



CAYMAN ISLANDS

1989 CENSUS
Sunday 15th October

Household Questionnaire

TO BE COMPLETED BY THE ENUMERATOR	
E1: Enumeration Area	<input type="text"/>
E2: Block and Parcel	<input type="text"/>
E3: Name	<input type="text"/>
E4: Occupation Status	<input type="checkbox"/> Single household <input type="checkbox"/> Multiple households
E5: Number of Persons on Form(s)	<input type="text"/>
E6: Form Number	<input type="text"/>

TO THE HEAD OF THE HOUSEHOLD OR OTHER PERSON COMPLETING THIS FORM

Please complete this form and have it ready to be collected by your enumerator on Monday 16th October. It is your legal obligation to complete this form for every person who usually lives in your household and for any other persons present on Census night.

If you are not sure how to complete any of the questions your enumerator will be glad to help when the form is collected. Your enumerator will also need to check that you have filled in all the entries. The leaflet headed "Census 89" delivered by your enumerator explains why the Census is necessary and how the information will be used.

Your replies will be CONFIDENTIAL. Your name and address will NOT be fed into the computer. In addition, NO information about identifiable individuals will be passed by the Statistics Office to ANY Government department or any person outside of the office.

If any member of the household does not wish other members to see his or her personal information then your enumerator will be glad to supply an extra form and an envelope.

Thank you for your cooperation.

PHILIP TURNBULL
GOVERNMENT STATISTICIAN

There is one row inside this form for each person in your household.

Please READ the instructions in the shaded area above each question BEFORE answering. Please DO NOT write in these shaded areas.

A HOUSEHOLD comprises EITHER one person living alone OR a group of persons (not necessarily related) living at the same address AND with common housekeeping - common housekeeping means sharing at least one meal a day or sharing a living room. Visitors are included. If there is more than one HOUSEHOLD in the building, answer for YOUR household only.

COMPLETE THIS FORM FOR:

- EVERY PERSON PRESENT on the night of Sunday, 15th October (Census night), including OVERNIGHT VISITORS.
- Any persons who USUALLY LIVE with your household BUT WHO ARE ABSENT on Census night, (For example, they are on holiday, in hospital, on nightwork, on a ship or at school, college or university); include them even if you know they are being put on another Census form elsewhere.
- Any newly born babies even if still in hospital.

If there are MORE THAN SIX people to enter, PLEASE ASK the Enumerator for an extra form.

Please read the notes on the front page about who to include, then fill in every person's first name before going on to other questions.

<p>A1: FIRST NAME Begin with the head of the household (or the person completing this form). If you have a baby who has not yet been named just write "BABY".</p>	<p>A2: SEX Write the sex of the person. "M" for male and "F" for female.</p>	<p>A3: USUAL ADDRESS AND WHEREABOUTS ON CENSUS NIGHT Please tick the box which best describes the person's status on Census night - Sunday 18th October. "Usual address" is the address at which the person has lived, or intends to live, for at least six months. For students and seamen temporarily away from home the "usual address" is their home address. For persons who have been in hospital or other institution for more than six months the "usual address" is the institution. Tick "PRESENT" for all new arrivals to the islands who are staying here temporarily while they look for long-term accommodation, and also for residents about to depart. If you have any trouble deciding on the "usual address" ask your enumerator for help when the form is collected.</p>
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<p>1st Person</p>		<p><input type="checkbox"/> 1. PRESENT (or out on night work) and usually lives at this address Please go straight to question A4 opposite.</p> <p><input type="checkbox"/> 2. ABSENT but usually lives at this address (eg. on holiday) → Please indicate where the person was staying on Census night</p> <p><input type="checkbox"/> 3. VISITOR, not usually living at this address → Please indicate this visitor's usual residence</p> <table border="0"> <tr> <td><input type="checkbox"/> 1. Grand Cayman</td> <td><input type="checkbox"/> 10. United Kingdom</td> </tr> <tr> <td><input type="checkbox"/> 7. Brac/Little Cayman</td> <td><input type="checkbox"/> Other country (please write below)</td> </tr> <tr> <td><input type="checkbox"/> 8. Jamaica</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 9. USA</td> <td></td> </tr> </table>	<input type="checkbox"/> 1. Grand Cayman	<input type="checkbox"/> 10. United Kingdom	<input type="checkbox"/> 7. Brac/Little Cayman	<input type="checkbox"/> Other country (please write below)	<input type="checkbox"/> 8. Jamaica		<input type="checkbox"/> 9. USA	
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<p>2nd Person</p>		<p><input type="checkbox"/> 1. PRESENT (or out on night work) and usually lives at this address Please go straight on to question A4 opposite.</p> <p><input type="checkbox"/> 2. ABSENT but usually resident → Where on Census night?</p> <p><input type="checkbox"/> 3. VISITOR, not usually resident → Visitor's usual residence</p> <table border="0"> <tr> <td><input type="checkbox"/> 1. Grand Cayman</td> <td><input type="checkbox"/> 10. United Kingdom</td> </tr> <tr> <td><input type="checkbox"/> 7. Brac/Little Cayman</td> <td><input type="checkbox"/> Other country (please write below)</td> </tr> <tr> <td><input type="checkbox"/> 8. Jamaica</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 9. USA</td> <td></td> </tr> </table>	<input type="checkbox"/> 1. Grand Cayman	<input type="checkbox"/> 10. United Kingdom	<input type="checkbox"/> 7. Brac/Little Cayman	<input type="checkbox"/> Other country (please write below)	<input type="checkbox"/> 8. Jamaica		<input type="checkbox"/> 9. USA	
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<input type="checkbox"/> 9. USA										

