

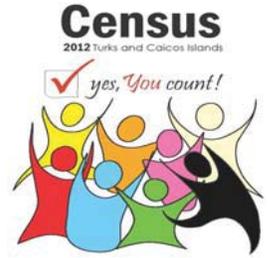
2516



TURKS AND CAICOS ISLANDS

2012 POPULATION AND HOUSING CENSUS

CENSUS DAY - JANUARY 25TH, 2012



- 1) USE ONLY 2B PENCILS.
- 2) Place an X in the applicable bubble for questions with a list of answers.
- 3) Erase completely any answer you wish to change.
- 4) Please print numbers within boxes and avoid contact with the edges of the boxes.
- 5) Only one number per box and always right justify. No need for leading zeros.
- 5) If the answer is other, X the corresponding bubble and write briefly the answer in the space provided.
- 6) Write clearly a detailed description answers e.g. industry or occupation.

IDENTIFICATION NUMBER

J. IN SAMPLE

Yes (administer HBS) No

A. ENUMERATION NUMBER B. DWELLING NUMBER

C. Address of Household _____

D. Community _____

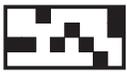
E. Island

F. Enumerator Name: _____

G Visits

Date (DD/MM/YYYY)	Time started	Time Ended	Duration (minutes)	H. Results code

- I. Final Results code
1. Fully complete 2. Partially complete 3. Refusal 4. No contact
5. Vacant 6. Under Construction 7. Temp 2nd home 8. Short-term rental



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	First Name	Last Name	Signature	K Date
L. Enumerator				
M. Supervisor				
N. Coder				

O. Codes

INTERVIEWER SAY: 1. Please give me the names of all the persons who usually live in this dwelling/household starting with the head and then spouse, older family, unrelated people and lastly children under 15 years of age.

REMEMBER to probe for infants, elderly, new born babies and persons who died but were members of the household on January 25th , 2012.

Person No.	Last Name	First Name	Male(M)/Female(F)	Check Q Complete	Person No.	Last Name	First Name	Male(M)/Female(F)	Check Q Complete
1					11				
2					12				
3					13				
4					14				
5					15				
6					16				
7					17				
8					18				
9					19				
10					20				

P. Total number of persons by age and sex

	LESS THAN 1	1-3	4-6	7-9	10-14	15-18	19-29	30-60	61+
MALE									
FEMALE									

Q. Do you read and write English? Yes NoR. What is the language you speak at home? English Creole Spanish Other

SECTION 1 - INTERNATIONAL MIGRATION

H1. Since September 2001 has anyone from this household moved to live abroad and are still living abroad?

- 1.Yes 2.No (Go to section 2)

H2. How many persons?

Two empty boxes for number of persons.

(For anyone who did move, answer the following questions. There is space for up to 3 persons)

2.1.(a) What year did they move?

Four empty boxes for year.

2.1.(b) What was their highest level of education when they moved?

- 1.None 2.Primary 3.Secondary 4.Tertiary 5.Other

2.1.(c) Are they male or female

- 1.Male 2.Female

2.1.(d) How old were they when they moved? (00 for less than 1 year max 98)

Two empty boxes for age.

2.1.(e) Describe in detail their occupation?

Four empty boxes for occupation.

2.1.(f) Which country did they go to?

- 1.USA 2.Canada 3.UK 4.Other country

Three empty boxes for country.

2.1.(g) What was their main reason for moving?

- 1.Economic 2.Studies 3.Medical 4.Family 5.Other

2nd Person

2.2.(a) What year did they move?

Four empty boxes for year.

2.2.(b) What was their highest level of education when they moved?

- 1.None 2.Primary 3.Secondary 4.Tertiary 5.Other

2.2.(c) Are they male or female

- 1.Male 2.Female

2.2.(d) How old were they when they moved? (0 for less than 1 year max 98)

Two empty boxes for age.

2.2.(e) Describe in detail their occupation?

Four empty boxes for occupation.

2.2.(f) Which country did they go to?

- 1.USA 2.Canada 3.UK 4.Other

Three empty boxes for country.

2.2.(g) What was their main reason for moving?

- 1.Economic 2.Studies 3.Medical 4.Family 5.Other

3rd Person

2.3.(a) What year did they move?

Four empty boxes for year.

2.3.(b) What was their highest level of education when they moved?

