



GRENADA, CARRIACOU & PETITE MARTINIQUE



POPULATION AND HOUSING CENSUS CENSUS DAY - MAY 12TH, 2011

1) USE ONLY 2B PENCILS

2) For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

7	8	5
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3) IMPORTANT!!! Place an X in the box for multiple choice options

4) Erase cleanly and make no stray marks on this form



CONFIDENTIAL WHEN COMPLETE

IDENTIFICATION

IMPORTANT!!!

Transfer the PARISH, ED and Household NO to the top of EACH individual questionnaire

Parish

--	--

ED No

--	--	--	--	--

Building No

--	--	--

Household No

--	--	--

Address of Household _____

Community _____

Town _____

Phone Number

Parish _____

				-					
--	--	--	--	---	--	--	--	--	--

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><td>/</td><td></td><td></td><td>/</td><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 = Dwelling Closed
4 = No Suitable respondent at home 5 = Refusal 6 = Vacant 7=Other

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 to probe for infants, elderly, new born babies, disabled and persons who died but were members of the household at midnight on the 12th May 2011.

1: LISTING OF HOUSEHOLD MEMBERS

Mark multiple choice boxes like this

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

Confidential

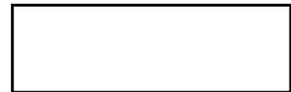
Total Number of Persons

--	--



8168

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 2 HOUSING

Remember to mark multiple choice boxes like this

INTERVIEWER: Ask this question only if the answer is not obvious. Else, X the appropriate box.

2. What type of dwelling does this household occupy?

- 1 Separate house/detached
- 2 Part of a private house/attached
- 3 Flat, apartment, condominium
- 4 Townhouse
- 5 Double house/Duplex
- 6 Combined business & dwelling
- 10 Improvised Housing Unit (Earth/Leaves/Branches etc)
- 11 Other (Specify) _____
- 7 Barracks
- 8 Outhouse
- 9 Group Dwelling

3a. Is this dwelling insured?

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

3b. Are the content of the dwelling insured?

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

4a. Does this household own, rent or lease this dwelling?

- 1 Owned Fully *Go to Q5*
- 2 Owned With Mortgage *Go to Q4d*
- 3 Rented-Private
- 4 Rented-Govt
- 5 Rent-free *Go to Q5*
- 6 Leased *Go to Q5*
- 8 Other *Go to Q5*
- 7 Squatted *Go to Q5*

4b. What is the rental period for this dwelling?

- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Other(Specify) _____

4c. How much are you paying for RENT?

\$

--	--	--	--	--

- 1 Dont Know
- 2 Not Paying rent

If Rent, Go to Q5

4d. What is your monthly MORTGAGE payments?

\$

--	--	--	--	--

- 1 Dont Know
- 2 Not Paying

5. Under what arrangement is the land occupied? Is it.....

- 1 Owned/Freehold
- 2 Leasehold
- 3 Rented
- 4 Rented Free
- 5 Permission to work land
- 6 Sharecropping
- 7 Squatted
- 8 Other (Specify) _____
- 9 Don't Know/Not Stated

6a. What is the main material of the outer walls?

- 1 Wood
- 2 Concrete/Concrete Blocks
- 3 Wood & Concrete
- 4 Stone
- 5 Brick
- 6 Adobe (Mud House)
- 7 Makeshift
- 8 Plywood
- 9 Plywood & Concrete
- 10 Other (Specify) _____

6b. What is the main material used for roofing?

- 1 Sheet metal **
- 2 Shingle (asphalt)
- 3 Shingle (wood)
- 4 Shingle (other)
- 5 Tile
- 6 Concrete
- 7 Makeshift/thatched
- 8 Other (Specify) _____

*** (zinc, aluminum, galvanise, galvalume)*

6c. In which year/period was this building built?

- 1 Before 1980
- 2 1980 - 1989
- 3 1990 - 1999
- 4 2000 - 2006
- 5 2007
- 6 2008
- 7 2009
- 8 2010
- 9 2011
- 10 Don't Know

7a. What is your main source of water supply?

