



ANTIGUA AND BARBUDA  
STATISTICS DIVISION

POPULATION AND HOUSING CENSUS  
27 MAY 2011

CONFIDENTIAL WHEN COMPLETE

- 1) USE ONLY 2B PENCILS
- 2) Please print carefully and avoid contact with the edges of the box. Example: 

4	5	6
---	---	---
- 3) IMPORTANT!!! Place an X in the box for multiple choice options
- 4) Erase cleanly and make no stray marks on this form

**IMPORTANT!!!**

**IDENTIFICATION**

*Transfer the ED, Block and Household Numbers to the top of EACH individual questionnaire*

*ED No*

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*Block No*

--	--	--

*Building No*

--	--	--

*Dwelling No*

--	--	--

*Household No*

--	--	--

Address of Household \_\_\_\_\_

Community \_\_\_\_\_

Town/Village \_\_\_\_\_

District/Parish \_\_\_\_\_

**INTERVIEWER SAY:**

I am the Census Interviewer assigned to this area and I would like to get some information about this household and its members. Here is my identification card. (Show card)

**INTERVIEWER RECORD OF VISITS**

Visit Number	Date (DD/MM/YY)	Time Started	Time Ended	Duration (in minutes)	*Results										
1	<table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td></tr></table>	
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3	<table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td></tr></table>	
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\*RESULTS CODES: 1 = Completed    2 = Partially Completed, call back    3 = Closed Dwelling  
4 = Vacant Dwelling    5 = No Suitable respondent at home    6 = Refusal    8 = Other

	<u>First Name</u>	<u>Surname</u>	<u>Date</u>	<u>Signature</u>	Code
Liaison officer					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Supervisor					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Interviewer					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
Editor/coder					<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

**INTERVIEWER SAY:** Please give me the names of all the persons who usually live and share one daily meal with your household starting with the head.

**REMEMBER:** Probe for infants, elderly, new born babies, disabled and persons who died but were members of the household at midnight on the 27 May 2011.

**1 (a): LISTING OF HOUSEHOLD MEMBERS**

Confidential

Surname	First Name	Sex		Surname	First Name	Sex
01		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		11		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
02		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		12		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
03		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		13		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
04		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		14		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
05		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		15		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
06		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		16		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
07		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		17		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
08		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		18		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
09		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		19		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
10		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F		20		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F

1(b) Total Number of Persons

**COMMENTS**

Mark multiple choice boxes like this

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

## SECTION 1: HOUSING

Remember to mark multiple choice boxes like this

2. What is the MAIN material of the outer walls?

- 1 Concrete                       7 Wood and brick  
 2 Concrete and Blocks       8 Wood & Concrete  
 3 Improvised/ Makeshift    9 Wood and galvanized  
 4 Stone                             88 Other  
 5 Stone and brick               99 Don't know/not stated  
 6 Wood

3: What is the MAIN material used for roofing?

- 1 Concrete                       6 Shingle (wood)  
 2 Improvised/Makeshift       7 Tarpaulin  
 3 Sheet metal\*                  8 Tile  
 4 Shingle (asphalt)           88 Other (Specify)\_\_\_\_\_  
 5 Shingle (other)               99 Don't know/Not stated

\*(zinc, aluminum, galvanise)

4. In which year/ period was this building built?

- 1 Before 1980       6 2008  
 2 1980 - 1989       7 2009  
 3 1990 - 1999       8 2010  
 4 2000 - 2006       9 Don't Know/Not stated  
 5 2007

5. What type of dwelling does this household occupy?

- 1 Separate house/ detached  
 2 Part of a private house/attached  
 3 Flat, apartment, condominium  
 4 Double house/Duplex  
 5 Townhouse  
 6 Combine business and dwelling  
 7 Barracks  
 8 Other (Specify)\_\_\_\_\_  
 9 Don't know/Not stated

6. How would you best describe the ownership of this dwelling unit?

- 1 Owned with a mortgage       6 Rented private (paying)  
 2 Owned outright                 7 Squatted  
 3 Leased                             8 Other (Specify)\_\_\_\_\_  
 4 Rent-free                          9 Don't know/Not stated  
 5 Rented gov.(paying)

7. Under what type of arrangement is the land occupied?

- 1 Lease-hold                       6 Sharecropping  
 2 Owned/Freehold                 7 Squatted  
 3 Permission to work land       8 Other (Specify)\_\_\_\_\_  
 4 Rented (paying)                 9 Don't Know/Not Stated  
 5 Rent-free

8. Is this dwelling insured?

- 1 Yes       2 No       9 Don't Know/Not Stated

9: Are the contents of this dwelling insured?

