



**ORGANISATION OF EASTERN CARIBBEAN STATES
POPULATION AND HOUSING CENSUS**

(Final - Revision Feb 23rd 2001)

**2001
POPULATION
AND
HOUSING
CENSUS**

CENSUS DAY – MAY , 2001

 <p>INSTRUCTIONS Use No. 2 pencil only. (Do not use ink or ballpoint pen.) Completely fill in the oval response. Erase cleanly any changes you make. Make no stray marks on this form.</p> <p>Incorrect Marks Correct Mark</p> 
--

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

Address of Household _____
 Community _____
 Town/Village _____
 District/Parish _____

INTERVIEWER SAY:

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

RECORD OF VISITS

Interviewer Calls	1	2	3	4
Date				
Time Started				
Time Ended				
Duration				
Results*				

*Results Codes: 1= Completed
 2= Partially completed, call back
 3= Dwelling closed
 4= Address vacant
 5= No contact
 6 = Refusal
 7 = No suitable respondent at home
 8 = Other
 (Please specify) _____

AREA SUPERVISOR

NAME DATE

FIELD SUPERVISOR

NAME DATE

INTERVIEWER

NAME DATE

EDITOR

NAME DATE

CODER

NAME DATE

INTERVIEWER SAY:

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

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

SECTION 1 MIGRATION

2. (a) Did any member of this household move to live abroad during the last ten years?

(1991-2001)

1 Yes (if Yes continue)

2 No (Go to Section 2)

(b) How many persons moved?

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

(3). Indi vidu al's Num ber	(4). Year Moved 1991 - 2001 (Write Year on dotted line)	Educational Level when moved		Sex M=1 F=2	Age When Moved	Occupation When Moved	(9). Name of Country of Migration
		1 None 2 Primary 3 Secondary 4 Tertiary (non- university/College) 5 University 6 Other 7 Don't know 8 Not Stated (5).					
01	..... 01234567890 01234567890 01234567890 01234567890	1 O 5 O 2 O 6 O 3 O 7 O 4 O 8 O		1O 2O	..... 0123456789 0123456789	..... 0123456789 0123456789 0123456789 0123456789	1. _____ (Name of country) <input type="text"/> <input type="text"/> <input type="text"/> 2. Don't know
02	..... 01234567890 01234567890 01234567890 01234567890	1 O 5 O 2 O 6 O 3 O 7 O 4 O 8 O		1O 2O	..... 0123456789 0123456789	..... 0123456789 0123456789 0123456789 0123456789	1. _____ (Name of country) <input type="text"/> <input type="text"/> <input type="text"/> 2. Don't know
03	..... 01234567890 01234567890 01234567890 01234567890	1 O 5 O 2 O 6 O 3 O 7 O 4 O 8 O		1O 2O	..... 0123456789 0123456789	..... 0123456789 0123456789 0123456789 0123456789	1. _____ (Name of country) <input type="text"/> <input type="text"/> <input type="text"/> 2. Don't know
04	..... 01234567890 01234567890 01234567890 01234567890	1 O 5 O 2 O 6 O 3 O 7 O 4 O 8 O		1O 2O	..... 0123456789 0123456789	..... 0123456789 0123456789 0123456789 0123456789	1. _____ (Name of country) <input type="text"/> <input type="text"/> <input type="text"/> 2. Don't know
05	..... 01234567890 01234567890 01234567890 01234567890	1 O 5 O 2 O 6 O 3 O 7 O 4 O 8 O		1O 2O	..... 0123456789 0123456789	..... 0123456789 0123456789 0123456789 0123456789	1. _____ (Name of country) <input type="text"/> <input type="text"/> <input type="text"/> 2. Don't know

SECTION 2 HOUSING

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

10. What type of dwelling does this household occupy?

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

11. (a) Is this dwelling insured?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Not Stated

(b) Are the contents of this dwelling insured?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Not Stated

12. Does this household own, rent or lease this dwelling?

- 1 Owned (Go to Q.16)
- 2 Squatted (Go to Q.17)
- 3 Rented-Private (Go to Q.13)
- 4 Rented-Govt (Go to Q.13)
- 5 Leased (Go to Q.13)
- 6 Rent-free (Go to Q. 17)
- 7 Other (Go to Q.17)
- 8 Don't know/Not Stated (Go to Q.17)

13. What is the rental/lease period for this dwelling?

- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Half-yearly
- 6 Annually
- 7 Don't know
- 8 Not Stated

