

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

Use a blue or black pen. **Start here**

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

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

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

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

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

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

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

- If someone who has no permanent place to stay is staying here on April 1, 2010, count that person. Otherwise, he or she may be missed in the census.
- **1.** How many people were living or staying in this house, apartment, or mobile home on April 1, 2010?

Number of people

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

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

The U.S. Census Bureau estimates that, for the average household, this form will take about 42 minutes to complete, including the time for reviewing the instructions and answers. Send comments regarding this burden estimate or any other aspect of this burden to: Paperwork Reduction Project 0607-0860, U.S. Census Bureau, 4600 Silver Hill Road, AMSD-3K138, Washington, DC 20233. You may email comments to Paperwork@census.gov; use "Paperwork Project 0607-0860" as the subject.

Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget.

OMB No. 0607-0860: Approval Expires 12/31/2010



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

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

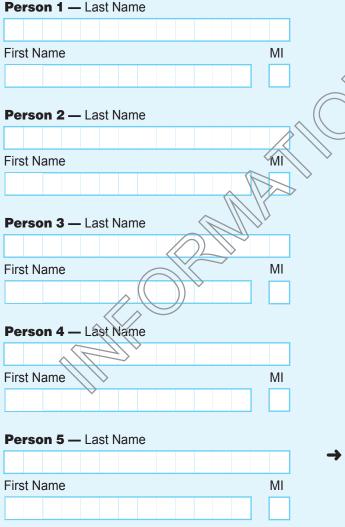
List of Persons

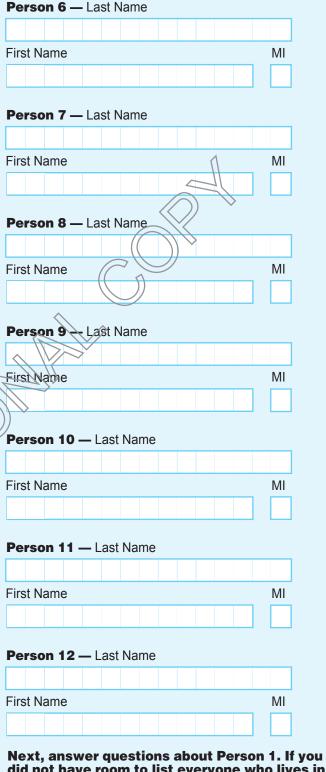
- → Please be sure you answered Question 1 on the front page before continuing.
- 2. Please print the names of all the people who you indicated in Question 1 were living or staying here on April 1, 2010.

Example — Last Name

С	R	U	Z						
Fire	st N	am	е						MI
J	0	H	N						J

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





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



F	Person 1		
1.	What is this person's name? Print the name of Person 1 from page 2. Last Name First Name	6.	 What is this person's race? Mark ∑one or more boxes. White Black, African Am., or Negro American Indian or Alaska Native - Print name of enrolled or principal tribe. 77
3.	What is this person's telephone number? We may contact this person if we don't understand an answer. Area Code + Number Mat is this person's sex? Mark CONE box. Male Female What is this person's age and what is this person's date of birth? Please report babies as age 0 when the child is less than 1 year old. Age on April 1, 2010 Print numbers in boxes.		
	Month Day Year of birth NOTE: Please answer BOTH Question 5 about race. For this census, Hispanic origins are not races. Is this person of Hispanic, Latino, or Spanish origin? No, not of Hispanic, Latino, or Spanish origin Yes, Puerto Rican Yes, Mexican, Mexican Am, Chicano Yes, another Hispanic, Latino, or Spanish origin – Print origin, for example, Argentinean, Colombian, Cuban, Nicaraguan, Salvadoran, Spaniard, and so on.		 Some other race – Print race. Z Where was this person born? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country. Is this person a CITIZEN of the United States? Yes, born in the U.S. Virgin Islands – SKIP to question 10a Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands Yes, a U.S. citizen by naturalization No, not a U.S. citizen (permanent resident) No, not a U.S. citizen (temporary resident) When did this person come to the U.S. Virgin Islands to stay? If this person has entered the U.S. Virgin Islands more than once, what is the latest year? Print numbers in boxes.

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

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

11a. At any time since February 1, 2010, has this person attended school or college? *Include* only nursery school or preschool, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended since February 1 SKIP to question 12
- Yes, public school, public college
- Yes, private school, private college, home school

b. What grade or level was this person attending? *Mark* XONE box.

