<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Parish</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>2. E.D. Number</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>3. Household Number</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>4. Record Type</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>5. Number of Persons in Household</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>6. What type of dwelling is this?</td>
<td>Separate House ☐ Flat/Apt ☐ Part of Commercial Bldg ☐ Group Dwelling ☐ ☐ Other ☐ Not Stated</td>
</tr>
<tr>
<td>7. Of what materials are the outer walls made?</td>
<td>Wood ☐ Concrete Block ☐ Wood &amp; Conc. Bk ☐ Stone ☐ Wood &amp; Conctete ☐ Concrete ☐ Other ☐ Not Stated</td>
</tr>
<tr>
<td>8. Of what material is the roof made?</td>
<td>Wooden Shingles ☐ Asphalt Shingles ☐ Roofing ☐ Corrugated Metal Sheets ☐ Other Corrugated ☐ Metal ☐ Sheets ☐ Concrete ☐ Other ☐ Not Stated</td>
</tr>
<tr>
<td>9 (a). Occupancy status:</td>
<td>Occupied ☐ Unoccupied ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(b) If UNOCCUPIED, is unit</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>If Unit is UNOCCUPIED or OCCUPIED BY ALL NON-RESIDENTS (see Page 1)</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>10. How many rooms does this dwelling have?</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>11. How many bedrooms does this dwelling have?</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>12 (a). Under what type of tenure is this dwelling occupied?</td>
<td>Owned ☐ Rented/Leased ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>(b) What is the rental period for this dwelling?</td>
<td>Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Annually ☐ Not Stated</td>
</tr>
<tr>
<td>(c) How much rent are you now paying?</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>13. Is this dwelling rented as fully furnished, semi-furnished or unfurnished?</td>
<td>Fully Furnished ☐ Semi-Furnished ☐ Unfurnished ☐ Not Stated</td>
</tr>
<tr>
<td>14 (a). Under what type of tenure is this land occupied?</td>
<td>Owned ☐ Private ☐ Government ☐ Rented/Leased ☐ Rent Free ☐ Other ☐ Not Stated</td>
</tr>
<tr>
<td>(b) What is the rental period for this land?</td>
<td>Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Annually ☐ Not Stated</td>
</tr>
<tr>
<td>(c) How much rent are you now paying?</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>
15. How is your main water supply obtained?
- Piped into Dwelling
- Piped into Yard
- Public Stand Pipe
- Stream/Spring/well
- Friend/Relative's Pipe
- Other
- Not Stated

16. What type of toilet facilities does this dwelling have? (Read categories)
- W.C. Linked
- W.C. Not Linked
- To Sewer
- Pit
- Other
- None
- Not Stated

17. In which year was this dwelling built?
- 2000
- 1999
- 1998
- 1994 - 97
- 1990 - 93
- 1981 - 89
- 1980 or before
- Not Stated

18. (a) What type of lighting is used?
- Electric
- Kerosene
- Gas
- Batteries
- Other
- Not Stated

(b) What source of energy is available for cooking?
- Natural Gas
- L.P.G.
- Electricity
- Wood/Char.
- Kerosene
- Solar
- Other / N.A.
- Not Stated

19. (a) Which of these appliances/household equipment does your household have? (Read categories.)
- Yes
- No
- No Response to question/unanswered by Respondent

- Solar Water Heater
- Other Water Heaters
- TV
- VCR
- Radio
- Stereo System
- Refrigerator
- Washing Machine
- Microwave Oven
- Stove

- Cellular Telephone
- Other Telephone
- Freezer
- Dishwasher
- Clothes Dryer
- Satellite TV System
- Toaster Oven
- Water Tank
- Computer

(b) Does this household have access to the internet?
- Yes
- No
- Not Stated

20. How many motor cars, station wagons, jeeps, mini-mokes, and vans are kept at home for private use by this household?
- More
- Not Stated
PART B: POPULATION
SECTION 1. IDENTIFICATION (FOR ALL PERSONS)

1. NAME OF INDIVIDUAL (SURNAME, FIRST NAME, MIDDLE INITIAL)

<table>
<thead>
<tr>
<th>SURNAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. PARISH

