



United States[®]
Census
2020
U.S. Virgin Islands

2020 Census of the U.S. Virgin Islands

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU

FOR NPC
USE ONLY



Enter ID Number from Barcode Label on the D-Q-VI for this household.

Census Office

County

BCU

Map Spot

Within Map Spot ID

CONTINUATION QUESTIONNAIRE



1. What is the name of Person ?

Print name below and verify the spelling.

Last Name(s)

First Name

MI

2. Does this person usually live or stay somewhere else? For example –

Mark ☒ all that apply.

- | | |
|--|--|
| ☐ With a parent or other relative | ☐ In a jail or prison |
| ☐ For college | ☐ At a seasonal or second residence |
| ☐ For a military assignment | ☐ For another reason |
| ☐ For a job or business | ☐ No |
| ☐ In a nursing home | |

3. Please read the RELATIONSHIP section on the Flashcard. How is this person related to Person 1? Mark ☒ ONE box.

- ☐ Opposite-sex husband/wife/spouse
- ☐ Opposite-sex unmarried partner
- ☐ Same-sex husband/wife/spouse
- ☐ Same-sex unmarried partner
- ☐ Biological son or daughter
- ☐ Adopted son or daughter
- ☐ Stepson or stepdaughter
- ☐ Brother or sister
- ☐ Father or mother
- ☐ Grandchild
- ☐ Parent-in-law
- ☐ Son-in-law or daughter-in-law
- ☐ Other relative
- ☐ Roommate or housemate
- ☐ Foster child
- ☐ Other nonrelative

4. Is this person male or female? Mark ☒ ONE box.

- ☐ Male ☐ Female

5. What is this person's age on April 1, 2020? What is this person's date of birth? If you don't know the exact age, please estimate. For babies less than 1 year old, do not report the age in months. Report 0 as the age.

Age on April 1, 2020	Print numbers in boxes.		
	Month	Day	Year of birth
years			

→ **NOTE:** Please answer BOTH the question about Hispanic origin and the question about race. For this census, Hispanic origin is not a race.

6. Please read the HISPANIC ORIGIN section on the Flashcard. Is this person of Hispanic, Latino, or Spanish origin?

- ☐ No, not of Hispanic, Latino, or Spanish origin
- ☐ Yes, Mexican, Mexican Am., Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino, or Spanish origin – Print, for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc. ↴

7. Please read the RACE section on the Flashcard. What is this person's race? You may choose one or more races.

Mark ☒ one or more boxes AND print origins.

- ☐ White – Print, for example, German, Irish, English, Italian, Lebanese, Egyptian, etc. ↴

- ☐ Black or African Am. – Print, for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc. ↴

- ☐ American Indian or Alaska Native – Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc. ↴

- | | | |
|--|---|--|
| ☐ Chinese | ☐ Vietnamese | ☐ Native Hawaiian |
| ☐ Filipino | ☐ Korean | ☐ Samoan |
| ☐ Asian Indian | ☐ Japanese | ☐ Chamorro |
| ☐ Other Asian – Print, for example, Pakistani, Cambodian, Hmong, etc. ↴ | ☐ Other Pacific Islander – Print, for example, Tongan, Fijian, Marshallese, etc. ↴ | |

- ☐ Some other race – Print race or origin. ↴

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Age on April 1, 2020 years

Print numbers in boxes.

Month Day Year of birth

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- | | | |
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Person —

8. Please copy the name of the Person listed on page 2, then continue answering questions below.

Last Name(s)

First Name

MI

9. Where was this person born?

- ☐ U.S. Virgin Islands
- ☐ Outside the U.S. Virgin Islands – Print name of U.S. state, U.S. territory, or foreign country below. ↗

A Ask question 10 if this person was born outside the U.S. Virgin Islands. Otherwise, SKIP to question 11a.

10. When did this person come to live in the U.S. Virgin Islands?

If this person came to live in the U.S. Virgin Islands more than once, print latest year.

Year

11. a. At any time since February 1, 2020 has this person attended school or college? Include only nursery or preschool, pre-kindergarten, kindergarten, elementary school, home school, and schooling which leads to a high school diploma or a college degree.

- ☐ Yes
- ☐ No → SKIP to question 12

- b. Was that a public school or college, a private school or college, or home school?