<p>3rd Person</p>		<p><input type="checkbox"/> 1. PRESENT (or out on night work) and usually lives at this address Please go straight on to question A4 opposite.</p> <p><input type="checkbox"/> 2. ABSENT but usually resident → Where on Census night?</p> <p><input type="checkbox"/> 3. VISITOR, not usually resident → Visitor's usual residence</p> <table border="0"> <tr> <td><input type="checkbox"/> 1. Grand Cayman</td> <td><input type="checkbox"/> 10. United Kingdom</td> </tr> <tr> <td><input type="checkbox"/> 7. Brac/Little Cayman</td> <td><input type="checkbox"/> Other country (please write below)</td> </tr> <tr> <td><input type="checkbox"/> 8. Jamaica</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 9. USA</td> <td></td> </tr> </table>	<input type="checkbox"/> 1. Grand Cayman	<input type="checkbox"/> 10. United Kingdom	<input type="checkbox"/> 7. Brac/Little Cayman	<input type="checkbox"/> Other country (please write below)	<input type="checkbox"/> 8. Jamaica		<input type="checkbox"/> 9. USA	
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<p>4th Person</p>		<p><input type="checkbox"/> 1. PRESENT (or out on night work) and usually lives at this address Please go straight on to question A4 opposite.</p> <p><input type="checkbox"/> 2. ABSENT but usually resident → Where on Census night?</p> <p><input type="checkbox"/> 3. VISITOR, not usually resident → Visitor's usual residence</p> <table border="0"> <tr> <td><input type="checkbox"/> 1. Grand Cayman</td> <td><input type="checkbox"/> 10. United Kingdom</td> </tr> <tr> <td><input type="checkbox"/> 7. Brac/Little Cayman</td> <td><input type="checkbox"/> Other country (please write below)</td> </tr> <tr> <td><input type="checkbox"/> 8. Jamaica</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 9. USA</td> <td></td> </tr> </table>	<input type="checkbox"/> 1. Grand Cayman	<input type="checkbox"/> 10. United Kingdom	<input type="checkbox"/> 7. Brac/Little Cayman	<input type="checkbox"/> Other country (please write below)	<input type="checkbox"/> 8. Jamaica		<input type="checkbox"/> 9. USA	
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<p>5th Person</p>		<p><input type="checkbox"/> 1. PRESENT (or out on night work) and usually lives at this address Please go straight on to question A4 opposite.</p> <p><input type="checkbox"/> 2. ABSENT but usually resident → Where on Census night?</p> <p><input type="checkbox"/> 3. VISITOR, not usually resident → Visitor's usual residence</p> <table border="0"> <tr> <td><input type="checkbox"/> 1. Grand Cayman</td> <td><input type="checkbox"/> 10. United Kingdom</td> </tr> <tr> <td><input type="checkbox"/> 7. Brac/Little Cayman</td> <td><input type="checkbox"/> Other country (please write below)</td> </tr> <tr> <td><input type="checkbox"/> 8. Jamaica</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 9. USA</td> <td></td> </tr> </table>	<input type="checkbox"/> 1. Grand Cayman	<input type="checkbox"/> 10. United Kingdom	<input type="checkbox"/> 7. Brac/Little Cayman	<input type="checkbox"/> Other country (please write below)	<input type="checkbox"/> 8. Jamaica		<input type="checkbox"/> 9. USA	
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<p>6th Person</p>		<p><input type="checkbox"/> 1. PRESENT (or out on night work) and usually lives at this address Please go straight on to question A4 opposite.</p> <p><input type="checkbox"/> 2. ABSENT but usually resident → Where on Census night?</p> <p><input type="checkbox"/> 3. VISITOR, not usually resident → Visitor's usual residence</p> <table border="0"> <tr> <td><input type="checkbox"/> 1. Grand Cayman</td> <td><input type="checkbox"/> 10. United Kingdom</td> </tr> <tr> <td><input type="checkbox"/> 7. Brac/Little Cayman</td> <td><input type="checkbox"/> Other country (please write below)</td> </tr> <tr> <td><input type="checkbox"/> 8. Jamaica</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 9. USA</td> <td></td> </tr> </table>	<input type="checkbox"/> 1. Grand Cayman	<input type="checkbox"/> 10. United Kingdom	<input type="checkbox"/> 7. Brac/Little Cayman	<input type="checkbox"/> Other country (please write below)	<input type="checkbox"/> 8. Jamaica		<input type="checkbox"/> 9. USA	
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**If you ticked "VISITOR" at A3, do not answer any more questions for that person
If all persons on the form are "VISITORS" then turn directly to page 11**

