12555

CONFIDENTIAL
CENSUS & STATISTICS ACT
No. 24 of 1983

St. Vincent and the Grenadines

2012
POPULATION
AND HOUSING
CENSUS

CENSUS DAY - JUNE 12TH, 2012

INSTRUCTIONS

1) USE 2B PENCIL ONLY

2) When completing box entries, please write only and completely inside the boxes provided.
Example:

0	1	0	0

3) Place an X in the box where appropriate.
Example: ☒

4) Erase cleanly any changes you make.

5) Make **NO** stray marks on this form.

I D E N T I F I C A T I O N

Enumeration District Number

Building Number

Dwelling Unit Number

Household Number

Address of Household:_____

Community/Village: _____

Census Division: _____

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

INTERVIEWER RECORD OF VISITS

Visit Number	Date (DD/MM/YY)	Time Started	Time Ended	Duration (in minutes)	Results
1	☐☐ / ☐☐ / ☐☐			☐☐☐	☐
2	☐☐ / ☐☐ / ☐☐			☐☐☐	☐
3	☐☐ / ☐☐ / ☐☐			☐☐☐	☐
4	☐☐ / ☐☐ / ☐☐			☐☐☐	☐

Result Codes
1 = Completed
2 = Partially completed
3 = Dwelling vacant
4 = No suitable respondent at home
5 = Refused
6 = Other (Specify)........................

12555

First Name	Surname	Signature

Area Supervisor _____

Field Supervisor _____

Interviewer _____

Editor/Coder _____

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1. 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.

HOUSEHOLD MEMBERS

Where required, boxes should be filled like this ☒

	Surname	First Name	Sex		Surname	First Name	Sex
01			☐ 1 M ☐ 2 F	11			☐ 1 M ☐ 2 F
02			☐ 1 M ☐ 2 F	12			☐ 1 M ☐ 2 F
03			☐ 1 M ☐ 2 F	13			☐ 1 M ☐ 2 F
04			☐ 1 M ☐ 2 F	14			☐ 1 M ☐ 2 F
05			☐ 1 M ☐ 2 F	15			☐ 1 M ☐ 2 F
06			☐ 1 M ☐ 2 F	16			☐ 1 M ☐ 2 F
07			☐ 1 M ☐ 2 F	17			☐ 1 M ☐ 2 F
08			☐ 1 M ☐ 2 F	18			☐ 1 M ☐ 2 F
09			☐ 1 M ☐ 2 F	19			☐ 1 M ☐ 2 F
10			☐ 1 M ☐ 2 F	20			☐ 1 M ☐ 2 F

Total Number of Persons in the household ☐☐

CONTACT NUMBER

☐☐☐ - ☐☐☐☐

EMAIL ADDRESS

☐☐

SECTION 1 HOUSING

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

2. What is the <u>MAIN</u> material of the outer walls?
- ☐ 1 Stone
- ☐ 2 Stone and brick
- ☐ 3 Concrete
- ☐ 4 Concrete and Blocks
- ☐ 5 Wood and Brick
- ☐ 6 Wood and Concrete
- ☐ 7 Wood and galvanize
- ☐ 8 Wood
- ☐ 9 Wattle/Adobe/Tapia
- ☐ 10 Other (Specify) _____

3. What is the <u>MAIN</u> material used for roofing?
- ☐ 1 Sheet metal*
- ☐ 2 Shingle (asphalt)
- ☐ 3 Shingle (wood)
- ☐ 4 Shingle (other)
- ☐ 5 Tile
- ☐ 6 Concrete
- ☐ 7 Asbestos
- ☐ 8 Thatch/Makeshift
- ☐ 9 Other (specify) _____

  * (Including Zinc,aluminum, galvanize, galvalume)

4. In which year/period was this building built?
- ☐ 1 Before 1980
- ☐ 2 1980 – 1989
- ☐ 3 1990 – 1999
- ☐ 4 2000 – 2005
- ☐ 5 2006
- ☐ 6 2007
- ☐ 7 2008
- ☐ 8 2009
- ☐ 9 2010
- ☐ 10 2011
- ☐ 11 2012
- ☐ 12 Don't Know

