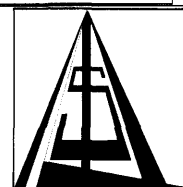




**'WE'RE COUNTING ON YOU'**

**POPULATION AND HOUSING CENSUS 2001 - JAMAICA**

PARISH		CONSTITUENCY		ENUM. DIST.			HOUSING UNIT			DWELLING		HOUSEHOLD	



## SECTION 1

## IDENTIFICATION

(for all persons)

**ASK ONLY OF THE HEAD OF HOUSEHOLD OR ANY OTHER RESPONSIBLE ADULT**

***Please give me the names of all the persons who are usual residents of this household. By that I mean the persons who reside here all or most of the time even if they are temporarily away. Please remember to include yourself. Please give me the name of the head of the household first.***

[illegible]**Number of Persons Enumerated**

--	--	--

**Male**

--	--	--

***Female***

--	--	--

### 18 Years & Over

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**PC01A****Confidential****SECTION 2****CHARACTERISTICS OF  
HOUSING UNIT****2.1 What type of housing unit is this ?**

- ☐ Separate House-Detached
- ☐ Attached
- ☐ Part of Commercial Building
- ☐ Improvised Housing Unit
- ☐ Other
- ☐ Not Stated

**2.2 What is the main type of material used in constructing the outer walls ?**

- |   |   |
|---|---|
| <input type="radio"/> Concrete and Blocks | <input type="radio"/> Wood and Concrete |
| <input type="radio"/> Stone and Brick     | <input type="radio"/> Wood and Brick    |
| <input type="radio"/> Nog                 | <input type="radio"/> Other             |
| <input type="radio"/> Wattle/Adobe        | <input type="radio"/> Not Stated        |
| <input type="radio"/> Wood                |   |

**2.3 What is the main type of material used in constructing the roof ?**

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| <input type="radio"/> Metal Sheeting | <input type="radio"/> Concrete   |
| <input type="radio"/> Shingle-Wood   | <input type="radio"/> Other      |
| <input type="radio"/> Shingle-Other  | <input type="radio"/> Not Stated |
| <input type="radio"/> Tile           |                                  |

**SECTION 3****CHARACTERISTICS OF  
HOUSEHOLD****3.1 Does any member of this household own, rent or lease this dwelling ?**

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="radio"/> Owned     | <input type="radio"/> Squatted   |
| <input type="radio"/> Leased    | <input type="radio"/> Other      |
| <input type="radio"/> Rented    | <input type="radio"/> Not Stated |
| <input type="radio"/> Rent Free |                                  |

**(ASK ONLY IF SEPARATE - DETACHED)****3.2 What about the land - is it owned or leased etc. by any member of this household ?**

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="radio"/> Owned     | <input type="radio"/> Squatted   |
| <input type="radio"/> Leased    | <input type="radio"/> Other      |
| <input type="radio"/> Rented    | <input type="radio"/> Not Stated |
| <input type="radio"/> Rent Free |                                  |

**3.3 How many rooms does this household occupy ?**

--	--

☐ Not Stated**3.4 How many rooms are used mainly for sleeping ?**

--	--

☐ Not Stated**3.5 Does this household have the use of a kitchen or kitchenette ?**

- ☐ Yes for the use only by this household
- ☐ Yes shared with another household
- ☐ No (Go to Q 3.7)
- ☐ Not Stated

**3.6 Does it (the kitchen or kitchenette) have a sink permanently connected to a water supply and waste pipe ?**

- ☐ Yes      ☐ No      ☐ Not Stated

**3.7 Does this household have the use of a bathroom ?**

- ☐ Yes for the use only by this household
- ☐ Yes shared with another household
- ☐ No (Go to Q 3.9)
- ☐ Not Stated

**3.8 Does it (the bathroom) have a fixed bath or shower ?**

- ☐ Yes      ☐ No      ☐ Not Stated

**PC01A****Confidential****3.9 What is the main method of garbage disposal for this household ?**

- ☐ Regular Public Collection System
- ☐ Irregular Public Collection System
- ☐ Private Collection System
- ☐ Burn
- ☐ Bury
- ☐ Dumping in Sea/River/Pond/Gully
- ☐ Dumping in Own Yard
- ☐ Dumping at Municipal Site
- ☐ Other Dumping
- ☐ Other Method of Disposal
- ☐ Not Stated

