



Number of Persons Enumerated

|  |  |  |
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|  |  |  |
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Male

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|  |  |  |
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Female

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18 Years & Over

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**SECTION 2**

**CHARACTERISTICS OF HOUSING UNIT**

2.1 What type of housing unit is this?

- Separate House-Detached
- Apartment Building
- Townhouse
- Quad
- Other Attached
- Part of Commercial Building
- Improvised Housing Unit
- Other (Specify) \_\_\_\_\_
- Not Stated

2.2 What is the main type of material used in constructing the outer walls?

- Concrete and Blocks
- Stone and Brick
- Nog
- Wood
- Wood and Concrete
- Wood and Brick
- Other (Specify) \_\_\_\_\_
- Not Stated

2.3 What is the main type of material used in constructing the roof?

- Metal Sheeting
- Concrete
- Shingle - Fibreglass
- Shingle - Other
- Tile - Clay
- Tile - Other
- Other (Specify) \_\_\_\_\_
- Not Stated

**SECTION 3**

**CHARACTERISTICS OF HOUSEHOLD**

3.1 Does any member of this household own, rent or lease this dwelling?

- Owned
- Leased
- Rented
- Rent Free
- Squatted
- Other (Specify) \_\_\_\_\_
- Not Stated

**ASK Q3.2 ONLY IF SEPARATE HOUSE – DETACHED**

**3.2 What about the land – is it owned or leased etc. by any member of this household?**

- Owned
- Leased
- Rented
- Rent Free
- Squatted
- Other (Specify) \_\_\_\_\_
- Not Stated

**3.3 How many rooms does this household occupy?**

|  |  |
|--|--|
|  |  |
|--|--|

Not Stated

**3.4 How many rooms are used mainly for sleeping?**

|  |  |
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|  |  |
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Not Stated

**3.5 Does this household have the use of a kitchen or kitchenette?**

- Yes for use only by this household
- Yes shared with another household
- No (**Go to Q 3.7**)
- Not Stated

**3.6 Does it (the kitchen or kitchenette) have a sink permanently connected to a water supply and waste pipe?**

- Yes
- No
- Not Stated

**3.7 Does this household have the use of a bathroom?**

- Yes for use only by this household
- Yes shared with another household
- No (**Go to Q 3.9**)
- Not Stated

**3.8 Does it (the bathroom) have a fixed bath or shower?**

- Yes
- No
- Not Stated

**3.9 What type of toilet facilities does this household have?**

- WC Linked to Sewer
- WC not Linked to Sewer
- Pit
- Other (Specify) \_\_\_\_\_
- None (**Go to Q 3.11**)
- Not Stated

**3.10 Are the facilities shared with another household?**

- Shared
- Not Shared
- Not Stated

**3.11 What does this household use most for lighting?**

- Electricity
- Kerosene
- Other (Specify) \_\_\_\_\_
- Not Stated

**3.12 What type of fuel does this household use most for cooking?**

- LPG
- Electric
- Wood
- Charcoal
- Kerosene
- Biogas
- Solar Energy
- No Cooking Done
- Other (Specify) \_\_\_\_\_
- Not Stated

**3.13 How does this household obtain water for domestic purposes? (Score the main one)**

- Public piped into dwelling
- Public piped into yard
- Private piped into dwelling
- Private Catchment, not piped
- Public Standpipe
- Public Catchment
- Spring or River
- Trucked water/water truck
- Other (Specify) \_\_\_\_\_
- Not Stated

**3.14 What 'type' of water is used for drinking in this household? (Score the main one)**

- Bottled
- Piped – Treated
- Piped – Not Treated
- Other – Treated
- Other – Not Treated
- Not Stated

**3.15 What is the main method of garbage disposal for this household?**

- Regular Public Collection System
- Irregular Public Collection System
- Private Collection System
- Burn
- Bury
- Dumping in Sea/River/Pond/Gully
- Dumping in Own Yard
- Dumping in Municipal Site
- Other Dumping
- Other Method of Disposal
- Not Stated