14. Is this dwelling rented as fully furnished, semi-furnished or unfurnished?

- 1 Fully furnished
- 2 Semi-furnished
- 3 Unfurnished
- 4 Not stated

**15. How much rent are you now paying ? \$ (Go to Q.18)
(PRESENT FLASH CARD)**

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

2 Not Paying 3 Not Stated

**16. How much mortgage are you now paying monthly? \$
(PRESENT FLASH CARD)**

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

2 Not Paying 3 Don't Know

17. What about the land – is it freehold, leasehold, or some other type of occupancy?

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

18. What is the construction material of the outer walls?

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

19. What is the material used for roofing?

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

20. In which year was this dwelling built?

- 1 Before 1970 10 2001
- 2 1970 – 1979 11 Don't Know
- 3 1980 – 1989
- 4 1990 - 1995
- 5 1996
- 6 1997
- 7 1998
- 8 1999
- 9 2000

21. What is the main source of your water supply?

- 1 Private, piped into dwelling
- 2 Private catchment not piped
- 3 Private catchment piped
- 4 Public, piped into dwelling
- 5 Public, piped into yard
- 6 Public standpipe
- 7 Public well or tank
- 8 Other (please specify) _____

22. What is the most used type of toilet facilities in this household ?

- 1 W.C. (flush toilet) linked to sewer
- 2 W.C. (flush toilet) linked to Cesspit or septic tank/Soak-away
- 3 Pit-latrine/VIP
- 4 Other (please specify) _____
- 5 None (Go to Q.24)

23. Are these toilet facilities shared with a/other person(s) not of this household?

- 1 Yes, Shared
- 2 Not shared

24. Are your bathing facilities indoors or outdoors?

- 1 Indoors
- 2 Outdoors (private)
- 3 None (Go to Q. 26)
- 4 Other (Specify.....)

25. Are these bathing facilities shared with a/other person(s) not of this household?

- 1 Yes, Shared
- 2 Not shared

26. What type of lighting does this household use most?

- 1 Gas
- 2 Kerosene
- 3 Electricity – Public
- 4 Electricity – Private Generator
- 5 Other (Specify.....)
- 6 None

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

- 1 Coal
- 2 Wood
- 3 Gas/LPG/Cooking gas
- 4 Kerosene
- 5 Electricity
- 6 Other (Specify.....)

28. Is your kitchen indoors or outdoors?

- 1 Indoors
- 2 Outdoors (private)
- 3 None (Go to Q. 30)
- 4 Other (Specify.....)

29. Is the kitchen shared with a/other person(s) not of this household?

- 1 Yes, Shared
- 2 Not shared

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

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

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

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

32. What is your main method of garbage disposal?

- 1 Dumping land
- 2 Compost
- 3 Burning
- 4 Dumping river/sea/pond
- 5 Burying
- 6 Garbage truck/Skip/bin
- 7 Other (Specify.....)

33. Which of these appliances/household equipment does your household have? (read categories)

1 = Yes 2 = No 9= No response to question

Water Heater	TV	Cable TV /Satellite	VCR	Radio/ Stereo	Refrigerator	Freezer	Microwave Oven
1 0	1 0	1 0	1 0	1 0	1 0	1 0	
2 0	2 0	2 0	2 0	2 0	2 0	2 0	
9 0	9 0	9 0	9 0	9 0	9 0	9 0	
	Stove	Telephone	Cellular Telephone	Washing Machine	Water Pump	Computer	
	1 0	1 0	1 0	1 0	1 0	1 0	
	2 0	2 0	2 0	2 0	2 0	2 0	
	9 0	9 0	9 0	9 0	9 0	9 0	

34. **Does this household have an internet connection?** 1 0 Yes 2 0 No 3 0 Not Stated

35. **How many motor vehicles (motor cars, station wagons, jeeps, and vans) are kept at home for private use by this household?**

- 1 None
- 2 One
- 3 Two
- 4 Three
- 5 Four or more
- 9 Not Stated

SECTION 3 – CRIME

36. Has any member of your household been a victim of crime during

(a) the last five years (1996 – 2001)

- 1 Yes 2 No (Go to Section 4) 3 Not Stated (Go to Section 4)

(b) the last twelve months? (May 2000 – May 2001)

- 1 Yes 2 No (Go to Section 4) 3 Not Stated (Go to Section 4)