5. How would you describe the type of dwelling unit that your household occupies?
- ☐ 1 Separate house/Detached/Undivided Private House
- ☐ 2 Part of a private house/Attached
- ☐ 3 Flat, Apartment/Condominium
- ☐ 4 Townhouse
- ☐ 5 Double house/Duplex
- ☐ 6 Combined business and dwelling
- ☐ 7 Barrack
- ☐ 8 Group dwelling
- ☐ 9 Improvised Housing Unit (Earth/Leaves /Branched etc)
- ☐ 10 Other (Specify)_____

6. Is this dwelling unit owned, rented or leased by a member of this household?
- ☐ 1 Owner (Including with a mortgage) (Go to Q.8)
- ☐ 2 Rented Private (paying)
- ☐ 3 Rented Govt. (paying)
- ☐ 4 Rent free (Go to Q.8)
- ☐ 5 Leased
- ☐ 6 Squatted (Go to Q.8)
- ☐ 7 Other (Specify) _____
- ☐ 8 Don't Know (Go to Q.8)

7(a) What is the rental/lease period for this dwelling?
- ☐ 1 Weekly
- ☐ 2 Fortnightly
- ☐ 3 Monthly
- ☐ 4 Quarterly
- ☐ 5 Half-Yearly
- ☐ 6 Annually

7(b) What is the rental/lease amount for this dwelling?

EC$ ☐☐☐☐☐

8. Is this dwelling insured?
- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don't Know

9. Are the contents of this dwelling insured?
- ☐ 1 Yes, all
- ☐ 2 No, none
- ☐ 3 Partially
- ☐ 4 Don't Know

10. Under what type of arrangement is the land occupied?
- ☐ 1 Owned/freehold
- ☐ 2 Lease-hold
- ☐ 3 Rented (Paying)
- ☐ 4 Rent-free
- ☐ 5 Permission to work land
- ☐ 6 Squatted
- ☐ 7 Share cropping
- ☐ 8 Other (Specify)_____
- ☐ 9 Don't Know

11. What type of fuel does this household use <u>MOST</u> for cooking?
- ☐ 1 Wood
- ☐ 2 Charcoal
- ☐ 3 Kerosene
- ☐ 4 Electricity
- ☐ 5 Cooking Gas/Liquefied Petroleum Gas (LPG)
- ☐ 6 None
- ☐ 7 Other (Specify)_____

12. How does this household <u>USUALLY</u> dispose of its garbage?
- ☐ 1 Dumping (land)
- ☐ 2 Dumping/throwing into river/sea/pond
- ☐ 3 Compost
- ☐ 4 Burning
- ☐ 5 Burying
- ☐ 6 Garbage truck/skip/bin – Public
- ☐ 7 Garbage truck - Private
- ☐ 8 Other (Specify) _____
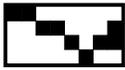
13. What is your <u>MAIN</u> source of water supply?
☐ 1 Public piped into dwelling
☐ 2 Public standpipe
☐ 3 Public piped into yard
☐ 4 Private piped into dwelling
☐ 5 Public well/tank
☐ 6 Private catchments, not piped
☐ 7 Spring/River
☐ 8 Other (Specify) _____

14. What is your <u>MAIN</u> source of drinking water?
☐ 1 Public piped into dwelling
☐ 2 Public standpipe
☐ 3 Private piped into yard
☐ 4 Private piped into dwelling
☐ 5 Public well/tank
☐ 6 Private catchments, not piped
☐ 7 Spring/River
☐ 8 Bottled water
☐ 9 Other (Specify) _____

15. What type of toilet facility does this household have?
☐ 1 Water Closet (WC) (Flush toilet)Linked to sewer
☐ 2 Water Closet (WC)(Flush toilet)linked to septic tank/ soak-away
☐ 3 Pit latrine ventilated and elevated/VIP
☐ 4 Pit latrine ventilated and not elevated
☐ 5 Pit latrine not ventilated
☐ 6 Other (Specify)_____
☐ 7 None (Go to Q.17)