- ☐ Public school or public college
- ☐ Private school or private college or home school

- c. What grade or level was this person attending?

Mark ☒ ONE box.

- ☐ Nursery school, preschool, or pre-kindergarten
- ☐ Kindergarten
- ☐ Grade 1 through 12 – Specify grade 1 – 12 ↗

- ☐ College undergraduate years (freshman to senior)
- ☐ Graduate or professional school beyond a bachelor's degree (for example: MA or PhD program, or medical or law school)

12. Please read the HIGHEST DEGREE or LEVEL OF SCHOOL section on the Flashcard.

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

- ☐ No schooling completed

NURSERY OR PRESCHOOL THROUGH GRADE 12

- ☐ Nursery school, preschool or pre-kindergarten
- ☐ Kindergarten
- ☐ Grade 1 through 11 – Specify grade 1 – 11 ↗

- ☐ 12th grade – NO DIPLOMA

HIGH SCHOOL GRADUATE

- ☐ Regular high school diploma
- ☐ GED or alternative credential

COLLEGE OR SOME COLLEGE

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

AFTER BACHELOR'S DEGREE

- ☐ Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- ☐ Professional degree beyond a bachelor's degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ Doctorate degree (for example: PhD, EdD)

B Ask question 13 if this person has a bachelor's degree or higher. Otherwise, SKIP to question 14.

13. This question focuses on this person's BACHELOR'S DEGREE. What was the specific major or majors of any BACHELOR'S DEGREES this person has received? (For example: chemical engineering, elementary teacher education, organizational psychology.)

14. Has this person completed requirements for a vocational training program at a trade school, hospital, or some other kind of school for occupational training or place of work? Do not include academic college courses.

- ☐ Yes
- ☐ No



Person — (continued)

15. What is this person's ancestry or ethnic origin?

(For example: Italian, Jamaican, African Am., Cambodian, Cape Verdean, Norwegian, Dominican, French Canadian, Haitian, Korean, Lebanese, Polish, Nigerian, Mexican, Taiwanese, Ukrainian, and so on.)

16. a. Where was this person's mother born?

- ☐ U.S. Virgin Islands
- ☐ Outside the U.S. Virgin Islands – *Print name of U.S. state, U.S. territory, or foreign country below.* ➤

b. Where was this person's father born?

- ☐ U.S. Virgin Islands
- ☐ Outside the U.S. Virgin Islands – *Print name of U.S. state, U.S. territory, or foreign country below.* ➤

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

- ☐ Yes
- ☐ No → *SKIP to question 18*

b. What is this language?

For example: Korean, Italian, Spanish, Vietnamese

c. How well does this person speak English?

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

18. Did this person live in this house or apartment 5 years ago (on April 1, 2015)?

- ☐ Person is under 5 years old → *SKIP to question 20*
- ☐ Yes, this house → *SKIP to question 20*
- ☐ No, different house in the U.S. Virgin Islands
- ☐ No, outside the U.S. Virgin Islands – *Print name of U.S. state, U.S. territory, or foreign country below.* ➤

19. What was this person's main reason for moving?

Mark ☒ ONE box.

- | | |
|---|---|
| ☐ Employment | ☐ Family-related |
| ☐ Military | ☐ Natural disaster |
| ☐ Housing | ☐ Other reason |
| ☐ To attend school | |

20. Please read the HEALTH INSURANCE section on the Flashcard.

Is this person CURRENTLY covered by any of the following types of health insurance or health coverage plans?

Mark "Yes" or "No" for EACH type of coverage in items a – h.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Insurance through a current or former employer or union (of this person or another family member) | ☐ | ☐ |
| b. Insurance purchased directly from an insurance company (by this person or another family member) | ☐ | ☐ |
| c. Medicare, for people 65 and older, or people with certain disabilities | ☐ | ☐ |
| d. Medicaid, Medical Assistance, or any kind of government assistance plan for those with low incomes or a disability | ☐ | ☐ |
| e. TRICARE or other military health care | ☐ | ☐ |
| f. VA (enrolled for VA health care) | ☐ | ☐ |
| g. Indian Health Service | ☐ | ☐ |
| h. Any other type of health insurance or health coverage plan – <i>Specify</i> ➤ | ☐ | ☐ |

21. a. Is this person deaf or does he/she have serious difficulty hearing?

