



56964



**BARBADOS POPULATION & HOUSING CENSUS
MAY 1, 2010**

**Barbados Statistical Service
3rd Floor National Insurance Building
Fairchild Street, Bridgetown
Telephone:- 427-6009
Web site :- www.barstats.gov.bb
E-mail: barstats@caribsurf.com**



2051 9896



Please complete all relevant information before continuing the questionnaire.

ENUMERATOR'S I.D

To be entered by the Enumerator

PARISH

ENUMERATION DISTRICT NO.

BUILDING NUMBER

DWELLING UNIT NUMBER

HOUSEHOLD NUMBER

TELEPHONE NUMBER (of respondent)

DD

MM

Time Started

Please complete at the end of the interview

Time Ended

Interview Status

SUPERVISOR'S I.D

To be entered by the Supervisor

DD

MM

Interview Status

INTERVIEW STATUS: 1. COMPLETED

2. PARTIALLY COMPLETED

3. NO CONTACT

4. REFUSED

5. PARTIALLY REFUSED

6. NO SUITABLE RESPONDENT AT HOME

7. VACANT UNIT





INSTRUCTIONS FOR FILLING OUT QUESTIONNAIRE

For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

IMPORTANT!!! Place an X in the box for multiple choice options

USE ONLY 2B PENCIL

INSTRUCTIONS FOR FILLING OUT INDIVIDUAL MEMBER INFORMATION.

1. Please give me the names of all persons living here on Saturday, 1 May, 2010. Be sure to include any newborn babies born on or before, 1 May, and persons who are temporarily away on vacation or business, or in a general hospital. Also include any visitors or boarders.
(List names in Col.1 in table on page 3)
2. Does _____ usually live in this household?
Enter the letter in brackets as follows- **(H)** In this House, **(E)** Elsewhere in B'dos or **(A)** Abroad in the box provided in Col.2.
3. Is _____ male or female? Enter either M or F in Col.3.
4. What is _____'s date of birth? Enter date in Col. 4.
5. What was _____'s age at his/her last birthday? Enter age in Col.5.
6. What is _____'s relationship to the head of this household. Please follow the key below and enter relevant number in Col. 6.

RELATIONSHIP TO HEAD KEY

00	01	02	03	04	05	06	07	08	99
HEAD	SPOUSE/ PARTNER	CHILD OF HEAD/ SPOUSE	SON/ DAUGHTER IN LAW	GRAND CHILD	PARENT/ PARENT IN LAW	OTHER RELATIVE	VISITOR	OTHER NON RELATIVE	NOT STATED

EXAMPLE

I D N O	Surname, First Name, Middle Initial (1)	Usual Residence (2)	Sex (3)	Date of Birth DD MM YYYY (4)			Age (5)	Relationship to Head (6)
01	DOE, DAVID J	<input type="checkbox"/> H	<input type="checkbox"/> M	<input type="text" value="05"/>	<input type="text" value="05"/>	<input type="text" value="1960"/>	<input type="text" value="49"/>	<input type="text" value="00"/>
02	DOE, SUSAN T	<input type="checkbox"/> H	<input type="checkbox"/> F	<input type="text" value="02"/>	<input type="text" value="06"/>	<input type="text" value="1970"/>	<input type="text" value="39"/>	<input type="text" value="01"/>
03	DOE, DEBBIE D	<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="text" value="30"/>	<input type="text" value="11"/>	<input type="text" value="2009"/>	<input type="text" value="00"/>	<input type="text" value="02"/>





INDIVIDUAL LISTING

1. RECORD TYPE	<input type="text" value="0"/>	3. E.D. NUMBER	<input type="text"/> <input type="text"/> <input type="text"/>	5. DWELLING UNIT NUMBER	<input type="text"/> <input type="text"/> <input type="text"/>
2. PARISH	<input type="text"/> <input type="text"/>	4. BUILDING NUMBER	<input type="text"/> <input type="text"/> <input type="text"/>	6. HOUSEHOLD NUMBER	<input type="text"/> <input type="text"/> <input type="text"/>