16. Is the toilet shared with any other household?
☐ 1 Yes, shared   ☐ 2 Not shared

17. Are your bathing facilities indoors or outdoors?
☐ 1 Indoors
☐ 2 Outdoors (private)
☐ 3 None (Go to Q.19)
☐ 4 Other (Specify) _____

18. Are your bathing facilities shared with another household?
☐ 1 Yes, shared   ☐ 2 Not shared

19. What is the <u>MAIN</u> source of lighting for this household?
☐ 1 Electricity – Public   ☐ 4 Kerosene
☐ 2 Electricity – Private Generator   ☐ 5 Solar
☐ 3 Gas lantern   ☐ 6 None
☐ 7 Other (Specify)_____

20. How many bedrooms are there in this dwelling unit? Bedrooms are rooms used mainly for sleeping and exclude any makeshift and temporary sleeping quarters - count all bedrooms including spare not occupied.

Number of Bedrooms ☐☐

21. Is your kitchen indoors or outdoors?
☐ 1 Indoors   ☐ 3 None (Go to Q.23)
☐ 2 Outdoors (private)

22. Is the kitchen shared with another person/other person(s) not of this household?
☐ 1 Yes, shared   ☐ 2 Not shared

23. Which of these appliances, household equipment or service does this household have in use? (Indicate all that apply).

	Yes	No
(a) Electrical Generator	☐ 1	☐ 2
(b) Radio	☐ 1	☐ 2
(c) Stereo	☐ 1	☐ 2
(d) Cable	☐ 1	☐ 2
(e) Water Heater	☐ 1	☐ 2
(f) Water Pump	☐ 1	☐ 2
(g) Washing Machine	☐ 1	☐ 2
(h) Dish Washer	☐ 1	☐ 2
(i) Stove (gas/electric/solar)	☐ 1	☐ 2
(j) Microwave Oven	☐ 1	☐ 2
(k) Freezer	☐ 1	☐ 2
(l) Refrigerator	☐ 1	☐ 2
(m) Air Conditioner	☐ 1	☐ 2
(n) Television	☐ 1	☐ 2
(o) Fixed Line Telephone	☐ 1	☐ 2
(p) Mobile/Cellular Phone	☐ 1	☐ 2
(q) DVD Player	☐ 1	☐ 2
(r) MP3/4 Player	☐ 1	☐ 2
(s) Computer	☐ 1	☐ 2
(t) Internet Connection	☐ 1	☐ 2
(u) Internet Access	☐ 1	☐ 2
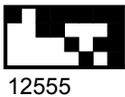
SECTION 2 INTERNATIONAL MIGRATION

24 (a)Did any member of this household move to live abroad between 2001 and 2012 and is still living abroad?
☐ Yes (Continue)   ☐ No (Go to Q.33)

24 (b)How many persons moved? ☐☐

25	26	27	28	29	30	31	32
Person Number	**Sex** **M= 1** **F = 2**	**Age when moved?** If emigrant was less than 15yrs at time of departure (Go to Q.29)	**Occupation when moved** Describe as clearly as possible the person (s) occupation when he/she moved.	**Highest education attained when moved** 1 None/No schooling 2 Pre-primary education 3 Primary 4 Secondary 5 Pre University 6 University/Tertiary 7 Other 8 Don't Know	**Which country did this person migrate to?**	**In which year did this person migrate?**	**Main reason for migration** 1. Family Reunification 2. Employment 3. Study 4. Crime Rate 5. Medical 6. Other 7. Don't Know
1	☐ 1 ☐ 2	☐☐ ☐ DK		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Specify: ☐ 8 _____		☐☐☐☐ ☐ DK	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 7 ☐ 6 Specify _____
2	☐ 1 ☐ 2	☐☐ ☐ DK		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Specify: ☐ 8 _____		☐☐☐☐ ☐ DK	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 7 ☐ 6 Specify _____
3	☐ 1 ☐ 2	☐☐ ☐ DK		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Specify: ☐ 8 _____		☐☐☐☐ ☐ DK	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 7 ☐ 6 Specify _____
4	☐ 1 ☐ 2	☐☐ ☐ DK		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Specify: ☐ 8 _____		☐☐☐☐ ☐ DK	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 7 ☐ 6 Specify _____
5	☐ 1 ☐ 2	☐☐ ☐ DK		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Specify: ☐ 8 _____		☐☐☐☐ ☐ DK	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 7 ☐ 6 Specify _____
6	☐ 1 ☐ 2	☐☐ ☐ DK		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Specify: ☐ 8 _____		☐☐☐☐ ☐ DK	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 7 ☐ 6 Specify _____
7	☐ 1 ☐ 2	☐☐ ☐ DK		☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 Specify: ☐ 8 _____		☐☐☐☐ ☐ DK	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 7 ☐ 6 Specify _____

