

COMMONWEALTH CARIBBEAN POPULATION & HOUSING CENSUS



ANTIGUA & BARBUDA

**1991
Population
and
Housing
Census**



CENSUS DAY - MAY 28, 1991



INSTRUCTIONS

Use No. 2 pencil only. (Do not use ink or ballpoint pen.)

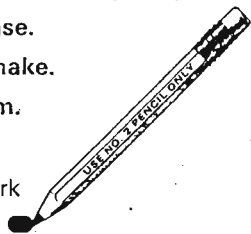
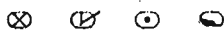
Completely fill in the oval response.

Erase cleanly any changes you make.

Make no stray marks on this form.

Incorrect Marks

Correct Mark



AREA NUMBER		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

E.D. NUMBER		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

HOUSEHOLD NUMBER		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Address Of Household _____

Town/Village/District _____



PLEASE DO NOT WRITE IN THIS AREA

23127



INTERVIEWER SAY:

I am the Census Interviewer assigned to this area and I should like to get some information about the household and its members. Here is my identification card. (SHOW PRECEPT)

RECORD OF VISITS

INTERVIEWER CALLS	1	2	3	4
DATE				
TIME STARTED				
TIME ENDED				
DURATION				
RESULT*				

*Result Codes:

1 = Completed	5 = Address not found or non-existent
2 = Partially completed, call back	6 = No suitable respondent at home
3 = Dwelling vacant	7 = Other
4 = Address not a dwelling	(Please specify)

SUPERVISOR

NAME	DATE
------	------

EDITOR

NAME	DATE
------	------

INTERVIEWER

NAME	DATE
------	------

CODER

NAME	DATE
------	------

FIELD EDITOR

NAME	DATE
------	------



INTERVIEWER SAY:

Please give me the names of all the persons who usually live and share one daily meal with your household.

1	SURNAME	FIRST NAME
2	SURNAME	FIRST NAME
3	SURNAME	FIRST NAME
4	SURNAME	FIRST NAME
5	SURNAME	FIRST NAME
6	SURNAME	FIRST NAME
7	SURNAME	FIRST NAME
8	SURNAME	FIRST NAME
9	SURNAME	FIRST NAME
10	SURNAME	FIRST NAME
11	SURNAME	FIRST NAME
12	SURNAME	FIRST NAME
13	SURNAME	FIRST NAME
14	SURNAME	FIRST NAME
15	SURNAME	FIRST NAME
16	SURNAME	FIRST NAME
17	SURNAME	FIRST NAME
18	SURNAME	FIRST NAME

1.1 (a) Has anybody from this household gone to live abroad in the past year?

- 1 Yes
- 2 No (SKIP TO Q. 1.2)

(b) How many persons?

- 1
- 2
- 3
- 4
- 5
- 6

(c) Please give me the sex and age of each.

	MALE	FEMALE											
1.	1 <input type="radio"/>	2 <input type="radio"/>	AGE										
2.	1 <input type="radio"/>	2 <input type="radio"/>	AGE										
3.	1 <input type="radio"/>	2 <input type="radio"/>	AGE										
4.	1 <input type="radio"/>	2 <input type="radio"/>	AGE										
5.	1 <input type="radio"/>	2 <input type="radio"/>	AGE										
6.	1 <input type="radio"/>	2 <input type="radio"/>	AGE										



INTERVIEWER SAY:

Now I would like to ask a few questions about the dwelling which your household occupies and the facilities that you have.

SECTION 1. HOUSING

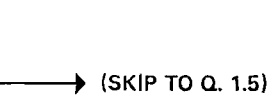
INTERVIEWER: Ask this question only if the answer is not obvious. Else, mark the appropriate oval.

1.2 What type of dwelling does this household occupy?

- 1 Undivided private house
- 2 Part of a private house
- 3 Flat/apartment/condominium
- 4 Townhouse
- 5 Double house/duplex
- 6 Combined business & dwelling
- 7 Barracks
- 8 Other

1.3 Does this household own, rent or lease this dwelling?

- 1 Owned
- 2 Squatted
- 3 Rented-Private
- 4 Rented-Govt.
- 5 Leased
- 6 Rent-free
- 7 Other
- 8 Don't know/Not stated



1.4 What about the land - is it freehold, leasehold, or some other type of occupancy?

- 1 Freehold
- 2 Leasehold
- 3 Rented
- 4 Permission to work land
- 5 Sharecropping
- 6 Squatted
- 7 Other
- 8 Don't know/Not stated

1.5 What is the construction material of the outer walls?

- 1 Wood
- 2 Concrete
- 3 Wood & Concrete
- 4 Stone
- 5 Brick
- 6 Adobe
- 7 Makeshift
- 8 Other/Don't know

