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
Please complete all relevant information before continuing the questionnaire.

<table>
<thead>
<tr>
<th>ENUMERATOR’S I.D</th>
<th>To be entered by the Enumerator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARISH</th>
<th>ENUMERATION DISTRICT NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUILDING NUMBER</th>
<th>DWELLING UNIT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOUSEHOLD NUMBER</th>
<th>TELEPHONE NUMBER (of respondent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD/ MM</td>
<td>Time Started</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please complete at the end of the interview

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD/ MM</td>
<td>Time Ended</td>
</tr>
<tr>
<td></td>
<td>Interview Status</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUPERVISOR’S I.D</th>
<th>To be entered by the Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD/ MM</td>
<td>Interview Status</td>
</tr>
</tbody>
</table>

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:

| 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

<table>
<thead>
<tr>
<th>00</th>
<th>01</th>
<th>02</th>
<th>03</th>
<th>04</th>
<th>05</th>
<th>06</th>
<th>07</th>
<th>08</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAD</td>
<td>SPOUSE/PARTNER</td>
<td>CHILD OF HEAD/ SPOUSE</td>
<td>SON/ DAUGHTER IN LAW</td>
<td>GRAND CHILD</td>
<td>PARENT/ PARENT IN LAW</td>
<td>OTHER RELATIVE</td>
<td>VISITOR</td>
<td>OTHER NON RELATIVE</td>
<td>NOT STATED</td>
</tr>
</tbody>
</table>

EXAMPLE

<table>
<thead>
<tr>
<th>ID NO</th>
<th>Surname, First Name, Middle Initial</th>
<th>Usual Residence</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Relationship to Head</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>DOE, DAVID J</td>
<td>H M</td>
<td>M</td>
<td>05/05/1960</td>
<td>49</td>
<td>00</td>
</tr>
<tr>
<td>02</td>
<td>DOE, SUSAN T</td>
<td>H F</td>
<td>F</td>
<td>02/06/1970</td>
<td>39</td>
<td>01</td>
</tr>
<tr>
<td>03</td>
<td>DOE, DEBBIE D</td>
<td>E F</td>
<td>F</td>
<td>30/11/2009</td>
<td>00</td>
<td>02</td>
</tr>
<tr>
<td>ID NO</td>
<td>Surname, First Name, Middle Initial</td>
<td>Sex</td>
<td>Date of Birth</td>
<td>Age</td>
<td>Relationship to Head</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>------------------------------------</td>
<td>-----</td>
<td>--------------</td>
<td>-----</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td>01</td>
<td></td>
<td></td>
<td>/ / /</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
<td></td>
<td>/ / /</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td></td>
<td></td>
<td>/ / /</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04</td>
<td></td>
<td></td>
<td>/ / /</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>05</td>
<td></td>
<td></td>
<td>/ / /</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06</td>
<td></td>
<td></td>
<td>/ / /</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07</td>
<td></td>
<td></td>
<td>/ / /</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08</td>
<td></td>
<td></td>
<td>/ / /</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>09</td>
<td></td>
<td></td>
<td>/ / /</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td>/ / /</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Surname, First Name, Middle Initial</td>
<td>Usual Residence</td>
<td>Sex</td>
<td>Date of Birth</td>
<td>Age</td>
<td>Relationship to Head</td>
</tr>
<tr>
<td>------</td>
<td>------------------------------------</td>
<td>-----------------</td>
<td>-----</td>
<td>---------------</td>
<td>-----</td>
<td>---------------------</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**SECTION 1: HOUSING**

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

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:

9. Of what materials are the outer walls made?
- [ ] Wood
- [ ] Concrete Block
- [ ] Wood & Concrete Block
- [ ] Other

If OTHER, Please Specify the materials used.

10. Of what material is the roof made?
- [ ] Wooden Shingles
- [ ] Asphalt Shingles
- [ ] Roofing Tiles
- [ ] Other

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
### SECTION 1: HOUSING

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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not Stated</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Owned</th>
<th>Private Rented/Leased</th>
<th>Gov't Rented/Leased</th>
<th>Rent Free</th>
<th>Other</th>
<th>Not Stated</th>
</tr>
</thead>
</table>

If OTHER, Please Specify:

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

<table>
<thead>
<tr>
<th>Weekly</th>
<th>Fortnightly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Half-Yearly</td>
<td>Annually</td>
</tr>
<tr>
<td>Not Stated</td>
<td></td>
</tr>
</tbody>
</table>