Where required, boxes should be filled like this ☒

Where required, boxes should be filled like this ☒

SECTION 3 CRIME

	Crime		Type of Crime	
	33 **Has any member of the household been a victim of the following crime during the past 12 months?** 1 Yes 2 No (Go to Q.37) 3 Don't know (Go to Q.37)	**34** **Was the crime reported?** 1 Yes (Go to Q.36) 2 No 3 Don't Know (Go to Q.37)	**35** **Why was/were the crime(s) not reported?** 1 No confidence in the administration of justice 2 Afraid of perpetrator 3 Not serious enough 4 Other 5 Don't Know *(For all options, Go to Q.37)*	**36** **What was the result?** 1 Pending 2 Convicted 3 Dismissed 4 No action taken
(a) Murder	☐	☐	☐	☐
(b) Kidnapping	☐	☐	☐	☐
(c) Shooting	☐	☐	☐	☐
(d) Rape/Abuse	☐	☐	☐	☐
(e) Robbery	☐	☐	☐	☐
(f) Wounding	☐	☐	☐	☐
(g) Larceny	☐	☐	☐	☐
(h) Other	☐	☐	☐	☐

SECTION 4   MORTALITY

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

☐ 1 Yes   ☐ 2 No **(Go to Section 5 of the Person Questionnaire)**

38. Please provide 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

39. If female aged 15 - 49 years, did the death occur:

☐ 1 During pregnancy   ☐ 3 Six weeks after the end of the pregnancy   ☐ 5 Don't Know

☐ 2 During child birth   ☐ 4 Other

IMPORTANT!!!
The ED Number and the Household Number, <u>MUST</u> be inserted from the household questionnaire

ED Number ☐☐☐☐☐   **Household Number** ☐☐☐

INTERVIEWER:
Whenever a dotted line (...) appears in a question, call the name of the person to whom the information relates. If it is N (the respondent himself/herself) say "You"/"Your". X the appropriate box. Please do not write over the responses.

SECTION 5   CHARACTERISTICS FOR ALL PERSONS

⬇ IMPORTANT!! ⬇

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

_____ ☐☐

40. What is your/(N)'s relationship to the head of the household?
- ☐ 1 Head
- ☐ 2 Spouse
- ☐ 3 Partner
- ☐ 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
- ☐ 8 Grandchild
- ☐ 9 Parent/Father/Mother
- ☐ 10 Other Relative
- ☐ 11 Domestic Employee
- ☐ 12 Other Non-Relative

41. INTERVIEWER: X the appropriate box.
FOR PERSONS NOT SEEN ASK:
Is ...male or female?
  ☐ 1 Male   ☐ 2 Female

42. What is your/(N)'s date of birth?

Day   Month   Year
☐☐ / ☐☐ / ☐☐☐☐

If not known, ask: How old were you/(N).... 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 the age is not known use code 999.

