TRANSCRIBE FROM THE ADDRESS LABEL AREA ON FORM D-2(E)VI OR D-13 VI.	
LCO County Block AA Map Spot	
Unit ID	
	Form
House # Road name	
	of
Estate name Plot # House #	Form(s)
Physial landmark/Other identifying information	_
Friysiai lanumark/Other identifying information	4
Island ZIP Code	
CONTINUATION FORM Census 2010-U.S. Virgin Islan	nds

ENUMERATOR NOTE: For questions 2 through 5, prompt respondent with names if needed, for example, "Let's start with Bob." 2 1. Let's make a list of all those people. Please 2. (Show Card B.) Please look at Card B. How is **3.** Is (Name) start with the name of an owner or renter (Name) related to (Read name of Person 1)? male or who was living here on April 1. Otherwise, female? start with any adult living here. Mark X ONE box. Mark X ONE box. **Person 6** X Person 1 Male First Name MI Female Last Name **Person 7** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 8** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law **Person 9** Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law Person 10 Husband or wife Son-in-law or Male First Name MI daughter-in-law Biological son or daughter Female Other relative Adopted son or daughter Roomer or boarder Stepson or stepdaughter Last Name Housemate or Brother or sister roommate Father or mother Unmarried partner Grandchild Other nonrelative Parent-in-law ENUMERATOR NOTE: Refer to S5 on the cover. If the number of people is more than 5, add additional household members to Form D-2(E)SUPP VI, Continuation Form. Form D-2(E)SUPP VI

798002

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

798003

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

P	erson 6		
7.	Print the name of Person 1 from page 2. First Name MI	12b.	What grade or level (were you/was) attending? $Mark \times ONE \ box.$
			☐ 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.	40	Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)
		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
9.	(Show Card E.) (Are you/Is) a CITIZEN of the United States?		grade or highest degree received. 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☐ 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 th 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.		GED or alternative credential
	Year		
			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		1 or more years of college credit, no degree
	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		Associate's degree (for example: AA, AS)
	tormory, or rereign country.		☐ Bachelor's degree (for example: BA, BS)
			AFTER BACHELOR'S DEGREE
b.	Where was (your/'s) father born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin		Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
			Doctorate degree (for example: PhD, EdD)
12a.	At any time since February 1, 2010, (have you/has) attended school or college? Include only nursery school or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK – Was it public or private?	14.	(Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in the U.S. Virgin Islands?
	No, has not attended since February 1 − SKIP to question 13		☐ Yes, in the U.S. Virgin Islands☐ Yes, not in the U.S. Virgin Islands
	Yes, public school, public college		



798005

☐ Yes, private school, private college, home school

	erson 6-Continued		
5a.	(Do you/Does) speak a language other than English at home? Yes No – SKIP to question 16a	17.	(Show Card G.) (Are you/Is) CURRENTLY coby any of the following types of health insur or health coverage plans? Mark "Yes" or "No" for type of coverage in items a—g.
b.	What is this language?		a. Insurance through a current or former employer or union (of this person or
	(For example: French, Spanish, Chinese, Italian)		another family member)
c.	How well (do you/does) speak English?		another family member)
	☐ Very well ☐ Well		people with certain disabilities
	Not well Not at all		kind of federal government assistance plan for those with low incomes or a disability
			e. TRICARE or other military health care
6a.	Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?		f. VA (including those who have ever used or enrolled for VA health care)
	 □ Person is under 1 year old − SKIP to question 17 □ Yes, this house − SKIP to question 17 □ No, different house 		g. Any other type of health insurance or health coverage plan − <i>Specify</i> \nearrow
	Where did (you/) live 1 year ago?		
c.	What is the name of the city, town, or village?		(Are you/ls) deaf or (do you/does) have serious difficulty hearing? Yes No (Are you/ls) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes



798006

over.	questions 19a–19c if this person is 5 years old or Otherwise, SKIP to question 48.	23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
			Less than 6 months
	☐ Yes		6 to 11 months
	□ No		1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years
	Yes	24.	(Show Card H.) (Have you/Has) ever served on
	□ No		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	☐ Yes		Yes, now on active duty
	□ No		Yes, on active duty during the last 12 months,
Ask o	question 20 if this person is 15 years old or over. rwise, SKIP to question 48.		but not now Yes, on active duty in the past, but not during
	, , , , , , , , , , , , , , , , , , ,		the last 12 months
20.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty		No, training for Reserves or National Guard only – SKIP to question 26a
	doing errands alone such as visiting a doctor's office or shopping?		No, never served in the military − SKIP to question 27a
	Yes	05	(Oh O (1) Who
24	□ No	25.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the
21.			period. After each response, ASK – Any other time?
	Now married		September 2001 or later
	Widowed		August 1990 to August 2001 (including
	Divorced		Persian Gulf War)
	Separated		September 1980 to July 1990
	Never married		☐ May 1975 to August 1980
22.	If this person is female, ASK – How many babies		☐ Vietnam era (August 1964 to April 1975)
	(have you/has she) ever had, not counting		☐ March 1961 to July 1964
	stillbirths? Do not count stepchildren or children (you have/she has) adopted.		☐ February 1955 to February 1961
	children (you nave/sne nas) adopted.		☐ Korean War (July 1950 to January 1955)
	None OR Number of children		☐ January 1947 to June 1950
			World War II (December 1941 to December 1946)
			November 1941 or earlier
23a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?		
	Yes		
	No – SKIP to question 24		
b.	(Are you/Is) currently responsible for most of		
	the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?		
	☐ Yes		
	□ No – SKIP to question 24		
D. 6.	TOURD W		1111 18 8811 8 1118 8

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798007

26a.	(Do you/Does) have a VA service-connected disability rating?	Ask question 30 if this person answered "Car, truck, or van" in question 29. Otherwise, SKIP to question 31.			
	Yes (such as 0%, 10%, 20%,, 100%)No − SKIP to question 27a	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		guestions 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	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 OR been given a date to return to work? Yes – SKIP to question 36		
	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.	□ 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.)		



