CENSUS DISTRICT

HOUSEHOLD NUMBER

CONFIDENTIAL

Under the Authority of the Statistics Act 2002

BERMUDA 2010 CENSUS OF POPULATION AND HOUSING

MAY 20, 2010

		RECORD (OF VISITS		
INTERVIEWER CALLS	1	2	3	4	5
DATE					
TIME STARTED					
TIME ENDED					
DURATION					
RESULTS*					
*Results Codes: 1 = Completed 5 = Derelict dwelling 2 = Partially completed 6 = Refused 3 = Appointment made 7 = Other (Specify) 4 = Vacant dwelling 4 = Vacant dwelling					
INTERVIEWER					
NAME					
FIELD SUPERVISO	R				
NAME					
EDITOR					
NAME					
CODER					
NAME					
SCANTRON Mark Reflex® EM-2				NTRON CORPORATION 2010	ALL RIGHTS RESERVED.
	PLEASE DO NOT V	VRITE IN THIS AR	REA		

	INSTI	RUCTIONS		
se number 2 pencil o rase cleanly any mar ncorrect Marks	only k you wish to change		he oval completely u e no stray marks Correct Mark	sing a dark mark
			•	
ID2. CENSUS DISTRICT □ □ <t< td=""><td>ID3. CONSTITUENCY 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 3 9 9</td><td></td><td>Correct Mark Correct Mark ID5. HOUSEHOLD NUMBER</td><td>ID6. ASSESSMENT 0 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 2</td></t<>	ID3. CONSTITUENCY 0 0 1 1 2 2 3 3 4 4 5 5 6 6 7 7 8 3 9 9		Correct Mark Correct Mark ID5. HOUSEHOLD NUMBER	ID6. ASSESSMENT 0 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 2

HOUSEHOLD LISTING

HL1. Including yourself, how many persons were living in this household or staying here on Census Day, Thursday, May 20th, 2010? Please include babies, household members who were temporarily in the hospital, overseas for vacation, study, or other purposes, as well as visitors and boarders on Census Day.

0123456789

HL2a. Please tell me the names of each of these persons and whether or not they usually live in this household, or if they live elsewhere in Bermuda or overseas. For those persons that usually live in this household, please tell me how each are related to the household reference person and what their marital status is.

	USUALLY LIVES IN THIS HOUSEHOLD							
PERSON NUMBER	NAME (SURNAME FIRST)	RELATIONSHIP TO HOUSEHOLD REFERENCE PERSON	AGE	MARITAL STATUS				
1		Household Reference Person						
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

USUALLY LIVES IN THIS HOUSEHOLD—CONTINUED ERSON UMBER RELATIONSHIP TO HOUSEHOLD REFERENCE PERSON AGE MARITAL STATUS Image: Ima

HL2b	. Household Type						
	0123456789						
	0123456789						
	0123456789						
	0123456789						
	0123456789						
	0123456789						
	0123456789						

_

HL3. USUALLY LIVES ELSEWHERE IN BERMUDA OR OVERSEAS E = Elsewhere (If "E", go to HL4) O = Overseas (If "O", end interview)	
NAME (SURNAME FIRST)	Elsewhere/ Overseas

HL4. FOR PERSONS WHO USUALLY LIVE ELSEWHERE IN BERMUDA

Is there anyone at the home you usually reside in to answer the Census questions on your behalf?

○ Yes (*End interview for this person.*)

 \bigcirc No (Enter name and address below and complete a separate questionnaire.)

Name		
Address		ŀ
Address		
Phone # Home	1	
		Ļ
Phone # Work		

Name	
Address	
Phone # Home	
Phone # Work	

AGE

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SERIAL #

FL3a. How	many persons	make up	family #3?

PERSON NUMBER	NAME (SURNAME FIRST)	AGE	RELATIONSHIP TO FAMILY REFERENCE PERSON
			Family Reference Person

AGE	RELATIONSHIP TO FAMILY REFERENCE PERSON	OFFICE FL2b. F

01234567890123456789

RELATIONSHIP

REFERENCE

PERSON

FL2a. How many persons make up family #2?