1.6 What is the material used for roofing?

- 1 Sheet metal (zinc, aluminum, galvanize)
- 2 Shingle (asphalt)
- 3 Shingle (wood)
- 4 Shingle (other)
- 5 Tile
- 6 Concrete
- 7 Makeshift
- 8 Other/Don't know

1.7 In which year was this dwelling built?

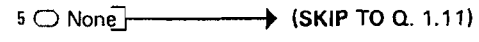
- 1 Before 1960
- 2 1960 - 1969
- 3 1970 - 1979
- 4 1980 or later
- 5 Don't know

1.8 What is the main source of your water supply?

- 1 Private, piped into dwelling
- 2 Private catchment, not piped
- 3 Public, piped into dwelling
- 4 Public, piped into yard
- 5 Public standpipe
- 6 Public well or tank
- 7 Other

1.9 What type of toilet facilities does this household have?

- 1 W.C. linked to sewer
- 2 W.C. Cesspit or septic tank
- 3 Pit-Latrine
- 4 Other
- 5 None



1.10 Are these toilet facilities shared with another person not of this household or another household?

- 1 Yes
2 No

1.11 What type of lighting does this household use most?

- 1 Gas
2 Kerosene
3 Electricity
4 Other

1.12 What type of fuel does this household use most for cooking?

- 1 Coal
2 Wood
3 Gas
4 Kerosene
5 Electricity
6 Other

1.13 Is your kitchen indoors or outdoors?

- 1 Indoors
2 Outdoors

1.14 Is the kitchen shared with another person not of this household or another household?

- 1 Yes, shared
2 Not shared

1.15 How many rooms does your household occupy? - Do not count bathrooms, porches, kitchens, etc.

ROOMS [0-9] [0-9]

1.16 How many bedrooms are there in this dwelling unit? - Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters. - Count all bedrooms including spares not occupied.

BEDROOMS [0-9] [0-9]

1.17 Now I would like some information on the ownership or rental of such facilities as television sets, videos and radios by members of the household.

(a) How many radios are owned or rented by members of this household?

RADIOS [0-9] [0-9]

(b) How many television sets are owned or rented by members of this household?

TV SETS [0-9] [0-9]

(c) How many video recorders are owned or rented by members of this household?

VIDEO REC. [0-9] [0-9]

1.18 Is there a telephone service in this home?

- 1 Yes
2 No

COMMENTS

Horizontal lines for handwritten comments.

PERSON 1



INTERVIEWER:

Whenever a dotted line (. . .) appears in a question, call the name of the person to whom the information relates, if it is not the respondent him/herself. Else say "YOU"/"YOUR."

Mark the appropriate oval. Please do not write over the responses.

SECTION 2. CHARACTERISTICS

FOR ALL PERSONS

2.1 Please fill in this person's assigned number.

#			(0) (10) (20)
			(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

2.2 What is 's relationship to the head of household?

- | | |
|---|--|
| <input type="radio"/> 1 Head | <input type="radio"/> 5 Grandchild |
| <input type="radio"/> 2 Spouse/partner | <input type="radio"/> 6 Parent/parent-in-law |
| <input type="radio"/> 3 Child | <input type="radio"/> 7 Other relative |
| <input type="radio"/> 4 Son/daughter-in-law | <input type="radio"/> 8 Non-relative |

2.3 INTERVIEWER: Mark the appropriate oval. FOR PERSONS NOT SEEN ASK: Is male or female?

- 1 Male
 2 Female

2.4 What is 's date of birth?

DAY	MONTH	YEAR

If not known, ask:

How old was on his/her last birthday?

AGE	(0) (10) (20) (30) (40) (50) (60) (70) (80) (90)
	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

2.5 To what ethnic, racial or national group do you think belongs?

- | | |
|---|---|
| <input type="radio"/> 1 African/Negro/Black | <input type="radio"/> 5 Portuguese |
| <input type="radio"/> 2 Amerindian/Carib | <input type="radio"/> 6 Syrian/Lebanese |
| <input type="radio"/> 3 East Indian | <input type="radio"/> 7 White |
| <input type="radio"/> 4 Chinese | <input type="radio"/> 8 Mixed |

9 Other (Please specify)

10 Don't know/Not stated

2.6 What is 's religion?

- | | |
|---|---|
| <input type="radio"/> 1 Anglican | <input type="radio"/> 9 Presbyterian/
Congregational |
| <input type="radio"/> 2 Baptist (Spiritual) | <input type="radio"/> 10 Roman Catholic |
| <input type="radio"/> 3 Brethren | <input type="radio"/> 11 Salvation Army |
| <input type="radio"/> 4 Church of God | <input type="radio"/> 12 Seventh Day Adventist |
| <input type="radio"/> 5 Jehovah Witness | <input type="radio"/> 13 Hindu |
| <input type="radio"/> 6 Methodist | <input type="radio"/> 14 Muslim |
| <input type="radio"/> 7 Moravian | <input type="radio"/> 15 Rastafarian |
| <input type="radio"/> 8 Pentecostal | |