**3.16 Is there a telephone in this household? (One answer only)**

- Fixed Cellular or Landline only
- Mobile Cellular only
- Both Fixed & Mobile
- None
- Not Stated

**3.17 Are there any of the following communication devices in this household?**

- |                          | Yes                   | No                    | Not Stated            |
|--------------------------|-----------------------|-----------------------|-----------------------|
| Radio                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Television               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal Computer/Laptop | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**ASK Q3.18 ONLY IF PERSONAL COMPUTER/LAPTOP IS SCORED YES**

**3.18 Is there an internet connection to this computer?**

- Yes – Dial up
- Yes – Broadband
- Other (Specify) \_\_\_\_\_
- No
- Not Stated

**SECTION 4 MIGRATION & MORTALITY**

4.1 Did any one from this household go to live abroad since January 1, 2010?

- Yes       No (Go to Q4.3)       Not Stated

4.2 Please give me the number of persons from this household who went to live abroad permanently since January 1, 2010 and the sex and age of each.

Number of Persons 

|  |  |
|--|--|
|  |  |
|--|--|

| Person No. | Sex                   |                       |                       | Age  |  |  |  |
|------------|-----------------------|-----------------------|-----------------------|--|--|--|--|
|            | M                     | F                     | Not Stated            |  |  |  |  |
| 1          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |
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| 4          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |
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| 5          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |
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If Age Not Stated Record '9's

4.3 Has any member of this household died since January 1, 2010?

- Yes       No (End Interview)       Not Stated

4.4 Please give me the number of persons from this household who have died since January 1, 2010 and the sex, age and date of death of each.

|  |  |
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|  |  |
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 Total 

|  |  |
|--|--|
|  |  |
|--|--|

 Male 

|  |  |
|--|--|
|  |  |
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 Female

| Person No. | Sex                   |                       |                       | Date of Death  |      | Age at Death | Cause of Death*  |  |  |  |  |  |  |  |  |  |  |  |
|------------|-----------------------|-----------------------|-----------------------|--|------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|
|            | M                     | F                     | Not Stated            | Month  | Year |              |  |  |  |  |  |  |  |  |  |  |  |  |
| 1          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |      |              | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> |  |
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| 2          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |      |              | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> |  |
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| 4          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |      |              | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> |  |  |  |  | <table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> |  |
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|            |                       |                       |                       |  |      |              |  |  |  |  |  |  |  |  |  |  |  |  |

\* Codes for Cause of Death: 1 -Violence, 2 - Accident, 3- Suicide, 4- Natural Causes, 5-Other

If Date of Death, Age at Death and Cause of Death Not Stated, Record '9's

**POPULATION AND HOUSING CENSUS 2011 – JAMAICA**

|                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| PARISH               | CONSTITUENCY         | ENUM.DIST.           | HOUSING UNIT         | DWELLING             | HOUSEHOLD            |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**SECTION 1 CHARACTERISTICS (For all persons)**

FIRST NAME

INDIVIDUAL No.

LAST NAME

**1.1 Is ..... male or female?**

- Male
- Female

**1.2 (a) What is your/ .....’s date of birth?**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <b>Day</b>           | <b>Month</b>         | <b>Year</b>          |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Not stated

**(b) What was your/ .....’s age at April 4, 2011?**

Not Stated

**1.3 What is your/ ....’s relationship to the head of the household?**

- Head
- Wife/Husband of Head
- Common Law Partner of Head
- Child of Head and Spouse/ Partner
- Child of Head Only
- Child of Spouse/Partner Only
- Spouse/Partner of Child
- Grandchild of Head/Spouse/Partner
- Parent of Head/Spouse/Partner
- Brother/Sister of Head/Spouse/Partner
- Other Relative of Head/Spouse/Partner
- Domestic Employee
- Other Non-Relative
- Not Stated

**1.4 To which race or ethnic group would you say you/..... belong(s)? (READ CATEGORIES)**

- Black
- Chinese
- Mixed
- East Indian
- White
- Other (Specify) \_\_\_\_\_
- Not Stated

