COMMONWEALTH CARIBBEAN POPULATION HOUSING CENSUS

##  <br> BRITISH VIRGIN ISLANDS <br> 1991 $\$$ <br>  - 5 <br> Population and <br> Housing Census CEHSUS DAY - MAY 12, 1991

## 青年 <br> 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.

Incorrect Marks
Correct Mark

Address Of Household $\qquad$

Town/Village/District $\qquad$


|  | INTERVIEW <br> Please give your hous | sually live and | $=$ $=$ $=$ |
| :---: | :---: | :---: | :---: |
| 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 |  |
| 18 | SURNAME | FIRST NAME |  |
| 14 | SURNAME | FIRST NAME |  |
| 15 | SURNAME | FIRST NAME | - |
| 16 | SURNAME | FIRST NAME | - |
| 17 | SURNAME | FIRST NAME | - |
| 18 | SURNAME | FIRST NAME | - |

1.1 (a) Has anybody from this household gone to live abroad in the past year?

1 Yes
2. NO (SKIP TOQ. 1.2)
(b) How many persons?
$\begin{array}{llllll}1 & 2 & 3 & 4 & 5 & 6\end{array}$
(c) Please give me the sex and age of each.


INTERVIEWER SAY:
Now I would like to ask a few questions about the dwelling which your household occupies ands the facilities that you have.

## SECTION 1. HOUSING

INTERVIEWER: Ask this question only if the answer is not obvious. Else, mark the appropriate oval.
1.2 What type of dwelling does this household occupy?

5 Undivided private house
2 . Part of a private house
Flat/apartment/condominium
Townhouse
Double house/duplex
(a) Combined business \& dweiling
, Barracks
8 Other
1.3 Does this household own, rent or lease this dwelling?

Owned
Squatted
Rented-Private
Rented-Govt.
Leased
Rent-free
Other
8. Don't know/Not stated
1.4 What about the land - is it freehoid, leasehold, or some other type of occupancy?

Freehold
Leasehoid
Leasehoid
Rented
Permission to work land
Sharecropping
Squatted
Other
Don't know/Not stated
1.5 What is the construction material of the outer walls?

| $1 \Rightarrow$ Wood |  |
| :--- | :--- |
| $2-3$ | Concrete |
| $4-$ | Stone |

5 Brick
6 . Adobe
7 Makeshift
8 (.... Other / Don't know
1.6 What is the material used for roofing?

10 Sheet metal (zinc, aluminum, galvanize)
20 Shingle (asphalt)
3 Shingle (wood)
4. Shingle (other)

5 Tile
6 . Concrete
7 Makeshift
8 Other/Don't know
1.7 In which year was this dwelling built?

| 1 |  |  |
| :--- | :--- | :--- |
| 2 | Before 1960 | $4 . \quad 1980$ or later |
| 3 | $1960-1969$ | $5 \times$ Don't know |

1.8 What is the main source of your water supply?

1 - Private, piped into dwelling
. - Private catchment, not piped
Public, piped into dwelling
Public, piped into yard
Public standpipe
Public well or tank
$\Rightarrow$ Other
1.9 What type of toilet facilities does this household have?

```
. W.C. linked to sewer
W W.C. Cesspit or septic tank
Pit-Latrine
Other
5 None]_(SKIP TO Q. 1.11)
```

1.10 Are these toilet facilities shared with another person not of this household or another household?

$$
\begin{aligned}
& 10 \mathrm{Yes} \\
& 2 O \mathrm{No}
\end{aligned}
$$

1.11 What type of lighting does this household use most?
10 Gas
20 Kerosene
30 Electricity
40 Other
1.12 What type of fuel does this household use most for cooking?
10 Coal
20 Wood
30 Gas
40 Kerosene
50 Electricity
60 Other
1.13 Is your kitchen indoors or outdoors?

```
1%}\mathrm{ Indoors
20 Outdoors
```

1.14 Is the kitchen shared with another person not of this household or another household?

1 Yes, shared
2 Not shared
1.15 How many rooms does your household occupy? - Do not count bathrooms, porches, kitchens, etc.

