

**Start Here**

Please use a black or blue pen.

**1** Please print your name —  
Last Name

First Name

MI

**2** a. Do you live here or stay here **MOST OF THE TIME?**

- Yes → Skip to 2d
- No

b. Do you have a place where you live or stay **MOST OF THE TIME?**

- Yes
- No → Skip to 2d

c. What is your telephone number? We may call you if we don't understand an answer.  
Area Code + Number

d. **ANSWER ONLY IF THIS PLACE IS A SHELTER — Including tonight, how many nights during the past 7 nights did you stay in a SHELTER?**

- 7 nights
- 6 nights
- 5 nights
- 4 nights
- 3 nights
- 2 nights
- 1 night

**3** What is your sex? Mark  ONE box.

- Male
- Female

**4** What is your age and what is your date of birth?

Age on April 1, 2000

Print numbers in boxes.

Month    Day    Year of birth

→ **NOTE: Please answer BOTH Questions 5 and 6.**

**5** Are you Spanish/Hispanic/Latino? Mark  the "No" box if not Spanish/Hispanic/Latino.

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino — Print group. ↗

**6** What is your race? Mark  one or more races to indicate what you consider yourself to be.

- White
- Black, African Am., or Negro
- American Indian or Alaska Native — Print name of enrolled or principal tribe. ↗

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian — Print race. ↗
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander — Print race. ↗

Some other race — Print race. ↗

→ **If you live here or stay here MOST OF THE TIME → Skip to 9 on page 2.**

**7 What is the address of the place where you live or stay MOST OF THE TIME?**

House number

Street or road name, Rural route and box, or PO box

Apartment number

City

County or foreign country

State/Territory/Island

ZIP Code

Names of nearest intersecting streets or roads

**8 If the address in question 7 is a rural route/box or PO box, and the place you live or stay MOST OF THE TIME has a house number/street address, print it below.**

House number

Street or road name

Apartment number

City

County or foreign country

State/Territory/Island

ZIP Code

Names of nearest intersecting streets or roads



Your answers are important! Every person in the Census counts.

**9 What is your marital status?**

- Now married
- Widowed
- Divorced
- Separated
- Never married

**10 a. At any time since February 1, 2000, have you attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.**

- No, have not attended school since February 1 → Skip to 11a
- Yes, public school, public college
- Yes, private school, private college

**b. What grade or level were you attending?**

Mark  ONE box.

- Nursery school, preschool
- Kindergarten
- Grade 1 to grade 4
- Grade 5 to grade 8
- Grade 9 to grade 12
- College undergraduate years (freshman to senior)
- Graduate or professional school (for example: medical, dental, or law school)

→ **CONTINUE on page 3.**



Census information helps your community get financial assistance for roads, hospitals, schools, and more.

**11 a. What is the highest degree or level of school you have COMPLETED?** Mark  ONE box. If currently enrolled, mark the previous grade or highest degree received.

- No schooling completed
- Nursery school to 4th grade
- 5th grade or 6th grade
- 7th grade or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade, **NO DIPLOMA**
- HIGH SCHOOL GRADUATE** — high school DIPLOMA or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

**b. Have you 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

**12 a. Do you speak a language other than English at home?**

- Yes
- No → Skip to 13

**b. What is this language?**

(For example: French, Spanish, Chinese, Italian)

**c. How well do you speak English?**

- Very well
- Well
- Not well
- Not at all

**13 Where were you 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.

**14 Are you a CITIZEN of the United States?**

- Yes, born in the U.S. Virgin Islands → Skip to 16a
- 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)

**15 When did you come to the U.S. Virgin Islands to stay? If you have entered the area more than once, what is the latest year?** Print numbers in boxes.

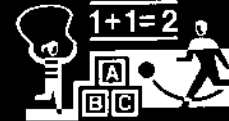
Year

**16 a. Where was your 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 your 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.

→ **CONTINUE on page 4.**





Information about children helps your community plan for child care, education, and recreation.

**17 a. Did you live in this house, apartment, dormitory, or institution 5 years ago (on April 1, 1995)?**

- Person is under 5 years old → *Skip to 36*
- Yes, this house → *Skip to 18*
- No, different house

**b. Where did you live 5 years ago?** *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. If outside the U.S. Virgin Islands, print the answer below and skip to 18.*

**c. Name of city, town, or village**

**18 Do you have any of the following long-lasting conditions:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Blindness, deafness, or a severe vision or hearing impairment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | <input type="checkbox"/> | <input type="checkbox"/> |

**19 Because of a physical, mental, or emotional condition lasting 6 months or more, do you have any difficulty in doing any of the following activities:**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Learning, remembering, or concentrating?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around inside the home?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. (Answer if you are 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. (Answer if you are 16 YEARS OLD OR OVER.) Working at a job or business?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

**20 Were you under 15 years of age on April 1, 2000?**

- Yes → *Skip to 36*
- No

**21 If you are female, how many babies have you ever had, not counting stillbirths? Do not count stepchildren or children you have adopted.**