- 1 Public, piped into dwelling
- 2 Public Piped into yard
- 3 Public standpipe outside the dwelling unit
- 4 Private catchment not piped
- 5 Private piped into dwelling
- 6 Truck borne
- 7 Spring, River
- 8 Other (Specify) _____

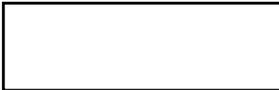
7b. What is your main source of drinking water?

- 1 Public Piped into dwelling
- 2 Public standpipe outside the dwelling unit
- 3 Private Piped into dwelling
- 4 Private Catchment, not piped
- 5 Public dug well
- 6 Private dug well
- 7 Spring/River
- 8 Bottled Water
- 9 Other (Specify) _____



8168

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 2 HOUSING Con't

Remember to mark multiple choice boxes like this

8a. What type of toilet facilities does this household have?

- 1 W.C. (flush toilet) linked to sewer
- 2 W.C. (flush toilet) linked to Septic tank/Soak-away
- 3 Pit-latrines/Ventilated and elevated
- 4 Pit-latrines not ventilated
- 5 Pit latrine ventilated and not elevated
- 6 None (Go to 9a)
- 7 Other (Specify) _____
- 8 Don't Know
- 9 Not Stated

8b. Is the toilet shared with any other household?

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

9a. Are your bathing facilities indoors or outdoors?

- 1 Indoors
- 2 Outdoors(Private)
- 3 None
- 4 Don't Know
- 9 Not Stated

If No, Go 10a

9b. Are your bathing facilities shared with another household?

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

10a. Is your main kitchen inside the dwelling unit or outside?

- 1 Inside
- 2 Outside
- 3 None
- 4 Don't Know
- 9 Not Stated

If None, Go 11

10b. Is your main kitchen shared with another person not of this house?

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

11. What is the main source of lighting for this household?

- 1 Electricity - Public
- 2 Electricity - Private Generator
- 3 Gas Lantern
- 7 Other (Specify) _____
- 4 Kerosene
- 5 Solar
- 6 None

12. What type of fuel does this household use most for cooking?

- 1 Coal
- 2 Wood
- 3 Gas/LPG/Cooking gas
- 4 Kerosene
- 9 Other (Specify) _____
- 5 Electricity
- 6 Biogas
- 7 Solar Energy
- 8 None

13. 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

14. 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

15. What is your main method of garbage disposal?

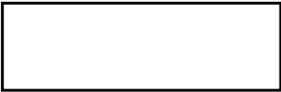
- 1 Dumping on land
- 2 Compost
- 3 Burning
- 4 Dumping/throwing in river/sea/pond
- 5 Burying
- 6 Garbage truck/Skip/Bin - Public
- 7 Garbage truck/Skip/Bin - Private
- 8 Other (Specify) _____

16. How many "Desk-top" computers does this household have in use?

use 8 for 8 or more
9 Not Stated

17. How many "Lap-top" computers does this household have in use?

use 8 for 8 or more
9 Not Stated



18. What type of internet connection does this household use? (X all that apply)

- 1 DSL/ADSL (Digital Subscriber Line (LIME))
- 2 Cellular Wireless Internet or Mobile Broadband (Cellphone)
- 3 Cable Internet Connection (FLOW)
- 4 Wireless (AISLECOM)
- 5 No Internet Connection at Dwelling

19. Which of these appliances/household equipment does your household have in use (X all that apply)

	Yes	No
(a) Solar Water Heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(b) Electrical Water Heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(c) TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(d) Cable TV/Satellite	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(e) Refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(f) Freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(g) Microwave Oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(h) Stove	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(i) Washing Machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(j) Land-Line Telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(k) Cellular Phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(l) Air Conditioning Unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(m) Water Pump	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(n) Water Tank	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(o) Dishwasher	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(p) Clothes Dryer	<input type="checkbox"/> 1	<input type="checkbox"/> 2

20. How many vehicles (motor cars, station wagons, jeeps and vans) are kept at home for private use by this household (excluding motorcycles)?

use 8 for 8 or more
9 Not Stated

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

1 No (skip to Question 22)

If Yes, (X all that apply)

	Yes
(a) Murder	<input type="checkbox"/>
(b) Kidnapping	<input type="checkbox"/>
(c) Shooting	<input type="checkbox"/>
(d) Rape/Abuse	<input type="checkbox"/>
(e) Wounding	<input type="checkbox"/>
(f) Larceny - Housebreaking	<input type="checkbox"/>
(g) Larceny - Auto theft	<input type="checkbox"/>
(h) Larceny - Other	<input type="checkbox"/>
(i) Other (specify)	<input type="checkbox"/>