**1.5 What is your/.... religious affiliation or denomination?**

- |   |   |   |
|---|---|---|
| <input type="radio"/> Anglican                  | <input type="radio"/> Moravian                    | <input type="radio"/> Hinduism              |
| <input type="radio"/> Baptist                   | <input type="radio"/> New Testament Church of God | <input type="radio"/> Islam                 |
| <input type="radio"/> Brethren                  | <input type="radio"/> Other Church of God         | <input type="radio"/> Rastafarian           |
| <input type="radio"/> Church of God in Jamaica  | <input type="radio"/> Pentecostal                 | <input type="radio"/> Revivalist            |
| <input type="radio"/> Church of God of Prophecy | <input type="radio"/> Roman Catholic              | <input type="radio"/> None                  |
| <input type="radio"/> Jehovah's Witness         | <input type="radio"/> Seventh Day Adventist       | <input type="radio"/> Other (Specify) _____ |
| <input type="radio"/> Judaism                   | <input type="radio"/> United Church               | <input type="radio"/> Not Stated            |
| <input type="radio"/> Methodist                 | <input type="radio"/> Baha'i                      |   |

**ASK Q1.6 OF PERSONS 16 YEARS OR OLDER. PERSONS UNDER 16 YEARS ► Go to Q1.7**

**1.6 What is your/....'s legal marital status?**

For example are you/is ..... married, divorced, widowed or never married?

(Check; If Q 1.3 is 'wife/husband of head' then Q 1.6 should be Married, If Not, Please Probe)

- |                                |   |
|--------------------------------|---|
| <input type="radio"/> Married  | <input type="radio"/> Never Married     |
| <input type="radio"/> Divorced | <input type="radio"/> Legally Separated |
| <input type="radio"/> Widowed  | <input type="radio"/> Not Stated        |

**ASK Q1.7 OF PERSONS 5 YEARS OR OLDER**

**1.7 Do you/does ... experience difficulty doing any of the following: (Read the categories and insert a code for each that applies)**

|                                | Level of Difficulty<br>(Code) | Aid<br>(Code) | Medication<br>(Code) |
|--------------------------------|-------------------------------|---------------|----------------------|
| Seeing                         |                               |               |                      |
| Hearing                        |                               |               |                      |
| Walking or climbing stairs     |                               |               |                      |
| Remembering and concentrating  |                               |               |                      |
| Self-care                      |                               |               |                      |
| Lifting, reaching and carrying |                               |               |                      |
| Communicating                  |                               |               |                      |

**Codes for Levels of Difficulty: No difficulty - 1, Some difficulty - 2, Much difficulty - 3, Cannot do it at all - 4, Not Stated - 9**

**Codes for Uses Aid or Medication: Yes - 1, No - 2, Not Stated - 9**

**SECTION 2**

**EDUCATION**

*(For persons 3 years or older)*

**FOR CHILDREN UNDER 3 YEARS SCORE NO AND ► GO TO SECTION 4**

**2.1 Are you/is .... currently enrolled in an educational institution or programme?**

- Yes
- No (Go to Q2.4)
- Not Stated

**ASK Q 2.2 OF PERSONS 3 – 17 YEARS ONLY**

**2.2 How many days did you/did ..... attend school during the first week of March 2011?**

- 5 days
- 3 – 4 days
- 1 – 2 days
- Did not attend
- Not Stated

**2.3 What type of educational institution/programme and grade are you/is ..... enrolled in?**

- Pre-Primary (Go to Section 4)
- Primary, All Age (Grades 1-6) (Go to Section 4)
- All Age, Primary & Junior High, Secondary High, Technical High (Grade 7-9) (Go to Section 3)
- Agricultural (Grade 10-12), Secondary High (Grade 10-11), Technical High (Grade 10 -11) (Go to Q2.7)
- Secondary High, Technical High (Grade 12-13) (Go to Q2.7)
- Commercial/Business College (Go to Q2.5)
- University (Go to Q2.5)
- Other Tertiary (Go to Q2.5)
- HEART Programme (Go to Q2.5)
- JFLL Programme (Go to Q2.5)
- Other (Specify) \_\_\_\_\_ (Go to Q2.5)
- Not Stated



