

CONFIDENTIAL
Under the Authority of
the 1950 Census Act

2000 CENSUS OF POPULATION AND HOUSING

BERMUDA

MAY 20, 2000

CENSUS OFFICE

RECORD OF INTERVIEW VISITS

ENUMERATOR CALLS	1	2	3	4	5
TIME STARTED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TIME ENDED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DURATION	H M M	H M M	H M M	H M M	H M M
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1
	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2
	3 3 3	3 3 3	3 3 3	3 3 3	3 3 3
	4 4 4	4 4 4	4 4 4	4 4 4	4 4 4
	5 5 5	5 5 5	5 5 5	5 5 5	5 5 5
	6	6	6	6	6
	7	7	7	7	7
8	8	8	8	8	
9	9	9	9	9	

NUMBER OF INTERVIEW VISITS ① ② ③ ④ ⑤

Parish _____ Census District _____
 Constituency _____ Household No. _____
 Enumerator _____ Supervisor _____

PLEASE DO NOT WRITE IN THIS AREA



02321

HOUSEHOLD LISTING

HL1. Including yourself, how many persons were living in this household or staying here on Census Day, Saturday, May 20, 2000? Please include babies, household members who were temporarily in the hospital, overseas for vacation, study, or other purposes, as well as visitors and boarders on Census Day, May 20, 2000. persons

HL2. Please tell me the names of each of these persons and whether or not he or she usually lives in this household, or elsewhere in Bermuda or overseas. For those persons who usually live in this household, please tell me how they are related to the reference person or head of household, and what their marital status is.

(If 'in this household', enter under the 'USUALLY LIVES IN THIS HOUSEHOLD' section. If 'elsewhere in Bermuda' or 'overseas' enter under the 'USUALLY LIVES ELSEWHERE OR OVERSEAS' section below and indicate in the 'Elsewhere/Overseas' column either "E" for Elsewhere in Bermuda or "O" for Overseas.)

HL2. USUALLY LIVES IN THIS HOUSEHOLD				OFFICE USE
PERSON NUMBER	NAME (SURNAME FIRST, PLEASE PRINT)	RELATIONSHIP TO HOUSEHOLD REFERENCE PERSON	MARITAL STATUS	AGE
1 (Household Reference Person)	Lottimore	Household Reference Person		
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

USUALLY LIVES ELSEWHERE IN BERMUDA OR OVERSEAS

E = Elsewhere (If "E", go to HL3 for this person) O = Overseas (If "O", end interview)

NAME (SURNAME FIRST, PLEASE PRINT)	Elsewhere/Overseas

FOR PERSONS WHO USUALLY LIVE ELSEWHERE IN BERMUDA

HL3. Is there anyone at your home address to answer the Census on your behalf?

- Yes (End interview for this person.)
- No (Re-enter name and full address, etc. below and complete a separate questionnaire for this person.)

Name		
Address		
Phone No.-Home		
Phone No.-Work		

FAMILY LISTING

FOR HOUSEHOLDS WITH 2 OR MORE FAMILIES ONLY

FL1. We now need to place each household member in his or her family grouping. We shall start with the family of . . . (household reference person). Please give me the names of . . . 's family members and tell me how they are related to . . .

FAMILY SIZE
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Family #1				
PERSON NUMBER	NAME (SURNAME FIRST, PLEASE PRINT)	RELATIONSHIP TO HHLD. REF. PERSON	MARITAL STATUS	OFFICE USE
				AGE
1 (Household Reference Person)		Household Reference Person		

FL2. Now let's move on to the next family. Let's first identify the reference person or head of this family. Note that there will be a different reference person for each family.

FAMILY SIZE
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

FL3. Please give me the names of . . . 's family member(s) and tell me how they are related to . . .

Family #2				
PERSON NUMBER	NAME (SURNAME FIRST, PLEASE PRINT)	RELATIONSHIP TO FAMILY REF. PERSON	MARITAL STATUS	OFFICE USE
				AGE
(Family Reference Person)		Family Reference Person		

PLEASE DO NOT WRITE IN THIS AREA



02321

HOUSING (HOUSEHOLD REFERENCE PERSON)

H1. RECORD TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	H5. C.D. NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39	H7. USUAL HHLD SIZE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19	H9. HOUSEHOLD TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 43 <input type="checkbox"/> 44 <input type="checkbox"/> 45 <input type="checkbox"/> 46 <input type="checkbox"/> 47 <input type="checkbox"/> 48 <input type="checkbox"/> 49 <input type="checkbox"/> 50 <input type="checkbox"/> 51 <input type="checkbox"/> 52 <input type="checkbox"/> 53 <input type="checkbox"/> 54 <input type="checkbox"/> 55 <input type="checkbox"/> 56 <input type="checkbox"/> 57 <input type="checkbox"/> 58 <input type="checkbox"/> 59
H2. PARISH <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	H6. HOUSEHOLD NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 <input type="checkbox"/> 32 <input type="checkbox"/> 33 <input type="checkbox"/> 34 <input type="checkbox"/> 35 <input type="checkbox"/> 36 <input type="checkbox"/> 37 <input type="checkbox"/> 38 <input type="checkbox"/> 39	OFFICE USE H8. NO. OF FAMILIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19	
H3. CONSTITUENCY <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6			
H4. TOWN/CITY <input type="checkbox"/> 1 <input type="checkbox"/> 2			

H10. How would you describe the type of building that your household occupies?

- 1 Cottage
- 2 2 Apartments
- 3 3 Apartments
- 4 4 - 6 Apartments
- 5 7+ Apartments
- 6 Residential/commercial premises
- 7 Attached to group dwelling (Go to H12)
- 8 Group dwelling (Go to P1)
- 9 Other (Specify) _____
- 10 Not stated

H11. Is this dwelling unit part of a condominium development?

- 1 Yes
- 2 No
- 3 Not stated

H12. In what year or period was this dwelling unit first built?

<input type="checkbox"/> 1 2000	<input type="checkbox"/> 8 1992
<input type="checkbox"/> 2 1999	<input type="checkbox"/> 9 1991
<input type="checkbox"/> 3 1998	<input type="checkbox"/> 10 1990
<input type="checkbox"/> 4 1997	<input type="checkbox"/> 11 1980 - 1989
<input type="checkbox"/> 5 1996	<input type="checkbox"/> 12 1970 - 1979
<input type="checkbox"/> 6 1995	<input type="checkbox"/> 13 1969 or earlier
<input type="checkbox"/> 7 1994	<input type="checkbox"/> 14 Not stated
<input type="checkbox"/> 8 1993	

H13. How many rooms does your dwelling unit contain, excluding bathrooms, hallways, open patios and garages?

rooms 1 Not stated

0 1 2 3 4 5 6 7 8 9

H14. How many bedrooms are there; that is, how many bedrooms would be listed if this house or apartment were on the market for sale or rent?

bedrooms

0 1 2 3 4 5 6 7 8 9 10

H15. How many full bathrooms (i.e., sink, toilet and shower/bathtub) does this dwelling unit contain?

bathrooms

- 0 None
- 1 1
- 2 2
- 3 3
- 4 4 or more
- 5 Not stated

H16. In what year did you move into this dwelling unit?

year 0 Not stated

1 2

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

H17. Is there a personal computer in your household?

- 1 Yes
- 2 No (Go to H19)
- 3 Not stated

H18. Does it have access to the Internet?

- 1 Yes
- 2 No
- 3 Not stated

H19. Is this dwelling unit

Owner-occupied

- 1 Owned by you or another household member with a mortgage and/or a loan? (Go to H24)
- 2 Owned by you or another household member without a mortgage and/or a loan? (Go to H24)

Non-owner-occupied

- 3 Rented fully or partly furnished for cash?
- 4 Rented unfurnished for cash?
- 5 Occupied without any household member paying any cash rent? (Go to H22)
- 6 Not stated

H20. What is the monthly cash rent payable for this dwelling unit?

\$

Ⓐ Not stated

- Ⓐ 0 0 0 0 0
- Ⓑ 1 1 1 1 1
- Ⓒ 2 2 2 2 2
- Ⓓ 3 3 3 3 3
- Ⓔ 4 4 4 4 4
- Ⓕ 5 5 5 5 5
- Ⓖ 6 6 6 6 6
- Ⓗ 7 7 7 7 7
- Ⓘ 8 8 8 8 8
- Ⓚ 9 9 9 9 9

H21. Is your rent subsidized in any way?

- Ⓐ Yes, by Government
- Ⓑ Yes, by a private company
- Ⓒ Yes, by a private individual
- Ⓓ Other (*Specify*) _____
- Ⓔ No
- Ⓕ Not stated

H22. Is this dwelling unit under rent control?

- Ⓐ Yes
- Ⓑ No
- Ⓒ Don't know
- Ⓓ Not stated

H23. Is this dwelling unit

- Ⓐ Privately owned?
- Ⓑ Publicly owned?
- Ⓒ Not stated

H24. Including yourself, how many members of your household own a house or other kind of dwelling unit elsewhere in Bermuda?

household members

- Ⓐ 0
- Ⓑ 1
- Ⓒ 2
- Ⓓ 3
- Ⓔ 4
- Ⓕ 5
- Ⓖ 6
- Ⓗ 7
- Ⓘ 8
- Ⓚ 9
- Ⓛ 10

SHOW FLASH CARD #1

FOR REFERENCE PERSONS ANSWERING "1" OR "2" IN H19

H25. Please look carefully at this card and tell me, if this house were for sale now, which of the letter codes best describes the price range in which you think that it would sell?

letter code

- Ⓐ B C D E F G H I
- J K L M N O P S

SHOW FLASH CARD #2

FOR REFERENCE PERSONS ANSWERING "1" IN H19

H26. Please look carefully at this card and tell me which of the letter codes best describes your regular monthly mortgage and/or loan payment on this house.

letter code

- Ⓐ B C D E F G H I
- J K L M N O P S

TRAINING AND ECONOMIC SECTIONS

You must provide a detailed description for:

- P39 - occupation, profession or trade for which you were or are being trained,
- P47 - the occupation, profession or trade at main job, and
- P49 - kind of business or activity mainly carried out at main place of work.

In some cases, a job title is not descriptive enough; therefore, list the respondent's job duties in addition to the job title. Examples of post titles requiring more detail are account executive and portfolio executive.

POPULATION (FOR ALL PERSONS)

Person #1

P1. RECORD TYPE <input type="radio"/> 0 <input type="radio"/> 1 <input checked="" type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	P6. HOUSEHOLD NUMBER <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	P10. HOUSEHOLD TYPE <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	P13. FAMILY TYPE <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
P2. PARISH <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	P7. USUAL HHLD SIZE <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	P11. FAMILY NUMBER <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	P14A. FAMILY REFERENCE PERSON'S PERSON NUMBER <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
P3. CONSTITUENCY <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	P8. PERSON NUMBER <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	P12. FAMILY SIZE <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	P14B. FAMILY RELATIONSHIP CODE <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
P4. TOWN/CITY <input type="radio"/> 1 <input type="radio"/> 2	OFFICE USE P9. NO. OF FAMILIES <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9		
P5. C.D. NUMBER <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9			

Name of Individual (Surname, First Name)

SECTION 1 - CHARACTERISTICS

P15. How are you related to the household reference person?