PERSON NUMBER	NAME (SURNAME FIRST)	AGE	TO HOUSEHOLD REFERENCE PERSON
1			Household Reference Person

I will now need to place each household member in his or her family grouping. We shall



OFFIC FL2b.										
		1	<u>v</u>	~ ,		5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	(8)	9

L2b.	Family Type
	0123456789
	0123456789
	0123456789
	0123456789
	0123456789
	0123456789
	0 1 2 3 4 5 6 7 8 9

012345678901234567890 1 2 3 4 5 6 7 8 9 0123456789012345678901234567890 1 2 3 4 5 6 7 8 9

0123456789

0123456789

0123456789 0123456789

FL1a. How many persons are in this family?

Familv #1

start with the family of the household reference person.

FAMILY LISTING

NAME (SURNAME FIRST)

PERSON

NUMBER

FAMILY LISTING

0 1 2 3 4 5 6 7 8 9 0123456789

FL4a. How	many persons make up family #4?	0 1 2 3 4 5 6 7 8 9				
Family i	#4					
PERSON NUMBER	NAME (SURNAME FIRST)	AGE	RELATIONSHIP TO HOUSEHOLD REFERENCE PERSON	OFFICE USE ONLY FL4b. Family Type		
			Family Reference Person			
				012345670		
		01	23456789			
FL5a. How	many persons make up family #5?		23456789			
Family :	#5					
			RELATIONSHIP			
PERSON	NAME (SURNAME FIRST)	AGE	TO FAMILY			
NUMBER			REFERENCE PERSON	FL5b. Family Type		
			Family Reference Person			
				01234567		
				012345670		
				012345670		
FL6a. How	many persons make up family #6?		2 3 4 5 6 7 8 9 2 3 4 5 6 7 8 9			
Family a	#6		RELATIONSHIP			
PERSON	NAME (SURNAME FIRST)	AGE	TO FAMILY			
NUMBER	TANAL (SUMPLIE HINST)		REFERENCE PERSON	OFFICE USE ONLY FL6b. Family Type		
			Family Reference Person	0 1 2 3 4 5 6 7 0		
				012345670		
				012345670		
		OFFICE USE (
	nany families make up this household?	F	L8. Usual household size			
	23456789 23456789		0123456 0123456			
((())(1)						

FL5a. How many persons make up family #5?

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

Family #	#5			
PERSON NUMBER	NAME (SURNAME FIRST)	AGE	RELATIONSHIP TO FAMILY REFERENCE PERSON	OFFICE USE ONLY FL5b. Family Type
			Family Reference Person	0123456789
				0123456789
				0 1 2 3 4 5 6 7 8 9
				0123456789
				0123456789
				0123456789
				0 1 2 3 4 5 6 7 8 9

