



# Start Here

Please use a black or blue pen.

**1 Please print your name —**

Last Name

First Name

MI

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

- Yes → *Skip to 2d*  
 No

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

- Yes  
 No → *Skip to 2d*

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

Area Code + Number

 -  - 

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

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

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

- Male  
 Female

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

Age on April 1, 2000

Print numbers in boxes.

Month Day Year of birth

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

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

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


FOR OFFICE  
USE ONLY

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

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


- |   |  |
|---|--|
| <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 — <i>Print race.</i> ↗ |
| <input type="checkbox"/> Korean                             |  |
| <input type="checkbox"/> Vietnamese                         |  |
| <input type="checkbox"/> Other Asian — <i>Print race.</i> ↗ |  |

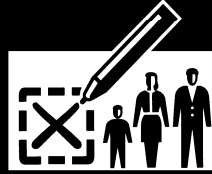

- Some other race — *Print race.* ↗


FOR OFFICE  
USE ONLY

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



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

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

House number

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



Apartment number

City

County or foreign country

State/Territory/Island

ZIP Code

Names of nearest intersecting streets or roads

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

House number

Street or road name



Apartment number

City

County or foreign country

State/Territory/Island

ZIP Code

Names of nearest intersecting streets or roads

**9 What is your marital status?**

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

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

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

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

Mark  ONE box.

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

**→ CONTINUE on page 3.**



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

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

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

**b. Have you completed the requirements for a vocational training program at a trade school, business school, hospital, some other kind of school for occupational training, or place of work?** Do not include academic college courses.

- No
- Yes, in the U.S. Virgin Islands
- Yes, not in the U.S. Virgin Islands

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

- Yes
- No → Skip to 13

**b. What is this language?**

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

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

FOR OFFICE USE ONLY

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

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

**13 Where were you born?** Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

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

FOR OFFICE USE ONLY

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

- Yes, born in the U.S. Virgin Islands → Skip to 16a
- Yes, born in the United States, Puerto Rico, Guam, or Northern Mariana Islands
- Yes, born abroad of U.S. parent or parents
- Yes, a U.S. citizen by naturalization
- No, not a U.S. citizen (permanent resident)
- No, not a U.S. citizen (temporary resident)

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

Year

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

**16 a. Where was your mother born?** Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

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

FOR OFFICE USE ONLY

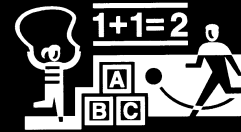
**b. Where was your father born?** Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country.

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

FOR OFFICE USE ONLY

→ CONTINUE on page 4.





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

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

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

**b. Where did you live 5 years ago? Print St. Croix, St. John, or St. Thomas if in the U.S. Virgin Islands, or the name of the U.S. state, commonwealth, territory, or foreign country. If outside the U.S. Virgin Islands, print the answer below and skip to 18.**

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

FOR OFFICE USE ONLY 

--	--	--

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

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

FOR OFFICE USE ONLY 

--	--	--

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

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

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

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

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

- Yes → *Skip to 36*
- No

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

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

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

- Yes
- No → *Skip to 23a*

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

- Yes
- No → *Skip to 23a*

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

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

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

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

**→ CONTINUE on page 5.**



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

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

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

- Less than 2 years
- 2 years or more

- 24 LAST WEEK, did you do ANY work for either pay or profit?** Mark  the "Yes" box even if you worked only 1 hour, or helped without pay in a family business or farm for 15 hours or more, or were on active duty in the Armed Forces.
- Yes
  - No → Skip to 28a

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

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

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

FOR OFFICE USE ONLY 

--	--	--

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

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

FOR OFFICE USE ONLY 

--	--	--

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

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

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

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

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

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

	:				<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
--	---	--	--	--	-------------------------------	-------------------------------

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

Minutes

--	--	--	--

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

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

- Yes → Skip to 28c
- No

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

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

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

- Yes → Skip to 28e
- No

→ CONTINUE on page 6.



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

- Yes
- No → *Skip to 29*

**e. LAST WEEK, could you have started a job if offered one, or returned to work if recalled?**

- Yes, could have gone to work
- No, because of own temporary illness
- No, because of all other reasons (*in school, etc.*)

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

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

**30 Industry or Employer — Describe clearly your chief job activity or business last week. If you had more than one job, describe the one at which you worked the most hours. If you had no job or business last week, give the information for your last job or business since 1995.**

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

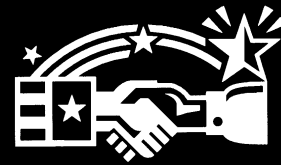
Name of company, business, or other employer


FOR OFFICE  
USE ONLY

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


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

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



**Your answers help your community plan for the future.**

**31 Occupation**

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


FOR OFFICE  
USE ONLY

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


**32 Were you — Mark  ONE box.**

- Employee of a PRIVATE-FOR-PROFIT company or business or of an individual, for wages, salary, or commissions
- Employee of a PRIVATE NOT-FOR-PROFIT, tax-exempt, or charitable organization
- Local GOVERNMENT employee (*territorial, etc.*)
- Federal GOVERNMENT employee
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice, or farm
- SELF-EMPLOYED in own INCORPORATED business, professional practice, or farm
- Working WITHOUT PAY in family business or farm

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

- Yes
- No → *Skip to 34*

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

Weeks

--	--

**→ CONTINUE on page 7.**

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

Usual hours worked each WEEK

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

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

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

Yes Annual amount — Dollars

\$     ,    .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

**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

**34** **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

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

Annual amount — Dollars

None OR \$     ,    .00  Loss

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

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

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

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



**NOTES**

Large empty rectangular area for notes.

**FOR OFFICE USE ONLY**

**A. GQ ID**

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

**B. LCO**

--	--	--	--

**C. County**

--	--	--	--

**D. Block**

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

**E. AA**

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

**F. Map Spot**

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

**G. PN**

--	--

**H. Add**

Y	N
---	---

**I. LCO**

--	--	--	--

**J. County**

--	--	--	--

**K. Block**

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

**L. AA**

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

**M. Map Spot**

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

**N. PN**

--	--