- 1.None 2.Primary 3.Secondary 4.Tertiary 5.Other

2.3.(c) Are they male or female

- 1.Male 2.Female

2.3.(d) How old were they when they moved?

(0 for less than 1 year max 98)

Two empty boxes for age.

2.3.(e) Describe in detail their occupation?

Four empty boxes for occupation.

2.3.(f) Which country did they go to?

- 1.USA 2.Canada 3.UK 4.Other country

Three empty boxes for country.

2.3.(g) What was their main reason for moving?

- 1.Economic 2.Studies 3.Medical 4.Family 5.Other



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SECTION 2 HOUSING

A dwelling is a separate set of living quarters with a private entrance from the outside or from a common hallway or stairway inside the building. The entrance should not be through someone else's living quarters.

H3. What type of dwelling does this household occupy?

- 1. Separate House/ Detached
- 2. Part of a Private House/ Attached
- 3. Flat, Apartment, Condominium
- 4. Town/Row house
- 5. Double-House/ Duplex
- 6. Dwelling attached to a business
- 7. Outroom
- 8. Group Dwelling
- 9. Other

H4. Is this dwelling insured?

- 1. Yes 2. No 3. Don't know

H5. Are the contents insured?

- 1. Yes 2. Partially 3. No 4. Don't know

H6. Do you own or rent this dwelling?

(If NOT Rent/Lease go to H8)

- 1. Own with mortgage
- 2. Own without mortgage
- 3. Rent/Lease
- 4. Squatted
- 5. Other

H7. How much is your monthly rent?

(Present flash card)

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

H8. When was your dwelling originally built?

- 1. Prior to 1980 6. 2008
- 2. 1980-89 7. 2009
- 3. 1990-99 8. 2010
- 4. 2000-06 9. 2011
- 5. 2007 10. unknown

H9. Is your dwelling in need of repairs?

- 1. No, only regular maintenance
- 2. Yes, minor repairs (missing bricks, tiles, shingles, siding, railing)
- 3. Yes, Major repairs (structural, faulty plumbing or wiring)

H10. How many rooms does this dwelling have?

(A room is enclosed by walls of at least 2m (6.5ft) high and at least 4 square meters (43 square feet) in area. Do not count bathrooms and porches).

--	--

H11. How many bedrooms does this dwelling have?

(Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters. Count all bedrooms including spares not occupied).

--	--

H12. What is your land tenure arrangement?

(If owned, squatted or unknown go to H14)

- 1. Owned/Freehold/Leased 3. Squatted
- 2. Rented 4. Unknown

H13. If rented what is your annual land rent

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

H14. What are your outer walls made from?

- 1. Wood 6. Blocks & Concrete
- 2. Slab concrete 7. Wood & Galvanized Metal
- 3. Wood & Concrete 8. Stone
- 4. Stucco & Foam 9. Other _____
- 5. Brick

H15. What is the MAIN roof material?

- 1. Sheet Metal 5. Other Shingle
- 2. Wood Shingle 6. Concrete-Decking
- 3. Clay Tiles 7. Other _____
- 4. Asphalt Shingle

H16. What is the MAIN floor material?

- 1. Concrete 4. Earth/Sand
- 2. Plywood 5. Other _____
- 3. Wood

H17. What is your MAIN source of lighting?

- 1. Electricity Public 6. Candles
- 2. Generator 7. Solar
- 3. Kerosene 8. None
- 4. Gas 9. Other _____
- 5. Battery Lamp



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SECTION 2 - HOUSING (CONT'D)

H27. What type of internet connection does your household have if any?

- 1.DSL/ADSL (Digital Subscriber line)
2.Cellular Wireless or Mobile Broadband
3.Cable Internet Connection
4.No Internet Connection at Dwelling

H28.(a) Has any household member died in the last 12 months?

- 1.Yes 2.No (Go to H29)

H28.(b)What was their age and sex?

(00 for less than 1 year, max 98)

Person 1 Age 1.Male 2.Female

Age input box

Person 2 Age 1.Male 2.Female

Age input box

Person 3 Age 1.Male 2.Female

Age input box

Section 2.1 - CRIME

H29. Were any household members a victim of crime last year?

- 1.Yes 2.No (Go to H34) 3.Unknown

H30. What kind of crime(s) was it?

(Mark all that apply)

- 1.Murder 2.Kidnapping 3.Sexual assault 4.Burglary 5.Assault 6.Robbery/theft 7.Other

H31. Was the crime reported?