I D N O	Surname, First Name, Middle Initial (1)	Usual Residence (2)	Sex (3)	Date of Birth			Age (5)	Relationship to Head (6)		
				DD	MM	YYYY				
01		<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"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
02		<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"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
03		<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"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
04		<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"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
05		<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"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
06		<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"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
07		<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"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
08		<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"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
09		<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"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
10		<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"/>	<input type="text"/> <input type="text"/>	<input type="text"/>





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INDIVIDUAL LISTING

I D N O	Surname, First Name, Middle Initial (1)	Usual Residence (2)	Sex (3)	Date of Birth DD MM YYYY (4)	Age (5)	Relationship to Head (6)
11		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
12		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
13		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
14		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
15		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
16		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
17		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
18		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
19		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
20		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>



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PART A: HOUSING & HOUSEHOLD INFORMATION

SECTION 1: HOUSING

1. RECORD TYPE 1	3. E.D. NUMBER [][][]	5. DWELLING UNIT NUMBER [][][]	7. NUMBER OF PERSONS IN THE HOUSEHOLD [][]
2. PARISH [][]	4. BUILDING NUMBER [][][]	6. HOUSEHOLD NUMBER [][][]	

8. What type of Dwelling Unit is this?

- Separate House
- Separate House with Rented Room
- Rented Room in Separate Hse
- Flat/ Apt
- Flat/Apt with Rented Room
- Rented Room in Flat/Apt
- Townhouse/Condominium
- Part of Commercial Bldg
- Group Dwelling
- Other
- Not Stated

If OTHER, Please Specify :

If RENTED ROOM IN SEPARATE HOUSE / RENTED ROOM in FLAT/APT, Go to Question 12

9. Of what materials are the outer walls made?

- Wood Stone
- Concrete Block Wood & Concrete
- Wood & Concrete Block Concrete
- Other Not Stated

If OTHER, Please Specify the materials used.

10. Of what material is the roof made?

- Wooden Shingles Corr. Metal Sheets
- Asphalt Shingles Other Corr. Sheets
- Roofing Tiles Concrete
- Other Not Stated

If OTHER, Please Specify the material of the roof.

11. In which year was this dwelling built?

- 2010 2009
- 2008 2004-07
- 2000-03 1991-99
- 1990 or before Not Stated

12(a) .Occupancy Status:

- Occupied Unoccupied

If OCCUPIED, Go to Question 12 (c)

12(b) . If UNOCCUPIED, is unit:

- For Rent For Sale
- For Rent/Sale Other Arrangements
- Arrangement Unknown

12(c) . What is the state of construction?

- Completed Under Inactive
- Under Active Derelict

**If unit is UNOCCUPIED end interview here
If unit is OCCUPIED all NON-RESIDENTS ,
Go to Questions 13,14 & 18-20**



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SECTION 1: HOUSING

Continued

13. How many rooms does this dwelling have? (Exclude kitchen, toilets, bathroom, garages, patios, verandas, laundry rooms)

14(a). How many bedrooms does this dwelling have?

14(b). How many bathrooms does this dwelling have?

14(c). Do you share a bathroom with any other household?
 Yes No Not Stated

15(a). Under what type of tenure is this dwelling occupied?

- Owned Private Rented/Leased
- Gov't Rented/Leased Rent Free
- Other Not Stated

If OTHER, Please Specify :

**If not RENTED or LEASED
Go to Question 17(a)**

15(b). What is the rental period for this dwelling?

- Weekly Fortnightly
- Monthly Quarterly
- Half-Yearly Annually
- Not Stated

15(c). How much rent are you now paying?

\$

To the NEAREST \$

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

- Fully Furnished Semi-Furnished
- Unfurnished Not Stated

Go to Question 18

17(a). Under what type of tenure is this land occupied?