<p>A4: DATE OF BIRTH</p> <p>Write the person's date of birth.</p>	<p>A5: MARITAL STATUS</p> <p>Please tick the one box showing the present status.</p> <p>If living as husband and wife please tick the "Married" box.</p>	<p>A6: RELATIONSHIP IN HOUSEHOLD</p> <p>How is the person related to the "1st person"?</p> <p>If any person is living as the husband or wife of the 1st person, please tick the "Husband or wife" box.</p> <p>Examples of "other relatives" include father, daughter-in-law, cousin, grandchild, and adopted child. In the case of adopted persons it does not matter whether the adoption is formal or not.</p> <p>Examples of "unrelated persons" include visitor, boarder, paying guest, foster child, live-in helper or domestic, and room mate.</p>
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Day	Month	Year	<input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Separated <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Widowed	
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Day	Month	Year	<input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Separated <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Widowed	<input type="checkbox"/> 1. Husband or wife <input type="checkbox"/> 2. Son or daughter <input type="checkbox"/> 3. Other relative <input type="checkbox"/> 4. Unrelated } please describe below <p>-----</p>
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Day	Month	Year	<input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Separated <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Widowed	<input type="checkbox"/> 1. Husband or wife <input type="checkbox"/> 2. Son or daughter <input type="checkbox"/> 3. Other relative <input type="checkbox"/> 4. Unrelated } please describe below <p>-----</p>
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CONFIDENTIAL

<p>A10: CAYMANIAN?</p> <p>Is the person Caymanian?</p>	<p>A11: COUNTRY OF PREVIOUS RESIDENCE</p> <p>What country did the person live in before moving to the Cayman Islands?</p> <p align="center"><small>Studies abroad should not be counted as a previous residence.</small></p>	<p>A12: YEAR OF ARRIVAL</p> <p>What year did the person last arrive to live in the Cayman Islands?</p>
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<input type="checkbox"/> 1 YES; because person has one or more Caymanian parent <input type="checkbox"/> 2 YES; by some other means (eg. by marriage or because status granted) <input type="checkbox"/> 3 NO	<input type="checkbox"/> 0 No previous country <input type="checkbox"/> 1 Jamaica <input type="checkbox"/> 2 USA <input type="checkbox"/> 10 United Kingdom <input type="checkbox"/> Other; (please write below) -----	<input type="checkbox"/> 0 Always lived in the Cayman Islands Year of arrival -----
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CONFIDENTIAL