☐ If estimated, please put an x in the box

43. To which ethnic group do you/does (N) belong?
- ☐ 1 African/Black/Negro
- ☐ 2 Indigenous People (Amerindian/Carib)
- ☐ 3 White/Caucasian
- ☐ 4 Chinese
- ☐ 5 East Indian/Indian
- ☐ 6 Hispanic/Spanish
- ☐ 7 Japanese
- ☐ 8 Mixed
- ☐ 9 Portuguese
- ☐ 10 Syrian/Lebanese
- ☐ 11 Taiwanese
- ☐ 12 Other (Specify)
  _____
- ☐ 13 Not Stated

44. What is your/(N)'s religion/denomination?
- ☐ 1 Anglican
- ☐ 2 Evangelical
- ☐ 3 Methodist
- ☐ 4 Pentecostal/Full Gospel
- ☐ 5 Presbyterian/Congregational
- ☐ 6 Roman Catholic
- ☐ 7 Salvation Army
- ☐ 8 Seventh Day Adventist
- ☐ 9 Jehovah's Witnesses
- ☐ 10 Baptist (Specify)
  _____
- ☐ 11 Baha'i
- ☐ 12 Hindu
- ☐ 13 Mormon
- ☐ 14 Muslim/Islam
- ☐ 15 Rastafarian
- ☐ 16 Traditional
- ☐ 17 None/No Religion
- ☐ 18 Other (Specify)_____
- ☐ 19 Not Stated

SECTION 6   DISABILITY FOR ALL PERSONS

For persons whose disability has been continuous for 6 months or more.

45. Do you/does (N) have difficulty with any of the following?
Rate responses as follows:
1 No - No difficulty
2 Yes - Some difficulty
3 Yes - Lots of difficulties
4 Cannot do (it) at all

	1	2	3	4
1 Seeing, even with glasses?	☐1	☐2	☐3	☐4
2 Hearing, even using a 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
8 Slowness at learning or understanding	☐1	☐2	☐3	☐4

If no difficulty for all options, Go to Q. 48

IMPORTANT!!
Please be reminded that boxes should be filled like this ☒

Where required, boxes should be filled like this ☒

SECTION 6   DISABILITY FOR ALL PERSONS

46. What is the origin of your/(N)'s disability?

Rate responses as follows:

1 From birth   **3 Accident**
2 Illness   **4 Other**

1 Seeing, even with glasses	☐ 1	☐ 2	☐ 3 ☐ 4
2 Hearing, even using a 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
8 Slowness at learning or understanding	☐ 1	☐ 2	☐ 3 ☐ 4

47. Are you/is (N) required to use any of the following aids? (Multiple responses are possible)

☐ 1 Wheelchair   ☐ 7 Braille
☐ 2 Walker   ☐ 8 Adapted Car
☐ 3 Cane   ☐ 9 Hearing Aid
☐ 4 Crutches   ☐ 10 None
☐ 5 Prosthesis/artificial body part   ☐ 11 Other (Specify)
☐ 6 Orthopedic shoes   _____

SECTION 7   HEALTH FOR ALL PERSONS

48. Do you/does (N) suffer from any of the following illness? (X all that apply)

☐ 1 Sickle Cell Anemia   ☐ 8   Kidney Disease
☐ 2 Arthritis   ☐ 9   Cancer
☐ 3 Asthma   ☐ 10 Lupus
☐ 4 Diabetes   ☐ 11 Carpal Tunnel Syndrome
☐ 5 Hypertension/High Blood Pressure   ☐ 12 Glaucoma
☐ 6 Heart Disease   ☐ 13 None
☐ 7 Stroke   ☐ 14 Other (Specify)

_____

49. Are you/is (N) covered by insurance (for example health, life, employee medical plan, NIS)?

☐ 1 Yes   ☐ 2 No (Go to Q.51)   ☐ 3 Don't know (Go to Q.51)

50. Which of the following insurance do you/does (N) have? (Indicate ALL that apply)

☐ 1 NIS   ☐ 6 Endowment with Health
☐ 2 Group Health   ☐ 7 Endowment only
☐ 3 Individual Health   ☐ 8. Don't know
☐ 4 Life with Health   ☐ 9 Other (Specify)
☐ 5 Life only   _____