1.16 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.

1.17 Now I would like some information on the ownership or rental of such facilities as television sets, videos and radios by members of the household.
(a) How many radios are owned or rented by members of this household?

$$
\text { RADIOS }[10) 1)(2,4)(5)(6)(8)(9)
$$

(b) How many television sets are owned or rented by members of this household?

TV SETS T- Q 0 ( $1(3)(4)(5)(6)(7)(8)(9)$
(c) How many video recorders are owned or rented by members of this household?

1.18 is there a telephone service in this home?

1. "Yes
$2 \therefore$ No

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 him/herself. Else say "YOU" / YOUR."
Mark the appropriate oval. Please do not write over the responses.

## SECTION 2. CHARACTERISTICS

2.1 Please fill in this person's assigned number.

| $\#$ |  | 10 | 20 |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

2.2 What is . . . . . . .s relationship to the head of household?

| 1 | Head | 5 | Grandchild |
| :--- | :--- | :--- | :---: |
| 2 | Spouse/partner | 6 | Parent/parent-in-law |
| 3 | Child | 7 | Other relative |
| 4 | Son/daughter-in-law | 8 | Non-relative |

2.3 INTERVIEWER: Mark the appropriate oval. FOR PERSONS NOT SEEN ASK: Is . . . . . . male or female?
1 Male
2 Female
2.4 What is . . . . .'s date of birth?


If not known, ask:
How old was . . . . . . on his/her last birthday?

AGE $\quad$| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 | 80 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 0 | 100 |  |  |  |  |  |  |  |

## SECTION 3. DISABILITY

3.1 Does . . . . . suffer from any long-standing illness, disability or infirmity?
1 .... Yes
2 No (SKIP TO Q.4.1)
3.2 What type of disability or impairment does . . . . . have? (More than one oval may be marked)

| $1 \quad$ Sight |  |
| :--- | :--- |
| 2 | Hearing |
| 3 | Speech |
| 4 | Upper limb (arm) |
| 5 | Lower limb (legs) |
| 6 | Neck and spine |

## SECTION 4. BIRTHPL.ACE AND RESIDENCE

4.1 Where was . . . . . born?

INTERVIEWER: Remember what is required is the mother's normal residence at the time of birth, and not the hospital or place where the birth took place.
$1 \%$ In this country
$\begin{array}{lll}2 & \text { Abroad } & \text { (SKIP TO Q. 4.3) } \\ 3 & \text { Not stated }\end{array} \quad \begin{aligned} & \text { SKIP TO Q. }\end{aligned}$
$4 \quad$ Don't know $] \rightarrow$ (SKIP TO Q. 4.5)
4.2a In what part of the country is that?


Don't know

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

2.6 What is ......'s religion?


FOR ALL PERSONS
3.3 In which of the following ways are ......'s activities limited compared with most people your/ his/her age? (More than one oval may be marked)

[^0]FOR ALL PERSONS
4.3 In what country was that?

Don't know

| FOR OFFICE |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| USE ONLY |$|$| 0 | 10 | 20 | 30 | 40 | 50 | 60 | 70 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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

Don't know

| 19 |  | 0 10 20 30 40 50 60 70 <br> 0 80 90      <br> 0 1 2 3 4 5 6 7 | 8 | 9 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

4.5 In what country did ...... last live?
C) Don'r know

4.2b Have you/has . . . . . ever lived in another country?
1: Yes
(SKIP TO Q. 4.5)
2 ... No/Don't know (SKIP TO Q. 4.6)

## SECTIONA BIRITPLACE ANB BESIDENCE

FOR ALL PERSONS
4.6 in what town village or district in . . . . . . did

he/she last live?
O Never moved
Skip 100.5 .1 )

| 80R OFFCE US⿷ONUS | (9) (10) $20(30)(63)(60)(80)$ <br> $0)(3)(3)(6)(0)(8)$ |
| :---: | :---: |

4.7 In what year did..... come to live in this town. village or district?

| Don't know | 19 | $\begin{aligned} & 16)(10) 20(30)(60)(60)(00)(10) \\ & (0)(1), ~(3)(6)(0)(7)(8)(1) \end{aligned}$ |
| :---: | :---: | :---: |