- Nursery school, preschool
- Nursery schoo
- Kindergarten
- Grade 1 through 12 Specify grade 1–12 —
- College undergraduate years (freshman to senior)
- Graduate or professional school beyond a bachelor's degree (for example, MA or PhD program or medical or law school)

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

NO SCHOOLING COMPLETED

□ No schooling completed

NURSERY SCHOOL OR PRESCHOOL THROUGH GRADE 12

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

HIGH SCHOOL GRADUATI

- Regular high school diploma
- GED or alternative credential

COLLEGE OR SOME COLLEGE

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

Bachelor's degree (for example: BA, BS)

AFTER BACHELOR'S DEGREE

- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)
- 13. Has this person completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work? Do not include academic college courses.
 - 🗌 No
 - Yes, in the U.S. Virgin Islands
 - Yes, not in the U.S. Virgin Islands

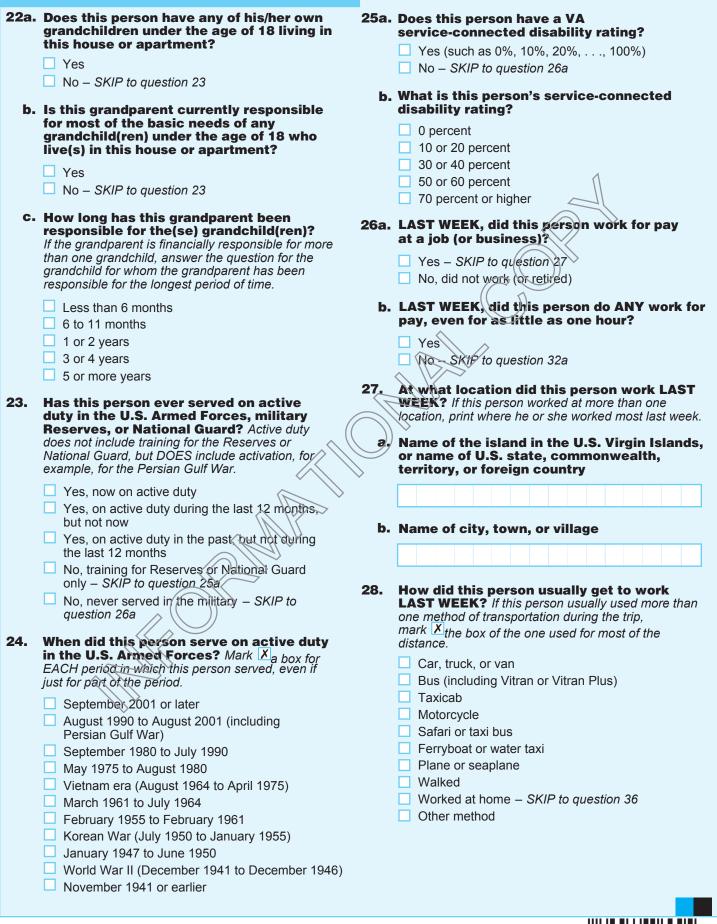
14a. Does this person speak a language other than English at home?

- Yes
- No SKIP to question 15a



14b. What is this language?	17a. Is this person deaf or does he/she have serious difficulty hearing?
	Yes
(For example: French, Spanish, Chinese, Italian)	□ No
c. How well does this person speak English?	b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?
Uery well Well	
Not well	└── Yes └── No
Not at all	
15a. Did this person live in this house or apartment 1 year ago (on April 1, 2009)?	Answer questions 18a–c if this person is 5 years old or over. Otherwise, SKIP to question 47.
Person is under 1 year old – SKIP to question 16	18a. Because of a physical, mental, or emotional
Yes, this house – SKIP to question 16	condition, does this person have serious difficulty concentrating, remembering, or
No, different house	making decisions?
b. Where did this person live 1 year ago?	□ Yes □ No
Name of the Island in the U.S. Virgin Islands, or the name of U.S. State, commonwealth, territory, or foreign country	b. Does this person have serious difficulty walking or climbing stairs?
	Kes Yes
	No
c. Name of city, town, or village	c, Does this person have difficulty dressing or
	bathing?
	Yes
16. Is this person CURRENTLY covered by any	No 🗆 No
of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a–g. Yes No	Answer question 19 if this person is 15 years old or over. Otherwise, SKIP to question 47.
 Insurance through a current or former employer or union (of this person or another family member) 	19. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a
b. Insurance purchased directly from an insurance company (by this person or	doctor's office or shopping?
another family member)	
c. Medicare, for people 65 and older, or	□ No
people with certain disabilities	20. What is this person's marital status?
 d. Medicaid, Medical Assistance, or any kind of federal government-assistance 	Now married
plan for those with low incomes or a	Uidowed
disability	Divorced
e. TRICARE or other military health care .	Separated
f. VA (including those who have ever used or enrolled for VA health care)	Never married
g. Any other type of health insurance or	21. If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children she has
health coverage plan – Specify \mathbf{k}	adopted.
	adopted. None OR Number of children

