COMMONWEALTH OF THE BAHAMAS

CENSUS OF POPULATION AND HOUSING

MAY 1, 2000

CONFIDENTIAL

DEPARTMENT OF STATISTICS

		IS.		E.D.				НН
IDENTIFYING NUMB	ER							Name
NAME OF HEAD OF	HOUSEHOLD	************	********	**********	********			
ADDRESS OF HOUS	SEHOLDStreet No.					Tow	n or Sett	tlement
				Island				
SUPERVISORY DIST					3] 	
HOUSEHOLD NUMB	ER							
NUMBER OF PERSO	NS IN HOUSEHOL	.D						
RESULTS CODES	1	COMPLETED)	3	REFL	JSEC)	
	2	NOT AT HOM	1E	4	OTHE		(Specif	fy)
SUPERVISOR	NAME			c	DATE			
ENUMERATOR	NAME			c	DATE			
EDITOR	NAME				DATE			

		PART A:	HOUSING					
		SECTION 1: TO BE COMPLETED BY F						
A L	H1.	1. GIVE THE NAME AND/OR TYPE OF THIS DWELLING						
		e.g. Private Dwelling, Nassau Beach Hotel, Fox Hill Prison, St. Francis Convent, Police Barracks, etc.						
	H2.	HOW MANY PERSONS WHO USUALLY LIVE HERE WERE HERE ON CENSUS DAY?						
	Н3.	HOW MANY PERSONS WHO USUALLY L ELSEWHERE IN THE BAHAMAS ON CEN						
	H4.	H4. HOW MANY PERSONS WHO USUALLY LIVE HERE WERE ABSENT ABROAD ON CENSUS DAY?						
O L	H5.	HOW MANY PERSONS WHO HAVE A USUAL PLACE OF RESIDENCE ELSEWHERE IN THE BAHAMAS WERE HERE ON CENSUS DAY?						
D S	Н6.	HOW MANY FOREIGN VISITORS WERE HERE ON CENSUS DAY?						
PRI								
X I	Н8.	WHAT TYPE OF DWELLING IS THIS?	1 SINGLE DETACHED					
			2 SINGLE ATTACHED					
			3 PART OF A PRIVATE HOUSE					
			4 DAPARTMENT/FLAT					
			5 OTHER(Specify)					

P R	H9. WHAT IS THE CONSTRUCTION MATERIAL OF THE OUTER WALLS?	1
V	H10. IN WHICH PERIOD WAS THIS DWELLING BUILT?	1 2000 5 1990-1994 2 1999 6 1980-1989 3 1998 7 1971-1979 4 1995-1997 8 1970 or Earlier 9 Not Stated
T	H11. HOW MANY ROOMS MAKE UP THIS DWELLING? (EXCLUDE BATHROOMS AND KITCHENS FROM YOUR COUNT)	(Number)
	H12. HOW MANY OF THE FOLLOWING SOURCES OF WATER DO YOU UTILIZE? (TICK ALL THAT APPLY)	1
SHOOL	H13. WHAT IS THE MAIN SOURCE OF YOUR WATER SUPPLY? (TICK ONE ONLY)	1
D	H14. WHAT TYPE OF TOILET FACILITIES DO YOU HAVE?	1

P	H15. ARE THESE FACILITIES SHARED BY ANOTHER HOUSEHOLD?	1
R	H16. WHAT DO YOU USE TO PROVIDE LIGHT?	1
V	H17. WHAT TYPE OF FUEL DO YOU USE FOR COOKING?	1
T	H18. WHICH OF THESE APPLIANCES DO YOU HAVE AT PRESENT?	A. AIR CONDITION
H	H19. HOW MANY MOTOR VEHICLES ARE OWNED BY MEMBERS OF THIS HOUSEHOLD?	1
U	H20. WHAT TYPE OF TENURE DO YOU HOLD?	1
S	H21(a). RENTERS WHAT IS THE MONTHLY RENT? (Round amount to the nearest dollar)	
H	H21(b). OWNERS WHAT IS THE MONTHLY MORTGAGE PAYMENT? (Round amount to the nearest dollar)	
D S	H22. WHAT IS THE TOTAL HOUSEHOLD INCOME FOR THE PRECEDING TWELVE MONTHS? (Round amount to the nearest dollar)	

							SECT	ION 2: EMIC ALL PERSO						
M	1. DID A ABRO	NYONE AD?	IN T	HIS	но	USE	HOLD M	OVE ABROA	DE	BETWEEN 19	90 A	ND 2000 AND A	ARE STILL	
					1		YES	[IF YES	со	NTINUEJ				
					2		NO	[IF NO C	90	TO PART CJ				
VI.	2. HOW I	MANY P	ERS for ea	SON ach p	S M	OVE	D? ved.)						- 18	
	(M3)	(M4)	c	(1)	15)	c o	(M6)	(M6) (M7) C (M8) C (M9) (
	NUMBER	YEAR MOVED	DE	S	EX	D	MOVED	MARITAL STATUS WHEN MOVED	DE	EDUCATIONAL ATTAINMENT WHEN MOVED	0 D E	OCCUPATION WHEN MOVED	MIGRATION	
	01			м	F								1 18	
	02			M	F									
ŀ	03				-									
-	03			М	F									
	04			М	F									
-														
	05			М	F	WKINTIN								
	ne .					THE REAL PROPERTY.								
	06			М	F	The state of								
	07			м	F									
-	08			м	F									
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	09			м	F									
	CONCL													
	10			М	F									
	44				_									
	11			М	F									
	12			м	F									

