



COMMONWEALTH OF THE BAHAMAS  
CENSUS OF POPULATION AND HOUSING  
MAY 12, 1980

DEPARTMENT  
OF  
STATISTICS

CONFIDENTIAL

HOUSEHOLD SCHEDULE

The Statistics Act 1973			
This Census is being taken in exercise of the powers conferred by Section 9; Subsection (1) of the Statistics Act 1973. "Any person required to furnish information, estimates, or returns, or to supply particulars under this Act who fails so to do shall be guilty of an offence".			
		Identifying Number	FOR OFFICIAL USE ONLY
			IS      E.D.      H.H.
A L L  H O U S E  H O L D S	Household Number (From Record of Visits)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	Enumeration District	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Location	Street      City/Town/Settlement      Island	
	1. For collective type dwellings only give name or type of dwelling	e.g. Ambassador Beach Hotel, Fox Hill Prison, St. Francis Convent, Police Barracks etc.	<input type="text"/> <input type="text"/>
	2. Head of household	Surname      Given Name      Initial	
	3. How many persons who usually live here were here on Census Date?	Number .....	<input type="text"/> <input type="text"/> <input type="text"/>
	4. How many persons who have a usual place of residence elsewhere in The Bahamas stayed here on Census Date?	Number .....	<input type="text"/> <input type="text"/> <input type="text"/>
	5. How many persons who usually live here were absent abroad on Census Date?	Number .....	<input type="text"/> <input type="text"/> <input type="text"/>
P R I V A T E  H O U S E H O L D S  O N L Y	6. How many persons who usually live here were absent elsewhere in The Bahamas on Census Date?	Number .....	<input type="text"/> <input type="text"/> <input type="text"/>
	7. How many foreign visitors were here on Census Date?	Number .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	8. How many conjugal family units share this dwelling [i.e. parent(s) and their children]	Number .....	<input type="text"/>
	9. Type of dwelling Check (✓) one box	Single Detached ..... <input type="text"/> 1 Single Attached ..... <input type="text"/> 2 Apartment/Flat ..... <input type="text"/> 3 Other ..... <input type="text"/> 9	<input type="text"/>
	10. Type of Tenure Check (✓) one box	Owned ..... <input type="text"/> 1      Rent free ..... <input type="text"/> 4 Rented furnished ..... <input type="text"/> 2      Other ..... <input type="text"/> 5 Rented unfurnished ..... <input type="text"/> 3      Not stated ..... <input type="text"/> 9	<input type="text"/>
	11. What is your monthly rent or mortgage in dollars?	B\$ .....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	12. Construction material of outer walls Check (✓) one box	Wood ..... <input type="text"/> 1      Brick ..... <input type="text"/> 5 Concrete ..... <input type="text"/> 2      Stucco ..... <input type="text"/> 6 Wood & Concrete ..... <input type="text"/> 3      Other ..... <input type="text"/> 7 Stone ..... <input type="text"/> 4      Not stated ..... <input type="text"/> 9	<input type="text"/>