- |                               |                            |                             |                                     |
|-------------------------------|----------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 | <input type="checkbox"/> 6  | <input type="checkbox"/> 11         |
|                               | <input type="checkbox"/> 2 | <input type="checkbox"/> 7  | <input type="checkbox"/> 12         |
|                               | <input type="checkbox"/> 3 | <input type="checkbox"/> 8  | <input type="checkbox"/> 13         |
|                               | <input type="checkbox"/> 4 | <input type="checkbox"/> 9  | <input type="checkbox"/> 14         |
|                               | <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> 15 or more |

**22 a. Do you have any of your own grandchildren under the age of 18 living in this house, apartment, dormitory, or institution?**

- Yes
- No → *Skip to 23a*

**b. Are you currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house, apartment, dormitory, or institution?**

- Yes
- No → *Skip to 23a*

**c. How long have you been responsible for the(se) grandchild(ren)?** *If you are financially responsible for more than one grandchild, answer the question for the grandchild for whom you have been responsible for the longest period of time.*

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

**23 a. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?** *Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.*

- Yes, now on active duty
- Yes, on active duty in past, but not now
- No, training for Reserves or National Guard only → *Skip to 24*
- No, never served in the military → *Skip to 24*

→ **CONTINUE on page 5.**



Knowing about age, race,  
and sex helps your  
community better meet  
the needs of everyone.

- 23 b. When did you serve on active duty in the U.S. Armed Forces? Mark  a box for EACH period in which you served.**
- April 1995 or later
  - August 1990 to March 1995 (including Persian Gulf War)
  - September 1980 to July 1990
  - May 1975 to August 1980
  - Vietnam era (August 1964—April 1975)
  - February 1955 to July 1964
  - Korean conflict (June 1950—January 1955)
  - World War II (September 1940—July 1947)
  - Some other time

**c. In total, how many years of active-duty military service have you had?**

- Less than 2 years
- 2 years or more

- 24 LAST WEEK, did you do ANY work for either pay or profit? Mark  the "Yes" box even if you worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or were on active duty in the Armed Forces.**

- Yes
- No → Skip to 28a

- 25 At what location did you work LAST WEEK? If you worked at more than one location, print where you worked most last week.**

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

**b. Name of city, town, or village**

- 26 a. How did you usually get to work LAST WEEK? If you usually used more than one method of transportation during the trip, mark  the box of the one used for most of the distance.**

- Car, truck, or van
- Bus
- Taxicab
- Motorcycle
- Safari or taxi bus
- Ferryboat or water taxi
- Walked
- Worked at home → Skip to 30
- Other method

- If "Car, truck, or van" is marked in 26a, go to 26b. Otherwise, skip to 27a.**

- 26 b. How many people, including yourself, usually rode to work in the car, truck, or van LAST WEEK?**

- Drove alone
- 2 people
- 3 people
- 4 people
- 5 or 6 people
- 7 or more people

- 27 a. What time did you usually leave home to go to work LAST WEEK?**

a.m.     p.m.

- b. How many minutes did it usually take you to get from home to work LAST WEEK?**

Minutes

- Answer questions 28–29 if you did not work for pay or profit last week. Otherwise, skip to 30.**

- 28 a. LAST WEEK, were you on layoff from a job?**

- Yes → Skip to 28c
- No

- b. LAST WEEK, were you TEMPORARILY absent from a job or business?**

- Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 29
- No → Skip to 28d

- c. Have you been informed that you will be recalled to work within the next 6 months OR been given a date to return to work?**

- Yes → Skip to 28e
- No

- CONTINUE on page 6.**



28 d. Have you been looking for work during the last 4 weeks?

- Yes  
 No → Skip to 29

e. LAST WEEK, could you 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.)

29 When did you last work, even for a few days?

- 1995 to 2000  
 1994 or earlier, or never worked → Skip to 34

30 Industry or Employer — Describe clearly your 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 the information for your last job or business since 1995.

a. For whom did you work? If now on active duty in the Armed Forces, mark  this box →  and print the branch of the Armed Forces.

Name of company, business, or other employer

b. What kind of business or industry was this? Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)

c. Is this mainly — Mark  ONE box.

- Manufacturing?  
 Wholesale trade?  
 Retail trade?  
 Other (agriculture, construction, service, government, etc.)?



Your answers help your community plan for the future.

31 Occupation

a. What kind of work were you doing? (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)

b. What were your most important activities or duties? (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)

32 Were you — Mark  ONE box.

- 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

33 a. LAST YEAR, 1999, did you work at a job or business at any time?

- Yes  
 No → Skip to 34

b. How many weeks did you work in 1999? Count paid vacation, paid sick leave, and military service.  
 Weeks

→ CONTINUE on page 7.

**33 c. During the weeks WORKED in 1999, how many hours did you usually work each WEEK?**

Usual hours worked each WEEK

**34 INCOME IN 1999** — Mark  the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark  the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark  the "Loss" box next to the dollar amount.

**a. Wages, salary, commissions, bonuses, or tips from all jobs** — Report amount before deductions for taxes, bonds, dues, or other items.

Yes Annual amount — Dollars

No

**b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships** — Report NET income after business expenses.

Yes Annual amount — Dollars

Loss

No

**c. Interest, dividends, net rental income, royalty income, or income from estates and trusts** — Report even small amounts credited to an account.