798008

P	erson 6-Continued		
36.	When did (you/) last work, even for a few days? ☐ 2005 to 2010 ☐ 2004 or earlier, or never worked – SKIP to question 46 ■ CURRENT OR MOST RECENT JOB	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		

company or business or of an individual,		
for wages, salary, or commissions?		
An employee of a PRIVATE NOT-FOR-PROI tax-exempt, or charitable organization?	IT, 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,	
■ A federal GOVERNMENT employee?	typing and filing, reconciling financial records)	
 SELF-EMPLOYED in own NOT INCORPORATED business, professional 		
practice, or farm?		Ц
SELF-EMPLOYED in own INCORPORATED		
business, professional practice, or farm?		
Working WITHOUT PAY in family business or farm?		٦

For whom did (you/...) work? If now on active duty in the Armed Forces, mark X this box and print the branch of the Armed Forces. Yes Name of company, business, or other employer

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

□ No – SKIP to question 46

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

☐ Yes – SKIP to question 45 ☐ No

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

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

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

Usual hours worked each WEEK



798009

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- 46. The next set of questions is about each income source (you/...) received during 2009. If the net income was a loss, please give the dollar amount of the loss. For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person (and mark X the "No" box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the dollar amount. a. Did (you/...) receive any wages, salary, commissions, bonuses, or tips in 2009? ☐ Yes – What was the amount from all jobs before deductions for taxes, bonds, dues, or other items? Annual amount - Dollars -00 No b. Did (you/...) receive any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships in 2009? Yes – What was the NET income after business expenses? Annual amount - Dollars Loss -00 ☐ No c. Did (you/...) receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2009? Report even small amounts credited to an account. Yes – What was the amount? Annual amount - Dollars Loss No d. Did (you/...) receive any Social Security or **Railroad Retirement in 2009?** Yes – What was the amount? Annual amount - Dollars No
- 46e. Did (you/...) receive any public assistance or welfare payments from the state or local welfare office, including Supplemental Security Income (SSI) in 2009?

	Yes -	What	was	the	amount?
--	-------	------	-----	-----	---------

Annual amount – Dollars

No

No

f. Did (you/...) receive any retirement, survivor, or disability pensions in 2009? Do NOT include Social Security.

Yes -	What	was	the	amo	ount?

Annual amount – Dollars

\$.00

g. Did (you/...) receive any other sources of income regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony in 2009? Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

П	Yes -	What	wae	the	2m/	viint?
	162 -	WILL	Was		allic	Juil :

Annual amount – Dollars

Do not ask question 47 if questions 46a-46g are completed. Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark 🗴 the "Loss" box next to the dollar amount.

47. What was (your/...'s) total income during 2009?

Annual amount – Dollars Loss

None OR \$.00

48. Refer to S5 on the D-2(E) VI. If the number of people is more than six, continue on the next page. If not, SKIP to the "Respondent Information" block on page 39 of form D-2(E) VI.



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



798011

	Croon 7 - Continued		
15a.	(Do you/Does) speak a language other than English at home? Yes No – SKIP to question 16a	17.	(Show Card G.) (Are you/Is) CURRENTLY covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a-g.
b.	What is this language?		a. Insurance through a current or former employer or union (of this person or another family member)
	(For example: French, Spanish, Chinese, Italian)		b. Insurance purchased directly from an insurance company (by this person or another family member)
C.	How well (do you/does) speak English?		c. Medicare, for people 65 and older, or people with certain disabilities □ □
	Very well Well Not well Not et all		d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability
	Not at all		e. TRICARE or other military health care
16a.	Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)?		f. VA (including those who have ever used or enrolled for VA health care)
	 □ Person is under 1 year old – SKIP to question 17 □ Yes, this house – SKIP to question 17 		g. Any other type of health insurance or health coverage plan − <i>Specify</i> ∠ □
	☐ No, different house		nealth coverage plan opeony
b.	Where did (you/) live 1 year ago?		
	What is the name of the island in the U.S. Virgi Islands, or the name of the U.S. state, commonwealth, territory, or foreign country?	in	
		18a.	(Are you/Is) deaf or (do you/does) have serious difficulty hearing?
c.	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 ☐ No

Form D-2(E)VI



798012

Ask o over.	questions 19a–19c if this person is 5 years old or Otherwise, SKIP to question 48.	23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
			Less than 6 months
	☐ Yes		6 to 11 months
	□ No		1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years
	Yes	24.	(Show Card H.) (Have you/Has) ever served on
	□ No		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	☐ Yes		Yes, now on active duty
	□ No		Yes, on active duty during the last 12 months,
Ask o	question 20 if this person is 15 years old or over. rwise, SKIP to question 48.		but not now Yes, on active duty in the past, but not during
	, , , , , , , , , , , , , , , , , , ,		the last 12 months
20.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty		No, training for Reserves or National Guard only – SKIP to question 26a
	doing errands alone such as visiting a doctor's office or shopping?		No, never served in the military − SKIP to question 27a
	Yes	05	(Oh O (1) Who
24	□ No	25.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH period in which this person served, even if just for part of the
21.			period. After each response, ASK – Any other time?
	Now married		September 2001 or later
	Widowed		August 1990 to August 2001 (including
	Divorced		Persian Gulf War)
	Separated		September 1980 to July 1990
	Never married		☐ May 1975 to August 1980
22.	If this person is female, ASK – How many babies		☐ Vietnam era (August 1964 to April 1975)
	(have you/has she) ever had, not counting		☐ March 1961 to July 1964
	stillbirths? Do not count stepchildren or		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		
- D 0/	ZVOLUDD VII		



798013

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? □ 0 percent 	30.	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK? Person(s)
	 10 or 20 percent 30 or 40 percent 50 or 60 percent 70 percent or higher 	31.	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m.
	LAST WEEK, did (you/) work for pay at a job (or business)? Yes – SKIP to question 28 No, did not work (or retired)	32.	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.
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 the box of	b.	LAST WEEK, (were you/was) on layoff from a job? Yes – SKIP to question 33c No No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business? Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 36 No – SKIP to question 34 (Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work? Yes – SKIP to question 36
	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.	 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.)



798014

P	erson 7-Continued		
36.	When did (you/) last work, even for a few days? ☐ 2005 to 2010 ☐ 2004 or earlier, or never worked – SKIP to question 46	40.	Is this mainly - Mark X ONE box. Manufacturing? Wholesale trade? Retail trade?
37–4	I2. 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)
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
	☐ A local GOVERNMENT employee (territorial, etc.)?		activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)
	 □ A federal GOVERNMENT employee? □ SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? 		typing and ming, reconciling infancial records)
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?		
	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?
	and print the branch of the Armed Forces. Name of company, business, or other employer		☐ Yes☐ No – SKIP to question 46
	Name of company, business, of other employer	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?