P R I V A T E	13. In which period was this dwelling built? Check (✓) one box	1980 <input type="checkbox"/> 01 1979 <input type="checkbox"/> 02 1978 <input type="checkbox"/> 03 1975 - 1977 <input type="checkbox"/> 07	1970 - 1974 ---- <input type="checkbox"/> 08 1961 - 1969 ---- <input type="checkbox"/> 09 1960 or earlier --- <input type="checkbox"/> 10 Not stated ----- <input type="checkbox"/> 99	<input type="checkbox"/>
	14. Number of rooms excluding bathrooms and kitchen	Number -----		<input type="checkbox"/>
	15. Main source of water supply Check (✓) one box	Public piped into dwelling ----- <input type="checkbox"/> 1 Public piped into yard ----- <input type="checkbox"/> 2 Private piped into dwelling ----- <input type="checkbox"/> 3 Private not piped ----- <input type="checkbox"/> 4 Public stand pipe ----- <input type="checkbox"/> 5 Public well or tank ----- <input type="checkbox"/> 6 Other ----- <input type="checkbox"/> 7 Not stated ----- <input type="checkbox"/> 9		<input type="checkbox"/>
	16. Toilet facilities Check (✓) one box	WC linked to public sewerage ----- <input type="checkbox"/> 1 WC cesspit or septic tank ----- <input type="checkbox"/> 2 Pit ----- <input type="checkbox"/> 3 None ----- <input type="checkbox"/> 4 Other ----- <input type="checkbox"/> 5 Not stated ----- <input type="checkbox"/> 9		<input type="checkbox"/>
	17. Are these toilet facilities shared with another household?	Yes ----- <input type="checkbox"/> 1      No ----- <input type="checkbox"/> 2 Not stated ----- <input type="checkbox"/> 9		<input type="checkbox"/>
	18. Type of lighting Check (✓) one box	Gas ----- <input type="checkbox"/> 3      Electricity ----- <input type="checkbox"/> 5 Oil ----- <input type="checkbox"/> 4      Other ----- <input type="checkbox"/> 6 Not stated --- <input type="checkbox"/> 9		<input type="checkbox"/>
	19. Type of Cooking Fuel Check (✓) one box	Coal ----- <input type="checkbox"/> 1      Oil ----- <input type="checkbox"/> 4 Wood ----- <input type="checkbox"/> 2      Electricity --- <input type="checkbox"/> 5 Gas ----- <input type="checkbox"/> 3      Other ----- <input type="checkbox"/> 6 Not stated --- <input type="checkbox"/> 9		<input type="checkbox"/>
O N L Y	20. What was the total household income for the preceding 12-month period? Check (✓) one box	B\$ 0 ---- <input type="checkbox"/> 00 1 - 1,000 <input type="checkbox"/> 01 1,001 - 2,000 <input type="checkbox"/> 02 2,001 - 3,000 <input type="checkbox"/> 03 3,001 - 4,000 <input type="checkbox"/> 04 4,001 - 5,000 <input type="checkbox"/> 05 5,001 - 7,000 <input type="checkbox"/> 06	B\$ 7,001 - 10,000 <input type="checkbox"/> 07 10,001 - 12,000 <input type="checkbox"/> 08 12,001 - 15,000 <input type="checkbox"/> 09 15,001 - 17,000 <input type="checkbox"/> 10 17,001 - 20,000 <input type="checkbox"/> 11 20,001 - 40,000 <input type="checkbox"/> 12 40,001 and over <input type="checkbox"/> 13 Not stated ---- <input type="checkbox"/> 99	<input type="checkbox"/>

STATISTICS ACT 1973 SECTION II SUBSECTION (3)

"Any person who knowingly or recklessly makes any statement in any information or particulars given under Subsection (1) which is false in a material particular shall be guilty of an offence".

-----  
Head of Household or other Respondent

-----  
Date

-----  
Enumerator

-----  
Date

-----  
Supervisor

-----  
Date

-----  
Editor

-----  
Date



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6. What is your religion? Check (✓) one box

Anglican/Episcopal -----	<input type="checkbox"/> 01	Greek Orthodox -----	<input type="checkbox"/> 06	Presbyterian -----	<input type="checkbox"/> 12
Assemblies of God -----	<input type="checkbox"/> 02	Jehovah's Witness -----	<input type="checkbox"/> 07	Roman Catholic -----	<input type="checkbox"/> 13
Baptist -----	<input type="checkbox"/> 03	Jewish -----	<input type="checkbox"/> 08	Seventh Day Adv. ....	<input type="checkbox"/> 14
Bretheren -----	<input type="checkbox"/> 04	Lutheran -----	<input type="checkbox"/> 09	Other -----	<input type="checkbox"/> 15
Church or Saints of God	<input type="checkbox"/> 05	Methodist -----	<input type="checkbox"/> 10	None -----	<input type="checkbox"/> 16
		Pentecostal -----	<input type="checkbox"/> 11	Not stated .....	<input type="checkbox"/> 99

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7. Where were you born?