15(c). How much rent are you now paying? $ To the NEAREST $

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

<table>
<thead>
<tr>
<th>Fully Furnished</th>
<th>Semi-Furnished</th>
<th>Unfurnished</th>
<th>Not Stated</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Owned</th>
<th>Private Rented/Leased</th>
<th>Gov't Rented/Leased</th>
<th>Rent Free</th>
<th>Other</th>
<th>Not Stated</th>
</tr>
</thead>
</table>

If OTHER, Please Specify:

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

<table>
<thead>
<tr>
<th>Weekly</th>
<th>Fortnightly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Half-Yearly</td>
<td>Annually</td>
</tr>
<tr>
<td>Not Stated</td>
<td></td>
</tr>
</tbody>
</table>

17(c). How much rent are you now paying? $ To the NEAREST $

18. How is your main water supply obtained?

<table>
<thead>
<tr>
<th>Piped into Dwelling</th>
<th>Piped into Yard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friend/Relatives Pipe</td>
<td>Public Stand Pipe</td>
</tr>
<tr>
<td>Stream/Spring/Well</td>
<td>Other</td>
</tr>
<tr>
<td>Not Stated</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>W.C Linked to Sewer</th>
<th>Pit</th>
</tr>
</thead>
<tbody>
<tr>
<td>W.C Not Linked to Sewer</td>
<td>None</td>
</tr>
<tr>
<td>Other</td>
<td>Not Stated</td>
</tr>
</tbody>
</table>

If OTHER, Please Specify:

19(b). Are the toilet facilities shared with any other household?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Electric</th>
<th>Kerosene</th>
<th>Gas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batteries</td>
<td>Solar</td>
<td>Not Stated</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If OTHER, Please Specify:
20(b). What source of energy is mainly used for cooking?
- Natural Gas
- L.P.G
- Electricity
- Wood/ Charcoal
- Kerosene
- Solar
- Other/NA

If OTHER, Please Specify:

If unit is OCCUPIED by all NON-RESIDENTS end interview here.

21(a) i. Which of these appliances/household equipment does your household have? (Please place an X where applicable)
- Stove
- Deep freeze
- Microwave
- Washing Machine
- Clothes Dryer
- Elect. Generator
- TV
- VCR
- Radio
- Stereo System
- Refrigerator
- Water Tank
- Toaster Oven
- Dish Washer
- Fixed Line Telephone
- Solar Water Heater
- Other Water Heater
- Cable TV/ Satellite
- Computer (Laptop, Desktop)

For households in RENTED ROOMS IN SEPARATE HOUSE/APT only

21(a) ii. Which of these appliances/household equipment does your household share? (Please place an X where applicable)
- Stove
- Deep freeze
- Microwave
- Washing Machine
- Clothes Dryer
- Elect. Generator
- TV
- VCR
- Radio
- Stereo System
- Refrigerator
- Water Tank
- Toaster Oven
- Dish Washer
- Fixed Line Telephone
- Solar Water Heater
- Other Water Heater
- Cable TV/ Satellite
- Computer (Laptop, Desktop)

21(b)i). Does this dwelling unit have a direct connection to the internet?
- Yes
- No
- Not Stated

21(b) ii). If YES, What type of connection?
- Dial-Up
- ADSL
- Don't Know

22. How many private vehicles are kept at home for use by this household?
- 0
- 1
- 2
- 3
- 4 or more
- Not Stated

23(a). Has any member of the household been a victim of crime during the past 12 months ending April 30, 2010?
- Yes
- No
- Don't Know
- Not Stated

23(b). If YES, Please Specify the type of crime. (Score as many as are applicable)
- Murder
- Robbery
- Kidnapping
- Wounding
- Shooting
- Larceny
- Rape/Abuse
- Not Stated
- Other

If OTHER, Please Specify:
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.)

