

COMMONWEALTH OF THE BAHAMAS  
CENSUS OF POPULATION AND HOUSING

MAY 1, 2000

DEPARTMENT  
OF  
STATISTICS

CONFIDENTIAL

**THE STATISTICS ACT 1973**

This Census is being taken in exercise of the powers conferred by Section 9, subsection (1) of the Statistics Act 1973. " Any person required to furnish information, estimates, or returns, or to supply particulars under this Act who fails so to do shall be guilty of an offence."

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NAME OF HEAD OF HOUSEHOLD .....

ADDRESS OF HOUSEHOLD \_\_\_\_\_

Street No. Town or Settlement

\_\_\_\_\_ Island 

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SUPERVISORY DISTRICT NUMBER	<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr> </table>				
ENUMERATION DISTRICT NUMBER	<table border="1" style="display: inline-table; width: 80px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>				

HOUSEHOLD NUMBER	<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>			

NUMBER OF PERSONS IN HOUSEHOLD	<table border="1" style="display: inline-table; width: 80px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>				

RESULTS CODES	<table border="1" style="display: inline-table; width: 20px; height: 20px;"> <tr><td align="center">1</td></tr> </table>	1	COMPLETED	<table border="1" style="display: inline-table; width: 20px; height: 20px;"> <tr><td align="center">3</td></tr> </table>	3	REFUSED
	1					
3						
	<table border="1" style="display: inline-table; width: 20px; height: 20px;"> <tr><td align="center">2</td></tr> </table>	2	NOT AT HOME	<table border="1" style="display: inline-table; width: 20px; height: 20px;"> <tr><td align="center">4</td></tr> </table>	4	OTHER _____ (Specify)
2						
4						

SUPERVISOR	NAME _____	DATE _____
ENUMERATOR	NAME _____	DATE _____
EDITOR	NAME _____	DATE _____
CODER	NAME _____	DATE _____

**PART A: HOUSING**

**SECTION 1: HOUSING  
TO BE COMPLETED BY HEAD OF HOUSEHOLD**

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**H1. GIVE THE NAME AND/OR TYPE OF THIS DWELLING**

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.....

e.g. Private Dwelling, Nassau Beach Hotel, Fox Hill Prison,  
St. Francis Convent, Police Barracks, etc.

**H2. HOW MANY PERSONS WHO USUALLY LIVE HERE WERE  
HERE ON CENSUS DAY?**

--	--	--	--

**H3. HOW MANY PERSONS WHO USUALLY LIVE HERE WERE ABSENT  
ELSEWHERE IN THE BAHAMAS ON CENSUS DAY?**

--	--	--	--

**H4. HOW MANY PERSONS WHO USUALLY LIVE HERE WERE ABSENT  
ABROAD ON CENSUS DAY?**

--	--	--	--

**H5. HOW MANY PERSONS WHO HAVE A USUAL PLACE OF RESIDENCE  
ELSEWHERE IN THE BAHAMAS WERE HERE ON CENSUS DAY?**

--	--	--	--

**H6. HOW MANY FOREIGN VISITORS WERE HERE ON CENSUS DAY?**

--	--	--	--

**H7. HOW MANY CONJUGAL FAMILY UNITS OCCUPY THIS DWELLING?**

--	--

**H8. WHAT TYPE OF DWELLING IS THIS?**

1  SINGLE DETACHED

2  SINGLE ATTACHED

3  PART OF A PRIVATE HOUSE

4  APARTMENT/FLAT

5  OTHER \_\_\_\_\_

(Specify)

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H9. WHAT IS THE CONSTRUCTION MATERIAL OF THE OUTER WALLS?

- 1  WOOD
  - 2  CONCRETE
  - 3  WOOD AND CONCRETE
  - 4  STONE
  - 5  BRICK
  - 6  STUCCO
  - 7  OTHER \_\_\_\_\_
- (Specify)

H10. IN WHICH PERIOD WAS THIS DWELLING BUILT?

- 1  2000
- 2  1999
- 3  1998
- 4  1995-1997
- 5  1990-1994
- 6  1980-1989
- 7  1971-1979
- 8  1970 or Earlier
- 9  Not Stated

H11. HOW MANY ROOMS MAKE UP THIS DWELLING?  
  
(EXCLUDE BATHROOMS AND KITCHENS FROM YOUR COUNT)

(Number)

H12. HOW MANY OF THE FOLLOWING SOURCES OF WATER DO YOU UTILIZE?  
  
(TICK ALL THAT APPLY)

- 1  PUBLIC PIPED INTO DWELLING
  - 2  PUBLIC PIPED INTO YARD
  - 3  PRIVATE PIPED INTO DWELLING
  - 4  PRIVATE NOT PIPED
  - 5  PUBLIC STAND PIPE
  - 6  PUBLIC WELL OR TANK
  - 7  RAIN WATER SYSTEM
  - 8  OTHER \_\_\_\_\_
- (Specify)

H13. WHAT IS THE MAIN SOURCE OF YOUR WATER SUPPLY?  
  
(TICK ONE ONLY)

- 1  PUBLIC PIPED INTO DWELLING
  - 2  PUBLIC PIPED INTO YARD
  - 3  PRIVATE PIPED INTO DWELLING
  - 4  PRIVATE NOT PIPED
  - 5  PUBLIC STAND PIPE
  - 6  PUBLIC WELL OR TANK
  - 7  RAIN WATER SYSTEM
  - 8  OTHER \_\_\_\_\_
- (Specify)

H14. WHAT TYPE OF TOILET FACILITIES DO YOU HAVE?

- 1  FLUSH TOILET LINKED TO A PUBLIC SEWERAGE SYSTEM
  - 2  FLUSH TOILET WITH CESSPIT OR SEPTIC TANK
  - 3  PIT LATRINE
  - 4  OTHER \_\_\_\_\_
  - 5  NONE (Skip to H16)
- (Specify)





**PART C: POPULATION**

**SECTION 3: CHARACTERISTICS (ALL PERSONS)**

NAME OF RESIDENT

SURNAME                      FIRST NAME                      INITIAL

P1. INDIVIDUAL'S NUMBER

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?

01  HEAD

P3. WHICH FAMILY ARE YOU A MEMBER OF?

- |                                   |                                   |                                              |
|-----------------------------------|-----------------------------------|----------------------------------------------|
| 1 <input type="checkbox"/> FIRST  | 4 <input type="checkbox"/> FOURTH | 7 <input type="checkbox"/> SEVENTH           |
| 2 <input type="checkbox"/> SECOND | 5 <input type="checkbox"/> FIFTH  | 8 <input type="checkbox"/> EIGHTH            |
| 3 <input type="checkbox"/> THIRD  | 6 <input type="checkbox"/> SIXTH  | 9 <input type="checkbox"/> NONE (SKIP TO P5) |

P4. FAMILY MEMBERSHIP STATUS.

- |                                                    |                                                   |
|----------------------------------------------------|---------------------------------------------------|
| 1 <input type="checkbox"/> SPOUSE WITH CHILDREN    | 5 <input type="checkbox"/> CHILD WITH MOTHER ONLY |
| 2 <input type="checkbox"/> SPOUSE WITHOUT CHILDREN | 6 <input type="checkbox"/> CHILD WITH FATHER ONLY |
| 3 <input type="checkbox"/> LONE PARENT             | 7 <input type="checkbox"/> OTHER _____            |
| 4 <input type="checkbox"/> CHILD WITH BOTH PARENTS | (Specify)                                         |

P5. SEX OF RESIDENT    1  MALE    2  FEMALE

P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?

DATE OF BIRTH	AGE
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
DAY MONTH YEAR	

P7. WHAT IS YOUR MARITAL STATUS?

- |                                          |                                       |                                       |
|------------------------------------------|---------------------------------------|---------------------------------------|
| 1 <input type="checkbox"/> NEVER MARRIED | 4 <input type="checkbox"/> DIVORCED   | 9 <input type="checkbox"/> NOT STATED |
| 2 <input type="checkbox"/> MARRIED       | 5 <input type="checkbox"/> SEPARATED  |                                       |
| 3 <input type="checkbox"/> WIDOWED       | 6 <input type="checkbox"/> COMMON-LAW |                                       |

P8. WHAT IS YOUR RELIGION/DENOMINATION?

P9. WHERE WERE YOU BORN? 1  BAHAMAS 2  ABROAD (Skip to P12)

P10. WHICH ISLAND WAS THIS?

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?

- 1  YES                      2  NO (Skip to P14)

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?

- 1  YES                      2  NO (Skip to P17)

P15. IN WHICH ISLAND WAS THIS?

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?

(IF NOT BAHAMAS SKIP TO P19)

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?

- |                                                                 |                                                          |
|-----------------------------------------------------------------|----------------------------------------------------------|
| 1 <input type="checkbox"/> BORN TO BAHAMIAN PARENTS             | 4 <input type="checkbox"/> MARRIED TO A BAHAMIAN HUSBAND |
| 2 <input type="checkbox"/> BORN IN THE BAHAMAS TO NON-BAHAMIANS | 5 <input type="checkbox"/> OTHER NATURALIZATION          |
| 3 <input type="checkbox"/> ADOPTED BY BAHAMIANS                 |                                                          |

**SECTION 4: DISABILITY (ALL PERSONS)**

P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?