	PART C: POPULATION					
		RISTICS (ALL PERSONS)				
	NAME OF RESIDENT	P8. WHAT IS YOUR RELIGION/DENOMINATION?				
	SURNAME FIRST NAME INITIAL					
P1.	INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)				
P2.	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?	P10. WHICH ISLAND WAS THIS?				
	01 HEAD	P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)				
P3.	WHICH FAMILY ARE YOU A MEMBER OF? 1 ☐ FIRST 4 ☐ FOURTH 7 ☐ SEVENTH 2 ☐ SECOND 5 ☐ FIFTH 8 ☐ EIGHTH 3 ☐ THIRD 6 ☐ SIXTH 9 ☐ NONE (SKIP TO P5)	P12. IN WHICH COUNTRY DID YOU LAST RESIDE?				
4421		P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?				
P4.	FAMILY MEMBERSHIP STATUS. 1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY	P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)				
	3 CHILD WITH BOTH PARENTS (Specify)	P15. IN WHICH ISLAND WAS THIS?				
P5.	SEX OF RESIDENT 1 MALE 2 FEMALE	P18. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?				
P6.	WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?					
	DAY MONTH YEAR	P17. OF WHAT COUNTRY ARE YOU A CITIZEN?				
100		(IF NOT BAHAMAS SKIP TO P19) P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?				
P7.	WHAT IS YOUR MARITAL STATUS? 1 NEVER MARRIED 4 DIVORCED 9 NOT STATED 2 MARRIED 5 SEPARATED 3 WIDOWED 6 COMMON-LAW	1 BORN TO BAHAMIAN PARENTS 4 MARRIED TO A BAHAMIAN HUSBAND 2 BORN IN THE BAHAMAS TO NON-BAHAMIANS 5 OTHER NATURALIZATION 3 ADOPTED BY BAHAMIANS				
	DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?	LITY (ALL PERSONS) 1 P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR				
P20.	DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 01	01 SELF CARE 02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME) 04 COMMUNICATION 05 SCHOOLING/EDUCATION 06 EMPLOYMENT 07 SOCIAL EVENTS 08 OTHER (Specify) 09 NONE P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS? 1 CONGENITAL/PRENATAL 2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.				
P21.	DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)	4 OTHER(Specify) 5 NOT KNOWN				
	SECTION 5: EDUCAT	TION (ALL PERSONS)				
P24.	SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY? 1 YES FULL TIME 2 YES PART TIME 3 NO	P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)				
P25.	WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in) 01 NONE 05 HIGH SCHOOL 4+ 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2 03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3 04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+ 09 OTHER (Specify)	P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed) P26B. DEGREED PERSONS ONLY (Major / Discipline)				
	SECTION 6: VOCATIONAL TRAININ	IG (PERSONS 15 YEARS AND OVER)				
P27.	HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	P30. IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING				
	WHAT IS THIS PROFESSION, CRAFT OR TRADE? (Profession/Craft/Trade) WHAT METHOD OF TRAINING IS/ WAS THIS?	P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING? 1 CERTIFICATE WITH EXAMINATION 2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA				
	1 APPRENTICESHIP/ON THE JOB TRAINING 2 TECHNICAL INSTITUTION 3 COLLEGE/UNIVERSITY 4 OTHER (Specify	4 DEGREE 5 NONE 6 OTHER(Specify)				

SECTION 7: TRANSPORTATION ((PERSONS 15 YEARS AND OVER)
P32. WHAT IS YOUR MAIN FORM OF TRANSPORTATION? (If family members take turns driving the family vehicle one must report driver and 1	AS PASSENGER ONLY 7 OTHER
SECTION 8: ECONOMIC ACTIVITY	(PERSONS 15 VEARS AND OVER)
P33. DID YOU DO ANY WORK AT ALL, FOR ANY LENGTH OF TIME DURING THE WEEK	P39. HAVE YOU EVER WORKED OR HAD A JOB FOR AT LEAST TWO (2) WEEKS?
OF APRIL 24TH THRU 30TH	1 YES 2 NO
(This would include helping in a family business/farm, street vending etc.) 1 YES (Skip to P35) 2 NO	(ALL PERSONS ANSWERING P39 SKIP TO P46) P40. HOW MANY WEEKS DID YOU WORK IN THE PAST TWELVE MONTHS?
P34. WHAT WAS YOUR MAIN ACTIVITY DURING THAT WEEK? 01	1
02 C LOOKED FOR WORK 06 HOME DUTIES	7 1 27 30
03 LOOKED FOR WORK DURING 07 STUDENT THE PAST 4 WEEKS	P41 WHAT IS THE NAME OF THE COMPANY/BUSINESS WHERE YOU WORK OR FOR WHICH YOU LAST WORKED? (This and following questions refer to main job)
04 DID NOT LOOK BUT WANTED 08 RETIRED TO WORK AND WAS AVAILABLE	
DURING PAST 4 WEEKS 09 DISABLED	P42 WHAT KIND OF BUSINESS OR ACTIVITY TAKES PLACE THERE?
10 OTHER(Specify)	(Describe the kind of business e.g. retail store, primary school, law firm, brewery, etc.)
(ALL PERSONS ANSWERING P34 SKIP TO P37)	
P35. DURING THAT WEEK, HOW MANY PAID JOBS DID YOU WORK AT?	
1 ONE 3 THREE OR MORE 2 TWO 4 NONE	P43 WHAT TYPE OF WORK DO YOU/DID YOU DO?
	(Describe your job as accurately as possible e.g. sales clerk,typist, doctor, sufo mechanic, civil engineer, taxi driver, housemald, etc.)
P36. HOW MANY HOURS DID YOU WORK ON YOUR MAIN JOB DURING THAT WEEK? 1 1 - 8 4 33 - 44	(Do Not Say engineer, mechanic, teacher, supervisor, clerk, etc.
2 9-15	Be more specific e.g. sales clerk, primary school teacher, auto mechanic, etc.)
(ALL PERSONS ANSWERING P36 TICK 1 AT P37 AND SKIP TO P40)	
P37. DID YOU WORK AT ALL, FOR ANY LENGTH OF TIME DURING THE PAST	P44. ARE/WERE YOU SELF-EMPLOYED OR WORKING FOR SOMEONE ELSE IN
P38. WHAT WAS YOUR MAIN ACTIVITY DURING THE PAST 12 MONTHS? O1	2 SELF-EMPLOYED (1-4 PAID HELPERS) 3 SELF-EMPLOYED (5 OR MORE PAID HELPERS) 4 EMPLOYEE (GOVT/GOVT CORP) 5 EMPLOYEE (PRIVATE - 1-4 WORKERS) 6 EMPLOYEE (PRIVATE - 5 OR MORE WORKERS) 7 UNPAID FAMILY WORKER P45. DO YOU MOVE ALL YOUR GOODS DAILY; E.G. FRUITS, PEANUTS, NEWSPAPERS, CLOTHING, EQUIPMENT? 1 YES (INFORMAL TRADER) 2 NO
	S 15 YEARS OF AGE AND OVER)
P46. DURING THE PAST TWELVE MONTHS DID YOU RECEIVE INCOME FROM ANY OF THE (B\$. to the nearest whole number e. g. 12565.80 = 12566) (PRIMARY JOB) 1. WAGES, SALARY, COMMISSION, TIPS, ETC. 4. RETIREMENT (SECONDARY JOB)	7. GIFTS AND DONATIONS
2. WAGES, SALARY, COMMISSION, TIPS, ETC. 5. OLD AGE PER	NSION 8, INVESTMENTS
3. OWN BUSINESS 6. GOVERNMEN	NT ALLOWANCES 9. OTHER SOURCES
10. TOTAL INCOME DU	JRING LAST TWELVE MONTHS
SECTION 10: FERTILITY (FEMALE	S 15 YEARS OF AGE AND OVER)
P47. HOW MANY LIVE-BORN CHILDREN HAVE YOU EVER HAD? (Write number in the space provided, if none write	P50. DID YOU HAVE ANY LIVE BIRTHS IN THE LAST TWELVE MONTHS?
(Write number in the space provided, if note write 000 and go to P32)	0 NO (Skip to P52) 2 YES 1 YES 3+ YES
(Number of Children 1 = 01, 2 = 02 stc.)	
DAS HOW OLD WERE VOLUMEN VOLUME VALUE FIRST LINE BORN CHILDS	P51. HAVE ANY OF THE BABIES DIED? 0 NO 2 YES
P48. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST LIVE-BORN CHILD?	1 YES 3+ YES
(age in years)	DE2 MALAT IS VOUD IMION STATUS
P49. HOW OLD WERE YOU WHEN YOU HAD YOUR LAST LIVE-BORN CHILD?	P52. WHAT IS YOUR UNION STATUS? (For women 50 years and over, give status at age 49)
	1 MARRIED 3 VISITING 2 COMMON LAW 4 NO LONGER IN A LINION
(age in years)	2 COMMON-LAW 4 NO LONGER IN A UNION 5 NEVER IN A UNION