Ask the following questions (Q. 37 – Q. 39) only of households reporting crime within the last twelve months

37. What was the nature of the crime? (More than one response can be ticked)

1. Crime against person (please state numbers)

Sex	Number
Male	
Female	
Both	

2. Crime against property

3. Other (please specify)

38. Was the crime reported to the police?

1. Crime against person 1 Yes (Go to Section 4) 2 No 3 NA (Go to Section 4) 4 NS
(Go to Section 4)
2. Crime against property 1 Yes (Go to Section 4) 2 No 3 NA (Go to Section 4) 4 NS
(Go to Section 4)
3. Other 1 Yes (Go to Section 4) 2 No 3 NA (Go to Section 4) 4 NS
(Go to Section 4)

39. Why was the crime not reported to the police (shade all that apply)?

- 1 Crime against person 1 2 3 4 5 6 7
- 2 Crime against property 1 2 3 4 5 6 7
- 3 Other 1 2 3 4 5 6 7

- Note: 1 No confidence in the administration of justice
 2 Afraid of perpetrator
 3 Perpetrator household member/relative
 4 Not serious enough
 5 Other
 6 Not applicable
 7 Not stated

PERSON 1

INTERVIEWER:

Whenever a dotted line (...) appears in a question, call the name of the person to whom the information relates, if it is not the respondent himself/herself. Else say "You"/"Your." Mark the appropriate oval. Please do not write over the responses.

SECTION 4. CHARACTERISTICS

FOR ALL PERSONS

40. Please fill in this person's assigned number

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

41. What is.....'s relationship to the head of household?

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

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

- 1 Male
2 Female

43. What is 's date of birth?

DD	MM	YEAR

If not known, ask:

How old wason his/her last birthday?

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

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

- | | | | | | |
|---|-----------------------|------------------------------|---|-----------------------|-----------------|
| 1 | <input type="radio"/> | African/Negro/Black | 5 | <input type="radio"/> | Portuguese |
| 2 | <input type="radio"/> | Amerindian/Carib | 6 | <input type="radio"/> | Syrian/Lebanese |
| 3 | <input type="radio"/> | East Indian | 7 | <input type="radio"/> | Caucasian/White |
| 4 | <input type="radio"/> | Chinese | 8 | <input type="radio"/> | Mixed |
| 9 | <input type="radio"/> | Other (please specify) _____ | | | |

10 Don't know/Not stated

45. What is.....'s religion/denomination?

- | | | | | | |
|----|-----------------------|-----------------|----|-----------------------|-----------------------|
| 1 | <input type="radio"/> | Anglican | 12 | <input type="radio"/> | Pentecostal |
| 2 | <input type="radio"/> | Baptist | 13 | <input type="radio"/> | Presbyterian |
| 3 | <input type="radio"/> | Bahai | 14 | <input type="radio"/> | Rastafarian |
| 4 | <input type="radio"/> | Brethren | 15 | <input type="radio"/> | Roman Catholic |
| 5 | <input type="radio"/> | Church of God | 16 | <input type="radio"/> | Salvation Army |
| 6 | <input type="radio"/> | Evangelical | 17 | <input type="radio"/> | Seventh Day Adventist |
| 7 | <input type="radio"/> | Hindu | 18 | <input type="radio"/> | Spiritual Baptist |
| 8 | <input type="radio"/> | Jehovah witness | 19 | <input type="radio"/> | None |
| 9 | <input type="radio"/> | Methodist | 20 | <input type="radio"/> | Not Stated |
| 10 | <input type="radio"/> | Moravian | 21 | <input type="radio"/> | Other |
| 11 | <input type="radio"/> | Muslim | | | (Specify.....) |