- ☐ Yes
- ☐ No

b. Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?

- ☐ Yes
- ☐ No



Person — (continued)

C Ask questions 22a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for the next person on page 13.

22. a. Because of a physical, mental, or emotional condition, does this person have serious difficulty concentrating, remembering, or making decisions?

- ☐ Yes
☐ No

b. Does this person have serious difficulty walking or climbing stairs?

- ☐ Yes
☐ No

c. Does this person have difficulty dressing or bathing?

- ☐ Yes
☐ No

D Ask question 23 if this person is 15 years old or over. Otherwise, SKIP to the questions for the next person on page 13.

23. Because of a physical, mental, or emotional condition, does this person have difficulty doing errands alone such as visiting a doctor's office or shopping?

- ☐ Yes
☐ No

24. What is this person's marital status?

- ☐ Now married
☐ Widowed
☐ Divorced
☐ Separated
☐ Never married → SKIP to E

25. In the PAST 12 MONTHS did this person get –

- | | Yes | No |
|--------------|--------------------------|--------------------------|
| a. Married? | ☐ | ☐ |
| b. Widowed? | ☐ | ☐ |
| c. Divorced? | ☐ | ☐ |

26. How many times has this person been married?

- ☐ Once
☐ Two times
☐ Three or more times

27. In what year did this person last get married?

Year

E Ask question 28 if this person is female and 15 years old or over. Otherwise, SKIP to question 29a.

28. How many babies has this person ever had, not counting stillbirths? Do not count stepchildren or children she has adopted.

- ☐ None or Number of children

29. 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 question 30

b. Is this grandparent currently responsible for most of the basic needs of any grandchildren under the age of 18 who live in this house or apartment?

- ☐ Yes
☐ No → SKIP to question 30

c. How long has this grandparent been responsible for these grandchildren? 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 or more years



Person — (continued)

30. Has this person ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Mark ☒ ONE box.

- ☐ Never served in the military → SKIP to question 33a
- ☐ Only on active duty for training in the Reserves or National Guard → SKIP to question 32a
- ☐ Now on active duty
- ☐ On active duty in the past, but not now

31. Please read the PERIOD OF SERVICE section on the Flashcard.

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, even if just for part of the period.

- ☐ September 2001 or later
- ☐ August 1990 to August 2001 (including Persian Gulf War)
- ☐ May 1975 to July 1990
- ☐ Vietnam Era (August 1964 to April 1975)
- ☐ February 1955 to July 1964
- ☐ Korean War (July 1950 to January 1955)
- ☐ January 1947 to June 1950
- ☐ World War II (December 1941 to December 1946)
- ☐ November 1941 or earlier

32. a. Does this person have a VA service-connected disability rating?

- ☐ Yes (such as 0%, 10%, 20%, ..., 100%)
- ☐ No → SKIP to question 33a

b. What is this person's service-connected disability rating?

- ☐ 0 percent
- ☐ 10 or 20 percent
- ☐ 30 or 40 percent
- ☐ 50 or 60 percent
- ☐ 70 percent or higher

33. a. LAST WEEK, did this person work for pay at a job (or business)?

- ☐ Yes → SKIP to question 34
- ☐ No – Did not work (or retired)

b. LAST WEEK, did this person do ANY work for pay, even for as little as one hour?

- ☐ Yes
- ☐ No → SKIP to question 39a

34. At what location did this person work LAST WEEK?

- ☐ U.S. Virgin Islands – Print name of village below. ↘

- ☐ Outside the U.S. Virgin Islands – Print name of U.S. state, U.S. territory, or foreign country below. ↘

35. Please read the TRANSPORTATION TO WORK section on the Flashcard.

How did this person usually get to work LAST WEEK?

Mark ☒ ONE box for the method of transportation used for most of the distance.

- ☐ Car, truck, or private van/bus
- ☐ Public van/bus
- ☐ Taxicab
- ☐ Motorcycle
- ☐ Bicycle
- ☐ Walked
- ☐ Plane or seaplane
- ☐ Boat, ferry, or water taxi
- ☐ Worked from home → SKIP to question 43a
- ☐ Other method

F Ask question 36 if you marked "Car, truck, or private van/bus" in question 35. Otherwise, SKIP to question 37.

