

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

J O H N S O N

First Name MI

R O B I N 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

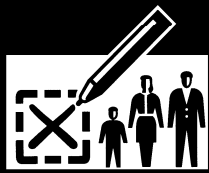
Person 12 — Last Name

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. ↘

FOR OFFICE USE ONLY

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. ↘

- 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. ↘

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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



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?

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

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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.

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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

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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.

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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.

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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

Person 1 (continued)

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.

Grid for printing the address.

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c. Name of city, town, or village

Grid for printing the city name.

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

- a. Blindness, deafness, or a severe vision or hearing impairment?
b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?

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:

- a. Learning, remembering, or concentrating?
b. Dressing, bathing, or getting around inside the home?
c. (Answer if this person is 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor's office?
d. (Answer if this person is 16 YEARS OLD OR OVER.) Working at a job or business?

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.

- None, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 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

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b. Name of city, town, or village

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FOR OFFICE USE ONLY

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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?

	:		
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 a.m. p.m.

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

Minutes

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→ 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 → and print the branch of the Armed Forces.

Name of company, business, or other employer

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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)

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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 Loss

\$

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



32 d. Social Security or Railroad Retirement

Yes Annual amount — Dollars
\$ | | , | | .00

No

e. Supplemental Security Income (SSI)

Yes Annual amount — Dollars
\$ | | , | | .00

No

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

Yes Annual amount — Dollars
\$ | | , | | .00

No

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

Yes Annual amount — Dollars
\$ | | , | | .00

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
\$ | | , | | .00

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 \$ | | , | | .00 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.

- 1 room
- 2 rooms
- 3 rooms
- 4 rooms
- 5 rooms
- 6 rooms
- 7 rooms
- 8 rooms
- 9 or more 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

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
- 1
- 2
- 3
- 4
- 5
- 6 or more

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
- \$1 to \$99
- \$100 to \$499
- \$500 to \$999
- \$1,000 to \$2,499
- \$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

\$ | , | | .00

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

\$ | , | | .00

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

\$ | , | | .00

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

\$ | , | | .00

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

\$ | | , | | .00

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

\$ | | , | | .00

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

\$ | | , | | .00

OR

- No regular payment required

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

Yearly amount — Dollars

\$ | | , | | .00

OR

- None

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

Annual amount — Dollars

\$ | | , | | .00

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

\$ | | , | | .00

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.

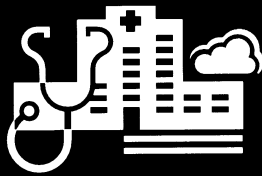
Yearly amount — Dollars

\$ | | , | | .00

➔ 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

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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. ↗

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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. ↗

- 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. ↗

FOR OFFICE USE ONLY

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?

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

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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.*

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FOR OFFICE
USE ONLY

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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

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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.*

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FOR OFFICE
USE ONLY

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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.*

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FOR OFFICE
USE ONLY

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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.*

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FOR OFFICE USE ONLY

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c. Name of city, town, or village

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FOR OFFICE USE ONLY

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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



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

Grid for name of location

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b. Name of city, town, or village

Grid for name of city, town, or village

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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?

Time selection grid and a.m./p.m. options

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

Minutes

Grid for 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 ->

Name of company, business, or other employer

Grid for name of company, business, or other employer

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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)

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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

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

Usual hours worked each WEEK

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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

\$,				.		00
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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

\$,				.		00
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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

\$,				.		00
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Loss

No



32 d. Social Security or Railroad Retirement

Yes Annual amount — Dollars
\$ | | , | | .00

No

e. Supplemental Security Income (SSI)

Yes Annual amount — Dollars
\$ | | , | | .00

No

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

Yes Annual amount — Dollars
\$ | | , | | .00

No

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

Yes Annual amount — Dollars
\$ | | , | | .00

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
\$ | | , | | .00

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.

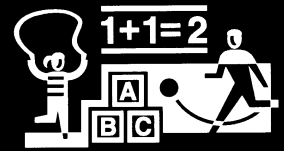
Annual amount — Dollars

None OR \$ | | , | | .00 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.

| | | | | | | | | | | | | | | | | | | | | |

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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

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.

Print numbers in boxes.

Month Day Year of birth

Print numbers in boxes.