22. Did any member of this household die during the past 12 months?

1 Yes 2 No If No, Go to Section 3

23. Please provide me with the age and sex of the person(s) who died during the past twelve months?

Age

--	--

1 Male 2 Female

--	--

1 Male 2 Female

--	--

1 Male 2 Female

--	--

1 Male 2 Female

SECTION 3 MIGRATION

Mark multiple choice boxes like this

24. Did anyone from this household move to live abroad since May 2001 and is still living abroad?

- 1 Yes (if Yes, continue)
- 2 No (Go to Section 4)

25. How many persons?

Remember to mark multiple choice boxes like this

(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)
Person Number	Year moved 2001 - 2011 <i>Write year properly inside the boxes provided</i>	Highest Education attained when moved 1 None 2 Primary 3 Secondary 4 Post Secondary non-tertiary 5 University 6 Other	Sex M = 1 F = 2	Age when moved 0 if less than 1, 98 for 98 and over	Occupation when moved Describe as clearly as possible the person(s) occupation when he/she moved. [For persons 15 years and over when moved]	Name of Country of Migration <u>Boxes provided are for official use</u>	Main Reason for Migration 1 More Income 2 Employment 3 Study 4 Medical 5 Marriage 6 Other Family reason 7 Crime Rate 8 Other Specify _____
1.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	
2.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	
3.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	
4.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	
5.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	
6.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	
7.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	

Remember to mark multiple choice boxes like this



IMPORTANT!!!

Transfer Parish, ED and Household Numbers to the top of **EACH** individual questionnaire From Household Questionnaire

Parish

ED No

Household No

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:

Remember to mark multiple choice boxes like this

SECTION 4 PERSONAL CHARACTERISTICS FOR ALL PERSONS

34. Please fill in this person's name and assigned number.

- 35. What is your/s relationship to the head of household?
 1 Head
 2 Spouse of Head (Husband/Wife)
 3 Partner of Head
 4 Child of head and Spouse/Partner
 5 Child of head only
 6 Child of Spouse/Partner only
 7 Spouse/Partner of child of head/Spouse/Partner
 8 Grandchild of Head/Spouse/Partner
 9 Parents of Head/Spouse/Partner
 10 Other relative of Head/Spouse/Partner(Specify)
 11 Domestic Employee
 12 Other Non-Relative

36. INTERVIEWER: X the appropriate box. FOR PERSONS NOT SEEN ASK:

Is....male or female?

- 1 Male 2 Female

37. What is your/.....'s date of birth?

Day / Month / Year

If not known, ask:

How old was.....on his/her last birthday?

AGE

If age is not stated please estimate age if you see the person. Otherwise ask the respondent to estimate the person's age. If age is not known use code 999.

If estimated please put an X in the box.

38. To which ethnic, racial or national group do you/does..... belong?

- 1 African Descent/Negro/Black
 2 Indigenous People (Amerindian/Carib)
 3 East Indian
 4 Chinese
 5 Portuguese
 6 Syrian/Lebanese
 7 White/Caucasian
 8 Mixed
 9. Hispanic
 10 Other (Specify)

39. What is your/....'s religious affiliation/denomination?

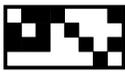
- 1 Anglican
 2 Baptist
 3 Bahai
 4 Brethren
 5 Church of God
 6 Evangelical
 7 Hindu
 8 Jehovah Witnesses
 9 Methodist
 10 Moravian
 11 Muslim
 12 Pentecostal
 13 Presbyterian
 14 Rastafarian
 15 Roman Catholic
 16 Salvation Army
 17 Seventh Day Adventist
 18 Lutheran
 19 None
 20 Other (Specify)

SECTION 5 MIGRATION (BIRTH PLACE AND RESIDENCE) FOR ALL PERSONS

40. Where do you/does.....usually live?

- 1 At this address
Parish Community
 2 Elsewhere in this Parish
Parish Community
 3 In another Parish
Parish Community
 4 Abroad
Name of Country

Remember to mark multiple choice boxes like this



43237

Remember to mark multiple choice boxes like this ☒



41. Where were you/was.....born?
INTERVIEWER: For persons born in Grenada what is required is the mother's usual residence at the time of birth.