COMMONWEALTH OF THE BAHAMAS CENSUS OF POPULATION AND HOUSING 2000



CENSUS QUESTIONNAIRE MAY 1, 2000

INSTITUTIONAL

CENSUS OFFICE DEPARTMENT OF STATISTICS

P. O. BOX N-3904 PHONE 325-6511/20 NASSAU, BAHAMAS

COMMONWEALTH OF THE BAHAMAS CENSUS OF POPULATION AND HOUSING

MAY 1, 2000

DEPARTMENT OF STATISTICS

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				IS.		E.D	•		Н	1
	IDENTIFYING NUMBI	ER								
	NAME OF HEAD OF									•••••
	ADDRESS OF HOUS	EHOLDStreet No.							Settlemen	t
						Island				
	SUPERVISORY DIST	RICT NUMBER	•	-						
	ENUMERATION DIST	RICT NUMBER								
	HOUSEHOLD NUMB	ΕR								
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	EDITOR	NAME					DATE			- 1
	CODER	NAME					DATE			

- 1910 - 1917 - 1917	PART C: PO	
	SECTION 3: CHARAGTER	HONGO (ALL PEROUNO)
	NAME OF RESIDENT	P8. WHAT IS YOUR RELIGION/DENOMINATION?
	SURNAME FIRST NAME INITIAL	
P1.	INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2.	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?	P10. WHICH ISLAND WAS THIS?
	01 HEAD	P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
P3.	WHICH FAMILY ARE YOU A MEMBER OF?	
	1 FIRST	P12. IN WHICH COUNTRY DID YOU LAST RESIDE?
	3 THIRD 6 SIXTH 9 NONE (SKIP TO P5)	P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4.	FAMILY MEMBERSHIP STATUS.	
	1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER	P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
	4 CHILD WITH BOTH PARENTS (Specify)	P15. IN WHICH ISLAND WAS THIS?
P5.	SEX OF RESIDENT 1 MALE 2 FEMALE	P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
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	S	3 ADOPTED BY BAHAMIANS
	SECTION 4: DISABIL	LITY (ALL PERSONS)
P19.	DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?	P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
	YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	01 SELF CARE
P20.	DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)	02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME)
	SEEING (EVEN WITH GLASSES, IF WORN) HEARING (EVEN WITH HEARING AID, IF WORN)	04 COMMUNICATION 05 SCHOOLING/EDUCATION
	05 SPEAKING (TALKING) 68 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB)	06 EMPLOYMENT
	MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)	07 SOCIAL EVENTS 08 OTHER (Specify)
	GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) GRIPPING (INTELLECTUAL DIFFICULTIES, SLOWNESS)	08
	05 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)	P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?
	MENTAL (MILD, MODERATE, SEVERE RETARDATION)	1 CONGENITAL/PRENATAL
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	11 NONE	GASES, CHEMICALS, ETC.
P21.	DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)	4
	SECTION 5: EDUCAT	FION (ALL PERSONS)
P94	SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?	P26. WHAT IS THE HIGHEST CERTIFICATE,
	1 YES FULL TIME 2 YES PART TIME 3 NO	DIPLOMA OR DEGREE EARNED? (Qualification)
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	03	
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23.	(Profession/Craft/Trade)	1 CERTIFICATE WITH EXAMINATION
P29.	WHAT METHOD OF TRAINING IS/ WAS THIS?	2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA
	1 APPRENTICESHIP/ON THE JOB TRAINING 2 TECHNICAL INSTITUTION	4 DEGREE
	3 COLLEGE/UNIVERSITY 4 OTHER (Specify	5 NONE 6 OTHER(Specify)

