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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

Census Office | County

FOR NPC USE ONLY

BCU

Map Spot | Within Map Spot ID

APPLY LABEL HERE

Are there any continuation questionnaires for this address?

- ☐ Yes ➜ Number of continuation questionnaires =
- ☐ No

Address Number *(For example: 5007)* | Apt/Unit *(For example: Apt A or Lot 3)*

Street or Road Name *(For example: N Maple Ave)*

Physical Description *(if applicable)*

Village/Municipality/Estate | ZIP Code

Start here

Use a blue or black pen.

S1. Did you or anyone in this household live or stay here on April 1, 2020?

- ☐ Yes
- ☐ No ➜ *Skip to S3.*

S2. Does someone usually live at this [house/apartment/mobile home], or is this a vacation or seasonal home where no one usually lives?

- ☐ Usually lives here – *Skip to question 1.*
- ☐ Vacation or seasonal home or held for occasional use – *Skip to page 7.*

S3. On April 1, 2020, was this unit

- ☐ **Occupied by a different household?** – *Using a knowledgeable respondent, complete this questionnaire for the people occupying the household on April 1, 2020.*
- ☐ **Vacant?** – *Skip to page 7.*
- ☐ Not a housing unit – *Skip to "Respondent Information" on page 44.*

1. We need to count people where they live and sleep most of the time. Please read the WHO TO COUNT section on the Flashcard. Based on these instructions, how many people were living or staying in this [house/apartment/mobile home] on April 1, 2020?

Number of people =

2. Were there any additional people staying here on April 1, 2020 that you did not include in the count in the previous question? For example:

Mark ✗ all that apply. Include any additional people on the person pages.

- ☐ **Children, related or unrelated, such as newborn babies, grandchildren, or foster children**
- ☐ **Relatives, such as adult children, cousins, or in-laws**
- ☐ **Nonrelatives, such as roommates or live-in babysitters**
- ☐ **People staying here temporarily**
- ☐ No additional people

Person 1

3. Now I am going to ask you questions about each person staying here. If there is someone staying here who pays the rent or owns this residence, I would like to start by listing him or her as Person 1. If the owner or the person who pays the rent is not staying here, I can start by listing any adult staying here as Person 1.

What is Person 1's name?
Print name below and verify the spelling.

Last Name(s)

First Name MI

4. Is Person 1 male or female? *Mark ☒ ONE box.*

☐ Male ☐ Female

5. What is Person 1's age on April 1, 2020? What is Person 1'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.

Print numbers in boxes.

Age on April 1, 2020 years | Month | Day | Year of birth

➜ **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 Person 1 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 Person 1'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
☐ Filipino
☐ Asian Indian
☐ Vietnamese
☐ Korean
☐ Japanese
☐ Native Hawaiian
☐ Samoan
☐ 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.*

➜ *If more people were counted in question 1 on the front page, continue with Person 2 on the next page. Otherwise, skip to page 7.*

1. What is the name of Person 2 ?

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**
- ☐ **For college**
- ☐ **For a military assignment**
- ☐ **For a job or business**
- ☐ **In a nursing home**
- ☐ **In a jail or prison**
- ☐ **At a seasonal or second residence**
- ☐ **For another reason**
- ☐ No

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.*

Print numbers in boxes.

Age on April 1, 2020 ____ years

Month ____ Day ____ Year of birth ____

➜ **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
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ 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.*

➜ *If more people were counted in question 1 on the front page, continue with Person 3 on the next page. Otherwise, skip to page 7.*

1. What is the name of Person 3 ?

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**
- ☐ **For college**
- ☐ **For a military assignment**
- ☐ **For a job or business**
- ☐ **In a nursing home**
- ☐ **In a jail or prison**
- ☐ **At a seasonal or second residence**
- ☐ **For another reason**
- ☐ No

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.*

Print numbers in boxes.

Age on April 1, 2020 years — Month — Day — Year of birth

➜ 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
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ 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.*

➜ *If more people were counted in question 1 on the front page, continue with Person 4 on the next page. Otherwise, skip to page 7.*

1. What is the name of Person 4 ?

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**
- ☐ **For college**
- ☐ **For a military assignment**
- ☐ **For a job or business**
- ☐ **In a nursing home**
- ☐ **In a jail or prison**
- ☐ **At a seasonal or second residence**
- ☐ **For another reason**
- ☐ No

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.*

Print numbers in boxes.