- 1 Yes, all  
 2 Yes, partially  
 3 No, none  
 9 Don't know/Not stated

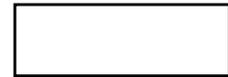
10: What type of fuel does this household use MOST for cooking?

- 1 Cooking gas/LPG  
 2 Electricity  
 3 Kerosene  
 4 Wood/charcoal  
 5 None  
 6 Other (Specify)\_\_\_\_\_  
 9 Don't know/Not stated

11: How does this household usually dispose of garbage?

- 1 Burning  
 2 Burying  
 3 Compost  
 4 Dumping (land)  
 5 Dumping (throwing into river/sea/pond)  
 6 Garbage truck -Private  
 7 Garbage truck/skip/bin/ -Public  
 8 Other (Specify)\_\_\_\_\_  
 9 Don't know/Not stated

Remember to mark multiple choice boxes like this

**SECTION 1: HOUSING****continued**12: What is your MAIN source of water supply?

- 1 Private not piped into dwelling  
 2 Private, piped into dwelling  
 3 Public standpipe  
 4 Public well/tank  
 5 Public piped into dwelling  
 6 Public, piped into yard  
 7 Spring/River  
 8 Cistern/Tank  
 88 Other (Specify) \_\_\_\_\_  
 99 DK/NS

13: What is your MAIN source of DRINKING water?

- 1 Bottled water                       6 Public, piped into dwelling  
 2 Private, not piped into dwelling    7 Public, piped into yard  
 3 Private, piped into dwelling       8 Spring/River  
 4 Public standpipe                       9 Cistern/Tank  
 5 Public well/tank                       88 Other (Specify) \_\_\_\_\_  
 99 Don't know/Not stated

14: What type of toilet facility does this household have?

- 1 Pit latrine not ventilated  
 2 Pit latrine ventilated and elevated/Ventilated Improved Pit (VIP)  
 3 Pit-latrine ventilated and not elevated  
 4 Water Closet (WC) (flush toilet) linked to septic tank/Soak-away  
 5 Water Closet (WC) (flush toilet) linked to sewer  
 6 None (Skip to 15)  
 8 Other (Specify) \_\_\_\_\_  
 9 Don't know/Not stated

15: Is this toilet shared with any other household?

- 1 Yes  
 2 No  
 9 Don't know/Not stated

16: Are your bathing facilities indoors?

- 1 Yes  
 2 No  
 9 Don't know/Not stated

17: Are your bathing facilities shared with another household?

- 1 Yes  
 2 No  
 9 Don't know/Not stated

18: Is your main kitchen inside the dwelling unit or outside?

- 1 Inside  
 2 Outside  
 9 Don't know/Not stated

19: Is your main kitchen shared with another person not of this household?

- 1 Yes  
 2 No  
 9 Don't know/Not stated

20: What is the MAIN source of lighting for this household?

- 1 Electricity - Private Generator  
 2 Electricity - Public  
 3 Gas Lantern  
 4 Kerosene  
 5 Solar  
 6 None  
 8 Other (Specify) \_\_\_\_\_  
 9 Don't know/Not stated

21: How many rooms does this household unit have? (A room is enclosed by walls of at least 2m (6.5ft) high, and at least 4 square metres (43 square feet) in area. Do not count bathrooms and porches).

Number of Rooms

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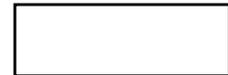
22: How many bedrooms does this household unit have? (Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters. Count all bedrooms including spares not occupied).

