li>Yes, not in the U.S. Virgin Islands</li></ul>
	Yes, public school, public college		
	Yes, private school, private college, home school		



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than English at home? by any of the following types of health insurance	Person 3-Continued	
b. What is this language?    George   Commonwealth, territory, or foreign country?   Sa. Did (you/) live 1 year ago?   What is the name of the city, town, or village?   What is the name of the city, town, or village?   No   What is the name of the city, town, or village?   No   Wat is the name of the city, town, or village?   Wat is the name of the city, town, or vil	☐ Yes	17. (Show Card G.) (Are you/Is) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EAC type of coverage in items a-a.
a. Insurance through a current or former employer or union (of this person or another family member)  b. How well (do you/does) speak English?    Very well   Very well   Not well   Not well   Not at all    5a. Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?    Person is under 1 year old – SKIP to question 17   Yes, this house   SKIP to question 17   No, different house    b. Where did (you/) live 1 year ago?  What is the name of the U.S. state, commonwealth, territory, or foreign country?  C. What is the name of the city, town, or village?    Also is the name of the city, town, or village?   Yes      Also is the name of the city, town, or village?   Yes      Also is the name of the city, town, or village?     Also is the name of the city, town, or village?   Yes     Also is the name of the city, town, or village?     Also is the name of the city, town, or village?     Also is the name of the city, town, or village?     Also is the name of the city, town, or village?     Also is the name of the city, town, or village?     Also is the name of the city, town, or village?     Also is the name of the city, town, or village?     Also is the name of the city, town, or village?     Also is the name of the city, town, or village?     Also is person or another family member)     Also is person or another family member     Also is person or another family member)     Also is person or another family member     Also is pers	■ No – SKIP to question 16a	
b. Insurance purchased directly from an insurance company (by this person or another family member)	b. What is this language?	<ul> <li>a. Insurance through a current or former employer or union (of this person or</li> </ul>
insurance company (by this person or another family member)  c. How well (do you/does) speak English?    Very well   Well   Not well   Not at all  Sa. Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?   Person is under 1 year old - SKIP to question 17   Yes, this house - SKIP to question 17   No, different house  b. Where did (you/) live 1 year ago?  What is the name of the U.S. state, commonwealth, territory, or foreign country?  C. What is the name of the city, town, or village?    Sa. (Are you/ls) deaf or (do you/does) have serious difficulty seeing even when wearing glasses?   Yes		
Very well   Well   Well   Well   Not well   Not well   Not at all   Medicaid, Medicaid, Medicaid Assistance, or any kind of federal government assistance plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incomes or a disability   e. TRICARE or other military health care   plan for those with low incom	(For example: French, Spanish, Chinese, Italian)	insurance company (by this person or
Well   Not well   Not well   Not at all    Sa. Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?   Person is under 1 year old − SKIP to question 17   Yes, this house − SKIP to question 17   No, different house   Phase of the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?   18a. (Are you/Is) deaf or (do you/does) have serious difficulty seeing even when wearing glasses?   Yes	c. How well (do you/does) speak English?	
Well   Not well   Not well   Not at all	☐ Very well	d. Medicald Medical Assistance or any
a disability	Well	
e. TRICARE or other military health care □  Tyes, this house - SKIP to question 17 No, different house  b. Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  C. What is the name of the city, town, or village?    Are you/Is) deaf or (do you/does) have serious difficulty hearing?   Yes   No	■ Not well	
f. VA (including those who have ever used or enrolled for VA health care)    Person is under 1 year old - SKIP to question 17   Yes, this house - SKIP to question 17   No, different house   No, different house   Person is under 1 year old - SKIP to question 17   No, different house   No, different house   No, different house   Person is under 1 year old - SKIP to question 17   Yes, this house - SKIP to question 17   No, different house   No, different house	☐ Not at all	
1 year ago (on April 1, 2009)?  □ Person is under 1 year old − SKIP to question 17 □ Yes, this house − SKIP to question 17 □ No, different house  b. Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  □ What is the name of the city, town, or village?  □ What is the name of the city, town, or village?  □ What is the name of the city, town, or village?  □ VA (including those who have ever used or enrolled for VA health care) □ □ Any other type of health insurance or health coverage plan − Specify □ □ □ No least to verage plan − Specify □ □ □ □ □ No least to verage plan − Specify □ □ □ □ □ No least to verage plan − Specify □ □ □ □ □ No least to verage plan − Specify □ □ □ □ □ No least to verage plan − Specify □ □ □ □ □ No least to verage plan − Specify □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Co. Billiand Nice to this house an england	e. TRICARE or other military health care $\square$
Yes, this house − SKIP to question 17   No, different house   N	1 year ago (on April 1, 2009)?	<b>f.</b> VA (including those who have ever used or enrolled for VA health care) $\Box$
b. Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  18a. (Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes  No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes		<b>q.</b> Any other type of health insurance or
b. Where did (you/) live 1 year ago?  What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  C. What is the name of the city, town, or village?    Yes   No		
What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  18a. (Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes  No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes	No, different house	
Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?  18a. (Are you/Is) deaf or (do you/does) have serious difficulty hearing?  Yes  No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes	b. Where did (you/) live 1 year ago?	
serious difficulty hearing?  Yes  No  b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?  Yes	Islands, or the name of the U.S. state,	
c. What is the name of the city, town, or village?    No		
b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	c. What is the name of the city, town, or village?	
serious difficulty seeing even when wearing glasses?  ☐ Yes		b. (Are you/Is) blind or (do you/does) have
		☐ Yes



