

**ENUMERATOR  
JOB AID**

**Census  
2010**

**U.S. Virgin  
Islands**

**D-1(F)VI** (2-2-2009)

# CARD A

## WHO TO COUNT ON APRIL 1st

**We need to count people where they live and sleep most of the time.**

### **Do NOT include:**

- College students who live away from this address most of the year
- Armed Forces personnel who live away
- People in a nursing home, mental hospital, etc. on April 1, 2010
- People in a jail, prison, detention facility, etc. on April 1, 2010

### **DO include:**

- Babies and children living here, including foster children
- Roommates
- Boarders
- People staying here on April 1, 2010 who have no other permanent place to live

# **CARD B**

## **RELATIONSHIP**

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

# CARD C

## HISPANIC, LATINO, OR SPANISH ORIGIN

- **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 – *For example, Argentinean, Colombian, Cuban, Nicaraguan, Salvadoran, Spaniard, and so on.*

# CARD D

## RACE

***(Choose one or more races.)***

- White
- Black, African American, or Negro
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian – *For example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.*
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander – *For example, Fijian, Tongan, and so on.*
- Some other race

# **CARD E**

## **CITIZENSHIP**

### **Yes, a U.S. citizen**

- Born in the U.S. Virgin Islands
- Born in the United States, Puerto Rico, Guam, or Northern Mariana Islands
- Born abroad of U.S. parent or parents
- By naturalization

### **No, not a U.S. citizen**

- Permanent resident
- Temporary resident

# CARD F

## HIGHEST DEGREE OR LEVEL OF SCHOOL

### **NO SCHOOLING COMPLETED**

- No schooling completed

### **NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12**

- Nursery school, preschool
- Kindergarten
- Grade 1 through 11 – *Specify grade*
- 12<sup>th</sup> grade – **NO DIPLOMA**

### **HIGH SCHOOL GRADUATE**

- Regular high school diploma
- GED or alternative credential

### **COLLEGE OR SOME COLLEGE**

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

### **AFTER BACHELOR'S DEGREE**

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

# CARD G

## TYPE OF HEALTH INSURANCE (Choose either "Yes" or "No" for EACH type of health insurance or coverage plan below.)

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



# **CARD H**

## **MILITARY SERVICE**

### **Yes, ever served on active duty**

- Now
- During the last 12 months, but not now
- In the past, but not during the last 12 months

### **No, never served on active duty**

- Received training for Reserves or National Guard only
- Never served in the military

# **CARD I**

## **PERIOD OF MILITARY SERVICE** **(Choose *EACH* period that was served.)**

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

# **CARD J**

## **MEANS OF TRANSPORTATION TO WORK**

- 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
- Other method

# **CARD K**

## **CLASS OF WORKER**

- Employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions
- Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
- Local GOVERNMENT employee (*territorial, etc.*)
- 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

# **CARD L**

## **WHICH BEST DESCRIBES THIS BUILDING**

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

# **CARD M**

## **SOURCE OF WATER**

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

## **PURCHASED WATER (Choose all that apply.)**

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

# CARD N

## OWNER OR RENTER

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