798015

Usual hours worked each WEEK

46. The next set of questions is about each income 46e. Did (you/...) receive any public assistance or source (you/...) received during 2009. If the net welfare payments from the state or local welfare income was a loss, please give the dollar office, including Supplemental Security Income (SSI) in 2009? amount of the loss. For income received jointly, report, if possible, the appropriate share for Yes – What was the amount? each person; otherwise, report the whole amount for only one person (and mark X the "No" Annual amount - Dollars box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the No dollar amount. f. Did (you/...) receive any retirement, survivor, or a. Did (you/...) receive any wages, salary, disability pensions in 2009? Do NOT include commissions, bonuses, or tips in 2009? Social Security. Yes – What was the amount from all jobs before deductions for taxes, bonds, Yes – What was the amount? dues, or other items? Annual amount - Dollars Annual amount - Dollars -00 ☐ No No g. Did (you/...) receive any other sources of income b. Did (you/...) receive any self-employment regularly such as Veterans' (VA) payments, income from own nonfarm businesses or farm unemployment compensation, child support, or businesses, including proprietorships and alimony in 2009? Do NOT include lump-sum partnerships in 2009? payments such as money from an inheritance or sale of a home. Yes – What was the NET income after business Yes – What was the amount? expenses? Annual amount - Dollars Annual amount - Dollars Loss -00 No No c. Did (you/...) receive any interest, dividends, net Do not ask question 47 if questions 46a-46g are completed. rental income, royalty income, or income from Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark X the "Loss" estates and trusts in 2009? Report even small box next to the dollar amount. amounts credited to an account. Yes – What was the amount? 47. What was (your/...'s) total income during 2009? Annual amount - Dollars Loss Annual amount - Dollars Loss .00 None OR No Refer to S5 on the D-2(E) VI. If the number of people is more than seven, continue on the next page. If not, SKIP to d. Did (you/...) receive any Social Security or the "Respondent Information" block on page 39 of form **Railroad Retirement in 2009?** D-2(E) VI. Yes – What was the amount? Annual amount - Dollars No Form D-2(E)SUPP VI

798016

P	erson 8		
7.	Print the name of Person 3 from page 2. First Name MI	12b.	What grade or level (were you/was) attending? Mark X ONE box.
	Last Name		Nursery school, preschool Kindergarten Grade 1 through 12 −
			Specify grade 1–12 College undergraduate years (freshman to senior) Graduate or professional school beyond a
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.	bachelor's degree (for example, MA or PhD program or medical or law school) (Show Card F.) What is the highest degree or
9.	(Show Card E.) (Are you/Is) a CITIZEN of the		level of school (you have/ has) COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.
9.	United States?		NO SCHOOLING COMPLETED
	☐ Yes, born in the U.S. Virgin Islands – SKIP to question	11a	□ No schooling completed
	Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands		NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12
	Yes, born abroad of U.S. parent or parents		☐ Nursery school, preschool
	Yes, a U.S. citizen by naturalization		☐ Kindergarten
	No, not a U.S. citizen (permanent resident) No, not a U.S. citizen (temporary resident)		Grade 1 through 11 – Specify grade 1–11
10.	When did (you/) come to the U.S. Virgin Islands to stay? If (you have/ has) entered the U.S. Virgin Islands more than once, what is the latest year? Print numbers in boxes.		☐ 12 th grade – NO DIPLOMA HIGH SCHOOL GRADUATE ☐ Regular high school diploma ☐ GED or alternative credential
	Year		COLLEGE OR SOME COLLEGE
			Some college credit, but less than 1 year of college credit
11a.	Where was (your/'s) mother born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		1 or more years of college credit, no degree Associate's degree (for example: AA, AS) Bachelor's degree (for example: BA, BS)
			AFTER BACHELOR'S DEGREE
b.	Where was (your/'s) father born? Print		☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
	St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
			□ 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		(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
	No, has not attended since February 1 − SKIP to question 13		☐ Yes, in the U.S. Virgin Islands☐ Yes, not in the U.S. Virgin Islands
	Yes, public school, public college		
	Yes, private school, private college, home school		
orm D-2(E)SUPP VI		



798017

than English at home? Yes	or health coverage plans? Mark "Yes" or "No" for EAC type of coverage in items a-g. b. What is this language?	
b. What is this language? a. Insurance through a current or former employer or union (of this person or another family member)	b. What is this language? a. Insurance through a current or former employer or union (of this person or another family member)	by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EA
b. Insurance purchased directly from an insurance company (by this person or another family member) c. 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 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? b. Insurance purchased directly from an insurance company (by this person or another family member) c. 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 g. Any other type of health insurance or health coverage plan – Specify Person is under 1 year ago? What is the name of the L.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. Insurance purchased directly from an 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 Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old – SKIP to question 17 No, different house b. Where did (you/) live 1 year ago? What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? C. What is the name of the city, town, or village? b. (Are you/ls) deaf or (do you/does) have serious difficulty seeing even when wearing glasses? Yes	a. Insurance through a current or former employer or union (of this person or
Very well Well Well Not well Not well Not at all	Very well W	b. Insurance purchased directly from an insurance company (by this person or
Very well Well Not well Not well Not well Not well Not at all Well Not well Not at all Well Well Not at all Well	Very well Well Not well Not well Not well Not well Not at all	c. Medicare, for people 65 and older, or people with certain disabilities
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 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? Va (including those who have ever used or enrolled for VA health care)	is a. Did (you/) live in this house or apartment 1 year ago (on April 1, 2009)? Person is under 1 year old - SKIP to question 17 Yes, this house - SKIP to question 17 No, different house Mat 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? What is the name of the city, town, or village? Any other type of health insurance or health coverage plan - Specify December 1 December 2 December 3 December 3 December 4 December 3 December 4	d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or
 □ Person is under 1 year old – SKIP to question 17 □ Yes, this house – SKIP to question 17 □ No, different house b. Where did (you/) live 1 year ago? What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? □ C. What is the name of the city, town, or village? □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Secondary □ □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health cov	 □ Person is under 1 year old – SKIP to question 17 □ Yes, this house – SKIP to question 17 □ No, different house b. Where did (you/) live 1 year ago? What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? □ C. What is the name of the city, town, or village? □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Secondary □ □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health insurance or health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health coverage plan – Specify □ □ □ Any other type of health cov	f. VA (including those who have ever
What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? 18a. (Are you/Is) deaf or (do you/does) have serious difficulty hearing? Yes No b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses? Yes	What is the name of the island in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? 18a. (Are you/Is) deaf or (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	g. Any other type of health insurance or
C. What is the name of the city, town, or village? Yes No No No No Output Description Des	C. What is the name of the city, town, or village? Yes No No No No Output Description Des	
b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing glasses?	☐ Yes
		b. (Are you/Is) blind or (do you/does) have serious difficulty seeing even when wearing