NOTE: Please answer BOTH Questions 5 and 6.

5 Is this person Spanish/Hispanic/Latino?

Mark [X] 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.

Print numbers in boxes.

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6 What is this person's race? Mark [X] 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.

Print numbers in boxes.

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

Print numbers in boxes.

- Some other race — Print race.

Print numbers in boxes.

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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

b. What grade or level was this person attending?

Mark [X] 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 [X] 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



Person 3 (continued)

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)

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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.

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USE ONLY

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.

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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.

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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

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.

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c. Name of city, town, or village

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USE ONLY

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

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

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

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b. Name of city, town, or village

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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.																			

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

Minutes

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--





Person 3 (continued)

➔ 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 → and print the branch of the Armed Forces.

Name of company, business, or other employer

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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)

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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
 \$ | | | , | | | .00

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
 \$ | | | , | | | .00 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
 \$ | | | , | | | .00 Loss

No

32 d. **Social Security or Railroad Retirement**
 Yes Annual amount — Dollars
 \$ | | | , | | | .00

No

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

Yes Annual amount — Dollars
 \$ | | | , | | | .00

No

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

Yes Annual amount — Dollars
 \$ | | | , | | | .00

No

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

Yes Annual amount — Dollars
 \$ | | | , | | | .00

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
 \$ | | | , | | | .00

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.

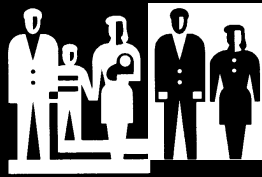
Annual amount — Dollars
 None OR \$ | | | , | | | .00 Loss

34 **Are there more people living here? If yes, continue with Person 4.**



Person

4



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

1 What is this person's name? Print the name of Person 4 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

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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.

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.* ↘

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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.* ↘

- 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.* ↘

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7 What is this person's marital status?

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

Person 4 (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?

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

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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.*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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USE ONLY

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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.*

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FOR OFFICE
USE ONLY

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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.*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FOR OFFICE
USE ONLY

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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



Person 4 (continued)

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.*

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c. Name of city, town, or village

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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 4 (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

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b. Name of city, town, or village

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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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?

	:		<input type="checkbox"/> a.m.	<input type="checkbox"/> 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 → and print the branch of the Armed Forces.

Name of company, business, or other employer

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USE ONLY

--	--	--



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)

Grid for business/industry description

c. Is this mainly — Mark (X) 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)

Grid for occupation description

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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)

Grid for activities or duties

30 Was this person — Mark (X) ONE box.

- Employee of a PRIVATE-FOR-PROFIT company or business...
Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization...
Local GOVERNMENT employee...
Federal GOVERNMENT employee...
SELF-EMPLOYED in own NOT INCORPORATED business...
SELF-EMPLOYED in own INCORPORATED business...
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

Grid for weeks worked

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

Usual hours worked each WEEK

Grid for hours worked

32 INCOME IN 1999 — Mark (X) 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 (X) the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark (X) 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 (X) 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
\$, .00

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
\$, .00 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
\$, .00 Loss

No

Person 4 (continued)

32 d. Social Security or Railroad Retirement

Yes Annual amount — Dollars
\$ | | , | | .00

No

e. Supplemental Security Income (SSI)

Yes Annual amount — Dollars
\$ | | , | | .00

No

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

Yes Annual amount — Dollars
\$ | | , | | .00

No

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

Yes Annual amount — Dollars
\$ | | , | | .00

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
\$ | | , | | .00

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 \$ | | , | | .00 Loss

34 Are there more people living here? If yes, continue with Person 5.

Person

5



Your answers help your community plan for the future.

1 What is this person's name? Print the name of Person 5 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.*

| | | | | | | | | | | | | | | | | | | | | |

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| | |

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



Person 5 (continued)

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. ↗

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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. ↗

FOR OFFICE
USE ONLY

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

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)

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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.

FOR OFFICE USE ONLY

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.

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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.

FOR OFFICE USE ONLY

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

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.

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c. Name of city, town, or village

FOR OFFICE USE ONLY

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

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

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

FOR OFFICE USE ONLY																			
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																			

b. Name of city, town, or village

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<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																			

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?

FOR OFFICE USE ONLY																			
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																			

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

Grid for entering name of company, business, or other employer.