	PART C: PO	
	SECTION: 3: CHARACTER	
	SURNAME FIRST NAME INITIAL	P8. WHAT IS YOUR RELIGION/DENOMINATION?
	INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2.	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD? 02 SPOUSE OR PARTNER 07 GRANDCHILD	P10. WHICH ISLAND WAS THIS?
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P27.	SECTION 6: VOCATIONAL TRAINING HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?	G (PERSONS 15 YEARS AND OVER) P30. IS THIS TRAINING COMPLETED OR ON GOING? 1
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12.5	PART C: PO SECTION 3: CHARACTER	
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	SURNAME FIRST NAME INITIAL	
P1.	INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2.	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD? 02 SPOUSE OR PARTNER 07 GRANDCHILD	P10. WHICH ISLAND WAS THIS?
	03 SON 08 PARENT OR PARENT-IN-LAW 04 DAUGHTER 09 OTHER RELATIVE 05 SON-IN-LAW 10 NON-RELATIVE	P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
	06 DAUGHTER-IN-LAW	P12. IN WHICH COUNTRY DID YOU LAST RESIDE?
P3.	WHICH FAMILY ARE YOU A MEMBER OF? 1 ☐ FIRST 4 ☐ FOURTH 7 ☐ SEVENTH 2 ☐ SECOND 5 ☐ FIFTH 8 ☐ EIGHTH 3 ☐ THIRD 6 ☐ SIXTH 9 ☐ NONE (SKIP TO P5)	P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4.	FAMILY MEMBERSHIP STATUS.	P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
	1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER	P15. IN WHICH ISLAND WAS THIS?
	4 CHILD WITH BOTH PARENTS (Specify)	P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
P5.	SEX OF RESIDENT 1 MALE 2 FEMALE	P17. OF WHAT COUNTRY ARE YOU A CITIZEN?
P6.	WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY? DATE OF BIRTH AGE	(IF NOT BAHAMAS SKIP TO P19)
<u></u>	DAY MONTH YEAR	P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP? 1
P7.	WHAT IS YOUR MARITAL STATUS? 1 NEVER MARRIED 4 DIVORCED 9 NOT STATED 2 MARRIED 5 SEPARATED 3 WIDOWED 6 COMMON-LAW	2 DORN IN THE BAHAMAS TO NON-BAHAMIANS 5 OTHER NATURALIZATION 3 ADOPTED BY BAHAMIANS
		LITY (ALL PERSONS)
P19	DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY? 1 YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
P20	DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 11 SEEING (EVEN WITH GLASSES, IF WORN) 12 HEARING (EVEN WITH HEARING AID, IF WORN) 13 SPEAKING (TALKING) 14 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) 15 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS) 16 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) 17 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) 18 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL	04
	PROBLEMS) 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION) 10 OTHER	P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS? 1
P21	(Specify) 11 NONE DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT	GASES, CHEMICALS, ETC. 4 OTHER(Specify)
	ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)	5 NOT KNOWN
	SECTION 5: EDUCA	ATION (ALL PERSONS)
P24	SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY? 1 YES FULL TIME 2 YES PART TIME 3 NO	P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)
P25	WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in) 1 NONE 05 HIGH SCHOOL 4+ 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2 03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3 04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+	P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)
	09 OTHER(Specify)	P26B. DEGREED PERSONS ONLY (Major / Discipline)
	SECTION 6: VOCATIONAL TRAININ	NG (PERSONS 15 YEARS AND OVER)
P27	. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 NO (SKIP TO P32)	P30. IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING
	. WHAT IS THIS PROFESSION, CRAFT OR TRADE? (Profession/Craft/Trade) . WHAT METHOD OF TRAINING IS/ WAS THIS?	P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING? 1
	1 APPRENTICESHIP/ON THE JOB TRAINING 2 TECHNICAL INSTITUTION 3 COLLEGE/UNIVERSITY 4 OTHER (Specify	4