1 In this country
 Parish _____
 Community _____
 (Go to Q.43)

2 Abroad
 Name of Country _____

42. In what year did you/..... last come to live in Grenada?

Year

43. In which Parish did you/..... last live?

1 Never Moved (Go to Q.45)
 2 Parish _____ Community _____

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

Year Foreign Born Go to Q49

Q45 to Q48 are for local borns only

45. Have you/hasever lived in another country?

1 Yes 2 No (Go to Q.49)

46. In which country did you/.....last live?

Name of Country _____

Questions 47 and 48 are for local borns who answered yes in Q45

47. In what year did you/..... return to live in Grenada?

Year

48. What is the main reason why you/.....returned to live in Grenada?

1 Regard it as home 6 Homesick
 2 Family is here 7 Other (Specify) _____
 3 Involuntary Return/Deported
 4 To start a business/Employment
 5 Retired

Q49 to Q50 for Population five years and over

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

1 Yes (Go to Q.51) 2 No

50. If 'NO' in which country or Parish and community did you/..... live five years ago?

Parish _____ Community _____
 Country _____

Q51 and Q52 for Population Ten years and over

51. Did you/.....live at this address in 2001?

1 Yes (Go to Q.53) 2 No

52. If 'NO' in which country or Parish and community did you/..... live in 2001?

Parish _____ Community _____ Go to 54
 Country _____ Go to 53a

53.a Of which country (ies) are you a citizen? (List up to two countries).

1. _____ 2. _____

53.b What is the main reason for your present residence in this country?

1 Skilled National 6 Dependent
 2 Service Provider 7 Other (Specify) _____
 3 Rights of Establishment
 4 Employee of Non-wage earner
 5 Other Economic Activity 9 DK/NS

SECTION 6 DISABILITY FOR ALL PERSONS

DISABILITY STATUS : Respond only if you have a permanent disability or where the disability has been continuous for six months or more.

54. Do you/does..... have difficulty with any of the following?
Rate responses as follows:

1 No - No Difficulty	3 Yes - Lots of Difficulty
2 Yes - Some Difficulty	4 Cannot do (it) at all

1. Seeing (even with glasses)? 1 2 3 4

2. Hearing (even using hearing aid)? 1 2 3 4

3. Walking or climbing stairs? 1 2 3 4

4. Remembering or concentrating? 1 2 3 4

5. Self care? 1 2 3 4

6. Upper body function? 1 2 3 4

7. Communicating and speaking? 1 2 3 4

If No Difficulty for all options, Skip to Q57.

55. What is the origin of your/..... disability?
Rate responses as follows:

1. From Birth	2. Illness	3. Accident
----------------------	-------------------	--------------------

4. Other (Specify) Specify

1. Seeing (even with glasses)?

2. Hearing (even using hearing aid)?

3. Walking or climbing stairs?

4. Remembering or concentrating?

5. Self care?

6. Upper body function?

7. Communicating and speaking?

Remember to mark multiple choice boxes like this ☒

56. Are you/..... using any of the following aids?*(X all that apply).*

- | | |
|--|---|
| <input type="checkbox"/> 1 Wheelchair | <input type="checkbox"/> 8 Orthopedic Shoes |
| <input type="checkbox"/> 2 Walker | <input type="checkbox"/> 9 Hearing Aid |
| <input type="checkbox"/> 3 Crutches | <input type="checkbox"/> 10 Other (Specify) |
| <input type="checkbox"/> 4 Braille | |
| <input type="checkbox"/> 5 Adapted Car | <input type="checkbox"/> 11 None |
| <input type="checkbox"/> 6 Cane | |
| <input type="checkbox"/> 7 Prosthesis/artificial body part | |