16 Other (Please specify)

17 None

18 Not stated

SECTION 3. DISABILITY

FOR ALL PERSONS

3.1 Does suffer from any long-standing illness, disability or infirmity?

- 1 Yes 2 No (SKIP TO Q. 4.1)

3.2 What type of disability or impairment does have? (More than one oval may be marked)

- | | |
|---|--|
| <input type="radio"/> 1 Sight | <input type="radio"/> 7 Slowness at learning
or understanding |
| <input type="radio"/> 2 Hearing | <input type="radio"/> 8 Mental retardation |
| <input type="radio"/> 3 Speech | <input type="radio"/> 9 Other (Please specify) |
| <input type="radio"/> 4 Upper limb (arm) | |
| <input type="radio"/> 5 Lower limb (legs) | |
| <input type="radio"/> 6 Neck and spine | |

3.3 In which of the following ways are 's activities limited compared with most people your/his/her age? (More than one oval may be marked)

- 1 Self-care
 2 Mobility
 3 Communication
 4 Schooling
 5 Employment
 6 Other
 7 None

SECTION 4. BIRTHPLACE AND RESIDENCE

FOR ALL PERSONS

4.1 Where was born?
INTERVIEWER: Remember what is required is the mother's normal residence at the time of birth, and not the hospital or place where the birth took place.

- 1 In this country
 2 Abroad (SKIP TO Q. 4.3)
 3 Not stated
 4 Don't know (SKIP TO Q. 4.5)

4.2a In what part of the country is that?

Don't know

FOR OFFICE USE ONLY	(0) (10) (20) (30) (40) (50) (60) (70) (80) (90)
	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

4.2b Have you/has ever lived in another country?

- 1 Yes (SKIP TO Q. 4.5)
 2 No/Don't know (SKIP TO Q. 4.6)

4.3 In what country was that?

Don't know

FOR OFFICE USE ONLY	(0) (10) (20) (30) (40) (50) (60) (70) (80) (90)
	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

4.4 In what year did last come to live in this country?

Don't know

19	(0) (10) (20) (30) (40) (50) (60) (70) (80) (90)
	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

4.5 In what country did last live?

Don't know

FOR OFFICE USE ONLY	(0) (10) (20) (30) (40) (50) (60) (70) (80) (90)
	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

23127

SECTION 4. BIRTHPLACE AND RESIDENCE

FOR ALL PERSONS

4.6 In what town, village or district in did he/she last live?
Don't know
Never moved (SKIP TO Q. 5.1)

FOR OFFICE USE ONLY: 0 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9

4.7 In what year did come to live in this town, village or district?
Don't know
19

4.8 Where does usually live?
1 At this address (SKIP TO Q. 5.1)
2 Elsewhere in this country
3 Abroad (SKIP TO Q. 5.1)
4 Don't know (SKIP TO Q. 5.1)

4.9 In what part of the country is that?
Don't know
FOR OFFICE USE ONLY: 0 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9

SECTION 5. EDUCATION AND TRAINING

FOR ALL PERSONS

5.1 Is attending any school or educational institution now, whether full-time or part-time?
1 Yes
2 No (SKIP TO Q. 5.6)
3 Don't know (SKIP TO Q. 5.6)

5.2 Are you/is/he/she attending full-time or part-time?
1 Full-time
2 Part-time
3 Don't know

5.3 What type of school or institution are you/is/he/she attending?
1 Nursery/Infant/Kindergarten/Pre-school
2 Primary
3 Senior School or Secondary Dept. of Primary School
4 Junior Secondary
5 Senior Secondary, General Secondary, High School Comprehensve or Composite School
6 Trade/Vocational School
7 Technical Institute
8 Community College/Sixth Form College
9 University
10 Other (Please specify)

[Empty box for specifying school type]

11 Not stated

5.4 Please give the name and address of the school or institution.

[Empty box for school name and address]

5.7 What grade/standard did you/he/she reach?
1 First Standard
2 Second Standard
3 Third Standard
4 Fourth Standard
5 Fifth Standard
6 Sixth Standard
7 Seventh Standard
8 Don't know

5.8 What is the highest certificate, diploma or degree that you/he/she earned?

1 None
2 School leaving
3 Cambridge School Certificate
4 GCE 'O' levels or CXC
Number of subjects: 1 2 3 4 5 6 7 8
9 or more
Not stated
5 GCE 'A' levels
Number of subjects: 1 2 3
4 or more
Not stated
6 Higher School Certificate
7 Diploma (post-graduate)
8 Degree
9 Other (Please specify)