51. Have you/has (N) utilized a medical facility (Hospital, health center, private doctor) in the past month?

☐ 1 Yes   ☐ 4 Don't Know
☐ 2 No (Go to Q.53)   ☐ 3 Not stated (Go to Q.53)

52. What MAIN facility have you/has (N) utilized in the past month?

☐ 1 Public Hospital   ☐ 5 Family Planning Clinic
☐ 2 District Health Centres/Health Clinic   ☐ 6 Private Clinic/Hospital
☐ 3 Private Doctor's Office   ☐ 7 Not Stated
☐ 4 Pharmacy   ☐ 8 Don't Know

SECTION 8   INTERNAL MIGRATION (BIRTHPLACE AND RESIDENCE) FOR ALL PERSONS

53. Where do you/does (N) usually live?

☐ 1 At this address   ☐ 3 Abroad
☐ 2 Elsewhere in this country   ☐ 4 Don't know

54. Where were you/was (N) born?

INTERVIEWER: Remember what is required is the mother's normal residence at the time of birth, and not the hospital or place where the birth took place.

☐ 1 In this country   ☐ 3 Not Stated (Go to Q.58)
☐ 2 Abroad (Go to Q.58)   ☐ 4 Don't know (Go to Q.58)
What country was that?

_____

55. In what part of the village/community is that?

Community/Village   _____

Census Division   _____

56. Have you/has (N) ever lived in another country? (For local born only)

☐ 1 Yes   ☐ 3 Don't know (Go to Q.58)
☐ 2 No (Go to Q.58)   ☐ 4 Not Stated (Go to Q.58)

SECTION 8 INTERNAL MIGRATION (BIRTHPLACE AND RESIDENCE)   FOR ALL PERSONS

57. In what country did you/N last live?

Country_____

58. Did you/(N) live at this address five years ago?
- ☐ 1 Yes (Go to Q.60)
- ☐ 2 No
- ☐ 3 Don't Know (Go to Q.60)
- ☐ 4 Not Stated (Go to Q.60)

59. In which country/village/community did you/(N) live five years ago?

Country _____

Community_____

Village_____

SECTION 9   EDUCATION AND TRAINING

60. Are you/is (N) currently attending an educational institution whether full time or part time?
- ☐ 1 Yes – full time
- ☐ 2 Yes – part time
- ☐ 3 No (Go to Q.63)
- ☐ 4 Don't know (Go to Q.63)

61 (a) What type of educational institution are you/is (N) attending?
- ☐ 1 Day care/Nursery
- ☐ 2 Pre-school
- ☐ 3 Special Education
- ☐ 4 Primary School
- ☐ 5 Secondary
- ☐ 6 Technical/Vocational
- ☐ 7 Professional
- ☐ 8 Community College
- ☐ 9 University
- ☐ 10 Adult Education
- ☐ 11 Other (Specify)

——————————————
- ☐ 12 Not Stated

61(b) Please give the name and address of the school/ institution

Name _____

Address _____

_____

62. What is the MAIN mode of travel to the school or institution?
- ☐ 1 Walk
- ☐ 2 Bicycle
- ☐ 3 Motor Cycle
- ☐ 4 Private car or vehicle
- ☐ 5 Government School Bus
- ☐ 6 Public Transport (minibus)
- ☐ 7 Hired Transport
- ☐ 8 Don't know

FOR ALL OPTIONS, GO TO Q64

63. What is the highest level of education that you/(N) have (has) attained? (*For persons not attending an educational institution*)
- ☐ 1 Day care/Nursery
- ☐ 2 Pre-school
- ☐ 3 Infant
- ☐ 4 Primary Grade/Standard (1 – 3 years)
- ☐ 5 Primary Grade/Standard (4 – 7 years)
- ☐ 6 Secondary
- ☐ 7 Pre-University/Post Secondary/College
- ☐ 8 University
- ☐ 9 Other
- ☐ 10 Don't know
- ☐ 11 Not stated