SECTION 7 HEALTH FOR ALL PERSONS

57. Do you/doeshave any of the following illnesses?*(X all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> 1 Arthritis | <input type="checkbox"/> 9 Glaucoma |
| <input type="checkbox"/> 2 Kidney Disease (Renal) | <input type="checkbox"/> 10 Sickle Cell |
| <input type="checkbox"/> 3 Asthma | <input type="checkbox"/> 11 Anemia |
| <input type="checkbox"/> 4 Diabetes | <input type="checkbox"/> 12 Lupus |
| <input type="checkbox"/> 5 Hypertension/High Blood Pressure | <input type="checkbox"/> 13 HIV/AIDS |
| <input type="checkbox"/> 6 Carpal Tunnel Syndrome | <input type="checkbox"/> 14 Other _____ |
| <input type="checkbox"/> 7 Cancer | <input type="checkbox"/> 15 None |
| <input type="checkbox"/> 8 Heart Disease | |

58. Which of the following insurance do you/does..... have?*(X all that apply)*

- | |
|--|
| <input type="checkbox"/> 1 NIS (National Insurance Scheme) |
| <input type="checkbox"/> 2 Group Health Insurance |
| <input type="checkbox"/> 3 Individual Health |
| <input type="checkbox"/> 4 Life with health |
| <input type="checkbox"/> 5 Endowment with health |
| <input type="checkbox"/> 6 School Accident Insurance |
| <input type="checkbox"/> 7 Other (Specify) _____ |
| <input type="checkbox"/> 8 None |

SECTION 8 EDUCATION AND INTERNET ACCESS FOR ALL PERSONS

59. Are you / is _____ currently attending an Educational Institution?

- | | |
|--|--|
| <input type="checkbox"/> 1 Yes (Full Time) | <input type="checkbox"/> 2 Yes (Part Time) |
| <input type="checkbox"/> 3 No (Go to Q62) | |

60. What type of school or institution are you/is..... attending?

- | | |
|---|--|
| <input type="checkbox"/> 1 Daycare/Nursery | <input type="checkbox"/> 8 Home Schooling |
| <input type="checkbox"/> 2 Preschool | <input type="checkbox"/> 9 Post Secondary - A Level |
| <input type="checkbox"/> 3 Infant/Kindergarden | <input type="checkbox"/> 10 Post Secondary - Professional Tech/Voc |
| <input type="checkbox"/> 4 Primary | <input type="checkbox"/> 11 Post Secondary Tertiary - UWI
Other |
| <input type="checkbox"/> 5 Special Education | <input type="checkbox"/> 12 Adult Education |
| <input type="checkbox"/> 6 Post Primary (NonSecondary Tech/Voc) | <input type="checkbox"/> 13 Other |
| <input type="checkbox"/> 7 Secondary (General) | |

61. Please give the name and address of the school or institution.

Name _____

Address _____

62. What is the highest level of education that you have/.....has completed?

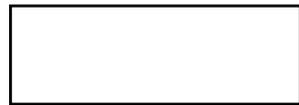
- | |
|---|
| <input type="checkbox"/> 1 Daycare/Nursery |
| <input type="checkbox"/> 2 Pre-school |
| <input type="checkbox"/> 3 Pre-primary (Infant) or Primary |
| <input type="checkbox"/> 4 Lower / Junior Secondary (Forms 1-3) / Senior Primary |
| <input type="checkbox"/> 5 Upper Secondary (Forms 4 & 5) |
| <input type="checkbox"/> 6 Post Secondary, non-tertiary (diploma or associate degree) |
| <input type="checkbox"/> 7 Tertiary level - Bachelor Degree |
| <input type="checkbox"/> 8 Tertiary level - Masters Degree |
| <input type="checkbox"/> 9 Doctorate level programmes |
| <input type="checkbox"/> 10 Other (Specify) _____ |
| <input type="checkbox"/> 11 None |

63. What is the highest examination that you have/...passed?

- | |
|--|
| <input type="checkbox"/> 1 School leaving (e.g. Standard 6 or 7 School Leaving exam) |
| <input type="checkbox"/> 2 Cambridge School Certificate |
| <input type="checkbox"/> 3 CXC Basic |
| <input type="checkbox"/> 4 GCE 'O' Levels or CXC General |
| <input type="checkbox"/> 5 High School Certificate |
| <input type="checkbox"/> 6 GCE 'A' Levels, CAPE |
| <input type="checkbox"/> 7 Associate Degree |
| <input type="checkbox"/> 8 College Certificate |
| <input type="checkbox"/> 9 College Diploma |
| <input type="checkbox"/> 10 Professional Certificate eg RSA, City and Guilds etc. |
| <input type="checkbox"/> 11 Bachelor's Degree |
| <input type="checkbox"/> 12 Post Graduate Certificate |
| <input type="checkbox"/> 13 Post Graduate Diploma |
| <input type="checkbox"/> 14 Higher Degree (Master's) |
| <input type="checkbox"/> 15 Higher Degree (Doctoral) |
| <input type="checkbox"/> 16 Other (Specify) _____ |
| <input type="checkbox"/> 17 None |