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

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

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

Hour	Minute	
		🗌 a.m.
		🗌 p.m.

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

Minutes

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

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

Yes – SKIP to question 32c
 No

- b. LAST WEEK, was this person TEMPORABLY absent from a job or business?
 - Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. – SKIP to question 35
 - No SKIP to question 33
- c. Has this person been informed that he or she will be recalled to work within the next 6 months OR been given a date to return to work?
 - Yes SKIP to question 34
 No
- 33. During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?
 - Yes

No – SKIP to question 35

- 34. LAST WEEK, could this person have started a job if offered one, or returned to work if recalled?
 - Yes, could have gone to work
 - No, because of own temporary illness
 - No, because of all other reasons (in school, etc.)

- **35.** When did this person last work, even for a few days?
 - 2005 to 2010
 - 2004 or earlier, or never worked SKIP to question 45

36–41. CURRENT OR MOST RECENT JOB ACTIVITY

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

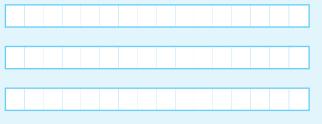
36. Was this person -

Mark XONE box.

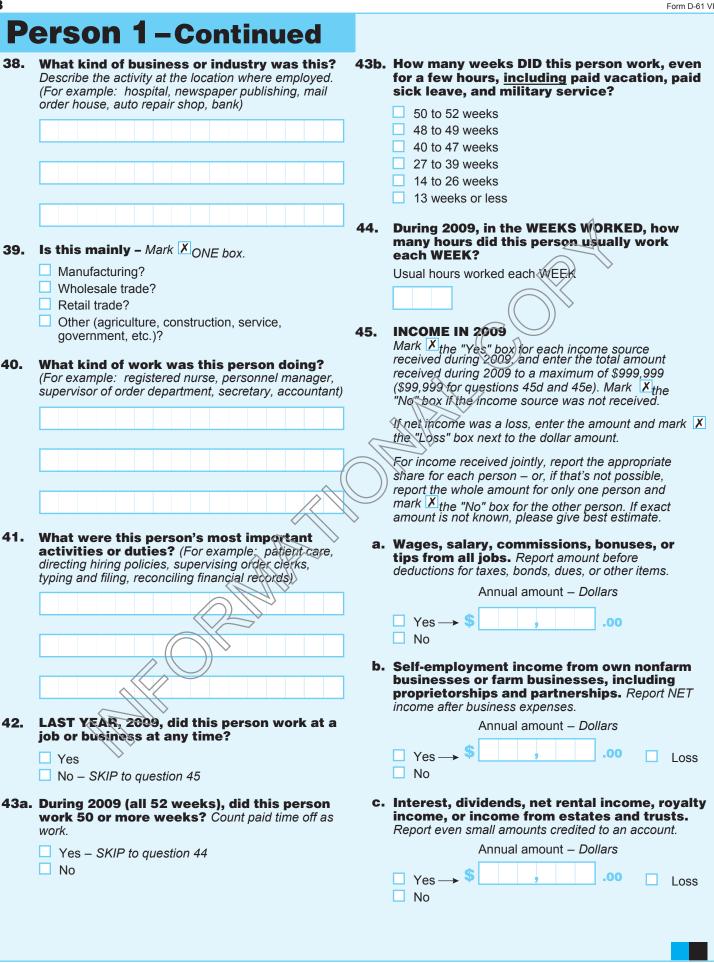
- An employee of a PRIVATE FOR-PROFIT company or business or of an individual, for wages, salary, or commissions?
- An employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization?
- Alecal COVERNMENT employee (territorial, etc.)?
- A federal GOVERNMENT employee?
- SELF-EMPLOYED in own NOT INCORPORATED ousiness, professional practice, or farm?
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm?
- Working WITHOUT PAY in family business or farm?