PART C: POPULATION SECTION 8: CHARACTERISTICS (ALL PERSONS)							
	NAME OF RESIDENT						
	INITIAL	P8. WHAT IS YOUR RELIGION/DENOMINATION?					
P1.	SURNAME FIRST NAME INITIAL INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)					
P2.	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?	P10. WHICH ISLAND WAS THIS?					
	02 SPOUSE OR PARTNER 07 GRANDCHILD 03 SON 08 PARENT OR PARENT-IN-LAW 04 DAUGHTER 09 OTHER RELATIVE 05 SON-IN-LAW 10 NON-RELATIVE	P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)					
	06 DAUGHTER-IN-LAW	P12. IN WHICH COUNTRY DID YOU LAST RESIDE?					
P3.	WHICH FAMILY ARE YOU A MEMBER OF? 1 ☐ FIRST 4 ☐ FOURTH 7 ☐ SEVENTH 2 ☐ SECOND 5 ☐ FIFTH 8 ☐ EIGHTH	P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?					
	2 SECOND 5 FIFTH 8 EIGHTH 3 THIRD 6 SIXTH 9 NONE (SKIP TO P5)						
P4.	FAMILY MEMBERSHIP STATUS.	P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)					
	1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER	P15. IN WHICH ISLAND WAS THIS?					
	4 CHILD WITH BOTH PARENTS (Specify)	P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?					
P5.	SEX OF RESIDENT 1 MALE 2 FEMALE	P17. OF WHAT COUNTRY ARE YOU A CITIZEN?					
P6.	WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY? DATE OF BIRTH AGE	(IF NOT BAHAMAS SKIP TO P19)					
	DAY MONTH YEAR	P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?					
P7.	WHAT IS YOUR MARITAL STATUS? 1 NEVER MARRIED 4 DIVORCED 9 NOT STATED	BAHAMIAN HUSBAND 2 BORN IN THE BAHAMAS					
	2 MARRIED 5 SEPARATED	TO NON-BAHAMIANS 5 OTHER NATURALIZATION 3 ADOPTED BY BAHAMIANS					
	3 WIDOWED 6 COMMON-LAW SECTION 4: DISABIL	ITY/ALL PERSONS)					
P10	DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?	P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR					
'"	1 YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	ILLNESS? (TICK ALL THAT APPLY)					
P2(DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 1 SEEING (EVEN WITH GLASSES, IF WORN) 1 HEARING (EVEN WITH HEARING AID, IF WORN) 1 SPEAKING (TALKING) 1 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB)	01 SELF CARE 02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME) 04 COMMUNICATION 05 SCHOOLING/EDUCATION 06 EMPLOYMENT 07 SOCIAL EVENTS					
	MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS) GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)	08					
	08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)	P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?					
	09 MENTAL (MILD, MODERATE, SEVERE RETARDATION) 10 OTHER (Specify)	1 CONGENITAL/PRENATAL 2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO					
	11 NONE	GASES, CHEMICALS, ETC.					
P2	1. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)	4 OTHER(Specify) 5 NOT KNOWN					
A	SECTION 5: EDUCAT	ION (ALL PERSONS)					
P2	1. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY? 1 YES FULL TIME 2 YES PART TIME 3 NO	P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)					
P2	ATTENDED? (If now in school check the grade or year you are now in)	P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)					
	01 ☐ NONE						
	04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+	P26B. DEGREED PERSONS ONLY					
. ,	09 OTHER(Specify)	(Major / Discipline)					
	SECTION 6: VOCATIONAL TRAININ	G (PERSONS 15 YEARS AND OVER)					
P2	7. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	P30. IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING					
P2	8. WHAT IS THIS PROFESSION, CRAFT OR TRADE?	P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?					
	(Profession/Craft/Trade)	1 CERTIFICATE WITH EXAMINATION 2 CERTIFICATE WITHOUT EXAMINATION					
P2	9. WHAT METHOD OF TRAINING IS/ WAS THIS? 1 APPRENTICESHIP/ON THE JOB TRAINING	3 DIPLOMA 4 DEGREE					
	2 TECHNICAL INSTITUTION 3 COLLEGE/UNIVERSITY 4 OTHER	5 NONE 6 OTHER (Specify)					
1	(Specify						

manager of the latest	PART C: PC	
	SECTION:3: CHARACTER	IISTICS (ALL PERSONS)
	NAME OF RESIDENT	P8. WHAT IS YOUR RELIGION/DENOMINATION?
	SURNAME FIRST NAME INITIAL	
P1.	INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2.	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD? 02 SPOUSE OR PARTNER 07 GRANDCHILD	P10. WHICH ISLAND WAS THIS?
	03 SON 08 PARENT OR PARENT-IN-LAW 04 DAUGHTER 09 OTHER RELATIVE 05 SON-IN-LAW 10 NON-RELATIVE	P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
	06 DAUGHTER-IN-LAW	P12. IN WHICH COUNTRY DID YOU LAST RESIDE?
P3.	WHICH FAMILY ARE YOU A MEMBER OF? 1 ☐ FIRST 4 ☐ FOURTH 7 ☐ SEVENTH 2 ☐ SECOND 5 ☐ FIFTH 8 ☐ EIGHTH 3 ☐ THIRD 6 ☐ SIXTH 9 ☐ NONE (SKIP TO P5)	P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4.	FAMILY MEMBERSHIP STATUS.	P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
	1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER	P15. IN WHICH ISLAND WAS THIS?
	4 CHILD WITH BOTH PARENTS (Specify)	P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
P5. P6.	SEX OF RESIDENT 1 MALE 2 FEMALE WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?	P17. OF WHAT COUNTRY ARE YOU A CITIZEN?
	DATE OF BIRTH AGE	(IF NOT BAHAMAS SKIP TO P19)
	DAY MONTH YEAR	P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP? 1
P7.	WHAT IS YOUR MARITAL STATUS? 1 NEVER MARRIED 4 DIVORCED 9 NOT STATED	2 ☐ BORN IN THE BAHAMAS TO NON-BAHAMIANS 5 ☐ OTHER
	2 MARRIED 5 SEPARATED 3 WIDOWED 6 COMMON-LAW	3 ADOPTED BY BAHAMIANS
100000	SECTION 4: DISABIL	LITY (ALL PERSONS)
P19	. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?	P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR
'	1 YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	ILLNESS? (TICK ALL THAT APPLY)
P20	DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 10 SEEING (EVEN WITH GLASSES, IF WORN) 10 HEARING (EVEN WITH HEARING AID, IF WORN) 11 SPEAKING (TALKING) 12 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) 13 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, OUADRIPLEGIC PARALYSIS)	01 SELF CARE 02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME) 04 COMMUNICATION 05 SCHOOLING/EDUCATION 06 EMPLOYMENT 07 SOCIAL EVENTS 08 OTHER (Specify)
	06 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) 07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL	08 OTHER (Specify) 09 NONE P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?
1.	PROBLEMS) 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)	1 CONGENITAL/PRENATAL
	10 OTHER(Specify) 11 NONE	2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
P21	I. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)	4 OTHER(Specify) 5 NOT KNOWN
		TION (ALL PERSONS)
P24	SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?	P26. WHAT IS THE HIGHEST CERTIFICATE,
	1 YES FULL TIME 2 YES PART TIME 3 NO	DIPLOMA OR DEGREE EARNED? (Qualification)
P25	WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in) 1 NONE 05 HIGH SCHOOL 4+ 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2	P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)
	03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3	
	04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+ 09 OTHER(Specify)	P26B. DEGREED PERSONS ONLY (Major / Discipline)
		IG (PERSONS 15 YEARS AND OVER)
P27	7. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	P30. IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING
P2	8. WHAT IS THIS PROFESSION, CRAFT OR TRADE?	P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
	(Profession/Craft/Trade)	1 CERTIFICATE WITH EXAMINATION
P2	9. WHAT METHOD OF TRAINING IS/ WAS THIS?	2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA
	1 APPRENTICESHIP/ON THE JOB TRAINING 2 TECHNICAL INSTITUTION	4 DEGREE 5 NONE
	3 COLLEGE/UNIVERSITY 4 OTHER (Specify	6 OTHER(Specify)