- 1 YES DISABILITY     2 YES ILLNESS     3 NO (Skip to P24)

P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)

- |                                                                                                   |
|---------------------------------------------------------------------------------------------------|
| 01 <input type="checkbox"/> SEEING (EVEN WITH GLASSES, IF WORN)                                   |
| 02 <input type="checkbox"/> HEARING (EVEN WITH HEARING AID, IF WORN)                              |
| 03 <input type="checkbox"/> SPEAKING (TALKING)                                                    |
| 04 <input type="checkbox"/> MOBILITY/MOVING ( DUE TO ABSENT OR IMPAIRED LIMB)                     |
| 05 <input type="checkbox"/> MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLGIC PARALYSIS) |
| 06 <input type="checkbox"/> GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)                    |
| 07 <input type="checkbox"/> LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)                        |
| 08 <input type="checkbox"/> BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)           |
| 09 <input type="checkbox"/> MENTAL (MILD, MODERATE, SEVERE RETARDATION)                           |
| 10 <input type="checkbox"/> OTHER _____ (Specify)                                                 |
| 11 <input type="checkbox"/> NONE                                                                  |

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?

- 1  YES                      2  NO (SKIP TO P23)

P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)

- |                                                                |
|----------------------------------------------------------------|
| 01 <input type="checkbox"/> SELF CARE                          |
| 02 <input type="checkbox"/> MOVING/MOBILITY (WITHIN THE HOME)  |
| 03 <input type="checkbox"/> MOVING/MOBILITY (OUTSIDE THE HOME) |
| 04 <input type="checkbox"/> COMMUNICATION                      |
| 05 <input type="checkbox"/> SCHOOLING/EDUCATION                |
| 06 <input type="checkbox"/> EMPLOYMENT                         |
| 07 <input type="checkbox"/> SOCIAL EVENTS                      |
| 08 <input type="checkbox"/> OTHER _____ (Specify)              |
| 09 <input type="checkbox"/> NONE                               |

P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?

- |                                                                                                 |
|-------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> CONGENITAL/PRENATAL                                                  |
| 2 <input type="checkbox"/> DISEASE/ILLNESS CONTRACTED                                           |
| 3 <input type="checkbox"/> ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC. |
| 4 <input type="checkbox"/> OTHER _____ (Specify)                                                |
| 5 <input type="checkbox"/> NOT KNOWN                                                            |

**SECTION 5: EDUCATION (ALL PERSONS)**

P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?

- 1  YES FULL TIME    2  YES PART TIME    3  NO

P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)

- |                                             |                                                    |
|---------------------------------------------|----------------------------------------------------|
| 01 <input type="checkbox"/> NONE            | 05 <input type="checkbox"/> HIGH SCHOOL 4+         |
| 02 <input type="checkbox"/> KINDERGARTEN    | 06 <input type="checkbox"/> COLLEGE/UNIVERSITY 1-2 |
| 03 <input type="checkbox"/> ELEMENTARY      | 07 <input type="checkbox"/> COLLEGE/UNIVERSITY 3   |
| 04 <input type="checkbox"/> HIGH SCHOOL 1-3 | 08 <input type="checkbox"/> COLLEGE/UNIVERSITY 4+  |

09  OTHER \_\_\_\_\_ (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

P26B. DEGREED PERSONS ONLY

(Major / Discipline)

**SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)**

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?

- 1  YES                      2  NO (SKIP TO P32)

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?

(Profession/Craft/Trade)

P29. WHAT METHOD OF TRAINING IS/ WAS THIS?

- |                                                               |                                        |
|---------------------------------------------------------------|----------------------------------------|
| 1 <input type="checkbox"/> APPRENTICESHIP/ON THE JOB TRAINING | 4 <input type="checkbox"/> OTHER _____ |
| 2 <input type="checkbox"/> TECHNICAL INSTITUTION              |                                        |
| 3 <input type="checkbox"/> COLLEGE/UNIVERSITY                 |                                        |

(Specify)

P30. IS THIS TRAINING COMPLETED OR ON GOING?

- 1  COMPLETED                      2  ON-GOING

P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?

- |                                                            |
|------------------------------------------------------------|
| 1 <input type="checkbox"/> CERTIFICATE WITH EXAMINATION    |
| 2 <input type="checkbox"/> CERTIFICATE WITHOUT EXAMINATION |
| 3 <input type="checkbox"/> DIPLOMA                         |
| 4 <input type="checkbox"/> DEGREE                          |
| 5 <input type="checkbox"/> NONE                            |
| 6 <input type="checkbox"/> OTHER _____ (Specify)           |

**SECTION 7: TRANSPORTATION (PERSONS 15 YEARS AND OVER)**

**P32. WHAT IS YOUR MAIN FORM OF TRANSPORTATION?**

(If family members take turns driving the family vehicle one must report driver and the others passengers.)

- |                                                |                                                              |                                        |
|------------------------------------------------|--------------------------------------------------------------|----------------------------------------|
| 1 <input type="checkbox"/> WALK                | 4 <input type="checkbox"/> PRIVATE VEHICLE AS PASSENGER ONLY | 7 <input type="checkbox"/> OTHER _____ |
| 2 <input type="checkbox"/> BICYCLE/MOTOR CYCLE | 5 <input type="checkbox"/> PRIVATE VEHICLE DRIVER            | (Specify)                              |
| 3 <input type="checkbox"/> JITNEY/BUS          | 6 <input type="checkbox"/> BOAT/FERRY                        |                                        |

**SECTION 8: ECONOMIC ACTIVITY (PERSONS 15 YEARS AND OVER)**

**P33. DID YOU DO ANY WORK AT ALL, FOR ANY LENGTH OF TIME DURING THE WEEK OF APRIL 24TH THRU 30TH**

(This would include helping in a family business/farm, street vending etc.)

- 1  YES (Skip to P35)      2  NO

**P34. WHAT WAS YOUR MAIN ACTIVITY DURING THAT WEEK?**

- |                                                                                                   |                                                        |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 01 <input type="checkbox"/> HAD A JOB BUT DID NOT WORK                                            | 05 <input type="checkbox"/> VOLUNTARY WORK WITHOUT PAY |
| 02 <input type="checkbox"/> LOOKED FOR WORK                                                       | 06 <input type="checkbox"/> HOME DUTIES                |
| 03 <input type="checkbox"/> LOOKED FOR WORK DURING THE PAST 4 WEEKS                               | 07 <input type="checkbox"/> STUDENT                    |
| 04 <input type="checkbox"/> DID NOT LOOK BUT WANTED TO WORK AND WAS AVAILABLE DURING PAST 4 WEEKS | 08 <input type="checkbox"/> RETIRED                    |
|                                                                                                   | 09 <input type="checkbox"/> DISABLED                   |
| 10 <input type="checkbox"/> OTHER _____ (Specify)                                                 |                                                        |

(ALL PERSONS ANSWERING P34 SKIP TO P37)

**P35. DURING THAT WEEK, HOW MANY PAID JOBS DID YOU WORK AT?**

- 1  ONE      3  THREE OR MORE  
2  TWO      4  NONE

**P36. HOW MANY HOURS DID YOU WORK ON YOUR MAIN JOB DURING THAT WEEK?**

- 1  1 - 8      4  33 - 44  
2  9 - 15      5  45 & OVER  
3  16 - 32      6  NONE

(ALL PERSONS ANSWERING P36 TICK 1 AT P37 AND SKIP TO P40)

**P37. DID YOU WORK AT ALL, FOR ANY LENGTH OF TIME DURING THE PAST TWELVE MONTHS? (This would include selling newspapers, peanuts and other items, helping in a family business or farm, summer employment, etc.)**

- 1  YES (Skip to P40)      2  NO

**P38. WHAT WAS YOUR MAIN ACTIVITY DURING THE PAST 12 MONTHS?**

- 01  HAD A JOB BUT DID NOT WORK (Skip to P40)  
02  LOOKED FOR WORK  
03  DID NOT LOOK BUT WANTED WORK AND WAS AVAILABLE  
04  VOLUNTARY WORK WITHOUT PAY  
05  HOME DUTIES  
06  STUDENT  
07  RETIRED  
08  DISABLED  
09  OTHER \_\_\_\_\_ (Specify)
- (Skip to P46)

**P39. HAVE YOU EVER WORKED OR HAD A JOB FOR AT LEAST TWO (2) WEEKS?**

- 1  YES      2  NO

(ALL PERSONS ANSWERING P39 SKIP TO P46)

**P40. HOW MANY WEEKS DID YOU WORK IN THE PAST TWELVE MONTHS?**

- |                                    |                                    |
|------------------------------------|------------------------------------|
| 1 <input type="checkbox"/> 1 - 4   | 5 <input type="checkbox"/> 40 - 48 |
| 2 <input type="checkbox"/> 5 - 13  | 6 <input type="checkbox"/> 49 - 52 |
| 3 <input type="checkbox"/> 14 - 26 | 7 <input type="checkbox"/> NONE    |
| 4 <input type="checkbox"/> 27 - 39 |                                    |

**P41. WHAT IS THE NAME OF THE COMPANY/BUSINESS WHERE YOU WORK OR FOR WHICH YOU LAST WORKED?**

(This and following questions refer to main job)

**P42. WHAT KIND OF BUSINESS OR ACTIVITY TAKES PLACE THERE?**

(Describe the kind of business e.g. retail store, primary school, law firm, brewery, etc.)

**P43. WHAT TYPE OF WORK DO YOU/DID YOU DO?**

(Describe your job as accurately as possible e.g. sales clerk, typist, doctor, auto mechanic, civil engineer, taxi driver, housemaid, etc.)

(Do Not Say engineer, mechanic, teacher, supervisor, clerk, etc.)

Be more specific e.g. sales clerk, primary school teacher, auto mechanic, etc.)