- 1.Yes 2.No (Go to H33) 3.Unknown

H32. What was the result? (Go to H34)

- 1.Pending 2.Dismissed 3.Convicted 4.Unknown 5.Other

H33. What was the main reason for not reporting the crime?

- 1.No confidence in justice administration 2.Afraid of perpetrator 3.Not serious enough 4.Other

Section 2.2 - ENVIRONMENT, AGRICULTURE & FISHING

H34. What environmental issues have affected your community over the past 5 years?

(Multiple responses are accepted)

- 1.Waste 2.Drainage 3.Air pollution 4.Soil erosion 5.Squatting 6.Mangrove destruction 7.Water contamination 8.Noise 9.Phone tower 10.Flooding 11.Feral Animal 12.None 13.Other

H35.(a) Is any member of your household involved in any fishing or agricultural activities?

- 1.Yes 2.No (Go to Section 3)

H35.(b) What is the main reason for involvement?

- 1.For sale 2.Home consumption 3.Other

H36. What is the main activity that they are involved in?

- 1.Fruit Farming 2.Vegetable Farming 3.Root crops 4.Livestock 5.Poultry 6.Fish Farming 7.Sea Fishing 8.Herbs 9.Horticulture 10.Fish Processing

(Go to Section 3 if involved in fishing or processing)

H37. What is the land tenure for the area used for farming?

- 1.Own 2.Rent/lease 3.Squatted 4.Other

H38. What is the total acreage under cultivation if used for farming?

(If less than an acre give square feet or metres)

Acres

Acres input box

Square feet

Square feet input box

(There are 10,840 square feet in quarter acre)

Square metres

Square metres input box

(There are 1,012 square metres in quarter acre)

56628

Island Code

ED

Dwelling Number person number

SECTION 3 - PERSONAL CHARACTERISTICS

All Persons

P1.(a) Do you have a working cell phone?

- 1. Yes
- 2. No (Go to P2.)

P1.(b) What is the number in case I need to get back to you? _____

P1.(c) How much did you spend on your cell phone last month?

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P2. What is your relationship to the head of household?

- 1. Self/Head
- 2. Spouse of Head
- 3. Partner of Head
- 4. Child of Head and Spouse/Partner
- 5. Child of Head only
- 6. Child of Spouse/Partner of only
- 7. Spouse/Partner of child of Head/Spouse
- 8. Grandchild of Head/Spouse/Partner
- 9. Parent of Head/Spouse/Partner
- 10. Other Relative of Head/Spouse/Partner
- 11. Domestic Employee
- 12. Other non-relative

P3. What is your sex?

- 1. Male
- 2. Female

P4.(a) What is your date of birth?

		/			/				
D	D		M	M		Y	Y	Y	Y

P4.(b) How old are you?

(If less than 12 months put 00)

--	--

P5. To which ethnic, racial or national group do you belong?

- 1. Black/Negro/African
- 2. East Indian
- 3. Philipino
- 4. Mixed
- 5. Hispanic
- 6. White/caucasian
- 7. Other _____

P6. What is your religious affiliation?

- | | |
|---|--|
| <input type="checkbox"/> 1. Anglican | <input type="checkbox"/> 10. Other Pentecostal |
| <input type="checkbox"/> 2. Apostolic | <input type="checkbox"/> 11. Presbyterian |
| <input type="checkbox"/> 3. Baptist | <input type="checkbox"/> 12. Roman Catholic |
| <input type="checkbox"/> 4. Evangelical | <input type="checkbox"/> 13. Other Christian |
| <input type="checkbox"/> 5. Jehovah Witness | <input type="checkbox"/> 14. Rastafarian |
| <input type="checkbox"/> 6. Methodist | <input type="checkbox"/> 15. Muslim |
| <input type="checkbox"/> 7. Seventh Day Adventist | <input type="checkbox"/> 16. None |
| <input type="checkbox"/> 8. Church of God of Prophecy | <input type="checkbox"/> 17. Other |
| <input type="checkbox"/> 9. New Testament Church of God | |

P7. What is your country/countries of citizenship?