**2.4 What type of educational institution did you/did ..... last attend?**

- Pre-Primary (Go to Section 3)
- Primary/ All Age/Elementary (Go to Q2.6)
- Secondary High (Go to Q2.6)
- Vocational High (Go to Q2.6)
- Commercial/Business College
- University
- Community College
- Other Tertiary
- HEART Programme
- JFLL Programme
- Other (Specify) \_\_\_\_\_
- None (Go to Section 3)
- Not Stated

**2.5 What was the last type of educational institution that you/that ..... attended before that?**

- Pre-Primary (Go to Section 3)
- Primary/Preparatory
- All Age/Elementary
- Junior Secondary
- New Secondary
- Secondary High
- Vocational High
- University (Go to Q2.7)
- Community College (Go to Q2.7)
- Other Tertiary (Go to Q2.7)
- Other (Specify) \_\_\_\_\_ (Go to Q2.7)
- None (Go to Section 3)
- Not Stated

**2.6 What is/was the highest class, grade or form that you were in/that ..... was in at that level?**

- A and B class, Elementary
- Standard 1-3, Elementary
- Standard 4-6, Elementary
- Grades 1-6, Primary, All Age, Primary & Junior High
- Grades 7-9, All Age, Primary & Junior High, Secondary High
- Grades 10-11, Secondary
- Grades 12-13, Secondary
- Forms 1-3, Secondary
- Forms 4-5, Secondary
- Form 6, Secondary High
- Not Stated

2.7 What is the highest examination that you have/that .... has passed?

- None
- CXC Basic, JHSC, JSC, JSCE or 3<sup>rd</sup> JLCL, SSC, JC, CSEC, CCSLC
- GCE 'O' 1-3, CXC General 1-3, AEB 1-3, CSEC 1-3
- GCE 'O' 4+, CXC General 4+, AEB4+, SC, CSEC 4+
- GCE 'A' 1+, HSC, CAPE 1+
- College Certificate/Diploma
- Other Certificates and Diploma
- Associate Degree
- Bachelor's Degree
- Graduate Degree and Professional Qualification
- Other (Specify) \_\_\_\_\_
- Not Stated

**SECTION 3**

**TRAINING**

*(For persons 15 Years or older)*

3.1 Are you/is ..... currently being trained or have you ever been trained for any specific job or occupation?

- Yes
- No (Go to Section 4)
- Not Stated

3.2 For what job or occupation is/was the training?

\_\_\_\_\_

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Not Stated

3.3 Where is/was the training received?

- HEART Programme
- Other Programme (Go to Q3.5)
- Not Stated

3.4 Which one of the following HEART Programmes? (Score and Go to Q3.6)

- Vocational Training Development Institute (VTDI)
- Vocational Training Centre/ Academy
- School Leavers Training Opportunities Programme (SLTOP)
- Community Based Programme
- On the Job Training
- Apprenticeship
- Other HEART (Specify) \_\_\_\_\_
- Not Stated

3.5 Which one of the following Other Programmes?

- University
- Nursing School
- Community College
- Teachers College, CASE
- Other Tertiary (Specify) \_\_\_\_\_
- Technical School
- Vocational/Trade School
- Commercial/Business College
- Police Training School/Jamaica Police Academy
- Jamaica Defence Force
- Apprenticeship
- On the Job Training
- Other (Specify) \_\_\_\_\_
- Not Stated

**3.6 What qualification will/did you receive on completion of training?**

- Graduate Degree
- Bachelor's Degree
- Professional Qualification
- Associate Degree
- Diploma
- Certificate
- NVQ-J Level
- None
- Other (Specify) \_\_\_\_\_
- Not Stated