**P44. ARE/WERE YOU SELF-EMPLOYED OR WORKING FOR SOMEONE ELSE IN YOUR MAIN JOB?**

- 1  SELF-EMPLOYED (NO PAID HELPER)  
2  SELF-EMPLOYED (1-4 PAID HELPERS)  
3  SELF-EMPLOYED (5 OR MORE PAID HELPERS)  
4  EMPLOYEE (GOVT/GOVT CORP)  
5  EMPLOYEE (PRIVATE - 1-4 WORKERS)  
6  EMPLOYEE (PRIVATE - 5 OR MORE WORKERS)  
7  UNPAID FAMILY WORKER

(Skip to P46)

**P45. DO YOU MOVE ALL YOUR GOODS DAILY; E.G. FRUITS, PEANUTS, NEWSPAPERS, CLOTHING, EQUIPMENT?**

- 1  YES (INFORMAL TRADER)      2  NO

**SECTION 9: INCOME (PERSONS 15 YEARS OF AGE AND OVER)**

**P46. DURING THE PAST TWELVE MONTHS DID YOU RECEIVE INCOME FROM ANY OF THESE SOURCES? IF SO, STATE AMOUNT IN THE SPACE PROVIDED. (B\$, to the nearest whole number e. g. 12565.80 = 12566)**

(PRIMARY JOB)

1. WAGES, SALARY, COMMISSION, TIPS, ETC.

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4. RETIREMENT PENSION

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7. GIFTS AND DONATIONS

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(SECONDARY JOB)

2. WAGES, SALARY, COMMISSION, TIPS, ETC.

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

5. OLD AGE PENSION

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

8. INVESTMENTS

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

3. OWN BUSINESS

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

6. GOVERNMENT ALLOWANCES

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

9. OTHER SOURCES

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

10. TOTAL INCOME DURING LAST TWELVE MONTHS

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

**SECTION 10: FERTILITY (FEMALES 15 YEARS OF AGE AND OVER)**

**P47. HOW MANY LIVE-BORN CHILDREN HAVE YOU EVER HAD?**

(Write number in the space provided, if none write 00 and go to P52)

--	--

(Number of Children 1 = 01, 2 = 02 etc.)

**P48. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST LIVE-BORN CHILD?**

--	--

(age in years)

**P49. HOW OLD WERE YOU WHEN YOU HAD YOUR LAST LIVE-BORN CHILD?**

--	--

(age in years)

**P50. DID YOU HAVE ANY LIVE BIRTHS IN THE LAST TWELVE MONTHS?**

- 0  NO (Skip to P52)      2  YES  
1  YES      3+  YES

**P51. HAVE ANY OF THE BABIES DIED?**

- 0  NO      2  YES  
1  YES      3+  YES

**P52. WHAT IS YOUR UNION STATUS?**

(For women 50 years and over, give status at age 49)

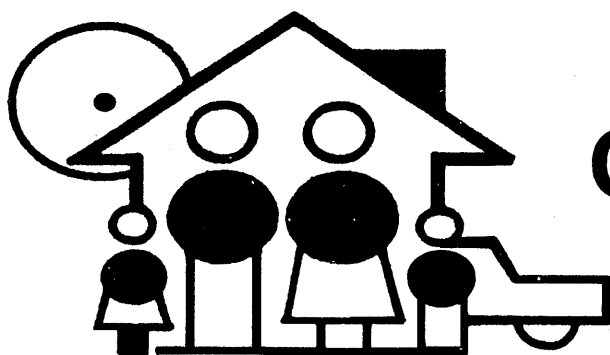
- 1  MARRIED      3  VISITING  
2  COMMON-LAW      4  NO LONGER IN A UNION  
5  NEVER IN A UNION



**COMMONWEALTH OF THE BAHAMAS  
CENSUS OF POPULATION AND HOUSING 2000**

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**CENSUS  
2000**

**CENSUS QUESTIONNAIRE  
MAY 1, 2000**

**INSTITUTIONAL**

**CENSUS OFFICE  
DEPARTMENT OF STATISTICS  
P. O. BOX N-3904 PHONE 325-6511/20  
NASSAU, BAHAMAS**



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**NAME OF HEAD OF HOUSEHOLD** .....

**ADDRESS OF HOUSEHOLD** \_\_\_\_\_

Street No. Town or Settlement

\_\_\_\_\_ Island

<b>SUPERVISORY DISTRICT NUMBER</b>	<input type="text"/>	<input type="text"/>
<b>ENUMERATION DISTRICT NUMBER</b>	<input type="text"/>	<input type="text"/>

**HOUSEHOLD NUMBER**

**NUMBER OF PERSONS IN HOUSEHOLD**

**RESULTS CODES**

<input type="checkbox"/> 1	COMPLETED	<input type="checkbox"/> 3	REFUSED
<input type="checkbox"/> 2	NOT AT HOME	<input type="checkbox"/> 4	OTHER _____

(Specify)

<b>SUPERVISOR</b>	NAME	DATE
_____	_____	_____
<b>ENUMERATOR</b>	NAME	DATE
_____	_____	_____
<b>EDITOR</b>	NAME	DATE
_____	_____	_____
<b>CODER</b>	NAME	DATE
_____	_____	_____

**PART C: POPULATION**

**SECTION 3: CHARACTERISTICS (ALL PERSONS)**

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

[ ][ ][ ][ ]

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?

01  HEAD

P3. WHICH FAMILY ARE YOU A MEMBER OF?

- 1  FIRST      4  FOURTH      7  SEVENTH  
 2  SECOND      5  FIFTH      8  EIGHTH  
 3  THIRD      6  SIXTH      9  NONE (SKIP TO P5)

P4. FAMILY MEMBERSHIP STATUS.

- 1  SPOUSE WITH CHILDREN      5  CHILD WITH MOTHER ONLY  
 2  SPOUSE WITHOUT CHILDREN      6  CHILD WITH FATHER ONLY  
 3  LONE PARENT      7  OTHER \_\_\_\_\_  
 4  CHILD WITH BOTH PARENTS (Specify)

P5. SEX OF RESIDENT      1  MALE      2  FEMALE

P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?

DATE OF BIRTH      AGE  
 DAY MONTH YEAR      [ ][ ][ ]

P7. WHAT IS YOUR MARITAL STATUS?

- 1  NEVER MARRIED      4  DIVORCED      9  NOT STATED  
 2  MARRIED      5  SEPARATED  
 3  WIDOWED      6  COMMON-LAW

P8. WHAT IS YOUR RELIGION/DENOMINATION?

[ ][ ]

P9. WHERE WERE YOU BORN? 1  BAHAMAS 2  ABROAD (Skip to P12)

P10. WHICH ISLAND WAS THIS? \_\_\_\_\_

[ ][ ]

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?

- 1  YES      2  NO (Skip to P14)

P12. IN WHICH COUNTRY DID YOU LAST RESIDE? \_\_\_\_\_

[ ][ ][ ]

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

[ ]

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?

- 1  YES      2  NO (Skip to P17)

P15. IN WHICH ISLAND WAS THIS? \_\_\_\_\_

[ ][ ]

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

[ ]

P17. OF WHAT COUNTRY ARE YOU A CITIZEN? \_\_\_\_\_

[ ][ ][ ]

(IF NOT BAHAMAS SKIP TO P19)

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?

- 1  BORN TO BAHAMIAN PARENTS      4  MARRIED TO A BAHAMIAN HUSBAND  
 2  BORN IN THE BAHAMAS TO NON-BAHAMIANS      5  OTHER NATURALIZATION  
 3  ADOPTED BY BAHAMIANS

**SECTION 4: DISABILITY (ALL PERSONS)**

P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?

- 1  YES DISABILITY      2  YES ILLNESS      3  NO (Skip to P24)

P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)

- 01  SEEING (EVEN WITH GLASSES, IF WORN)  
 02  HEARING (EVEN WITH HEARING AID, IF WORN)  
 03  SPEAKING (TALKING)  
 04  MOBILITY/MOVING ( DUE TO ABSENT OR IMPAIRED LIMB)  
 05  MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLAGIC PARALYSIS)  
 06  GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)  
 07  LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)  
 08  BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)  
 09  MENTAL (MILD, MODERATE, SEVERE RETARDATION)  
 10  OTHER \_\_\_\_\_ (Specify)  
 11  NONE

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?

- 1  YES      2  NO (SKIP TO P23)

P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)

- 01  SELF CARE  
 02  MOVING/MOBILITY (WITHIN THE HOME)  
 03  MOVING/MOBILITY (OUTSIDE THE HOME)  
 04  COMMUNICATION  
 05  SCHOOLING/EDUCATION  
 06  EMPLOYMENT  
 07  SOCIAL EVENTS  
 08  OTHER \_\_\_\_\_ (Specify)  
 09  NONE

P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?

- 1  CONGENITAL/PRENATAL  
 2  DISEASE/ILLNESS CONTRACTED  
 3  ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.  
 4  OTHER \_\_\_\_\_ (Specify)  
 5  NOT KNOWN

**SECTION 5: EDUCATION (ALL PERSONS)**

P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?

- 1  YES FULL TIME      2  YES PART TIME      3  NO

P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)

- 01  NONE      05  HIGH SCHOOL 4+  
 02  KINDERGARTEN      06  COLLEGE/UNIVERSITY 1-2  
 03  ELEMENTARY      07  COLLEGE/UNIVERSITY 3  
 04  HIGH SCHOOL 1-3      08  COLLEGE/UNIVERSITY 4+  
 09  OTHER \_\_\_\_\_ (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

[ ][ ]

P26B. DEGREEED PERSONS ONLY

(Major / Discipline)

[ ][ ][ ]

**SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)**

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?

- 1  YES      2  NO (SKIP TO P32)

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE? \_\_\_\_\_

(Profession/Craft/Trade)

[ ][ ][ ][ ]

P29. WHAT METHOD OF TRAINING IS/ WAS THIS?

- 1  APPRENTICESHIP/ON THE JOB TRAINING  
 2  TECHNICAL INSTITUTION  
 3  COLLEGE/UNIVERSITY      4  OTHER \_\_\_\_\_ (Specify)

P30. IS THIS TRAINING COMPLETED OR ON GOING?