- | | |
|--|--|
| <input type="checkbox"/> 1. BOTC of TCI | <input type="checkbox"/> 9. Bahamas |
| <input type="checkbox"/> 2. BOTC other e.g. Cayman | <input type="checkbox"/> 10. Dominica |
| <input type="checkbox"/> 3. Dominican Republic | <input type="checkbox"/> 11. St. Vincent |
| <input type="checkbox"/> 4. Haiti | <input type="checkbox"/> 12. Other Caribbean |
| <input type="checkbox"/> 5. Jamaica | <input type="checkbox"/> 13. UK |
| <input type="checkbox"/> 6. Barbados | <input type="checkbox"/> 14. USA |
| <input type="checkbox"/> 7. Guyana | <input type="checkbox"/> 15. Canada |
| <input type="checkbox"/> 8. Trinidad & Tobago | |
| <input type="checkbox"/> 16. Philipines | |
| <input type="checkbox"/> 17. Other _____ | |

P8. What is your work or resident status in the Turks and Caicos?

(PRC Permanent Resident Certificate)

- 1. Belonger
- 2. Spouse of believer but not a believer
- 3. PRC with work permission
- 4. PRC no work permission
- 5. PRC's spouse or dependent child
- 6. Government contract or diplomat
- 7. Work permit (limited time)
- 8. Resident permit (limited time)
- 9. Spouse or dependent of permit holder
- 10. Visitor
- 11. No status

(If response is 1, Go to P9.(a), Otherwise go to P10)

SECTION 3 - PERSONAL CHARACTERISTICS (CONT'D)

[Empty box]

All Persons

P9.(a) How did you acquire your belonger status?

- 1.Born in TCI to Belonger
2.Born in the TCI to a Non-Belonger
3.Born overseas to a Belonger
4.Adopted by a belonger
5.Spouse of a belonger
6.Dependent child of a belonger
7.Granted Belonger status on other grounds (outstanding economic or social contribution to the Islands)

P9.(b) In which year did you acquire your belonger status? (Put year of birth if born in the TCI to a belonger)

[Year input box]

P10. In which Island/Country were you born?

- 1.Grand Turk 6.Salt Cay
2.Providenciales 7.Bahamas
3.North Caicos 8.Dominican Republic
4.South Caicos 9.Haiti
5.Middle Caicos 10.UK
11.USA
12.Canada
13.Other Country (If response is 1 to 6 Go to P12)

[Year input box]

P11. What is the main reason for your present residence in the TCI?

[Reason input box]

P12. Where do you usually live?

- 1.At this address
2.Elsewhere on this Island
3.On another Island
4.Abroad (Go to P16)

P13. On which Island did you last live?

- 1.Never moved(Go to P15) 5.South Caicos
2.Providenciales 6.Middle Caicos
3.Grand Turk 7.Salt Cay
4.North Caicos

P14. What year did you move to this island?

[Year input box]

P15. Have you ever lived in another country?

- 1.Yes 2.No (Go to P19)

P16. In which country did you LAST live?

- 1.Bahamas 8.Guyana
2.Bermuda 9.Jamaica
3.BOTC not TCI 10.Philippines
4.Canada 11.St. Vincent
5.Dominica 12.UK
6.Dominican Republic 13.USA
7.Haiti 14.Other

P17 When did you return to live in the TCI?

[Year input box]

P18. What is the main reason that you returned to live in the Turks and Caicos?

- 1.Regard TCI as home
2.Family is here
3.No choice
4.Start a business or job
5.Retire
6.Other

P19. Did you live at this address in 2001?

- 1.Yes (Go to Section 4) 2.No

P20.In which Island or Foreign Country did you live in 2001?

- 1.Grand Turk 8.Dominican Republic
2.Providenciales 9.Haiti
3.North Caicos 10.UK
4.South Caicos 11.USA
5.Middle Caicos 12.Canada
6.Salt Cay 13.Other country
7.Bahamas

SECTION 4 - HEALTH & DISABILITY

All Persons

P21. Were you confined to bed during the past 30 days due to an illness or injury? (For example, cold, diarrhea, fever, headache, stomach ache, dizziness, severe pains or other illness/injury due to accident or violence?)

1. Yes 2. No (Go to P29)

P22. What was the reason for you being confined?

1. Cold 8. Cancer
 2. Diarrhea 9. Diabetes
 3. Fever 10. High Blood Pressure
 4. Headache 11. Pregnant
 5. Stomach Ache 12. Menstrual period
 6. Dizziness 13. Accident
 7. Severe pain 14. Other _____
(Mark one only, the most severe)

P23. For how many days were you unable to carry out USUAL activities?