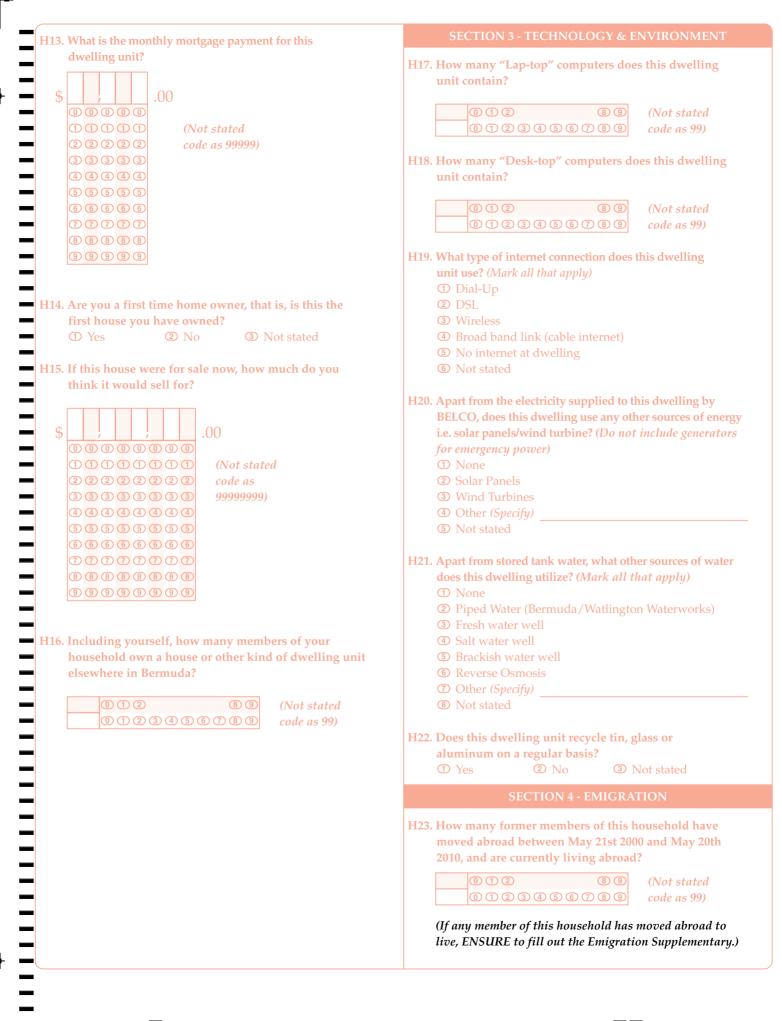
Family :	#6			
PERSON NUMBER	NAME (SURNAME FIRST)	AGE	RELATIONSHIP TO FAMILY REFERENCE PERSON	OFFICE USE ONLY FL6b. Family Type
			Family Reference Person	0123456789
				0 1 2 3 4 5 6 7 8 9
				0123456789
				0 1 2 3 4 5 6 7 8 9
				0 1 2 3 4 5 6 7 8 9
				0123456789
				0123456789
		!		

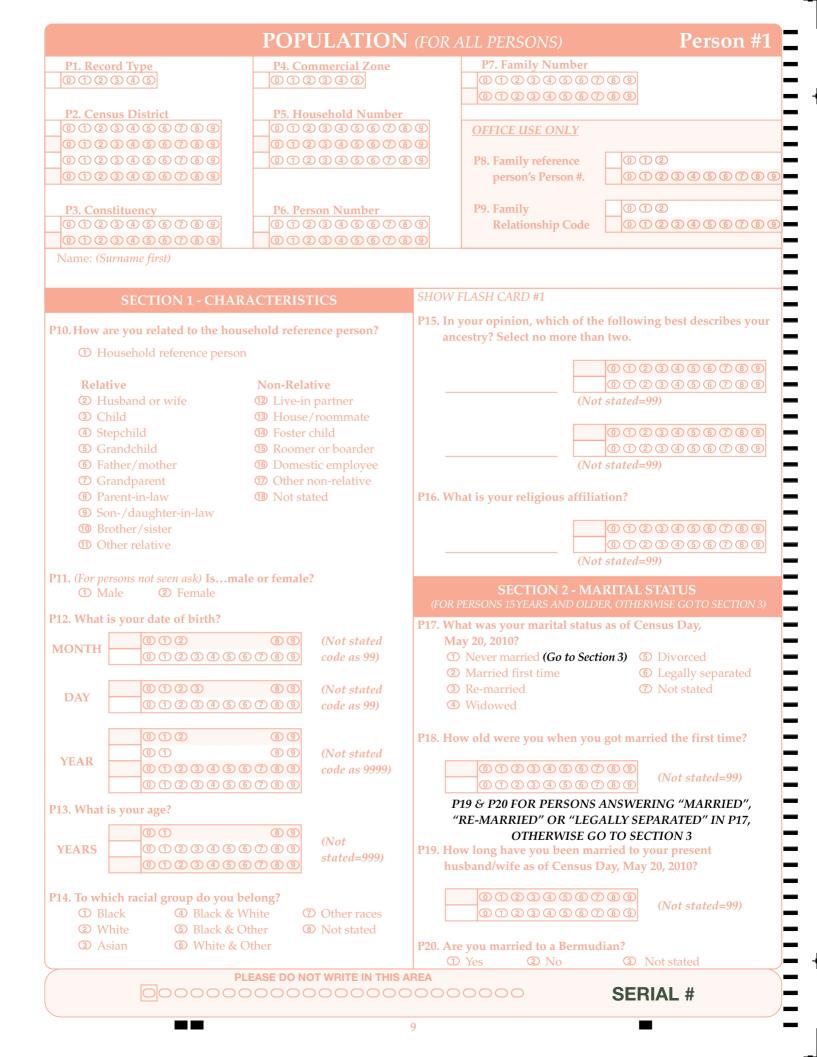
	<u>OFFICE USE ONLY</u>					
FL7. How	many families make up	this household?		FL8. U	sual household size?	
00	D 2 3 4 5 6 7 8 9				0 1 2 3 4 5 6 7 8	9
00	D 2 3 4 5 6 7 8 9				0 1 2 3 4 5 6 7 8	9