Household reference person

Relative

- 2 Husband/wife
- 3 Child
- 4 Stepchild
- 5 Grandchild
- 6 Father/mother
- 7 Grandparent
- 8 Parent-in-law
- 9 Son-/daughter-in-law
- 10 Brother/sister
- 11 Other relative

Non-Relative

- 12 Live-in partner
- 13 House-mate/room-mate
- 14 Foster child
- 15 Roomer or boarder
- 16 Domestic employee
- 17 Other non-relative
- 18 Not stated

P16. (For persons not seen ask) Is...male or female?

Male Female

P17. What is your date of birth?

Day Month Year of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

P18. What was your age on Census Day, May 20, 2000?

years old

- 0 1 2 3 4 5 6 7 8 9
- 0 1 2 3 4 5 6 7 8 9

P19. To which racial group do you belong?

- 1 Black 4 White 7 Other races
- 2 Black & White 5 White & Other 8 Not stated
- 3 Black & Other 6 Asian

SHOW FLASH CARD #3

P20. In your opinion, which of the following best describes your ancestry? (Fill at least one, but no more than two ovals.)

- 1 Bermudian 5 American 9 Asian
- 2 British 6 African 10 American Indian
- 3 West Indian 7 Canadian 11 Other
- 4 Portuguese 8 Other European 12 Not stated

P21. What is your religious denomination?

- 1 Anglican 12 Jehovah's Witness
- 2 Roman Catholic 13 Non-denominational
- 3 A.M.E. 14 Muslim
- 4 Seventh-Day Adventist 15 Lutheran
- 5 Methodist 16 Ethiopian Orthodox
- 6 Pentecostal 17 Baha'i
- 7 Presbyterian 18 Jewish
- 8 Salvation Army 19 Rastafarian
- 9 Brethren 20 Other (Specify) _____
- 10 Church of God
- 11 Baptist 21 None
- 22 Not stated

SECTION 2 - MARITAL STATUS (PERSONS 15 YEARS & OVER)

P22. What was your marital status as of Census Day, May 20, 2000?

- 1 Never married (Go to P26) 5 Divorced
- 2 Married - first time 6 Legally separated
- 3 Re-married 7 Not stated
- 4 Widowed

PLEASE DO NOT WRITE IN THIS AREA



02321

P23. How old were you when you got married for the first time?

years

Ⓐ Not stated

- Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ Ⓘ Ⓚ
 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ Ⓘ Ⓚ

FOR PERSONS ANSWERING 'MARRIED' OR 'RE-MARRIED' IN P22

P24. How long have you been married to your present husband/wife as of Census Day, May 20, 2000?

years

Ⓐ Not stated

- Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ Ⓘ Ⓚ
 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ Ⓘ Ⓚ

P25. Are you married to a Bermudian?

- Ⓐ Yes Ⓑ No Ⓒ Not stated

SECTION 5 - CHILD CARE (CHILDREN 0 - 5 YEARS & NOT ATTENDING PRIMARY SCHOOL)

P30. How is ... cared for during working hours?

- Ⓐ By you or your partner/spouse in your home
 Ⓑ By a child care provider in your home
 Ⓒ In another home with no more than 4 other children
 Ⓓ In another home with 5 or more other children
 Ⓔ In a public nursery, daycare centre or preschool
 Ⓚ In a private nursery, daycare centre or preschool
 Ⓛ Not stated

(Go to P58)

SECTION 6 - EDUCATION & TRAINING (PERSONS 5 YEARS & OVER AND NOT ATTENDING PRESCHOOL)

P31. Are you attending, or registered in, a school or any educational institution now? Please exclude courses taken at the Community Centres and any recreational courses.

- Ⓐ Yes Ⓑ No (Go to P36) Ⓒ Not stated

P32. Do you attend full time or part time?

- Ⓐ Full time Ⓑ Part time Ⓒ Not stated

P33. Is this school or educational institution public or private?

- Ⓐ Public Ⓑ Private Ⓒ Not stated

P34. Is this school or educational institution in Bda. or abroad?

- Ⓐ Bermuda Ⓑ Abroad Ⓒ Not stated

P35. What type of school or educational institution are you attending now?

- Ⓐ Primary (years 1-6) Ⓛ University
 Ⓑ Middle school (years 7-9) Ⓚ Other (Specify)
 Ⓒ Senior sec (years 10-13)
 Ⓓ Tech/voc/pre-univ Ⓛ Not stated

FOR PERSONS 16 YEARS & OVER

P36. What is the highest level of schooling that you have received up to the present time?

- Ⓐ None Ⓛ Tech/voc/pre-univ
 Ⓑ Primary (years 1-6) Ⓚ University
 Ⓒ Middle school (years 7-9) Ⓛ Other (Specify)
 Ⓓ Senior sec (years 10-13)
 Ⓛ Not stated

SECTION 3 - BIRTHPLACE

P26. In which country were you born?

- | | |
|-----------------------|-------------------------|
| Ⓐ Bermuda (Go to P28) | Ⓛ Germany |
| Ⓑ United Kingdom | Ⓚ Italy |
| Ⓒ United States | Ⓛ Other Europe |
| Ⓓ Azores/Portugal | Ⓚ Philippines |
| Ⓔ Canada | Ⓛ Other Asia |
| Ⓕ Jamaica | Ⓚ Central/South America |
| Ⓖ Barbados | Ⓛ Africa |
| Ⓗ St. Kitts/Nevis | Ⓚ Other (Specify) |
| Ⓘ Trinidad & Tobago | _____ |
| Ⓚ Other Caribbean | Ⓛ Not stated |

SECTION 4 - INTERNATIONAL MIGRATION

P27. When did you last come to Bermuda to live?

year

(Go to Section 5) Ⓐ Not stated

- Ⓐ Ⓑ Ⓛ Ⓚ
 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ Ⓘ Ⓚ
 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ Ⓘ Ⓚ

FOR PERSONS 1 YEAR & OVER WHO WERE BORN IN BDA

P28. Have you ever lived abroad for 1 year or more continuously other than for educational/health purposes?

- Ⓐ Yes Ⓑ No (Go to Section 5) Ⓒ Not stated

P29. When did you last return to Bermuda to live?

year

Ⓐ Not stated

- Ⓐ Ⓑ Ⓛ Ⓚ
 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ Ⓘ Ⓚ
 Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ Ⓗ Ⓘ Ⓚ

P37. What is the highest academic qualification that you have obtained up to the present time?

- ① None
- ② School Leaving Certificate, R.S.A stage 1
- ③ B.S.S.C. with GPA of less than 2.0
- ④ B.S.S.C. with GPA of 2.0 but under 3.0
- ⑤ B.S.S.C. with GPA of 3.0 or more
- ⑥ Cambridge School Certificate, 3rd class / C.X.C., G.C.S.E., I.G.C.S.E., G.C.E. 'O' level passes in 1-4 subjects / R.S.A. stages 2 & 3
- ⑦ Cambridge School Certificate, 1st or 2nd class, C.X.C., G.C.S.E., I.G.C.S.E., G.C.E. 'O' level passes in 5 or more subjects, Junior Matriculation (Canada) or High School Diploma (USA), or G.C.E. 'A' level pass in 1 subject
- ⑧ Technical/Vocational College Certificate
- ⑨ Associate Degree or Bermuda College Diploma / Senior Matriculation (Canadian high-school), G.C.E. 'A' level passes in 2 or more subjects
- ⑩ Bachelors degree e.g. BA, B.Sc., LLB.
- ⑪ Masters degree e.g. MA, M.Sc., M.Ed.
- ⑫ Doctorate degree e.g. Ph.D., D.Ed., D.Sc.
- ⑬ Other (Specify) _____
- ⑭ Not Stated

FOR PERSONS 16 YEARS & OVER & NOT ATTENDING SENIOR SECONDARY SCHOOL

P38. Were you ever trained formally, i.e. in a certified training programme, or are you being trained formally for a particular occupation, profession or trade?

- ① Yes ② No (Go to P42) ③ Not stated

P39. What is the occupation, profession or trade for which you were or are being trained? (Do not write vague answers. List duties where helpful.)

① Not stated

OFFICE USE

①	①	①	①	①
①	①	①	①	①
②	②	②	②	②
③	③	③	③	③
④	④	④	④	④
⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨

P40. What is the present status of your training; i.e., is it complete, ongoing or at some other stage?

- ① Complete (Go to P42) ④ Other (Specify) _____
- ② Ongoing
- ③ Not complete (Go to P42) ⑤ Not stated

P41. When do you expect to complete your training?

year ① Not stated

- ②
- ①
- ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
- ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

SECTION 7 - ECONOMIC ACTIVITY (PERSONS 12 YEARS & OVER)

P42. How many months, if any, did you work for pay in Bermuda during the past 12 months, either for an employer or in your own business? Include any time off work for paid holidays, paid sick leave and unpaid work in a family business.

months

- ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬

SHOW FLASH CARD #4

P43. What were you doing during the week of 13th -19th May?

Were you

Working

- ① Working for pay? Include dressmaking, baking, babysitting, etc. at home?
- ② Working for pay as an apprentice?
- ③ Working for pay/tips while a full-/part-time student?
- ④ Working without pay in a family business or farm even while a full-/part-time student?
- ⑤ With a job but not at work even while a full-/part-time student? (Go to P45)

Not Working

FOR PERSONS 16 YEARS & OVER

- ⑥ Seeking work for the first time?
- ⑦ Looking for work?
- ⑧ Engaged in home duties?
- ⑨ Voluntary work without pay?
- ⑩ Unable to work?
- ⑪ Retired?

FOR PERSONS 12 YEARS & OVER

- ⑫ Full-/part-time student looking for work?
- ⑬ Full-/part-time student without a job?
- ⑭ Other?

⑮ Not stated

(Go to Section 9)

PLEASE DO NOT WRITE IN THIS AREA



02321

P44. How many paid jobs did you work at during the week of 13th - 19th May?

jobs

- ① ② ③ ④ ⑤ ⑥ NS

P45. How many hours do you normally work in your (main) job in a typical week, including overtime whether you are paid for it or not?

hours

⑩ Not stated

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

FOR PERSONS WITH 2 OR MORE JOBS

P46. Excluding your main job, how many paid hours do you normally work in your other job(s) in a typical week?

paid hours, other job(s)

⑩ Not stated

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

P47. What is your occupation, profession or trade in your (main) job? (Do not write vague answers. List duties where helpful.)

OFFICE USE

①	②	③	④	⑤
⑥	⑦	⑧	⑨	⑩
①	②	③	④	⑤
⑥	⑦	⑧	⑨	⑩
①	②	③	④	⑤
⑥	⑦	⑧	⑨	⑩
①	②	③	④	⑤
⑥	⑦	⑧	⑨	⑩
①	②	③	④	⑤
⑥	⑦	⑧	⑨	⑩

⑩ Not stated

P48. What is the name of the company or business in which you are employed in your (main) job? (If respondent is self-employed, write in the trading name of the enterprise.)

Name of company or business

⑩ Not stated

P49. What kind of business or activity is mainly carried on at your (main) place of work? (Do not write vague answers.)