**PERSONS AGED 15 AND OVER ONLY:
born on or before 15th October 1974**

A13: CURRENT EDUCATION	A14: RELATED OCCUPATION	A15: EDUCATION; HIGHEST QUALIFICATION
<p>Is the person attending day-care, pre-school, school, college, or university, or following a correspondence course leading to a formal qualification?</p> <p>Do not count studies of less than three months total duration.</p> <p>If the person is temporarily absent from their studies (e.g. on holiday, sick) please tick the appropriate 'YES' box.</p>	<p>What occupation is this course intended for, if any?</p>	<p>What is the highest qualification held by the person?</p> <p>Please tick the first applicable box.</p> <p>Box 1 includes Diplomas in Educational Studies and Banking</p> <p>Box 2 includes nursing certificates (not degree), mariner qualifications, HND, OMC, Banking Certificate, Hotel diploma, Accounting technician, and similar one year certificates from the Community College or ICCI.</p> <p>Box 3 includes 3rd level Jamaica Local Examinations and Cambridge Senior Examinations.</p>
<p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES; full-time</p> <p><input type="checkbox"/> 3 YES; part-time (including correspondence courses)</p>	<p><input type="checkbox"/> 0 Not applicable, no current education</p> <p><input type="checkbox"/> 1 NO specific occupation</p> <p><input type="checkbox"/> YES the following occupation; (please write below)</p> <p>-----</p>	<p><input type="checkbox"/> 1 University or college bachelor's degree or equivalent, or a higher degree.</p> <p><input type="checkbox"/> 2 'A' levels, college certificate, two year associate degree, or other equivalent post-secondary qualification.</p> <p><input type="checkbox"/> 3 'O' levels, GCSEs, CSEs, High School diploma, or other equivalent qualification.</p> <p><input type="checkbox"/> 4 None of the above.</p>
<p><input type="checkbox"/> 1 NO</p> <p><input type="checkbox"/> 2 YES; full-time</p> <p><input type="checkbox"/> 3 YES; part-time (including correspondence courses)</p>	<p><input type="checkbox"/> 0 Not applicable, no current education</p> <p><input type="checkbox"/> 1 NO specific occupation</p> <p><input type="checkbox"/> YES the following occupation (please write below)</p> <p>-----</p>	<p><input type="checkbox"/> 1 University or college bachelor's degree or equivalent, or a higher degree.</p> <p><input type="checkbox"/> 2 'A' levels, college certificate, two year associate degree, or other equivalent post-secondary qualification.</p> <p><input type="checkbox"/> 3 'O' levels, GCSEs, CSEs, High School diploma, or other equivalent qualification.</p> <p><input type="checkbox"/> 4 None of the above.</p>
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PERSONS AGED 15 AND OVER ONLY

<p>A14: MAIN EMPLOYMENT ACTIVITY LAST WEEK</p> <p>Did the person have a job at any time during the last week?</p> <p>Please tick the one box which best describes the person's <u>main</u> employment activity (that is the job they usually spend most time on).</p> <p>Any work of <u>one hour or more</u> last week means that the answer is "YES".</p> <p>Please tick "YES" for persons temporarily absent from work, for example, persons on holiday, on maternity leave, temporarily sick, or attending a course while receiving pay.</p> <p>Also tick "YES" for persons waiting to start a job already accepted.</p>	<p>A17: OTHER WORK</p> <p>Did the person have more than one paid job last week?</p>
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<input type="checkbox"/> 1 YES; self-employed not employing others <input type="checkbox"/> 2 YES; self-employed employing others <input type="checkbox"/> 3 YES; employed in a full-time or part-time job <input type="checkbox"/> 4 YES; unpaid work in a family business <input type="checkbox"/> 5 Seeking and available for work	<input type="checkbox"/> 6 Permanently sick or disabled <input type="checkbox"/> 7 At school or a student, without a part-time job <input type="checkbox"/> 8 Wholly retired from paid work <input type="checkbox"/> 9 Engaged only in household duties in own home <input type="checkbox"/> 10 Other; (please describe below)	<input type="checkbox"/> 1 YES; more than one job <input type="checkbox"/> 2 NO second job
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PERSONS AGED 15 AND OVER ONLY

Please state the person's main employer, and describe clearly what the employer makes or does.