**3.10 What type of toilet facilities does this household have ?**

- ☐ WC Linked to Sewer
- ☐ WC not Linked to Sewer
- ☐ Pit
- ☐ None ( Go to Q 3.12 )
- ☐ Not Stated

**3.11 Are the facilities shared with another household ?**

- ☐ Shared ☐ Not Shared ☐ Not Stated

**3.12 What does this household use most for lighting ?**

- ☐ Electricity ☐ Other
- ☐ Kerosene ☐ Not Stated

**3.13 What type of fuel does the household use most for cooking ?**

- ☐ Gas ☐ Biogas
- ☐ Electric ☐ Solar Energy
- ☐ Wood ☐ Other
- ☐ Charcoal ☐ No Cooking Done
- ☐ Kerosene ☐ Not Stated

**3.14 What is the main source of domestic water supply for the household ?**

- ☐ Public piped into dwelling
- ☐ Public piped into yard
- ☐ Private piped into dwelling
- ☐ Private Catchment, not piped
- ☐ Public Standpipe
- ☐ Public Catchment
- ☐ Spring or River
- ☐ Other
- ☐ Not Stated

**3.15 Is there a personal computer in this household ?**

- ☐ Yes ☐ No (Go to Q3.17) ☐ Not Stated

**3.16 Is there an internet connection to this computer ?**

- ☐ Yes ☐ No ☐ Not Stated

**3.17 Does this household have access to a telephone ? ( One answer only )**

- ☐ Yes in dwelling (not cellular) ☐ No
- ☐ Yes Cellular ☐ Not Stated
- ☐ Yes Neighbour's Facility

**SECTION 4**

CRIME &amp; VIOLENCE

**4.1 Has any member of this household been the victim of any of the following crimes during the last 12 months ? (READ CATEGORIES)**

	Yes	No	Don't Know	Not Stated
Murder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shooting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rape & Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Robbery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Praedial Larceny	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If 'No' or 'Don't know' To All Go to Q5.1**  
**If 'Yes' To Any Continue**



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**PC01A****4.2 Was/Were the crime (s) reported to the police ?**

- ☐ Yes (Go to Q5.1)
 ☐ No (Go to Q5.1)
 ☐ Don't Know (Go to Q5.1)
 ☐ Not Stated

**4.3 Why was/were the crime (s) not reported ?**

- ☐ No Confidence in the administration of justice  
☐ Afraid of perpetrator  
☐ Perpetrator was household member/relative/friend  
☐ Not serious enough  
☐ Other  
☐ Not Stated

**SECTION 5****MIGRATION & MORTALITY****5.1 Did any one from this household go to live abroad during the year 2000 ?**

- ☐ Yes
 ☐ No (Go to Q5.3)
 ☐ Not Stated

**5.2 Please give me the number of persons from this household who went to live abroad during the year 2000 and the sex and age of each.**

Number of Persons

--	--

Person Number	Sex			Age		
	M	F	Not Stated			
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table><tr><td></td><td></td></tr></table>		
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table><tr><td></td><td></td></tr></table>		
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table><tr><td></td><td></td></tr></table>		
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table><tr><td></td><td></td></tr></table>		

**If Not Stated Record 99****5.3 Did any member of this household die during the past 12 months ?**

- ☐ Yes
 ☐ No (Go to Q6.1)
 ☐ Not Stated

**Confidential****5.4 Please give me the number of persons who died during the last 12 months and the sex and age of each.**

Number of Persons

--	--

Person Number	Sex			Age		
	M	F	Not Stated			
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table><tr><td></td><td></td></tr></table>		
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table><tr><td></td><td></td></tr></table>		
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table><tr><td></td><td></td></tr></table>		

**If Not Stated Record 99****SECTION 6****BUSINESS ACTIVITY****6.1 Is there a business being operated within this household ?**

- ☐ Yes
 ☐ Not Stated  
☐ No (Go to Individual Questionnaire)