PERSON 1

SECTION 5. DISABILITY	FOR ALL PERSONS																																	
<p>LONG STANDING DISABILITY</p> <p>46. Does..... suffer from any long-standing, disability infirmity?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No (Go to Q.53)</p> <p>47. What was the origin of the disability?</p> <p>1 <input type="radio"/> Illness 2 <input type="radio"/> From Birth 3 <input type="radio"/> Accident 4 <input type="radio"/> Other _____</p> <p>48. At what age did disability begin?</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">10</td> <td style="text-align: center;">20</td> <td style="text-align: center;">30</td> <td style="text-align: center;">40</td> <td style="text-align: center;">50</td> <td style="text-align: center;">60</td> <td style="text-align: center;">70</td> <td style="text-align: center;">80</td> <td style="text-align: center;">90</td> <td></td> </tr> <tr> <td style="text-align: center;">AGE</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> <td style="text-align: center;">6</td> <td style="text-align: center;">7</td> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> </tr> </table> <p>TYPE OF DISABILITY</p> <p>49. What type of disability or impairment does...have? (More than one oval may be marked)</p> <p>1 <input type="radio"/> Sight (Even with glasses if worn) 2 <input type="radio"/> Hearing (even with hearing aid, if used) 3 <input type="radio"/> Speech (Talking) 4 <input type="radio"/> Mobility(Walking, standing, climbing stairs) 5 <input type="radio"/> Body Movements(reaching, crouching, kneeling) 6 <input type="radio"/> Gripping 7 <input type="radio"/> Learning 8 <input type="radio"/> Behavioural 9 <input type="radio"/> Other _____ 10 <input type="radio"/> Not Stated</p>												0	10	20	30	40	50	60	70	80	90		AGE	0	1	2	3	4	5	6	7	8	9	<p>50. Was..... disability/major impairment ever diagnosed by a medical doctor?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No 3 <input type="radio"/> Not Stated</p> <p>51. Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:</p> <p>a. Learning, remembering, or concentrating? 1 <input type="radio"/> Yes 2 <input type="radio"/> No</p> <p>b. Dressing, bathing, or getting around inside the home? 1 <input type="radio"/> Yes 2 <input type="radio"/> No</p> <p>c. Going outside the home alone to shop or visit a Doctor's office? 1 <input type="radio"/> Yes 2 <input type="radio"/> No</p> <p>d. (Answer if person is 15 YEARS OLD OR OVER.) Working at a job or business? 1 <input type="radio"/> Yes 2 <input type="radio"/> No</p> <p>52. Are you required to use any of the following aids? (more than one oval may be marked)</p> <p>1 <input type="radio"/> Wheelchair 6 <input type="radio"/> Cane 2 <input type="radio"/> Walker 7 <input type="radio"/> Prosthesis/artificial body part 3 <input type="radio"/> Crutches 8 <input type="radio"/> Orthopedic Shoes 4 <input type="radio"/> Braille 9 <input type="radio"/> Other(Specify.....) 5 <input type="radio"/> Adapted car 10 <input type="radio"/> None</p>
0	10	20	30	40	50	60	70	80	90																									
AGE	0	1	2	3	4	5	6	7	8	9																								
SECTION 6. HEALTH	FOR ALL PERSONS																																	
<p>CHRONIC ILLNESS</p> <p>53. Does....suffer from any of the following illness? (More than one oval may be marked)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 <input type="radio"/> Sickle cell Anaemia</td> <td style="width: 50%;">9 <input type="radio"/> Cancer</td> </tr> <tr> <td>2 <input type="radio"/> Arthritis</td> <td>10 <input type="radio"/> HIV</td> </tr> <tr> <td>3 <input type="radio"/> Asthma</td> <td>11 <input type="radio"/> AIDS</td> </tr> <tr> <td>4 <input type="radio"/> Diabetes</td> <td>12 <input type="radio"/> Lupus</td> </tr> <tr> <td>5 <input type="radio"/> Hypertension</td> <td>13 <input type="radio"/> Carpal Tunnel Syndrome</td> </tr> <tr> <td>6 <input type="radio"/> Heart disease</td> <td>14 <input type="radio"/> Other (please specify)</td> </tr> <tr> <td>7 <input type="radio"/> Stroke</td> <td>15 <input type="radio"/> None</td> </tr> <tr> <td>8 <input type="radio"/> Kidney Disease</td> <td>16 <input type="radio"/> Not Stated</td> </tr> </table> <p>UTILIZATION OF MEDICAL FACILITY</p> <p>54. Hasutilised a medical facility in the past month?</p> <p>1 <input type="radio"/> Yes 2 <input type="radio"/> No (Go to Q 56) 3 <input type="radio"/> Not Stated (Go to Q 56)</p>		1 <input type="radio"/> Sickle cell Anaemia	9 <input type="radio"/> Cancer	2 <input type="radio"/> Arthritis	10 <input type="radio"/> HIV	3 <input type="radio"/> Asthma	11 <input type="radio"/> AIDS	4 <input type="radio"/> Diabetes	12 <input type="radio"/> Lupus	5 <input type="radio"/> Hypertension	13 <input type="radio"/> Carpal Tunnel Syndrome	6 <input type="radio"/> Heart disease	14 <input type="radio"/> Other (please specify)	7 <input type="radio"/> Stroke	15 <input type="radio"/> None	8 <input type="radio"/> Kidney Disease	16 <input type="radio"/> Not Stated																	
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2 <input type="radio"/> Arthritis	10 <input type="radio"/> HIV																																	
3 <input type="radio"/> Asthma	11 <input type="radio"/> AIDS																																	
4 <input type="radio"/> Diabetes	12 <input type="radio"/> Lupus																																	
5 <input type="radio"/> Hypertension	13 <input type="radio"/> Carpal Tunnel Syndrome																																	
6 <input type="radio"/> Heart disease	14 <input type="radio"/> Other (please specify)																																	
7 <input type="radio"/> Stroke	15 <input type="radio"/> None																																	
8 <input type="radio"/> Kidney Disease	16 <input type="radio"/> Not Stated																																	