NVQ-J Level Codes: 1, 2, 3, 4, 5. Code 9 if Not Stated

**SECTION 4 BIRTHPLACE & RESIDENCE (For all persons)**

**4.1 Do you/does ... live in this household all or most of the time?**

- Yes (Go to Q4.3)
- No
- Not Stated

**4.2 Where do you/does ..... usually live?**

- (a) Another household in this Parish
- (b) Elsewhere in the Country
  - Kingston
  - St. Andrew
  - St. Thomas
  - Portland
  - St. Mary
  - (c) Abroad
  - (d) Not Stated
  - St. Ann
  - Trelawny
  - St. James
  - Hanover
  - Westmoreland
  - St. Elizabeth
  - Manchester
  - Clarendon
  - St. Catherine
  - Not Stated

**END INTERVIEW IF NOT USUAL RESIDENT OF HOUSEHOLD**

**4.3 Where were you/was ... born?**

By that I mean the place where your/his/her mother was residing at the time?

- (a) Parish in Jamaica (Score Parish and then go to Q 4.5)
  - Kingston
  - St. Andrew
  - St. Thomas
  - Portland
  - St. Mary
  - St. Ann
  - Trelawny
  - St. James
  - Hanover
  - Westmoreland
  - St. Elizabeth
  - Manchester
  - Clarendon
  - St. Catherine
  - Not Stated

(b) Abroad (Name of Country)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

(c) Not Stated

Code

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

4.4 In what year did you/did .... come to live in Jamaica?

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

▶ (Go to Q4.7)

Not Stated

4.5 In what year did you/did .... come to live in this parish?

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Not Stated

4.6 In what parish did you/did .... last live?

Kingston

St. Ann

St. Elizabeth

St. Andrew

Trelawny

Manchester

St. Thomas

St. James

Clarendon

Portland

Hanover

St. Catherine

St. Mary

Westmoreland

Not Stated

4.7 Have you/has .... ever lived outside of Jamaica for one year or more continuously?

Yes 1 – 4 years

Yes 5 years or more

No (Go to Section 5)

Not Stated

4.8 In what country did you/did .... last live?

Name of Caribbean Country

Code

USA

Caribbean

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

UK

Other (Specify) \_\_\_\_\_

Canada

Not Stated

4.9 In what year did you/did ... return to live in Jamaica permanently?

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Not Stated

**PERSONS UNDER 14 YEARS ▶ GO TO SECTION 6**

**SECTION 5**

**ECONOMIC ACTIVITY**

*(For persons 14 years or older)*

5.1 Did you/did ..... work for at least one hour during the last week of March 2011?

Yes (Go to Q 5.5)

No

Not Stated

5.2 Did you/did ..... do anything like farming, buying and selling during the last week of March 2011?

Yes (Go to Q 5.5)

No

Not Stated

5.3 Did you/did ..... do any type of odd job or hustling for at least one hour during the last week of March 2011?

Yes (Go to Q 5.5)

No

Not Stated

**5.4 What were you/was ..... doing for most of the time during the last week of March 2011?  
(READ CATEGORIES)**

- Working in Agriculture or any other business without pay
- With job not working (Go to Q5.6)
- Seeking first job (Go to Q5.11)
- Seeking a job which was not the first (Go to Q 5.6)
- Did not seek work but wanted work and was available (Go to Q 5.6)
- Student (Go to Q 5.11)
- Did home duties (Go to Q 5.11)
- Retired did not work (Go to Q 5.11)
- Disabled unable to work (Go to Q 5.11)
- Not interested in work (Go to Q 5.11)
- Other (Specify) \_\_\_\_\_ (Go to Q 5.11)
- Not Stated

**5.5 How many hours did you/did ..... work during the last week of March 2011?**

|  |  |
|--|--|
|  |  |
|--|--|

Not Stated

**5.6 What kind of work do you/does ..... do/did you last do/did ..... last do?**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

Never Worked (Go to Q5.11)  Not Stated

**5.7 What type of business is/was carried on at the work place?**

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Not Stated

**5.8 Which of the following categories best describes your/ .....’s main employment? (READ CATEGORIES)**

- Paid Government Employee
- Paid Employee in Private Enterprise
- Paid Employee in Private Home
- Unpaid Employee in Agriculture or in any other type of business
- Self-Employed with paid Employees
- Self -Employed without paid Employees
- Other (Specify) \_\_\_\_\_
- Not Stated