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P24. Did you visit a hospital, doctor, nurse, pharmacist, healer, spiritual healer, midwife or other health practitioner during the past (30) days due to illness/injury?

1. Yes (Go to P26) 2. No

P25. What was the reason?

1. No need
 2. Too expensive
 3. Too far
 4. Untreatable
 5. Other

P26. Where was your first visit made?

1. Public Hospital TCI
 2. Private Hospital TCI
 3. District Health Centre
 4. Private Doctor/Dentist TCI
 5. Traditional Healer/Pharmacist
 6. Abroad

P27. Did you spend any nights in a hospital or clinic over the past 30 days?

1. Yes 2. No (Go to P29)

P28. Where did you stay

1. Cockburn Town Medical Center
 2. Cheshire Hall Medical Center
 3. Out of Island Hospital - USA
 4. Out of Island Hospital - Bahamas
 5. Out of Island Hospital - Haiti
 6. Out of Island Hospital - Dominican Republic
 7. Out of Island Hospital - Jamaica
 8. Out of Island Hospital - UK
 9. Out of Island Hospital - Canada
 10. Other

P29. Do you have any disability/major impairment?

1. Yes 2. No (Go to P35)

P30. Which disability/major impairment applies to you?
(Check as many as apply)

1. Double Amputation
 2. Lower-Limb Amputation or deformity
 3. Upper-Limb Amputation or deformity
 4. Severe Arthritis
 5. Significant Hearing Impairment
 6. Significant Vision Impairment
 7. Significant Speech Impairment
 8. Mentally Challenged
 9. Other _____

P31. What type of aid are you required to use as a result of your disability?

1. Wheelchair 6. Computer Assisted
 2. Walker 7. Hearing Aid
 3. Crutches 8. Other
 4. Cane 9. None
 5. Prosthesis

P32. Was your Disability/Major Impairment ever diagnosed by a medical doctor?

1. Yes 2. No

Section 4 HEALTH & DISABILITY (CONT'D) (All Persons)

P33 What was the origin of your disability?

- 1.From Birth
 2.Road Traffic Accident
 3.Illness
 4.Workplace Injury
 5.Other

(Multiple answers allowed P34,35,36)

P34. Does your Disability or Condition affect you from performing any of the following activities?

- 1.Taking care of yourself
 2.Climbing stairs
 3.Getting around within the Home
 4.Going outside the Home
 5.Working at a Job or Business
 6.Communicating
 7.Undertaking Educational activities
 8.Other

P35. Do you have any of these Illnesses?

- | | |
|---|---|
| <input type="checkbox"/> 1.Arthritis | <input type="checkbox"/> 9.Glaucoma |
| <input type="checkbox"/> 2.Kidney Disease | <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.Heart Disease | <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.Hypertension/HBP | |

P36. Which of the following Social Benefits or Health or Accident Insurance do you have? *(Multiple responses are accepted)*

- 1.NIB (National Insurance Board)
 2.NHIP (National Health Insurance Plan)
 3.Group Health Insurance
 4.Private Individual Health
 5.School Accident Insurance
 6.Other _____
 7.None

SECTION 5 - EDUCATION & INTERNET

Access (All Persons)

P37. Have you ever attended school?

- 1.Yes (Go to P39) 2.No

P38. What is the main reason that you have NEVER attended school? *(Go to P46)*

- 1.Too young 2.Disabled 3.Financial
 4.Too far away 5.Other

P39. Are you presently in school?

(including all educational programmes)

- 1.Yes full time 2.Yes part time
 3.No (Go to P44)

P40 How many days of school have you missed in the past 4 weeks?(If none put 00)

--	--

P41. What was the reason for missing school?

- 1.Sickness
 2.Weather/Transport
 3.Pregnant/Mother of baby
 4.Suspended
 5.Expelled
 6.Financial Reason
 7.Apprentice
 8.Other

P42. What School/Institution are you with?

- 1.Daycare/Nursery
 2.Preschool
 3.Infant/ Kindergarten
 4.Primary
 5.Special Education
 6.Post Primary (Non-Secondary Tech/Voc)
 7.Secondary (General)
 8.Home Schooling
 9.Adult Education
 10.Post Secondary -A Level
 11.Post Secondary -Prof., Tech/Voc, online

P43. What is the Name and Island or Country for the School or Institution that you are registered with?