Number of Bedrooms

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Remember to mark multiple choice boxes like this **SECTION 1: HOUSING****concluded**

23. Which of these appliances or household equipment does this household have in use?

	Yes	No	How Many?		Yes	No	How Many?
1. Air condition	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	10. Radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
2. Clothes dryer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	11. Refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
3. Computers:				12. Satellite dish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
(a) Desktop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	13. Stereo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
(b) Laptop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	14. Stove (Gas/electric/solar)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
(c) Other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	15. Television (Flat screen)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
4. Dish washer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	16. Television (Regular)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
5. DVD/MP3 player	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	17. Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
6. Freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	18. Water heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
7. Generator	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>	19. Water pump	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>
8. Microwave	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>				
9. Mobile/cellular	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/> <input type="text"/>				

24. How many motor vehicles does this household have in use?

25: Which of the following services does your household have in use?

- 1 Fixed line tel                       4 Internet access  
 2 Cable TV                                 9 DK/NS  
 3 Satellite TV

**SECTION 2: CRIME**

26. Was any member of this household a victim of any crime during the past twelve months?

*(If NO, skip to Section 3)*                       1 No*If Yes, (X all that apply)*                      Yes

- (a) Murder
- (b) Kidnapping
- (c) Shooting
- (d) Rape/Abuse
- (e) Wounding
- (f) Larceny - Housebreaking
- (g) Larceny - Auto theft
- (h) Larceny - Other
- (i) Other (specify)

27. Was the crime reported?

- 
- 1 Yes (GO TO Q29)
- 
- 2 No (GO TO Q28)
- 
- 9 DK/NS

28. If no, why was/were the crime(s) not reported?

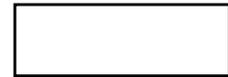
- 1 No confidence in the administration of justice  
 2 Afraid of perpetrator  
 3 Not serious enough  
 8 Other (Specify \_\_\_\_\_)  
 9 DK/NS

29. If yes, what was the result?

- 1 Pending  
 2 Convicted  
 3 Dismissed  
 8 Other (Specify \_\_\_\_\_)  
 9 DK/NS

Remember to mark multiple choice boxes like this



**SECTION 4: MORTALITY****To be answered by Head of Household or Responsible adult**40: Did any member of this household die during the past 12 months

- 1 Yes
- 2 No (SKIP TO SECTION 5)
- 9 DK/NS (SKIP TO SECTION 5)

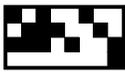
41: How many persons?

42: Please tell me the sex and age of each household member who died from this household during the past 12 months?

1	How old was..... when he /she died?  <input type="text"/> <input type="text"/> <input type="text"/>	Sex of deceased  <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	INTERVIEWER: For Females who died aged 14-49 years only  Did the death occur during...?  INTERVIEWER: READ OPTIONS BELOW  <input type="checkbox"/> 1 Pregnancy <input type="checkbox"/> 2 During child birth <input type="checkbox"/> 3 During six weeks after the end of pregnancy <input type="checkbox"/> 8 Other
2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Pregnancy <input type="checkbox"/> 2 During child birth <input type="checkbox"/> 3 During six weeks after the end of pregnancy <input type="checkbox"/> 8 Other
3	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Pregnancy <input type="checkbox"/> 2 During child birth <input type="checkbox"/> 3 During six weeks after the end of pregnancy <input type="checkbox"/> 8 Other
4	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Pregnancy <input type="checkbox"/> 2 During child birth <input type="checkbox"/> 3 During six weeks after the end of pregnancy <input type="checkbox"/> 8 Other
5	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Pregnancy <input type="checkbox"/> 2 During child birth <input type="checkbox"/> 3 During six weeks after the end of pregnancy <input type="checkbox"/> 8 Other
6	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	<input type="checkbox"/> 1 Pregnancy <input type="checkbox"/> 2 During child birth <input type="checkbox"/> 3 During six weeks after the end of pregnancy <input type="checkbox"/> 8 Other

Remember to mark multiple choice boxes like this ☒

**End of Household Questionnaire. Go to Person Questionnaire.**



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# IMPORTANT!!!