-----

(Write either name of island in The Bahamas or name of foreign country)

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8. Usual residence of mother at birth

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(write here)

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9. Country of citizenship

-----

(write here)

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10. For Bahamian Citizens only

By what method did you acquire Bahamian Citizenship?

By birth to Bahamian parent(s) -----  1

By birth in Bahamas to Non-Bahamian parents -----  2

By adoption by persons of Bahamian status -----  3

By naturalisation:.

a. Marriage to Bahamian husband -----  4

b. Option -----  5

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11. Where is your usual place of residence?

At this address -----

Elsewhere on same island -----

Other island -----  ----- Specify -----

Other country -----  ----- Specify -----

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N

12. Did you change your island or country of usual residence during the last ten years?

Yes -----  1 No -----  2 → Skip to 15

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13. If the answer to "12" above is "yes" name the last Island of The Bahamas or the last country lived in.

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Island or country (write here)

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14. When did you make this move? Check (✓) one box

1980 -----	<input type="checkbox"/> 01	1976 -----	<input type="checkbox"/> 05
1979 -----	<input type="checkbox"/> 02	1975 -----	<input type="checkbox"/> 06
1978 -----	<input type="checkbox"/> 03	1970 - 1974 -----	<input type="checkbox"/> 08
1977 -----	<input type="checkbox"/> 04	Not stated -----	<input type="checkbox"/> 99

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All  
Persons

15. What is the highest grade or year of regular school ever attended?  
Check (✓) one box. If now in school check the grade or year you are now in.

Never attended school -----  00

Nursery School/Kindergarten -----  01

Elementary/Primary School (Grades) 1-4 -  11      5+  12

High School (Grades) ----- 1  21, 2  22, 3  23, 4  24, 5  25

College/University (Academic year) ---- 1  31, 2  32, 3  33, 4  34, 5  35

6+  36

Not stated -----  99

 

16. What is the highest level qualification you have obtained?  
Check (✓) one box

None -----  00

School Leaving -----  10

B.J.C. (Number of subjects passed) 1  11, 2  12, 3  13, 4  14,  
5  15, 6 or more  16

G.C.E. - 'O' Levels (Number of subjects passed)

1  20, 2  21, 3  22, 4  23, 5 or more  24

Cambridge School Certificate  25

G.C.E. - 'A' Levels (Number of subjects passed)

1  26, 2  27, 3 or more  28

Higher School Certificate -----  29      Other -----  98

Diploma -----  31      Not stated  99

First Degree -----  32

Post Graduate Degree -----  33

Professional (e.g. law, accountancy, medicine, architecture, etc.) -----  34

 

17. Since last September have you been attending a School; College or University of any kind?

Yes Full-time -----  1

Yes Part-time -----  2

No -----  3

Not stated -----  9

H I G H E S T  L E V E L Persons 15 years of age and over  O F  T R A I N I N G	18. Have you been trained or are you being trained for a specific craft or trade? Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2 → Skip to question 22      Not stated <input type="checkbox"/> 9	<input type="checkbox"/>
	19. For which occupation are you trained or being trained? ----- Write (e.g. plumber, lab technician, tailor; secretary, cook, stewardess, etc.)	<input type="text"/>
	20. State method of training. Check(✓) one box  On the job ----- <input type="checkbox"/> 1      Technical Institution ..... <input type="checkbox"/> 5 Private Study ----- <input type="checkbox"/> 2      Other Institutional training.... <input type="checkbox"/> 6 Secondary school <input type="checkbox"/> 3      University ..... <input type="checkbox"/> 7 Vocational, Trade or Commercial school <input type="checkbox"/> 4      Other ..... <input type="checkbox"/> 8 Not stated ..... <input type="checkbox"/> 9	<input type="checkbox"/>
	21. What stage are you at? Being trained ----- <input type="checkbox"/> 1      Not stated <input type="checkbox"/> 9 Training completed ----- <input type="checkbox"/> 2	<input type="checkbox"/>
E C O N O M I C Persons 15 years of age and over  A C T I V I T Y	22. What was your employment situation during the past week? Check (✓) one box  Worked ----- <input type="checkbox"/> 01      Retired ----- <input type="checkbox"/> 06 With job but not at work --- <input type="checkbox"/> 02      Disabled ----- <input type="checkbox"/> 07 Seeking first job ----- <input type="checkbox"/> 03      Home-maker ----- <input type="checkbox"/> 08 Seeking job (other than first) -- <input type="checkbox"/> 04      Of Independent means ----- <input type="checkbox"/> 09 Student ----- <input type="checkbox"/> 05      Other N.E.C. ----- <input type="checkbox"/> 98 Not stated ----- <input type="checkbox"/> 99	<input type="text"/>
	23. Did you have a job at anytime during the last 12 months? Yes <input type="checkbox"/> 1      No <input type="checkbox"/> 2 → Skip to ques. 28      Not stated <input type="checkbox"/> 9	<input type="checkbox"/>
	24. What is your employment status now or when you last worked? Check (✓) one box  Employee (private business) ----- <input type="checkbox"/> 1 Employee (government or government corporation) ----- <input type="checkbox"/> 2 Operated own business <u>with</u> paid help ----- <input type="checkbox"/> 3 Operated own business <u>without</u> paid help ----- <input type="checkbox"/> 4 Unpaid family worker ----- <input type="checkbox"/> 5 Other ----- <input type="checkbox"/> 6 Not stated ----- <input type="checkbox"/> 9	<input type="checkbox"/>