[Empty box for highest certificate, diploma or degree]

10 Not stated

5.9 INTERVIEWER: Mark the appropriate oval. (See Q. 2.4)

1 Under 15 (SKIP TO Q. 8.1)
2 15 years and over

FOR PERSONS 15 YEARS & OVER

5.10 Has pursued any course of formal training for at least 3 months?

1 Yes
2 No (SKIP TO Q. 6.1)
3 Don't know (SKIP TO Q. 6.1)

5.11 How was this training received?

1 Correspondence course
2 On the job
3 Apprenticeship
4 Institution
5 Other (Please specify)

[Empty box for training received]

6 Don't know

5.12 For what occupation does this training prepare you/him/her?

[Empty box for occupation]

FOR OFFICE USE ONLY: CODE 0 1000 2000 3000 4000 5000 6000 7000 8000 9000
0 100 200 300 400 500 600 700 800 900
0 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9

5.5 What is your/his/her main mode of travel to the school or institution?

1 Walk
2 Bicycle
3 Private car or vehicle
4 Public vehicle (bus, etc.)
5 Hired transport (taxi, maxi-taxi, minibus)
6 Don't know/Not stated
7 Other

5.6 What is the highest level of education that has reached?

1 None (SKIP TO Q. 5.9)
2 Nursery/Kindergarten (SKIP TO Q. 5.9)
3 Primary
4 Secondary
5 Pre-University/Post-Secondary (SKIP TO Q. 5.8)
6 University
7 Other (Please specify) (SKIP TO Q. 5.9)

[Empty box for highest level of education]

8 Not stated (SKIP TO Q. 5.9)

FOR OFFICE USE ONLY: OCCU-PATION 0 1000 2000 3000 4000 5000 6000 7000 8000 9000
0 100 200 300 400 500 600 700 800 900
0 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9

SECTION 6. MARITAL STATUS, UNION STATUS & FERTILITY

FOR PERSONS 15 YEARS & OVER

6.1 What is 's legal marital status - that is, are you/is he/she married, divorced, legally separated, widowed or never married?

- 1 Married
2 Widowed
3 Divorced
4 Legally separated
5 Never married
6 Not stated

(SKIP TO Q. 6.3)

6.2 Are you/is he/she living with your/his/her husband/wife now?

- 1 Yes (SKIP TO Q. 6.6) 2 No

6.3 Are you/is he/she living with a partner now?

- 1 Yes (SKIP TO Q. 6.6) 2 No

6.4 INTERVIEWER: If Q. 6.3 is shaded 2 (No) and Q. 6.1 is shaded 2, 3 or 4 then Skip to Q. 6.6.

6.5 Have you/has he/she ever lived together with a partner in a common law relationship?

- 1 Yes 2 No (SKIP TO Q. 6.7)

6.6 How old were you/he/she when you/he/she were/was first married or lived with a partner?

AGE grid with numbers 0-99

6.7 INTERVIEWER: Mark the appropriate oval. (See Qs. 2.3, 2.4, 5.1, 5.2, 5.3)

- 1 Male
2 Female - 65 years & over
3 Female under 65 years attending school
4 Female under 65 years not attending school

(SKIP TO Q. 7.1)

Please fill in this person's assigned number.

grid with numbers 0-99

6.8 How many livebirths has ever had? (IF ZERO, ENTER 00 & SKIP TO Q. 7.1)

LIVE-BIRTHS grid with numbers 00-99

6.9 How old were you/was she when you/she had the first liveborn child?

AGE grid with numbers 0-99

6.10 How old were you/was she at the birth of your/her last liveborn child?

AGE grid with numbers 0-99

6.11 How many livebirths did you/she have in the last 12 months?

- 1 None (SKIP TO Q. 7.1) 4 Twins
2 One 5 Three or more
3 Two separate births

6.12 What is/are the sex(es) of this child/these children?

Number of Boys and Girls grids with numbers 0-5

6.13 Of these, have any of the babies died?

- 1 Yes 2 No (SKIP TO Q. 7.1)

6.14 How many have died? grid with numbers 0-5

SECTION 7. ECONOMIC ACTIVITY

FOR PERSONS 15 YEARS & OVER

7.1 What did do most during the past 12 months - for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- 1 Worked (SKIP TO Q. 7.4)
2 Had a job but did not work (SKIP TO Q. 7.4)
3 Looked for work
4 Wanted work and available
5 Home duties
6 Attended school
7 Retired
8 Disabled, unable to work
9 Other (Please specify)

Blank box for specification

10 Not stated

7.2 Did you/he/she do any work at all in the past 12 months? Include work at home, for example, piece work, smocking, etc.