**6.2 What is the type of business activity ?**

--	--	--	--

--	--	--	--

--	--	--	--

- ☐ Not Stated



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**PC01B****Confidential**

**1.7 Are you/is ..... currently living with your/his/her husband/wife?**  
☐ Yes ( Go to Q1.9 ) ☐ No ☐ Not Stated

**1.8 Are you/is ..... currently living with a common-law partner?**  
☐ Yes ☐ No ☐ Not Stated

**1.9 Do you/does ..... suffer from any long standing illness?**  
☐ Yes ☐ No ( Go to Q1.11 ) ☐ Not Stated

**1.10 Which of the following is the main illness? (READ CATEGORIES)**

<input type="radio"/> Arthritis	<input type="radio"/> Kidney Disease
<input type="radio"/> Asthma	<input type="radio"/> Glaucoma
<input type="radio"/> Diabetes	<input type="radio"/> Sickle Cell Disease
<input type="radio"/> Hypertension	<input type="radio"/> None of the above, Other
<input type="radio"/> Heart Disease	<input type="radio"/> Not Stated

**1.11 Do you/does ..... suffer from any disability or infirmity?**  
☐ Yes ☐ No ( Go to Q1.14 ) ☐ Not Stated

**1.12 Does the disability limit your/his/her ..... activities compared with most people of the same age?**  
☐ Yes ☐ No ( Go to Q1.14 ) ☐ Not Stated

**1.13 What type of disability do you/does ..... have?**

<input type="radio"/> Sight Only	<input type="radio"/> Slowness of Learning
<input type="radio"/> Hearing Only	<input type="radio"/> Mental Retardation
<input type="radio"/> Speech Only	<input type="radio"/> Mental Illness
<input type="radio"/> Physical Disability only	<input type="radio"/> Other
<input type="radio"/> Multiple Disability	<input type="radio"/> Not Stated

**FOR CHILDREN UNDER 4 YEARS SCORE NO AND****GO TO SECTION 2**

**1.14 Are you/is ..... currently attending school or registered in an educational programme?**  
☐ Yes at school or other institution/HEART ( Go to Q1.16 )  
☐ Yes private study ( Go to Q1.16 )  
☐ No  
☐ Not Stated

**ASK Q. 1.15 OF PERSONS 4-13 YEARS ONLY  
 (PERSONS 14 YEARS AND OVER GO TO Q. 1.16)**

**1.15 Why are you not attending school?**  
☐ Parent(s) cannot afford it  
☐ Poor in Studies/Not interested in school  
☐ Illness/Disability  
☐ To help with household chores  
☐ To help in household business  
☐ To work for wages/salaries  
☐ Other  
☐ Not Stated

**1.16 What is the highest level of education that you have /that ..... has attained? (READ CATEGORIES)**

<input type="radio"/> None	<input type="radio"/> Other Tertiary
<input type="radio"/> Pre-Primary	<input type="radio"/> Special School
<input type="radio"/> Primary	<input type="radio"/> Other
<input type="radio"/> Secondary	<input type="radio"/> Not Stated
<input type="radio"/> University	

**SECTION 2**

**BIRTHPLACE & RESIDENCE  
 (for all persons)**

**2.1 Do you/does ..... live in this household all or most of the time?**  
☐ Yes ( Go to Q2.3 ) ☐ No ☐ Not Stated

**2.2 Where do you/does ..... usually live?**

☐ (a) Another household in this parish  
 (b) Elsewhere in the Country

<input type="radio"/> Kingston	<input type="radio"/> St. Ann	<input type="radio"/> St. Elizabeth
<input type="radio"/> St. Andrew	<input type="radio"/> Trelawny	<input type="radio"/> Manchester
<input type="radio"/> St. Thomas	<input type="radio"/> St. James	<input type="radio"/> Clarendon
<input type="radio"/> Portland	<input type="radio"/> Hanover	<input type="radio"/> St. Catherine
<input type="radio"/> St. Mary	<input type="radio"/> Westmoreland	
<input type="radio"/> (c) Abroad	<input type="radio"/> Not Stated	



**END INTERVIEW IF NOT USUAL  
 RESIDENT OF HOUSEHOLD**

**PC01B****Confidential**

**2.3 Where were you/was ..... born?**  
**By that I mean the place where your/his/her mother was residing at the time?**

(a) Parish in Jamaica (Score Parish and then go to Q. 2.5)

- ☐ Kingston    ☐ St. Ann    ☐ St. Elizabeth  
☐ St. Andrew    ☐ Trelawny    ☐ Manchester  
☐ St. Thomas    ☐ St. James    ☐ Clarendon  
☐ Portland    ☐ Hanover    ☐ St. Catherine  
☐ St. Mary    ☐ Westmoreland    ☐ Not Stated