For persons not currently in work, please give details of their LAST FULL-TIME employer.

If self-employed, write "SELF" at 'A' and describe the business at 'B'.

For persons employed as DOMESTIC helpers in private homes, write "PRIVATE HOME" at 'A'.

A19: OCCUPATION

Please state the person's main job last week (that is the job they usually spend the most time on), and also describe the actual work done.

For persons not currently employed, give details of their LAST FULL-TIME job.

For persons in the CIVIL SERVICE write the title, grade or rank at 'A'.

A20: DISTRICT OF MAIN WORKPLACE

For persons employed on a site for a long period, tick the district of the site.

For persons not working regularly at one place who report daily to a depot (or other fixed address), tick the district of the depot.

West Bay begins at the Governor's House.

Bodden Town includes Savannah and Breakers.

A. Company, or employer's name

B. Type of business
(for civil servants, write the department).

o Never had a job

A. Main job (full job title):

B. Type of work done:

o Never had a job

o Not currently employed

2 George Town 6 North Side

3 West Bay 7 Brac/Little Cayman

4 Bodden Town District unknown
(please write below)

5 East End

A. Company, or employer's name

B. Type of business
(for civil servants, write the dept.).

o Never had a job

A. Main job (full job title):

B. Type of work done:

o Never had a job

o Not currently employed

2 George Town 6 North Side

3 West Bay 7 Brac/Little Cayman

4 Bodden Town District unknown
(please write below)

5 East End

A. Company, or employer's name

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(for civil servants, write the dept.).

o Never had a job

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o Never had a job

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2 George Town 6 North Side

3 West Bay 7 Brac/Little Cayman

4 Bodden Town District unknown
(please write below)

5 East End

A. Company, or employer's name

B. Type of business
(for civil servants, write the dept.).

o Never had a job

A. Main job (full job title):

B. Type of work done:

o Never had a job

o Not currently employed

2 George Town 6 North Side

3 West Bay 7 Brac/Little Cayman

4 Bodden Town District unknown
(please write below)

5 East End

A. Company, or employer's name

B. Type of business
(for civil servants, write the dept.).

o Never had a job

A. Main job (full job title):

B. Type of work done:

o Never had a job

o Not currently employed

2 George Town 6 North Side

3 West Bay 7 Brac/Little Cayman

4 Bodden Town District unknown
(please write below)

5 East End

A. Company, or employer's name

B. Type of business
(for civil servants, write the dept.).

o Never had a job

A. Main job (full job title):

B. Type of work done:

o Never had a job

o Not currently employed

2 George Town 6 North Side

3 West Bay 7 Brac/Little Cayman

4 Bodden Town District unknown
(please write below)

5 East End

CONFIDENTIAL

PERSONS AGED 15 AND OVER ONLY

<p>A21: TRAINING</p> <p>Has the person ever <u>completed</u> formal training, of at least ONE MONTH duration, for any job? (that is, have they ever gained a qualification or certificate for it?)</p> <p>Tick as many boxes as necessary.</p>	<p>A22: WEEKLY HOURS WORKED</p> <p>Please write the TOTAL number of hours usually worked each week in the <u>main</u> job.</p> <p style="text-align: center;">↓</p> <p>You should include:</p> <ul style="list-style-type: none"> - the basic working hours - regular overtimes - any hours worked regularly at home in connection with the job. - meal breaks. 	<p>A23: DAILY JOURNEY TO WORK</p> <p>What transport does the person mostly use to get to the <u>main</u> workplace?</p> <p style="text-align: right;">↓</p> <p>Please tick ONE box</p>
--	---	--