- 1 Yes (SKIP TO Q. 7.4) 2 No
3 Don't know

7.3 Have you/he/she ever worked or had a job?

- 1 Yes 2 No (SKIP TO Q. 7.5)

7.4 How many months did you/he/she work in the past 12 months?

Number of months grid with numbers 0-12

7.5 What did do most during the past week - for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- 1 Worked (SKIP TO Q. 7.8)
2 Had a job but did not work (SKIP TO Q. 7.8)
3 Looked for work
4 Wanted work and available
5 Home duties
6 Attended school
7 Retired
8 Disabled, unable to work
9 Other (Please specify)

Blank box for specification

10 Not stated

(SKIP TO Q. 7.7)

7.6 What sort of work did you/he/she look for or want?

Blank box for work description

FOR OFFICE USE ONLY DESIRED WORK grid with numbers 00-99

7.7 Did you/he/she do any work at all last week for any length of time, including helping in a family business/farm, street vending or work at home?

- 1 Yes 2 No (SKIP TO Q. 7.9)

7.8 How many hours did you/he/she work last week?

HOURS grid with numbers 0-99

Don't know

23127

SECTION 7. ECONOMIC ACTIVITY (Continued)

FOR PERSONS 15 YEARS & OVER

7.9 What sort of work did you/he/she, do you, does he/she do in your/his/her main occupation? Please specify in detail.

[Empty box for specifying occupation]

Never worked (SKIP TO Q. 7.18)

Table with columns: FOR OFFICE USE ONLY, TYPE OF WORK, and a grid of numbers 0-99.

7.10 Would you consider this job to be completely dependent, partially dependent or not dependent on tourism?

- 1 Completely dependent
2 Partially dependent
3 Not dependent at all
4 Don't know/Not stated

7.11 What type of business is/was carried on at your/his/her workplace? Please specify in detail.

[Empty box for specifying business type]

Table with columns: FOR OFFICE USE ONLY, TYPE OF BUSINESS, and a grid of numbers 0-99.

7.12 What is the name and address of your/his/her present workplace?

[Empty box for workplace name and address]

No present workplace (SKIP TO Q. 7.18)

Table with columns: FOR OFFICE USE ONLY, CODE, and a grid of numbers 0-99.

7.13 How do you/does he/she travel to work?

- 1 Work at home
2 Walk
3 Bicycle
4 Private car or vehicle
5 Public vehicle (bus, etc.)
6 Hired transport (taxi, minibus, maxi taxi, etc.)
7 Other
8 Don't know/Not stated

7.14 Did you/he/she carry on your/his/her own business, work for a wage or salary or as an unpaid worker in a family business?

- 1 Paid employee - Government (SKIP TO Q. 7.16)
2 Paid employee - Private (SKIP TO Q. 7.16)
3 Unpaid worker (SKIP TO Q. 7.18)
4 Own business with paid help (Employer) (SKIP TO Q. 7.16)
5 Own business without paid help (Own Account)
6 Don't know/Not stated (SKIP TO Q. 7.18)

7.15 Do you/does he/she move all your/his/her goods every night; e.g., fruits, nuts, lottery tickets, clothing/shoes, etc.?

- 1 Yes (Informal trader)
2 No

7.16 What was ...'s last pay/income period?

- 1 Weekly
2 Fortnightly
3 Monthly
4 Quarterly
5 Annually
6 Other (Please specify)

[Empty box for specifying other pay period]

- 7 None
8 Not stated

7.17 What was ...'s gross pay/income during the last pay period, that is before income tax or other deductions? (PRESENT FLASH CARD)

INTERVIEW: For self-employed persons obtain "net income," i.e., receipts less business expenses.

Don't know

Table with columns: INCOME GROUP, and a grid of numbers 0-99.

7.18 Do you/does he/she receive any money from family and/or friends abroad?

- 1 Yes
2 No (SKIP TO Q. 8.1)

7.19 Approximately how much money did you/he/she receive last year (1990) from family and/or friends abroad? (PRESENT FLASH CARD)

Don't know

Table with columns: INCOME GROUP, and a grid of numbers 0-99.



IMPORTANT

INTERVIEWER: If interview conducted before census day, ask on return visit immediately after Census day: If interview conducted after Census day, ask as part of the full interview:

SECTION 8. WHERE SPENT CENSUS NIGHT

FOR ALL PERSONS

8.1 Where did ... spend Census night?

- 1 At this address (END INTERVIEW)
2 Elsewhere in this country (END INTERVIEW)
3 Abroad (END INTERVIEW)

8.2 What part of the country was that? If known, please specify. INTERVIEWER: Write as full an address as possible.

[Empty box for specifying country part and address]

ADDITIONAL PERSON

SECTION 6. MARITAL STATUS, UNION STATUS & FERTILITY

FOR PERSONS 15 YEARS & OVER

6.1 What is 's legal marital status - that is, are you/is he/she married, divorced, legally separated, widowed or never married?