Transfer ED, Block and Household Numbers to the top of EACH individual questionnaire from Household Questionnaire

Mark multiple choice boxes like this

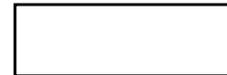
<b>ED No</b>	<b>Block No</b>	<b>Household No</b>
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

## INTERVIEWER:

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 himself/herself. Else say "You"/"Your". X the appropriate box. Please do not write over the responses:

SECTION 5: GENERAL CHARACTERISTICS	For All Persons
<p>43: Please fill in this person's name and assigned number.            _____ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>44: What is your/.....relationship to the head of the household?</p> <p><input type="checkbox"/> 1 Head</p> <p><input type="checkbox"/> 2 Spouse/Partner of Head</p> <p><input type="checkbox"/> 3 Child of Head and Spouse/Partner</p> <p><input type="checkbox"/> 4 Child of Head only</p> <p><input type="checkbox"/> 5 Child of Spouse/Partner only</p> <p><input type="checkbox"/> 6 Spouse/Partner of Child of Head</p> <p><input type="checkbox"/> 7 Grandchild of Head/Spouse/Partner</p> <p><input type="checkbox"/> 8 Parents of Head/Spouse/Partner</p> <p><input type="checkbox"/> 9 Other Relative of Head/Spouse/Partner</p> <p><input type="checkbox"/> 10 Non-Relative</p> <p><input type="checkbox"/> 99 Don't know/Not Stated</p> <p>45: What is your/.....'s sex?</p> <p><input type="checkbox"/> 1 Male</p> <p><input type="checkbox"/> 2 Female</p> <p><input type="checkbox"/> 9 Don't know/Not stated</p> <p>46: What is your/.....'s date of birth?</p> <p style="text-align: center;">Day                      Month                      Year</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p><input type="checkbox"/> 9 Don't know/Not stated</p>	<p>47: What was your/.....'s age at his/her last birthday?</p> <p style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>48: To which ethnic group do you/ does.....belong?</p> <p><input type="checkbox"/> 1 African/Black/Negro      <input type="checkbox"/> 8 Mixed (Other)</p> <p><input type="checkbox"/> 2 Amerindian/Carib      <input type="checkbox"/> 9 Portuguese</p> <p><input type="checkbox"/> 3 Asian      <input type="checkbox"/> 10 Hispanic</p> <p><input type="checkbox"/> 4 Caucasian/White      <input type="checkbox"/> 11 Syrian/Lebanese</p> <p><input type="checkbox"/> 5 Chinese      <input type="checkbox"/> 88 Other ethnic group (specify) _____</p> <p><input type="checkbox"/> 6 East Indian/Indian      <input type="checkbox"/> 99 Don't know/Not stated</p> <p><input type="checkbox"/> 7 Mixed (Black/White)</p> <p>49: What is your/.....'s religious affiliation/denomination?</p> <p><input type="checkbox"/> 1 Adventist      <input type="checkbox"/> 13 Mormon</p> <p><input type="checkbox"/> 2 Anglican      <input type="checkbox"/> 14 Muslim/Islam</p> <p><input type="checkbox"/> 3 Baha'i      <input type="checkbox"/> 15 Nazarene</p> <p><input type="checkbox"/> 4 Baptist      <input type="checkbox"/> 16 None/No religion</p> <p><input type="checkbox"/> 5 Bretheren      <input type="checkbox"/> 17 Pentecostal</p> <p><input type="checkbox"/> 6 Church of God      <input type="checkbox"/> 18 Presbyterian</p> <p><input type="checkbox"/> 7 Evangelical      <input type="checkbox"/> 19 Rastafarian</p> <p><input type="checkbox"/> 8 Hindu      <input type="checkbox"/> 20 Roman Catholic</p> <p><input type="checkbox"/> 9 Jehovah witness      <input type="checkbox"/> 21 Salvation Army</p> <p><input type="checkbox"/> 10 Judaism      <input type="checkbox"/> 22 Wesleyan Holiness</p> <p><input type="checkbox"/> 11 Methodist      <input type="checkbox"/> 88 Other (Specify) _____</p> <p><input type="checkbox"/> 12 Moravian      <input type="checkbox"/> 99 DK/NS</p>





**SECTION 8: BIRTHPLACE AND RESIDENCE**

**For All Persons**

57: Where do you/does... usually live?

1 At this address

Parish \_\_\_\_\_ Village \_\_\_\_\_

2 Elsewhere

Parish \_\_\_\_\_ Village \_\_\_\_\_

3 In another village

Parish \_\_\_\_\_ Village \_\_\_\_\_

4 Abroad

Name of country \_\_\_\_\_

**INTERVIEWER: For persons born in Antigua & Barbuda what is required at Q58 is the mother's usual residence at the time of birth.**

58: Where were you/was... born?