	OPULATION
SECTION 3: CHARACTE	RISTICS (ALL PERSONS)
NAME OF RESIDENT SURNAME FIRST NAME INITIAL	P8. WHAT IS YOUR RELIGION/DENOMINATION?
SURNAME FIRST NAME INITIAL P1. INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?	P10. WHICH ISLAND WAS THIS?
02	P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
06 DAUGHTER-IN-LAW	P12. IN WHICH COUNTRY DID YOU LAST RESIDE?
P3. WHICH FAMILY ARE YOU A MEMBER OF? 1	P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4. FAMILY MEMBERSHIP STATUS.	P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER	P15. IN WHICH ISLAND WAS THIS?
4 CHILD WITH BOTH PARENTS (Specify)	P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
P5. SEX OF RESIDENT 1 MALE 2 FEMALE P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY? DATE OF BIRTH AGE	P17. OF WHAT COUNTRY ARE YOU A CITIZEN?
DAY MONTH YEAR	(IF NOT BAHAMAS SKIP TO P19) P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?
P7. WHAT IS YOUR MARITAL STATUS? 1	1 BORN TO BAHAMIAN PARENTS 4 MARRIED TO A BAHAMIAN HUSBAND 2 BORN IN THE BAHAMAS
2 MARRIED 5 SEPARATED 3 WIDOWED 6 COMMON-LAW	TO NON-BAHAMIANS 5 OTHER NATURALIZATION 3 ADOPTED BY BAHAMIANS
	LITY (ALL PERSONS)
P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY? 1 YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 01 SEEING (EVEN WITH GLASSES, IF WORN) 02 HEARING (EVEN WITH HEARING AID, IF WORN) 03 SPEAKING (TALKING) 04 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) 05 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC,	01 SELF CARE 02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME) 04 COMMUNICATION 05 SCHOOLING/EDUCATION 06 EMPLOYMENT 07 SOCIAL EVENTS
QUADRIPLEGIC PARALYSIS) 06 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) 07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)	08 OTHER (Specify) 09 NONE P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?
09 MENTAL (MILD, MODERATE, SEVERE RETARDATION) 10 OTHER	1 CONGENITAL/PRENATAL 2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)	4 OTHER(Specify) 5 NOT KNOWN
SECTION 5: EDUCA	TION (ALL PERSONS)
P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY? 1 YES FULL TIME 2 YES PART TIME 3 NO	P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)
P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in) 01 NONE 05 HIGH SCHOOL 4+ 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2	P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)
03 ☐ ELEMENTARY 07 ☐ COLLEGE/UNIVERSITY 3 04 ☐ HIGH SCHOOL 1-3 08 ☐ COLLEGE/UNIVERSITY 4+	P26B. DEGREED PERSONS ONLY
09 OTHER(Specify)	(Major / Discipline)
	IG (PERSONS 15 YEARS AND OVER)
P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	P30. IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING
P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE? (Profession/Craft/Trade)	P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
P29. WHAT METHOD OF TRAINING IS/ WAS THIS? 1	1 CERTIFICATE WITH EXAMINATION 2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA 4 DEGREE
3 COLLEGE/UNIVERSITY 4 OTHER (Specify	5 NONE 6 OTHER(Specify)

	PART C: PO SECTION 3: CHARACTER	AND CONTRACTORS	
	NAME OF RESIDENT	P8.	WHAT IS YOUR RELIGION/DENOMINATION?
	SURNAME FIRST NAME INITIAL		
P1.	INDIVIDUAL'S NUMBER	P9.	WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2.	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD? 02 SPOUSE OR PARTNER 07 GRANDCHILD	P10.	WHICH ISLAND WAS THIS?
	03	P11.	HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
P3.	WHICH FAMILY ARE YOU A MEMBER OF?	P12.	IN WHICH COUNTRY DID YOU LAST RESIDE?
1 0.	1 FIRST	P13.	IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4.	FAMILY MEMBERSHIP STATUS.	P14.	DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
	1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER		IN WHICH ISLAND WAS THIS?
	4 CHILD WITH BOTH PARENTS (Specify)	P16.	IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
P5. P6.	SEX OF RESIDENT 1 MALE 2 FEMALE WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?	P17.	OF WHAT COUNTRY ARE YOU A CITIZEN?
	DATE OF BIRTH AGE		(IF NOT BAHAMAS SKIP TO P19)
	DAY MONTH YEAR		IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP? 1 BORN TO BAHAMIAN PARENTS 4 MARRIED TO A
P7.	WHAT IS YOUR MARITAL STATUS? 1 NEVER MARRIED 4 DIVORCED 9 NOT STATED 2 MARRIED 5 SEPARATED		BORN IN THE BAHAMAS TO NON-BAHAMIANS 5 OTHER NATURALIZATION
L	3 WIDOWED 6 COMMON-LAW		3 ADOPTED BY BAHAMIANS
	SECTION 4: DISABIL	.ITY	(ALL PERSONS)
P19.	DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY? 1 YES DISABILITY 2 YES ILLNESS . 3 NO (Skip to P24)	P22.	WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
P20.	DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 11 SEEING (EVEN WITH GLASSES, IF WORN) 12 HEARING (EVEN WITH HEARING AID, IF WORN) 13 SPEAKING (TALKING) 14 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) 15 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS) 16 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)		01 SELF CARE 02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME) 04 COMMUNICATION 05 SCHOOLING/EDUCATION 06 EMPLOYMENT 07 SOCIAL EVENTS 08 OTHER (Specify) 09 NONE
	07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS) 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION) 10 OTHER	P23.	WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS? 1 CONGENITAL/PRENATAL 2 DISEASE/ILLNESS CONTRACTED
	10 OTHER(Specify) 11 NONE		3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
P21.	DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)		4 OTHER(Specify) 5 NOT KNOWN
	SECTION 5: EDUCAT	TION	(ALL PERSONS)
P24.	SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY? 1 YES FULL TIME 2 YES PART TIME 3 NO	P26.	WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)
P25.	WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in) 01 NONE 05 HIGH SCHOOL 4+ 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2	P26A	A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)
	03	P26E	B. DEGREED PERSONS ONLY (Major / Discipline)
200	SECTION 6: VOCATIONAL TRAININ		
P27.	HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	P30.	IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING
P28.	WHAT IS THIS PROFESSION, CRAFT OR TRADE?(Profession/Craft/Trade)	P31.	WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
P29.	WHAT METHOD OF TRAINING IS/ WAS THIS? 1 APPRENTICESHIP/ON THE JOB TRAINING 2 TECHNICAL INSTITUTION		1 CERTIFICATE WITH EXAMINATION 2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA 4 DEGREE 5 NONE
	3 COLLEGE/UNIVERSITY 4 OTHER (Specify		6 OTHER(Specify)