Yes Annual amount — Dollars

Loss

No

**d. Social Security or Railroad Retirement**

Yes Annual amount — Dollars

No

**e. Supplemental Security Income (SSI)**

Yes Annual amount — Dollars

No

**f. Any public assistance or welfare payments from the state or local welfare office**

Yes Annual amount — Dollars

No

**34 g. Retirement, survivor, or disability pensions** — Do NOT include Social Security.

Yes Annual amount — Dollars

No

**h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony** — Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Yes Annual amount — Dollars

No

**35 What was your total income in 1999?** Add entries in questions 34a—34h; subtract any losses. If net income was a loss, enter the amount and mark  the "Loss" box next to the dollar amount.

Annual amount — Dollars

None OR

Loss

**36 Please check this form to be sure you have answered all the required questions completely. To return your form, please follow the instructions on the envelope that the form came in.**

**Thank you for completing this official Census 2000 form.**

The Census Bureau estimates that, on average, each respondent will take 24 minutes to complete this form, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0860, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

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



**NOTES**

**A. GQ ID**

**B. LCO**

**C. County**

**D. Block**

**E. AA**

**F. Map Spot**

**G. PN**

**H. Add** **I. LCO**

**J. County**

**K. Block**

**L. AA**

**M. Map Spot**

**N. PN**

Y N





# Census 2000

U.S. Virgin  
Islands

U.S. Department of Commerce  
Bureau of the Census



This is the official form for all the people at this address. It is quick and easy, and your answers are protected by law. Complete the Census and help your community get what it needs — today and in the future!

## Start Here Please use a black or blue pen. Do NOT mail this form, your completed form will be picked up by a census worker.

### 1 How many people were living or staying in this house, apartment, or mobile home on April 1, 2000?

Number of people

**INCLUDE** in this number:

- foster children, roomers, or housemates
- people staying here on April 1, 2000 who have no other permanent place to stay
- people living here most of the time while working, even if they have another place to live

**DO NOT INCLUDE** in this number:

- college students living away while attending college
- people in a correctional facility, nursing home, or mental hospital on April 1, 2000
- Armed Forces personnel living somewhere else
- people who live or stay at another place most of the time

### → Please turn the page and print the names of all the people living or staying here on April 1, 2000.

**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 Census Bureau estimates that, for the average household, this form will take about 40 minutes to complete, including the time for reviewing the instructions and answers. Comments about the estimate should be directed to the Associate Director for Finance and Administration, Attn: Paperwork Reduction Project 0607-0860, Room 3104, Federal Building 3, Bureau of the Census, Washington, DC 20233.

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

# 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, 2000.

Example — Last Name

JOHNSON

First Name

MI

ROBIN

J

Start with the person, or one of the people living here who owns, is buying, or rents this house, apartment, or mobile home. If there is no such person, start with any adult living or staying here.

Person 1 — Last Name

First Name

MI

Person 2 — Last Name

First Name

MI

Person 3 — Last Name

First Name

MI

Person 4 — Last Name

First Name

MI

Person 5 — Last Name

First Name

MI

Person 6 — Last Name

First Name

MI

Person 7 — Last Name

First Name

MI

Person 8 — Last Name

First Name

MI

Person 9 — Last Name

First Name

MI

Person 10 — Last Name

First Name

MI

Person 11 — Last Name

First Name

MI

Person 12 — Last Name

First Name

MI

→ Next, answer questions about Person 1.

# Person

# 1



Your answers are important!  
Every person in the Census counts.

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

Last Name

First Name

MI

**2** What is this person's telephone number? We may contact this person if we don't understand an answer.  
Area Code + Number

**3** What is this person's sex? Mark  ONE box.

- Male  
 Female

**4** What is this person's age and what is this person's date of birth?

Age on April 1, 2000

Print numbers in boxes.

Month Day Year of birth

**→** NOTE: Please answer BOTH Questions 5 and 6.

**5** Is this person Spanish/Hispanic/Latino? Mark  the "No" box if **not** Spanish/Hispanic/Latino.

- No, not Spanish/Hispanic/Latino  
 Yes, Mexican, Mexican Am., Chicano  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, other Spanish/Hispanic/Latino — Print group. ↗

**6** What is this person's race? Mark  one or more races to indicate what this person considers himself/herself to be.

- White  
 Black, African Am., or Negro  
 American Indian or Alaska Native — Print name of enrolled or principal tribe. ↗

- |  |   |
|--|---|
| <input type="checkbox"/> Asian Indian                | <input type="checkbox"/> Native Hawaiian                        |
| <input type="checkbox"/> Chinese                     | <input type="checkbox"/> Guamanian or Chamorro                  |
| <input type="checkbox"/> Filipino                    | <input type="checkbox"/> Samoan                                 |
| <input type="checkbox"/> Japanese                    | <input type="checkbox"/> Other Pacific Islander — Print race. ↗ |
| <input type="checkbox"/> Korean                      |   |
| <input type="checkbox"/> Vietnamese                  |   |
| <input type="checkbox"/> Other Asian — Print race. ↗ |   |

- Some other race — Print race. ↗

**7** What is this person's marital status?

- Now married  
 Widowed  
 Divorced  
 Separated  
 Never married

**8** a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended since February 1 → Skip to 9a  
 Yes, public school, public college  
 Yes, private school, private college



Person 1 (continued)