1 In this country (SKIP TO Q61)

Parish \_\_\_\_\_ Village \_\_\_\_\_

2 Abroad

Name of country \_\_\_\_\_

59: In what year did you /... first come to live in Antigua and Barbuda?

Year

60: What is the main reason for your present residence in Antigua and Barbuda?

1. Economic Activity under Free Movement

- 1.1 Skilled CARICOM national \_\_\_\_\_
- 1.2 Service Provider
- 1.3 Rights of Establishment/Commercial presence
- 1.4 Employee of non-wage earner
- 2 Other Economic Activity
- 3 Dependent
- 8 Other (Specify) \_\_\_\_\_

(Go to Q65)

Q61 TO Q64 ARE FOR LOCAL BORN ONLY

61: Have you/has... ever lived in another country?

1 Yes  2 No (SKIP TO Q65)  9 DK/NS (SKIP TO Q 65)

62: In which country did you/... last live?

Name of country \_\_\_\_\_

Q63 and Q64 are for local born who answered yes to Q61

63: In what year did you/... return to live in Antigua & Barbuda?

Year

64: What is the main reason for you/... to return to live in Antigua & Barbuda?

- 1 Regard it as home  6 Education
- 2 Family is here  7 Retired
- 3 Involuntary return  8 Homesick
- 4 To start a business  88 Other (Specify) \_\_\_\_\_
- 5 Employment/work

65: In what year did you/... last come to live in this Parish?

Year      1 Never moved (SKIP TO Q67)

66: In which Parish and Village did you/... last live?

Parish \_\_\_\_\_ Village \_\_\_\_\_

Q67 to Q71 are for 5 years old and over

67: Did you/... live at this address five years ago?

1 Yes (SKIP TO Q71)  2 No

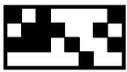
68: In which country or parish and village did you/... live five years ago?

1 In another Parish and village

Parish \_\_\_\_\_ Village \_\_\_\_\_

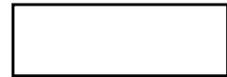
2 Abroad

Name of country \_\_\_\_\_



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Remember to mark multiple choice boxes like this



**SECTION 8: BIRTHPLACE AND RESIDENCE**  
**concluded**

Q69 to Q73 are for 10 years and over

69: Did you/... live at this address ten years ago?

- 1 Yes (SKIP TO Q71)  2 No

70: In which country or parish and village did you/...live ten years ago?

- 1 In another Parish and village  
Parish \_\_\_\_\_ Village \_\_\_\_\_

- 2 Abroad  
Name of country \_\_\_\_\_

71: Which country or countries are you/... a citizen of ? (List up to two countries).

1. \_\_\_\_\_ 2. \_\_\_\_\_

**SECTION 9: EDUCATION For All Persons**

72: Are you/is.....currently in an educational institution

- 1 Yes, fulltime  
 2 Yes, part-time  
 3 No. (SKIP TO Q75)

73: What type of educational institution are you/is.....attending?

- 1 Day care/nursery  9 Sixth Form (A' level)  
 2 Pre-school  10 Post Secondary School  
 3 Gov. Primary School  11 Voc/Trade/(Post primary)  
 4 Private Primary School  12 Adult/Continue classes  
 5 Gov. Assisted Primary  13 University  
 6 Special education  88 Other (Specify) \_\_\_\_\_  
 7 Secondary  99 DK/NS  
 8 Community/State College

74: Please give the name and address of the school or institution that you are/...is attending?

Name \_\_\_\_\_

Address \_\_\_\_\_

**SECTION 9: EDUCATION For All Persons**  
**concluded**

75: What is the HIGHEST level of education that you have/...has attained?

- 1 None/ No schooling  10 Sixth Form (A'level) - Lower  
 2 Day care/nursery  11 Sixth Form (A'level) - Upper  
 3 Pre-school  12 Post Secondary  
 4 Infant/Kindergarten  13 Post Sec/Pre-University/College  
 5 Primary/elementary (1-3)  14 Post Primary-Vocational/Trade  
 6 Primary/elementary (4-7)  15 Special School/Education  
 7 Junior Secondary  16 University  
 8 Secondary (Form 1-3)  88 Other (Specify) \_\_\_\_\_  
 9 Secondary (Form 4-5)  
 99 DK/NS

76: What is the HIGHEST examination you have/...has ever passed?