<table>
<thead>
<tr>
<th>Surname, First Name,</th>
<th>Sex</th>
<th>Year of Departure</th>
<th>Age at Departure</th>
<th>Country Migrated To</th>
<th>Country Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION 1: IDENTIFICATION

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

SECTION 2: GENERAL CHARACTERISTICS

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:

8(a). Is your mother living in this household?
   - [ ] Yes
     - If YES, locate mother’s name and enter her individual No. here.
     - [ ] Yes
     - [ ] No
   
   If NO, enter 00

8(b). Is your father living in this household?
   - [ ] Yes
     - If YES, locate father’s name and enter his individual No. here.
     - [ ] Yes
     - [ ] No
   
   If NO, enter 00

2051  9896  56964
12(a). Do you have a disability or major impairment?
- [ ] Yes
- [ ] No

*If Yes, score as many that are applicable.*

- [ ] Deafness
- [ ] Blindness
- [ ] Unable To Speak
- [ ] Severe Arthritis
- [ ] Unable to Walk
- [ ] 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 that are applicable)

- [ ] Wheelchair
- [ ] Walker
- [ ] Crutches
- [ ] Cane
- [ ] Other

*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)

- [ ] Asthma
- [ ] Diabetes
- [ ] Kidney Disease
- [ ] Heart Disease
- [ ] Hypertension
- [ ] None
- [ ] Other

*If OTHER, Please Specify:*

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.)

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

*If born after MaY 1, 2009 (If under 1 year old), Go to Question 51. Otherwise Go to Question 17.*
16(a). In which country were you born? □ [Official Use Only]

16(b). In which year did you first arrive in Barbados to live? □ [Official Use Only]

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?
- □ St. Michael
- □ St. Joseph
- □ Christ Church
- □ St. John
- □ St. Philip
- □ St. Andrew
- □ St. James
- □ St. Peter
- □ St. Thomas
- □ St. Lucy
- □ 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? □ [Official Use Only]

19(c). In what year did you return to Barbados to live? □ [Official Use Only]

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 the Question 22.

20(b). What type of school or educational institution are you attending?
- □ Preprimary
- □ Primary
- □ Secondary
- □ Post Secondary
- □ Tertiary
- □ Other
- □ None
- □ Not Stated

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?
- □ Lack of Finance
- □ Working
- □ Incapacitated
- □ Other
- □ Religious
- □ Not Stated
- □ Drop Out

If OTHER, please specify:

22. What is the highest level of educational institution ever attended by you?
- □ Preprimary
- □ Primary
- □ Secondary
- □ Senior/Composite
- □ Post Secondary
- □ Tertiary
- □ Other
- □ None
- □ Not Stated

If OTHER, please specify:
23. How many years of schooling have you completed?
- None
- 1-2
- 3-5
- 6-9

24(a). What examinations have you passed?
- 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.

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

If OTHER, please specify:

If CITY & GUILDS, please indicate level passed.

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:
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?

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

29. How many years of training have you completed?
☐ Under 1/2 yr  ☐ 2 1/2 - 3 yrs
☐ 1/2 - 1yr  ☐ 3 - 4 yrs
☐ 1- 1 1/2 yrs  ☐ 4 - 5 yrs
☐ 1 1/2 - 2 yrs  ☐ 5 yrs & over
☐ 2 - 2 1/2 yr  ☐ Not Stated

Males, Go to Question 34
Females over 65 years, Go to Question 34
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
- With Common Law Partner

Score:

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 33.

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

34. What was your main activity during the 12 months ending 30th April 2010?
- Worked
- Student
- With Job Not Working
- Retired
- Looked For Work
- Incapacitated
- Home Duties
- Not Stated
- Other

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

<table>
<thead>
<tr>
<th>WORKED FOR EMPLOYER</th>
<th>WORKED FOR SELF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Did Not Work</td>
</tr>
<tr>
<td>Private Enterprise</td>
<td>Did Not Work</td>
</tr>
<tr>
<td>Private Household</td>
<td>Did Not Work</td>
</tr>
<tr>
<td>Other</td>
<td>Did Not Work</td>
</tr>
<tr>
<td>Unpaid Worker</td>
<td>Did Not Work</td>
</tr>
</tbody>
</table>

If OTHER, please specify:

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

- ☐ 1 or Less
- ☐ 2-3
- ☐ 4-5
- ☐ 6-7
- ☐ 8-9
- ☐ 10-11
- ☐ 12
- ☐ Not Stated

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

Job/Occupation:

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

Business Name & Address:

Industry:

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

- ☐ Pension(Local)
- ☐ Investments
- ☐ Pension(Overseas)
- ☐ Savings
- ☐ Remittances(Overseas)
- ☐ Other Public Assistance
- ☐ Local Contribution from Friends/Relatives
- ☐ Unemployment
- ☐ Disability/Inactiveness
- ☐ Other
- ☐ Not Stated
- ☐ None

If OTHER, please specify:

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$

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.
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
THANK YOU