HOUSING (ANSWERED BY HOUSEHOLD REFERENCE PERSON) H1. How would you describe the type of building that your H8. Is this dwelling unit... household occupies? **Owner-occupied** ² 2 Apartments ① Owned by you or another household member with a ③ 3 Apartments mortgage or loan? (Go to H13) ④ 4 - 6 Apartments ^② Owned by you or another household member without a **(5)** 7+ Apartments mortgage or loan? (Go to H14) Residential/attached to commercial property Non-owner-occupied ⑦ Attached to group dwelling (Go to H3) (B) Group dwelling (Go to P1) ③ Rented as partly/fully furnished for cash? Non-sheltered dwelling (Go to P1) ④ Rented as unfurnished for cash? 1 Boat (Go to H16) ⑤ Occupied without any household member paying any ① Other (Specify) cash rent? (Go to H11) ¹² Not stated ⁽⁶⁾ Not stated H2. Is this dwelling unit part of a condominium development? H9. What is the monthly cash rent payable for this ② No ③ Not stated dwelling unit? H3. In what year or period was this dwelling unit first built? **①** 2010 .00 **9** 2002 2 2009 **10** 2001 22222 **④** 2007 1990 - 1999 *code as 99999)* **5** 2006 **13** 1980 - 1989 33333 **6** 2005 **1970 - 1979** (4) (4) (4) (4)55555 **⑦** 2004 **(15)** Before 1970 **a** 2003 ⁽¹⁶⁾ Not stated 66666 77777 H4. In what year did you move into this dwelling unit? 88888 99999 89 89 (Not stated H10. Is your rent subsidized in any way? 0123456789code as 9999) ① Yes, by Government 0123456789 ⁽²⁾ Yes, by a private company ③ Yes, by a private individual H5. How many rooms does your dwelling unit contain, ④ No excluding bathrooms, hallways, open patios and garages? (5) Other (*Specify*) ⁽⁶⁾ Not stated 89 (Not stated 0123456789H11. Is this dwelling unit under rent control? *code as 99)* H6. How many bedrooms are there; that is, how many 2 No bedrooms would be listed if this house or apartment ③ Don't know were on the market for sale or rent? ④ Not stated (Not stated H12. Is this dwelling unit... 0123456789code as 99) ① Privately owned? ² Publicly owned? Go to H16 H7. How many full bathrooms does this dwelling contain? ③ Don't know (i.e., sink, toilet and shower/bathtub) ④ Not stated 012(Not stated 89 0123456789code as 99)