	questions 19a–19c if this person is 5 years old or Otherwise, SKIP to question 48.	23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
			Less than 6 months
	☐ Yes		6 to 11 months
	□ No		1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years
	Yes	24.	(Show Card H.) (Have you/Has) ever served on
	□ No		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	Yes		☐ Yes, now on active duty
	□ No		Yes, on active duty during the last 12 months,
Ask o	question 20 if this person is 15 years old or over. rwise, SKIP to question 48.		but not now Yes, on active duty in the past, but not during
	, , , , , , , , , , , , , , , , , , ,		the last 12 months
20.	Because of a physical, mental, or emotional condition, (do you/does) have difficulty		No, training for Reserves or National Guard only – SKIP to question 26a
	doing errands alone such as visiting a doctor's office or shopping?		No, never served in the military − SKIP to question 27a
	Yes	05	(Chan Card I) When did (man) I have an action determined
21.	No N	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
41.			period. After each response, ASK – Any other time?
	Now married		September 2001 or later
	Widowed		August 1990 to August 2001 (including
	Divorced		Persian Gulf War)
	Separated		September 1980 to July 1990
	Never married		☐ May 1975 to August 1980
22.	If this person is female, ASK – How many babies		☐ Vietnam era (August 1964 to April 1975)
	(have you/has she) ever had, not counting		☐ March 1961 to July 1964
	stillbirths? Do not count stepchildren or children (you have/she has) adopted.		☐ February 1955 to February 1961
			☐ 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/	ENGLIPP VI		



798019

you/Does) have a VA service-connected bility rating? les (such as 0%, 10%, 20%,, 100%) lo – SKIP to question 27a It is (your/'s) service-connected disability ag? percent 0 or 20 percent 0 or 40 percent 0 or 60 percent 0 percent or higher IT WEEK, did (you/) work for pay at a job (or iness)? les – SKIP to question 28 lo, did not work (or retired) IT WEEK, did (you/) do ANY work for pay, and for as little as one hour? les o – SKIP to question 33a what location did (you/) work LAST WEEK?	30. 31. Ask of Other	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK? Person(s) What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. how many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes Juestions 33–36 if this person did NOT work last week. rwise, SKIP to question 37.
t is (your/'s) service-connected disability ng? percent 0 or 20 percent 0 or 40 percent 0 or 60 percent 0 percent or higher T WEEK, did (you/) work for pay at a job (or iness)? es - SKIP to question 28 lo, did not work (or retired) T WEEK, did (you/) do ANY work for pay, n for as little as one hour? es o - SKIP to question 33a	31. 32.	what time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. Dy.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes Guestions 33–36 if this person did NOT work last week.
percent 0 or 20 percent 0 or 40 percent 0 or 60 percent 0 percent or higher T WEEK, did (you/) work for pay at a job (or iness)? The sesure of the sesu	32. Ask of Other	What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes Questions 33–36 if this person did NOT work last week.
0 or 20 percent 0 or 40 percent 0 or 60 percent 0 percent or higher T WEEK, did (you/) work for pay at a job (or iness)? es - SKIP to question 28 10, did not work (or retired) T WEEK, did (you/) do ANY work for pay, a for as little as one hour? es 0 - SKIP to question 33a	32. Ask of Other	go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes Guestions 33–36 if this person did NOT work last week.
0 or 20 percent 0 or 40 percent 0 or 60 percent 0 percent or higher T WEEK, did (you/) work for pay at a job (or iness)? es - SKIP to question 28 10, did not work (or retired) T WEEK, did (you/) do ANY work for pay, a for as little as one hour? es 0 - SKIP to question 33a	32. Ask of Other	go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes Guestions 33–36 if this person did NOT work last week.
O or 60 percent O percent or higher T WEEK, did (you/) work for pay at a job (or iness)? Ses - SKIP to question 28 Io, did not work (or retired) T WEEK, did (you/) do ANY work for pay, of for as little as one hour? es o - SKIP to question 33a	32. Ask of Other	go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes Guestions 33–36 if this person did NOT work last week.
T WEEK, did (you/) work for pay at a job (or iness)? es - SKIP to question 28 o, did not work (or retired) T WEEK, did (you/) do ANY work for pay, for as little as one hour? es o - SKIP to question 33a	Ask o	Hour Minute a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes Questions 33–36 if this person did NOT work last week.
T WEEK, did (you/) work for pay at a job (or iness)? es – SKIP to question 28 o, did not work (or retired) T WEEK, did (you/) do ANY work for pay, for as little as one hour? es o – SKIP to question 33a	Ask o	a.m. p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes Questions 33–36 if this person did NOT work last week.
iness)? ies – SKIP to question 28 io, did not work (or retired) T WEEK, did (you/) do ANY work for pay, in for as little as one hour? ies io – SKIP to question 33a	Ask o	p.m. How many minutes did it usually take (you/) to get from home to work LAST WEEK? Minutes questions 33–36 if this person did NOT work last week.
es – SKIP to question 28 lo, did not work (or retired) T WEEK, did (you/) do ANY work for pay, in for as little as one hour? es o – SKIP to question 33a	Ask o	get from home to work LAST WEEK? Minutes questions 33–36 if this person did NOT work last week.
To, did not work (or retired) T WEEK, did (you/) do ANY work for pay, n for as little as one hour? es o – SKIP to question 33a	Othei	Minutes Questions 33–36 if this person did NOT work last week.
T WEEK, did (you/) do ANY work for pay, for as little as one hour? es o – SKIP to question 33a	Othei	questions 33–36 if this person did NOT work last week.
es o – SKIP to question 33a	Othei	questions 33–36 if this person did NOT work last week. rwise, SKIP to question 37.
o – SKIP to question 33a	Othei	questions 33–36 if this person did NOT work last week. rwise, SKIP to question 37.
'		rwise, SKIP to question 37.
that location did (vou/) work I AST WEFK?	332	
s person worked at more than one location, print where r she worked most last week. It is the name of the island in the Virgin Islands, or name of the U.S. state, imonwealth, territory, or foreign country?		LAST WEEK, (were you/was) on layoff from a job? Yes – SKIP to question 33c No LAST WEEK, (were you/was) TEMPORARILY absent from a job or business?
t is the name of the city, town, or village?		Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – <i>SKIP to question 36</i>
		□ No − SKIP to question 34
w Card J.) How did (you/) usually get to work T WEEK? If this person usually used more than one od of transportation during the trip, mark \nearrow the box of one used for most of the distance.	C.	(Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work? Yes – SKIP to question 36 No
Car, truck, or van	34.	During the LAST 4 WEEKS, (have you/has)
Bus (including Vitran or Vitran Plus)		been ACTIVELY looking for work?
axicab		☐ Yes
Motorcycle		□ No – SKIP to question 36
afari or taxi bus		
erryboat or water taxi Plane or seaplane Valked	35.	LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or for some other reason?
Vorked at home – SKIP to question 37		☐ Yes, could have gone to work
Other method		No, because of own temporary illnessNo, because of all other reasons (in school, etc.)
	t is the name of the island in the Virgin Islands, or name of the U.S. state, monwealth, territory, or foreign country? It is the name of the city, town, or village? W Card J.) How did (you/) usually get to work T WEEK? If this person usually used more than one od of transportation during the trip, mark the box of ne used for most of the distance. Far, truck, or van us (including Vitran or Vitran Plus) axicab lotorcycle afari or taxi bus erryboat or water taxi lane or seaplane Valked	t is the name of the island in the Virgin Islands, or name of the U.S. state, monwealth, territory, or foreign country? b. t is the name of the city, town, or village? t is the name of the city, town, or village? c. W Card J.) How did (you/) usually get to work T WEEK? If this person usually used more than one od of transportation during the trip, mark the box of one used for most of the distance. Far, truck, or van us (including Vitran or Vitran Plus) axicab lotorcycle afari or taxi bus erryboat or water taxi lane or seaplane Valked Vorked at home – SKIP to question 37