- 1 None  9 Bachelor's Degree  
 2 School leaving certificate  10 Post Graduate Diploma  
 3 High School Certificate  11 Professional Certificate  
 4 Cambridge School/CXC  12 Masters Degree  
 5 GCE O'levels/CXC General  13 Doctoral Degree  
 6 GCE A' levels 1234+  88 Other (Specify) \_\_\_\_\_  
 7 College Certificate/Diploma  99 DK/NS  
 8 Associate Degree

**SECTION 10: TRAINING For Persons 15 years and over**

77: Have you/has...ever received or attempted any skills training or are you/... currently receiving any skills training to equip you/... for employment, occupation/profession?

- 1 Yes  
 2 No (SKIP TO SECTION 11)  
 9 DK/NS (SKIP TO SECTION 11)

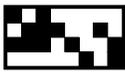
78: Which category of training status applies to you/...?

- 1 Completed training  
 2 Undergoing training currently  
 3 Attempted training but not completed  
 9 DK/NS

79: What is the field(s) for which the highest level of training was completed, attempted or is undergoing by you/...?

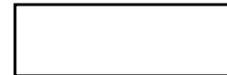
\_\_\_\_\_

Remember to mark multiple choice boxes like this



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**SECTION 10: TRAINING**  
**For Persons 15 years and over concluded**

80: What was the MAIN method used by you/...to train in this field? (SINGLE RESPONSE)

- 1 On the job
- 2 Apprenticeship
- 3 Correspondence/distance learning/on-line
- 4 Secondary School
- 5 Vocational/Trade school/Technical Institution
- 6 Commercial/Secretarial School
- 7 Business/Computer School
- 8 University (on campus)
- 9 Private Study
- 88 Other (Specify) \_\_\_\_\_
- 99 DK/NS

81: How long was the period of your/... 's HIGHEST level of training? (SINGLE RESPONSE)

- 1 Under 3 months
- 2 3 months and less than 6 months
- 3 6 months and less than 1 year
- 4 1 year and less than 1.5 years
- 5 1.5 years and less than 2 years
- 6 2 years and less than 3 years
- 7 3 years and less than 4 years
- 8 4 years and over
- 9 DK/NS

82: What type of qualification or certification did you/...receive on completion of the training at the HIGHEST level? (SINGLE RESPONSE)

- 1 None
- 2 Certificate with exam
- 3 Certificate without exam
- 4 Diploma
- 5 Advanced Diploma
- 6 Associate Degree
- 7 First Degree
- 8 Post Grad. Degree
- 9 Professional Qualification
- 88 Other (Specify)
- 99 DK/NS

83: Is your/... recent training related to your/...present job?

- 1 Yes
- 2 No
- 9 DK/NS

**SECTION 11: ECONOMIC ACTIVITY**  
**For Persons 15 years and over**

84: What did you/... do during the past 12 months? (SINGLE RESPONSE)

- 1 Had a job and worked (GO TO Q85)
- 2 Had a job, but did not work (SKIP TO Q87)
- 3 Seeking first job \_\_\_\_\_
- 4 Seeking a job which was not the first
- 5 Did not seek but wanted work and was available
- 6 Attended school/Student
- 7 Did home duties
- 8 Retired, did not work
- 9 Disabled, unable to work
- 88 Other (Specify) \_\_\_\_\_
- 99 DK/NS

(SKIP TO Q97)

85: For how many months did you/..... work during the past 12 months?  
*Number of months*

- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       | 11                       | 12                       |
| <input type="checkbox"/> |

86: Did you/..... work for pay, profit or family gain, during the past week? This includes helping in a family business or farm, street vending or any work. Note: Exclude Domestic Work at home (SINGLE RESPONSE)

**IF YES, Did you?**

- 1 Work (SKIP TO Q88)
- 2 Had a job but did not work (GO TO Q87)

**IF NO, What did you do during the past week?**

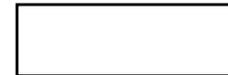
- 3 Seeking first job \_\_\_\_\_
- 4 Seek job which was not first
- 5 Wanted work and available
- 6 Home Duties
- 7 Attended School
- 8 Retired - did not work
- 9 Disabled, unable to work
- 88 Other (Specify) \_\_\_\_\_

(GO TO Q97)

87: Why were you/...temporarily absent from your/ his/her job?