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Legally separated
- 5 Never married
- 6 Not stated

→ (SKIP TO Q. 6.3)

6.2 Are you/is he/she living with your/his/her husband/wife now?

- 1 Yes (SKIP TO Q. 6.6)
- 2 No

6.3 Are you/is he/she living with a partner now?

- 1 Yes (SKIP TO Q. 6.6)
- 2 No

6.4 INTERVIEWER: If Q. 6.3 is shaded 2 (No) and Q. 6.1 is shaded 2, 3 or 4 then Skip to Q. 6.6.

6.5 Have you/has he/she ever lived together with a partner in a common law relationship?

- 1 Yes
- 2 No (SKIP TO Q. 6.7)

6.6 How old were you/he/she when you/he/she were/was first married or lived with a partner?

AGE			0	10	20	30	40	50	60	70	80	90
			0	1	2	3	4	5	6	7	8	9

6.7 INTERVIEWER: Mark the appropriate oval. (See Qs. 2.3, 2.4, 5.1, 5.2, 5.3)

- 1 Male
- 2 Female - 65 years & over
- 3 Female under 65 years attending school
- 4 Female under 65 years not attending school

→ (SKIP TO Q. 7.1)

Please fill in this person's assigned number.

#			0	10	20							
			0	1	2	3	4	5	6	7	8	9

6.8 How many livebirths has ever had? (IF ZERO, ENTER 00 & SKIP TO Q. 7.1)

LIVE-BIRTHS			0	10	20	30	40	50	60	70	80	90
			0	1	2	3	4	5	6	7	8	9

6.9 How old were you/was she when you/she had the first liveborn child?

AGE			0	10	20	30	40	50	60	70	80	90
			0	1	2	3	4	5	6	7	8	9

6.10 How old were you/was she at the birth of your/her last liveborn child?

AGE			0	10	20	30	40	50	60	70	80	90
			0	1	2	3	4	5	6	7	8	9

6.11 How many livebirths did you/she have in the last 12 months?

- 1 None (SKIP TO Q. 7.1)
- 2 One
- 3 Two separate births
- 4 Twins
- 5 Three or more

6.12 What is/are the sex(es) of this child/these children?

Number of Boys	0	1	2	3	4	5
Number of Girls	0	1	2	3	4	5

6.13 Of these, have any of the babies died?

- 1 Yes
- 2 No (SKIP TO Q. 7.1)

6.14 How many have died? 1 2 3 4 5

SECTION 7. ECONOMIC ACTIVITY

FOR PERSONS 15 YEARS & OVER

7.1 What did do most during the past 12 months - for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- 1 Worked (SKIP TO Q. 7.4)
- 2 Had a job but did not work (SKIP TO Q. 7.4)
- 3 Looked for work
- 4 Wanted work and available
- 5 Home duties
- 6 Attended school
- 7 Retired
- 8 Disabled, unable to work
- 9 Other (Please specify)

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

10 Not stated

7.2 Did you/he/she do any work at all in the past 12 months? Include work at home, for example, piece work, smocking, etc.

- 1 Yes (SKIP TO Q. 7.4)
- 2 No
- 3 Don't know

7.3 Have you/he/she ever worked or had a job?

- 1 Yes
- 2 No → (SKIP TO Q. 7.5)

7.4 How many months did you/he/she work in the past 12 months?

Number of months

0	1	2	3	4	5	6	7	8	9	10	11	12
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7.5 What did do most during the past week - for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- 1 Worked (SKIP TO Q. 7.8)
- 2 Had a job but did not work (SKIP TO Q. 7.8)
- 3 Looked for work
- 4 Wanted work and available
- 5 Home duties
- 6 Attended school
- 7 Retired
- 8 Disabled, unable to work
- 9 Other (Please specify)

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

10 Not stated (SKIP TO Q. 7.7)

7.6 What sort of work did you/he/she look for or want?

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

FOR OFFICE USE ONLY	DESIRED WORK					0	100	200	300	400	500	600	700	800	900
						0	100	200	300	400	500	600	700	800	900
						0	1	2	3	4	5	6	7	8	9

7.7 Did you/he/she do any work at all last week for any length of time, including helping in a family business/farm, street vending or work at home?