Name: _____

Island/Country _____

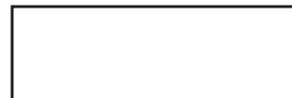
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Island Country



56628



SECTION 5 - EDUCATION & INTERNET Access (CONT'D)

(All Persons)

P44. What is the highest level of education that you have completed?

- 1. Daycare/Nursery
- 2. Pre-school
- 3. Pre-primary
- 4. Lower secondary (Forms 1 to 3)
- 5. Upper secondary (Forms 4 & 5)
- 6. Post secondary, Non-tertiary
- 7. Tertiary level - Associate Degree
- 8. Tertiary level - Bachelor Degree
- 9. Tertiary level - Graduate/Professional
- 10. Other

P45. What is the highest examination that you have passed?

- 1. School Leaving Certificate
- 2. High School Certificate
- 3. Cambridge School Certificate
- 4. CXC Basic
- 5. GCE 'O' Levels or CXC General
- 6. GCE 'A' Levels, CAPE
- 7. College Certificate
- 8. College Diploma
- 9. Professional Certificate
- 10. Associate Degree
- 11. Bachelor Degree
- 12. Post Graduate Certificate
- 13. Post Graduate Diploma
- 14. Higher Degree (Masters)
- 15. Higher Degree (Doctoral)

P46. Have you had access to the Internet within the past 3 months?

- 1. Yes
- 2. No (Go to Section 6)

P47. Where did you mainly have access to the Internet in past 3 months?

- 1. Home
- 2. Work
- 3. School
- 4. Library
- 5. Cell Phone
- 6. Friends' House
- 7. Other _____

SECTION 6 - TRAINING

Persons 15 years and over

P48. Have you ever received/attempted any skilled training to equip yourself for employment or occupation/profession?

- 1. Yes
- 2. No (Go to Section 7)

P49. What is the field of the highest level of training you have completed or attempted or are undergoing ?

- 1. Cookery
- 2. Bartender
- 3. Waiter
- 4. Masonry
- 5. Carpentry
- 6. Plumbing
- 7. Electrician
- 14. Other _____
- 8. Hospitality
- 9. Cosmetology
- 10. Business
- 11. Computing
- 12. Bookkeeping/accounting
- 13. Security/police

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P50. What was the main training method that you used?

- 1. On the Job Training
- 2. Private Study
- 3. Apprenticeship
- 4. Correspondence Course
- 5. Secondary School
- 6. Vocational/Trade School
- 7. Commercial School
- 8. Business School
- 9. University (on Campus)
- 10. On-line/Virtual Learning

P51. How many months was your highest level of training for?

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P52. What qualification did you receive when you completed your highest level of training?

- 1. None
- 2. Certificate
- 3. Diploma
- 4. Assoc Degree
- 5. Bachelors Degree
- 6. Post Graduate
- 7. Professional
- 8. Other

P53. Who funded your training?

- 1. Government
- 2. Employer
- 3. Self/Family
- 4. Combination
- 5. Other Private
- 6. Other

SECTION 7 - ECONOMIC ACTIVITY

Persons 15 years and over

P54. Which of the following best describes your employment status during the week proceeding January 25, 2012?

1. Employed (full-time)
2. Employed (part-time)
3. Seeking and available for work
4. NOT seeking, but available for work
5. Permanently sick or disabled
6. At school or a student, without a job
7. Wholly retired from paid work
8. Home duties
9. Other (Specify) _____

(If response is **not** 1 or 2, Go to P64)

P55. What category of work is your main job?

1. Self-Employed with paid employee
2. Self-employed without paid employee
3. Paid Employee-Government
4. Paid Employee-Statutory Body
5. Paid Employee-Private Home
6. Paid Employee-Private establishment
7. Apprentice/Learner
8. Unpaid Work/Volunteer
9. Unpaid Family Worker

(If response is **NOT** 1 or 2, Go to P58)

P56. What kind of accounts do you keep for your business?

1. Complete set of written accounts
2. Simplified written accounts
3. Files of receipts and sales only
4. No records kept

P57. How are you registered with the NIB?.

1. Employer (National Insurance Board)
2. Self Employed
3. Both of above
4. Not registered

P58.(a) How many months did you work during the last 12 months?

(If zero Go to P64)

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P58.(b) How many hours a week do you normally work?
(If zero Go to P64)

--	--

P59. Where do you usually work?

1. Home
2. No fixed place
3. Fixed workplace, not home

P60. How many jobs did you have during the week of January 25th including your own business?