- 1  COMPLETED      2  ON-GOING

P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?

- 1  CERTIFICATE WITH EXAMINATION  
 2  CERTIFICATE WITHOUT EXAMINATION  
 3  DIPLOMA  
 4  DEGREE  
 5  NONE  
 6  OTHER \_\_\_\_\_ (Specify)

**PART C: POPULATION**

**SECTION 3: CHARACTERISTICS (ALL PERSONS)**

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

[ ][ ][ ][ ][ ]

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?

- |                                               |                                                     |
|-----------------------------------------------|-----------------------------------------------------|
| 02 <input type="checkbox"/> SPOUSE OR PARTNER | 07 <input type="checkbox"/> GRANDCHILD              |
| 03 <input type="checkbox"/> SON               | 08 <input type="checkbox"/> PARENT OR PARENT-IN-LAW |
| 04 <input type="checkbox"/> DAUGHTER          | 09 <input type="checkbox"/> OTHER RELATIVE          |
| 05 <input type="checkbox"/> SON-IN-LAW        | 10 <input type="checkbox"/> NON-RELATIVE            |
| 06 <input type="checkbox"/> DAUGHTER-IN-LAW   |                                                     |

P3. WHICH FAMILY ARE YOU A MEMBER OF?

- |                                   |                                   |                                              |
|-----------------------------------|-----------------------------------|----------------------------------------------|
| 1 <input type="checkbox"/> FIRST  | 4 <input type="checkbox"/> FOURTH | 7 <input type="checkbox"/> SEVENTH           |
| 2 <input type="checkbox"/> SECOND | 5 <input type="checkbox"/> FIFTH  | 8 <input type="checkbox"/> EIGHTH            |
| 3 <input type="checkbox"/> THIRD  | 6 <input type="checkbox"/> SIXTH  | 9 <input type="checkbox"/> NONE (SKIP TO P5) |

P4. FAMILY MEMBERSHIP STATUS.

- |                                                    |                                                   |
|----------------------------------------------------|---------------------------------------------------|
| 1 <input type="checkbox"/> SPOUSE WITH CHILDREN    | 5 <input type="checkbox"/> CHILD WITH MOTHER ONLY |
| 2 <input type="checkbox"/> SPOUSE WITHOUT CHILDREN | 6 <input type="checkbox"/> CHILD WITH FATHER ONLY |
| 3 <input type="checkbox"/> LONE PARENT             | 7 <input type="checkbox"/> OTHER _____ (Specify)  |
| 4 <input type="checkbox"/> CHILD WITH BOTH PARENTS |                                                   |

P5. SEX OF RESIDENT 1  MALE 2  FEMALE

P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?

DATE OF BIRTH: [ ][ ][ ] / [ ][ ] / [ ][ ][ ]  
 AGE: [ ][ ][ ]

P7. WHAT IS YOUR MARITAL STATUS?

- |                                          |                                       |                                       |
|------------------------------------------|---------------------------------------|---------------------------------------|
| 1 <input type="checkbox"/> NEVER MARRIED | 4 <input type="checkbox"/> DIVORCED   | 9 <input type="checkbox"/> NOT STATED |
| 2 <input type="checkbox"/> MARRIED       | 5 <input type="checkbox"/> SEPARATED  |                                       |
| 3 <input type="checkbox"/> WIDOWED       | 6 <input type="checkbox"/> COMMON-LAW |                                       |

P8. WHAT IS YOUR RELIGION/DENOMINATION?

[ ][ ]

P9. WHERE WERE YOU BORN? 1  BAHAMAS 2  ABROAD (Skip to P12)

P10. WHICH ISLAND WAS THIS?

[ ][ ]

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?

- 1  YES 2  NO (Skip to P14)

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

[ ][ ][ ]

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

[ ]

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?

- 1  YES 2  NO (Skip to P17)

P15. IN WHICH ISLAND WAS THIS?

[ ][ ]

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

[ ]

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?

[ ][ ][ ]

(IF NOT BAHAMAS SKIP TO P19)

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?

- |                                                                 |                                                          |
|-----------------------------------------------------------------|----------------------------------------------------------|
| 1 <input type="checkbox"/> BORN TO BAHAMIAN PARENTS             | 4 <input type="checkbox"/> MARRIED TO A BAHAMIAN HUSBAND |
| 2 <input type="checkbox"/> BORN IN THE BAHAMAS TO NON-BAHAMIANS | 5 <input type="checkbox"/> OTHER NATURALIZATION          |
| 3 <input type="checkbox"/> ADOPTED BY BAHAMIANS                 |                                                          |

**SECTION 4: DISABILITY (ALL PERSONS)**

P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?

- 1 YES DISABILITY  2 YES ILLNESS  3 NO (Skip to P24)

P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)

- |                                                                                                    |
|----------------------------------------------------------------------------------------------------|
| 01 <input type="checkbox"/> SEEING (EVEN WITH GLASSES, IF WORN)                                    |
| 02 <input type="checkbox"/> HEARING (EVEN WITH HEARING AID, IF WORN)                               |
| 03 <input type="checkbox"/> SPEAKING (TALKING)                                                     |
| 04 <input type="checkbox"/> MOBILITY/MOVING ( DUE TO ABSENT OR IMPAIRED LIMB)                      |
| 05 <input type="checkbox"/> MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS) |
| 06 <input type="checkbox"/> GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)                     |
| 07 <input type="checkbox"/> LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)                         |
| 08 <input type="checkbox"/> BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)            |
| 09 <input type="checkbox"/> MENTAL (MILD, MODERATE, SEVERE RETARDATION)                            |
| 10 <input type="checkbox"/> OTHER _____ (Specify)                                                  |
| 11 <input type="checkbox"/> NONE                                                                   |

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?

- 1  YES 2  NO (SKIP TO P23)

P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)

- |                                                                |
|----------------------------------------------------------------|
| 01 <input type="checkbox"/> SELF CARE                          |
| 02 <input type="checkbox"/> MOVING/MOBILITY (WITHIN THE HOME)  |
| 03 <input type="checkbox"/> MOVING/MOBILITY (OUTSIDE THE HOME) |
| 04 <input type="checkbox"/> COMMUNICATION                      |
| 05 <input type="checkbox"/> SCHOOLING/EDUCATION                |
| 06 <input type="checkbox"/> EMPLOYMENT                         |
| 07 <input type="checkbox"/> SOCIAL EVENTS                      |
| 08 <input type="checkbox"/> OTHER _____ (Specify)              |
| 09 <input type="checkbox"/> NONE                               |

P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?

- |                                                                                                 |
|-------------------------------------------------------------------------------------------------|
| 1 <input type="checkbox"/> CONGENITAL/PRENATAL                                                  |
| 2 <input type="checkbox"/> DISEASE/ILLNESS CONTRACTED                                           |
| 3 <input type="checkbox"/> ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC. |
| 4 <input type="checkbox"/> OTHER _____ (Specify)                                                |
| 5 <input type="checkbox"/> NOT KNOWN                                                            |

**SECTION 5: EDUCATION (ALL PERSONS)**

P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?

- 1  YES FULL TIME 2  YES PART TIME 3  NO

P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)

- |                                                   |                                                    |
|---------------------------------------------------|----------------------------------------------------|
| 01 <input type="checkbox"/> NONE                  | 05 <input type="checkbox"/> HIGH SCHOOL 4+         |
| 02 <input type="checkbox"/> KINDERGARTEN          | 06 <input type="checkbox"/> COLLEGE/UNIVERSITY 1-2 |
| 03 <input type="checkbox"/> ELEMENTARY            | 07 <input type="checkbox"/> COLLEGE/UNIVERSITY 3   |
| 04 <input type="checkbox"/> HIGH SCHOOL 1-3       | 08 <input type="checkbox"/> COLLEGE/UNIVERSITY 4+  |
| 09 <input type="checkbox"/> OTHER _____ (Specify) |                                                    |

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

[ ][ ]

P26B. DEGREED PERSONS ONLY

(Major / Discipline)

[ ][ ][ ]

**SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)**

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?

- 1  YES 2  NO (SKIP TO P32)

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?

(Profession/Craft/Trade)

[ ][ ][ ][ ]

P29. WHAT METHOD OF TRAINING IS/ WAS THIS?

- |                                                               |
|---------------------------------------------------------------|
| 1 <input type="checkbox"/> APPRENTICESHIP/ON THE JOB TRAINING |
| 2 <input type="checkbox"/> TECHNICAL INSTITUTION              |
| 3 <input type="checkbox"/> COLLEGE/UNIVERSITY                 |
| 4 <input type="checkbox"/> OTHER _____ (Specify)              |

P30. IS THIS TRAINING COMPLETED OR ON GOING?

- 1  COMPLETED 2  ON-GOING

P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?