**▶ GO TO Q5.11 IF RESPONDENT IS NOT CURRENTLY EMPLOYED. OTHERWISE CONTINUE**

**5.9 How many persons including yourself/including ..... are working in the business or in the workplace?**

- 1 person
- 2-4 persons
- 5-9 persons
- 10-19 persons
- 20-49 persons
- 50+ persons
- Not Stated

**5.10 What is your/is .....’s weekly, monthly or annual income from all employment? (\$JA)**

- Not Stated

- | <b>Weekly</b>                         | <b>Monthly</b>                          | <b>Annually</b>                             |
|---------------------------------------|---|---|
| <input type="radio"/> Less than 4,070 | <input type="radio"/> Less than 16,280  | <input type="radio"/> Less than 195,360     |
| <input type="radio"/> 4,070 – 5,999   | <input type="radio"/> 16,280 - 23,999   | <input type="radio"/> 195,360 – 287,999     |
| <input type="radio"/> 6,000 – 9,999   | <input type="radio"/> 24,000 – 39,999   | <input type="radio"/> 288,000 – 479,999     |
| <input type="radio"/> 10,000 – 19,999 | <input type="radio"/> 40,000 – 79,999   | <input type="radio"/> 480,000 – 959,999     |
| <input type="radio"/> 20,000 – 29,999 | <input type="radio"/> 80,000 – 119,999  | <input type="radio"/> 960,000 – 1,439,999   |
| <input type="radio"/> 30,000 – 59,999 | <input type="radio"/> 120,000 – 239,999 | <input type="radio"/> 1,440,000 – 2,879,999 |
| <input type="radio"/> 60,000 and over | <input type="radio"/> 240,000 and over  | <input type="radio"/> 2,880,000 and over    |

**5.11 What did you/did ..... do most during the past twelve months?**

- Worked or had a job
- Looked for first job (**Go to Section 6**)
- Looked for work which was not the first (**Go to Section 6**)
- Student (**Go to Section 6**)
- Home duties (**Go to Section 6**)
- Retired did not work (**Go to Section 6**)
- Disabled unable to work (**Go to Section 6**)
- Not interested in work (**Go to Section 6**)
- Other (Specify) \_\_\_\_\_ (**Go to Section 6**)
- Not Stated

**5.12 How many months did you/did ..... work during the past twelve months?**

|  |  |
|--|--|
|  |  |
|--|--|

- Not Stated

**SECTION 6 SOCIAL WELFARE (For all persons)**

**6.1 Do you/does ..... currently receive any Social Welfare benefits or pension?**

- Yes
- No (**Go to Section 7**)
- Not Stated

**6.2 What benefits or pension? (Shade all applicable)**

- Employment related pension
- National Insurance
- PATH Programme
- Other Public Assistance/Poor Relief
- Other (Specify) \_\_\_\_\_
- Not Stated

**SECTION 7 UNION STATUS** (For persons 15 years or older)

7.1 Mark the appropriate answer (See Q1.6)

- Married
- Never Married (Go to Q 7.3)
- Widowed/Divorced/Separated (Go to Q 7.4)
- Not Stated

7.2 Are you/is ..... currently living with your/his/her husband/wife?

- Yes (Go to Q 7.5)
- No (Go to Q 7.4)
- Not Stated

7.3 Have you/has ..... ever lived with someone as a common-law partner?

- Yes
- Never had a husband/wife or common-law partner (Females Go to Section 8. Males Go to Section 9)
- Not Stated