--

P61 What is the Name and Island of your main present employer or business?

Name: _____

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1. Grand Turk 2. Providenciales 3. Other TCI

P62. What kind of business is carried out at your workplace? e.g. construction, supermarket, clothes shop, government, restaurant

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P63. What is your Occupation?

- | | |
|--|---|
| <input type="checkbox"/> 1. Fisherman | <input type="checkbox"/> 9. Housekeeper |
| <input type="checkbox"/> 2. Farmer | <input type="checkbox"/> 10. Waiter/waitress |
| <input type="checkbox"/> 3. Professional _____ | <input type="checkbox"/> 11. Barman |
| <input type="checkbox"/> 4. Technician _____ | <input type="checkbox"/> 12. Cleaner |
| <input type="checkbox"/> 5. Teacher | <input type="checkbox"/> 13. Gardener |
| <input type="checkbox"/> 6. Nurse | <input type="checkbox"/> 14. Construction _____ |
| <input type="checkbox"/> 7. Receptionist | <input type="checkbox"/> 15. Office Clerk |
| <input type="checkbox"/> 8. Bookkeeper | <input type="checkbox"/> 16. Retail clerk |

All other occupations please specify

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Not Working

P64. What steps did you take during the past month to look for work? (If response is 1, go to P65, otherwise Go to P66)

1. Nothing
2. Direct Application (Letters)
3. Checking Work Sites
4. Asking Friends
5. Labour Dept.
6. Private Employment Offices
7. Newspapers/Websites
8. Other _____

**SECTION 7 - ECONOMIC ACTIVITY
(CONT'D) Persons 15 years and over**

P65. What was the main reason that you didn't look for work last month?

- 1. Own Illness, Disability, Pregnancy
- 2. Home Duties, Personal, Family
- 3. In school, training
- 4. Retirement, Old Age
- 5. Already found work to start later
- 6. Awaiting replies from employers
- 7. Could not find suitable work
- 8. Do not know how or where to seek work
- 9. Discouraged
- 10. Other

P66. What was your net income/pay during last month from your main job or business i.e. after deductions, excluding tips?

(Businesses income net of costs)

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P67. What percentage of your income do you save each month?

- 1. None
- 2. 1 to 5%
- 3. 6 to 10%
- 4. 11 to 20%
- 5. 21% & over

P68. What is your main source of livelihood?

- 1. Employment
- 2. Pension
- 3. Business or Rental
- 4. Savings
- 5. Social Security
- 6. Other Government Assistance
- 7. Other Local Assistance (friends or family)
- 8. Overseas Remittances
- 9. Other

P69. About how much did you receive from people abroad last year in cash or kind e.g. barrels of food, clothing?

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P70. About how much did you send to people abroad last year in cash or kind e.g. barrels of food, clothing?

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Section 8 - MARITAL & UNION STATUS

All person 15 years and over

P71. What is your marital status?

- 1. Never married
- 2. Married
- 3. Divorced
- 4. Separated
- 5. Widowed

P72. What is your present union status?

- 1. Married and living with spouse
- 2. Married but spouse lives elsewhere
- 3. Live-In Partner
- 4. Visiting Partner
- 5. Not in union (Go to section 9)

P73. How old were you when you were married for the first time? (If never married mark 00)

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Section 9 - Fertility

Females 15 years and over

(All men go to Section 10, i.e. skip Fertility section)

P74. How many LIVE births have you had?

(If 0 Go to P80)

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P75. How old were you when you had your first live born baby?

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P76. How old were you when you had your last live baby?

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P77. How many babies did you have LAST year?

(If 0 go to P80)

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P78. Did any die? 1. yes 2. No

P79. Were any born overseas? 1. Yes 2. No

P80. Do you use birth control?

- 1. Yes 2. No (Go to Section 10)



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Section 9 - Fertility (CONT'D)

Females 15 years and over

(All men go to Section 10, i.e. skip Fertility section)

P81. What kind of birth control?

- 1. Condom
- 2. The Pill
- 3. Other _____

SECTION 10 - WHERE CENSUS NIGHT WAS SPENT

All persons

P82. Where did you spend census night?

- 1. At this address
- 2. Elsewhere, where _____
- 3. Abroad

GENERAL COMMENTS OF ENUMERATOR/SUPERVISOR:

Enumerators signature

Supervisor's signature