- |                                                            |
|------------------------------------------------------------|
| 1 <input type="checkbox"/> CERTIFICATE WITH EXAMINATION    |
| 2 <input type="checkbox"/> CERTIFICATE WITHOUT EXAMINATION |
| 3 <input type="checkbox"/> DIPLOMA                         |
| 4 <input type="checkbox"/> DEGREE                          |
| 5 <input type="checkbox"/> NONE                            |
| 6 <input type="checkbox"/> OTHER _____ (Specify)           |

**PART C: POPULATION**

**SECTION 3: CHARACTERISTICS (ALL PERSONS)**

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?  
 02  SPOUSE OR PARTNER 07  GRANDCHILD  
 03  SON 08  PARENT OR PARENT-IN-LAW  
 04  DAUGHTER 09  OTHER RELATIVE  
 05  SON-IN-LAW 10  NON-RELATIVE  
 06  DAUGHTER-IN-LAW

P3. WHICH FAMILY ARE YOU A MEMBER OF?  
 1  FIRST 4  FOURTH 7  SEVENTH  
 2  SECOND 5  FIFTH 8  EIGHTH  
 3  THIRD 6  SIXTH 9  NONE (SKIP TO P5)

P4. FAMILY MEMBERSHIP STATUS.  
 1  SPOUSE WITH CHILDREN 5  CHILD WITH MOTHER ONLY  
 2  SPOUSE WITHOUT CHILDREN 6  CHILD WITH FATHER ONLY  
 3  LONE PARENT 7  OTHER \_\_\_\_\_  
 4  CHILD WITH BOTH PARENTS (Specify)

P5. SEX OF RESIDENT 1  MALE 2  FEMALE

P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?  
 DATE OF BIRTH AGE  
 \_\_\_\_\_  
 DAY MONTH YEAR

P7. WHAT IS YOUR MARITAL STATUS?  
 1  NEVER MARRIED 4  DIVORCED 9  NOT STATED  
 2  MARRIED 5  SEPARATED  
 3  WIDOWED 6  COMMON-LAW

P8. WHAT IS YOUR RELIGION/DENOMINATION?

P9. WHERE WERE YOU BORN? 1  BAHAMAS 2  ABROAD (Skip to P12)

P10. WHICH ISLAND WAS THIS?

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?  
 1  YES 2  NO (Skip to P14)

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?  
 \_\_\_\_\_

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?  
 1  YES 2  NO (Skip to P17)

P15. IN WHICH ISLAND WAS THIS?

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?  
 \_\_\_\_\_

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?     
 (IF NOT BAHAMAS SKIP TO P19)

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?  
 1  BORN TO BAHAMIAN PARENTS 4  MARRIED TO A BAHAMIAN HUSBAND  
 2  BORN IN THE BAHAMAS TO NON-BAHAMIANS 5  OTHER NATURALIZATION  
 3  ADOPTED BY BAHAMIANS

**SECTION 4: DISABILITY (ALL PERSONS)**

P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?  
 1 YES DISABILITY  2 YES ILLNESS  3 NO (Skip to P24)

P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)  
 01  SEEING (EVEN WITH GLASSES, IF WORN)  
 02  HEARING (EVEN WITH HEARING AID, IF WORN)  
 03  SPEAKING (TALKING)  
 04  MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB)  
 05  MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)  
 06  GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)  
 07  LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)  
 08  BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)  
 09  MENTAL (MILD, MODERATE, SEVERE RETARDATION)  
 10  OTHER \_\_\_\_\_  
 (Specify)  
 11  NONE

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?  
 1  YES 2  NO (SKIP TO P23)

P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)

01  SELF CARE  
 02  MOVING/MOBILITY (WITHIN THE HOME)  
 03  MOVING/MOBILITY (OUTSIDE THE HOME)  
 04  COMMUNICATION  
 05  SCHOOLING/EDUCATION  
 06  EMPLOYMENT  
 07  SOCIAL EVENTS  
 08  OTHER \_\_\_\_\_ (Specify)  
 09  NONE

P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?

1  CONGENITAL/PRENATAL  
 2  DISEASE/ILLNESS CONTRACTED  
 3  ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.  
 4  OTHER \_\_\_\_\_ (Specify)  
 5  NOT KNOWN

**SECTION 5: EDUCATION (ALL PERSONS)**

P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?  
 1  YES FULL TIME 2  YES PART TIME 3  NO

P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)  
 01  NONE 05  HIGH SCHOOL 4+  
 02  KINDERGARTEN 06  COLLEGE/UNIVERSITY 1-2  
 03  ELEMENTARY 07  COLLEGE/UNIVERSITY 3  
 04  HIGH SCHOOL 1-3 08  COLLEGE/UNIVERSITY 4+  
 09  OTHER \_\_\_\_\_ (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? \_\_\_\_\_  
 (Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT \_\_\_\_\_  
 (Number of subjects passed)

P26B. DEGREED PERSONS ONLY \_\_\_\_\_  
 (Major / Discipline)

**SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)**

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?  
 1  YES 2  NO (SKIP TO P32)

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE? \_\_\_\_\_  
 (Profession/Craft/Trade)

P29. WHAT METHOD OF TRAINING IS/WAS THIS?  
 1  APPRENTICESHIP/ON THE JOB TRAINING  
 2  TECHNICAL INSTITUTION  
 3  COLLEGE/UNIVERSITY 4  OTHER \_\_\_\_\_  
 (Specify)

P30. IS THIS TRAINING COMPLETED OR ON GOING?  
 1  COMPLETED 2  ON-GOING

P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?  
 1  CERTIFICATE WITH EXAMINATION  
 2  CERTIFICATE WITHOUT EXAMINATION  
 3  DIPLOMA  
 4  DEGREE  
 5  NONE  
 6  OTHER \_\_\_\_\_ (Specify)

**PART C: POPULATION**

**SECTION 3: CHARACTERISTICS (ALL PERSONS)**

**NAME OF RESIDENT**  
 SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_

**P1. INDIVIDUAL'S NUMBER** [ ][ ][ ][ ]

**P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?**  
 02  SPOUSE OR PARTNER      07  GRANDCHILD  
 03  SON                              08  PARENT OR PARENT-IN-LAW  
 04  DAUGHTER                      09  OTHER RELATIVE  
 05  SON-IN-LAW                    10  NON-RELATIVE  
 06  DAUGHTER-IN-LAW

**P3. WHICH FAMILY ARE YOU A MEMBER OF?**  
 1  FIRST                      4  FOURTH                      7  SEVENTH  
 2  SECOND                      5  FIFTH                      8  EIGHTH  
 3  THIRD                      6  SIXTH                      9  NONE (SKIP TO P5)

**P4. FAMILY MEMBERSHIP STATUS.**  
 1  SPOUSE WITH CHILDREN      5  CHILD WITH MOTHER ONLY  
 2  SPOUSE WITHOUT CHILDREN    6  CHILD WITH FATHER ONLY  
 3  LONE PARENT                      7  OTHER \_\_\_\_\_ (Specify)  
 4  CHILD WITH BOTH PARENTS

**P5. SEX OF RESIDENT**    1  MALE    2  FEMALE

**P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?**  
 DATE OF BIRTH \_\_\_\_\_ AGE [ ][ ][ ]  
 DAY MONTH YEAR

**P7. WHAT IS YOUR MARITAL STATUS?**  
 1  NEVER MARRIED    4  DIVORCED    9  NOT STATED  
 2  MARRIED            5  SEPARATED  
 3  WIDOWED            6  COMMON-LAW

**P8. WHAT IS YOUR RELIGION/DENOMINATION?** [ ][ ]

**P9. WHERE WERE YOU BORN?** 1  BAHAMAS 2  ABROAD (Skip to P12)

**P10. WHICH ISLAND WAS THIS?** [ ][ ]

**P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?**  
 1  YES                      2  NO (Skip to P14)

**P12. IN WHICH COUNTRY DID YOU LAST RESIDE?** [ ][ ][ ]

**P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?** [ ]

**P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?**  
 1  YES                      2  NO (Skip to P17)

**P15. IN WHICH ISLAND WAS THIS?** [ ][ ]

**P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?** [ ]

**P17. OF WHAT COUNTRY ARE YOU A CITIZEN?** [ ][ ][ ]  
 (IF NOT BAHAMAS SKIP TO P19)

**P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?**  
 1  BORN TO BAHAMIAN PARENTS      4  MARRIED TO A BAHAMIAN HUSBAND  
 2  BORN IN THE BAHAMAS TO NON-BAHAMIANS      5  OTHER NATURALIZATION  
 3  ADOPTED BY BAHAMIANS

**SECTION 4: DISABILITY (ALL PERSONS)**

**P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?**  
 1 YES DISABILITY     2 YES ILLNESS     3 NO (Skip to P24)

**P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)**  
 01  SEEING (EVEN WITH GLASSES, IF WORN)  
 02  HEARING (EVEN WITH HEARING AID, IF WORN)  
 03  SPEAKING (TALKING)  
 04  MOBILITY/MOVING ( DUE TO ABSENT OR IMPAIRED LIMB)  
 05  MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)  
 06  GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)  
 07  LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)  
 08  BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)  
 09  MENTAL (MILD, MODERATE, SEVERE RETARDATION)  
 10  OTHER \_\_\_\_\_ (Specify)  
 11  NONE

**P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?**  
 1  YES                      2  NO (SKIP TO P23)

**P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)**  
 01  SELF CARE  
 02  MOVING/MOBILITY (WITHIN THE HOME)  
 03  MOVING/MOBILITY (OUTSIDE THE HOME)  
 04  COMMUNICATION  
 05  SCHOOLING/EDUCATION  
 06  EMPLOYMENT  
 07  SOCIAL EVENTS  
 08  OTHER \_\_\_\_\_ (Specify)  
 09  NONE

**P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?**  
 1  CONGENITAL/PRENATAL  
 2  DISEASE/ILLNESS CONTRACTED  
 3  ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.  
 4  OTHER \_\_\_\_\_ (Specify)  
 5  NOT KNOWN

**SECTION 5: EDUCATION (ALL PERSONS)**

**P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?**  
 1  YES FULL TIME    2  YES PART TIME    3  NO

**P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)**  
 01  NONE                      05  HIGH SCHOOL 4+  
 02  KINDERGARTEN            06  COLLEGE/UNIVERSITY 1-2  
 03  ELEMENTARY              07  COLLEGE/UNIVERSITY 3  
 04  HIGH SCHOOL 1-3        08  COLLEGE/UNIVERSITY 4+  
 09  OTHER \_\_\_\_\_ (Specify)

**P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?** \_\_\_\_\_ (Qualification)

**P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT** \_\_\_\_\_ (Number of subjects passed) [ ][ ]

**P26B. DEGREEED PERSONS ONLY** \_\_\_\_\_ (Major / Discipline) [ ][ ][ ]

**SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)**

**P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?**  
 1  YES                      2  NO (SKIP TO P32)

**P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?** \_\_\_\_\_ (Profession/Craft/Trade) [ ][ ][ ][ ]

**P29. WHAT METHOD OF TRAINING IS/ WAS THIS?**  
 1  APPRENTICESHIP/ON THE JOB TRAINING  
 2  TECHNICAL INSTITUTION  
 3  COLLEGE/UNIVERSITY    4  OTHER \_\_\_\_\_ (Specify)

**P30. IS THIS TRAINING COMPLETED OR ON GOING?**  
 1  COMPLETED            2  ON-GOING

**P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?**  
 1  CERTIFICATE WITH EXAMINATION  
 2  CERTIFICATE WITHOUT EXAMINATION  
 3  DIPLOMA  
 4  DEGREE  
 5  NONE  
 6  OTHER \_\_\_\_\_ (Specify)

**PART C: POPULATION**

**SECTION 3: CHARACTERISTICS (ALL PERSONS)**

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?