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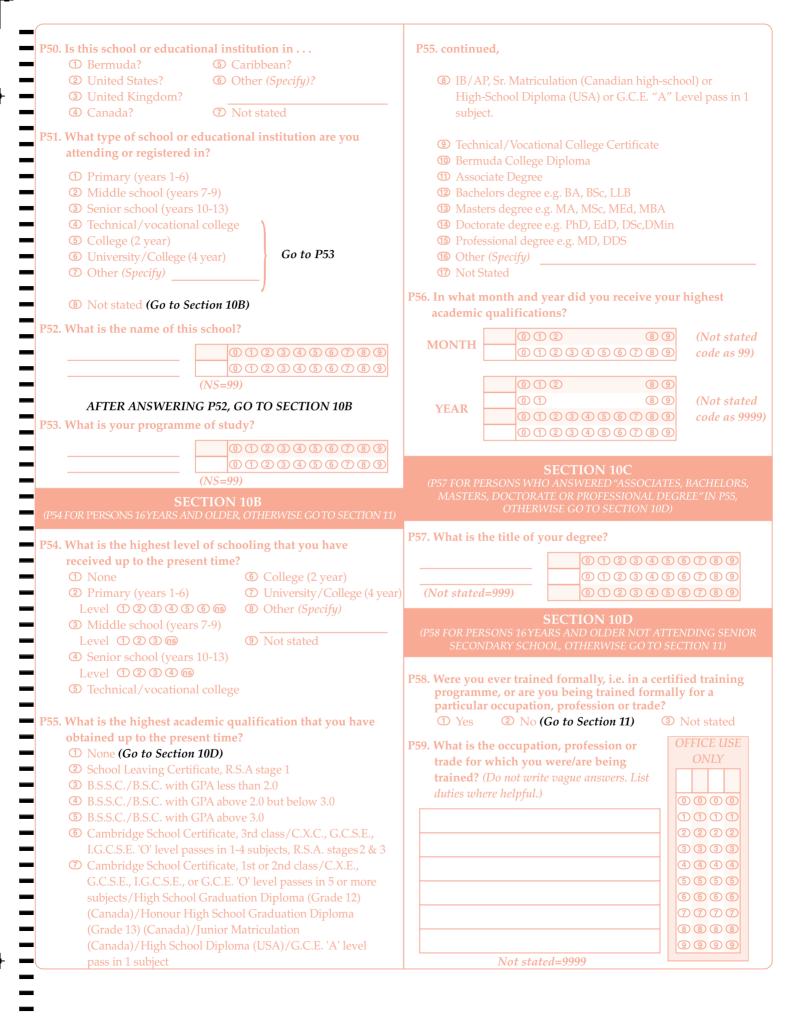
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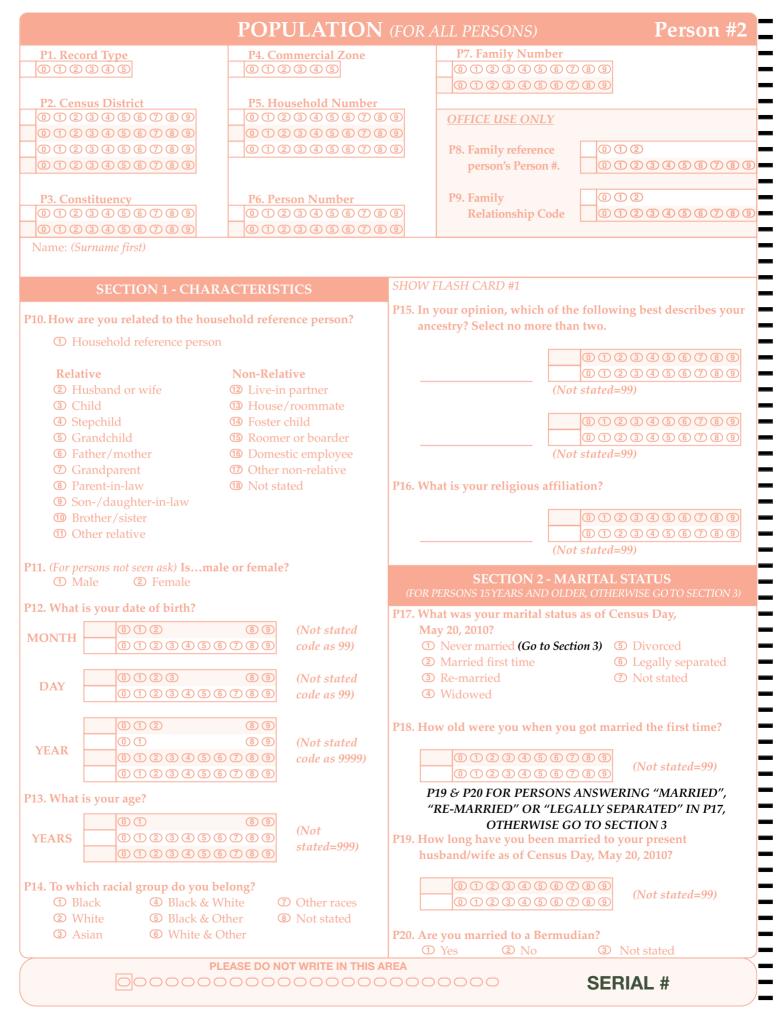
SECTION 3 - BIRTHPLACE P21. In which country were you born? Image: Imag	D (7) (8) (9) (5) House condemned (13) Cohabitate/roommat
IF COUNTRY OF BIRTH IS BERMUDA, GO TO SEC	
SECTION 4A - INTERNATIONAL MIGRA	TION P30. What was your last parish of residence?
P22. When did you last come to Bermuda to live?	 ① St Geo. ② Town ③ Ham. ④ Smiths ⑤ Dev. ⑥ Pem. ⑦ City ⑧ Paget ⑨ War. ⑩ South ⑪ Sand ⑩ Not stated
0123456789	SECTION 6 - BERMUDIAN STATUS
0 1 2 3 4 5 6 7 8 9 (NS=9999	Bermudian
AFTER ANSWERING P22, GO TO SECTIO	N 5 ① Bermudian?
SECTION 4B (P23 & P24 FOR PERSONS 1 YEAR AND OVER WHO WER BERMUDA, OTHERWISE GO TO SECTION 5) P23. Have you ever lived abroad for 1 year or more co other than for educational or health purposes? ① Yes ② No (Go to Section 5) ③ Not st	③ Non-Bermudian-Spouse of Bermudian?Sectionntinuously,④ Other Non-Bermudian?7⑤ Not stated5atedP32. How did you acquire this status?
P24. When did you last return to Bermuda to live?	 ① Birth (Go to Section 7) ④ Grant of status ② Marriage ⑤ Not stated