OFFICE USE

①	②	③	④	⑤
⑥	⑦	⑧	⑨	⑩
①	②	③	④	⑤
⑥	⑦	⑧	⑨	⑩
①	②	③	④	⑤
⑥	⑦	⑧	⑨	⑩
①	②	③	④	⑤
⑥	⑦	⑧	⑨	⑩
①	②	③	④	⑤
⑥	⑦	⑧	⑨	⑩

⑩ Not stated

P50. Were you self-employed or working for someone else in your (main) job during the week of 13th - 19th May?

Self-employed

- ① With paid help (Employer)
- ② Without paid help
- ③ As unpaid worker in family business/farm

Worked for someone else

- ④ Bermuda Government
- ⑤ Quango
- ⑥ Foreign Government
- ⑦ Private company/person
- ⑧ Owner-manager (incorporated)
- ⑨ Not stated

SECTION 8 - JOURNEY TO WORK (PERSONS 16 YRS & OVER)

P51. What time do you have to start work in your (main) job?

- ① 7:00 a.m./earlier
- ② 7:30 a.m.
- ③ 8:00 a.m.
- ④ 8:30 a.m.
- ⑤ 8:45 a.m.
- ⑥ 9:00 a.m.
- ⑦ 9:30 a.m.
- ⑧ 10:00 a.m.
- ⑨ Shift work
- ⑩ Other
- ⑪ Not stated

P52. How do you usually travel to your (main) place of work? (If more than one form of travel used, fill oval covering longest distance.)

- ① Drives self only in car
- ② Car with household member
- ③ Car w/household non-member
- ④ Car w/hhld. mem. & non-mem.
- ⑤ Motorcycle
- ⑥ Bus
- ⑦ Minibus
- ⑧ Van/truck/commercial vehicle
- ⑨ Taxi
- ⑩ Pedal cycle
- ⑪ Ferry
- ⑫ On foot
- ⑬ No usual method
- ⑭ Works at home (Go to Section 9)
- ⑮ Not stated

P53. Where do you usually report for work in your (main) job?

- ① City of Hamilton
- ② Elsewhere in Pembroke
- ③ Town of St. George
- ④ Southside in St. George's Parish
- ⑤ Elsewhere in St. George's Parish
- ⑥ Hamilton Parish
- ⑦ Smith's
- ⑧ Devonshire
- ⑨ Paget
- ⑩ Warwick
- ⑪ Southampton
- ⑫ Sandys
- ⑬ No fixed reporting point
- ⑭ Not stated

SECTION 9 - FERTILITY (FEMALES 15 YEARS & OVER)

P54. How many live-born children have you ever had? Please exclude stillbirths, stepchildren and adopted children.

children (If "00" then go to P58) ⑩ Not stated

- ① ① ②
① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

P55. How old were you at the birth of your first live-born child?

years ⑩ Not stated

- ① ① ② ③ ④ ⑤
① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

P56. How old were you at the birth of your last live-born child?

years ⑩ Not stated

- ① ① ② ③ ④ ⑤
① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

FOR WOMEN 15 - 49 YEARS

P57. How many babies were born alive to you during the past 12 months?

- ① None ② Twins ④ 3+
① 1 ③ 2 ⑤ Not stated

SECTION 10 - BERMUDIAN STATUS

P58. Are you Bermudian?

- ① Yes ② No (Go to P61) ③ Not stated

P59. Did you acquire Bermudian status by

- ① Birth? (Go to P61) ③ Grant of status?
② Marriage? ④ Not stated

B'DIANS WHO GOT STATUS BY MARRIAGE OR GRANT

P60. When did you acquire Bermudian status?

year ⑩ Not stated

- ① ②
① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

SECTION 11 - HEALTH

P61. Do you have a physical or mental health condition(s) that has lasted for more than six months?

- ① Yes ② No (Go to P65) ③ Not stated

SHOW FLASH CARD #5

P62. Please look at this card and tell me which of the following conditions has lasted for more than 6 months? State all that apply.

- | | |
|---------------------------------------|---|
| ① Arthritis/ rheumatism | ⑬ Mental retardation |
| ② Heart condition | ⑭ Epilepsy |
| ③ HBP/hypertension | ⑮ Learning/ remembering/ concentrating difficulties |
| ④ Diabetes | ⑯ Hearing difficulties/deafness |
| ⑤ No/limited use or absence of leg(s) | ⑰ Speaking difficulties |
| ⑥ Back/spine problem | ⑱ Gripping/holding difficulties |
| ⑦ Asthma | ⑲ Seeing difficulties/blindness |
| ⑧ Other resp/lung problem | ⑳ Behavioural difficulties |
| ⑨ Mental/emotional disorder | ㉑ Moving/mobility difficulties |
| ⑩ No/limited use or absence of arm(s) | ㉒ Body movement difficulties |
| ⑪ Cancer | ㉓ Other condition(s) (Specify) _____ |
| ⑫ Stomach, kidney, liver prob. | _____ |
| ⑬ Senility/ Alzheimer's | _____ |
| ⑭ Muscular disease/impairment | ㉔ Not stated |

P63. Does/do your condition(s) ...

a) Limit or prevent any of your everyday life activities; for example, work, recreation, mobility, schooling?

- ① Yes ② No (Go to P65) ③ Not stated

b) Limit the kind/amount of activity at home/school?

- ① Yes ② No ③ Not stated

c) Prevent you from leaving home alone?

- ① Yes ② No ③ Not stated

d) Prevent you from taking care of your own personal needs, such as bathing, dressing or getting around inside the home?

- ① Yes ② No ③ Not stated

e) Generally confine you to getting around in a wheel chair?

- ① Yes ② No ③ Not stated

FOR PERSONS 16 YEARS & OVER

f) Prevent you from working?

- ① Yes (Go to P 63h) ② No ③ Not stated

g) Limit the kind or amount of work that you can do?

- ① Yes ② No ③ Not stated

h) Limit you in some other way?

- ① Yes ② No ③ Not stated

(Specify) _____

P64. Do you receive hired care for your condition(s)?

- ① Yes, private ③ Yes, both ⑤ Not stated
② Yes, public ④ No care

PLEASE DO NOT WRITE IN THIS AREA



02321

P65. What type of health insurance coverage, if any, do you have?

- ① Major medical ③ None
② Basic ④ Not stated

SECTION 12 - INCOME (PERSONS 12 YEARS OR OLDER)

P66. During the 12 months ending May 20, 2000, did you receive, from your main job, income from wages, salaries, commissions, bonuses, tips or net earnings from self-employment?

- ① Yes ② No (*Go to P68*) ③ Not stated

SHOW FLASH CARD #6

P67. Please look carefully at this card and tell me which of the letter codes best describes your income range from your main job for the 12 months ending May 20, 2000. Remember to include only income from wages, salaries, commissions, tips and net earnings from self-employment.

letter code

A B C D E F G H I J K L M N O P Q R S

SHOW FLASH CARD #6

P68. Please look at this card and tell me which of the letter codes describes your income range from all other sources for the 12 months ending May 20, 2000. Include income from all other jobs, bonuses, pensions, annuities, interest, dividends net rents and regular allowances such as child support, alimony, social assistance, rental subsidies, scholarships, etc.

letter code

A B C D E F G H I J K L M N O P Q R S

FOR PERSONS 55 OR OLDER

P69. During the 12 months ending May 20, 2000, did you receive income from pension(s)?

- ① Yes ② No (*Go to P71*) ③ Not stated

SHOW FLASH CARD #6

P70. Please look carefully at this card and tell me which of the letter codes describes your pension income range for the 12 months ending May 20, 2000. Please include pension income from all sources.

letter code

A B C D E F G H I J K L M N O P Q R S

SECTION 13 - WHERE SPENT CENSUS NIGHT

P71. Were you in Bermuda or abroad on Census Night (May 20, 2000)?

- ① Bermuda ② Abroad ③ Not stated
(*Go to next person*)

POPULATION (FOR ALL PERSONS)

Person #2

P1. RECORD TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	P6. HOUSEHOLD NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P10. HOUSEHOLD TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P13. FAMILY TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
P2. PARISH <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P7. USUAL HHLD SIZE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P11. FAMILY NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P14A. FAMILY REFERENCE PERSON'S PERSON NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
P3. CONSTITUENCY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	P8. PERSON NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P12. FAMILY SIZE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P14B. FAMILY RELATIONSHIP CODE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
P4. TOWN/CITY <input type="checkbox"/> 1 <input type="checkbox"/> 2	OFFICE USE P9. NO. OF FAMILIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
P5. C.D. NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9			

Name of Individual (Surname, First Name)

SECTION 1 - CHARACTERISTICS

P15. How are you related to the household reference person?

Household reference person

Relative

- 2 Husband/wife
- 3 Child
- 4 Stepchild
- 5 Grandchild
- 6 Father/mother
- 7 Grandparent
- 8 Parent-in-law
- 9 Son-/daughter-in-law
- 10 Brother/sister
- 11 Other relative

Non-Relative

- 12 Live-in partner
- 13 House-mate/room-mate
- 14 Foster child
- 15 Roomer or boarder
- 16 Domestic employee
- 17 Other non-relative
- 18 Not stated

P16. (For persons not seen ask) Is...male or female?

Male Female

P17. What is your date of birth?

Day	Month	Year of birth
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

P18. What was your age on Census Day, May 20, 2000?

<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	years old
--	-----------

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

P19. To which racial group do you belong?

- 1 Black
- 2 Black & White
- 3 Black & Other
- 4 White
- 5 White & Other
- 6 Asian
- 7 Other races
- 8 Not stated

SHOW FLASH CARD #3

P20. In your opinion, which of the following best describes your ancestry? (Fill at least one, but no more than two ovals.)

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 Bermudian | <input type="checkbox"/> 5 American | <input type="checkbox"/> 9 Asian |
| <input type="checkbox"/> 2 British | <input type="checkbox"/> 6 African | <input type="checkbox"/> 10 American Indian |
| <input type="checkbox"/> 3 West Indian | <input type="checkbox"/> 7 Canadian | <input type="checkbox"/> 11 Other |
| <input type="checkbox"/> 4 Portuguese | <input type="checkbox"/> 8 Other European | <input type="checkbox"/> 12 Not stated |

P21. What is your religious denomination?

- | | |
|--|---|
| <input type="checkbox"/> 1 Anglican | <input type="checkbox"/> 12 Jehovah's Witness |
| <input type="checkbox"/> 2 Roman Catholic | <input type="checkbox"/> 13 Non-denominational |
| <input type="checkbox"/> 3 A.M.E. | <input type="checkbox"/> 14 Muslim |
| <input type="checkbox"/> 4 Seventh-Day Adventist | <input type="checkbox"/> 15 Lutheran |
| <input type="checkbox"/> 5 Methodist | <input type="checkbox"/> 16 Ethiopian Orthodox |
| <input type="checkbox"/> 6 Pentecostal | <input type="checkbox"/> 17 Baha'i |
| <input type="checkbox"/> 7 Presbyterian | <input type="checkbox"/> 18 Jewish |
| <input type="checkbox"/> 8 Salvation Army | <input type="checkbox"/> 19 Rastafarian |
| <input type="checkbox"/> 9 Brethren | <input type="checkbox"/> 20 Other (Specify) _____ |
| <input type="checkbox"/> 10 Church of God | <input type="checkbox"/> 21 None |
| <input type="checkbox"/> 11 Baptist | <input type="checkbox"/> 22 Not stated |

SECTION 2 - MARITAL STATUS (PERSONS 15 YEARS & OVLR)

P22. What was your marital status as of Census Day, May 20, 2000?