(b) Abroad

- ☐ USA    ☐ India  
☐ UK    ☐ S.E. Asia  
☐ Canada    ☐ Other  
☐ Caribbean Country    ☐ Not Stated

**2.4 In what year did you/did ..... come to live in Jamaica?**

--	--	--	--

▶ (End Interview) ☐ Not Stated

**2.5 In what year did you/did ..... come to live in this parish?**

--	--	--	--

☐ Not Stated

**2.6 In what parish did you/did ..... last live?**

- ☐ Kingston    ☐ St. Ann    ☐ St. Elizabeth  
☐ St. Andrew    ☐ Trelawny    ☐ Manchester  
☐ St. Thomas    ☐ St. James    ☐ Clarendon  
☐ Portland    ☐ Hanover    ☐ St. Catherine  
☐ St. Mary    ☐ Westmoreland    ☐ Not Stated

**2.7 Have you/has ..... ever lived outside of Jamaica for five years or more continuously?**

☐ Yes    ☐ No (End Interview)    ☐ Not Stated

**2.8 In what country did you/did ..... last live?**

- ☐ USA    ☐ Canada    ☐ Other  
☐ UK    ☐ Caribbean Country    ☐ Not Stated

**2.9 In what year did you/did ..... return to live in Jamaica?**

--	--	--	--

☐ Not Stated

**2.10 What is the main reason why you/why ..... returned to live in Jamaica?**

- ☐ Retirement    ☐ Employment  
☐ Jamaica is Home    ☐ The Weather  
☐ Health Reasons    ☐ Other  
☐ Achieved Objective Abroad    ☐ Not Stated  
☐ Involuntary Return



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**PC01C**

**1.7 Are you/is ..... currently living with your/his/her husband/wife?**  
☐ Yes ( Go to Q1.9 ) ☐ No ☐ Not Stated

**1.8 Are you/is ..... currently living with a common-law partner?**  
☐ Yes ☐ No ☐ Not Stated

**1.9 Do you/does ..... suffer from any long standing illness?**  
☐ Yes ☐ No ( Go to Q1.11 ) ☐ Not Stated

**1.10 Which of the following is the main illness? (READ CATEGORIES)**

<input type="radio"/> Arthritis	<input type="radio"/> Kidney Disease
<input type="radio"/> Asthma	<input type="radio"/> Glaucoma
<input type="radio"/> Diabetes	<input type="radio"/> Sickle Cell Disease
<input type="radio"/> Hypertension	<input type="radio"/> None of the Above, Other
<input type="radio"/> Heart Disease	<input type="radio"/> Not Stated

**1.11 Do you/does ..... suffer from any disability or infirmity?**  
☐ Yes ☐ No ( Go to Q1.14 ) ☐ Not Stated

**1.12 Does the disability limit your/his/her ..... activities compared with most people of the same age?**  
☐ Yes ☐ No ( Go to Q1.14 ) ☐ Not Stated

**1.13 What type of disability do you/does ..... have?**

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<input type="radio"/> Hearing Only	<input type="radio"/> Mental Retardation
<input type="radio"/> Speech Only	<input type="radio"/> Mental Illness
<input type="radio"/> Physical Disability only	<input type="radio"/> Other
<input type="radio"/> Multiple Disability	<input type="radio"/> Not Stated

**FOR CHILDREN UNDER 4 YEARS SCORE NO AND**



**GO TO SECTION 2**

**1.14 Are you/is ..... currently attending school or registered in an educational programme?**

☐ Yes at school or other institution/HEART ( Go to Q1.16 )

☐ Yes private study ( Go to Q1.16 )

☐ No

☐ Not Stated

**Confidential**

**ASK Q. 1.15 OF PERSONS 4-13 YEARS ONLY  
(PERSONS 14 YEARS AND OVER GO TO Q. 1.16)**

**1.15 Why are you not attending school?**

☐ Parent(s) cannot afford it

☐ Poor in Studies/Not interested in school

☐ Illness/Disability

☐ To help with household chores

☐ To help in household business

☐ To work for wages/salaries

☐ Other

☐ Not Stated

**1.16 What is the highest level of education that you have /that ..... has attained? (READ CATEGORIES)**

<input type="radio"/> None	<input type="radio"/> Other Tertiary
<input type="radio"/> Pre-Primary	<input type="radio"/> Special School
<input type="radio"/> Primary	<input type="radio"/> Other
<input type="radio"/> Secondary	<input type="radio"/> Not Stated
<input type="radio"/> University	