- 1 Yes
- 2 No (SKIP TO Q. 7.9)

7.8 How many hours did you/he/she work last week?

HOURS			0	10	20	30	40	50	60	70	80	90
			0	1	2	3	4	5	6	7	8	9

Don't know

SECTION 7. ECONOMIC ACTIVITY (Continued)

FOR PERSONS 15 YEARS & OVER

7.9 What sort of work did you/he/she, do you, does he/she do in your/his/her main occupation? Please specify in detail.

[Empty box for specifying occupation]

Never worked (SKIP TO Q. 7.18)

FOR OFFICE USE ONLY TYPE OF WORK [Grid with numbers 0-9]

7.10 Would you consider this job to be completely dependent, partially dependent or not dependent on tourism?

- 1. Completely dependent
2. Partially dependent
3. Not dependent at all
4. Don't know/Not stated

7.11 What type of business is/was carried on at your/his/her workplace? Please specify in detail.

[Empty box for specifying business type]

FOR OFFICE USE ONLY TYPE OF BUSINESS [Grid with numbers 0-9]

7.12 What is the name and address of your/his/her present workplace?

[Empty box for workplace name and address]

No present workplace (SKIP TO Q. 7.18)

FOR OFFICE USE ONLY CODE [Grid with numbers 0-9]

7.13 How do you/does he/she travel to work?

- 1. Work at home
2. Walk
3. Bicycle
4. Private car or vehicle
5. Public vehicle (bus, etc.)
6. Hired transport (taxi, minibus, maxi taxi, etc.)
7. Other
8. Don't know/Not stated

7.14 Did you/he/she carry on your/his/her own business, work for a wage or salary or as an unpaid worker in a family business?

- 1. Paid employee - Government (SKIP TO Q. 7.16)
2. Paid employee - Private (SKIP TO Q. 7.16)
3. Unpaid worker (SKIP TO Q. 7.18)
4. Own business with paid help (Employer) (SKIP TO Q. 7.16)
5. Own business without paid help (Own Account)
6. Don't know/Not stated (SKIP TO Q. 7.18)

7.15 Do you/does he/she move all your/his/her goods every night; e.g., fruits, nuts, lottery tickets, clothing/shoes, etc.?

- 1. Yes (Informal trader)
2. No

7.16 What was ...'s last pay/income period?

- 1. Weekly
2. Fortnightly
3. Monthly
4. Quarterly
5. Annually
6. Other (Please specify)

[Empty box for specifying pay/income period]

- 7. None
8. Not stated

7.17 What was ...'s gross pay/income during the last pay period, that is before income tax or other deductions? (PRESENT FLASH CARD)

INTERVIEW: For self-employed persons obtain "net income," i.e., receipts less business expenses.

Don't know

INCOME GROUP [Grid with numbers 0-9]

7.18 Do you/does he/she receive any money from family and/or friends abroad?

- 1. Yes
2. No (SKIP TO Q. 8.1)

7.19 Approximately how much money did you/he/she receive last year (1990) from family and/or friends abroad? (PRESENT FLASH CARD)

Don't know

INCOME GROUP [Grid with numbers 0-9]



IMPORTANT

INTERVIEWER: If interview conducted before census day, ask on return visit immediately after Census day: If interview conducted after Census day, ask as part of the full interview:

SECTION 8. WHERE SPENT CENSUS NIGHT

FOR ALL PERSONS

8.1 Where did ... spend Census night?

- 1. At this address (END INTERVIEW)
2. Elsewhere in this country
3. Abroad (END INTERVIEW)

8.2 What part of the country was that? If known, please specify. INTERVIEWER: Write as full an address as possible.

[Empty box for specifying country part and address]

VISITATION RECORD

Parish/Division/District _____

Name of Enumerator _____

Town/Village/Settlement _____

Name of Supervisor _____

Enumeration District _____
Number Number of buildings Number of Institutions No of "No contacts"
of whichNumber of Dwelling Units TOTAL POPULATION No one at home Number of Households

OF WHICH

Deferred Number of Business Places MALE Refused FEMALE Vacant Dwellings Closed Dwellings Other

CONCEPTS AND DEFINITIONS

Before completing the Visitation Record, please ensure that you are completely familiar with the following concepts and definitions.

Building

The building is the most important unit of enumeration since each building, that is an independent physical structure, must be accounted for on the Enumeration district Map and recorded in the Visitation Record. It is the major means of checking progress in the field and the coverage of the Census.

A building is defined as a physical structure which is separate and independent of any other structure. It must be covered by a roof and enclosed within external walls. A building may be a factory, shop, detached dwelling, apartment building, warehouse, repair shop, poultry pen etc. NOTE that detached rooms relating to main buildings are treated as part of the main buildings, for example detached kitchens, toilets, servants quarters, garages, etc.

Closed Building

A closed building is one which, at the time of enumeration, is in use but with all the tenants temporarily absent i.e. absent for less than six months (the neighbours can usually help with identifying a closed building). You must check on the day after Census day to see whether it is still in use and closed.