- 1 Never married (Go to P26)
- 2 Married - first time
- 3 Re-married
- 4 Widowed
- 5 Divorced
- 6 Legally separated
- 7 Not stated

PLEASE DO NOT WRITE IN THIS AREA



02321

P23. How old were you when you got married for the first time?

□□ years

Ⓐ Not stated

- Ⓐ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
- Ⓑ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

FOR PERSONS ANSWERING 'MARRIED' OR 'RE-MARRIED' IN P22

P24. How long have you been married to your present husband/wife as of Census Day, May 20, 2000?

□□ years

Ⓐ Not stated

- Ⓐ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
- Ⓑ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

P25. Are you married to a Bermudian?

- Ⓐ Yes Ⓑ No Ⓒ Not stated

SECTION 5 - CHILD CARE (CHILDREN 0-5 YEARS & NOT ATTENDING PRIMARY SCHOOL)

P30. How is ... cared for during working hours?

- Ⓐ By you or your partner/spouse in your home
- Ⓑ By a child care provider in your home
- Ⓒ In another home with no more than 4 other children
- Ⓓ In another home with 5 or more other children
- Ⓔ In a public nursery, daycare centre or preschool
- Ⓕ In a private nursery, daycare centre or preschool
- Ⓖ Not stated

(Go to P58)

SECTION 3 - BIRTHPLACE

P26. In which country were you born?

- Ⓐ Bermuda (Go to P28)
- Ⓑ United Kingdom
- Ⓒ United States
- Ⓓ Azores/Portugal
- Ⓔ Canada
- Ⓕ Jamaica
- Ⓖ Barbados
- Ⓗ St. Kitts/Nevis
- Ⓘ Trinidad & Tobago
- Ⓚ Other Caribbean
- Ⓛ Germany
- Ⓜ Italy
- Ⓝ Other Europe
- Ⓟ Philippines
- Ⓠ Other Asia
- Ⓡ Central/South America
- Ⓢ Africa
- Ⓣ Other (Specify)
- Ⓚ Not stated

P31. Are you attending, or registered in, a school or any educational institution now? Please exclude courses taken at the Community Centres and any recreational courses.

- Ⓐ Yes Ⓑ No (Go to P36) Ⓒ Not stated

P32. Do you attend full time or part time?

- Ⓐ Full time Ⓑ Part time Ⓒ Not stated

P33. Is this school or educational institution public or private?

- Ⓐ Public Ⓑ Private Ⓒ Not stated

P34. Is this school or educational institution in Bda. or abroad?

- Ⓐ Bermuda Ⓑ Abroad Ⓒ Not stated

P35. What type of school or educational institution are you attending now?

- Ⓐ Primary (years 1-6)
- Ⓑ Middle school (years 7-9)
- Ⓒ Senior sec (years 10-13)
- Ⓓ Tech/voc/pre-univ
- Ⓛ University
- Ⓜ Other (Specify)
- Ⓚ Not stated

SECTION 4 - INTERNATIONAL MIGRATION

P27. When did you last come to Bermuda to live?

□□□□ year

(Go to Section 5) Ⓐ Not stated

- Ⓐ ① ②
- Ⓑ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
- Ⓒ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

FOR PERSONS 1 YEAR & OVER WHO WERE BORN IN BDA

P28. Have you ever lived abroad for 1 year or more continuously other than for educational/health purposes?

- Ⓐ Yes Ⓑ No (Go to Section 5) Ⓒ Not stated

P29. When did you last return to Bermuda to live?

□□□□ year

Ⓐ Not stated

- Ⓐ ① ②
- Ⓑ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
- Ⓒ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

FOR PERSONS 16 YEARS & OVER

P36. What is the highest level of schooling that you have received up to the present time?

- Ⓐ None
- Ⓑ Primary (years 1-6)
- Ⓒ Middle school (years 7-9)
- Ⓓ Senior sec (years 10-13)
- Ⓛ Tech/voc/pre-univ
- Ⓜ University
- Ⓝ Other (Specify)
- Ⓚ Not stated

P37. What is the highest academic qualification that you have obtained up to the present time?

- ① None
- ② School Leaving Certificate, R.S.A stage 1
- ③ B.S.S.C. with GPA of less than 2.0
- ④ B.S.S.C. with GPA of 2.0 but under 3.0
- ⑤ B.S.S.C. with GPA of 3.0 or more

- ⑥ Cambridge School Certificate, 3rd class / C.X.C., G.C.S.E., I.G.C.S.E., G.C.E. 'O' level passes in 1-4 subjects / R.S.A. stages 2 & 3
- ⑦ Cambridge School Certificate, 1st or 2nd class, C.X.C., G.C.S.E., I.G.C.S.E., G.C.E. 'O' level passes in 5 or more subjects, Junior Matriculation (Canada) or High School Diploma (USA), or G.C.E. 'A' level pass in 1 subject
- ⑧ Technical/ Vocational College Certificate
- ⑨ Associate Degree or Bermuda College Diploma / Senior Matriculation (Canadian high-school), G.C.E. 'A' level passes in 2 or more subjects
- ⑩ Bachelors degree e.g. BA, B.Sc., LLB.
- ⑪ Masters degree e.g. MA, M.Sc., M.Ed.
- ⑫ Doctorate degree e.g. Ph.D., D.Ed., D.Sc.
- ⑬ Other (*Specify*) _____
- ⑭ Not Stated

FOR PERSONS 16 YEARS & OVER & NOT ATTENDING SENIOR SECONDARY SCHOOL

P38. Were you ever trained formally, i.e. in a certified training programme, or are you being trained formally for a particular occupation, profession or trade?

- ① Yes ② No (*Go to P42*) ③ Not stated

P39. What is the occupation, profession or trade for which you were or are being trained? (Do not write vague answers. List duties where helpful.)

⑭ Not stated

OFFICE USE

--	--	--	--	--

- ① ① ① ① ①
- ② ② ② ② ②
- ③ ③ ③ ③ ③
- ④ ④ ④ ④ ④
- ⑤ ⑤ ⑤ ⑤ ⑤
- ⑥ ⑥ ⑥ ⑥ ⑥
- ⑦ ⑦ ⑦ ⑦ ⑦
- ⑧ ⑧ ⑧ ⑧ ⑧
- ⑨ ⑨ ⑨ ⑨ ⑨

P40. What is the present status of your training; i.e., is it complete, ongoing or at some other stage?

- ① Complete (*Go to P42*) ④ Other (*Specify*) _____
- ② Ongoing
- ③ Not complete (*Go to P42*) ⑤ Not stated

P41. When do you expect to complete your training?

						year		⑭ Not stated
--	--	--	--	--	--	------	--	--------------

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

SECTION 7 - ECONOMIC ACTIVITY (PERSONS 12 YEARS & OVER)

P42. How many months, if any, did you work for pay in Bermuda during the past 12 months, either for an employer or in your own business? Include any time off work for paid holidays, paid sick leave and unpaid work in a family business.

		months
--	--	--------

- ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬

SHOW FLASH CARD #4

P43. What were you doing during the week of 13th -19th May? Were you

Working

- ① Working for pay? Include dressmaking, baking, babysitting, etc. at home?
- ② Working for pay as an apprentice?
- ③ Working for pay/tips while a full-/part-time student?
- ④ Working without pay in a family business or farm even while a full-/part-time student?
- ⑤ With a job but not at work even while a full-/part-time student? (*Go to P45*)

Not Working

FOR PERSONS 16 YEARS & OVER

- ⑥ Seeking work for the first time?
- ⑦ Looking for work?
- ⑧ Engaged in home duties?
- ⑨ Voluntary work without pay?
- ⑩ Unable to work?
- ⑪ Retired?

FOR PERSONS 12 YEARS & OVER

- ⑫ Full-/part-time student looking for work?
- ⑬ Full-/part-time student without a job?
- ⑭ Other?

⑮ Not stated

(Go to Section 9)

PLEASE DO NOT WRITE IN THIS AREA



02321

P44. How many paid jobs did you work at during the week of 13th - 19th May?

jobs

- ① ② ③ ④ ⑤ NS

P45. How many hours do you normally work in your (main) job in a typical week, including overtime whether you are paid for it or not?

hours

⑩ Not stated

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

FOR PERSONS WITH 2 OR MORE JOBS

P46. Excluding your main job, how many paid hours do you normally work in your other job(s) in a typical week?

paid hours, other job(s)

⑩ Not stated

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

P47. What is your occupation, profession or trade in your (main) job? (Do not write vague answers. List duties where helpful.)

OFFICE USE

- | | | | | |
|---|---|---|---|---|
| | | | | |
| ① | ② | ③ | ④ | ⑤ |
| ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| ① | ② | ③ | ④ | ⑤ |
| ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| ① | ② | ③ | ④ | ⑤ |
| ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| ① | ② | ③ | ④ | ⑤ |
| ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| ① | ② | ③ | ④ | ⑤ |
| ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| ① | ② | ③ | ④ | ⑤ |
| ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

⑩ Not stated

P48. What is the name of the company or business in which you are employed in your (main) job? (If respondent is self-employed, write in the trading name of the enterprise.)

Name of company or business

⑩ Not stated

P49. What kind of business or activity is mainly carried on at your (main) place of work? (Do not write vague answers.)

OFFICE USE

- | | | | | |
|---|---|---|---|---|
| | | | | |
| ① | ② | ③ | ④ | ⑤ |
| ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| ① | ② | ③ | ④ | ⑤ |
| ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| ① | ② | ③ | ④ | ⑤ |
| ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| ① | ② | ③ | ④ | ⑤ |
| ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |
| ① | ② | ③ | ④ | ⑤ |
| ⑥ | ⑦ | ⑧ | ⑨ | ⑩ |

⑩ Not stated

P50. Were you self-employed or working for someone else in your (main) job during the week of 13th - 19th May?

- | | |
|--|--------------------------------|
| Self-employed | Worked for someone else |
| ① With paid help (Employer) | ④ Bermuda Government |
| ② Without paid help | ⑤ Quango |
| ③ As unpaid worker in family business / farm | ⑥ Foreign Government |
| | ⑦ Private company / person |
| | ⑧ Owner-manager (incorporated) |
| | ⑨ Not stated |

SECTION 8 - JOURNEY TO WORK (PERSONS 16 YRS & OVER)

P51. What time do you have to start work in your (main) job?

- | | | |
|-----------------------|--------------|--------------|
| ① 7:00 a.m. / earlier | ⑤ 8:45 a.m. | ⑨ Shift work |
| ② 7:30 a.m. | ⑥ 9:00 a.m. | ⑩ Other |
| ③ 8:00 a.m. | ⑦ 9:30 a.m. | ⑪ Not stated |
| ④ 8:30 a.m. | ⑧ 10:00 a.m. | |

P52. How do you usually travel to your (main) place of work? (If more than one form of travel used, fill oval covering longest distance.)

- | | |
|--------------------------------|-----------------------------------|
| ① Drives self only in car | ⑨ Taxi |
| ② Car with household member | ⑩ Pedal cycle |
| ③ Car w/household non-member | ⑪ Ferry |
| ④ Car w/hhld. mem. & non-mem. | ⑫ On foot |
| ⑤ Motorcycle | ⑬ No usual method |
| ⑥ Bus | ⑭ Works at home (Go to Section 9) |
| ⑦ Minibus | ⑮ Not stated |
| ⑧ Van/truck/commercial vehicle | |

P53. Where do you usually report for work in your (main) job?