64. Have you/ has /had access to the Internet within the past 3 months?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No (Skip to Q.66) |
|--------------------------------|--|



65. Where did you / mainly use the Internet in the past 3 months?

- 1 Home
- 2 Work
- 3 School
- 4 Internet Cafe'
- 7 Other (Specify) _____
- 5 Cellular Phone / PDA
- 6 Family or Friend's House
- 8 Did not use

66. INTERVIEWER: X the appropriate box (see Q.37)

- 1 Under 15 (GO TO Q.100)
- 2 15 years and over

SECTION 9 TRAINING FOR PERSONS 15 YEARS AND OVER

67a. Have you/has.....ever received/attempted any skills training to equip you/.....for employment or occupation/profession?

- 1 Yes
- 2 No (Go to Q71)

67.b Which category of training status applies to you/(N)?

- 1 Completed Training
- 2 Undergoing Training Currently
- 3 Attempted Training but did not complete
- 9 DK/NS

67c. What is the field for which the highest level of training was completed/attempted or is undergoing by you/.....?

Field Trained _____

68. What was the main method used by you /..... to train in this field?

- 1 On the job
- 2 Private Study
- 3 Apprenticeship
- 4 Correspondence Course
- 5 Secondary School
- 6 Vocational/Trade School/Technical Institution
- 7 Commercial/Secretarial School
- 8 Business/Computer School
- 9 University (on campus)
- 10 Distance Learning
- 11 On-line/Virtual Learning
- 12 Other (Specify) _____

69. How long was the period of your /..... highest level of training?

		Months
--	--	--------

70.a What type of qualification /certification did you/..... receive on completion of the training at the highest level?

- 1 None
- 2 Certificate with examination
- 3 Certificate without examination
- 4 Diploma
- 5 Advanced Diploma
- 6 Associate Degree
- 7 First Degree
- 8 Post Graduate Degree
- 9 Professional Qualification
- 10 Other (Specify) _____

70.b Is your recent training related to your/.... present job?

- 1 Yes
- 2 No
- 3 DK/NS

SECTION 10 ECONOMIC ACTIVITY FOR PERSONS 15 YEARS AND OVER

71. How many months did you/..... work in the past 12 months?

Number of months

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

72. What did you/....do most during the past 12 months -for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- 1 Worked
- 2 Had a job but did not work
- 3 Looked for work
- 4 Wanted work and available
- 9 Other (Specify) _____
- 5 Home Duties
- 6 Attended School
- 7 Retired - did not work
- 8 Disabled, unable to work

73. Did you/..... work for pay, profit or family gain, during the past week? Note: Exclude Domestic Work at home

If, YES, Did you?

- 1 Work
- 2 Had a job but did not work

If, No What did you do MOST in 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
- 10 Other (Specify) _____

Go to Q82

74. What category of worker are you /..... in your job?

- 1 Paid Employee - Government _____
- 2 Paid employee - Private Establishment _____
- 3 Paid employee - Statutory body _____
- 4 Paid Employee - Private Home _____
- 5 Self-Employed with paid employees/Own business
- 6 Self Employed without paid employee/Own business
- 7 Apprentice/Learners _____
- 8 Unpaid worker/Volunteer
- 9 Unpaid family worker
- 10 Other (Specify) _____

Go to Q77

Go to Q77



43237

Remember to mark multiple choice boxes like this



75. 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.