798020

P	erson 8-Continued		
	When did (you/) last work, even for a few days? 2005 to 2010 2004 or earlier, or never worked – SKIP to question 46 CURRENT OR MOST RECENT JOB ACTIVITY Describe clearly (your/'s) chief job activity or business last week. If (you/) had more than one job, describe the one at which (you/) worked the most hours. If (you/) had no job or business last week, give information for (your/'s) last job or business since 2005.	41.	Is this mainly - Mark X ONE box. Manufacturing? Wholesale trade? Retail trade? Other (agriculture, construction, service, government, etc.)? What kind of work (were you/was) doing? (For example: registered nurse, personnel manager, supervisor of order department, secretary, accountant)
37.	 (Show Card K.) (Were you/Was) - Mark ✗ ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? A local GOVERNMENT employee (territorial, etc.)? A federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm? Working WITHOUT PAY in family business or farm? 	42.	What were (your/'s) most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)
38.	For whom did (you/) work? If now on active duty in the Armed Forces, mark X this box	43.	business at any time? ☐ Yes ☐ No – SKIP to question 46
39.	What kind of business or industry was this? Describe the activity at the location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)		During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work. Yes - SKIP to question 45 No How many weeks DID (you/) work, even for a few hours, including paid vacation, paid sick leave, and military service? 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks
			27 to 39 weeks 14 to 26 weeks



798021

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

☐ 13 weeks or less

Usual hours worked each WEEK

46. The next set of questions is about each income 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 form D-2(E) VI. If the number of people is more than eight, continue on the next page. If not, SKIP to d. Did (you/...) receive any Social Security or the "Respondent Information" block on page 30 of form **Railroad Retirement in 2009?** D-2(E) VI. Yes – What was the amount? Annual amount - Dollars No Form D-2(E)SUPP VI

798022

P	erson 9		
7.	Print the name of Person 4 from page 2. First Name MI	12b.	What grade or level (were you/was) attending? Mark X ONE box.
			☐ Nursery school, preschool☐ Kindergarten
	Last Name		Grade 1 through 12 –
			Specify grade 1–12 College undergraduate years (freshman to senior)
8. 9.	Where (were you/was) born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country. (Show Card E.) (Are you/Is) a CITIZEN of the United States? Yes, born in the U.S. Virgin Islands – SKIP to question Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands Yes, born abroad of U.S. parent or parents Yes, a U.S. citizen by naturalization No, not a U.S. citizen (permanent resident) No, not a U.S. citizen (temporary resident) When did (you/) come to the U.S. Virgin Islands to stay? If (you have/ has) entered the U.S. Virgin Islands more than once, what is the latest year? Print numbers in boxes. Year	n 11a	 College undergraduate years (freshman to senior) Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school) (Show Card F.) What is the highest degree or level of school (you have/ has) COMPLETED? Mark
ı ıa.	St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		 □ 1 or more years of college credit, no degree □ Associate's degree (for example: AA, AS) □ Bachelor's degree (for example: BA, BS) AFTER BACHELOR'S DEGREE □ Master's degree (for example: MA, MS, MEng,
b.	Where was (your/'s) father born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin		MEd, MSW, MBA) Professional degree beyond a bachelor's degree
	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.		(for example: MD, DDS, DVM, LLB, JD)
			Doctorate degree (for example: PhD, EdD)
l 2a.	At any time since February 1, 2010, (have you/has) attended school or college? Include only nursery school or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK – Was it public or private? No, has not attended since February 1 – SKIP to question 13 Yes, public school, public college Yes, private school, private college, home school	,	(Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in the U.S. Virgin Islands? No Yes, in the U.S. Virgin Islands Yes, not in the U.S. Virgin Islands
	co, private conces, private concess, frome across		
D 0//	TYCHIND VI		



798023

Do you/Does) speak a language of han English at home? Yes No – SKIP to question 16a	other 1	(Show Card G.) (Are you/Is) CURRENTLY
		by any of the following types of health ins
No – SKIP to question 16a		or health coverage plans? Mark "Yes" or "No type of coverage in items a-g.
Vhat is this language?		Yes a. Insurance through a current or former
mat is this language:		employer or union (of this person or
		another family member)
For example: French, Spanish, Chinese, It	talian)	insurance company (by this person or
or example. French, opanish, orimese, n	tanarij	another family member)
low well (do you/does) speak Eng	glish?	c. Medicare, for people 65 and older, or
Vencuell		people with certain disabilities
Very well Well		d. Medicaid, Medical Assistance, or any
Not well		kind of federal government assistance 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 apa year ago (on April 1, 2009)?	rtment	f. VA (including those who have ever
	47	used or enrolled for VA health care) \square
Person is under 1 year old – <i>SKIP to qu</i> Yes, this house – <i>SKIP to question 17</i>	estion 17	g. Any other type of health insurance or
No, different house		health coverage plan – Specify
1 No, unierent nouse		
Vhere did (you/) live 1 year ago?		
What is the name of the city, town, o		a. (Are you/Is) deaf or (do you/does) have serious difficulty hearing?
mat 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