- Owned Private Rented/Leased
- Gov't Rented/Leased Rent Free
- Other Not Stated

If OTHER, Please Specify :

**If not RENTED or LEASED
Go to Question 18**

17(b). What is the rental period for this land?

- Weekly Fortnightly
- Monthly Quarterly
- Half-Yearly Annually
- Not Stated

17(c). How much rent are you now paying?

\$

To the NEAREST \$

18. How is your main water supply obtained?

- Piped into Dwelling
- Piped into Yard
- Friend/Relatives Pipe
- Public Stand Pipe
- Stream/Spring/Well
- Other
- Not Stated

If OTHER, Please Specify :

19(a). What type of toilet facilities does this dwelling unit have? (Read Categories)

- W.C Linked to Sewer Pit
- W.C Not Linked to Sewer None
- Other Not Stated

If OTHER, Please Specify :

19(b). Are the toilet facilities shared with any other household? Yes No

20(a). What type of lighting is mainly used by this household?

- Electric Kerosene Gas
- Batteries Solar Not Stated
- Other

If OTHER, Please Specify :





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SECTION II: EMIGRATION

1. RECORD TYPE 2	3. E.D. NUMBER [][][]	5. DWELLING UNIT NUMBER [][][]	7. NUMBER OF PERSONS IN THE HOUSEHOLD [][]
2. PARISH [][]	4. BUILDING NUMBER [][][]	6. HOUSEHOLD NUMBER [][][]	

8(a). Since the last census (2000), has anyone left this household to live overseas and continues to reside abroad? Yes No Not Stated

(b) If YES, Please give the total number of persons who have gone abroad. (Complete the table below for each person who has gone abroad.) [][]

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Surname, First Name,	Sex	Year of Departure	Age at Departure	Country Migrated To	Country Code
	[]	[][][][]	[][]	[]	[][][]
	[]	[][][][]	[][]	[]	[][][]
	[]	[][][][]	[][]	[]	[][][]
	[]	[][][][]	[][]	[]	[][][]
	[]	[][][][]	[][]	[]	[][][]



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PART B: POPULATION

SECTION 1: IDENTIFICATION

1. RECORD TYPE 3	3. E.D. NUMBER [][]	5. DWELLING UNIT NUMBER [][]	7. INDIVIDUAL NUMBER WITHIN HOUSEHOLD [][]
2. PARISH [][]	4. BUILDING NUMBER [][]	6. HOUSEHOLD NUMBER [][]	

SECTION 2:

GENERAL CHARACTERISTICS

8(a). Is your mother living in this household?

If **YES**, Locate mother's name and enter her individual No. here.
If **NO**, enter 00

8(b). Is your father living in this household?

If **YES**, Locate father's name and enter his individual No. here.
If **NO**, enter 00

9. What is your present marital status?

- Married Legally Separated
- Divorced Widowed
- Never Married Not Stated

10. What is your ethnic origin?

- Black Middle Eastern
- White Mixed
- Oriental Other
- East Indian Not Stated

If OTHER, Please Specify :

11. To which religion/denomination do you belong?

- Adventist Anglican
- Baptist Bretheren
- Church of God Jehovah Witness
- Methodist Moravian
- Mormon Nazarene
- Other Pentecostal Roman Catholic
- Salvation Army Wesleyan
- Other Christian Baha`i
- Hindu Jewish
- Muslim Rastafarian
- Other Non-Christian None
- Not Stated

If OTHER, Christian or Non-Christian, Please Specify :



PART B: POPULATION

Continued

SECTION 3: DISABILITY & HEALTH

12(a). Do you have a disability or major impairment?