## SEGITON S. EDYGAYIEN AND TAANING

5.1 Is . . . . . attending any school or educational institution now, whether full-time or part-time?
1 1-Yes
2 No
(SKIPTO Q. 5.6)
3 Don't know
(SKIP TO O. 5.6)
5.2 Are you/is/he/she attending full-time or part-ime?

```
10. Full-ime
3. Don't know
2 Part-time
```

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

1 Cursery/Infant/Kindergarten/Pre-school
2 () Primary
3 (.) Senior School or Secondary Dept. of Primary School
4 ( Junior Secondary
5 Senior Secondary, General Secondary, High School
Comprehensive or Composite School
$\varepsilon\left(\right.$ Trade ${ }^{M /}$, ional School
7 Te . institute
8 CO unity College/Sixth Form Collego
90 versity
100 Other (Please specify)

11 Not stated
5.4 Please give the name and address of the school or institution.

5.5 What is your/his/her main mode of travel so the school or institution?

10 Walk
2 B Bicycle
$3 \bigcirc$ Private car or vehicle
4 ( Public vehicle (bus, esc.)
$\$ 0$ Hired transport (taxi, maxi-taxi, minibus)
6 Don't know/Not stated
7 OOther
5.6 What is the highest level of educaxion thas has reached?

| 10 None | (SKIP TO 2. 5.9) |
| :---: | :---: |
| 2 Nursery/Kindergarten | (SKRPTO 0.5.9) |
| 3 P Primary |  |
| - Secondary |  |
| 5 Pre-University/Post-Secondary\& University (SKip ro a. 5.8) |  |
|  |  |
| $7 \square$ Other (Please specify) (Skle TO Q. 5.9) |  |
| 8 Not stated | (SK18TO 2.5 .3$)$ |

4. 8 Where does . . . . . usually live?

20 At this address
3 () Abroad
(SKIP TO 0.5.1)
(SKIP TO Q. 5.1)
(SKIP TO Q.5.1)
4.9 In what part of the country is that?
© Don't know


FOR ALL PERSONS
5.7 What grade/standard did you/he/she reach?

| [ ( First Standard | $6 \bigcirc$ Sixth Standard |
| :---: | :---: |
| 2 Second Standard | 7 Seventh Standard |
| 3 3'Third Standard | or higher |
| 4 ( Fourth Standord | Q : ' Dnn't knmun |
|  |  |

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

```
& (.None
2.School leaving
3 Cambridge School Certificate
4: GCE 'O' levels or CXC
        Number of subjects
        \2 4) 5: % % % O or more
& GCE 'A' levels
        Number of subjects
        12% © 4 or more Not stated
6. Higher School Cortificate
3: Diploma (post-graduate)
86 Degree
9 (%)Other (Please specify)
10. Not stated
```

5.9 INTERVIEWER: Mark the appropriate oval. (See 0. 2.4)

```
1: Under 15
(SKIP TO 0.8.1)
2C. }15\mathrm{ years and over
```


## FOR PERSONS 15 YEARS $\&$ OVER

5.10 Has ..... . pursued any course of formal training for at least 3 months?
16 Yes
$\begin{array}{ll}2 \text { (. No } & \text { (SKIP TO Q. 6.1) } \\ 3 \text {. Don't know } & \text { (SKIP TO Q.6.1) }\end{array}$
5.1 How was this training received?

1 C. Correspondence course
2 ( On the job
3 ( Apprenticeship
\& ( Institution
56 Other (Please specify)

6 CDon't know
5.12 For what occupation does this training prepare you/him/her?


OCCU-
PATION

6.1 What is . . . . .'s legal marital status - that is, are you/is he/she married, divorced, legally separated, widowed or never married?