- 1 On vacation leave
- 2 Maternity/sick leave
- 3 Personal responsibility
- 4 Study/training leave
- 5 Strike/lock out
- 6 Temporary lay off
- 7 Currently in the off season
- 8 Sent on unpaid leave
- 88 Other reason (Specify) \_\_\_\_\_

Remember to mark multiple choice boxes like this



**SECTION 11: ECONOMIC ACTIVITY**

**For Persons 15 years and over**

**continued**

88. What type of worker status applies to you /..... in your job?

- 1 Paid employee, / Government/Local and Central Gov.
- 2 Paid employee, State Owned Company/Statutory Body
- 3 Paid employee, Private Business
- 4 Paid employee, Private Home
- 5 Own business with paid employees
- 6 Own business without paid employee
- 7 Apprentice/Learner
- 8 Contributing family worker
- 9 Volunteer worker
- 88 Other (Specify) \_\_\_\_\_
- 99 DK/NS

GO TO Q89

SKIP TO Q92

1 (SKIP TO Q92)

89. What kind of accounts do you keep for this activity/business?

- 1 Complete set of written accounts
- 2 Only through informal records of orders, sales, purchases
- 3 Simplified written accounts
- 4 No records are kept.

90. Are you registered with the Social Security Scheme as a self-employed person or an employer?

- 1 Employer
- 2 Self-Employed
- 3 Not Registered

91: Estimate how much did you/...earn from your business during the past month?

\$

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92: Describe the type of work you do/...does in your/his/her main job?

Occupation: \_\_\_\_\_  
 \_\_\_\_\_

93: What is the main business activity carried out at your/his/her workplace?

Industry \_\_\_\_\_

94: How many hours did you/...work during the past week?

--	--	--	--

Hours

- 99 DK/NS

95: Where is your/....place of work?

- 1 At a fixed place of work outside the home
- 2 Work at home (SKIP TO SECTION 12)
- 3 No fixed place of work (SKIP TO SECTION 12)
- 9 DK/NS

96: What is the name and address of your/his/her workplace?

Name \_\_\_\_\_

Address \_\_\_\_\_

97: Did you/... seek work during the past four weeks?

- 1 Yes (GO TO Q98)
- 2 No (SKIP TO Q99)

98: What did you... actually do to find work or establish your/his/her own business?

- 1 Did nothing/Undertook no (active) steps (GO TO Q99)
- 2 Registered at a public employment exchange
- 3 Registered at a private employment agency
- 4 Checked at work-site, farms, factories
- 5 Looked up and responded to advertisements
- 6 Asked for assistance from friends, relatives
- 7 Tried to establish my/(his/her own business
- 8 Tried to work on a family farm or business
- 88 Other (Specify) \_\_\_\_\_
- 99 DK/NS

\* (SKIP TO Q100)

99: Why did you/... not seek work in the past four weeks? (SINGLE RESPONSE)

- 1 Already found job/made arrangements to start own business
- 2 Already found job/made arrangements to start own business
- 3 Cannot find work, lack of business opportunities
- 4 Lack of finance, raw materials to start own business
- 5 Awaiting busy/high season
- 6 Awaiting recall from previous job
- 7 Thinks he/she lacks skills
- 8 Discrimination
- 9 Don't know where/how to seek
- 10 Other (Specify) \_\_\_\_\_
- 11 Household duties
- 12 Student
- 13 Illness/Disability
- 14 Family reason, pregnant, other personal reason



**SECTION 11: ECONOMIC ACTIVITY**  
**For Persons 15 years and over** **concluded**

100: If you would have been offered an opportunity to work during the last week would you have been able to start?

1 Yes

2 No

2.1 In school, training

2.2 Retirement/Old age

2.3 Illness/Disability

2.4 Family duties

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

**SECTION 12: MARITAL AND UNION STATUS**  
**For Persons 15 years and over**

101: What is your/... 's legal marital status?

1 Single/Never married

2 Married

3 Divorced

4 Widowed

5 Legally separated

9 DK/NS

102: What is your/... 's present union status?