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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)

Grid for describing business or industry activity.

c. Is this mainly — Mark [X] 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)

Grid for describing occupation.

FOR OFFICE USE ONLY

Small grid for office use only.

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)

Grid for describing important activities or duties.

30 Was this person — Mark [X] 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
 \$ | | | , | | | .00

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
 \$ | | | , | | | .00 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
 \$ | | | , | | | .00 Loss

No

32 **d. Social Security or Railroad Retirement**

Yes Annual amount — Dollars
 \$ | | | , | | | .00

No

e. Supplemental Security Income (SSI)

Yes Annual amount — Dollars
 \$ | | | , | | | .00

No

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

Yes Annual amount — Dollars
 \$ | | | , | | | .00

No

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

Yes Annual amount — Dollars
 \$ | | | , | | | .00

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
 \$ | | | , | | | .00

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 \$ | | | , | | | .00 Loss

34 **Are there more people living here? If yes, continue with Person 6.**

Person

6



Housing information helps your community plan for police and fire protection.

1 What is this person's name? Print the name of Person 6 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

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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. ↗

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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. ↗

- 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. ↗

FOR OFFICE USE ONLY

7 What is this person's marital status?

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



Person 6 (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*)

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--	--	--

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.*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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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.*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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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.*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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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

Person 6 (continued)

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.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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--	--

c. Name of city, town, or village

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FOR OFFICE USE ONLY

--	--	--	--

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



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

Grid for name of island/state/territory/country

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b. Name of city, town, or village

Grid for name of city/town/village

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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?

Time selection grid with a.m. and p.m. options

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

Minutes

Grid for minutes

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

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 ->

Name of company, business, or other employer

Grid for name of company/business/employer

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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)

Grid for business/industry description

c. Is this mainly — Mark [X] 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)

Grid for occupation description

FOR OFFICE USE ONLY

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)

Grid for activities or duties

30 Was this person — Mark [X] ONE box.

- Employee of a PRIVATE-FOR-PROFIT company or business...
Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization...
Local GOVERNMENT employee...
Federal GOVERNMENT employee...
SELF-EMPLOYED in own NOT INCORPORATED business...
SELF-EMPLOYED in own INCORPORATED business...
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

Grid for weeks worked

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

Usual hours worked each WEEK

Grid for hours worked

32 INCOME IN 1999 — Mark [X] 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 [X] the "No" box if the income source was not received.

If net income was a loss, enter the amount and mark [X] 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 [X] 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

Dollar amount grid

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

Dollar amount grid

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

Dollar amount grid

Loss

No



32 d. Social Security or Railroad Retirement

Yes Annual amount — Dollars

\$ | | , | | .00

No

e. Supplemental Security Income (SSI)

Yes Annual amount — Dollars

\$ | | , | | .00

No

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

Yes Annual amount — Dollars

\$ | | , | | .00

No

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

Yes Annual amount — Dollars

\$ | | , | | .00

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

\$ | | , | | .00

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 \$ | | , | | .00 Loss

34 Thank you for completing your official Census 2000 form. If there are more than six people living in this house or apartment, 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.

FOR OFFICE USE ONLY

LCO 	County 	Block 	AA 	Map Spot
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Unit ID
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← **APPLY LABEL HERE** →

House No.	Street or road name, Rural route and box, or PO box No.	Apartment No.
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Location description

City	Island	U.S. Virgin Islands	ZIP Code
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R3. Respondent - Lived here on April 1, 2000 Moved in after April 1, 2000 (Refer to Card K) Is neighbor or other

<p>A. Status on April 1, 2000</p> <p><input type="checkbox"/></p> <p>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)</p>	<p>B. POP on April 1, 2000</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>01–97 = Total persons 00 = Vacant 98 = Delete 99 = POP unknown</p>	<p>C. VACANT – Which category best described this vacant unit as of April 1, 2000?</p> <p><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</p>
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D. SP <input type="checkbox"/>	E. UHE <input type="checkbox"/>	F. MOV <input type="checkbox"/>	G. PI <input type="checkbox"/>	H. REF <input type="checkbox"/>	I. REP <input type="checkbox"/>	J. CO 	K. TC 	L. JIC1 	M. JIC2 	N. JIC3 	O. JIC4
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