Ask o over.	questions 19a–19c if this person is 5 years old or Otherwise, SKIP to question 48.	23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
			Less than 6 months
	☐ Yes		6 to 11 months
	□ No		1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years
	Yes	24.	(Show Card H.) (Have you/Has) ever served on
	□ No		active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	Yes		Yes, now on active duty
	□ No		Yes, on active duty during the last 12 months,
Ask o	question 20 if this person is 15 years old or over. rwise, SKIP to question 48.		but not now Yes, on active duty in the past, but not during
	, , , , , , , , , , , , , , , , , , ,		the last 12 months
20.	condition, (do you/does) have difficulty doing errands alone such as visiting a doctor's office or shopping?		No, training for Reserves or National Guard only – SKIP to question 26a
			No, never served in the military − SKIP to question 27a
	Yes		
04	□ No	25.	(Show Card I.) When did (you/) serve on active duty in the U.S. Armed Forces? Mark X a box for EACH paried in which this parson served even if just for part of the
21.			period in which this person served, even if just for part of the period. After each response, ASK – Any other time?
	Now married		September 2001 or later
	Widowed		August 1990 to August 2001 (including
	Divorced		Persian Gulf War)
	Separated		September 1980 to July 1990
	Never married		☐ May 1975 to August 1980
22.	If this person is female, ASK – How many babies		☐ Vietnam era (August 1964 to April 1975)
	(have you/has she) ever had, not counting		☐ March 1961 to July 1964
	stillbirths? Do not count stepchildren or children (you have/she has) adopted.		☐ February 1955 to February 1961
	children (you nave/sne nas) adopted.		☐ Korean War (July 1950 to January 1955)
	None OR Number of children		☐ January 1947 to June 1950
			World War II (December 1941 to December 1946)
			November 1941 or earlier
23a.	(Do you/Does) have any of (your/his/her) own grandchildren under the age of 18 living in this house or apartment?		
	Yes		
	□ No – SKIP to question 24		
b.	(Are you/Is) currently responsible for most of		
	the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?		
	Yes		
	□ No – SKIP to question 24		
- D C''	TYOURD VI		1111 18 8811 8 11 81

798025

26a.	(Do you/Does) have a VA service-connected disability rating?		uestion 30 if this person answered "Car, truck, or van" in ion 29. Otherwise, SKIP to question 31.
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)?		What time did (you/) usually leave home to go to work LAST WEEK? Hour Minute a.m. p.m. How many minutes did it usually take (you/) to
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?	 -	get from home to work LAST WEEK? Minutes
00	☐ Yes ☐ No – SKIP to question 33a	Other	uestions 33–36 if this person did NOT work last week. wise, SKIP to question 37. LAST WEEK, (were you/was) on layoff
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.	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 if the box of the one used for most of the distance. Car, truck, or van Bus (including Vitran or Vitran Plus) Taxicab Motorcycle Safari or taxi bus Ferryboat or water taxi Plane or seaplane Walked Worked at home – SKIP to question 37 Other method	34. 35.	OR been given a date to return to work? ☐ Yes - SKIP to question 36 ☐ No During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work? ☐ Yes ☐ No - SKIP to question 36 LAST WEEK, could (you/) have started a job if offered one, or returned to work if recalled? If "No," ASK - Was this because of a temporary illness or for some other reason? ☐ Yes, could have gone to work ☐ No, because of own temporary illness
			No, because of all other reasons (in school, etc.)



798026

P	erson 9-Continued		
36.	When did (you/) last work, even for a few days? ☐ 2005 to 2010 ☐ 2004 or earlier, or never worked – SKIP to question 46	40.	■ Manufacturing?■ Wholesale trade?
37–4	2. CURRENT OR MOST RECENT JOB ACTIVITY		□ Retail trade?□ 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?		What were (your/'s) most important
	☐ A local GOVERNMENT employee		activities or duties? (For example: patient care, directing hiring policies, supervising order clerks,
	(territorial, etc.)? A federal GOVERNMENT employee?		typing and filing, reconciling financial records)
	SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm?		
	SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?		
	Working WITHOUT PAY in family business or farm?		
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?
	Name of company, business, or other employer	44a.	□ No – SKIP to question 46
			During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as 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 employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)		☐ 50 to 52 weeks ☐ 48 to 49 weeks ☐ 40 to 47 weeks ☐ 27 to 39 weeks ☐ 14 to 26 weeks
			13 weeks or less



798027

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

Usual hours worked each WEEK

46. The next set of questions is about each income 46e. Did (you/...) receive any public assistance or source (you/...) received during 2009. If the net welfare payments from the state or local welfare income was a loss, please give the dollar office, including Supplemental Security Income (SSI) in 2009? amount of the loss. For income received jointly, report, if possible, the appropriate share for Yes – What was the amount? each person; otherwise, report the whole amount for only one person (and mark X the "No" Annual amount - Dollars box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the No dollar amount. f. Did (you/...) receive any retirement, survivor, or a. Did (you/...) receive any wages, salary, disability pensions in 2009? Do NOT include commissions, bonuses, or tips in 2009? Social Security. Yes – What was the amount from all jobs before deductions for taxes, bonds, Yes – What was the amount? dues, or other items? Annual amount - Dollars Annual amount - Dollars -00 ☐ No No g. Did (you/...) receive any other sources of b. Did (you/...) receive any self-employment income regularly such as Veterans' (VA) income from own nonfarm businesses or farm payments, unemployment compensation, businesses, including proprietorships and child support, or alimony in 2009? Do NOT partnerships in 2009? include lump-sum payments such as money from an inheritance or sale of a home. Yes – What was the NET income after business Yes – What was the amount? expenses? Annual amount - Dollars Annual amount - Dollars Loss -00 No No c. Did (you/...) receive any interest, dividends, net Do not ask question 47 if questions 46a-46g are completed. rental income, royalty income, or income from Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark X the "Loss" estates and trusts in 2009? Report even small box next to the dollar amount. amounts credited to an account. Yes – What was the amount? 47. What was (your/...'s) total income during 2009? Annual amount - Dollars Loss Annual amount - Dollars Loss .00 ☐ None OR No Refer to S5 on form D-2(E) VI. If the number of people is more than nine, continue on the next page. If not, SKIP to d. Did (you/...) receive any Social Security or the "Respondent Information" block on page 39 of form **Railroad Retirement in 2009?** D-2(E) VI. Yes – What was the amount? Annual amount - Dollars No Form D-2(E)SUPP VI