1 Married and living with spouse \_\_\_\_\_ (SKIP TO Q104)

2 Common law/de facto marriage \_\_\_\_\_ (SKIP TO Q104)

3 Visiting partner \_\_\_\_\_ (GO TO Q103)

4 Not in union presently \_\_\_\_\_ (GO TO Q103)

9 DK/NS \_\_\_\_\_

103: Have you ever been in a common-law union?

1 Yes (SKIP TO SECTION 13)

2 No (SKIP TO SECTION 13)

9 DK/NS

104: How old were/was you /he/she when you/he/she was first married or in a union for the first time?

Age

**SECTION 13: FERTILITY**  
**For women 15 years and over**

105: How many live born children have you/has...ever had and how many are males and females?

(IF ZERO, enter 00 & Go to Section 14)

Total	M	F
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

106: How many of your /... 's live born children are still alive?

Total	M	F
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

107: How old were you/was...when you/she had your/her first live born child?

Age

108: How old were you/was... when you/she had your/her last live born child?

Age

109: What was the date of birth of the last child born alive to you?

Day	Month	Year
<input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/>	/ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



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Remember to mark multiple choice boxes like this ☒

[ ]

**SECTION 13: FERTILITY**  
**For women 15 years and over concluded**

**SECTION 14: INCOME AND LIVELIHOOD**  
**For Persons 15 Years and Over**

110: How many live births did you/...have in the past 12 months?

- 1 None (GO TO SECTION 14)
- 2 One birth with one baby
- 3 Two separate births
- 4 Twins
- 5 Three or more
- 9 DK/NS

**Q111 TO Q113 APPLY ONLY TO FEMALES UNDER 50. ALL OTHERS GO TO SECTION**

111: What is/are the sex(es) of this child/these children?  
(Born within the last 12 months)

- |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Boys                     |                          |                          |                          | Girls                    |                          |                          |                          |
| <input type="checkbox"/> |
| 1                        | 2                        | 3                        | 4                        | 1                        | 2                        | 3                        | 4                        |

112: Have any of these children died?

- 1 Yes
- 2 No (GO TO SECTION 14)
- 9 DK/NS (GO TO SECTION 14)

113: Of what sex and age, in months, was each child that died in the past 12 months?

	How many months old was .../ when he/she died?	Sex of deceased
1	[ ][ ]	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
2	[ ][ ]	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
3	[ ][ ]	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
4	[ ][ ]	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F

114: Do you /does ...normally receive your wage/salary from your main job at the end of every....? (PAID EMPLOYEES ONLY)

- 1 Day
- 2 Week
- 3 Fortnight
- 4 Month
- 8 Other Specify)\_\_\_\_\_

115: In which category on this flashcard did your/... pay/income fall during the last pay period from your main job?

Income Group [ ][ ]

116: What are your/... sources of livelihood? (Indicate as many sources as supply)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Disability benefits         | <input type="checkbox"/> 9 Social security benefits                               |
| <input type="checkbox"/> 2 Employment                  | <input type="checkbox"/> 10 Subsistence farming                                   |
| <input type="checkbox"/> 3 Investment                  | <input type="checkbox"/> 11 Support from friends/relatives (overseas - cash/kind) |
| <input type="checkbox"/> 4 Other public assistance     | <input type="checkbox"/> 12 Support from friends/relatives (local cash/kind)      |
| <input type="checkbox"/> 5 Pension (local)             | <input type="checkbox"/> 13 Unemployment benefit                                  |
| <input type="checkbox"/> 6 Pension (overseas)          | <input type="checkbox"/> 88 Other (Specify)_____                                  |
| <input type="checkbox"/> 7 Remittances (overseas)      | <input type="checkbox"/> 99 DK/NS   |
| <input type="checkbox"/> 8 Savings/Interest on savings |   |

117: Approximately how much money did you/... receive last year from family and or friends abroad?

\$ [ ][ ][ ][ ][ ]

**SECTION 15: WHERE SPENT CENSUS NIGHT**

118: Where did you/.....spend census night?

- 1 At this address
- 2 Elsewhere in this country
- 3 Abroad (END INTERVIEW)

119: What part of the country was that? Please specify.

\_\_\_\_\_

Remember to mark multiple choice boxes like this ☒