PERSON 1

55. What main medical facility has.....utilised in the past month?

- | | |
|--|---|
| 1 <input type="radio"/> Public Hospital | 2 <input type="radio"/> Family Planning Clinic |
| 3 <input type="radio"/> Public Health Centre Medical Visiting Stations | 4 <input type="radio"/> Private Clinic/Hospital |
| 5 <input type="radio"/> Private Doctor's Office | 6 <input type="radio"/> Pharmacy |
| 7 <input type="radio"/> Other (Specify.....) | 8 <input type="radio"/> Not Stated |

56. Iscovered by an Insurance (health, life etc.) and/or Employee Medical Plan?

- 1 Yes 2 No (Go to Q.58) 3 Don't know (Go to Q.58)

57. What type of Insurance does.....have? (More than one oval may be marked)

- | | | | | | | |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 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"/> |
| NIS | Group | Individual | Life | Endowment | Life | Other Specify_____ |
| | Health Ins | Health | with | with health | | |
| | | | Health | | | |

SECTION 7 BIRTHPLACE AND RESIDENCE

FOR ALL PERSONS

58. Where was born?

- 1 In this country
 2 Abroad (Go to Q 61)
 3 Not Stated (Go to Q 60)
 4 Don't know (Go to Q 60)

59. In what part of the country is that?

Community_____

			0	100	200	300	400	500	600	700	800	900
			0	10	20	30	40	50	60	70	80	90
			0	1	2	3	4	5	6	7	8	9

District/Parish_____

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

60. Have you/has.....ever lived in another country?

- 1 Yes (Go to Q.62)
 2 No/Don't know (Go to Q.65)

61. In what country was that?

Don't know

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

62. In what country did.....last live?

Don't know

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

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

Don't know

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

64. Why did you return/come to....(insert name of country here)?

- | | |
|---|---|
| 1 <input type="radio"/> Regard it as home | 5 <input type="radio"/> Homesick |
| 2 <input type="radio"/> Family is here | 6 <input type="radio"/> To start a business |
| 3 <input type="radio"/> Deported | 7 <input type="radio"/> Other specify |
| 4 <input type="radio"/> Retired | _____ |

65. In what town, village

or district did..... Don't know

he/she last live in this country? Never moved (Go to Q. 69)

Community_____

				0	100	200	300	400	500	600	700	800	900
				0	10	20	30	40	50	60	70	80	90
				0	1	2	3	4	5	6	7	8	9

District/Parish_____

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

66. In what year did....you come last to live in this town, village or district?-----

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

Don't know

67. Where does.....usually live?

- 1 At this address (Go to Q. 69)
 2 Elsewhere in this country
 3 Abroad (Go to Q. 69)
 4 Don't know (Go to Q. 69)

68. In what part of the country is that?

Community_____

				0	100	200	300	400	500	600	700	800	900
				0	10	20	30	40	50	60	70	80	90
				0	1	2	3	4	5	6	7	8	9

District/Parish_____

Don't Know

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

PERSON 1

SECTION 8 EDUCATION

FOR ALL PERSONS

69. Is.....attending any school or educational institution now, whether full-time or part-time?

- 1 Yes - full-time
- part-time
- 2 No (Go to Q. 73)
- 3 Don't know (Go to Q. 73)