PART C: P	
SECTION:3: CHARACTE	RISTICS (ALL PERSONS)
NAME OF RESIDENT	P8. WHAT IS YOUR RELIGION/DENOMINATION?
SURNAME FIRST NAME INITIAL P1. INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?	P10. WHICH ISLAND WAS THIS?
02	P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
06 DAUGHTER-IN-LAW	P12. IN WHICH COUNTRY DID YOU LAST RESIDE?
P3. WHICH FAMILY ARE YOU A MEMBER OF? 1 ☐ FIRST 4 ☐ FOURTH 7 ☐ SEVENTH 2 ☐ SECOND 5 ☐ FIFTH 8 ☐ EIGHTH 3 ☐ THIRD 6 ☐ SIXTH 9 ☐ NONE (SKIP TO P5)	P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4. FAMILY MEMBERSHIP STATUS.	P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER	P15. IN WHICH ISLAND WAS THIS?
4 CHILD WITH BOTH PARENTS (Specify)	P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
P5. SEX OF RESIDENT 1 MALE 2 FEMALE P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY? DATE OF BIRTH AGE	P17. OF WHAT COUNTRY ARE YOU A CITIZEN?
DAY MONTH YEAR	(IF NOT BAHAMAS SKIP TO P19) P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?
P7. WHAT IS YOUR MARITAL STATUS? 1 NEVER MARRIED 4 DIVORCED 9 NOT STATED	1 BORN TO BAHAMIAN PARENTS 4 MARRIED TO A BAHAMIAN HUSBAND 2 BORN IN THE BAHAMAS
2 MARRIED 5 SEPARATED 3 WIDOWED 6 COMMON-LAW	TO NON-BAHAMIANS 5 OTHER NATURALIZATION 3 ADOPTED BY BAHAMIANS
SECTION 4: DISABI	LITY (ALL PERSONS)
P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY? 1 YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 01 SEEING (EVEN WITH GLASSES, IF WORN) 02 HEARING (EVEN WITH HEARING AID, IF WORN) 03 SPEAKING (TALKING) 04 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) 05 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS) 06 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) 07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)	01
07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)	P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?
09 MENTAL (MILD, MODERATE, SEVERE RETARDATION) 10 OTHER (Specify) 11 NONE	1 CONGENITAL/PRENATAL 2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?	4 OTHER(Specify) 5 NOT KNOWN
1 NO (SKIP TO P23) SECTION 5: EDUCAT	rion (ALL Persons)
P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY? 1 ☐ YES FULL TIME 2 ☐ YES PART TIME 3 ☐ NO	P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)
P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in) 01 NONE 05 HIGH SCHOOL 4+ 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2 03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3	P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)
04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+	P26B. DEGREED PERSONS ONLY (Major / Discipline)
SECTION 6: VOCATIONAL TRAININ	G (PERSONS 15 YEARS AND OVER)
P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	P30. IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING
P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?(Profession/Craft/Trade)	P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
P29. WHAT METHOD OF TRAINING IS/ WAS THIS? 1	1 CERTIFICATE WITH EXAMINATION 2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA 4 DEGREE
3 COLLEGE/UNIVERSITY 4 OTHER (Specify	5 NONE 6 OTHER(Specify)