- | | |
|------------------------------------|----------------------------|
| ① City of Hamilton | ⑥ Devonshire |
| ② Elsewhere in Pembroke | ⑨ Paget |
| ③ Town of St. George | ⑩ Warwick |
| ④ Southside in St. George's Parish | ⑪ Southampton |
| ⑤ Elsewhere in St. George's Parish | ⑫ Sandys |
| ⑥ Hamilton Parish | ⑬ No fixed reporting point |
| ⑦ Smith's | ⑭ Not stated |

SECTION 9 – FERTILITY (FEMALES 15 YEARS & OVER)

P54. How many live-born children have you ever had? Please exclude stillbirths, stepchildren and adopted children.

children (If "00" then go to P58) Not stated

- 0 1 2
 3 4 5 6 7 8 9

P55. How old were you at the birth of your first live-born child?

years Not stated

- 0 1 2 3 4 5
 6 7 8 9

P56. How old were you at the birth of your last live-born child?

years Not stated

- 0 1 2 3 4 5
 6 7 8 9

FOR WOMEN 15 - 49 YEARS

P57. How many babies were born alive to you during the past 12 months?

- None Twins 3+
 1 2 Not stated

SECTION 10 - BERMUDIAN STATUS

P58. Are you Bermudian?

- Yes No (Go to P61) Not stated

P59. Did you acquire Bermudian status by

- Birth? (Go to P61) Grant of status?
 Marriage? Not stated

B'DIANS WHO GOT STATUS BY MARRIAGE OR GRANT

P60. When did you acquire Bermudian status?

year Not stated

- 0 1 2
 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

SECTION 11 – HEALTH

P61. Do you have a physical or mental health condition(s) that has lasted for more than six months?

- Yes No (Go to P65) Not stated

SHOW FLASH CARD #5

P62. Please look at this card and tell me which of the following conditions has lasted for more than 6 months? State all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Arthritis/ rheumatism | <input type="checkbox"/> Mental retardation |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> HBP/hypertension | <input type="checkbox"/> Learning/ remembering/ concentrating difficulties |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing difficulties/deafness |
| <input type="checkbox"/> No/limited use or absence of leg(s) | <input type="checkbox"/> Speaking difficulties |
| <input type="checkbox"/> Back/spine problem | <input type="checkbox"/> Gripping/holding difficulties |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seeing difficulties/blindness |
| <input type="checkbox"/> Other resp/lung problem | <input type="checkbox"/> Behavioural difficulties |
| <input type="checkbox"/> Mental/emotional disorder | <input type="checkbox"/> Moving/mobility difficulties |
| <input type="checkbox"/> No/limited use or absence of arm(s) | <input type="checkbox"/> Body movement difficulties |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Other condition(s) (Specify) _____ |
| <input type="checkbox"/> Stomach, kidney, liver prob. | _____ |
| <input type="checkbox"/> Senility/ Alzheimer's | _____ |
| <input type="checkbox"/> Muscular disease/impairment | <input type="checkbox"/> Not stated |

P63. Does/do your condition(s) . . .

a) Limit or prevent any of your everyday life activities; for example, work, recreation, mobility, schooling?

- Yes No (Go to P65) Not stated

b) Limit the kind / amount of activity at home / school?

- Yes No Not stated

c) Prevent you from leaving home alone?

- Yes No Not stated

d) Prevent you from taking care of your own personal needs, such as bathing, dressing or getting around inside the home?

- Yes No Not stated

e) Generally confine you to getting around in a wheel chair?

- Yes No Not stated

FOR PERSONS 16 YEARS & OVER

f) Prevent you from working?

- Yes (Go to P 63h) No Not stated

g) Limit the kind or amount of work that you can do?

- Yes No Not stated

h) Limit you in some other way?

- Yes No Not stated

(Specify) _____

P64. Do you receive hired care for your condition(s)?

- Yes, private Yes, both Not stated
 Yes, public No care

P65. What type of health insurance coverage, if any, do you have?

- ① Major medical ③ None
- ② Basic ④ Not stated

SECTION 12 - INCOME (PERSONS 12 YEARS OR OLDER)

P66. During the 12 months ending May 20, 2000, did you receive, from your main job, income from wages, salaries, commissions, bonuses, tips or net earnings from self-employment?

- ① Yes ② No (*Go to P68*) ③ Not stated

SHOW FLASH CARD #6

P67. Please look carefully at this card and tell me which of the letter codes best describes your income range from your main job for the 12 months ending May 20, 2000. Remember to include only income from wages, salaries, commissions, tips and net earnings from self-employment.

letter code

A B C D E F G H I J K L M N O P NS

SHOW FLASH CARD #6

P68. Please look at this card and tell me which of the letter codes describes your income range from all other sources for the 12 months ending May 20, 2000. Include income from all other jobs, bonuses, pensions, annuities, interest, dividends, net rents and regular allowances such as child support, alimony, social assistance, rental subsidies, scholarships, etc.

letter code

A B C D E F G H I J K L M N O P NS

FOR PERSONS 55 OR OLDER

P69. During the 12 months ending May 20, 2000, did you receive income from pension(s)?

- ① Yes ② No (*Go to P71*) ③ Not stated

SHOW FLASH CARD #6

P70. Please look carefully at this card and tell me which of the letter codes describes your pension income range for the 12 months ending May 20, 2000. Please include pension income from all sources.

letter code

A B C D E F G H I J K L M N O P NS

SECTION 13 - WHERE SPENT CENSUS NIGHT

P71. Were you in Bermuda or abroad on Census Night (May 20, 2000)?

- ① Bermuda ② Abroad ③ Not stated
- (Go to next person)*

PLEASE DO NOT WRITE IN THIS AREA



02321

POPULATION (FOR ALL PERSONS)

Person #3

P1. RECORD TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	P6. HOUSEHOLD NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P10. HOUSEHOLD TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P13. FAMILY TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
P2. PARISH <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P7. USUAL HHLD SIZE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P11. FAMILY NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P14A. FAMILY REFERENCE PERSON'S PERSON NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
P3. CONSTITUENCY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	P8. PERSON NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P12. FAMILY SIZE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P14B. FAMILY RELATIONSHIP CODE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
P4. TOWN/CITY <input type="checkbox"/> 1 <input type="checkbox"/> 2	P9. NO. OF FAMILIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	OFFICE USE	
P5. C.D. NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	Name of Individual (Surname, First Name)		

SECTION 1 - CHARACTERISTICS

P15. How are you related to the household reference person?

Household reference person

Relative

- 2 Husband/wife
- 3 Child
- 4 Stepchild
- 5 Grandchild
- 6 Father/mother
- 7 Grandparent
- 8 Parent-in-law
- 9 Son-/daughter-in-law
- 10 Brother/sister
- 11 Other relative

Non-Relative

- 12 Live-in partner
- 13 House-mate/room-mate
- 14 Foster child
- 15 Roomer or boarder
- 16 Domestic employee
- 17 Other non-relative
- 18 Not stated

P16. (For persons not seen ask) Is...male or female?

1 Male 2 Female

P17. What is your date of birth?

Day	Month	Year of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

P18. What was your age on Census Day, May 20, 2000?

<input type="text"/>	<input type="text"/>	<input type="text"/>	years old
----------------------	----------------------	----------------------	-----------

- 0 1 2 3 4 5 6 7 8 9
- 0 1 2 3 4 5 6 7 8 9

P19. To which racial group do you belong?

- 1 Black 4 White 7 Other races
- 2 Black & White 5 White & Other 8 Not stated
- 3 Black & Other 6 Asian

SHOW FLASH CARD #3

P20. In your opinion, which of the following best describes your ancestry? (Fill at least one, but no more than two ovals.)

- 1 Bermudian 5 American 9 Asian
- 2 British 6 African 10 American Indian
- 3 West Indian 7 Canadian 11 Other
- 4 Portuguese 8 Other European 12 Not stated

P21. What is your religious denomination?

- 1 Anglican 12 Jehovah's Witness
- 2 Roman Catholic 13 Non-denominational
- 3 A.M.E. 14 Muslim
- 4 Seventh-Day Adventist 15 Lutheran
- 5 Methodist 16 Ethiopian Orthodox
- 6 Pentecostal 17 Baha'i
- 7 Presbyterian 18 Jewish
- 8 Salvation Army 19 Rastafarian
- 9 Brethren 20 Other (Specify)
- 10 Church of God
- 11 Baptist 21 None
- 22 Not stated

SECTION 2 - MARITAL STATUS (PERSONS 15 YEARS & OVER)

P22. What was your marital status as of Census Day, May 20, 2000?

- 1 Never married (Go to P26) 5 Divorced
- 2 Married - first time 6 Legally separated
- 3 Re-married 7 Not stated
- 4 Widowed

P23. How old were you when you got married for the first time?

Two boxes for years, followed by radio button and "Not stated". Below are two rows of radio buttons numbered 0-9.

FOR PERSONS ANSWERING 'MARRIED' OR 'RE-MARRIED' IN P22

P24. How long have you been married to your present husband/wife as of Census Day, May 20, 2000?

Two boxes for years, followed by radio button and "Not stated". Below are two rows of radio buttons numbered 0-9.

P25. Are you married to a Bermudian?

Radio buttons for Yes, No, and Not stated.

SECTION 3 - BIRTHPLACE

P26. In which country were you born?

- List of countries: Bermuda (Go to P28), United Kingdom, United States, Azores/Portugal, Canada, Jamaica, Barbados, St. Kitts/Nevis, Trinidad & Tobago, Other Caribbean, Germany, Italy, Other Europe, Philippines, Other Asia, Central/South America, Africa, Other (Specify), Not stated.

SECTION 4 - INTERNATIONAL MIGRATION

P27. When did you last come to Bermuda to live?

Four boxes for year (Go to Section 5), followed by radio button and "Not stated". Below are two rows of radio buttons numbered 0-9.

FOR PERSONS 1 YEAR & OVER WHO WERE BORN IN BDA

P28. Have you ever lived abroad for 1 year or more continuously other than for educational/health purposes?

Radio buttons for Yes, No (Go to Section 5), and Not stated.

P29. When did you last return to Bermuda to live?

Four boxes for year, followed by radio button and "Not stated". Below are two rows of radio buttons numbered 0-9.

SECTION 5 - CHILD CARE (CHILDREN 0 - 5 YEARS & NOT ATTENDING PRIMARY SCHOOL)

P30. How is ... cared for during working hours?

- Radio buttons for: By you or your partner/spouse in your home, By a child care provider in your home, In another home with no more than 4 other children, In another home with 5 or more other children, In a public nursery, daycare centre or preschool, In a private nursery, daycare centre or preschool, Not stated.

(Go to P58)

SECTION 6 - EDUCATION & TRAINING (PERSONS 5 YEARS & OVER AND NOT ATTENDING PRESCHOOL)

P31. Are you attending, or registered in, a school or any educational institution now? Please exclude courses taken at the Community Centres and any recreational courses.

Radio buttons for Yes, No (Go to P36), and Not stated.

P32. Do you attend full time or part time?