## Married

2 Widowed
Divorced
Legally separated $\square$ (SKIP TO Q.6.3) Never married Not stated
6.2 Are you/is he/she living with your/his/her husband/wife now?
1 Yes (SKIP TO Q. 6.6) 2
No
6.3 Are you/is he/she living with a partner now?

$$
1 \text { Yes (SKIP TO Q. 6.6) } 2 \text { No }
$$

6.4 INTERVIEWER: If $\mathbf{Q} .6 .3$ is shaded 2 (No) and 0.6 .1 is shaded 2, 3 or 4 then Skip to Q.6.6.
6.5 Have you/has he/she ever lived together with a partner in a common law relationship?

$$
1 \text { Yes } \quad 2 \text { No (SKIPTO O.6.7) }
$$

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

| AGE |  | 0 10 20 30 40 50 60 70 <br> 0 80 90      | 1 | 2 | 3 | $(4)$ | 5 | 6 | 7 | 8 | 9 |
| :---: | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

6.7 INTERVIEWER: Mark the appropriate oval.
(See Os. 2.3, 2.4, 5.1, 5.2, 5.3)

| 1. | Male |
| :--- | :--- |
| 2 | Female -65 years \& over |
| 3 | Female under 65 years attending school |
| 4. | Female under 65 years not attending school |$\quad$| (SKIP TO |
| :--- |
| a. 7.1) |

## SECTION 7. ECONOMIC ACTIVITY

7.1 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?

Worked
Had a job but did not work
(SKIP TO Q. 7.4)
(SKIP TO Q. 7.4)
Looked for work
Wanted work and available
Home duties
Attended school
Retired
Disabled, unable to work

10

Other (Please specify) $\square$
Not stated
7.2 Did you/he/she do any work at all in the past 12 months? Include work at home, for example, piece work, smocking, etc.

$$
\begin{array}{lll}
1 \text { Yes (SKIP TO Q. 7.4) } & 2 & \text { No } \\
& 3 & \text { Donit know }
\end{array}
$$

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

$$
\left.\begin{array}{lc}
1: Y e s \\
2 & \text { No }
\end{array}\right] \quad \text { (SKIP TO Q. } 7.5 \text { ) }
$$

7.4 How many months did you/he/she work in the pass 12 months?

## Number of months


plase Till m this person's assigned number.

| $\#$ |  | 0 $10)(20$       <br> 0 $1)$ 2 3 4 $5)$ 6 $7)$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |

6.8 How many livebirths has ..... ever had? (IF ZERO, ENTER OO \& SKIP TO 0.7.1)

| LIVE |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| BIRTHS |\(\quad\left[\begin{array}{ccccccccc|}0 \& 10 \& 20 \& 30 \& 40 \& 50 \& 60 \& 70 \& 80 <br>

0 \& 1 \& 2 \& 3 \& 4 \& 5) \& 6 \& 7 \& 8 <br>
\hline\end{array}\right.\)
6.9 How old were you/was she when you/she had the first liveborn child?
AGE $\quad\left[\begin{array}{cccccccccc|}0 & 10 & 20 & 30 & 40 & 50 & 60 & 70 & 80 & 90 \\ 0 & 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9\end{array}\right]$
6.10 How old were you/was she at the birth of your/her last liveborn child?

| AGE |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |$\quad |$| 0 | $10)(20$ | $(30$ | 40 |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| 0 | $1)(20)$ | 60 | $(70)$ | 80 | 90 |

6.11 How many livebirths did you/she have in the last 12 months?

| 1 None | (SKIP TO 0.7.1) | 4 Twins |
| :---: | :---: | :---: |
| $2 \square$ One |  | 5 Three or more |
| $3-$ Two | arate births |  |

6.12 What is/are the sex(es) of this child/these children?

Number of Boys 0 (3) (2) (3) 4 (5)
Number of Girls (0) (3 (2) (3) (4) (5)
6.13 Of these, have any of the babies died?