Age on April 1, 2020 ____ years

Month ____ Day ____ Year of birth ____

➜ 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
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ 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.*

➜ *If more people were counted in question 1 on the front page, continue with Person 5 on the next page. Otherwise, skip to page 7.*

1. What is the name of Person 5 ?

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**
- ☐ **For college**
- ☐ **For a military assignment**
- ☐ **For a job or business**
- ☐ **In a nursing home**
- ☐ **In a jail or prison**
- ☐ **At a seasonal or second residence**
- ☐ **For another reason**
- ☐ No

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.*

Print numbers in boxes.

Age on April 1, 2020 — years | Month | Day | Year of birth

➜ 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
- ☐ Filipino
- ☐ Asian Indian
- ☐ Vietnamese
- ☐ Korean
- ☐ Japanese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ 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.*

➜ *If more people were counted in question 1 on the front page of the D-Q-VI, continue with the next person on an additional continuation questionnaire (D-CQ-VI) and update the number of continuation questionnaires on page 1 of the D-Q-VI.*

Housing

Please answer the following questions about this house, apartment, or mobile home.

1. Please read the BUILDING TYPE section on the Flashcard. 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
- ☐ Two houses *(American Samoa only)*
- ☐ Three or more houses *(American Samoa only)*
- ☐ 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 to 49 apartments
- ☐ A building with 50 or more apartments
- ☐ Boat, RV, van, etc.

2. About when was this building first built?

- ☐ 2000 or later – *Specify year* ↙

  ☐☐☐☐

- ☐ 1990 to 1999
- ☐ 1980 to 1989
- ☐ 1970 to 1979
- ☐ 1960 to 1969
- ☐ 1950 to 1959
- ☐ 1940 to 1949
- ☐ 1939 or earlier

3. When did PERSON 1 *(listed on page 2)* **move into this house, apartment, or mobile home?**

Month ☐☐ Year ☐☐☐☐

A *Ask questions 4 – 5 if this is a HOUSE OR A MOBILE HOME; otherwise, SKIP to question 6a.*

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

- ☐ Less than 1 acre ➜ *SKIP to question 6a*
- ☐ 1 to 9.9 acres
- ☐ 10 or more acres

5. What were the actual sales of all agricultural products from this property in 2019?

- ☐ None
- ☐ $1 to $999
- ☐ $1,000 to $2,499
- ☐ $2,500 to $4,999
- ☐ $5,000 to $9,999
- ☐ $10,000 or more

6. a. How many separate rooms are in this house, apartment, or mobile home? Rooms must be separated by built-in archways or walls that extend out at least 6 inches and go from floor to ceiling.

- INCLUDE bedrooms, kitchens, etc.
- EXCLUDE bathrooms, porches, balconies, foyers, halls, or unfinished basements.

Number of rooms ☐☐

b. How many of these rooms are bedrooms? Count as bedrooms those rooms you would list if this house, apartment, or mobile home were for sale or rent. *If this is an efficiency/studio apartment, print "0".*

Number of bedrooms ☐☐

7. Does this house, apartment, or mobile home have –

	Yes	No
a. Running water?	☐	☐
b. A bathtub or shower?	☐	☐
c. A flush toilet?	☐	☐
d. A sink with a faucet?	☐	☐
e. A stove or range?	☐	☐
f. A refrigerator?	☐	☐

8. Can you or any member of this household both make and receive phone calls when at this house, apartment, or mobile home? Include calls using cell phones, land lines, or other phone devices.

- ☐ Yes
- ☐ No

Housing (continued)

9. Please read the COMPUTER USE section on the Flashcard. At this house, apartment, or mobile home – do you or any member of this household own or use any of the following types of computers?

	Yes	No
a. Desktop or laptop	☐	☐
b. Smartphone	☐	☐
c. Tablet or other portable wireless computer	☐	☐
d. Some other type of computer – *Specify*	☐	☐

10. a. At this house, apartment, or mobile home – do you or any member of this household have access to the Internet?