Radio buttons for Full time, Part time, and Not stated.

P33. Is this school or educational institution public or private?

Radio buttons for Public, Private, and Not stated.

P34. Is this school or educational institution in Bda. or abroad?

Radio buttons for Bermuda, Abroad, and Not stated.

P35. What type of school or educational institution are you attending now?

- Radio buttons for: Primary (years 1-6), Middle school (years 7-9), Senior sec (years 10-13), Tech/voc/pre-univ, University, Other (Specify), Not stated.

FOR PERSONS 16 YEARS & OVER

P36. What is the highest level of schooling that you have received up to the present time?

- Radio buttons for: None, Primary (years 1-6), Middle school (years 7-9), Senior sec (years 10-13), Tech/voc/pre-univ, University, Other (Specify), Not stated.

PLEASE DO NOT WRITE IN THIS AREA



02321

P37. What is the highest academic qualification that you have obtained up to the present time?

- ① None
- ② School Leaving Certificate, R.S.A stage 1
- ③ B.S.S.C. with GPA of less than 2.0
- ④ B.S.S.C. with GPA of 2.0 but under 3.0
- ⑤ B.S.S.C. with GPA of 3.0 or more

- ⑥ Cambridge School Certificate, 3rd class / C.X.C., G.C.S.E., I.G.C.S.E., G.C.E. 'O' level passes in 1-4 subjects / R.S.A. stages 2 & 3
- ⑦ Cambridge School Certificate, 1st or 2nd class, C.X.C., G.C.S.E., I.G.C.S.E., G.C.E. 'O' level passes in 5 or more subjects, Junior Matriculation (Canada) or High School Diploma (USA), or G.C.E. 'A' level pass in 1 subject
- ⑧ Technical/Vocational College Certificate
- ⑨ Associate Degree or Bermuda College Diploma / Senior Matriculation (Canadian high-school), G.C.E. 'A' level passes in 2 or more subjects
- ⑩ Bachelors degree e.g. BA, B.Sc., LLB.
- ⑪ Masters degree e.g. MA, M.Sc., M.Ed.
- ⑫ Doctorate degree e.g. Ph.D., D.Ed., D.Sc.
- ⑬ Other (*Specify*) _____
- ⑭ Not Stated

FOR PERSONS 16 YEARS & OVER & NOT ATTENDING SENIOR SECONDARY SCHOOL

P38. Were you ever trained formally, i.e. in a certified training programme, or are you being trained formally for a particular occupation, profession or trade?

- ① Yes ② No (*Go to P42*) ③ Not stated

P39. What is the occupation, profession or trade for which you were or are being trained? (*Do not write vague answers. List duties where helpful.*)

⑩ Not stated

OFFICE USE

①	①	①	①	①
②	②	②	②	②
③	③	③	③	③
④	④	④	④	④
⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨

P40. What is the present status of your training: i.e., is it complete, ongoing or at some other stage?

- ① Complete (*Go to P42*) ④ Other (*Specify*)
- ② Ongoing
- ③ Not complete (*Go to P42*) ⑤ Not stated

P41. When do you expect to complete your training?

year ⑩ Not stated

- ②
- ①
- ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
- ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

SECTION 7 - ECONOMIC ACTIVITY (PERSONS 12 YEARS & OVER)

P42. How many months, if any, did you work for pay in Bermuda during the past 12 months, either for an employer or in your own business? Include any time off work for paid holidays, paid sick leave and unpaid work in a family business.

months

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬

SHOW FLASH CARD #4

P43. What were you doing during the week of 13th -19th May? Were you

- Working**
- ① Working for pay? Include dressmaking, baking, babysitting, etc. at home?
 - ② Working for pay as an apprentice?
 - ③ Working for pay / tips while a full- / part-time student?
 - ④ Working without pay in a family business or farm even while a full- / part-time student?
 - ⑤ With a job but not at work even while a full- / part-time student? (*Go to P45*)
- Not Working**

FOR PERSONS 16 YEARS & OVER

- ⑥ Seeking work for the first time?
- ⑦ Looking for work?
- ⑧ Engaged in home duties?
- ⑨ Voluntary work without pay?
- ⑩ Unable to work?
- ⑪ Retired?

FOR PERSONS 12 YEARS & OVER

- ⑫ Full- / part-time student looking for work?
- ⑬ Full- / part-time student without a job?
- ⑭ Other?

⑮ Not stated

(Go to Section 9)

P44. How many paid jobs did you work at during the week of 13th - 19th May?

jobs

- ① ② ③ ④ ⑤ ⑥

P45. How many hours do you normally work in your (main) job in a typical week, including overtime whether you are paid for it or not?

hours

⓪ Not stated

- ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

FOR PERSONS WITH 2 OR MORE JOBS

P46. Excluding your main job, how many paid hours do you normally work in your other job(s) in a typical week?

paid hours, other job(s)

⓪ Not stated

- ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

P47. What is your occupation, profession or trade in your (main) job? (Do not write vague answers. List duties where helpful.)

OFFICE USE

- | | | | | |
|---|---|---|---|---|
| | | | | |
| ① | ① | ① | ① | ① |
| ② | ② | ② | ② | ② |
| ③ | ③ | ③ | ③ | ③ |
| ④ | ④ | ④ | ④ | ④ |
| ⑤ | ⑤ | ⑤ | ⑤ | ⑤ |
| ⑥ | ⑥ | ⑥ | ⑥ | ⑥ |
| ⑦ | ⑦ | ⑦ | ⑦ | ⑦ |
| ⑧ | ⑧ | ⑧ | ⑧ | ⑧ |
| ⑨ | ⑨ | ⑨ | ⑨ | ⑨ |

⓪ Not stated

P48. What is the name of the company or business in which you are employed in your (main) job? (If respondent is self-employed, write in the trading name of the enterprise.)

Name of company or business

⓪ Not stated

P49. What kind of business or activity is mainly carried on at your (main) place of work? (Do not write vague answers.)

OFFICE USE

- | | | | | |
|---|---|---|---|---|
| | | | | |
| ① | ① | ① | ① | ① |
| ② | ② | ② | ② | ② |
| ③ | ③ | ③ | ③ | ③ |
| ④ | ④ | ④ | ④ | ④ |
| ⑤ | ⑤ | ⑤ | ⑤ | ⑤ |
| ⑥ | ⑥ | ⑥ | ⑥ | ⑥ |
| ⑦ | ⑦ | ⑦ | ⑦ | ⑦ |
| ⑧ | ⑧ | ⑧ | ⑧ | ⑧ |
| ⑨ | ⑨ | ⑨ | ⑨ | ⑨ |

⓪ Not stated

P50. Were you self-employed or working for someone else in your (main) job during the week of 13th - 19th May?

- | | |
|--|--------------------------------|
| Self-employed | Worked for someone else |
| ① With paid help (Employer) | ④ Bermuda Government |
| ② Without paid help | ⑤ Quango |
| ③ As unpaid worker in family business/farm | ⑥ Foreign Government |
| | ⑦ Private company/person |
| | ⑧ Owner-manager (incorporated) |
| | ⑨ Not stated |

SECTION 8 - JOURNEY TO WORK (PERSONS 16 YRS & OVER)

P51. What time do you have to start work in your (main) job?

- | | | |
|---------------------|--------------|--------------|
| ① 7:00 a.m./earlier | ⑤ 8:45 a.m. | ⑨ Shift work |
| ② 7:30 a.m. | ⑥ 9:00 a.m. | ⑩ Other |
| ③ 8:00 a.m. | ⑦ 9:30 a.m. | ⑪ Not stated |
| ④ 8:30 a.m. | ⑧ 10:00 a.m. | |

P52. How do you usually travel to your (main) place of work? (If more than one form of travel used, fill oval covering longest distance.)

- | | |
|--------------------------------|-----------------------------------|
| ① Drives self only in car | ⑨ Taxi |
| ② Car with household member | ⑩ Pedal cycle |
| ③ Car w/household non-member | ⑪ Ferry |
| ④ Car w/hhld. mem. & non-mem. | ⑫ On foot |
| ⑤ Motorcycle | ⑬ No usual method |
| ⑥ Bus | ⑭ Works at home (Go to Section 9) |
| ⑦ Minibus | ⑮ Not stated |
| ⑧ Van/truck/commercial vehicle | |

P53. Where do you usually report for work in your (main) job?

- | | |
|------------------------------------|----------------------------|
| ① City of Hamilton | ⑧ Devonshire |
| ② Elsewhere in Pembroke | ⑨ Paget |
| ③ Town of St. George | ⑩ Warwick |
| ④ Southside in St. George's Parish | ⑪ Southampton |
| ⑤ Elsewhere in St. George's Parish | ⑫ Sandys |
| ⑥ Hamilton Parish | ⑬ No fixed reporting point |
| ⑦ Smith's | ⑭ Not stated |

PLEASE DO NOT WRITE IN THIS AREA



02321

SECTION 9 - FERTILITY (FEMALES 15 YEARS & OVER)

P54. How many live-born children have you ever had? Please exclude stillbirths, stepchildren and adopted children.

children (If "00" then go to P58) Not stated

- 0 1 2
 3 4 5 6 7 8 9

P55. How old were you at the birth of your first live-born child?

years Not stated

- 0 1 2 3 4 5
 6 7 8 9

P56. How old were you at the birth of your last live-born child?

years Not stated

- 0 1 2 3 4 5
 6 7 8 9

FOR WOMEN 15 - 49 YEARS

P57. How many babies were born alive to you during the past 12 months?

- None Twins 3+
 1 2 Not stated

SECTION 10 - BERMUDIANS STATUS

P58. Are you Bermudian?

- Yes No (Go to P61) Not stated

P59. Did you acquire Bermudian status by

- Birth? (Go to P61) Grant of status?
 Marriage? Not stated

B'DIANS WHO GOT STATUS BY MARRIAGE OR GRANT

P60. When did you acquire Bermudian status?

year Not stated

- 0 1 2
 3 4 5 6 7 8 9

SECTION 11 - HEALTH

P61. Do you have a physical or mental health condition(s) that has lasted for more than six months?

- Yes No (Go to P65) Not stated

SHOW FLASH CARD #5

P62. Please look at this card and tell me which of the following conditions has lasted for more than 6 months? State all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Arthritis/ rheumatism | <input type="checkbox"/> Mental retardation |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> HBP/hypertension | <input type="checkbox"/> Learning/ remembering/ concentrating difficulties |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing difficulties/deafness |
| <input type="checkbox"/> No/limited use or absence of leg(s) | <input type="checkbox"/> Speaking difficulties |
| <input type="checkbox"/> Back/spine problem | <input type="checkbox"/> Gripping/holding difficulties |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seeing difficulties/blindness |
| <input type="checkbox"/> Other resp/lung problem | <input type="checkbox"/> Behavioural difficulties |
| <input type="checkbox"/> Mental/emotional disorder | <input type="checkbox"/> Moving/mobility difficulties |
| <input type="checkbox"/> No/limited use or absence of arm(s) | <input type="checkbox"/> Body movement difficulties |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Other condition(s) (Specify) _____ |
| <input type="checkbox"/> Stomach, kidney, liver prob. | _____ |
| <input type="checkbox"/> Senility/ Alzheimer's | _____ |
| <input type="checkbox"/> Muscular disease/ impairment | <input type="checkbox"/> Not stated |

P63. Does/do your condition(s) ...

a) Limit or prevent any of your everyday life activities; for example, work, recreation, mobility, schooling?