7.4 Are you/is ..... currently living with someone as a common-law partner?

- Yes
- No (Females Go to Section 8. Males Go to Section 9)
- Not Stated

7.5 How long have you/has ..... and your/his/her husband/wife/common-law partner been married/living together?

Years

|  |  |
|--|--|
|  |  |
|--|--|

Not Stated

**MALES ► GO TO SECTION 9**

**SECTION 8 FERTILITY** (For females 15-49 years)

8.1 Have you/has .... ever had liveborn children?

- Yes
- No (Go to Section 9)
- Not Stated

8.2 How many liveborn children and of what sex?

|  |  |
|--|--|
|  |  |
|--|--|

Total

|  |  |
|--|--|
|  |  |
|--|--|

Male

|  |  |
|--|--|
|  |  |
|--|--|

Female

If Not Stated Record 99

8.3 How many liveborn children are still alive?

|  |  |
|--|--|
|  |  |
|--|--|

Total

|  |  |
|--|--|
|  |  |
|--|--|

Male

|  |  |
|--|--|
|  |  |
|--|--|

Female

If Not Stated Record 99

**8.4 How many liveborn children are living in the household?**

Total      Male      Female

If Not Stated Record 99

**8.5 How old were you/was ..... when you had your/she had her/first liveborn child?**

    Not Stated

**8.6 How old were you/was ..... when you had your/she had her last liveborn child?**

    Not Stated

**8.7 Did you/did ..... have any livebirths since January 1, 2010?**

Yes                       No (Go to Section 9)                       Not Stated

**8.8 How many livebirths have you/has ..... had since January 1, 2010 and what was the sex and date of birth of each?**

Total      Male      Female

| Child No. | Sex                   |                       |                       | Date of Birth                             |   |   |
|-----------|-----------------------|-----------------------|-----------------------|---|---|---|
|           | M                     | F                     | Not Stated            | Day                                       | Month                                     | Year  |
| 1         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

If Not Stated Record '9's

**8.9 Have any of the children who were born since January 1, 2010 died?**

Yes                       No (Go to Section 9)                       Not Stated

**8.10 How many of the children who have been born since January 1, 2010 have died and when?**

Total      Male      Female

| Child No. | Sex                   |                       |                       | Date of Death                             |   |
|-----------|-----------------------|-----------------------|-----------------------|---|---|
|           | M                     | F                     | Not Stated            | Month                                     | Year  |
| 1         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 3         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 4         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

If Not Stated Record '9's



**SECTION 9**

**TRANSPORTATION**

*(For persons 3 years or older)*

**9.1 What was your/was ..... usual mode of transportation over the past six months?**

- |  |   |
|--|---|
| <input type="radio"/> JUTC Bus                               | <input type="radio"/> Coaster/Hino Bus                                  |
| <input type="radio"/> Minibus                                | <input type="radio"/> Route Taxi  |
| <input type="radio"/> Hackney Carriage Taxi                  | <input type="radio"/> Company Vehicle ( <b>Go to Section 10</b> )       |
| <input type="radio"/> Motorcycle ( <b>Go to Section 10</b> ) | <input type="radio"/> Bicycle ( <b>Go to Section 10</b> )               |
| <input type="radio"/> Walk ( <b>Go to Section 10</b> )       | <input type="radio"/> Private Vehicle ( <b>Go to Section 10</b> )       |
| <input type="radio"/> Chartered Vehicle                      | <input type="radio"/> Other (Specify) _____ ( <b>Go to Section 10</b> ) |
| <input type="radio"/> Robot Taxi                             | <input type="radio"/> Never went out ( <b>Go to Section 10</b> )        |
|  | <input type="radio"/> Not Stated  |

**9.2 How often did you/did....use this mode of transportation in the past six months?**

- Daily
- Once a week
- 2-3 times each week
- Once a month
- Once in the past 6 months
- Not Stated

**SECTION 10 INFORMATION AND COMMUNICATION TECHNOLOGY** *(For persons 3 years or older)*

**10.1 Have you/has ..... used a cellular telephone at any time during the past three months?**

- Yes
- No
- Not Stated

**10.2 Have you/has ..... used a computer from any location in the past six months?**

- Yes
- No
- No Stated

**10.3 Have you/has ..... used the Internet from any location in the past six months?**

- Yes
- No
- No Stated