- Yes
- No

**If Yes, score as many that are applicable.
If NO, Go to Question 14**

- | | |
|---|--|
| <input type="checkbox"/> Deafness | <input type="checkbox"/> Below knee Amputation |
| <input type="checkbox"/> Significant Hearing Impairment | <input type="checkbox"/> Above-knee Amputation |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Upper-limb Amputation |
| <input type="checkbox"/> Significant Vision Impairment | <input type="checkbox"/> Double Amputation |
| <input type="checkbox"/> Unable To Speak | <input type="checkbox"/> Intellectually Challenged |
| <input type="checkbox"/> Significant Speech Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Severe Arthritis | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Unable to Walk | <input type="checkbox"/> Upper-limb Deformity |
| <input type="checkbox"/> Unable to Climb Stairs | <input type="checkbox"/> Lower-limb Deformity |
| <input type="checkbox"/> Unable To Take Care Of Self | <input type="checkbox"/> Not Stated |
| <input type="checkbox"/> Other | |

If OTHER, Please Specify :

12(b). What type of aid are you required to use as a result of the disability? (Score as many as are applicable)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Computer Assisted Software/Equipment |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Hearing Aids |
| <input type="checkbox"/> Cane | <input type="checkbox"/> None |
| <input type="checkbox"/> Other | <input type="checkbox"/> Not Stated |

If OTHER, Please Specify :

13(a). Was your disability/major impairment ever diagnosed by a medical doctor?

- Yes
- No
- Not Stated

13(b). What was the origin of your disability?

- From Birth
- Road Traffic Accident
- Illness
- Workplace Injury/Accident
- Other

If OTHER, Please Specify:

14. Do you have any of the following illnesses? (Score as many that are applicable)

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> None |
| <input type="checkbox"/> Other | |

If OTHER, Please Specify:

SECTION 4: MIGRATION

15(a). Were you born in Barbados?

- Yes
- No
- Not Stated

If NO, Go to Question 16(a).

15(b). If Yes, in which parish (Where your mother was living at the time.)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> St. Michael | <input type="checkbox"/> St. Joseph |
| <input type="checkbox"/> Christ Church | <input type="checkbox"/> St. John |
| <input type="checkbox"/> St. Philip | <input type="checkbox"/> St. Andrew |
| <input type="checkbox"/> St. James | <input type="checkbox"/> St. Peter |
| <input type="checkbox"/> St. Thomas | <input type="checkbox"/> St. Lucy |
| <input type="checkbox"/> St. George | |

**If born after May 1, 2009
(If under 1 year old), Go to Question 51.
Otherwise Go to Question 17.**





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16(a). In which country were you born?

--	--	--	--

16(b). In which year did you first arrive in Barbados to live?

--	--	--	--	--

17. Where were you living one (1) year ago?

- At Present Address
- Elsewhere in same Parish
- In Another Parish
- Abroad
- Not Stated

If born after May 1, 2005, Go to Question 20(a).

18(a). Where were you living on May 1, 2005?

- At Present Address
- Elsewhere in same Parish
- In Another Parish
- Abroad
- Not Stated

If not IN ANOTHER PARISH, Go to Question 19(a)

18(b). If IN ANOTHER PARISH, which parish?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> St. Michael | <input type="checkbox"/> St. Joseph |
| <input type="checkbox"/> Christ Church | <input type="checkbox"/> St. John |
| <input type="checkbox"/> St. Philip | <input type="checkbox"/> St. Andrew |
| <input type="checkbox"/> St. James | <input type="checkbox"/> St. Peter |
| <input type="checkbox"/> St. Thomas | <input type="checkbox"/> St. Lucy |
| <input type="checkbox"/> St. George | |

19(a). Did you ever leave Barbados for a continuous period of 5 years or more to reside abroad?

- Yes
- No
- Not Stated

If No, Go to Question 20(a).

19(b). If YES, in which country?

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Official
Use Only*

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19(c). In what year did you return to Barbados to live?

--	--	--	--

SECTION 5: EDUCATION (3 YEARS & OVER)

20(a). Are you currently attending school or any other educational institution?