Q.64 TO Q68 IS FOR PERSONS 15 YEARS AND OVER

64. What is the highest certificate, diploma or degree that you/(N) have/(has) earned?
- ☐ 1 School Leaving Certificate
- ☐ 2 Cambridge School Certificate
- ☐ 3 GCE O' Levels or CXC Gen
- ☐ 4 High School Certificate (HSC)
- ☐ 5 GCE A'Levels/CAPE
- ☐ 6 College Certificate/Diploma
- ☐ 7 Associate Degree
- ☐ 8 Bachelor's Degree
- ☐ 9 Post Graduate Diploma/Certificate
- ☐ 10 Professional Certificate
- ☐ 11 Higher Degree (Masters)
- ☐ 12 Higher Degree (Doctoral)
- ☐ 13 Other(Specify) _____
- ☐ 14 None
- ☐ 15 Not Stated

65. Were you ever trained/are you being trained for an occupation or profession?
- ☐ 1 Yes
- ☐ 2 No (Go to Q.67)
- ☐ 3 Not Stated (Go to Q.67)

66. For which occupation/profession have you/has (N) received training? (*This refers to the higheset level of training received*)

———————————————————

SECTION 10   INTERNET ACCESS FOR PERSONS 15 YEARS AND OVER
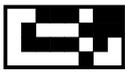
67. Have you/(N) had access to the internet in the last 3 months?
- ☐ 1 Yes
- ☐ 2 No

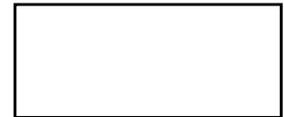**68. Where did you/(N) MAINLY access the internet in the past 3 months?**
- ☐ 1 Home
- ☐ 2 Work
- ☐ 3 School
- ☐ 4 Internet Café
- ☐ 5 Family or Friend's House
- ☐ 6 Other (Specify) _____

SECTION 11   ECONOMIC
ACTIVITY FOR PERSONS 15 YEARS AND OVER

69. What did you/(N) do MOST during the past 12 months?

☐ 1 Had a job and worked ☐ 6 Attended school/Student

☐ 2 Had a job, but did not work ☐ 7 Retired, did not work

☐ 3 Looked for work ☐ 8 Disabled, unable to work

☐ 4 Wanted work and available ☐ 9 Other (Specify)

☐ 5 Did Home Duties

70. Did you/(N) work for a minimum of one hour during the past week? (This includes work for pay, profit or family gain, e.g. helping in family business or farm, street vending, etc.)

☐ 1 Yes (Go to Q.72) ☐ 2 No

71. Did you have a job from which you were temporarily absent during the past week? (If the option 1 to 9 is selected, then Go to Q.73)

☐ 1 Yes, on vacation leave

☐ 2 Yes, on maternity/sick leave

☐ 3 Yes, on leave for personal/family responsibility

☐ 4 Yes, on study leave/training

☐ 5 Yes, because of a strike/lock out

☐ 6 Yes, temporary lay off

☐ 7 Yes, currently in the "off season"

☐ 8 Yes, sent on unpaid leave

☐ 9 Yes, other reason (Specify) _____

☐ 10 No (Go to Q.79)

72. How many hours did you/(N) actually work during the past week?

Number of Hours [ ][ ][ ]

73. What type of worker status applies to you/(N) in your/his/her MAIN job?

☐ 1 Paid employee, Government (Local and Central Gov't) (Go to Q.75)

☐ 2 Paid employee, State Owned Company/Statutory Board (Go to Q.75)

☐ 3 Paid employee, Private Business(Go to Q.75)

☐ 4 Paid employee, Private Home(Go to Q.75)

☐ 5 Own business with paid employees

☐ 6 Own business without paid Employees (self-employed)

☐ 7 Apprentice/Learners (Go to Q.75)

☐ 8 Unpaid Family Worker/Employee(Go to Q.75)

☐ 9 Volunteer worker (Go to Q.75)