70. What type of school or institution are you/is he/is she attending?

- 1 Day care/Nursery
- 2 Pre-school
- 3 Infant/Kindergarden
- 4 Special education
- 5 Primary
- 6 Senior Primary/Junior Secondary/Post Primary
- 7 Secondary
- 8 Sixth Form ('A' level)
- 9 Technical/Vocational School
- 10 University
- 11 Adult Education
- 12 Other (Please specify) _____
- 13 Not Stated

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

Name _____

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

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

- 1 Walk
- 2 Bicycle
- 3 Private car or vehicle
- 4 Government School Bus
- 5 Public transport (minibus)
- 6 Hired transport (taxi)
- 7 Don't know/Not Stated

73. What is the highest level of formal education that.....has reached?

- 1. Daycare/Nursery
- 2. Pre-school
- 3. Infant
- 4. Primary Grade/Standard (1 – 3years)
- 5. Primary Grade/Standard (4 – 6years)
- 6. Secondary
- 7. Pre-University/post Secondary/College
- 8. University
- 9. Other (Specify.....)
- 10. None
- 11. Not Stated

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

- 1 School leaving (e.g. Standard Six or Seven School leaving exam)
- 2 Cambridge School Certificate
- 3 GCE 'O' Levels or CXC
Number of subjects
0 1 2 3 4 5 6 7 8 9 or more Not Stated
0 0 0 0 0 0 0 0 0 0 0
- 4 High School Diploma/Certificate
- 5 GCE 'A' Levels
Number of subjects
1 2 3 4 or more Not Stated
0 0 0 0
- 6 Under-graduate Diploma
- 7 Other Diploma/Certificate
- 8 Associate Degree
- 9 Professional Certificate
- 10 Bachelors Degree
- 11 Post Graduate Diploma (Bachelors & half content required for a Masters)
- 12 Higher Degree (Masters or Doctoral Degree)
- 13 Other (Specify.....)
- 14 None
- 15 Not Stated

75. INTERVIEWER: Mark the appropriate square (See Q. 43)

- 1 Under 15 (Go to Q.112)
- 2 15 years and over

PERSON 1

SECTION 9 – PROFESSIONAL, TECHNICAL AND VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)

**76. (a) Were you ever trained/are you being trained for any occupation or profession?
(Training can be formal or non-formal)**

- 1 Yes 2 No (Go to Q.79) 3 Not Stated (Go to Q.79)

(b) For which occupation(s)/profession(s) (state the most recent one first)?

(i) _____

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

(ii) _____

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

(iii) _____

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

(c) Is your/his/her present job related to your/his/her most recent training?

- 1 Yes 2 No 3 Not Applicable

(d) In what year or period did you/he/she complete that training or still being trained?

- 1 2001 2 2000 3 1999 4 1998 5 1994-97
 6 1990-93 7 1980-89 8 Before 1980 9 Did not complete training
 10 Still being trained 11 Not Stated

77. In.....’s field of highest level of training, what was the main educational method/type of training used?

- | | |
|--|--|
| 1 <input type="radio"/> On the job | 8 <input type="radio"/> Technical Institution |
| 2 <input type="radio"/> Apprenticeship | 9 <input type="radio"/> Other Institutional Training |
| 3 <input type="radio"/> Private study/Correspondence | 10 <input type="radio"/> University (on campus) |
| 4 <input type="radio"/> Secondary School | 11 <input type="radio"/> Distance Learning |
| 5 <input type="radio"/> Vocational/Trade | 12 <input type="radio"/> Virtual Learning |
| 6 <input type="radio"/> Commercial/Secretariat | 13 <input type="radio"/> Other (Specify.....) |
| 7 <input type="radio"/> Business /Computer School | 14 <input type="radio"/> Not Stated |

78. What is/was the duration of training programmes for the highest level of training which.....completed/attempted or is undergoing?

- | | |
|--|---|
| 1 <input type="radio"/> Under 3 months | 5 <input type="radio"/> 1.5 years & less than 2 years |
| 2 <input type="radio"/> 3 months. & less than 6 months | 6 <input type="radio"/> 2 years & less than 3 years |
| 3 <input type="radio"/> 6 months & less than 1 year | 7 <input type="radio"/> 3 years & less than 4 years |
| 4 <input type="radio"/> 1year & less than 1.5 years | 8 <input type="radio"/> 4 years and over |
| | 9 <input type="radio"/> Not Stated |