1 Yes 2 No (SKIP TO Q.7.1)
6.14 How many have died? (1) (2) (3) 4 ( 5
7.5 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
Worked
Had a job but did not work
(SKIP TO Q. 7.8)
(SKIP TO a. 7.8)
Looked for work
Wanted work and avalable
Home duties
Attended school Retired Disabled, unable to work Other (Please specify)

10

| Other (Please specify) |  |
| :--- | :--- |
| Not stated | (SKIP TO Q.7.7) |

7.6 What sort of work did you/he/she look for or want?

7.7 Did you/he/she do any work at all has week for any length of time, including helping in a tamily business/farm, street vending or work at home?

1. Yes

2, No
(SKIP TO Q. 7.9)
7.8 How many hours did you/he/she work last week?


PERSON 1

## SECTION 7. ECONOMIC AGTIVITY (Continued)

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

## Never worked (SKIP TO 0.7.18)

| GOR OFFICE USE ONLY | TYPE OF WORK |  |  |  (0) (100) (100) (400) (500) (500) (0) (10) (20) (30) (40) (50) (20) 80 (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) |
| :---: | :---: | :---: | :---: | :---: |

7.10 Would you consider this job to be completely dependent, partially dependent or not dependent on tourism?

1 Completely dependent
2 Partially dependent
3 Not dependent at all
46 . Don't know/Not stated
7.11 What type of business is/was carried on at your/his/her workplace? Please specify in detail.

7.12 What is the name and address of your/his/her present
workplace?


No present workplace (SKIP TO Q. 7.18)

| fon orfice |
| :--- |
| usconky |

CODE

7.13 How do you/does he/she travel to work?

```
1 () Work at home
2 Walk
3. Bicycle
4 Private car or vehicle
\(5 \bigcirc\) Public vehicle (bus, etc.)
6 Hired transport (taxi, minibus, maxi taxi, etc.)
7 Other
8 . Don't know/Not stated
```

7.14 Did you/he/she carry on your/his/her own business, work for a wage or salary or as an unpaid worker in a family business?

|  | Paid employee - Governnient | (SKIP TO 0. 7.16 ) |
| :---: | :---: | :---: |
| 2 | Paid employee - Private | (SKIP TO 0. 7.16) |
| 3 | Unpaid worker | (SKIP TO 0. 7.18) |
|  | Own business with paid help (Employer) | (SKIP TO 0. 7.16) |
|  | 0 Own business without paid help (Own Account) |  |
|  | Don't know/Not stated | (SKIP TO 0. 7.18) |

7.15 Do you/does he/she move all your/his/her goods every night; e.g., fruits, nuts, lottery tickets, clothing/shoes, etc.?

1 " Yes (Informal trader) $2 \cdots$ No
7. . . ....u. $\alpha$ as . . . . . 's last pay/income period?

1 : Weekly
26 Fortnightly
3 (.) Monthly
4 () Quarterly
5 5.) Annually
8 (; Other (Please specify)

7.17 What was . . . . .'s gross pay/income during the last pay period, that is before income tax or other deductions? (PRESENT FLASH CARD)

INTERVIEW: For self-employed persons obtain "net income," i.e., receipts less business expenses.

7.18 Do you/does he/she receive any money from family and/or friends abroad?

$$
\begin{array}{ll}
1<\text { Yes } \\
2<\text { No } & \text { (SKIP TO Q. 8.1) }
\end{array}
$$

7.19 Approximately how much money did you/he/she receive last year (1990) from family and/or friends abroad? (PRESENT FLASH CARD)


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 8. WHERE SPENT CENSUS NIGHT

## FOR ALL PERSONS

8.1 Where did. . . . . . spend Census night?
10 At this address
(END INTERVBEW)
2. Elsewhere in this country
30 Abroad
(END INTERVIEW)
8.2 What part of the country was that? ff known, please specify. INTERVIEWER: Write as full an address as possible.


[^0]:    1 Self-care
    2 Mobility
    3 Communication
    4 Schooling
    Employment
    Other
    7 None