- 8 **b. What grade or level was this person attending?** Mark  ONE box.
- Nursery school, preschool
  - Kindergarten
  - Grade 1 to grade 4
  - Grade 5 to grade 8
  - Grade 9 to grade 12
  - College undergraduate years (freshman to senior)
  - Graduate or professional school (for example: medical, dental, or law school)

- 9 **a. What is the highest degree or level of school this person has COMPLETED?** Mark  ONE box. If currently enrolled, mark the previous grade or highest degree received.
- No schooling completed
  - Nursery school to 4th grade
  - 5th grade or 6th grade
  - 7th grade or 8th grade
  - 9th grade
  - 10th grade
  - 11th grade
  - 12th grade, **NO DIPLOMA**
  - HIGH SCHOOL GRADUATE** — high school DIPLOMA or the equivalent (for example: GED)
  - Some college credit, but less than 1 year
  - 1 or more years of college, no degree
  - Associate degree (for example: AA, AS)
  - Bachelor's degree (for example: BA, AB, BS)
  - Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
  - Professional degree (for example: MD, DDS, DVM, LLB, JD)
  - Doctorate degree (for example: PhD, EdD)
- b. 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

- 10 **a. Does this person speak a language other than English at home?**
- Yes
  - No → Skip to 11
- b. What is this language?**
- (For example: French, Spanish, Chinese, Italian)

- 10 **c. How well does this person speak English?**
- Very well
  - Well
  - Not well
  - Not at all

- 11 **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.

- 12 **Is this person a CITIZEN of the United States?**
- Yes, born in the U.S. Virgin Islands → Skip to 14a
  - 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)

- 13 **When did this person come to the U.S. Virgin Islands to stay? If this person has entered the area more than once, what is the latest year?** Print numbers in boxes.
- Year

- 14 **a. 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.

- 15 **a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?**
- Person is under 5 years old → Skip to 34
  - Yes, this house → Skip to 16
  - No, different house

**15 b. Where did this person live 5 years ago?** 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. If outside the U.S. Virgin Islands, print the answer below and skip to 16.

**c. Name of city, town, or village**

**16 Does this person have any of the following long-lasting conditions:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Blindness, deafness, or a severe vision or hearing impairment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | <input type="checkbox"/> | <input type="checkbox"/> |

**17 Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Learning, remembering, or concentrating?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around inside the home?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

**18 Was this person under 15 years of age on April 1, 2000?**

- Yes → Skip to 34  
 No

**19 If this person is female, how many babies has she ever had, not counting stillbirths?** Do not count stepchildren or children this person has adopted.

- |                               |                            |                             |                                     |
|-------------------------------|----------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 | <input type="checkbox"/> 6  | <input type="checkbox"/> 11         |
|                               | <input type="checkbox"/> 2 | <input type="checkbox"/> 7  | <input type="checkbox"/> 12         |
|                               | <input type="checkbox"/> 3 | <input type="checkbox"/> 8  | <input type="checkbox"/> 13         |
|                               | <input type="checkbox"/> 4 | <input type="checkbox"/> 9  | <input type="checkbox"/> 14         |
|                               | <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> 15 or more |

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

- Yes  
 No → Skip to 21a

**20 b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?**

- Yes  
 No → Skip to 21a

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

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

**21 a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?** Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty  
 Yes, on active duty in past, but not now  
 No, training for Reserves or National Guard only → Skip to 22  
 No, never served in the military → Skip to 22

**b. When did this person serve on active duty in the U.S. Armed Forces?** Mark (X) a box for EACH period in which this person served.

- April 1995 or later  
 August 1990 to March 1995 (including Persian Gulf War)  
 September 1980 to July 1990  
 May 1975 to August 1980  
 Vietnam era (August 1964—April 1975)  
 February 1955 to July 1964  
 Korean conflict (June 1950—January 1955)  
 World War II (September 1940—July 1947)  
 Some other time

**c. In total, how many years of active-duty military service has this person had?**

- Less than 2 years  
 2 years or more

**22 LAST WEEK, did this person do ANY work for either pay or profit?** Mark (X) the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.

- Yes  
 No → Skip to 26a



Person 1 (continued)

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

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

b. Name of city, town, or village

24 a. How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark  the box of the one used for most of the distance.

- Car, truck, or van
- Bus
- Taxicab
- Motorcycle
- Safari or taxi bus
- Ferryboat or water taxi
- Walked
- Worked at home → Skip to 28
- Other method

→ If "Car, truck, or van" is marked in 24a, go to 24b. Otherwise, skip to 25a.

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

- Drove alone
- 2 people
- 3 people
- 4 people
- 5 or 6 people
- 7 or more people

25 a. What time did this person usually leave home to go to work LAST WEEK?

a.m.    p.m.

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

Minutes

→ Answer questions 26–27 for persons who did not work for pay or profit last week. Others skip to 28.

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

- Yes → Skip to 26c
- No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 27
- No → Skip to 26d

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 26e
- No

d. Has this person been looking for work during the last 4 weeks?

- Yes
- No → Skip to 27

e. 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.)