- 02  SPOUSE OR PARTNER      07  GRANDCHILD  
 03  SON      08  PARENT OR PARENT-IN-LAW  
 04  DAUGHTER      09  OTHER RELATIVE  
 05  SON-IN-LAW      10  NON-RELATIVE  
 06  DAUGHTER-IN-LAW

P3. WHICH FAMILY ARE YOU A MEMBER OF?

- 1  FIRST      4  FOURTH      7  SEVENTH  
 2  SECOND      5  FIFTH      8  EIGHTH  
 3  THIRD      6  SIXTH      9  NONE (SKIP TO P5)

P4. FAMILY MEMBERSHIP STATUS.

- 1  SPOUSE WITH CHILDREN      5  CHILD WITH MOTHER ONLY  
 2  SPOUSE WITHOUT CHILDREN      6  CHILD WITH FATHER ONLY  
 3  LONE PARENT      7  OTHER \_\_\_\_\_ (Specify)  
 4  CHILD WITH BOTH PARENTS

P5. SEX OF RESIDENT      1  MALE      2  FEMALE

P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?  
 DATE OF BIRTH      AGE

DAY MONTH YEAR     

P7. WHAT IS YOUR MARITAL STATUS?

- 1  NEVER MARRIED      4  DIVORCED      9  NOT STATED  
 2  MARRIED      5  SEPARATED  
 3  WIDOWED      6  COMMON-LAW

P8. WHAT IS YOUR RELIGION/DENOMINATION?

P9. WHERE WERE YOU BORN?      1  BAHAMAS      2  ABROAD (Skip to P12)

P10. WHICH ISLAND WAS THIS?

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?  
 1  YES      2  NO (Skip to P14)

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?  
 1  YES      2  NO (Skip to P17)

P15. IN WHICH ISLAND WAS THIS?

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?

(IF NOT BAHAMAS SKIP TO P19)

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?

- 1  BORN TO BAHAMIAN PARENTS      4  MARRIED TO A BAHAMIAN HUSBAND  
 2  BORN IN THE BAHAMAS TO NON-BAHAMIANS      5  OTHER NATURALIZATION  
 3  ADOPTED BY BAHAMIANS

**SECTION 4: DISABILITY (ALL PERSONS)**

P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?  
 1 YES DISABILITY       2 YES ILLNESS       3 NO (Skip to P24)

P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)

- 01  SEEING (EVEN WITH GLASSES, IF WORN)  
 02  HEARING (EVEN WITH HEARING AID, IF WORN)  
 03  SPEAKING (TALKING)  
 04  MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB)  
 05  MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)  
 06  GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)  
 07  LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)  
 08  BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)  
 09  MENTAL (MILD, MODERATE, SEVERE RETARDATION)  
 10  OTHER \_\_\_\_\_ (Specify)  
 11  NONE

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?  
 1  YES      2  NO (SKIP TO P23)

P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)

- 01  SELF CARE  
 02  MOVING/MOBILITY (WITHIN THE HOME)  
 03  MOVING/MOBILITY (OUTSIDE THE HOME)  
 04  COMMUNICATION  
 05  SCHOOLING/EDUCATION  
 06  EMPLOYMENT  
 07  SOCIAL EVENTS  
 08  OTHER \_\_\_\_\_ (Specify)  
 09  NONE

P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?

- 1  CONGENITAL/PRENATAL  
 2  DISEASE/ILLNESS CONTRACTED  
 3  ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.  
 4  OTHER \_\_\_\_\_ (Specify)  
 5  NOT KNOWN

**SECTION 5: EDUCATION (ALL PERSONS)**

P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?  
 1  YES FULL TIME      2  YES PART TIME      3  NO

P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)

- 01  NONE      05  HIGH SCHOOL 4+  
 02  KINDERGARTEN      06  COLLEGE/UNIVERSITY 1-2  
 03  ELEMENTARY      07  COLLEGE/UNIVERSITY 3  
 04  HIGH SCHOOL 1-3      08  COLLEGE/UNIVERSITY 4+  
 09  OTHER \_\_\_\_\_ (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

P26B. DEGREE PERSONS ONLY

(Major / Discipline)

**SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)**

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?  
 1  YES      2  NO (SKIP TO P32)

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?

(Profession/Craft/Trade)

P29. WHAT METHOD OF TRAINING IS/ WAS THIS?

- 1  APPRENTICESHIP/ON THE JOB TRAINING  
 2  TECHNICAL INSTITUTION  
 3  COLLEGE/UNIVERSITY      4  OTHER \_\_\_\_\_ (Specify)

P30. IS THIS TRAINING COMPLETED OR ON GOING?

- 1  COMPLETED      2  ON-GOING

P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?

- 1  CERTIFICATE WITH EXAMINATION  
 2  CERTIFICATE WITHOUT EXAMINATION  
 3  DIPLOMA  
 4  DEGREE  
 5  NONE  
 6  OTHER \_\_\_\_\_ (Specify)

**PART C: POPULATION**

**SECTION 3: CHARACTERISTICS (ALL PERSONS)**

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

□ □ □ □

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?

- 02  SPOUSE OR PARTNER
- 03  SON
- 04  DAUGHTER
- 05  SON-IN-LAW
- 06  DAUGHTER-IN-LAW
- 07  GRANDCHILD
- 08  PARENT OR PARENT-IN-LAW
- 09  OTHER RELATIVE
- 10  NON-RELATIVE

P3. WHICH FAMILY ARE YOU A MEMBER OF?

- 1  FIRST
- 2  SECOND
- 3  THIRD
- 4  FOURTH
- 5  FIFTH
- 6  SIXTH
- 7  SEVENTH
- 8  EIGHTH
- 9  NONE (SKIP TO P5)

P4. FAMILY MEMBERSHIP STATUS.

- 1  SPOUSE WITH CHILDREN
- 2  SPOUSE WITHOUT CHILDREN
- 3  LONE PARENT
- 4  CHILD WITH BOTH PARENTS
- 5  CHILD WITH MOTHER ONLY
- 6  CHILD WITH FATHER ONLY
- 7  OTHER (Specify)

P5. SEX OF RESIDENT 1  MALE 2  FEMALE

P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?

DATE OF BIRTH: DAY MONTH YEAR

AGE: □ □ □

P7. WHAT IS YOUR MARITAL STATUS?

- 1  NEVER MARRIED
- 2  MARRIED
- 3  WIDOWED
- 4  DIVORCED
- 5  SEPARATED
- 6  COMMON-LAW
- 9  NOT STATED

P8. WHAT IS YOUR RELIGION/DENOMINATION?

P9. WHERE WERE YOU BORN? 1  BAHAMAS 2  ABROAD (Skip to P12)

P10. WHICH ISLAND WAS THIS?

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?

P15. IN WHICH ISLAND WAS THIS?

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?

- 1  BORN TO BAHAMIAN PARENTS
- 2  BORN IN THE BAHAMAS TO NON-BAHAMIANS
- 3  ADOPTED BY BAHAMIANS
- 4  MARRIED TO A BAHAMIAN HUSBAND
- 5  OTHER NATURALIZATION

**SECTION 4: DISABILITY (ALL PERSONS)**

P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?

P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)

- 01  SEEING (EVEN WITH GLASSES, IF WORN)
- 02  HEARING (EVEN WITH HEARING AID, IF WORN)
- 03  SPEAKING (TALKING)
- 04  MOBILITY/MOVING ( DUE TO ABSENT OR IMPAIRED LIMB)
- 05  MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)
- 06  GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)
- 07  LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)
- 08  BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
- 09  MENTAL (MILD, MODERATE, SEVERE RETARDATION)
- 10  OTHER (Specify)
- 11  NONE

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?

P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)

- 01  SELF CARE
- 02  MOVING/MOBILITY (WITHIN THE HOME)
- 03  MOVING/MOBILITY (OUTSIDE THE HOME)
- 04  COMMUNICATION
- 05  SCHOOLING/EDUCATION
- 06  EMPLOYMENT
- 07  SOCIAL EVENTS
- 08  OTHER (Specify)
- 09  NONE

P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?

- 1  CONGENITAL/PRENATAL
- 2  DISEASE/ILLNESS CONTRACTED
- 3  ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
- 4  OTHER (Specify)
- 5  NOT KNOWN

**SECTION 5: EDUCATION (ALL PERSONS)**

P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?