- ☐ Yes
- ☐ No ➜ *SKIP to question 12*

b. Do you or any member of this household pay a cell phone company or Internet service provider to access the Internet?

- ☐ Yes
- ☐ No ➜ *SKIP to question 12*

11. Please read the INTERNET section on the Flashcard. Do you or any member of this household have access to the Internet using a –

	Yes	No
a. Cellular data plan for a smartphone or other mobile device?	☐	☐
b. Broadband (high speed) Internet service such as cable, fiber optic, or DSL service installed in this household?	☐	☐
c. Satellite Internet service installed in this household?	☐	☐
d. Dial-up Internet service installed in this household?	☐	☐
e. Some other service? – *Specify service*	☐	☐

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

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6 or more

13. Please read the SOURCE OF WATER section on the Flashcard. In 2019, did this house, apartment, or mobile home get water from – *Mark ✗ all that apply.*

- ☐ A public system?
- ☐ A cistern, catchment, tanks, or drums?
- ☐ A delivery vendor or water truck?
- ☐ A supermarket or grocery store?
- ☐ Some other source (a standpipe, spring, individual well, etc.)?

14. Please read the SEWAGE DISPOSAL section on the Flashcard. What is the MAIN means of sewage disposal for this house, apartment, or mobile home? *Mark ✗ ONE box.*

- ☐ Public sewer
- ☐ Septic tank or cesspool
- ☐ Other

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

Average monthly cost – *Dollars*

$ ____ .00

OR

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

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

Average monthly cost – *Dollars*

$ ____ .00

OR

- ☐ Included in rent or condominium fee
- ☐ Included in electricity payment entered above
- ☐ No charge or gas not used

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

Average monthly cost – *Dollars*

$ ____ .00

OR

- ☐ Included in rent or condominium fee
- ☐ No charge

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

Average monthly cost – *Dollars*

$ ____ .00

OR

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

Housing (continued)

16. **In 2019, did you or any member of this household receive benefits from the Food Stamp Program, SNAP (the Supplemental Nutrition Assistance Program), or NAP (Nutrition Assistance Program)?** Do NOT include WIC, the School Lunch Program, or assistance from food banks.

- ☐ Yes
- ☐ No

17. **Is this house, apartment, or mobile home part of a condominium?**

- ☐ Yes ➜ **What is the monthly condominium fee?**
  For renters, answer only if you pay the condominium fee in addition to your rent. *Otherwise, mark the "None" box.*
  Monthly amount – *Dollars*
  $ ☐☐☐☐ .00
  OR
  ☐ None
- ☐ No

18. **Is this house, apartment, or mobile home –**
Mark ☒ ONE box.

- ☐ **Owned by you or someone in this household with a mortgage or loan?** Include home equity loans.
- ☐ **Owned by you or someone in this household free and clear (without a mortgage or loan)?**
- ☐ **Rented?**
- ☐ **Occupied without payment of rent? ➜** *SKIP to* **C**

B *Ask questions 19a and 19b if this house, apartment, or mobile home is RENTED. Otherwise, SKIP to question 20.*

19. **a. What is the monthly rent for this house, apartment, or mobile home?**
Monthly amount – *Dollars*
$ ☐☐☐☐ .00

b. Does the monthly rent include any meals?

- ☐ Yes
- ☐ No

C *Ask questions 20 – 24 if this person or any member of this household OWNS or IS BUYING this house, apartment, or mobile home. Otherwise, SKIP to* **E** *on the next page.*

20. **About how much do you think this house and lot, apartment, or mobile home (and lot, if owned) would sell for if it were for sale?**
Amount – *Dollars*
$ ☐☐☐☐☐☐ .00

21. **What were the annual real estate taxes on THIS property in 2019?**
Annual amount – *Dollars*
$ ☐☐☐☐ .00
OR
☐ None

22. **What was the annual payment for fire, hazard, typhoon or hurricane, and flood insurance on THIS property in 2019?**
Annual amount – *Dollars*
$ ☐☐☐ .00
OR
☐ None

23. **a. Do you or any member of this household 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 question 24a*

b. How much is the 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 question 24a*

c. Does the 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 the regular monthly mortgage payment include payments for fire, hazard, typhoon or hurricane, or flood insurance on THIS property?