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over.	guestions 19a–19c if this person is 5 years old or Otherwise, SKIP to question 48.	23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
			Less than 6 months
	☐ Yes ☐ No		6 to 11 months
	LI NO		1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years
	Yes	24.	(Show Card H.) (Have you/Has) ever served on
	□ No		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	☐ Yes		Yes, now on active duty
	□ No		Yes, on active duty during the last 12 months,
Ask o	guestion 20 if this person is 15 years old or over.		but not now  Yes, on active duty in the past, but not during
			the last 12 months
20.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty doing errands alone such as visiting a		No, training for Reserves or National Guard only − SKIP to question 26a
	doctor's office or shopping?		No, never served in the military − SKIP to question 27a
	Yes	05	(Chan Card I) When did front I across on active determined
21.	What is (your/'s) marital status?	25.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the
<b>4</b> 1.			period. After each response, ASK – Any other time?
	Now married		September 2001 or later
	Widowed		August 1990 to August 2001 (including
	Divorced		Persian Gulf War)
	Separated		September 1980 to July 1990
	Never married		☐ May 1975 to August 1980
22.	If this person is female, ASK – <b>How many babies</b>		☐ Vietnam era (August 1964 to April 1975)
	(have you/has she) ever had, not counting		☐ March 1961 to July 1964
	stillbirths? Do not count stepchildren or		February 1955 to February 1961
	children (you have/she has) adopted.		☐ Korean War (July 1950 to January 1955)
	None OR Number of children		☐ January 1947 to June 1950
			☐ World War II (December 1941 to December 1946)
			November 1941 or earlier
23a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?		
	☐ Yes		
	□ No – SKIP to question 24		
b.	(Are you/ls) currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?		
	_		
	☐ Yes☐ No − SKIP to question 24		
aum D 0/1	-NA		1111 18 881 181 8 81 181

26a.	(Do you/Does) have a VA service-connected disability rating?		uestion 30 if this person answered "Car, truck, or van" in ion 29. Otherwise, SKIP to question 31.
b.	<ul> <li>Yes (such as 0%, 10%, 20%,, 100%)</li> <li>No − SKIP to question 27a</li> <li>What is (your/'s) service-connected disability rating?</li> <li>□ 0 percent</li> </ul>	30.	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK?  Person(s)
272	10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher  LAST WEEK, did (you/) work for pay at a job (or	31.	What time did (you/) usually leave home to go to work LAST WEEK?  Hour Minute a.m. p.m.
	business)?  Yes – SKIP to question 28 No, did not work (or retired)  LAST WEEK, did (you/) do ANY work for pay, even for as little as one hour?	32.	How many minutes did it usually take (you/) to get from home to work LAST WEEK?  Minutes
	Yes No – SKIP to question 33a	Other	uestions 33–36 if this person did NOT work last week. wise, SKIP to question 37.
a.	At what location did (you/) work LAST WEEK?  If this person worked at more than one location, print where he or she worked most last week.  What is the name of the island in the U.S. Virgin Islands, or name of the U.S. state, commonwealth, territory, or foreign country?  What is the name of the city, town, or village?  (Show Card J.) How did (you/) usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark is the box of the one used for most of the distance.	b. c.	LAST WEEK, (were you/was) on layoff from a job?  Yes – SKIP to question 33c No  LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?  Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 36 No – SKIP to question 34  (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work?  Yes – SKIP to question 36 No
	Car, truck, or van  Bus (including Vitran or Vitran Plus)  Taxicab  Motorcycle  Safari or taxi bus  Ferryboat or water taxi  Plane or seaplane  Walked  Worked at home – SKIP to question 37  Other method	34.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?  Yes  No – SKIP to question 36  LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or for some other reason?  Yes, could have gone to work  No, because of own temporary illness  No, because of all other reasons (in school, etc.)