P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)

- 01  NONE
- 02  KINDERGARTEN
- 03  ELEMENTARY
- 04  HIGH SCHOOL 1-3
- 05  HIGH SCHOOL 4+
- 06  COLLEGE/UNIVERSITY 1-2
- 07  COLLEGE/UNIVERSITY 3
- 08  COLLEGE/UNIVERSITY 4+
- 09  OTHER (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P26B. DEGREED PERSONS ONLY

**SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)**

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?

P29. WHAT METHOD OF TRAINING IS/WAS THIS?

- 1  APPRENTICESHIP/ON THE JOB TRAINING
- 2  TECHNICAL INSTITUTION
- 3  COLLEGE/UNIVERSITY
- 4  OTHER (Specify)

P30. IS THIS TRAINING COMPLETED OR ON GOING?

P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?

- 1  CERTIFICATE WITH EXAMINATION
- 2  CERTIFICATE WITHOUT EXAMINATION
- 3  DIPLOMA
- 4  DEGREE
- 5  NONE
- 6  OTHER (Specify)

**PART C: POPULATION**

**SECTION 3: CHARACTERISTICS (ALL PERSONS)**

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

□ □ □ □

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?

- 02  SPOUSE OR PARTNER 07  GRANDCHILD  
 03  SON 08  PARENT OR PARENT-IN-LAW  
 04  DAUGHTER 09  OTHER RELATIVE  
 05  SON-IN-LAW 10  NON-RELATIVE  
 06  DAUGHTER-IN-LAW

P3. WHICH FAMILY ARE YOU A MEMBER OF?

- 1  FIRST 4  FOURTH 7  SEVENTH  
 2  SECOND 5  FIFTH 8  EIGHTH  
 3  THIRD 6  SIXTH 9  NONE (SKIP TO P5)

P4. FAMILY MEMBERSHIP STATUS.

- 1  SPOUSE WITH CHILDREN 5  CHILD WITH MOTHER ONLY  
 2  SPOUSE WITHOUT CHILDREN 6  CHILD WITH FATHER ONLY  
 3  LONE PARENT 7  OTHER \_\_\_\_\_  
 4  CHILD WITH BOTH PARENTS (Specify)

P5. SEX OF RESIDENT 1  MALE 2  FEMALE

P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?

DATE OF BIRTH AGE  
 \_\_\_\_\_  
 DAY MONTH YEAR □ □ □ □

P7. WHAT IS YOUR MARITAL STATUS?

- 1  NEVER MARRIED 4  DIVORCED 9  NOT STATED  
 2  MARRIED 5  SEPARATED  
 3  WIDOWED 6  COMMON-LAW

P8. WHAT IS YOUR RELIGION/DENOMINATION?

□ □

P9. WHERE WERE YOU BORN? 1  BAHAMAS 2  ABROAD (Skip to P12)

P10. WHICH ISLAND WAS THIS?

□ □

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?  
 1  YES 2  NO (Skip to P14)

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

□ □ □ □

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

□ □

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?  
 1  YES 2  NO (Skip to P17)

P15. IN WHICH ISLAND WAS THIS?

□ □

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

□ □

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?

□ □ □ □

(IF NOT BAHAMAS SKIP TO P19)

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?

- 1  BORN TO BAHAMIAN PARENTS 4  MARRIED TO A BAHAMIAN HUSBAND  
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**SECTION 4: DISABILITY (ALL PERSONS)**

P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?

- 1 YES DISABILITY  2 YES ILLNESS  3 NO (Skip to P24)

P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)

- 01  SEEING (EVEN WITH GLASSES, IF WORN)  
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 03  SPEAKING (TALKING)  
 04  MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB)  
 05  MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)  
 06  GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)  
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 08  BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)  
 09  MENTAL (MILD, MODERATE, SEVERE RETARDATION)  
 10  OTHER \_\_\_\_\_ (Specify)  
 11  NONE

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?

- 1  YES 2  NO (SKIP TO P23)

P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)

- 01  SELF CARE  
 02  MOVING/MOBILITY (WITHIN THE HOME)  
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 05  SCHOOLING/EDUCATION  
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P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?

- 1  CONGENITAL/PRENATAL  
 2  DISEASE/ILLNESS CONTRACTED  
 3  ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.  
 4  OTHER \_\_\_\_\_ (Specify)  
 5  NOT KNOWN

**SECTION 5: EDUCATION (ALL PERSONS)**

P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?  
 1  YES FULL TIME 2  YES PART TIME 3  NO

P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)

- 01  NONE 05  HIGH SCHOOL 4+  
 02  KINDERGARTEN 06  COLLEGE/UNIVERSITY 1-2  
 03  ELEMENTARY 07  COLLEGE/UNIVERSITY 3  
 04  HIGH SCHOOL 1-3 08  COLLEGE/UNIVERSITY 4+  
 09  OTHER \_\_\_\_\_ (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

□ □

P26B. DEGREED PERSONS ONLY

(Major / Discipline)

□ □ □ □

**SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)**

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?

- 1  YES 2  NO (SKIP TO P32)

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?

(Profession/Craft/Trade)

□ □ □ □ □ □

P29. WHAT METHOD OF TRAINING IS/ WAS THIS?

- 1  APPRENTICESHIP/ON THE JOB TRAINING  
 2  TECHNICAL INSTITUTION  
 3  COLLEGE/UNIVERSITY 4  OTHER \_\_\_\_\_ (Specify)

P30. IS THIS TRAINING COMPLETED OR ON GOING?

- 1  COMPLETED 2  ON-GOING

P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?

- 1  CERTIFICATE WITH EXAMINATION  
 2  CERTIFICATE WITHOUT EXAMINATION  
 3  DIPLOMA  
 4  DEGREE  
 5  NONE  
 6  OTHER \_\_\_\_\_ (Specify)



**PART C: POPULATION**

**SECTION 3: CHARACTERISTICS (ALL PERSONS)**

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

[ ][ ][ ][ ][ ]

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?

- 02  SPOUSE OR PARTNER
- 03  SON
- 04  DAUGHTER
- 05  SON-IN-LAW
- 06  DAUGHTER-IN-LAW
- 07  GRANDCHILD
- 08  PARENT OR PARENT-IN-LAW
- 09  OTHER RELATIVE
- 10  NON-RELATIVE

P3. WHICH FAMILY ARE YOU A MEMBER OF?

- 1  FIRST
- 2  SECOND
- 3  THIRD
- 4  FOURTH
- 5  FIFTH
- 6  SIXTH
- 7  SEVENTH
- 8  EIGHTH
- 9  NONE (SKIP TO P5)

P4. FAMILY MEMBERSHIP STATUS.

- 1  SPOUSE WITH CHILDREN
- 2  SPOUSE WITHOUT CHILDREN
- 3  LONE PARENT
- 4  CHILD WITH BOTH PARENTS
- 5  CHILD WITH MOTHER ONLY
- 6  CHILD WITH FATHER ONLY
- 7  OTHER (Specify)

P5. SEX OF RESIDENT 1  MALE 2  FEMALE

P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?

DATE OF BIRTH: DAY MONTH YEAR [ ][ ][ ] [ ][ ][ ] [ ][ ][ ][ ]  
AGE: [ ][ ][ ]

P7. WHAT IS YOUR MARITAL STATUS?

- 1  NEVER MARRIED
- 2  MARRIED
- 3  WIDOWED
- 4  DIVORCED
- 5  SEPARATED
- 6  COMMON-LAW
- 9  NOT STATED

P8. WHAT IS YOUR RELIGION/DENOMINATION?

[ ][ ][ ]

P9. WHERE WERE YOU BORN? 1  BAHAMAS 2  ABROAD (Skip to P12)

P10. WHICH ISLAND WAS THIS?

[ ][ ][ ]

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?

- 1  YES
- 2  NO (Skip to P14)

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

[ ][ ][ ][ ]

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

[ ][ ]

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?

- 1  YES
- 2  NO (Skip to P17)

P15. IN WHICH ISLAND WAS THIS?

[ ][ ][ ]

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

[ ][ ]

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?

[ ][ ][ ][ ]

(IF NOT BAHAMAS SKIP TO P19)

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?

- 1  BORN TO BAHAMIAN PARENTS
- 2  BORN IN THE BAHAMAS TO NON-BAHAMIANS
- 3  ADOPTED BY BAHAMIANS
- 4  MARRIED TO A BAHAMIAN HUSBAND
- 5  OTHER NATURALIZATION

**SECTION 4: DISABILITY (ALL PERSONS)**

P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?

- 1 YES DISABILITY
- 2 YES ILLNESS
- 3 NO (Skip to P24)

P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)

- 01  SEEING (EVEN WITH GLASSES, IF WORN)
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- 03  SPEAKING (TALKING)
- 04  MOBILITY/MOVING ( DUE TO ABSENT OR IMPAIRED LIMB)
- 05  MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)
- 06  GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)
- 07  LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)
- 08  BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
- 09  MENTAL (MILD, MODERATE, SEVERE RETARDATION)
- 10  OTHER (Specify)
- 11  NONE

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?

- 1  YES
- 2  NO (SKIP TO P23)

P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)

- 01  SELF CARE
- 02  MOVING/MOBILITY (WITHIN THE HOME)
- 03  MOVING/MOBILITY (OUTSIDE THE HOME)
- 04  COMMUNICATION
- 05  SCHOOLING/EDUCATION
- 06  EMPLOYMENT
- 07  SOCIAL EVENTS
- 08  OTHER (Specify)
- 09  NONE

P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?

- 1  CONGENITAL/PRENATAL
- 2  DISEASE/ILLNESS CONTRACTED
- 3  ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
- 4  OTHER (Specify)
- 5  NOT KNOWN

**SECTION 5: EDUCATION (ALL PERSONS)**

P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?