3. E.D. NUMBER

4. HOUSEHOLD NUMBER

5. RECORD TYPE

6. INDIVIDUAL NUMBER WITHIN HOUSEHOLD

7. FAMILY NUMBER

SECTION 2: GENERAL CHARACTERISTICS

8. Relationship to head of household

<table>
<thead>
<tr>
<th>Head</th>
<th>Spouse/Partner</th>
<th>Child of Head/Sp</th>
<th>Son-in-law/Daughter-in-law</th>
<th>Grandchild</th>
<th>Parent/Parent-in-law</th>
<th>Other Relative</th>
<th>Other Non-rel.</th>
<th>Not Stated</th>
</tr>
</thead>
</table>

9. (a) Is your mother living in this household?
   If Yes, locate mother's name on Page 1 and enter her Individual No. here. If No, enter 00.

10. Sex

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
</table>

11. What is your date of birth (or age at last birthday)?

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

12. What is your present marital status?

<table>
<thead>
<tr>
<th>Married</th>
<th>Legally Separated</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Never Married</th>
<th>Not Stated</th>
</tr>
</thead>
</table>

13. What is your ethnic origin?

<table>
<thead>
<tr>
<th>Black</th>
<th>White</th>
<th>Chinese</th>
<th>East Indian</th>
<th>Arab</th>
<th>Mixed</th>
<th>Other</th>
<th>Not Stated</th>
</tr>
</thead>
</table>

14. To which religion or denomination do you belong?

<table>
<thead>
<tr>
<th>Adventist</th>
<th>Anglican</th>
<th>Baha'i</th>
<th>Baptist</th>
<th>Brethren</th>
<th>Church of God</th>
<th>Hindu</th>
<th>Jewish</th>
<th>Jehovah Witness</th>
<th>Methodist</th>
<th>Moravian</th>
<th>Mormon</th>
<th>Muslim</th>
<th>Pentecostal</th>
<th>Rastafarian</th>
<th>Roman Catholic</th>
<th>Salvation Army</th>
<th>Other Christian</th>
<th>Other non-Christian</th>
<th>None</th>
<th>Not Stated</th>
</tr>
</thead>
</table>

15 (a) Do you have any of the following disabilities or major impairments? (Score as many as are applicable)

- Hearing
- Speech
- Sight
- Upper Limb
- Lower Limb
- Neck
- Spine
- Intellectual
- Mental
- Other
- None

If NONE, go to Question 17.

(b) Are you required to use any of the following aids?

<table>
<thead>
<tr>
<th>Wheelchair</th>
<th>Walker</th>
<th>Crutches</th>
<th>Cane</th>
<th>Prosthesis</th>
<th>Other</th>
<th>None</th>
<th>Not Stated</th>
</tr>
</thead>
</table>

16. Was your disability/major impairment ever diagnosed by a medical doctor?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Stated</th>
</tr>
</thead>
</table>
SECTION 3. MIGRATION

17. (a) Were you born in Barbados?
   Yes ☐ No ☐ Not Stated ☐

   If NO, go to Question 18(a).

(b) If Yes, in which parish?
   St. Michael ☐ Christ Church ☐ St. George ☐ St. Philip ☐ St. John ☐ St. James ☐
   St. Thomas ☐ St. Joseph ☐ St. Andrew ☐ St. Peter ☐ St. Lucy ☐ Not Stated ☐

   If born on or before April 30, 1995 (if aged 5 years or over) Go to Question 19.
   Otherwise go to Question 21.

18 (a). In which country were you born?
   Antigua & Barbuda ☐ Australia ☐ Bahamas ☐ Belize ☐ Bermuda ☐ Canada ☐ Cuba ☐
   Dominica ☐ St. Kitts/Nevis ☐
   Grenada ☐ Guyana ☐ Haiti ☐ India ☐ Jamaica ☐ Other Asia ☐ Other Latin America ☐
   Other Country ☐ U.K. ☐ U.S.A. ☐ Not Stated ☐
   St. Lucia ☐ St. Vincent & The Grenadines ☐ Suriname ☐ Trinidad & Tobago ☐

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

19. (a) Where were you living on 1 May, 1995?
   At present address ☐
   Elsewhere in same parish ☐
   In another parish ☐
   Abroad ☐
   Not Stated ☐

   If not IN ANOTHER PARISH, go to Question 20.