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

Person(s)

37. LAST WEEK, what time did this person's trip to work usually begin?

Hour

Minute

☐ a.m.

:

☐ p.m.

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

Minutes

Usual hours worked each WEEK

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☐ Yes → *SKIP to question 39c*

☐ No

☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. → *SKIP to question 42a*

☐ No → *SKIP to question 40*

☐ Yes → *SKIP to question 41*

☐ No

☐ Yes

☐ No → *SKIP to question 42a*

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

☐ 2020

☐ 2019 → *SKIP to question 43a*

☐ 2015 to 2018 → *SKIP to H*

☐ 2014 or earlier, or never worked → *SKIP to question 46*

☐ Yes

☐ No → *SKIP to H*

☐ Yes → *SKIP to question 44*

☐ No

Weeks

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Which one of the following best describes this person's employment last week or the most recent employment in the past 5 years (since 2015)? Mark ☒ ONE box.

- ☐ For-profit company or organization
- ☐ Non-profit organization (including tax-exempt and charitable organizations)

- ☐ Local or territorial government (for example: public elementary school)
- ☐ Active duty U.S. Armed Forces or Commissioned Corps
- ☐ Federal government civilian employee

- ☐ Owner of non-incorporated business, professional practice, or farm
- ☐ Owner of incorporated business, professional practice, or farm
- ☐ Worked without pay in a for-profit family business or farm for 15 hours or more per week

[illegible][illegible]



Person — (continued)

d. Was this mainly – Mark ☒ ONE box.

- ☐ manufacturing?
☐ wholesale trade?
☐ retail trade?
☐ other (agriculture, construction, service, government, etc.)?

e. What was this person's main occupation?
 (For example: 4th grade teacher, entry-level plumber)

f. Describe this person's most important activities or duties. (For example: instruct and evaluate students and create lesson plans, assemble and install pipe sections and review building plans for work details)

46. INCOME IN 2019

The next series of questions is about income received during 2019. If the exact amount is not known, please give your best estimate. If net income was a loss, please give the dollar amount of the loss. For income received jointly, report the appropriate share for each person - or, if that's not possible, report the whole amount for only one person. Mark ☒ the "No" box for the other person.

a. Did this person receive any wages, salary, commissions, bonuses, or tips in 2019?

- ☐ Yes → What was the amount from all jobs before deductions for taxes, bonds, dues, or other items?

TOTAL AMOUNT – Dollars

\$.00

- ☐ No

b. Did this person have any self-employment income from own nonfarm businesses or farm businesses, including proprietorships and partnerships, in 2019?

- ☐ Yes → What was the net income after business expenses?

TOTAL AMOUNT – Dollars

\$.00

- ☐ No

Loss

c. Did this person receive any interest, dividends, net rental income, royalty income, or income from estates and trusts in 2019? Report even small amounts credited to an account.

- ☐ Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$.00

- ☐ No

Loss

d. Did this person receive any Social Security or Railroad Retirement benefits in 2019?

- ☐ Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$.00

- ☐ No

e. Did this person receive any Supplemental Security Income (SSI) payments in 2019?

- ☐ Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$.00

- ☐ No

f. Did this person receive any public assistance or public welfare payments from the state or local welfare office in 2019?

- ☐ Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$.00

- ☐ No

g. Did this person receive any retirement income, pensions, survivor or disability income in 2019? Include income from a previous employer or union, or any regular withdrawals or distributions from IRA, Roth IRA, 401(k), 403(b) or other accounts specifically designed for retirement. Do not include Social Security.

- ☐ Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$.00

- ☐ No

h. Did this person receive income on a regular basis from any other sources such as Department of Veterans Affairs (VA) payments, unemployment compensation, child support or alimony in 2019?

- ☐ Yes → What was the amount?

TOTAL AMOUNT – Dollars

\$.00

- ☐ No

47. What was this person's total income for 2019?

☐ OR \$.00

None

TOTAL AMOUNT for 2019

Loss

→ Continue with the questions for the next person on the next page. If this is the last person, SKIP to page 44 of the D-Q-VI.