- 1  YES FULL TIME
- 2  YES PART TIME
- 3  NO

P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)

- 01  NONE
- 02  KINDERGARTEN
- 03  ELEMENTARY
- 04  HIGH SCHOOL 1-3
- 05  HIGH SCHOOL 4+
- 06  COLLEGE/UNIVERSITY 1-2
- 07  COLLEGE/UNIVERSITY 3
- 08  COLLEGE/UNIVERSITY 4+
- 09  OTHER (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

[ ][ ][ ]

P26B. DEGREED PERSONS ONLY

(Major / Discipline)

[ ][ ][ ]

**SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)**

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?

- 1  YES
- 2  NO (SKIP TO P32)

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?

(Profession/Craft/Trade)

[ ][ ][ ][ ][ ]

P29. WHAT METHOD OF TRAINING IS/ WAS THIS?

- 1  APPRENTICESHIP/ON THE JOB TRAINING
- 2  TECHNICAL INSTITUTION
- 3  COLLEGE/UNIVERSITY
- 4  OTHER (Specify)

P30. IS THIS TRAINING COMPLETED OR ON GOING?

- 1  COMPLETED
- 2  ON-GOING

P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?

- 1  CERTIFICATE WITH EXAMINATION
- 2  CERTIFICATE WITHOUT EXAMINATION
- 3  DIPLOMA
- 4  DEGREE
- 5  NONE
- 6  OTHER (Specify)

**PART C: POPULATION**

**SECTION 3: CHARACTERISTICS (ALL PERSONS)**

**NAME OF RESIDENT**  
 SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_

**P1. INDIVIDUAL'S NUMBER**

**P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?**  
 02  SPOUSE OR PARTNER      07  GRANDCHILD  
 03  SON      08  PARENT OR PARENT-IN-LAW  
 04  DAUGHTER      09  OTHER RELATIVE  
 05  SON-IN-LAW      10  NON-RELATIVE  
 06  DAUGHTER-IN-LAW

**P3. WHICH FAMILY ARE YOU A MEMBER OF?**  
 1  FIRST      4  FOURTH      7  SEVENTH  
 2  SECOND      5  FIFTH      8  EIGHTH  
 3  THIRD      6  SIXTH      9  NONE (SKIP TO P5)

**P4. FAMILY MEMBERSHIP STATUS.**  
 1  SPOUSE WITH CHILDREN      5  CHILD WITH MOTHER ONLY  
 2  SPOUSE WITHOUT CHILDREN      6  CHILD WITH FATHER ONLY  
 3  LONE PARENT      7  OTHER \_\_\_\_\_  
 4  CHILD WITH BOTH PARENTS      (Specify)

**P5. SEX OF RESIDENT**    1  MALE    2  FEMALE

**P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?**  
 DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_  
 DAY MONTH YEAR     

**P7. WHAT IS YOUR MARITAL STATUS?**  
 1  NEVER MARRIED      4  DIVORCED      9  NOT STATED  
 2  MARRIED      5  SEPARATED  
 3  WIDOWED      6  COMMON-LAW

**P8. WHAT IS YOUR RELIGION/DENOMINATION?** \_\_\_\_\_

**P9. WHERE WERE YOU BORN?** 1  BAHAMAS 2  ABROAD (Skip to P12)

**P10. WHICH ISLAND WAS THIS?** \_\_\_\_\_

**P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?**  
 1  YES      2  NO (Skip to P14)

**P12. IN WHICH COUNTRY DID YOU LAST RESIDE?** \_\_\_\_\_

**P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?** \_\_\_\_\_

**P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?**  
 1  YES      2  NO (Skip to P17)

**P15. IN WHICH ISLAND WAS THIS?** \_\_\_\_\_

**P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?** \_\_\_\_\_

**P17. OF WHAT COUNTRY ARE YOU A CITIZEN?** \_\_\_\_\_     
 (IF NOT BAHAMAS SKIP TO P19)

**P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?**  
 1  BORN TO BAHAMIAN PARENTS      4  MARRIED TO-A BAHAMIAN HUSBAND  
 2  BORN IN THE BAHAMAS TO NON-BAHAMIANS      5  OTHER NATURALIZATION  
 3  ADOPTED BY BAHAMIANS

**SECTION 4: DISABILITY (ALL PERSONS)**

**P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?**  
 1 YES DISABILITY     2 YES ILLNESS     3 NO (Skip to P24)

**P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)**  
 01  SEEING (EVEN WITH GLASSES, IF WORN)  
 02  HEARING (EVEN WITH HEARING AID, IF WORN)  
 03  SPEAKING (TALKING)  
 04  MOBILITY/MOVING ( DUE TO ABSENT OR IMPAIRED LIMB)  
 05  MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)  
 06  GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)  
 07  LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)  
 08  BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)  
 09  MENTAL (MILD, MODERATE, SEVERE RETARDATION)  
 10  OTHER \_\_\_\_\_ (Specify)  
 11  NONE

**P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?**  
 1  YES      2  NO (SKIP TO P23)

**P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)**  
 01  SELF CARE  
 02  MOVING/MOBILITY (WITHIN THE HOME)  
 03  MOVING/MOBILITY (OUTSIDE THE HOME)  
 04  COMMUNICATION  
 05  SCHOOLING/EDUCATION  
 06  EMPLOYMENT  
 07  SOCIAL EVENTS  
 08  OTHER \_\_\_\_\_ (Specify)  
 09  NONE

**P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?**  
 1  CONGENITAL/PRENATAL  
 2  DISEASE/ILLNESS CONTRACTED  
 3  ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.  
 4  OTHER \_\_\_\_\_ (Specify)  
 5  NOT KNOWN

**SECTION 5: EDUCATION (ALL PERSONS)**

**P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?**  
 1  YES FULL TIME    2  YES PART TIME    3  NO

**P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)**  
 01  NONE      05  HIGH SCHOOL 4+  
 02  KINDERGARTEN      06  COLLEGE/UNIVERSITY 1-2  
 03  ELEMENTARY      07  COLLEGE/UNIVERSITY 3  
 04  HIGH SCHOOL 1-3      08  COLLEGE/UNIVERSITY 4+  
 09  OTHER \_\_\_\_\_ (Specify)

**P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?** \_\_\_\_\_ (Qualification)

**P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT** \_\_\_\_\_ (Number of subjects passed)

**P26B. DEGREEED PERSONS ONLY** \_\_\_\_\_ (Major / Discipline)

**SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)**

**P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?**  
 1  YES      2  NO (SKIP TO P32)

**P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?** \_\_\_\_\_ (Profession/Craft/Trade)

**P29. WHAT METHOD OF TRAINING IS/ WAS THIS?**  
 1  APPRENTICESHIP/ON THE JOB TRAINING  
 2  TECHNICAL INSTITUTION  
 3  COLLEGE/UNIVERSITY      4  OTHER \_\_\_\_\_ (Specify)

**P30. IS THIS TRAINING COMPLETED OR ON GOING?**  
 1  COMPLETED      2  ON-GOING

**P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?**  
 1  CERTIFICATE WITH EXAMINATION  
 2  CERTIFICATE WITHOUT EXAMINATION  
 3  DIPLOMA  
 4  DEGREE  
 5  NONE  
 6  OTHER \_\_\_\_\_ (Specify)

**PART C: POPULATION**

**SECTION 3: CHARACTERISTICS (ALL PERSONS)**

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

[ ][ ][ ][ ][ ]

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?

- 02  SPOUSE OR PARTNER
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- 04  DAUGHTER
- 05  SON-IN-LAW
- 06  DAUGHTER-IN-LAW
- 07  GRANDCHILD
- 08  PARENT OR PARENT-IN-LAW
- 09  OTHER RELATIVE
- 10  NON-RELATIVE

P3. WHICH FAMILY ARE YOU A MEMBER OF?

- 1  FIRST
- 2  SECOND
- 3  THIRD
- 4  FOURTH
- 5  FIFTH
- 6  SIXTH
- 7  SEVENTH
- 8  EIGHTH
- 9  NONE (SKIP TO P5)

P4. FAMILY MEMBERSHIP STATUS.

- 1  SPOUSE WITH CHILDREN
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- 3  LONE PARENT
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- 5  CHILD WITH MOTHER ONLY
- 6  CHILD WITH FATHER ONLY
- 7  OTHER (Specify)

P5. SEX OF RESIDENT 1  MALE 2  FEMALE

P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?

DATE OF BIRTH: DAY MONTH YEAR [ ][ ][ ] [ ][ ][ ] [ ][ ][ ][ ]

P7. WHAT IS YOUR MARITAL STATUS?

- 1  NEVER MARRIED
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- 3  WIDOWED
- 4  DIVORCED
- 5  SEPARATED
- 6  COMMON-LAW
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P8. WHAT IS YOUR RELIGION/DENOMINATION?

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P9. WHERE WERE YOU BORN? 1  BAHAMAS 2  ABROAD (Skip to P12)

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- 04  HIGH SCHOOL 1-3
- 05  HIGH SCHOOL 4+
- 06  COLLEGE/UNIVERSITY 1-2
- 07  COLLEGE/UNIVERSITY 3
- 08  COLLEGE/UNIVERSITY 4+
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P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

[ ][ ][ ]

P26B. DEGREEED PERSONS ONLY

(Major / Discipline)

[ ][ ][ ][ ]

**SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)**

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?

- 1  YES
- 2  NO (SKIP TO P32)

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?

(Profession/Craft/Trade)

[ ][ ][ ][ ][ ]

P29. WHAT METHOD OF TRAINING IS/ WAS THIS?

- 1  APPRENTICESHIP/ON THE JOB TRAINING
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P30. IS THIS TRAINING COMPLETED OR ON GOING?

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- 6  OTHER (Specify)