## SECTION 2

*BIRTHPLACE & RESIDENCE  
(for all persons)*

**2.1 Do you/does ..... live in this household all or most of the time?**

☐ Yes ( Go to Q2.3 ) ☐ No ☐ Not Stated

**2.2 Where do you/does ..... usually live?**

☐ (a) Another household in this parish

☐ (b) Elsewhere in the Country

<input type="radio"/> Kingston	<input type="radio"/> St. Ann	<input type="radio"/> St. Elizabeth
<input type="radio"/> St. Andrew	<input type="radio"/> Trelawny	<input type="radio"/> Manchester
<input type="radio"/> St. Thomas	<input type="radio"/> St. James	<input type="radio"/> Clarendon
<input type="radio"/> Portland	<input type="radio"/> Hanover	<input type="radio"/> St. Catherine
<input type="radio"/> St. Mary	<input type="radio"/> Westmoreland	
<input type="radio"/> (c) Abroad	<input type="radio"/> Not Stated	



**END INTERVIEW IF NOT USUAL  
RESIDENT OF HOUSEHOLD**

**Confidential**

**2.3 Where were you/was ..... born?**  
**By that I mean the place where your/his/her mother was residing at the time?**

(a) Parish in Jamaica (Score Parish and then go to Q. 2.5)

- ☐ Kingston    ☐ St. Ann    ☐ St. Elizabeth  
☐ St. Andrew    ☐ Trelawny    ☐ Manchester  
☐ St. Thomas    ☐ St. James    ☐ Clarendon  
☐ Portland    ☐ Hanover    ☐ St. Catherine  
☐ St. Mary    ☐ Westmoreland    ☐ Not Stated

(b) Abroad

- ☐ USA    ☐ India  
☐ UK    ☐ S.E. Asia  
☐ Canada    ☐ Other  
☐ Caribbean Country    ☐ Not Stated

**2.4 In what year did you/did ..... come to live in Jamaica?**

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▶ (Go to Section 3)    ☐ Not Stated

**2.5 In what year did you/did ..... come to live in this parish?**

--	--	--	--

☐ Not Stated

**2.6 In what parish did you/did ..... last live?**

- ☐ Kingston    ☐ St. Ann    ☐ St. Elizabeth  
☐ St. Andrew    ☐ Trelawny    ☐ Manchester  
☐ St. Thomas    ☐ St. James    ☐ Clarendon  
☐ Portland    ☐ Hanover    ☐ St. Catherine  
☐ St. Mary    ☐ Westmoreland    ☐ Not Stated

**2.7 Have you/has ..... ever lived outside of Jamaica for five years or more continuously?**

- ☐ Yes    ☐ No (Go to Section 3)    ☐ Not Stated

**2.8 In what country did you/did ..... last live?**

- ☐ USA    ☐ Canada    ☐ Other  
☐ UK    ☐ Caribbean Country    ☐ Not Stated

**2.9 In what year did you/did ..... return to live in Jamaica?**

--	--	--	--

☐ Not Stated

**2.10 What is the main reason why you/why ..... returned to live in Jamaica?**

- ☐ Retirement    ☐ Employment  
☐ Jamaica is Home    ☐ The Weather  
☐ Health Reasons    ☐ Other  
☐ Achieved Objective Abroad    ☐ Not Stated  
☐ Involuntary Return

EDUCATION (For persons 4 years and over)

### SECTION 3

& TRAINING (For persons 14 years and over)

**3.1 What is the highest examination that you have/that ..... has passed?**

- ☐ None  
☐ CXC Basic, JHSC, JSC or JSCE or 3rd JLCL, SSC, JC  
☐ GCE 'O' 1-3, CXC General 1-3, AEB, 1-3  
☐ GCE 'O' 4+, CXC General 4+, AEB 4+, SC  
☐ GCE 'A' 1+, HSC, CAPE 1+  
☐ College Certificate/Diploma  
☐ Associate Degree/Other Certificates and Diplomas  
☐ Degrees and Professional Qualifications  
☐ Other  
☐ Not Stated