798028

P	erson 10		
7.	Print the name of Person 5 from page 2. First Name MI	12b.	What grade or level (were you/was) attending? Mark 🗵 ONE box.
			Nursery school, preschoolKindergarten
	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
		10.	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 11</i>	а	☐ 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 th grade − NO DIPLOMA
	Islands to stay? If (you have/ has) entered the U.S. Virgin Islands more than once, what is the		HIGH SCHOOL GRADUATE
	latest year?		Regular high school diploma
	Print numbers in boxes. Year		GED or alternative credential
	I edi		COLLEGE OR SOME COLLEGE
44.	Where was (your/'s) mother born? Print		☐ Some college credit, but less than 1 year of college credit
ııa.	St. Croix, St. John, or St. Thomas if in the U.S. Virgin		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)
	termery, er rereign eeumry.		□ Doctorate degree (for example: PhD, EdD)
12a.	At any time since February 1, 2010, (have you/has) attended school or college? Include only nursery school or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree. If "Yes," ASK – Was it public or private?	14.	(Have you/Has) completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses. If "Yes," ASK – Was training received in the U.S. Virgin Islands?
	No, has not attended since February 1 − SKIP to		Yes, in the U.S. Virgin Islands
	question 13		Voc. not in the LLC Virgin Islands



798029

☐ Yes, public school, public college

Yes, private school, private college, home school

	order re dominaca		
15a.	(Do you/Does) speak a language other 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.
b.	No − SKIP to question 16aWhat is this language?		Yes No a. Insurance through a current or former employer or union (of this person or another family member)
	(For example: French, Spanish, Chinese, Italian)		another family member)
c.	. How well (do you/does) speak English?		• Medicare, for people 65 and older, or people with certain disabilities
	Very wellWellNot wellNot at all		d. Medicaid, Medical Assistance, or any kind of federal government assistance plan for those with low incomes or a disability
16a.	Did (you/) live in this house or apartment		e. TRICARE or other military health care
	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		f. VA (including those who have ever used or enrolled for VA health care) \Box
			g. Any other type of health insurance or health coverage plan − <i>Specify</i> \nearrow
b.	Where did (you/) live 1 year ago?		
c.	Islands, or the name of the U.S. state, commonwealth, territory, or foreign country? What is the name of the city, town, or village?		(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



798030

	questions 19a–19c if this person is 5 years old or Otherwise, SKIP to question 48.	23c.	How long (have you/has) been responsible for the(se) grandchild(ren)? If (you are/ is) financially responsible for more than one
19a.	Because of a physical, mental, or emotional condition, (do you/does) have serious difficulty concentrating, remembering, or making decisions?		grandchild, answer the question for the grandchild for whom (you have/ has) been responsible for the longest period of time.
			Less than 6 months
	☐ Yes		6 to 11 months
	□ No		1 or 2 years
b.	(Do you/Does) have serious difficulty walking or climbing stairs?		☐ 3 or 4 years ☐ 5 or more years
	Yes	24.	(Show Card H.) (Have you/Has) ever served on
	□ No	27.	active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does
C.	(Do you/Does) have difficulty dressing or bathing?		not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
	Yes		Yes, now on active duty
	□ No		Yes, on active duty during the last 12 months,
Ask o	question 20 if this person is 15 years old or over. rwise, SKIP to question 48.		but not now Yes, on active duty in the past, but not during
	, , , , , , , , , , , , , , , , , , ,		the last 12 months
20.	condition, (do you/does) have difficulty doing errands alone such as visiting a doctor's office or shopping?		No, training for Reserves or National Guard only – SKIP to question 26a
			No, never served in the military − SKIP to question 27a
	Yes		
04	No 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 cannot even if just for part of the
21.			period in which this person served, even if just for part of the period. After each response, ASK – Any other time?
	Now married		
	Widowed		September 2001 or later August 1990 to August 2001 (including
	Divorced		Persian Gulf War)
	Separated		September 1980 to July 1990
	Never married		May 1975 to August 1980
22.	If this person is female, ASK – How many babies		☐ Vietnam era (August 1964 to April 1975)
	(have you/has she) ever had, not counting		☐ March 1961 to July 1964
	stillbirths? Do not count stepchildren or		☐ 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-2/1	=\QIIPP \/I		



798031

26a.	(Do you/Does) have a VA service-connected disability rating?	Ask q quest	question 30 if this person answered "Car, truck, or van" in tion 29. Otherwise, SKIP to question 31.
	Yes (such as 0%, 10%, 20%,, 100%)No − SKIP to question 27a	30.	How many people, including (yourself/), usually rode to work in the car, truck, or van LAST WEEK?
	What is (your/'s) service-connected disability rating?		Person(s)
	0 percent10 or 20 percent		
	30 or 40 percent 50 or 60 percent	31.	What time did (you/) usually leave home to go to work LAST WEEK?
	70 percent or higher		Hour Minute a.m.
27a.	LAST WEEK, did (you/) work for pay at a job (or business)?		p.m.
	Yes – SKIP to question 28	32.	How many minutes did it usually take (you/) to get from home to work LAST WEEK?
.	No, did not work (or retired) LAST WEEK, did (you/) do ANY work for pay,		Minutes
D.	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.
28.	At what location did (you/) work LAST WEEK? If this person worked at more than one location, print where he or she worked most last week.	33a.	LAST WEEK, (were you/was) on layoff from a job?
a.	What is the name of the island in the U.S. Virgin Islands, or name of the U.S. state, commonwealth, territory, or foreign country? What is the name of the city, town, or village?		☐ Yes – SKIP to question 33c☐ No
		b.	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. – <i>SKIP to question 36</i>
IJ.	what is the name of the city, town, or vinage.		□ No – SKIP to question 34
29.	(Show Card J.) How did (you/) usually get to work	C.	(Have you/Has) been informed that (you/he/she) will be recalled to work within the next 6 months OR been given a date to return to work?
	LAST WEEK? If this person usually used more than one method of transportation during the trip, mark X the box of the one used for most of the distance.		☐ Yes – SKIP to question 36 ☐ No
	☐ Car, truck, or van☐ Bus (including Vitran or Vitran Plus)	34.	During the LAST 4 WEEKS, (have you/has) been ACTIVELY looking for work?
	☐ Taxicab ☐ Motorcycle		☐ Yes ☐ No – SKIP to question 36
	Safari or taxi bus	35.	LAST WEEK, could (you/) have started a job if
	☐ Ferryboat or water taxi☐ Plane or seaplane☐ Walked		offered one, or returned to work if recalled? If "No," ASK – Was this because of a temporary illness or for some other reason?
	☐ Worked at home – SKIP to question 37		Yes, could have gone to work
	Other method		□ No, because of own temporary illness
			No, because of all other reasons (in school, etc.)