- Yes No (Go to P65) Not stated

b) Limit the kind/amount of activity at home/school?

- Yes No Not stated

c) Prevent you from leaving home alone?

- Yes No Not stated

d) Prevent you from taking care of your own personal needs, such as bathing, dressing or getting around inside the home?

- Yes No Not stated

e) Generally confine you to getting around in a wheel chair?

- Yes No Not stated

FOR PERSONS 16 YEARS & OVER

f) Prevent you from working?

- Yes (Go to P 63h) No Not stated

g) Limit the kind or amount of work that you can do?

- Yes No Not stated

h) Limit you in some other way?

- Yes No Not stated

(Specify) _____

P64. Do you receive hired care for your condition(s)?

- Yes, private Yes, both Not stated
 Yes, public No care

P65. What type of health insurance coverage, if any, do you have?

- ① Major medical ③ None
- ② Basic ④ Not stated

SECTION 12 - INCOME (PERSONS 12 YEARS OR OLDER)

P66. During the 12 months ending May 20, 2000, did you receive, from your main job, income from wages, salaries, commissions, bonuses, tips or net earnings from self-employment?

- ① Yes ② No (Go to P68) ③ Not stated

SHOW FLASH CARD #6

P67. Please look carefully at this card and tell me which of the letter codes best describes your income range from your main job for the 12 months ending May 20, 2000. Remember to include only income from wages, salaries, commissions, tips and net earnings from self-employment.

letter code

A B C D E F G H I J K L M N O P Q R S

SHOW FLASH CARD #6

P68. Please look at this card and tell me which of the letter codes describes your income range from all other sources for the 12 months ending May 20, 2000. Include income from all other jobs, bonuses, pensions, annuities, interest, dividends, net rents and regular allowances such as child support, alimony, social assistance, rental subsidies, scholarships, etc.

letter code

A B C D E F G H I J K L M N O P Q R S

FOR PERSONS 55 OR OLDER

P69. During the 12 months ending May 20, 2000, did you receive income from pension(s)?

- ① Yes ② No (Go to P71) ③ Not stated

SHOW FLASH CARD #6

P70. Please look carefully at this card and tell me which of the letter codes describes your pension income range for the 12 months ending May 20, 2000. Please include pension income from all sources.

letter code

A B C D E F G H I J K L M N O P Q R S

SECTION 13 - WHERE SPENT CENSUS NIGHT

P71. Were you in Bermuda or abroad on Census Night (May 20, 2000)?

- ① Bermuda ② Abroad ③ Not stated
- (Go to next person)

PLEASE DO NOT WRITE IN THIS AREA



02321

POPULATION (FOR ALL PERSONS)

Person #4

P1. RECORD TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	P6. HOUSEHOLD NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P10. HOUSEHOLD TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P13. FAMILY TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
P2. PARISH <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P7. USUAL HHLD SIZE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P11. FAMILY NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P14. FAMILY REFERENCE PERSON'S PERSON NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
P3. CONSTITUENCY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	P8. PERSON NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P12. FAMILY SIZE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	P14B. FAMILY RELATIONSHIP CODE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
P4. TOWN/CITY <input type="checkbox"/> 1 <input type="checkbox"/> 2	OFFICE USE P9. NO. OF FAMILIES <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9		P5. C.D. NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

Name of Individual (Surname, First Name)

SECTION 1 - CHARACTERISTICS

P15. How are you related to the household reference person?

- Household reference person
- | | |
|--|---|
| Relative
<input type="checkbox"/> Husband/wife
<input type="checkbox"/> Child
<input type="checkbox"/> Stepchild
<input type="checkbox"/> Grandchild
<input type="checkbox"/> Father/mother
<input type="checkbox"/> Grandparent
<input type="checkbox"/> Parent-in-law
<input type="checkbox"/> Son-/daughter-in-law
<input type="checkbox"/> Brother/sister
<input type="checkbox"/> Other relative | Non-Relative
<input type="checkbox"/> Live-in partner
<input type="checkbox"/> House-mate/room-mate
<input type="checkbox"/> Foster child
<input type="checkbox"/> Roomer or boarder
<input type="checkbox"/> Domestic employee
<input type="checkbox"/> Other non-relative
<input type="checkbox"/> Not stated |
|--|---|

P16. (For persons not seen ask) Is...male or female?

- Male Female

P17. What is your date of birth?

Day	Month	Year of birth
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

P18. What was your age on Census Day, May 20, 2000?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
years old									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P19. To which racial group do you belong?

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Black | <input type="checkbox"/> White | <input type="checkbox"/> Other races |
| <input type="checkbox"/> Black & White | <input type="checkbox"/> White & Other | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Black & Other | <input type="checkbox"/> Asian | |

SHOW FLASH CARD #3

P20. In your opinion, which of the following best describes your ancestry? (Fill at least one, but no more than two ovals.)

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Bermudian | <input type="checkbox"/> American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> British | <input type="checkbox"/> African | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> West Indian | <input type="checkbox"/> Canadian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Portuguese | <input type="checkbox"/> Other European | <input type="checkbox"/> Not stated |

P21. What is your religious denomination?

- | | |
|--|--|
| <input type="checkbox"/> Anglican | <input type="checkbox"/> Jehovah's Witness |
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Non-denominational |
| <input type="checkbox"/> A.M.E. | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Seventh-Day Adventist | <input type="checkbox"/> Lutheran |
| <input type="checkbox"/> Methodist | <input type="checkbox"/> Ethiopian Orthodox |
| <input type="checkbox"/> Pentecostal | <input type="checkbox"/> Baha'i |
| <input type="checkbox"/> Presbyterian | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Salvation Army | <input type="checkbox"/> Rastafarian |
| <input type="checkbox"/> Brethren | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Church of God | |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> None |
| | <input type="checkbox"/> Not stated |

SECTION 2 - MARITAL STATUS (PERSONS 15 YEARS & OVER)

P22. What was your marital status as of Census Day, May 20, 2000?

- | | |
|--|--|
| <input type="checkbox"/> Never married (Go to P26) | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married - first time | <input type="checkbox"/> Legally separated |
| <input type="checkbox"/> Re-married | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Widowed | |

P23. How old were you when you got married for the first time?

- years Ⓐ Not stated
- Ⓐ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
Ⓑ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

FOR PERSONS ANSWERING 'MARRIED' OR 'RE-MARRIED' IN P22

P24. How long have you been married to your present husband/wife as of Census Day, May 20, 2000?

- years Ⓐ Not stated
- Ⓐ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
Ⓑ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

P25. Are you married to a Bermudian?

- Ⓐ Yes Ⓑ No Ⓒ Not stated

SECTION 3 - BIRTHPLACE

P26. In which country were you born?

- | | |
|--------------------------------|----------------------------|
| Ⓐ Bermuda (Go to P28) | Ⓘ Germany |
| Ⓑ United Kingdom | Ⓚ Italy |
| Ⓒ United States | Ⓛ Other Europe |
| Ⓓ Azores/Portugal | Ⓜ Philippines |
| Ⓚ Canada | Ⓨ Other Asia |
| Ⓛ Jamaica | Ⓩ Central/South America |
| Ⓛ Barbados | Ⓩ Africa |
| Ⓛ St. Kitts/Nevis | Ⓩ Other (<i>Specify</i>) |
| Ⓛ Trinidad & Tobago | |
| Ⓛ Other Caribbean | Ⓩ Not stated |

SECTION 4 - INTERNATIONAL MIGRATION

P27. When did you last come to Bermuda to live?

- year (**Go to Section 5**) Ⓐ Not stated
- Ⓐ ① ② Ⓒ ⑧ ⑨
- Ⓑ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
Ⓒ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

FOR PERSONS 1 YEAR & OVER WHO WERE BORN IN BDA

P28. Have you ever lived abroad for 1 year or more continuously other than for educational/health purposes?

- Ⓐ Yes Ⓑ No (**Go to Section 5**) Ⓒ Not stated

P29. When did you last return to Bermuda to live?

- year Ⓐ Not stated
- Ⓐ ① ② Ⓒ ⑧ ⑨
- Ⓑ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
Ⓒ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

SECTION 5 - CHILD CARE (CHILDREN 0 - 5 YEARS & NOT ATTENDING PRIMARY SCHOOL)

P30. How is ... cared for during working hours?

- Ⓐ By you or your partner/spouse in your home
- Ⓑ By a child care provider in your home
- Ⓒ In another home with no more than 4 other children
- Ⓓ In another home with 5 or more other children
- Ⓚ In a public nursery, daycare centre or preschool
- Ⓛ In a private nursery, daycare centre or preschool
- Ⓧ Not stated

(Go to P58)

SECTION 6 - EDUCATION & TRAINING (PERSONS 5 YEARS & OVER AND NOT ATTENDING PRESCHOOL)

P31. Are you attending, or registered in, a school or any educational institution now? Please exclude courses taken at the Community Centres and any recreational courses.

- Ⓐ Yes Ⓑ No (**Go to P36**) Ⓒ Not stated

P32. Do you attend full time or part time?

- Ⓐ Full time Ⓑ Part time Ⓒ Not stated

P33. Is this school or educational institution public or private?

- Ⓐ Public Ⓑ Private Ⓒ Not stated

P34. Is this school or educational institution in Bda. or abroad?

- Ⓐ Bermuda Ⓑ Abroad Ⓒ Not stated

P35. What type of school or educational institution are you attending now?

- | | |
|-----------------------------|----------------------------|
| Ⓐ Primary (years 1-6) | Ⓚ University |
| Ⓑ Middle school (years 7-9) | Ⓛ Other (<i>Specify</i>) |
| Ⓒ Senior sec (years 10-13) | |
| Ⓓ Tech/voc/pre-univ | Ⓧ Not stated |

FOR PERSONS 16 YEARS & OVER

P36. What is the highest level of schooling that you have received up to the present time?

- | | |
|-----------------------------|----------------------------|
| Ⓐ None | Ⓚ Tech/voc/pre-univ |
| Ⓑ Primary (years 1-6) | Ⓛ University |
| Ⓒ Middle school (years 7-9) | Ⓧ Other (<i>Specify</i>) |
| Ⓓ Senior sec (years 10-13) | |
| | Ⓩ Not stated |

PLEASE DO NOT WRITE IN THIS AREA



02321

P37. What is the highest academic qualification that you have obtained up to the present time?

- ① None
- ② School Leaving Certificate, R.S.A stage 1
- ③ B.S.S.C. with GPA of less than 2.0
- ④ B.S.S.C. with GPA of 2.0 but under 3.0
- ⑤ B.S.S.C. with GPA of 3.0 or more

- ⑥ Cambridge School Certificate, 3rd class / C.X.C., G.C.S.E., I.G.C.S.E., G.C.E. 'O' level passes in 1-4 subjects / R.S.A. stages 2 & 3
- ⑦ Cambridge School Certificate, 1st or 2nd class, C.X.C., G.C.S.E., I.G.C.S.E., G.C.E. 'O' level passes in 5 or more subjects, Junior Matriculation (Canada) or High School Diploma (USA), or G.C.E. 'A' level pass in 1 subject
- ⑧ Technical/Vocational College Certificate
- ⑨ Associate Degree or Bermuda College Diploma / Senior Matriculation (Canadian high-school), G.C.E. 'A' level passes in 2 or more subjects
- ⑩ Bachelors degree e.g. BA, B.Sc., LLB.
- ⑪ Masters degree e.g. MA, M.Sc., M.Ed.
- ⑫ Doctorate degree e.g. Ph.D., D.Ed., D.Sc.
- ⑬ Other (*Specify*) _____
- ⑭ Not Stated

FOR PERSONS 16 YEARS & OVER & NOT ATTENDING SENIOR SECONDARY SCHOOL

P38. Were you ever trained formally, i.e. in a certified training programme, or are you being trained formally for a particular occupation, profession or trade?