**3.2 How many years of schooling have you/has ..... had ?**

--	--

☐ Not Stated



**(IF AGE UNDER 14 YEARS END INTERVIEW)**

**3.3 Are you/is ..... currently being trained for any specific job or occupation ?**

- ☐ Yes    ☐ No (Go to Q 3.8)    ☐ Not Stated



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**3.4 For what job or occupation are you/is ..... being trained ?**

--	--	--	--

☐ Not Stated

**3.5 How is this training being received ?**

**HEART PROGRAMMES**

- ☐ Vocational Training Centre / Academy  
☐ VTDI    ☐ Other    ☐ Not Stated

**OTHER PROGRAMMES**

- |   |   |
|---|---|
| <input type="radio"/> UWI   | <input type="radio"/> UTECH               |
| <input type="radio"/> Northern Caribbean University                 | <input type="radio"/> Nursing School      |
| <input type="radio"/> Community College                             | <input type="radio"/> Apprenticeship      |
| <input type="radio"/> Teacher's College, CASE                       | <input type="radio"/> On the Job Training |
| <input type="radio"/> Other Tertiary                                | <input type="radio"/> Other               |
| <input type="radio"/> Technical School                              | <input type="radio"/> Not Stated          |
| <input type="radio"/> Secretarial/Commercial College                |   |
| <input type="radio"/> Police Training School/Jamaica Police Academy |   |

**3.6 How long is the period of training ?**

- |  |   |
|--|---|
| <input type="radio"/> Under 6 months           | <input type="radio"/> 2 years - under 3 years |
| <input type="radio"/> 6 months. - under 1 year | <input type="radio"/> 3 years and over        |
| <input type="radio"/> 1 year - under 2 years   | <input type="radio"/> Not Stated              |

**3.7 What qualification will you/will ..... receive on completion of training ?**

- |   |  |
|---|--|
| <input type="radio"/> None                  | <input type="radio"/> Professional Qualification |
| <input type="radio"/> Certificate           | <input type="radio"/> Graduate Degree            |
| <input type="radio"/> Associate Degree      | <input type="radio"/> Other                      |
| <input type="radio"/> Diploma               | <input type="radio"/> Not Stated                 |
| <input type="radio"/> Under Graduate Degree |  |

**3.8 Have you ever/has ..... ever been trained for a specific job or occupation in the past ?**

- ☐ Yes    ☐ No ( Go to Section 4 )    ☐ Not Stated

**3.9 For what job or occupation were you/was ..... trained ?**

--	--	--	--

☐ Not Stated

**3.10 How was this training received ?**

**HEART PROGRAMMES**

- ☐ Vocational Training Centre / Academy  
☐ VTDI    ☐ Other    ☐ Not Stated

**OTHER PROGRAMMES**

- |   |   |
|---|---|
| <input type="radio"/> UWI   | <input type="radio"/> CAST/UTECH          |
| <input type="radio"/> West Indies College/NCU                       | <input type="radio"/> Nursing School      |
| <input type="radio"/> Community College                             | <input type="radio"/> Apprenticeship      |
| <input type="radio"/> Teacher's College, CASE                       | <input type="radio"/> On the Job Training |
| <input type="radio"/> Other Tertiary                                | <input type="radio"/> Other               |
| <input type="radio"/> Technical School                              | <input type="radio"/> Not Stated          |
| <input type="radio"/> Secretarial/Commercial College                |   |
| <input type="radio"/> Police Training School/Jamaica Police Academy |   |

**3.11 How long was the period of training ?**

- |  |   |
|--|---|
| <input type="radio"/> Under 6 months           | <input type="radio"/> 2 years - under 3 years |
| <input type="radio"/> 6 months. - under 1 year | <input type="radio"/> 3 years and over        |
| <input type="radio"/> 1 year - under 2 years   | <input type="radio"/> Not Stated              |

**3.12 What qualification did you/did ..... receive on completion of training ?**

- |   |  |
|---|--|
| <input type="radio"/> None                  | <input type="radio"/> Professional Qualification |
| <input type="radio"/> Certificate           | <input type="radio"/> Graduate Degree            |
| <input type="radio"/> Associate Degree      | <input type="radio"/> Other                      |
| <input type="radio"/> Diploma               | <input type="radio"/> Not Stated                 |
| <input type="radio"/> Under Graduate Degree |  |