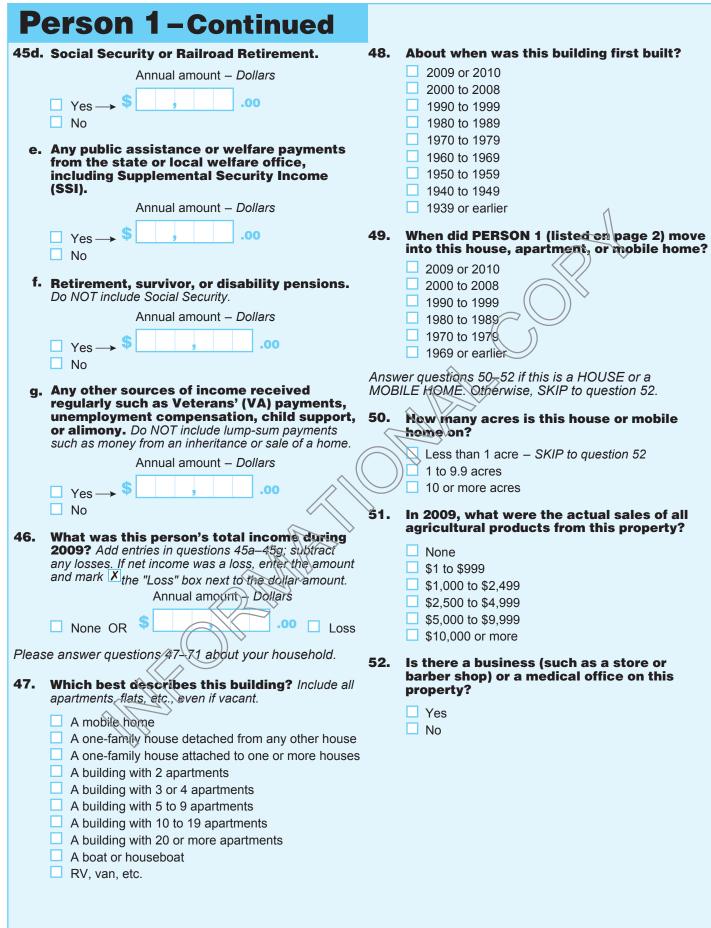
37. For whom did this person work?

Name of company, business, or other employer











53a. How many separate rooms are in this house, 57. apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out Mark X ONE box. at least 6 inches and go from floor to ceiling. INCLUDE bedrooms, kitchens, etc. Electricity EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements. 1 room Other fuel 2 rooms No fuel used 3 rooms 4 rooms 5 rooms 6 rooms 7 rooms Yes 8 rooms 9 or more rooms b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this living quarters were for sale or rent. If this is an Yes efficiency/studio apartment, mark 🗶 "No bedroom." No No bedroom 1 bedroom 2 bedrooms 3 bedrooms 4 bedrooms 5 or more bedrooms Does this house, apartment, or mobile home 54. spring)? have – Yes No **a.** Hot and cold running water? **b.** A flush toilet? c. A bathtub or shower? d. A sink with a faucet?... e. A stove or range? . . **f.** A refrigerator? . . . 60. 55. Does this house, apartment, or mobile home have telephone service from which you can both make and receive calls? Yes, a cell or mobile phone only Yes, a landline only 61. Yes, both a cell or mobile phone and a landline Yes No No 56. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household? None 1 2 3 4

5

6 or more

Which FUEL is used MOST for cooking in this house, apartment, or mobile home?

- Gas: bottled or tank
- Fuel oil, kerosene, etc.
- Wood or charcoal

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

- No SKIP to question 59a
- b. Do you or any member of this household have an Internet connection at this house. apartment, or mobile home?