	PART C: P SECTION 3: CHARACTE	none company or	
	NAME OF RESIDENT	P8.	WHAT IS YOUR RELIGION/DENOMINATION?
P1.	SURNAME FIRST NAME INITIAL INDIVIDUAL'S NUMBER	P9.	WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2.	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?	P10.	WHICH ISLAND WAS THIS?
	02 SPOUSE OR PARTNER 07 GRANDCHILD 03 SON 08 PARENT OR PARENT-IN-LAW 04 DAUGHTER 09 OTHER RELATIVE 05 SON-IN-LAW 10 NON-RELATIVE	P11.	HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
	06 DAUGHTER-IN-LAW	P12.	. IN WHICH COUNTRY DID YOU LAST RESIDE?
P3.	WHICH FAMILY ARE YOU A MEMBER OF? 1 FIRST 4 FOURTH 7 SEVENTH 2 SECOND 5 FIFTH 8 EIGHTH 3 THIRD 6 SIXTH 9 NONE (SKIP TO P5)	P13.	IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4.	FAMILY MEMBERSHIP STATUS.	P14.	DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
	1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER	P15.	IN WHICH ISLAND WAS THIS?
	4 CHILD WITH BOTH PARENTS (Specify)	P16.	IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
P5.	SEX OF RESIDENT 1 MALE 2 FEMALE WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?	P17.	OF WHAT COUNTRY ARE YOU A CITIZEN?
'0'	DATE OF BIRTH AGE		(IF NOT BAHAMAS SKIP TO P19)
P7.	DAY MONTH YEAR WHAT IS YOUR MARITAL STATUS?	P18.	IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP? 1
	1 NEVER MARRIED 4 DIVORCED 9 NOT STATED 2 MARRIED 5 SEPARATED 3 WIDOWED 6 COMMON-LAW		2 BORN IN THE BAHAMAS TO NON-BAHAMIANS 5 OTHER NATURALIZATION 3 ADOPTED BY BAHAMIANS
	: SECTION 4: DISABI	LITY	(ALL: PERSONS)
P19.	DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY? 1 YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	P22.	WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
P20.	DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 10 SEEING (EVEN WITH GLASSES, IF WORN) 10 HEARING (EVEN WITH HEARING AID, IF WORN) 10 SPEAKING (TALKING) 11 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) 12 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)		01 SELF CARE 02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME) 04 COMMUNICATION 05 SCHOOLING/EDUCATION 06 EMPLOYMENT 07 SOCIAL EVENTS
	06 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) 07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)	Dog	08 OTHER (Specify) 09 NONE
	09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)	P23.	WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS? 1 CONGENITAL/PRENATAL
	10 OTHER		2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
P21.	DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)		4 OTHER(Specify) 5 NOT KNOWN
	SECTION 5: EDUCAT	ION	(ALL PERSONS)
P24.	SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY? 1 YES FULL TIME 2 YES PART TIME 3 NO		WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)
P25.	ATTENDED? (If now in school check the grade or year you are now in) 01 NONE 05 HIGH SCHOOL 4+ 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2 03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3	P26A	A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)
	04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+ 09 OTHER(Specify)	P26B	DEGREED PERSONS ONLY (Major / Discipline)
	SECTION 6: VOCATIONAL TRAINING	G (PE	ERSONS 15 YEARS AND OVER)
P27.	HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	E-100 200 200 0	IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING
P28.	WHAT IS THIS PROFESSION, CRAFT OR TRADE?	P31.	WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
P29.	WHAT METHOD OF TRAINING IS/ WAS THIS? 1 APPRENTICESHIP/ON THE JOB TRAINING 2 TECHNICAL INSTITUTION A COLLEGE AND METADOTO.		1 CERTIFICATE WITH EXAMINATION 2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA 4 DEGREE 5 NONE
	3 COLLEGE/UNIVERSITY 4 OTHER (Specify	<u> </u>	6 OTHER (Specify)

	PART C: P	
	SECTION 3: CHARACTEI	HISTICS (ALL PERSONS)
4	NAME OF RESIDENT	P8. WHAT IS YOUR RELIGION/DENOMINATION?
7	SURNAME FIRST NAME INITIAL	
P1.	INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2.	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD? 12 SPOUSE OR PARTNER 17 GRANDCHILD	P10. WHICH ISLAND WAS THIS?
	03	P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
	DAUGHTEN-IN-LAW	P12. IN WHICH COUNTRY DID YOU LAST RESIDE?
P3.	WHICH FAMILY ARE YOU A MEMBER OF? 1 ☐ FIRST 4 ☐ FOURTH 7 ☐ SEVENTH 2 ☐ SECOND 5 ☐ FIFTH 8 ☐ EIGHTH 3 ☐ THIRD 6 ☐ SIXTH 9 ☐ NONE (SKIP TO P5)	P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4.	FAMILY MEMBERSHIP STATUS.	P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
	1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER	P15. IN WHICH ISLAND WAS THIS?
	4 CHILD WITH BOTH PARENTS (Specify)	P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
P5. P6.	SEX OF RESIDENT 1 MALE 2 FEMALE WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY? DATE OF BIRTH AGE	P17. OF WHAT COUNTRY ARE YOU A CITIZEN?
		(IF NOT BAHAMAS SKIP TO P19)
) P7.	DAY MONTH YEAR WHAT IS YOUR MARITAL STATUS?	P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP? 1 BORN TO BAHAMIAN PARENTS 4 MARRIED TO A BAHAMIAN HUSBAND
	1 NEVER MARRIED 4 DIVORCED 9 NOT STATED 2 MARRIED 5 SEPARATED	2 D BORN IN THE BAHAMAS TO NON-BAHAMIANS 5 OTHER NATURALIZATION
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	SECTION 4: DISABIL	LITY (ALL PERSONS)
P19	9. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY? 1 YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
P2(D. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) O1 SEEING (EVEN WITH GLASSES, IF WORN) O2 HEARING (EVEN WITH HEARING AID, IF WORN) O3 SPEAKING (TALKING) O4 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) O5 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC,	01 SELF CARE 02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME) 04 COMMUNICATION 05 SCHOOLING/EDUCATION 06 EMPLOYMENT 07 SOCIAL EVENTS
	QUADRIPLEGIC PARALYSIS) 06 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) 07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL	08 OTHER(Specify) 09 NONE
	PROBLEMS) 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)	P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?
	10 OTHER(Specify) 11 NONE	1 CONGENITAL/PRENATAL 2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
P2	1. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)	4
4	SECTION 5: EDUCAT	TION (ALL PERSONS)
P24	SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?	P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)
P25	5. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in) 01 NONE 05 HIGH SCHOOL 4+ 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2	P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)
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	09	P26B. DEGREED PERSONS ONLY (Major / Discipline)
	SECTION 6: VOCATIONAL TRAININ	G (PERSONS 15 YEARS AND OVER)
P27	7. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	P30. IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING
P28	B. WHAT IS THIS PROFESSION, CRAFT OR TRADE?	P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
P25	(Profession/Craft/Trade) 9. WHAT METHOD OF TRAINING IS/ WAS THIS? 1 APPRENTICESHIP/ON THE JOB TRAINING	1 CERTIFICATE WITH EXAMINATION 2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA
	2 TECHNICAL INSTITUTION 3 COLLEGE/UNIVERSITY 4 OTHER	4
1	LI COLLEGE OMITEMONI 7 LI OMEN	6 OTHER (Specify)