**ASK Q 3.13 ONLY OF PERSONS WHO HAVE HAD TRAINING IN THE PAST**

**3.13 Are you/is ..... currently working in the job or occupation for which you were/he/she was trained ?**

- ☐ Yes    ☐ No    ☐ Not Stated

**PC01C****ECONOMIC ACTIVITY****SECTION 4***(For persons 14 years and over)***Confidential**

**4.1 Did you/did ..... work for at least one hour during the first week of September 2001 ?**

☐ Yes ( Go to Q4.5 )   ☐ No   ☐ Not Stated

**4.2 Did you/did .....do anything like farming, buying and selling during the first week of September 2001 ?**

☐ Yes ( Go to Q4.5 )   ☐ No   ☐ Not Stated

**4.3 Did you/did ..... do any type of odd job or hustling during the first week of September 2001 ?**

☐ Yes ( Go to Q4.5 )   ☐ No   ☐ Not Stated

**4.4 What were you/was ..... doing for most of the time during the first week of September 2001 ? (READ CATEGORIES)**

- ☐ Working in Agriculture or any other business without pay
- ☐ With job not working ( Go to Q4.6 )
- ☐ Seeking first job ( Go to Q4.15 )
- ☐ Seeking a job which was not the first ( Go to Q4.7 )
- ☐ Did not seek work but wanted work and was available ( Go to Q4.7 )
- ☐ Student ( Go to Q4.14 )
- ☐ Did Home Duties ( Go to Q4.14 )
- ☐ Retired did not work ( Go to Q4.14 )
- ☐ Disabled unable to work ( Go to Q4.14 )
- ☐ Not interested in work ( Go to Q4.14 )
- ☐ Other ( Go to Q4.14 )
- ☐ Not Stated

**4.5 How many hours did you/did ..... work during the first week of September 2001 ?**

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☐ Not Stated

**4.6 Which of the following categories best describes your/ ..... 's main employment? (READ CATEGORIES)**

- ☐ Paid Government Employee
- ☐ Paid Employee in Private Enterprise
- ☐ Paid Employee in Private Home
- ☐ Unpaid Employee in Agriculture or in any other type of business
- ☐ Self Employed with Employees
- ☐ Self Employed without Employees
- ☐ Other
- ☐ Not Stated

**4.7 What kind of work do you do/does ..... do/did you last do/did ..... last do ?**

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☐ Never Worked ( Go to Q4.19 )   ☐ Not Stated

**4.8 What type of business is/was carried on at the work place ?**

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☐ Not Stated

**GO TO Q 4.14 IF RESPONDENT IS NOT CURRENTLY EMPLOYED OTHERWISE CONTINUE**

**4.9 Where is your/is ..... 's place of work located ? (READ CATEGORIES)**

- ☐ In own home or yard   ☐ On a Farm
- ☐ In another home or yard   ☐ Not Stated
- ☐ Not in a private home

**4.10 In which parish do you/does ..... work ?**

- |                                  |  |
|----------------------------------|--|
| <input type="radio"/> Kingston   | <input type="radio"/> Hanover              |
| <input type="radio"/> St. Andrew | <input type="radio"/> Westmoreland         |
| <input type="radio"/> St. Thomas | <input type="radio"/> St. Elizabeth        |
| <input type="radio"/> Portland   | <input type="radio"/> Manchester           |
| <input type="radio"/> St. Mary   | <input type="radio"/> Clarendon            |
| <input type="radio"/> St. Ann    | <input type="radio"/> St. Catherine        |
| <input type="radio"/> Trelawny   | <input type="radio"/> More than one parish |
| <input type="radio"/> St. James  | <input type="radio"/> Not Stated           |



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**Confidential**

**4.11 How many persons including yourself / including ..... are working in the business or at the work place?**

- ☐ 1 person                      ☐ 10 - 19 persons  
☐ 2 - 4 persons                  ☐ 20 + persons  
☐ 5 - 9 persons                  ☐ Not Stated

**4.12 What is the Name and Address of the Business Establishment where you/where ..... work(s) ?**

\_\_\_\_\_

\_\_\_\_\_

- ☐ Don't Know                      ☐ Not Stated

**4.13 What is your/is ..... 's weekly, monthly or annual income from all employment? (\$JA)**

☐ Not Stated

**Weekly**

- ☐ Less than 1,000                      ☐ 10,000 - 19,999  
☐ 1,000 - 1,499                      ☐ 20,000 - 29,999  
☐ 1,500 - 5,999                      ☐ 30,000 - 59,999  
☐ 6,000 - 9,999                      ☐ 60,000 and over