PERSON 1

SECTION 10. MARITAL STATUS, UNION STATUS FOR PERSONS 15 YEAR & OVER

79. What is your/.....'s present union status?

- 1 Legally married (Go to Q.81)
- 2 Common-law union
- 3 Visiting partner
- 4 Married but not in a union (Go to Q. 81)
- 5 Legally separated and not in a union (Go to 81)
- 6 Widowed and not in union (Go to Q. 81)
- 7 Divorced and not in union (Go to Q. 81)
- 8 Not in a union
- 9 Don't know/Not stated

80. Have you ever been married?

- 1 Yes
- 2 No
- 3 Don't know/Not stated

81. Have you/has.....ever lived together with a partner in a common law relationship?

- 1 Yes
- 2 No (Go to Q.83)
- 3 Don't know/Not stated

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

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

SECTION 11 FERTILITY

FOR ALL PERSONS 15 YEARS & OVER

83. How many livebirths/children has.....ever had/fathered?
(If ZERO, enter 00 & Go to Q. 90)

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

84. How old were you/he/she when you/he/she had/fathered the first liveborn child?

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

85. How old were you/she/he at the birth of your/her/his last liveborn child?

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

Q. 86 to Q. 89 APPLY TO FEMALES UNDER AGE 50. OTHERS GO TO Q.90

86. How many living babies/livebirths did you/she/ have in the last 12 months?

- 1 None (Go to Q.90)
- 2 One
- 3 Two separate births
- 4 Twins
- 5 Three or more

87. What is/are the sex(es) of this child/these children? (Born within the last 12 months)

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

88. Have any of these babies died?

- 1 Yes
- 2 No (Go to Q. 90)

89. How many died?

- (a) Within the first month of life-----
- (b) After 1 month but before one year-----

PERSON 1

SECTION 12 ECONOMIC ACTIVITY

FOR PERSONS 15 YEARS & OVER

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

- 1 Worked (Go to Q. 93)
- 2 Had a job but did not work (Go to Q. 93)
- 3 Looked for work
- 4 Wanted work and available
- 5 Home Duties
- 6 Attended School
- 7 Retired
- 8 Disabled, unable to work
- 9 Other (please specify) _____
- 10 Not Stated

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

- 1 Yes (Go to Q 93)
- 2 No

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

- 1 Yes (Go to Q.94)
- 2 No (Go to Q.94)

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

Number of months

- ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑫ ⑫ ⑫ ⑤
0 1 2 3 4 5 6 7 8 9 10 11 12

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

- 1 Worked (Go to Q 98)
- 2 Had a job but did not work (Go to Q 98)
- 3 Looked for work
- 4 Wanted work and available
- 5 Home Duties
- 6 Attended school
- 7 Retired
- 8 Disabled, unable to work
- 9 Other (Please specify) -----
- 10 Not Stated

95. Did you take any steps during the past two months to look for work?

- 1 No/Did Nothing
- 2 Direct Application (Sent out letters) (Go to Q.97)
- 3 Checking at work sites, factory gates etc. (Go to Q.97)
- 4 Seeking assistance from friends (Go to Q.97)
- 5 Register at public/private employment exchange(Go to97)
- 6 Other (Go to Q.97)
- 7 Not Stated (Go to Q.97)

96. Why did..... not seek work during the past two months?

- 1 Own illness, disability, injury, pregnancy
- 2 Personal, family responsibilities
- 3 In school, training
- 4 Retirement/old age
- 5 Already found work to start later
- 6 Already made arrangements for self-employment
- 7 Awaiting recall to former job
- 8 Awaiting replies from employers
- 9 Awaiting busy season
- 10 Believe no suitable work available
- 11 Could not find suitable work
- 12 Not yet started to seek work
- 13 Do not know how or where to seek work
- 14 Discouraged
- 15 Other (Specify.....)
- 16 Not Stated

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

- 1 Yes
- 2 No (Go to Q.109)

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

1. _____

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

2. Don't Know

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

1. _____

Type of Work:

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

2. Never Worked (Go to Q.109)

PERSON 1

111. On average, how many hours did.....spend per week on housework ? (cleaning the house, laundry, care of children, care of elderly, etc), the following activities in the past week?

1 O Number of Hours

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

IMPORTANT

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

SECTION 13 – WHERE SPENT CENSUS NIGHT

112. Where did.....spend census night?

- 1 O At this address (End Interview)
- 2 O Elsewhere in this country
- 3 O Abroad (End Interview)

113. What part of the country was that? If known, please specify.

Interviewer: Write as full an address as possible