- Yes
- No
- Not Stated

**If, NO and (i) If under 3 years, go to Question 51.
(ii) Person aged 3 years to 16 years, go to Question 21.
(iii) Person is over 16 years, go to the Question 22.**

20(b). What type of school or educational institution are you attending?

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Preprimary | <input type="checkbox"/> Primary |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Post Secondary |
| <input type="checkbox"/> Tertiary | <input type="checkbox"/> Other |
| <input type="checkbox"/> None | <input type="checkbox"/> Not Stated |

If OTHER, please specify:

--

**For Persons under 15 years
Go to Question 51**

20(c). Please Indicate whether Full-time or Part-time

- Full-time
- Part-time

**If attending school full-time or part-time
Go to Question 22,**

21. What is the reason for not attending?

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Lack of Finance | <input type="checkbox"/> Working |
| <input type="checkbox"/> Incapacitated | <input type="checkbox"/> Other |
| <input type="checkbox"/> Religious | <input type="checkbox"/> Not Stated |
| <input type="checkbox"/> Drop Out | |

If OTHER, please specify:

--

22. What is the highest level of educational institution ever attended by you?

- | | |
|---|---|
| <input type="checkbox"/> Preprimary | <input type="checkbox"/> Primary |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Senior/Composite |
| <input type="checkbox"/> Post Secondary | <input type="checkbox"/> Tertiary |
| <input type="checkbox"/> Other | <input type="checkbox"/> None |
| <input type="checkbox"/> Not Stated | |

If OTHER, please specify:

--





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PART B: POPULATION

Continued

23. How many years of schooling have you completed?

- None 10-12
- 1-2 13-15
- 3-5 16+
- 6-9 Not Stated

24(a)i. What examinations have you passed?
(Score as many as are applicable)

- None
- NOT TAKEN ANY EXAM
- BSSC/School Leaving
- C.X.C BASIC Gr 1 :1-3
- C.X.C BASIC Gr 1 :4+
- C.X.C GENERAL Gr 1-3/ GCE-O :1-4
- C.X.C GENERAL Gr 1-3/ GCE-O: 5+/ SC
- C.X.C CAPE Gr 1-4 : 1-2
- C.X.C CAPE Gr 1-4 : 3+
- A LEVEL 1-2/ HC
- A LEVEL 3+
- CITY & GUILDS
- OTHER

If OTHER, please specify:

If CITY & GUILDS, please indicate level passed.

24(a)ii.

Diploma/Cert.	Degree
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Associate
<input type="checkbox"/> Postgraduate	<input type="checkbox"/> Bachelors
<input type="checkbox"/> Professional	<input type="checkbox"/> Masters
	<input type="checkbox"/> Doctoral

**If person has NOT PASSED any exams for 24(a)(ii).
Go to Question 25(a).**

24(b). Give two main fields of study in either Diploma/Cert. or Degree and indicate the highest level of exam passed in each.

Subject No 1:

Subject No 2:

Highest level exam passed No 1:

Highest level exam passed No 2:

24(c). Was the highest level qualification achieved through the attendance at an institution or private study?

- Attendance at an institution
- Private Study
- Not Stated

25(a). Where do you use the internet?
(Score as many as are applicable)

- At Home At School
- At Work Internet Cafe
- At Library Family/Friends
- Cellular Phone Other
- Don't Use

If OTHER, please specify:

If DON'T USE, Go to Question 26.

25(b). Where do you use the internet MOST often?

- At Home At School
- At Work Internet Cafe
- At Library Family/Friends
- Cellular Phone Other

If OTHER, please specify:



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PART B: POPULATION Continued

26. Which of these devices do you use?
(Score as many as are applicable)

- Gaming Systems
- Cellular Phone
- Portable Audio Players
- None
- Not Stated

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

27(a). Were you ever trained/ are you being trained for any occupation or profession?

- Yes
- No
- Not Stated

If NO, Go to Question 30(a)(Females) or Question 34 (Males)

If YES, For which occupation/profession?