0 1 2 8 9	Domicile under 1937 Act
	P33. When did you acquire this status?
0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 (NS=9999)	
SECTION 5 - INTERNAL MIGRATIC	
P25. In the past 5 years, how many times have you moved residence within Bermuda?	0 1 2 3 4 5 6 7 8 9 (NS=9999) SECTION 7 - CHILD CARE
0 1 2 3 4 5 6 7 8 9 (NS=99)	(FOR CHILDREN 0 – 5 YEARS WHO ARE NOT IN PRIMARY SCHOOL OTHERWISE GO TO SECTION 8A)
0 1 2 3 4 5 6 7 8 9 If 00 go to	
P26. What was the primary reason for your last move	
① Asked to leave ③ Moved from	
 ② Evicted by landlord ③ Lease expired ① Affordabilit 	
 ③ Lease expired ④ Residence was sold ④ Fire/disaste 	
⑤ House condemned ⑥ Cohabitate/	
Needed less space 19 Other (Speci	
 ⑦ Needed more space ⑧ Married/divorced/separated ⑨ Not stated 	P35. How much do you spend on 's child care per week?
Dog What was your last period of residence?	\cdots 's child care per week? 0000
P27. What was your last parish of residence? ① St Geo. ② Town ③ Ham. ④ Smiths ④	
	© South 2222
1 Sand 1 Not stated	3 <mark>3 3</mark>
P28. In the past 12 months, how many times have you	
moved residence within Bermuda?	
0 1 2 3 4 5 6 7 8 9 (NS=99)	
	Section 6 9 9 9 9