(b) If IN ANOTHER PARISH, which parish?
   St. Michael ☐ Christ Church ☐ St. George ☐ St. Philip ☐ St. John ☐ St. James ☐
   St. Thomas ☐ St. Joseph ☐ St. Andrew ☐ St. Peter ☐ St. Lucy ☐ Not Stated ☐

20 (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 21.

(b) If Yes, In which country?
   Antigua & Barbuda ☐ Australia ☐ Bahamas ☐ Belize ☐ Bermuda ☐ Canada ☐ Cuba ☐
   Dominica ☐ St. Kitts/Nevis ☐
   Grenada ☐ Guyana ☐ Haiti ☐ India ☐ Jamaica ☐ Other Asia ☐ Other Latin America ☐
   Other Country ☐ U.K. ☐ U.S.A. ☐
   St. Lucia ☐ St. Vincent & The Grenadines ☐ Suriname ☐ Trinidad & Tobago ☐

(c) When did you return to Barbados to live?

SECTION 4. EDUCATION

21 (a). Are you currently attending school or any other educational institution?
   Yes ☐ No ☐ Not Stated ☐

   If No, go to Question 21.

(b) If Yes, Full-time or part-time?
   Full-time ☐ Part-time ☐

   Go to 23

If under 5 years go to Question 39.
   If NO, and (i) person is aged 5 years to 16 years, go to Question 22.
   (ii) person is over 16 years, go to Question 23.

22. What is the reason for not attending school?
   Lack of Finance ☐ Incapacitated ☐ Religious ☐ Drop Out ☐ Working ☐ Other ☐ Not Stated ☐

23. What is the highest level educational institution ever attended by you?
   Ngy/Infant ☐ Primary ☐ Compos./Senior ☐ Secondary ☐ University ☐ Other Tertiary ☐ Other ☐ None ☐ Not Stated ☐

24. How many years of schooling have you completed?
   None ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12+ ☐ Not Stated ☐
25 (a). What examinations have you passed? (Score as many as are applicable)

(i) None

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

(ii) Undergraduate Post-graduate Professional Associate Bachelors Masters Doctoral Not Stated

If person has NOT PASSED any exam for 25(a). (ii), go to question 26

(b). Give two main subjects studied and indicate the highest level of exam passed in each:

<table>
<thead>
<tr>
<th>Subject</th>
<th>highest level exam passed</th>
<th>Subject</th>
<th>highest level exam passed</th>
</tr>
</thead>
</table>

(FOR OFFICIAL USE ONLY)

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

<table>
<thead>
<tr>
<th>Attendance at an institution</th>
<th>Private study</th>
<th>Not Stated</th>
</tr>
</thead>
</table>

If under 15 years go to Question 39.

SECTION 5. TECHNICAL AND VOCATIONAL TRAINING (PERSONS 15 YEARS & OVER)

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

If No, go to Question 29 (Females) or Question 33 (Males).
If Yes, (a) For which occupation/profession?

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

<table>
<thead>
<tr>
<th>Completed training</th>
<th>Did not complete training</th>
<th>Still being trained</th>
<th>Not Stated</th>
</tr>
</thead>
</table>

If did not complete training or are still being trained, go to Question 27

(c). If completed training, when did you complete that training?


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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E. Teacher</td>
<td>T Sch. of Nursing</td>
<td>Other Inst.</td>
<td>Hotel Sch.</td>
<td>S.J.P. Pol.</td>
</tr>
<tr>
<td>College</td>
<td>Other</td>
<td>Private Study</td>
<td>Sch.</td>
<td>Poly.</td>
</tr>
<tr>
<td>University</td>
<td>Other Non-Inst. Train</td>
<td>Not Stated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. How many years of training have you completed?

<table>
<thead>
<tr>
<th>Under 1/2 yr</th>
<th>1 yr</th>
<th>1-1/2 yrs</th>
<th>2 yrs</th>
<th>2-1/2 yrs</th>
<th>3 yrs</th>
<th>3-4 yrs</th>
<th>4-5 yrs</th>
<th>5 yrs &amp; over</th>
<th>Not Stated</th>
</tr>
</thead>
</table>

SECTION 6. FERTILITY & UNION STATUS (FEMALES 15-64 YEARS)

29 (a). Have you ever had any children?