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27(b). Have you completed training or are you still being trained?

- Completed Training
- Did not Complete Training
- Still being Trained
- Not Stated

*If did not complete training or still being trained,
Go to Question 28.*

27(c). If Completed Training, what year did you complete training?

--	--	--	--	--

28. Where were you trained/ are you being trained?

- Agriculture College
- Barbados Community College
- BIMAP
- Erdiston Teachers' Training College
- Hospitality Institute/ School
- National Vocational Training Board
- Samuel Jackman Prescod Polytechnic
- Teaching School of Nursing
- University
- Other Institution
- On the Job
- Private Study
- Other Non-Institutional Training
- Not Stated

If Other Institution or Other Non-Institution, please specify:

29. How many years of training have you completed?

- Under 1/2 yr
- 1/2 - 1yr
- 1- 1 1/2 yrs
- 1 1/2 - 2 yrs
- 2 - 2 1/2 yr
- 2 1/2 - 3 yrs
- 3 - 4 yrs
- 4 - 5 yrs
- 5 yrs & over
- Not Stated

*Males, Go to Question 34
Females over 65 years, Go to Question 34*



PART B: POPULATION Continued

SECTION 7: FERTILITY & UNION STATUS (FEMALES 15 - 64 YEARS)

30(a). Have you ever had any children?
 Yes No Not Stated

If No, Go to Question 33(a)

30(b). How many liveborn children did you have in all?

TOTAL		MALE		FEMALE	

30(c). How many of your liveborn children are still alive?

TOTAL		MALE		FEMALE	

31(a). What is the date of birth of your first liveborn child?

D	D	/	M	M	/	Y	Y	Y	Y

31(b). How old were you at the birth of your first liveborn child?

31(c). What is the date of birth of your last liveborn child?

D	D	/	M	M	/	Y	Y	Y	Y

31(d). How old were you at the birth of your last liveborn child?

If over 49 years, Go to Question 33 (a)

32. How many live births did you have during the 12 months ending 30th April 2010?

- | | |
|----------------------------|-------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 4 or more |
| <input type="checkbox"/> 2 | <input type="checkbox"/> Not Stated |

33(a). Are you currently living with a partner?
 Yes No Not Stated

If NO, Go to Question 33(a) ii.

33(a) i. If YES & Married.
Ask, Are you living with your husband?

If YES, Score: With Husband
Otherwise Score: With Common Law Partner

33(a) ii. If NO: Ask, Have you ever lived with a husband/CL Partner ?

If YES: No Longer living with or not with Husband/CL Partner

If NO: Never had a Husband/CL Partner
 Not Stated

33(b). If with Husband or With Common Law Partner, Score his Individual Number. Otherwise Score 00, and Go to Question 34.

33(c). If With Husband or CL Partner, How many years have you and your current partner been living together?

SECTION 8: ECONOMIC ACTIVITY (PERSONS 15 YEARS & OVER)

34. What was your main activity during the 12 months ending 30th April 2010?

Read the list for the respondent

- | | |
|---|--|
| <input type="checkbox"/> Worked | <input type="checkbox"/> Student |
| <input type="checkbox"/> With Job Not Working | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Looked For Work | <input type="checkbox"/> Incapacitated |
| <input type="checkbox"/> Home Duties | <input type="checkbox"/> Not Stated |
| <input type="checkbox"/> Other | |

If OTHER, please specify:



PART B: POPULATION Continued

35. During the 12 months ending 30th April 2010, did you work for an employer or for yourself?

WORKED FOR EMPLOYER	WORKED FOR SELF
<input type="checkbox"/> Government	<input type="checkbox"/> With Paid Help
<input type="checkbox"/> Private Enterprise	<input type="checkbox"/> With Unpaid Help/Alone
<input type="checkbox"/> Private Household	<input type="checkbox"/> Did Not Work
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Unpaid Worker	<input type="checkbox"/> Not Stated