E C O N O M I C P E R S O N S 1 5 y e a r s o f a g e a n d o v e r	25. What kind of industry or business was this?  ----- Write here (e.g. retail store, hotel, law firm, bank, brewery, etc.)	<input type="text"/> <input type="text"/> <input type="text"/>
	26. What type of work did you do?  ----- Write here (e.g. sales clerk, stenographer, lawyer, etc.)	<input type="text"/> <input type="text"/> <input type="text"/>
	27. How many weeks did you work in the last 12 months?  1 - 4 <input type="checkbox"/> 1    14 - 26 <input type="checkbox"/> 3    40 - 48 <input type="checkbox"/> 5 5 - 13 <input type="checkbox"/> 2    27 - 39 <input type="checkbox"/> 4    49 - 52 <input type="checkbox"/> 6    Not stated <input type="checkbox"/> 9	<input type="text"/>
F E R T I L I T Y  F e m a l e s 1 4 y e a r s o f a g e a n d o v e r	28. Number of live-born children ever had. Check (✓) one box  <input type="checkbox"/> 00 → Skip to ques. 34 <input type="checkbox"/> 02 <input type="checkbox"/> 04 <input type="checkbox"/> 06 <input type="checkbox"/> 08 <input type="checkbox"/> 01 <input type="checkbox"/> 03 <input type="checkbox"/> 05 <input type="checkbox"/> 07 <input type="checkbox"/> 09 <input type="checkbox"/> 10 or more	<input type="text"/> <input type="text"/>
	29. How many are still alive? Check (✓) one box  <input type="checkbox"/> 00 <input type="checkbox"/> 02 <input type="checkbox"/> 04 <input type="checkbox"/> 06 <input type="checkbox"/> 08 <input type="checkbox"/> 01 <input type="checkbox"/> 03 <input type="checkbox"/> 05 <input type="checkbox"/> 07 <input type="checkbox"/> 09 <input type="checkbox"/> 10 or more	<input type="text"/> <input type="text"/>
	30. Age of mother at birth of first live-born child  ----- (Write age in completed years)	<input type="text"/> <input type="text"/>
	31. Age of mother at birth of last live-born child  ----- (Write age in completed years)	<input type="text"/> <input type="text"/>
	32. Number of live-births in last 12 months Check (✓) one box  <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 or more    Not stated ----- <input type="checkbox"/> 9	<input type="text"/>
33. Type of birth  Single <input type="checkbox"/> 1    Twin <input type="checkbox"/> 2    Other multiple <input type="checkbox"/> 3  Not stated <input type="checkbox"/> 9	<input type="text"/>	