If No, go to Question 32

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

30 (a). What is the date of birth of your first live-born child?

<table>
<thead>
<tr>
<th>Day</th>
<th>Mo.</th>
<th>Year</th>
</tr>
</thead>
</table>

(FOR OFFICIAL USE ONLY)

30 (b). What is the date of birth of your last liveborn child?

<table>
<thead>
<tr>
<th>Day</th>
<th>Mo.</th>
<th>Year</th>
</tr>
</thead>
</table>

(FOR OFFICIAL USE ONLY)

If over 49 years, go to Question 32.

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

| None | Twin | 2 | Triplet | 3+ |

(3+ excludes delivery of a Triplet only in the last 12 months)
PART C: LABOUR FORCE
(PERSONS 15 YEARS OLD AND OVER IN SELECTED E.D.'s)

1. PARISH

2. E.D. NUMBER

3. HOUSEHOLD NUMBER

4. RECORD TYPE

5. INDIVIDUAL NUMBER WITHIN HOUSEHOLD

ECONOMIC ACTIVITY LAST WEEK

6 (a). What was your major activity last week?

- Worked
- With job
- Not Working
- Looked for Work
- Student
- Retired
- Incapacitated
- Home Duties
- Other
- Not Stated

If WORKED or WITH JOB NOT WORKING, go to Question 12.

(b). Did you do any work at all last week?

Yes
No

If YES, go to Question 12.
If NO, and person is (i) under 17 years, END INTERVIEW.
(ii) 65 years or older, go to Question 10.

7 (a). Would you be willing and able to work if you found a job?

Yes
No

(b). Did you look for work within the last three (3) months?

Yes
No

If YES, go to question 8.
If NO,

(c). Why not?

- Did not want work
- Felt no work was available
- Did not know where to look for work
- Laid off and awaiting re-call/awaiting outcome of application
- Waiting to start a new job
- Not available (schooling, training, family responsibilities etc.)
- Own illness, injury, pregnancy
- Other
- Not Stated

Go to Question 10.

8. What method did you adopt in looking for work?

Registered at employment Bureau or other agency
Visited / contacted business places
Contacted friends, relatives, Parliamentary Representative
Made arrangements to start own business
Wrote applications
Other
Not Stated

9 (a). What type of work are you looking for?

Employee
Self-Employed

(b) In which industry?______________________________

FOR OFFICIAL USE ONLY
10. Have you ever worked before?
   Yes ☐ No ☐

11 (a). What was your last occupation?

   ____________________________

11 (b). In which industry was your last occupation?

   ____________________________

   IF NO, END INTERVIEW HERE

   (FOR OFFICIAL USE ONLY)

12. Are you: 
   Employee in the
   Employer ☐ Private sector ☐ Government ☐ Self employed ☐ Apprentice ☐ 
   Unpaid Family Worker ☐

13. What is your main occupation?

   ____________________________

14. In which industry is your occupation?

   ____________________________

   (FOR OFFICIAL USE ONLY)

15 (a). How many hours did you actually work last week at all jobs/enterprises?
   1 - 10 ☐ 11 - 20 ☐ 21 - 30 ☐ 31 - 40 ☐ Over 40 ☐ Not stated ☐

15 (b). How many hours do you normally work per week?
   1 - 10 ☐ 11 - 20 ☐ 21 - 30 ☐ 31 - 40 ☐ Over 40 ☐ Not stated ☐

16 (a). What were your gross wages/earnings last week from all jobs/enterprises?
   Under $100 ☐ $100 - $199 ☐ $200 - $299 ☐ $300 - $399 ☐ $400 - $499 ☐ $500 - $599 ☐ $600 - $699 ☐ 
   $700 - $799 ☐ $800 - $999 ☐ $1000 - $1299 ☐ More ☐ Not Stated ☐

16 (b). What are your usual gross earnings per week?
   Under $100 ☐ $100 - $199 ☐ $200 - $299 ☐ $300 - $399 ☐ $400 - $499 ☐ $500 - $599 ☐ $600 - $699 ☐ 
   $700 - $799 ☐ $800 - $999 ☐ $1000 - $1299 ☐ More ☐ Not Stated ☐