Vacant Building

A vacant building is one which at the time of enumeration is not being used for any purpose. Also to be included in this category are buildings which are closed for six (6) months or more. However, you still have to revisit it on the day after Census Day to determine whether it was still vacant on Census Night.

A Dwelling Unit

A dwelling unit is any building or separate and independent part of a building in which a person or group of persons is living at the time of the Census enumeration. It must have direct access from the street or common landing, staircase, passage or gallery where occupants can enter or leave without passing through anybody else's living quarters.

Private Dwelling

A private dwelling is one in which a private household resides. This may be a single house, flat, apartment, outroom, part of a commercial building, or a boarding house catering for less than six persons.

Closed Dwelling Unit

A closed dwelling unit is one which is occupied, but during the enumeration period, the occupants are temporarily away, that is away for less than six (6) months.

A dwelling unit may be closed because the residents are away either on holiday or for some other reason. In such a case you may find out from the neighbour, the number of persons who live there and their surnames, if possible. You must also check on the day after Census day to see whether it is still closed.

Vacant Dwelling Unit

If a dwelling unit is habitable but no one is living there at the time of your enumeration, you must also visit on the day after Census day so that you can interview anyone who may have moved in since your previous visit.

Private Household

A private household consists of one or more persons living together (i.e. sleeping most nights of a week) and sharing at least one daily meal. It is important to note that a member of a household need not be a relative of the main family. For example, a boarder or a domestic servant who sleeps in most nights of the week is a member of the household. It is possible for a household to consist of just one person, or of more than one family, as long as they share living arrangements. A group of unrelated persons living together can also comprise a household.

COMMONWEALTH CARIBBEAN CENSUS OF POPULATION AND HOUSING 1990/1991

V I S I T A T I O N R E C O R D

Date first visit	Building Number	Dwelling Unit Number	Household Number	Name and surname of Household OR Name of Establishment/ Institution	Full Address	Both Sexes	Male	Female	Business Unit No	Type of Business/ Activity	No. of Paid Employees	Size of holding (acreage)	Principal Crop (Code)	Livestock type and Number	REMARKS	Enumeration Completed	After Census night (Y/N)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
				-----	-----												
				-----	-----												
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				-----	-----												
				-----	-----												
				-----	-----												

PRINCIPAL CROP: CODE

1 Cocoa 4 Coconut 7 Root crops
 2 Coffee 5 Bananas 8 Vegetables
 3 Citrus 6 Other tree crops 9 Other food crops

10 Arrowroot 13 Other
 11 Spices
 12 Timber

MAIN LIVESTOCK: CODE

1 Poultry 4 Cattle dairy
 2 Pigs 5 Sheep and Goat
 3 Cattle 6 Other

REMINDERS FOR COMPLETING THE VISITATION RECORD

1. Insert the date of your first visit in Col (1).
2. Complete at least one row for every building you find in your enumeration district, whether people are living there or not. Number the buildings consecutively starting at 001, 002 etc. A building may have more than one dwelling unit, in which case each of those dwellings will have the same building number.
3. Complete at least one row for every dwelling unit found in a building, whether it is closed, vacant or occupied at the time of enumeration. Number the dwelling units consecutively starting at 001, 002 etc. A dwelling unit may accommodate more than one household, in which case each of the households will have the same dwelling unit number.
4. Complete a row for every household which occupies a dwelling unit, whether the residents are at home or out/away. Each household must be numbered, starting at 001.
5. For a private household, write the name of the head of household IN BLOCK LETTERS, putting the surname first, in Col. (5). For a business place, write the name of the proprietor and the name of the business. In the case of an institution, write the full name of the institution.
6. Make sure that in column (6), the address is given as fully as possible.
7. Please ensure that columns 7, 8, and 9 are completely and correctly filled out, since these will provide the first count of the population.
8. The type of activity carried on in a business place MUST be recorded in Col (11). Examples are: dry goods store, grocery, boutique, motor car repairs etc.
9. Remember in col. (12) only paid employees are to be taken up here.
10. In col. (13) it is the combined acreage operated by all members of the household who are engaged in agriculture that is to be taken up here. Note also that with vegetable farming or hydroponics small amounts of land can be intensively utilized.
11. The crops grown are to be recorded in col. 14 using the codes below, while in the case of livestock, the type (see codes) and the numbers are to be recorded in col. (15).
12. USE THE REMARKS COLUMN (Col 16) to record if a building or dwelling unit is closed or vacant, the reason why enumeration has not been completed, OR for any other matter which you need to bring to the attention of your supervisor.
13. DO NOT FORGET TO INSERT THE DATE THAT ENUMERATION HAS BEEN COMPLETED IN COL (17) AND MAKE ANY CHANGES NECESSARY IN COLS. 7, 8, and 9.
14. In Col (18) tick when post-enumeration check has been made.