27 When did this person last work, even for a few days?

- 1995 to 2000
- 1994 or earlier, or never worked → Skip to 32

28 Industry or Employer — 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 the information for his/her last job or business since 1995.

a. For whom did this person work? If now on active duty in the Armed Forces, mark  this box →

Name of company, business, or other employer

Person 1 (continued)

28 **b. What kind of business or industry was this?**  
*Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)*

**c. Is this mainly —** Mark  ONE box.

- Manufacturing?
- Wholesale trade?
- Retail trade?
- Other (agriculture, construction, service, government, etc.)?

29 **Occupation**

**a. What kind of work was this person doing?** (For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)

**b. What were this person's most important activities or duties?** (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)

30 **Was this person —** Mark  ONE box.

- 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

31 **a. LAST YEAR, 1999, did this person work at a job or business at any time?**

- Yes
- No → Skip to 32

**b. How many weeks did this person work in 1999?**  
*Count paid vacation, paid sick leave, and military service.*  
Weeks

**c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?**  
Usual hours worked each WEEK

32 **INCOME IN 1999 —** Mark  the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark  the "No" box if the income source was not received.

*If net income was a loss, enter the amount and mark  the "Loss" box next to the dollar amount.*

*For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark  the "No" box for the other person. If exact amount is not known, please give best estimate.*

**a. Wages, salary, commissions, bonuses, or tips from all jobs —** Report amount before deductions for taxes, bonds, dues, or other items.

- Yes Annual amount — Dollars
- No

**b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships —** Report NET income after business expenses.

- Yes Annual amount — Dollars
- Loss
- No

**c. Interest, dividends, net rental income, royalty income, or income from estates and trusts —** Report even small amounts credited to an account.

- Yes Annual amount — Dollars
- Loss
- No



Person 1 (continued)

32 d. Social Security or Railroad Retirement

Yes Annual amount — Dollars

No

e. Supplemental Security Income (SSI)

Yes Annual amount — Dollars

No

f. Any public assistance or welfare payments from the state or local welfare office

Yes Annual amount — Dollars

No

g. Retirement, survivor, or disability pensions — Do NOT include Social Security.

Yes Annual amount — Dollars

No

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Yes Annual amount — Dollars

No

33 What was this person's total income in 1999? Add entries in questions 32a—32h; subtract any losses. If net income was a loss, enter the amount and mark  the "Loss" box next to the dollar amount.

Annual amount — Dollars

None OR

Loss

→ Now, please answer questions 34—57 about your household.

34 Is this house, apartment, or mobile home —

- Owned by you or someone in this household with a mortgage or loan?
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented for cash rent?
- Occupied without payment of cash rent?

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

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

36 About when was this building first built?

- 1999 or 2000
- 1995 to 1998
- 1990 to 1994
- 1980 to 1989
- 1970 to 1979
- 1960 to 1969
- 1950 to 1959
- 1940 to 1949
- 1939 or earlier

37 When did this person move into this house, apartment, or mobile home?

- 1999 or 2000
- 1995 to 1998
- 1990 to 1994
- 1980 to 1989
- 1970 to 1979
- 1969 or earlier

38 How many rooms do you have in this house, apartment, or mobile home? Do NOT count bathrooms, porches, balconies, foyers, halls, or half-rooms.

- |                                  |  |
|----------------------------------|--|
| <input type="checkbox"/> 1 room  | <input type="checkbox"/> 6 rooms         |
| <input type="checkbox"/> 2 rooms | <input type="checkbox"/> 7 rooms         |
| <input type="checkbox"/> 3 rooms | <input type="checkbox"/> 8 rooms         |
| <input type="checkbox"/> 4 rooms | <input type="checkbox"/> 9 or more rooms |
| <input type="checkbox"/> 5 rooms |  |

39 How many bedrooms do you have; that is, how many bedrooms would you list if this house, apartment, or mobile home were on the market for sale or rent?

- No bedroom
- 1 bedroom
- 2 bedrooms
- 3 bedrooms
- 4 bedrooms
- 5 or more bedrooms



Person 1 (continued)

40 Do you have COMPLETE plumbing facilities in this house, apartment, or mobile home; that is, 1) hot and cold piped water, 2) a flush toilet, and 3) a bathtub or shower?

- Yes, have all three facilities
No

41 Do you have COMPLETE kitchen facilities in this house, apartment, or mobile home; that is, 1) a sink with piped water, 2) a range or stove, and 3) a refrigerator?

- Yes, have all three facilities
No

42 Is there telephone service available in this house, apartment, or mobile home from which you can both make and receive calls?

- Yes
No

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

- Gas: bottled or tank
Electricity
Fuel oil, kerosene, etc.
Wood or charcoal
Other fuel
No fuel used

44 How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of your household?

- None 4
1 5
2 6 or more
3

45 a. Do you get water from —

- A public system only?
A public system and cistern?
A cistern, tanks, or drums only?
A public standpipe?
Some other source such as an individual well or a spring?

b. Did you purchase any water from a water vendor during the past year?

- Yes
No

46 Is this building connected to a public sewer?

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

47 Is this house, apartment, or mobile home part of a condominium?

- Yes
No

48 Answer ONLY if this is a ONE-FAMILY HOUSE OR MOBILE HOME — All others skip to 49.

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

- Yes
No

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

- Less than 1 acre
1 to 9.9 acres
10 or more acres

c. In 1999, what were the actual sales of all agricultural products from this property?