**Monthly**

- ☐ Less than 3,500                      ☐ 40,000 - 79,999  
☐ 3,500 - 5,999                      ☐ 80,000 - 129,999  
☐ 6,000 - 24,999                      ☐ 130,000 - 249,999  
☐ 25,000 - 39,999                      ☐ 250,000 and over

**Annually**

- ☐ Less than 40,000                      ☐ 500,000 - 999,999  
☐ 40,000 - 79,999                      ☐ 1,000,000 - 1,499,999  
☐ 80,000 - 299,999                      ☐ 1.5 million - 2,999,999  
☐ 300,000 - 499,999                      ☐ 3 million and over

**(GO TO Q. 4.15)**

**4.14 When was the last time that you /that ..... worked ?**

**Year**                      **Month**  
                        

- ☐ Never Worked ( Go to Q4.19 )                      ☐ Not Stated

**4.15 What did you/did ..... do most during the past twelve months ?**

- ☐ Worked or had a job  
☐ Looked for first job ( Go to Section 5 )  
☐ Looked for work which was not the first ( Go to Q4.17 )  
☐ Student ( Go to Q4.17 )  
☐ Home Duties ( Go to Q4.17 )  
☐ Retired did not work ( Go to Q4.17 )  
☐ Disabled unable to work ( Go to Q4.17 )  
☐ Not Interested in work ( Go to Q4.17 )  
☐ Other ( Go to Q4.17 )  
☐ Not Stated

**4.16 How many months did you/did ..... work?**

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☐ Not Stated

**4.17 Have you/has ..... ever been laid off permanently or made redundant during the past 5 years ?**

- ☐ Yes                      ☐ No ( Go to Q4.19 )                      ☐ Not Stated

**4.18 In what Industry were you/was ..... working at the time of lay-off or redundancy ?**

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☐ Not Stated

**Q4.19 & Q4.20 FOR PERSONS 60 YEARS AND OVER ONLY**

**IF UNDER 60 YEARS**

**GO TO SECTION 5**

**4.19 Do you/does ..... currently receive any Social Welfare benefits or pension ?**

- ☐ Yes                      ☐ No ( End Interview )                      ☐ Not Stated

**4.20 What benefits or pension ? (Tick all applicable)**

- ☐ Employment related pension                      ☐ Other  
☐ National Insurance                      ☐ Not Stated  
☐ Food Stamps  
☐ Other Public Assistance/Poor Relief

**PC01C****Confidential****SECTION 5**

*FERTILITY*  
(For Females 14-49 years)

5.1 Have you/has .....ever had liveborn children ?

☐ Yes    ☐ No ( End Interview )    ☐ Not Stated

5.2 How many liveborn children and of what sex ?

Total      Male      Female

**If Not Stated Record 99**

5.3 How many liveborn children are still alive ?

Total      Male      Female

**If Not Stated Record 99**

5.4 How old were you/was..... when you had your/  
she had her/first liveborn child?

   ☐ Not Stated

5.5 How old were you/was..... when you had your/  
she had her/last liveborn child?

   ☐ Not Stated

5.6 Did you/did ..... have any livebirths during the  
past 12 months ?

☐ Yes    ☐ No ( End Interview )    ☐ Not Stated

5.7 How many livebirths did you/did ..... have in the  
past 12 months ?

Total      ☐ Not Stated

☐ One Birth    ☐ More than two Births

☐ Two Separate Births    ☐ Not Stated

☐ Twins

5.8 Of what sex were the children who were born in the  
past 12 months and were the births registered?

Child No.	Sex		Not Stated	Registered			
	M	F		Yes	No	Don't Know	Not Stated
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.9 Have any of the children who were born during the  
past 12 months died ?

☐ Yes    ☐ No ( End Interview )    ☐ Not Stated

5.10 How many of the children who were born in the  
past 12 months have died ?

Total      Male      Female

**If Not Stated Record 99**

5.11 Of what sex and age (in months) were the children  
who died and were the deaths registered ?

Child No.	Sex		Not Stated	Age	Registered			
	M	F			Yes	No	Don't Know	Not Stated
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If Not Stated Record 99**



\* 0 0 8 4 2 6 7 5 4 \*



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