Please print your name —

Last Name

First Name

MI

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

What is your sex? Mark ONE box.

☐ Male

☐ Female

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

For office use only

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.

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

☐ White

☐ Black, African Am., or Negro

☐ American Indian or Alaska Native — Print name of enrolled or principal tribe.

☐ Asian Indian

☐ Chinese

☐ Filipino

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian — Print race.

☐ Native Hawaiian

☐ Guamanian or Chamorro

☐ Samoan

☐ Other Pacific Islander — Print race.

☐ Japanese

☐ Korean

☐ Vietnamese

☐ Other Asian — Print race.

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

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

What is your marital status?
- Now married
- Widowed
- Divorced
- Separated
- Never married

What is your marital status?

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.
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

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

14 Are you a CITIZEN of the United States?

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

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

Year

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

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

CONTINUE on page 4.
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.

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

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

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 grandchild(ren)?
- Less than 6 months
- 6 to 11 months
- 1 or 2 years
- 3 or 4 years
- 5 years or more

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

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

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

a. Blindness, deafness, or a severe vision or hearing impairment?
- Yes
- No

b. A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying?
- Yes
- No

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:

a. Learning, remembering, or concentrating?
- Yes
- No

b. Dressing, bathing, or getting around inside the home?
- Yes
- No

c. (Answer if you are 16 YEARS OLD OR OVER.) Going outside the home alone to shop or visit a doctor’s office?
- Yes
- No

d. (Answer if you are 16 YEARS OLD OR OVER.) Working at a job or business?
- Yes
- No

Were you under 15 years of age on April 1, 2000?
- Yes → Skip to 36
- No

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

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

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

- Minutes

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

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

b. Name of city, town, or village

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

CONTINUE on page 6.
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.)

When did you last work, even for a few days?
- 1995 to 2000
- 1994 or earlier, or never worked → Skip to 34

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

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

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

b. What kind of business or industry was this? 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.

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

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

Name of company, business, or other employer

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

c. Is this mainly — Mark ONE box.
- Manufacturing?
- Wholesale trade?
- Retail trade?
- Other (agriculture, construction, service, government, etc.)?

CONTINUE on page 7.
c. During the weeks WORKED in 1999, how many hours did you usually work each WEEK?

Usual hours worked each WEEK

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.

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

☐ Yes  Annual amount — Dollars

☐ No

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

☐ Yes  Annual amount — Dollars

☐ 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

☐ No

d. Social Security or Railroad Retirement

☐ Yes  Annual amount — Dollars

☐ No

e. Supplemental Security Income (SSI)

☐ Yes  Annual amount — Dollars

☐ No

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

☐ Yes  Annual amount — Dollars

☐ No

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

☐ Yes  Annual amount — Dollars

☐ No

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

☐ Yes  Annual amount — Dollars

☐ No

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 x the "Loss" box next to the dollar amount.

Annual amount — Dollars

☐ None OR ☐ Loss

Please check this form to be sure you have answered all the required questions completely.

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.