<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES; for the main job (as in A19) <input type="checkbox"/> YES; for some other job (write the occupation) -----	----- hours weekly <input type="checkbox"/> 0 Not currently employed	<input type="checkbox"/> 0 Not currently employed <input type="checkbox"/> 4 Bicycle <input type="checkbox"/> 1 Fare-paying by taxi, bus or minibus <input type="checkbox"/> 5 On foot <input type="checkbox"/> 2 Car, van, pick up truck or any other vehicle with four or more wheels <input type="checkbox"/> 6 Works mainly at home <input type="checkbox"/> 3 Motorcycle or moped <input type="checkbox"/> 7 Other; (give details) -----
---	---	---

<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES; for the main job (as in A19) <input type="checkbox"/> YES; for some other job (write the occupation) -----	----- hours weekly <input type="checkbox"/> 0 Not currently employed	<input type="checkbox"/> 0 Not currently employed <input type="checkbox"/> 4 Bicycle <input type="checkbox"/> 1 Fare-paying by taxi, bus or minibus <input type="checkbox"/> 5 On foot <input type="checkbox"/> 2 Car, van, pick up truck or any other vehicle with four or more wheels <input type="checkbox"/> 6 Works mainly at home <input type="checkbox"/> 3 Motorcycle or moped <input type="checkbox"/> 7 Other; (give details) -----
---	---	---

<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES; for the main job (as in A19) <input type="checkbox"/> YES; for some other job (write the occupation) -----	----- hours weekly <input type="checkbox"/> 0 Not currently employed	<input type="checkbox"/> 0 Not currently employed <input type="checkbox"/> 4 Bicycle <input type="checkbox"/> 1 Fare-paying by taxi, bus or minibus <input type="checkbox"/> 5 On foot <input type="checkbox"/> 2 Car, van, pick up truck or any other vehicle with four or more wheels <input type="checkbox"/> 6 Works mainly at home <input type="checkbox"/> 3 Motorcycle or moped <input type="checkbox"/> 7 Other; (give details) -----
---	---	---

<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES; for the main job (as in A19) <input type="checkbox"/> YES; for some other job (write the occupation) -----	----- hours weekly <input type="checkbox"/> 0 Not currently employed	<input type="checkbox"/> 0 Not currently employed <input type="checkbox"/> 4 Bicycle <input type="checkbox"/> 1 Fare-paying by taxi, bus or minibus <input type="checkbox"/> 5 On foot <input type="checkbox"/> 2 Car, van, pick up truck or any other vehicle with four or more wheels <input type="checkbox"/> 6 Works mainly at home <input type="checkbox"/> 3 Motorcycle or moped <input type="checkbox"/> 7 Other; (give details) -----
---	---	---

<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES; for the main job (as in A19) <input type="checkbox"/> YES; for some other job (write the occupation) -----	----- hours weekly <input type="checkbox"/> 0 Not currently employed	<input type="checkbox"/> 0 Not currently employed <input type="checkbox"/> 4 Bicycle <input type="checkbox"/> 1 Fare-paying by taxi, bus or minibus <input type="checkbox"/> 5 On foot <input type="checkbox"/> 2 Car, van, pick up truck or any other vehicle with four or more wheels <input type="checkbox"/> 6 Works mainly at home <input type="checkbox"/> 3 Motorcycle or moped <input type="checkbox"/> 7 Other; (give details) -----
---	---	---

<input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES; for the main job (as in A19) <input type="checkbox"/> YES; for some other job (write the occupation) -----	----- hours weekly <input type="checkbox"/> 0 Not currently employed	<input type="checkbox"/> 0 Not currently employed <input type="checkbox"/> 4 Bicycle <input type="checkbox"/> 1 Fare-paying by taxi, bus or minibus <input type="checkbox"/> 5 On foot <input type="checkbox"/> 2 Car, van, pick up truck or any other vehicle with four or more wheels <input type="checkbox"/> 6 Works mainly at home <input type="checkbox"/> 3 Motorcycle or moped <input type="checkbox"/> 7 Other; (give details) -----
---	---	---

CONFIDENTIAL

PERSONS AGED 15 AND OVER ONLY

FEMALES AGED 15 AND OVER ONLY

A24: WEEKLY INCOME FROM THE MAIN JOB

Please tick the box which shows how much the person **USUALLY** earns each week from the **MAIN** job.