76. Are you registered with the National Insurance Scheme as a self-employed person or an employer?

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

77. What kind of work were you/.....doing during the past week? (Give brief description of main duties)

Occupation _____

78. What kind of business is carried out at your/.....'s workplace (Industry)?

Industry _____

79. How many hours did you/..... work during the past week? (All jobs).

Number of hours

80. Where is your/.....'s place of work? (Main Job)

- 1 Work at home
- 2 No fixed workplace
- 3 A fixed workplace outside the home

81. What is the name and address of your/..... present workplace?

Name _____

Address _____

- 1 No Present Workplace

(All employed persons go to Q.84)

82. What steps did you/..... take during the past month to look for work?

- 1 Did Nothing
- 2 Direct Application (Sent out letters) (Go to 86)
- 3 Checking at work sites, factory gates etc. (Go to Q.86)
- 4 Seeking assistance from friends (Go to Q.86)
- 5 Register at public/private employment exchange(Go to Q.86)
- 6 Other (Go to Q.86)

83. Why did you/....not seek work during the past month?

- 1 Own illness, disability, injury, pregnancy
- 2 Home duties, Personal, family responsibilities
- 3 In school, training
- 4 Retirement/old age
- 5 Already found work to start later
- 6 Already made arrangements for self employment
- 7 Awaiting recall to former job
- 8 Awaiting replies from employers
- 9 Awaiting busy season
- 10 Believe no suitable work available
- 11 Could not find suitable work
- 12 Not yet started to seek work
- 13 Do not know how or where to seek work
- 14 Discouraged
- 15 Other(Specify) _____

(All go to Q.86)

SECTION 11 INCOME AND LIVELIHOOD FOR PERSONS 15 YEARS AND OVER

84. How often do you/does..... get paid from your main job?

- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Annually
- 6 Other (Specify) _____
- 7 Not applicable

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

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

Income Group

86. What is your/.....'s main source of livelihood?

- 1 Employment
- 2 Pension (Local)
- 3 Pension (Overseas)
- 4 Money from Abroad
- 5 Investment
- 6 Savings/Interest on savings
- 7 Disability benefits
- 8 Social Security Benefits
- 9 Other Public Assistance
- 10 Local contributions from friends/relatives
- 11 Overseas contributions from friends/relatives
- 12 Other _____

87. Approximately how much money did you/..... receive last year (2010) from family and/or friends abroad in cash or in kind e.g. barrels containing food etc., clothing, electronics.

\$

Remember to mark multiple choice boxes like this



43237

Remember to mark multiple choice boxes like this

SECTION 12 MARITAL AND UNION STATUS FOR ALL PERSONS 15 YEARS AND OVER

88. What is your/....'s marital status?

- 1 Never Married 2 Married 3 Divorced
 4 Widowed 5 Legally Separated

89.a What is your / present union status?

- 1 Never had a spouse or common-law partner *Skip to Q91*
 2 Married and living with spouse *Skip to Q90*
 3 Married and not living with spouse *Skip to Q90*
 4 Common Law *Skip to Q90*
 5 Visiting Partner *Skip to Q90*
 6 Not in union

89b. Have you ever been in a common-law union?

- 1 Yes
 2 No *SKIP TO SECTION 12*

90. How old were you/ was when you were/..... was first married or in a union for the first time?

Age in years *ALL MALES
Go to Q100*

SECTION 13 FERTILITY FOR ALL FEMALES 15 YEARS AND OVER

91. How many live born children have you/has....ever had and how many are males and females? (If ZERO, enter 00 & Go To Q.100)

Total M F

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

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

Total M F

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

93. How old were you/was..... when you/..... had the first live born child?

94. How old were you/was..... was when you/..... had the last live born child?

95. What is the date of birth of the last child born alive?

Day Month Year

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------

Q. 96 TO Q. 99 APPLY ONLY TO FEMALES UNDER 50. ALL OTHERS GO TO Q.100

96. How many live births did you/..... have in the last 12 months?

- 1 None (Go to Q.100) 4 Twins
 2 One Birth 5 Three or more
 3 Two separate births

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

A. Number of Boys					B. Number of Girls						
<input type="checkbox"/>											
0	1	2	3	4	5	0	1	2	3	4	5

98. How many of the children who were born in the last 12 months have died? If 00 Go To Q.100

Total

99. Of what sex and age, in months, were the children who died in the past 12 months?

Child Number	Sex	Age in Months
1.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>
2.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>
3.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>
4.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>

SECTION 14 WHERE SPENT CENSUS NIGHT

100. Where did you/.....spend census night?

- 1 At this address
 2 Elsewhere in this country
 3 Abroad

101. What part of the country was that? If known, Specify?

Remember to mark multiple choice boxes like this