- ① Yes ② No (*Go to P42*) ③ Not stated

P39. What is the occupation, profession or trade for which you were or are being trained? (*Do not write vague answers. List duties where helpful.*)

① Not stated

OFFICE USE

①	②	③	④	⑤
①	①	①	①	①
②	②	②	②	②
③	③	③	③	③
④	④	④	④	④
⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨

P40. What is the present status of your training; i.e., is it complete, ongoing or at some other stage?

- ① Complete (*Go to P42*) ④ Other (*Specify*)
- ② Ongoing
- ③ Not complete (*Go to P42*) ⑤ Not stated

P41. When do you expect to complete your training?

year ① Not stated

- ②
- ③
- ④
- ⑤
- ⑥
- ⑦
- ⑧
- ⑨
- ⑩
- ⑪
- ⑫
- ⑬
- ⑭
- ⑮

SECTION 7 - ECONOMIC ACTIVITY (PERSONS 12 YEARS & OVER)

P42. How many months, if any, did you work for pay in Bermuda during the past 12 months, either for an employer or in your own business? Include any time off work for paid holidays, paid sick leave and unpaid work in a family business.

months

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬

SHOW FLASH CARD #4

P43. What were you doing during the week of 13th -19th May? Were you

Working

- ① Working for pay? Include dressmaking, baking, babysitting, etc. at home?
- ② Working for pay as an apprentice?
- ③ Working for pay / tips while a full-/part-time student ?
- ④ Working without pay in a family business or farm even while a full-/part-time student?
- ⑤ With a job but not at work even while a full-/ part-time student? (*Go to P45*)

Not Working

FOR PERSONS 16 YEARS & OVER

- ⑥ Seeking work for the first time?
- ⑦ Looking for work ?
- ⑧ Engaged in home duties?
- ⑨ Voluntary work without pay?
- ⑩ Unable to work?
- ⑪ Retired?

FOR PERSONS 12 YEARS & OVER

- ⑫ Full-/ part-time student looking for work?
- ⑬ Full-/ part-time student without a job?
- ⑭ Other?

⑮ Not stated

(Go to Section 9)

P44. How many paid jobs did you work at during the week of 13th - 19th May?

jobs

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

P45. How many hours do you normally work in your (main) job in a typical week, including overtime whether you are paid for it or not?

hours

⑩ Not stated

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

FOR PERSONS WITH 2 OR MORE JOBS

P46. Excluding your main job, how many paid hours do you normally work in your other job(s) in a typical week?

paid hours, other job(s)

⑩ Not stated

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

P47. What is your occupation, profession or trade in your (main) job? (Do not write vague answers. List duties where helpful.)

OFFICE USE

--	--	--	--	--

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
⑩ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

⑩ Not stated

P48. What is the name of the company or business in which you are employed in your (main) job? (If respondent is self-employed, write in the trading name of the enterprise.)

Name of company or business

⑩ Not stated

P49. What kind of business or activity is mainly carried on at your (main) place of work? (Do not write vague answers.)

OFFICE USE

--	--	--	--	--

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
① ① ① ① ① ①
② ② ② ② ②
③ ③ ③ ③ ③
④ ④ ④ ④ ④
⑤ ⑤ ⑤ ⑤ ⑤
⑥ ⑥ ⑥ ⑥ ⑥
⑦ ⑦ ⑦ ⑦ ⑦
⑧ ⑧ ⑧ ⑧ ⑧
⑨ ⑨ ⑨ ⑨ ⑨

⑩ Not stated

P50. Were you self-employed or working for someone else in your (main) job during the week of 13th - 19th May?

Self-employed

- ① With paid help (Employer)
② Without paid help
③ As unpaid worker in family business/farm

Worked for someone else

- ④ Bermuda Government
⑤ Quango
⑥ Foreign Government
⑦ Private company/person
⑧ Owner-manager (incorporated)
⑨ Not stated

SECTION 8 - JOURNEY TO WORK (PERSONS 16 YRS & OVER)

P51. What time do you have to start work in your (main) job?

- ① 7:00 a.m./earlier ⑤ 8:45 a.m. ⑨ Shift work
② 7:30 a.m. ⑥ 9:00 a.m. ⑩ Other
③ 8:00 a.m. ⑦ 9:30 a.m. ⑪ Not stated
④ 8:30 a.m. ⑧ 10:00 a.m.

P52. How do you usually travel to your (main) place of work? (If more than one form of travel used, fill oval covering longest distance.)

- ① Drives self only in car ⑨ Taxi
② Car with household member ⑩ Pedal cycle
③ Car w/household non-member ⑪ Ferry
④ Car w/hhld. mem. & non-mem. ⑫ On foot
⑤ Motorcycle ⑬ No usual method
⑥ Bus ⑭ Works at home (Go to Section 9)
⑦ Minibus
⑧ Van/truck/commercial vehicle ⑮ Not stated

P53. Where do you usually report for work in your (main) job?

- ① City of Hamilton ⑧ Devonshire
② Elsewhere in Pembroke ⑨ Paget
③ Town of St. George ⑩ Warwick
④ Southside in St. George's Parish ⑪ Southampton
⑤ Elsewhere in St. George's Parish ⑫ Sandys
⑥ Hamilton Parish ⑬ No fixed reporting point
⑦ Smith's ⑭ Not stated

PLEASE DO NOT WRITE IN THIS AREA



02321

SECTION 9 - FERTILITY (FEMALES 15 YEARS & OVER)

P54. How many live-born children have you ever had? Please exclude stillbirths, stepchildren and adopted children.

children (If "00" then go to P58) ⑩ Not stated

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

P55. How old were you at the birth of your first live-born child?

years ⑩ Not stated

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

P56. How old were you at the birth of your last live-born child?

years ⑩ Not stated

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

FOR WOMEN 15 - 49 YEARS

P57. How many babies were born alive to you during the past 12 months?

- ① None ② Twins ③ 3+
④ 1 ⑤ 2 ⑥ Not stated

SECTION 10 - BERMUDIAN STATUS

P58. Are you Bermudian?

- ① Yes ② No (Go to P61) ③ Not stated

P59. Did you acquire Bermudian status by

- ① Birth? (Go to P61) ③ Grant of status?
② Marriage? ④ Not stated

B'DIANS WHO GOT STATUS BY MARRIAGE OR GRANT

P60. When did you acquire Bermudian status?

year ⑩ Not stated

- ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

SECTION 11 - HEALTH

P61. Do you have a physical or mental health condition(s) that has lasted for more than six months?

- ① Yes ② No (Go to P65) ③ Not stated

SHOW FLASH CARD #5

P62. Please look at this card and tell me which of the following conditions has lasted for more than 6 months? State all that apply.

- | | |
|---------------------------------------|---|
| ① Arthritis/ rheumatism | ⑮ Mental retardation |
| ② Heart condition | ⑯ Epilepsy |
| ③ HBP/hypertension | ⑰ Learning/ remembering/ concentrating difficulties |
| ④ Diabetes | ⑱ Hearing difficulties/deafness |
| ⑤ No/limited use or absence of leg(s) | ⑲ Speaking difficulties |
| ⑥ Back/spine problem | ⑳ Gripping/holding difficulties |
| ⑦ Asthma | ㉑ Seeing difficulties/blindness |
| ⑧ Other resp/lung problem | ㉒ Behavioural difficulties |
| ⑨ Mental/emotional disorder | ㉓ Moving/mobility difficulties |
| ⑩ No/limited use or absence of arm(s) | ㉔ Body movement difficulties |
| ⑪ Cancer | ㉕ Other condition(s) (Specify) |
| ⑫ Stomach, kidney, liver prob. | _____ |
| ⑬ Senility/ Alzheimer's | _____ |
| ⑭ Muscular disease/ impairment | _____ |
| | ⑳ Not stated |

P63. Does/do your condition(s) ...

a) Limit or prevent any of your everyday life activities; for example, work, recreation, mobility, schooling?

- ① Yes ② No (Go to P65) ③ Not stated

b) Limit the kind/amount of activity at home/school?

- ① Yes ② No ③ Not stated

c) Prevent you from leaving home alone?

- ① Yes ② No ③ Not stated

d) Prevent you from taking care of your own personal needs, such as bathing, dressing or getting around inside the home?

- ① Yes ② No ③ Not stated

e) Generally confine you to getting around in a wheel chair?

- ① Yes ② No ③ Not stated

FOR PERSONS 16 YEARS & OVER

f) Prevent you from working?

- ① Yes (Go to P 63h) ② No ③ Not stated

g) Limit the kind or amount of work that you can do?

- ① Yes ② No ③ Not stated

h) Limit you in some other way?

- ① Yes ② No ③ Not stated

(Specify) _____

P64. Do you receive hired care for your condition(s)?

- ① Yes, private ③ Yes, both ⑤ Not stated
② Yes, public ④ No care

P65. What type of health insurance coverage, if any, do you have?

- ① Major medical ③ None
- ② Basic ④ Not stated

SECTION 12 - INCOME (PERSONS 12 YEARS OR OLDER)

P66. During the 12 months ending May 20, 2000, did you receive, from your main job, income from wages, salaries, commissions, bonuses, tips or net earnings from self-employment?

- ① Yes ② No (*Go to P68*) ③ Not stated

SHOW FLASH CARD #6

P67. Please look carefully at this card and tell me which of the letter codes best describes your income range from your main job for the 12 months ending May 20, 2000. Remember to include only income from wages, salaries, commissions, tips and net earnings from self-employment.

letter code

A B C D E F G H I J K L M N O P QS

SHOW FLASH CARD #6

P68. Please look at this card and tell me which of the letter codes describes your income range from all other sources for the 12 months ending May 20, 2000. Include income from all other jobs, bonuses, pensions, annuities, interest, dividends, net rents and regular allowances such as child support, alimony, social assistance, rental subsidies, scholarships, etc.

letter code

A B C D E F G H I J K L M N O P QS

FOR PERSONS 55 OR OLDER

P69. During the 12 months ending May 20, 2000, did you receive income from pension(s)?

- ① Yes ② No (*Go to P71*) ③ Not stated

SHOW FLASH CARD #6

P70. Please look carefully at this card and tell me which of the letter codes describes your pension income range for the 12 months ending May 20, 2000. Please include pension income from all sources.

letter code

A B C D E F G H I J K L M N O P QS

SECTION 13 - WHERE SPENT CENSUS NIGHT

P71. Were you in Bermuda or abroad on Census Night (May 20, 2000)?

- ① Bermuda ② Abroad ③ Not stated
- (*Go to next person*)

PLEASE DO NOT WRITE IN THIS AREA



02321