SECTION 8A - FERTILITY FOR PERSONS 15 YEARS AND OLDER, OTHERWISE GO TO SECTION 9,	c) Prevent you from leaving home alone?
P36. How many liveborn children have you had/fathered?	① Yes② No③ Not stated
0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 (NS=99)	d) Prevent you from taking care of your own personal needs such as bathing, dressing or getting around inside the home?
(If 0, enter 00 and Go to Section 9)	① Yes ② No ③ Not stated
(1) 0, enter 00 unu Go to Section 9)	
?37. How old were you at the birth of your first live-born child?	e) Generally confine you to getting around in a wheel chair?
	① Yes ② No ③ Not stated
0 1 2 3 4 5 6 7 8 9	
	P41 f & g ARE FOR PERSONS 12 YEARS & OLDER, OTHERWISE GO TO P42
'38. How old were you at the birth of your last live-born child ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	
0 1 2 3 4 5 6 7 8 9 (NS=99)	f) Prevent you from working? ① Yes (<i>Go to P42</i>) ② No ③ Not stated
	g) Limit the kind or amount of work that you can do?
SECTION 8B	① Yes ② No ③ Not stated
(P39 IS FOR WOMEN 15–49 YEARS OLD, OTHERWISE GO TO SECTION 9	
	P42. Do you receive any hired nursing care for your
239. How many babies were born alive to you during the	condition(s)?
past 12 months ending May 20th 2010?① None③ Twins⑤ Three or more	 ① Yes - public care ② Yes - private care ③ Not stated
 ② One ④ Two separate births ⑤ Not stated 	 3 Yes - public & private care 5 Not stated
Conce Constitute on this Conversion	Concompanie a private care
SECTION 9 – HEALTH	P43. Do you receive any hired rehabilitation services for
	your condition(s)?
SHOW FLASH CARD #2 P40. Please look at this card and tell me which of the followin	① Yes - public care ④ None
health conditions, if any <u>lasted more than six months</u> .	e les private care e rior barea
(Please mark all that apply)	③ Yes - public & private care
① No conditions present	P44. Do you regularly take doctor prescribed medications on a
(Go to P44) ⁽²⁾ Hearing difficulties	daily, weekly or monthly basis?
② Arthritis/rheumatism ② Complete deafness	① Yes ② No ③ Not stated
③ Heart condition② Speaking difficulties	
HBP/hypertension Gripping/holding difficulty Dilleter	
 ⑤ Diabetes Type I ⑥ Diabetes Type II ⑧ Seeing diffs. with lenses 	 ① Major medical ② Basic ③ None
 ⑦ No/limited use of legs ⑧ Complete blindness 	③ Future Care ⑤ Not stated
 Back/spine problem Behavioural difficulty 	
③ Asthma② Moving/mobility difficulty	SECTION 10A - EDUCATION & TRAINING
Other resp/lung problem Body movement difficulty	(FOR PERSONS 5 YEARS AND OLDER WHO ARE NOT ATTENDING PRESCHOOL, OTHERWISE GO TO SECTION 11)
① Mental/emotional disorder ③ Drug dependency	
 12 No/limited use of arms 13 Cancer 14 Alcohol dependency 15 Alcohol dependency 16 Alcohol dependency 	
 ① Cancer ② Autism/PD ① Stomach, kidney, liver ③ Sickle-Cell Anaemia 	P46. Are you attending, or registered in, a school or any educational institution now? (Exclude courses taken at the
(1) Senility/Alzheimer's (2) Successful Anaemia	Community Centres and any recreational courses.)
16 Muscular disease 35 Other condition	① Yes ② No (Go to Section 10B) ③ Not stated
① Learning disabled (Specify)	
19 Epilepsy	P47. Are these classes taught
3 Not stated	① In class? ③ Combination of in class and online
241. Does your condition(s)	② Online? ④ Not stated
a) Limit or prevent any of your everyday life activities; for example, work, recreation, mobility, schooling?	P48. Do you attend full time or part time?
① Yes ② No (Go to P42) ③ Not stated	① Full time ② Part time ③ Not stated
	2 Fair ante Controllate Controllated
b) Limit the kind/amount of activity at home/school?	P49. Is this school or educational institution public or private?
① Yes ② No ③ Not stated	① Public ② Private ③ Not stated
000000000000000000000000000000000000000	SERIAL #