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

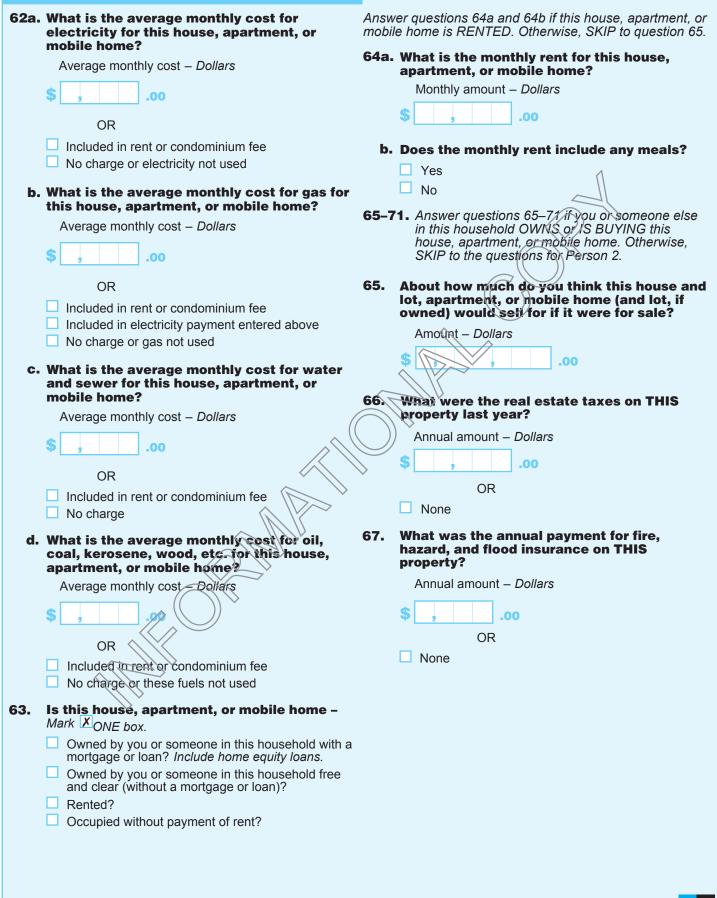
- A public system only?
- Apublic system and cistern?
- A cistern, tanks, or drums only?
- A public standpipe?
- Some other source (an individual well or
- b. During the past month, did anyone in this house, apartment, or mobile home purchase any water from - Mark X all that apply.
 - A water delivery vendor?
 - A supermarket or grocery store?
 - Neither of the above

Is this building connected to a public sewer?

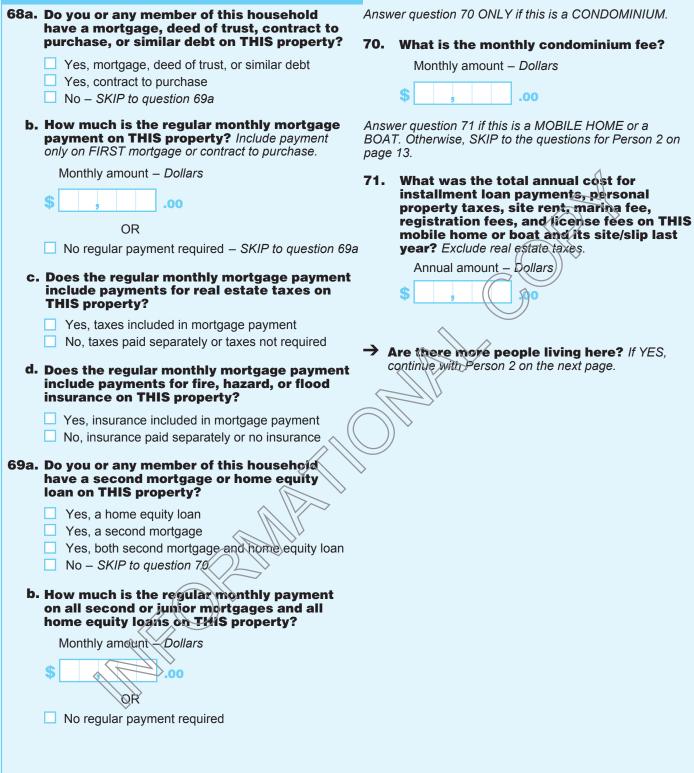
- Yes, connected to a public sewer
- No, connected to a septic tank or cesspool
- No, use other means

Is this living guarters part of a condominium?











Person 2



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



Person 3

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

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

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