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

24. a. Do you or any member of this household have a second mortgage or a home equity loan on THIS property?

- ☐ **Yes, home equity loan**
- ☐ **Yes, second mortgage**
- ☐ **Yes, second mortgage and home equity loan**
- ☐ **No ➜** *SKIP to* **D**

b. How much is the 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

D *Ask question 25 if this is a MOBILE HOME or a BOAT. Otherwise, SKIP to* **E**.

25. What were the total annual costs 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 fee in 2019? *Exclude real estate taxes.*

Annual costs – *Dollars*

$ ☐☐☐☐☐ **.00**

E *Ask questions about PERSON 1 on the next page if you listed at least one person on page 2. Otherwise, SKIP to page 44 for further instructions.*

Person 1

8. *Please copy the name of Person 1 from 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.*

F *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)

G *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 1 (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**
- ☐ **Military**
- ☐ **Housing**
- ☐ **To attend school**
- ☐ **Family-related**
- ☐ **Natural disaster**
- ☐ **Other reason**

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 – *Specify*	☐	☐

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 1 (continued)

H *Ask questions 22a – c if this person is 5 years old or over. Otherwise, SKIP to the questions for Person 2 on page 17.*

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

I *Ask question 23 if this person is 15 years old or over. Otherwise, SKIP to the questions for Person 2 on page 17.*

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* **J**

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

☐☐☐☐

J *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 1 (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

K *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

Person 1 (continued)

L *Ask questions 39 – 42a if this person did NOT work last week. Otherwise, SKIP to question 42b.*

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

- ☐ Yes ➜ *SKIP to question 39c*
- ☐ No

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

- ☐ Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc. ➜ *SKIP to question 42a*
- ☐ No ➜ *SKIP to question 40*

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 question 41*
- ☐ No

40. **During the LAST 4 WEEKS, has this person been ACTIVELY looking for work?**

- ☐ Yes
- ☐ No ➜ *SKIP to question 42a*

41. **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.)**

42. **a. When did this person last work, even for a few days?**

- ☐ 2020
- ☐ 2019 ➜ *SKIP to question 43a*
- ☐ 2015 to 2018 ➜ *SKIP to* **M**
- ☐ 2014 or earlier, or never worked ➜ *SKIP to question 46*

b. LAST YEAR, 2019, did this person work at a job or business at any time?

- ☐ Yes
- ☐ No ➜ *SKIP to* **M**

43. **a. During 2019 (all 52 weeks), did this person work EVERY week? Count paid vacation, paid sick leave, and military service as work.**

- ☐ Yes ➜ *SKIP to question 44*
- ☐ No

b. During 2019 (all 52 weeks), how many WEEKS did this person work? Include paid time off and include weeks when the person only worked for a few hours.

Weeks

☐☐

44. **During 2019, in the WEEKS WORKED, how many hours did this person usually work each WEEK?**

Usual hours worked each WEEK

☐☐☐

M *Ask questions 45a – f if this person worked in the past 5 years (since 2015). Otherwise, SKIP to question 46.*

45. **DESCRIPTION OF EMPLOYMENT**

The next series of questions is about the type of employment this person had last week.

If this person had more than one job, describe the one at which the most hours were worked. If this person did not work last week, describe the most recent employment in the past five years (since 2015).

a. Please read the TYPE OF WORKER section on the Flashcard.
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.*

PRIVATE SECTOR EMPLOYEE

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

GOVERNMENT EMPLOYEE

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

SELF-EMPLOYED OR OTHER

- ☐ 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

b. What was the name of this person's employer, business, agency, or branch of the Armed Forces?

c. What kind of business or industry was this? Include the main activity, product, or service provided at the location where employed. (For example: elementary school, residential construction)

Person 1 (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 ☐ Loss

☐ No

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 ☐ Loss

☐ No

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?

☐ None OR $ .00 ☐ Loss

TOTAL AMOUNT for 2019

➜ *Continue with the questions for Person 2 on the next page. If no one is listed as Person 2 on page 3, SKIP to page 44 for further instructions.*