- None \$500 to \$999
\$1 to \$99 \$1,000 to \$2,499
\$100 to \$499 \$2,500 or more

49 a. What is the average monthly cost for electricity for this house, apartment, or mobile home?

Average monthly cost — Dollars

OR

- Included in rent or in condominium fee
No charge or electricity not used

b. What is the average monthly cost for gas for this house, apartment, or mobile home?

Average monthly cost — Dollars

OR

- Included in rent or in condominium fee
No charge or gas not used

c. What is the average monthly cost for water and sewer for this house, apartment, or mobile home?

Average monthly cost — Dollars

OR

- Included in rent or in condominium fee
No charge

d. What is the average monthly cost for oil, coal, kerosene, wood, etc. for this house, apartment, or mobile home?

Average monthly cost — Dollars

OR

- Included in rent or in condominium fee
No charge or these fuels not used



Person 1 (continued)

50 Answer ONLY if you PAY RENT for this house, apartment, or mobile home — All others skip to 51.

a. What is the monthly rent?

Monthly amount — Dollars

b. Does the monthly rent include any meals?

- Yes
- No

51 Answer questions 51a—57 if you or someone in this household owns or is buying this house, apartment, or mobile home; otherwise, skip to questions for Person 2.

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

- Yes, mortgage, deed of trust, or similar debt
- Yes, contract to purchase
- No → Skip to 52a

b. How much is your regular monthly mortgage payment on THIS property? Include payment only on first mortgage or contract to purchase.

Monthly amount — Dollars

OR

- No regular payment required → Skip to 52a

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

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

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

- Yes, insurance included in mortgage payment
- No, insurance paid separately or no insurance

52 a. Do you have a second mortgage or a home equity loan on THIS property? Mark (X) all boxes that apply.

- Yes, a second mortgage
- Yes, a home equity loan
- No → Skip to 53

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

Monthly amount — Dollars

OR

- No regular payment required

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

Yearly amount — Dollars

OR

- None

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

Annual amount — Dollars

OR

- None

55 What is the value of this property; that is, how much do you think this house and lot, apartment, or mobile home and lot would sell for if it were for sale?

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$10,000   | <input type="checkbox"/> \$90,000 to \$99,999   |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$100,000 to \$124,999 |
| <input type="checkbox"/> \$15,000 to \$19,999 | <input type="checkbox"/> \$125,000 to \$149,999 |
| <input type="checkbox"/> \$20,000 to \$24,999 | <input type="checkbox"/> \$150,000 to \$174,999 |
| <input type="checkbox"/> \$25,000 to \$29,999 | <input type="checkbox"/> \$175,000 to \$199,999 |
| <input type="checkbox"/> \$30,000 to \$34,999 | <input type="checkbox"/> \$200,000 to \$249,999 |
| <input type="checkbox"/> \$35,000 to \$39,999 | <input type="checkbox"/> \$250,000 to \$299,999 |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> \$300,000 to \$399,999 |
| <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> \$400,000 to \$499,999 |
| <input type="checkbox"/> \$60,000 to \$69,999 | <input type="checkbox"/> \$500,000 to \$749,999 |
| <input type="checkbox"/> \$70,000 to \$79,999 | <input type="checkbox"/> \$750,000 to \$999,999 |
| <input type="checkbox"/> \$80,000 to \$89,999 | <input type="checkbox"/> \$1,000,000 or more    |

56 Answer ONLY if this is a CONDOMINIUM —

What is the monthly condominium fee?

Monthly amount — Dollars

57 Answer ONLY if this is a MOBILE HOME or a BOAT —

a. Do you have an installment loan or contract on THIS mobile home or boat?

- Yes
- No

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

Yearly amount — Dollars

→ Are there more people living here? If yes, continue with Person 2.

# Person

# 2



Census information helps your community get financial assistance for roads, hospitals, schools and more.

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

Last Name

First Name

MI

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

- Husband/wife
- Natural-born son/daughter
- Adopted son/daughter
- Stepson/stepdaughter
- Brother/sister
- Father/mother
- Grandchild
- Parent-in-law
- Son-in-law/daughter-in-law
- Other relative — Print exact relationship.

If NOT RELATED to Person 1:

- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

**3** What is this person's sex? Mark  ONE box.

- Male
- Female

**4** What is this person's age and what is this person's date of birth?

Age on April 1, 2000

Print numbers in boxes.

Month    Day    Year of birth

**5** NOTE: Please answer BOTH Questions 5 and 6.

**5** Is this person Spanish/Hispanic/Latino?

Mark  the "No" box if **not** Spanish/Hispanic/Latino.

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino — Print group. ↗

**6** What is this person's race? Mark  one or more races to indicate what this person considers himself/herself to be.

- White
- Black, African Am., or Negro
- American Indian or Alaska Native — Print name of enrolled or principal tribe. ↗

- |  |   |
|--|---|
| <input type="checkbox"/> Asian Indian                | <input type="checkbox"/> Native Hawaiian                        |
| <input type="checkbox"/> Chinese                     | <input type="checkbox"/> Guamanian or Chamorro                  |
| <input type="checkbox"/> Filipino                    | <input type="checkbox"/> Samoan                                 |
| <input type="checkbox"/> Japanese                    | <input type="checkbox"/> Other Pacific Islander — Print race. ↗ |
| <input type="checkbox"/> Korean                      |   |
| <input type="checkbox"/> Vietnamese                  |   |
| <input type="checkbox"/> Other Asian — Print race. ↗ |   |

- Some other race — Print race. ↗

**7** What is this person's marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married



Person 2 (continued)

8 a. At any time since February 1, 2000, has this person attended regular school or college? Include only nursery school or preschool, kindergarten, elementary school, and schooling which leads to a high school diploma or a college degree.