☐ 10 Other (Specify)(Go to Q.75)_____

☐ 11 Don't Know

74. Are you/is (N) registered with the National Insurance Services as a self employed person or as an employer?

☐ 1 Employer ☐ 2 Self Employed ☐ 3 Not Registered

75. Describe the type of work that you do/(N) does in your/his/her MAIN job?

Description _____

_____

Occupation:_____

76. Describe the MAIN business activities carried out at the company/establishment for which you/(N) work.

_____

_____

77. How often do you/does (N) get paid from your/his/her MAIN job?

☐ 1 Weekly ☐ 4 Quarterly ☐ 7 Not applicable

☐ 2 Fortnightly ☐ 5 Annually

☐ 3 Monthly ☐ 6 Other

78. What was your/(N's) gross pay/income during the last pay period, 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: [ ][ ] **(Go to Q.81).**

79. What steps did you/(N) take during the past month to look for work?

☐ 1 Did not take any steps

☐ 2 Direct application(in writing/telephone/email/in person, etc.) (Go to Q.81)

☐ 3 Checking newspaper/websites/worksites etc. (Go to Q.81)

☐ 4 Seeking assistance from friends (Go to Q.81)

☐ 5 Registered at public/private employment exchange (Go to Q.81)

☐ 6 Other (Specify)_____ (Go to Q.81)

☐ 7 Don't Know (Go to Q.81)
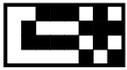
80. Why did you/(N) not seek work during the past month?	**81. What are your/(N)'s source(s) of livelihood?**
☐ 1 Own illness, disability, injury, pregnancy	☐ 1 Disability benefits
☐ 2 Home duties, personal/family responsibilities	☐ 2 Employment
☐ 3 In school/training	☐ 3 Investment
☐ 4 Retirement/old age	☐ 4 Public assistance
☐ 5 Already found work to start later	☐ 5 Pension (local)
☐ 6 Already made arrangements for self-employment	☐ 6 Pension (overseas)
☐ 7 Awaiting recall to former job	☐ 7 Savings/interest on savings
☐ 8 Awaiting replies from former employers	☐ 8 Subsistence farming
☐ 9 Awaiting busy season	☐ 9 Support from friends/relatives (local - cash/kind)
☐ 10 Believe no work is available	☐ 10 Support from friends/relatives (overseas - cash/kind)
☐ 11 Do not know how or where to seek work	☐ 11 Other (Specify) _____
☐ 12 Discouraged	
☐ 13 Not yet started to seek work	
☐ 14 Other	

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

82. What is your/(N)'s marital status?

☐ 1 Single/Never Married   ☐ 4 Widowed   ☐ 7 Don't Know

☐ 2 Married   ☐ 5 Legally Separated

☐ 3 Divorced   ☐ 6 Not stated

83. What is your/(N)'s present union status?

☐ 1 Never had a spouse or common-law partner (Go to Q.86)

☐ 2 Married and living with spouse (Go to Q.85)

☐ 3 Common Law Union (Go to Q.85)

☐ 4 Visiting partner

☐ 5 Not in a Union

84. Have you/has (N) ever lived together with a partner/spouse?

☐ 1 Yes   ☐ 2 No (Go to Section 13)

85. How old were you/was(N) when you/he/she was first married or lived with a partner?

Age ☐☐

SECTION 13   FERTILITY FOR ALL FEMALES
15 YEARS AND OVER

86. How many live births/children have you/has (N) ever had? (If none, Go to Q.89)

Total	Male	Female
☐☐	☐☐	☐☐

87. How many of your/(N)'s live born children are still alive?

Total	Male	Female
☐☐	☐☐	☐☐

88. How many living babies/live births did you/(N) have in the last 12 months?

☐ 1 None   ☐ 4 Twins

☐ 2 One   ☐ 5 Three or more

☐ 3 Two separate birth   ☐ 6 Not Applicable

SECTION 14   CENSUS NIGHT FOR ALL PERSONS

89. Where did you/(N) spend census night?

☐ 1 At this address

☐ 2 Elsewhere in this country   *Which Community?* _____

☐ 3 Abroad