798032

P	erson 10-Continued		
36.	When did (you/) last work, even for a few days? ☐ 2005 to 2010 ☐ 2004 or earlier, or never worked – SKIP to question 46	40.	Is this mainly - Mark ✗ ONE box. ☐ Manufacturing? ☐ Wholesale trade? ☐ Retail trade?
37–4	I2. 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.	, ,
37.	 (Show Card K.) (Were you/Was) - Mark ✗ ONE box. An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions? An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization? A local GOVERNMENT employee (territorial, etc.)? A federal GOVERNMENT employee? SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm? SELF-EMPLOYED in own INCORPORATED 	42.	What were (your/'s) most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, typing and filing, reconciling financial records)
38.	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.	business at any time?
	and print the branch of the Armed Forces. Name of company, business, or other employer		☐ Yes☐ No − SKIP to question 46
		44a.	During 2009 (all 52 weeks), did (you/) work 50 or more weeks? Count paid time off as work.
			Yes – SKIP to question 45

Describe the activity at the location where

employed. (For example: hospital, newspaper

39. What kind of business or industry was this?

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

b. How many weeks DID (you/...) work, even for a

few hours, <u>including</u> paid vacation, paid sick leave, and military service?

■ 50 to 52 weeks 48 to 49 weeks 40 to 47 weeks

27 to 39 weeks ☐ 14 to 26 weeks ☐ 13 weeks or less

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

Usual hours worked each WEEK



46. The next set of questions is about each income 46e. Did (you/...) receive any public assistance or source (you/...) received during 2009. If the net welfare payments from the state or local welfare income was a loss, please give the dollar office, including Supplemental Security Income (SSI) in 2009? amount of the loss. For income received jointly, report, if possible, the appropriate share for Yes – What was the amount? each person; otherwise, report the whole amount for only one person (and mark X the "No" Annual amount - Dollars box for the other person). If the exact amount is not known, please give your best estimate. If net income is a loss, mark X the "Loss" box next to the No dollar amount. f. Did (you/...) receive any retirement, survivor, or a. Did (you/...) receive any wages, salary, disability pensions in 2009? Do NOT include commissions, bonuses, or tips in 2009? Social Security. Yes – What was the amount from all jobs before deductions for taxes, bonds, Yes – What was the amount? dues, or other items? Annual amount - Dollars Annual amount - Dollars -00 ☐ No No g. Did (you/...) receive any other sources of income b. Did (you/...) receive any self-employment regularly such as Veterans' (VA) payments, income from own nonfarm businesses or farm unemployment compensation, child support, or businesses, including proprietorships and alimony in 2009? Do NOT include lump-sum partnerships in 2009? payments such as money from an inheritance or sale of a home. Yes – What was the NET income after business Yes – What was the amount? expenses? Annual amount - Dollars Annual amount - Dollars Loss -00 No No c. Did (you/...) receive any interest, dividends, net Do not ask question 47 if questions 46a-46g are completed. rental income, royalty income, or income from Instead, sum these entries and subtract any losses. Enter the amount below. If the total amount was a loss, mark X the "Loss" estates and trusts in 2009? Report even small box next to the dollar amount. amounts credited to an account. Yes – What was the amount? 47. What was (your/...'s) total income during 2009? Annual amount - Dollars Loss Annual amount - Dollars Loss .00 ☐ None OR П No Refer to S5 on form D-2(E) VI. If the number of people is more than ten, go to the next form D-2(E) SUPP VI. If not, d. Did (you/...) receive any Social Security or SKIP to the "Respondent Information" block on page 39 of **Railroad Retirement in 2009?** form D-2(E) VI. Yes – What was the amount? Annual amount - Dollars No



RESPONDENT INFORMATION							
R1. Enter respondent's name. First Name MI Last Name	R2. In case we need to cont what is your telephone and the best time to cal Area Code + Number	number Household member					
IN	ITERVIEW SUMMARY						
A. Status on April 1, 2010 1 = Occupied 2 = Vacant - Regular 3 = Vacant - Usual home elsewhere 4 = Demolished/Burned out/ Cannot locate 5 = Nonresidential 6 = Empty mobile home/trailer site 7 = Uninhabitable (open to elements, condemned, under construction) 8 = Duplicate - Record ID of Dup. ■	B. POP on April 1, 2010 01–49 = Total persons 00 = Vacant 98 = Delete 99 = POP unknown	C. VACANT – If vacant, ASK – Which category best described this vacant unit as of April 1, 2010? (Read categories.) For rent Rented, not occupied For sale only Sold, not occupied For seasonal, recreational, or occasional use For migrant workers Other vacant					
D. UHE E. MOV F. PI G. REF	H. CO I. REP J. VDC K.	JIC1 L. JIC2					
R	ECORD OF CONTACT						
Personal Personal Personal Personal Personal	Outcome Type Month a.m. p.m. Personal Telephone Telephone Personal Telephone Telephone Telephone Trelephone Telephone Telephone	Day Time Outcome a.m. p.m. p.m. a.m. p.m. p.m.					
OUTCOME CODES: NV = Left Notice of Visit NC	C = No contact RE = Refusal CI = C	Conducted interview OT = Other					
CI	ERTIFICATION						
I certify that the entries I have made on this questi to the best of my knowledge. Enumerator's signature and date	ionnaire are true and correct	Crew Leader's initials CLD number Month Day					