F E R T I L I T Y  Females 14 years of age and over	34. Union status at present or at age 49  Married ..... <input type="text" value="1"/> No longer living with husband <input type="text" value="4"/> Common-law .... <input type="text" value="2"/> No longer living with common-law partner <input type="text" value="5"/> Visiting ..... <input type="text" value="3"/> Never had a husband or common-law partner <input type="text" value="6"/> Not stated ..... <input type="text" value="9"/>	<input style="width: 30px; height: 30px;" type="text"/>																																				
	35. Duration of Union in completed years  ----- (Write number of years)	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>																																				
I N P E R S O N S 15 y e a r s o f a g e a n d o v e r	36. What was your total income for the preceding 12-month period  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">B\$</td> <td></td> <td style="text-align: center;">B\$</td> <td></td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;"><input type="text" value="00"/></td> <td style="text-align: center;">7,001 - 10,000</td> <td style="text-align: center;"><input type="text" value="07"/></td> </tr> <tr> <td style="text-align: center;">1 - 1,000</td> <td style="text-align: center;"><input type="text" value="01"/></td> <td style="text-align: center;">10,001 - 12,000</td> <td style="text-align: center;"><input type="text" value="08"/></td> </tr> <tr> <td style="text-align: center;">1,001 - 2,000</td> <td style="text-align: center;"><input type="text" value="02"/></td> <td style="text-align: center;">12,001 - 15,000</td> <td style="text-align: center;"><input type="text" value="09"/></td> </tr> <tr> <td style="text-align: center;">2,001 - 3,000</td> <td style="text-align: center;"><input type="text" value="03"/></td> <td style="text-align: center;">15,001 - 17,000</td> <td style="text-align: center;"><input type="text" value="10"/></td> </tr> <tr> <td style="text-align: center;">3,001 - 4,000</td> <td style="text-align: center;"><input type="text" value="04"/></td> <td style="text-align: center;">17,001 - 20,000</td> <td style="text-align: center;"><input type="text" value="11"/></td> </tr> <tr> <td style="text-align: center;">4,001 - 5,000</td> <td style="text-align: center;"><input type="text" value="05"/></td> <td style="text-align: center;">20,001 - 40,000</td> <td style="text-align: center;"><input type="text" value="12"/></td> </tr> <tr> <td style="text-align: center;">5,001 - 7,000</td> <td style="text-align: center;"><input type="text" value="06"/></td> <td style="text-align: center;">40,001 and over</td> <td style="text-align: center;"><input type="text" value="13"/></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">Not stated ----</td> <td style="text-align: center;"><input type="text" value="99"/></td> </tr> </table>	B\$		B\$		0	<input type="text" value="00"/>	7,001 - 10,000	<input type="text" value="07"/>	1 - 1,000	<input type="text" value="01"/>	10,001 - 12,000	<input type="text" value="08"/>	1,001 - 2,000	<input type="text" value="02"/>	12,001 - 15,000	<input type="text" value="09"/>	2,001 - 3,000	<input type="text" value="03"/>	15,001 - 17,000	<input type="text" value="10"/>	3,001 - 4,000	<input type="text" value="04"/>	17,001 - 20,000	<input type="text" value="11"/>	4,001 - 5,000	<input type="text" value="05"/>	20,001 - 40,000	<input type="text" value="12"/>	5,001 - 7,000	<input type="text" value="06"/>	40,001 and over	<input type="text" value="13"/>			Not stated ----	<input type="text" value="99"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
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		Not stated ----	<input type="text" value="99"/>																																			
C H E C K  All Persons	37. Where did you spend Census night?  This household ----- <input type="checkbox"/> Elsewhere in The Bahamas ---- <input type="checkbox"/> ----- Abroad ----- <input type="checkbox"/> Island Not stated ----- <input type="checkbox"/>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>																																				

STATISTICS ACT 1973 SECTION II SUBSECTION (3)

"Any person who knowingly or recklessly makes any statement in any information or particulars given under Subsection (1) which is false in a material particular shall be guilty of an offence".

-----  
Head of Household or other Respondent

-----  
Date

-----  
Enumerator

-----  
Date

-----  
Supervisor

-----  
Date

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Editor

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Date