If OTHER, please specify:

If DID NOT WORK, Go to Question 39

36. How many months did you work during the 12 months ending 30th April 2010?

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 or Less | <input type="checkbox"/> 8-9 |
| <input type="checkbox"/> 2-3 | <input type="checkbox"/> 10-11 |
| <input type="checkbox"/> 4-5 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 6-7 | <input type="checkbox"/> Not Stated |

37. What was your main type of job or occupation during the 12 months ending 30th April 2010?

Job/Occupation :

--	--	--	--	--

For
Official
Use Only

38. In which industry or type of business did you work during the last 12 months ending April 2010?

Business Name & Address :

Industry :

--	--	--	--	--

For
Official
Use Only

39. What are your sources of livelihood other than from employment?
(Score as many as applicable)

- | | |
|--|--|
| <input type="checkbox"/> Pension (Local) | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Pension (Overseas) | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Remittances (Overseas) | <input type="checkbox"/> Other Public Assistance |
| <input type="checkbox"/> Local Contribution from Friends/Relatives | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Other | <input type="checkbox"/> Disability/Inactiveness |
| <input type="checkbox"/> Not Stated | <input type="checkbox"/> None |

Benefits

If OTHER, please specify:

If DID NOT WORK, Go to Question 40(c)

40(a). What is the normal pay period from your main occupation/job?

- Weekly Fortnightly Monthly Other

If OTHER, please specify:

40(b). What was your gross pay or income from your main occupation during the last pay period?
(Before tax or deductions)

Amount: BDS \$

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

To the NEAREST \$

If NONE at Question 39, Go to Question 41

40(c). What was your monthly income from sources of livelihood other than employment?

--	--

(See flash card, and place appropriate code into box.)

41(a). Are you involved in any agricultural activity?

- Yes No Not Stated

**If YES, Go to SECTION 9, Question 42
If NO, Go to Question 41(b)**

41(b). Do you own any agricultural land?

- Yes No Not Stated

**If YES, Go to SECTION 9, Question 45
If NO, Go to Section 10, Question 51.**





PART B: POPULATION

Continued

SECTION 9: AGRICULTURE

42. What is your area of involvement in agricultural activity?

(Score as many as are applicable)

- Farmer
- Processor
- Backyard Gardener/Landless Farmer

43. In what type of agricultural activity are you involved?

(Score as many as are applicable)

- Sugarcane Farming
- Fruit Farming
- Vegetable Farming
- Horticulture
- Root Crop Farming
- Fish Farming
- Livestock Farming
- Herbs
- Poultry Farming
- Cotton
- Other

If OTHER, Please Specify.

44. What is your main reason for your involvement in agricultural activity?

- For Sale
- For Home Consumption
- Not Stated

45. What is your land tenure?

(Score as many as are applicable)

- Own
- Rent
- Lease
- Rent Free

If OWNED, Go to Question 46. Otherwise, Go to Question 47.

46. What is the total area of the agricultural land owned by you?

- Sq Ft
- Sq M
- Acres

47. What is the total area of agricultural land that you rent, lease, or operate rent free?

- Sq Ft
- Sq M
- Acres

48. In which parish is the land located whether owned, rented, leased or rent free?

(Score as many as are applicable)

- St. Michael
- St. Joseph
- Christ Church
- St. John
- St. Philip
- St. Andrew
- St. James
- St. Peter
- St. Thomas
- St. Lucy
- St. George

49. Is the agricultural land under cultivation?

- Yes
- No
- Don't Know
- Not Stated

50. What is your main source of water supply?

- Private Well
- Dam (catchment)
- Stream
- BWA
- BADMC Irrigation
- Other
- None

If OTHER, Please Specify.

SECTION 10: CHECK

51. Did you spend the night of May 1, 2010 in Barbados or Abroad?

- In Barbados
- Abroad
- Not Stated





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THANK
YOU



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