Please include any **REGULAR** overtime payments but **don't** count any employee benefits (e.g. rent allowances, reimbursements of medical expenses).

For persons who are self-employed, please tick the box closest to the weekly average income over the past year, net of business expenses.

A25: TOTAL BIRTHS

How many live births has this person ever had?

A "live" birth includes even those births where the child lives for only a short time; but it does not include stillbirths.

Twins count as two live births.

A26: RECENT BIRTHS

How many live births has this person had in the **last twelve months** (that is, on or after 16th October, 1988)?

- 0 Not currently employed.
- 1 Less than CI \$150 per week
- 2 CI \$150 - 200 per week
- 3 CI \$201 - 300 per week
- 4 CI \$301 - 400 per week
- 5 CI \$401 - 500 per week
- 6 CI \$501 - 900 per week
- 7 More than CI \$900 per week

- 0 None
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven
- 8 Eight or more

- 0 None
- 1 One
- 2 Two

- 0 Not currently employed.
- 1 Less than CI \$150 per week
- 2 CI \$150 - 200 per week
- 3 CI \$201 - 300 per week
- 4 CI \$301 - 400 per week
- 5 CI \$401 - 500 per week
- 6 CI \$501 - 900 per week
- 7 More than CI \$900 per week

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- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven
- 8 Eight or more

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- 1 One
- 2 Two

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- 2 CI \$150 - 200 per week
- 3 CI \$201 - 300 per week
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- 5 CI \$401 - 500 per week
- 6 CI \$501 - 900 per week
- 7 More than CI \$900 per week

- 0 None
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven
- 8 Eight or more

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- 2 Two

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- 3 Three
- 4 Four
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- 6 Six
- 7 Seven
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- 2 Two

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- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven
- 8 Eight or more