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<b>5.</b>	When did (you/) last work, even for a few days?	40.	
	2005 to 2010		Manufacturing?
	☐ 2004 or earlier, or never worked – SKIP to question 46		Wholesale trade?
			Retail trade?
_4	2. CURRENT OR MOST RECENT JOB ACTIVITY		Other (agriculture, construction, service, government, etc.)?
	Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41.	What kind of work (were you/was) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)
•	(Show Card K.) (Were you/Was) - Mark 🗷 ONE box.		
	An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?		
	☐ An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?	42	What were (very) 10) much important
	A local GOVERNMENT employee (territorial, etc.)?	42.	What were (your/'s) most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,
	☐ A federal GOVERNMENT employee?		typing and filing, reconciling financial records)
	SELF-EMPLOYED in own NOT		
	INCORPORATED business, professional practice, or farm?		
	SELF-EMPLOYED in own INCORPORATED		
	business, professional practice, or farm?		
	Working WITHOUT PAY in family business or farm?		
•	For whom did (you/) work?  If now on active duty in the Armed Forces, mark   It is box	43.	LAST YEAR, 2009, did (you/) work at a job or business at any time?
	and print the branch of the Armed Forces.		Yes
	Name of company, business, or other employer		☐ No – SKIP to question 46
		44a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work
			☐ Yes – SKIP to question 45 ☐ No
		b.	How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service?
-			50 to 52 weeks
	Describe the activity at the location where employed. (For example: hospital, newspaper		48 to 49 weeks
	publishing, mail order house, auto repair shop, bank)		40 to 47 weeks
	g,		27 to 39 weeks
			14 to 26 weeks



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

Usual hours worked each WEEK

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



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RESPONDENT INFORMATION								
R1. Enter respondent's name.  First Name MI  Last Name	R2. In case we need to contact you, what is your telephone number and the best time to call?  Area Code + Number  Day  Evening  Either	R3. Respondent type –  Household member lived here on April 1, 2010  Household member moved in after April 1, 2010  Neighbor or other proxy						
INTERVIEW SUMMARY								
<ul> <li>A. Status on April 1, 2010</li> <li>1 = Occupied</li> <li>2 = Vacant – Regular</li> <li>3 = Vacant – Usual home elsewhere</li> <li>4 = Demolished/Burned out/ Cannot locate</li> <li>5 = Nonresidential</li> <li>6 = Empty mobile home/trailer site</li> <li>7 = Uninhabitable (open to elements, condemned, under construction)</li> <li>8 = Duplicate – Record ID of Dup. ✓</li> </ul>	category vacant (Read category vacant)  01–49 = Total persons  00 = Vacant  98 = Delete  99 = POP unknown  For sor or o	- If vacant, ASK - Which ry best described this unit as of April 1, 2010? ategories.) ent ed, not occupied ale only not occupied seasonal, recreational, acasional use nigrant workers r vacant						
D. UHE E. MOV F. PI G. REF H. (	CO I. REP J. VDC K. JIC1 L	JIC2						
REC	RECORD OF CONTACT							
Type Month Day Time  A.m. p.m. Personal Telephone Personal Telephone Personal p.m. p.m.	Outcome Type Month Day Tim  Personal Personal Telephone Personal Telephone Personal Telephone	one Outcome  a.m. p.m. p.m.  a.m. p.m. p.m.						
OUTCOME CODES: NV = Left Notice of Visit NC = N	lo contact RE = Refusal CI = Conducted inter	rview OT = Other						
CERT	TIFICATION							
I certify that the entries I have made on this questionna to the best of my knowledge. Enumerator's signature and date	aire are true and correct  Crew Lea  Month	der's initials CLD number  Day						