- No, has not attended since February 1 → Skip to 9a
- Yes, public school, public college
- Yes, private school, private college

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

- Nursery school, preschool
- Kindergarten
- Grade 1 to grade 4
- Grade 5 to grade 8
- Grade 9 to grade 12
- College undergraduate years (freshman to senior)
- Graduate or professional school (for example: medical, dental, or law school)

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

- No schooling completed
- Nursery school to 4th grade
- 5th grade or 6th grade
- 7th grade or 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade, **NO DIPLOMA**
- HIGH SCHOOL GRADUATE** — high school DIPLOMA or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

b. 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

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

- Yes
- No → Skip to 11

10 b. What is this language?

(For example: French, Spanish, Chinese, Italian)

c. How well does this person speak English?

- Very well
- Well
- Not well
- Not at all

11 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.

12 Is this person a CITIZEN of the United States?

- Yes, born in the U.S. Virgin Islands → Skip to 14a
- 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)

13 When did this person come to the U.S. Virgin Islands to stay? If this person has entered the area more than once, what is the latest year? Print numbers in boxes.

Year

14 a. 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.

15 a. Did this person live in this house or apartment 5 years ago (on April 1, 1995)?

- Person is under 5 years old → Skip to 34
- Yes, this house → Skip to 16
- No, different house

**15** b. Where did this person live 5 years ago? 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. If outside the U.S. Virgin Islands, print the answer below and skip to 16.

c. Name of city, town, or village

**16** Does this person have any of the following long-lasting conditions:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Blindness, deafness, or a severe vision or hearing impairment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying? | <input type="checkbox"/> | <input type="checkbox"/> |

**17** Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| a. Learning, remembering, or concentrating?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dressing, bathing, or getting around inside the home?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

**18** Was this person under 15 years of age on April 1, 2000?

- Yes → Skip to 34  
 No

**19** If this person is female, how many babies has she ever had, not counting stillbirths? Do not count stepchildren or children this person has adopted.

- |                               |                            |                             |                                     |
|-------------------------------|----------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 | <input type="checkbox"/> 6  | <input type="checkbox"/> 11         |
|                               | <input type="checkbox"/> 2 | <input type="checkbox"/> 7  | <input type="checkbox"/> 12         |
|                               | <input type="checkbox"/> 3 | <input type="checkbox"/> 8  | <input type="checkbox"/> 13         |
|                               | <input type="checkbox"/> 4 | <input type="checkbox"/> 9  | <input type="checkbox"/> 14         |
|                               | <input type="checkbox"/> 5 | <input type="checkbox"/> 10 | <input type="checkbox"/> 15 or more |

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

- Yes  
 No → Skip to 21a

**20** b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- Yes  
 No → Skip to 21a

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

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

**21** a. Has this person ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

- Yes, now on active duty  
 Yes, on active duty in past, but not now  
 No, training for Reserves or National Guard only → Skip to 22  
 No, never served in the military → Skip to 22

b. When did this person serve on active duty in the U.S. Armed Forces? Mark  a box for EACH period in which this person served.

- April 1995 or later  
 August 1990 to March 1995 (including Persian Gulf War)  
 September 1980 to July 1990  
 May 1975 to August 1980  
 Vietnam era (August 1964—April 1975)  
 February 1955 to July 1964  
 Korean conflict (June 1950—January 1955)  
 World War II (September 1940—July 1947)  
 Some other time

c. In total, how many years of active-duty military service has this person had?

- Less than 2 years  
 2 years or more

**22** LAST WEEK, did this person do ANY work for either pay or profit? Mark  the "Yes" box even if the person worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or was on active duty in the Armed Forces.

- Yes  
 No → Skip to 26a



Person 2 (continued)

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

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

b. Name of city, town, or village

24 a. How did this person usually get to work LAST WEEK? If this person usually used more than one method of transportation during the trip, mark (X) the box of the one used for most of the distance.

- Car, truck, or van
- Bus
- Taxicab
- Motorcycle
- Safari or taxi bus
- Ferryboat or water taxi
- Walked
- Worked at home → Skip to 28
- Other method

→ If "Car, truck, or van" is marked in 24a, go to 24b. Otherwise, skip to 25a.

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

- Drove alone
- 2 people
- 3 people
- 4 people
- 5 or 6 people
- 7 or more people

25 a. What time did this person usually leave home to go to work LAST WEEK?

a.m.     p.m.

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

Minutes

→ Answer questions 26–27 for persons who did not work for pay or profit last week. Others skip to 28.

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

- Yes → Skip to 26c
- No

b. LAST WEEK, was this person TEMPORARILY absent from a job or business?