- 0 None
- 1 One
- 2 Two

TO BE COMPLETED BY ALL HOUSEHOLDS

<p>B1: YEAR OF CONSTRUCTION When was this house or dwelling, occupied by your household, built?</p> <p>Please estimate if necessary and tick one box</p> <p><input type="checkbox"/> 1 Before 1945 <input type="checkbox"/> 2 Between 1945 and 1969 <input type="checkbox"/> 3 Between 1970 and 1979 <input type="checkbox"/> 4 1980 or later</p>	<p>B2: OUTER WALLS What is the main material of the outer walls of the dwelling?</p> <p><input type="checkbox"/> 1 Concrete, blocks, bricks or plaster/stucco, including timber clad <input type="checkbox"/> 2 Wood/timber <input type="checkbox"/> 3 Other; (please describe below)</p> <p>-----</p>	<p>B3: ROOF What is the main material of the roof of the dwelling (or of the building in which the dwelling is situated)?</p> <p><input type="checkbox"/> 1 Shingle, asphalt, or tile <input type="checkbox"/> 2 Sheet metal/zinc <input type="checkbox"/> 3 Other; (please describe below)</p> <p>-----</p>
<p>B4: TYPE OF DWELLING What type of accommodation is occupied by your household?</p> <p><input type="checkbox"/> 1 Detached house <input type="checkbox"/> 2 Duplex <input type="checkbox"/> 3 Condominium or apartment <input type="checkbox"/> 4 Townhouse <input type="checkbox"/> 5 Other; (please describe below)</p> <p>-----</p>	<p>B5: WATER How does your household get its water supply (for cooking, washing, bathing etc.)?</p> <p><input type="checkbox"/> 1 Mains ("City water" or "desalinated") <input type="checkbox"/> 2 Cistern (rain or trucked) <input type="checkbox"/> 3 Well <input type="checkbox"/> 4 Other; (please describe below)</p> <p>-----</p>	<p>B6: SEWERAGE What type of sewerage system does your dwelling have?</p> <p><input type="checkbox"/> 1 Mains (West Bay Rd. Sewerage Scheme) <input type="checkbox"/> 2 Septic tank or cesspool <input type="checkbox"/> 3 Other; (please describe below) <input type="checkbox"/> 4 None</p> <p>-----</p>
<p>B7: TENURE How do you and your household occupy your accommodation?</p> <p><input type="checkbox"/> 1 Owned outright <input type="checkbox"/> 2 Owned with mortgage <input type="checkbox"/> 3 Rented from the Government <input type="checkbox"/> 4 Rented from a private landlord, company or other organisation <input type="checkbox"/> 5 Provided rent-free by employer or relative or other person <input type="checkbox"/> 6 In some other way (please give details below)</p> <p>-----</p>	<p>B8: ROOMS How many rooms are there in your household's accommodation?</p> <p>DO NOT COUNT: - Bathrooms and toilets - Rooms 8ft WIDE OR LESS - Garages or car ports - Enclosed porches, verandahs or passageways - Rooms used ONLY for business purposes</p> <p>DO COUNT: - Living, dining rooms, and bedrooms - Any other rooms OVER 8ft WIDE, including kitchens and utility rooms</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 or more</p>	<p>B9: BEDROOMS How many rooms are used mainly for sleeping?</p> <p>DO NOT COUNT rooms used mainly for other activities (e.g. a living room). DO COUNT spare bedrooms.</p> <p><input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more</p>
<p>B10: KITCHEN Has your household the use of a kitchen or kitchenette with sink permanently connected to a water supply and a waste pipe?</p> <p><input type="checkbox"/> 1 YES; for use only by this household <input type="checkbox"/> 2 YES; shared with another household <input type="checkbox"/> 3 NO kitchen with sink permanently connected</p>	<p>B11: BATHROOMS Has your household the use of a room with fixed bath or shower permanently connected to a water supply and a waste pipe?</p> <p><input type="checkbox"/> 1 YES; for use only by this household <input type="checkbox"/> 2 YES; shared with another household <input type="checkbox"/> 3 NO fixed bath or shower permanently connected</p>	<p>B12: NUMBER OF BATHROOMS How many rooms with fixed bath or shower do you have?</p> <p><input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more</p>
<p>B13: TOILETS Has your household the use of a flush toilet?</p> <p><input type="checkbox"/> 1 YES; for use only by this household <input type="checkbox"/> 2 YES; shared with another household <input type="checkbox"/> 3 NO flush toilet</p>	<p>B14: AIR-CONDITIONING Does this dwelling have air conditioning?</p> <p><input type="checkbox"/> 1 NO air-conditioning <input type="checkbox"/> 2 YES; separate room units <input type="checkbox"/> 3 YES; central air-conditioning</p>	<p>B15: VEHICLES How many motor vehicles of 4 wheels or more are regularly available for use by you or members of your household?</p> <p>You may include vehicles, including trucks, provided by employers, as long as they are normally available for use and are NOT used only for carrying goods.</p> <p><input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more</p>

HOUSEHOLDER

Please complete the panels below before signing the declaration

PANEL A:

Was there anyone else (such as a visitor) here on the night of Sunday 15th October who is not included because there was no room on this form?

- NO
- YES; please ask your Enumerator for another form

Have you left anyone out because you were not sure whether they should be included on this form? If so, please give their names and the reason why you were not sure about including them.

Name: _____

Reason: _____

Name: _____

Reason: _____

PANEL B:

Before you sign this form, please check:

- that you have completed the housing section inside this back page - this must be completed by all households, even those visiting for a short holiday.
- that all questions which should have been answered have been answered for every member of the household.
- that you have included everyone who spent the night of Sunday 15th October in the household, and everyone who usually lives here but was away from home on that night.
- that no visitors, lodgers or new born children (even if still in hospital) have been missed.

DECLARATION

This form is correctly completed to the best of my knowledge and belief

Signed _____ Date _____

Telephone Number: Home _____ Work _____



"We're counting on you!"

Statistics Office, Government Administration Building
97900 Extension 2216, 2230