- Yes, on vacation, temporary illness, labor dispute, etc. → Skip to 27
- No → Skip to 26d

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 26e
- No

d. Has this person been looking for work during the last 4 weeks?

- Yes
- No → Skip to 27

e. 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.)

27 When did this person last work, even for a few days?

- 1995 to 2000
- 1994 or earlier, or never worked → Skip to 32

28 Industry or Employer — 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 the information for his/her last job or business since 1995.

a. For whom did this person work? If now on active duty in the Armed Forces, mark (X) this box →  and print the branch of the Armed Forces.

Name of company, business, or other employer

28

**b. What kind of business or industry was this?**  
Describe the activity at location where employed. (For example: hospital, newspaper publishing, mail order house, auto repair shop, bank)

**c. Is this mainly** — Mark  ONE box.

- Manufacturing?
- Wholesale trade?
- Retail trade?
- Other (agriculture, construction, service, government, etc.)?

29

**Occupation**

**a. What kind of work was this person doing?**  
(For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant)

**b. What were this person's most important activities or duties?** (For example: patient care, directing hiring policies, supervising order clerks, repairing automobiles, reconciling financial records)

30

**Was this person** — Mark  ONE box.

- 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

31

**a. LAST YEAR, 1999, did this person work at a job or business at any time?**

- Yes
- No → Skip to 32

**b. How many weeks did this person work in 1999?**  
Count paid vacation, paid sick leave, and military service.  
Weeks

**c. During the weeks WORKED in 1999, how many hours did this person usually work each WEEK?**  
Usual hours worked each WEEK

32

**INCOME IN 1999** — Mark  the "Yes" box for each income source received during 1999 and enter the total amount received during 1999 to a maximum of \$999,999. Mark  the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark  the "Loss" box next to the dollar amount.

For income received jointly, report, if possible, the appropriate share for each person; otherwise, report the whole amount for only one person and mark  the "No" box for the other person. If exact amount is not known, please give best estimate.

**a. Wages, salary, commissions, bonuses, or tips from all jobs** — Report amount before deductions for taxes, bonds, dues, or other items.

Yes Annual amount — Dollars

No

**b. Self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships** — Report NET income after business expenses.

Yes Annual amount — Dollars

Loss

No

**c. Interest, dividends, net rental income, royalty income, or income from estates and trusts** — Report even small amounts credited to an account.

Yes Annual amount — Dollars

Loss

No



Person 2 (continued)

32 d. Social Security or Railroad Retirement

Yes Annual amount — Dollars

No

e. Supplemental Security Income (SSI)

Yes Annual amount — Dollars

No

f. Any public assistance or welfare payments from the state or local welfare office

Yes Annual amount — Dollars

No

g. Retirement, survivor, or disability pensions — Do NOT include Social Security.

Yes Annual amount — Dollars

No

h. Any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony — Do NOT include lump-sum payments such as money from an inheritance or sale of a home.

Yes Annual amount — Dollars

No

33 What was this person's total income in 1999? Add entries in questions 32a—32h; subtract any losses. If net income was a loss, enter the amount and mark (X) the "Loss" box next to the dollar amount.

Annual amount — Dollars

None OR

Loss

34 Are there more people living here? If yes, continue with Person 3.

# Person 3



Information about children helps your community plan for child care, education, and recreation.

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

Last Name

First Name

MI

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

- Husband/wife
- Natural-born son/daughter
- Adopted son/daughter
- Stepson/stepdaughter
- Brother/sister
- Father/mother
- Grandchild
- Parent-in-law
- Son-in-law/daughter-in-law
- Other relative — Print exact relationship.

If NOT RELATED to Person 1:

- Roomer, boarder
- Housemate, roommate
- Unmarried partner
- Foster child
- Other nonrelative

3 What is this person's sex? Mark (X) ONE box.

- Male
- Female



LCO	County	Block	AA	Map Spot
Unit ID				
House No.	Street or road name, Rural route and box, or PO box No.			Apartment No.
Location description				
City	Island	<b>U.S. Virgin Islands</b>		ZIP Code
<b>R3. Respondent</b> - <input type="checkbox"/> Lived here on April 1, 2000 <input type="checkbox"/> Moved in after April 1, 2000 (Refer to Card K) <input type="checkbox"/> Is neighbor or other				
<b>A. Status on April 1, 2000</b>  1 = Occupied 2 = Occupied - Continuation 3 = Vacant - Regular 4 = Vacant - Usual home elsewhere 5 = Demolished/Burned out 6 = Cannot locate 7 = Duplicate 8 = Nonresidential 9 = Other (open to elements, condemned, under construction)		<b>B. POP on April 1, 2000</b>  01-97 = Total persons 00 = Vacant 98 = Delete 99 = POP unknown		<b>C. VACANT - Which category best described this vacant unit as of April 1, 2000?</b> <input type="checkbox"/> For rent <input type="checkbox"/> For sale only <input type="checkbox"/> Rented or sold, not occupied <input type="checkbox"/> For seasonal, recreational, or occasional use <input type="checkbox"/> For migrant workers <input type="checkbox"/> Other vacant
<b>D. SP   E. UHE   F. MOV   G. PI   H. REF   I. REP   J. CO   K. TC   L. JIC1   M. JIC2   N. JIC3   O. JIC4</b>				