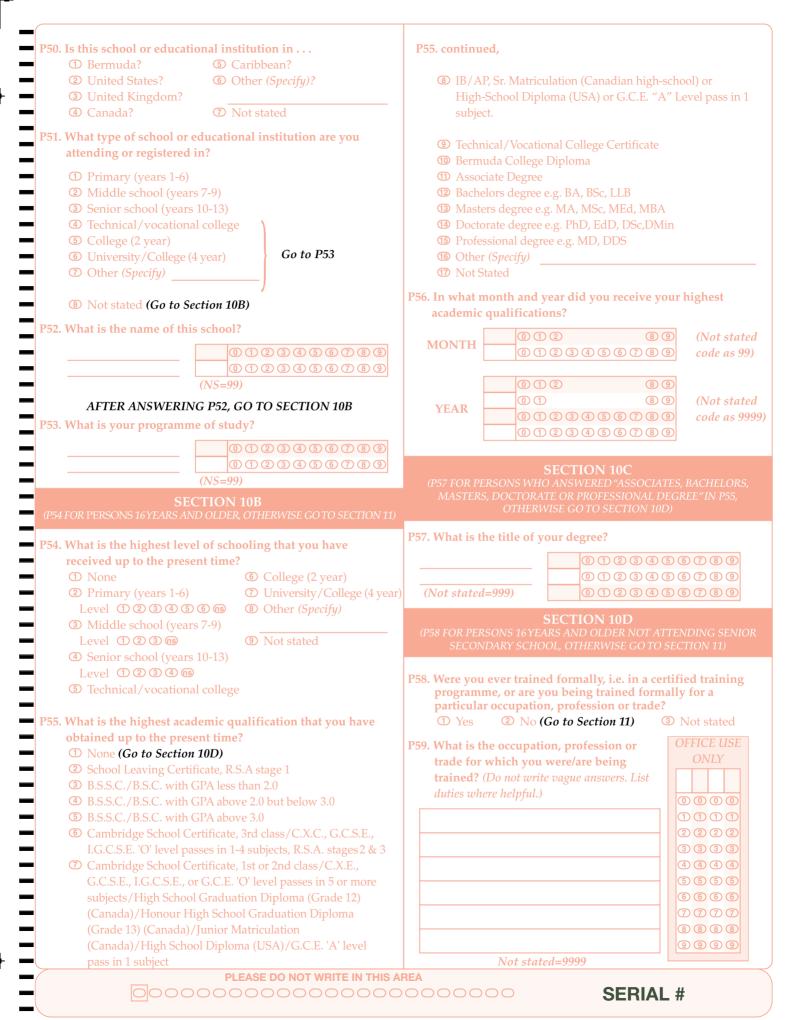
	SHOW FLASH CARD #3
P60. What is the present status of your training, i.e. is it complete, not complete or ongoing?	P67. What were you doing during the week of 13th -19th May?
① Complete ③ Not complete	Were you
(Go to Section 11) (Go to Section 11)	Working
② Ongoing ④ Not stated	① Working for pay, including babysitting, dressmaking,
P61. What year do you expect to complete your training?	baking, etc. at home?
	② Working for pay as an apprentice?③ Full-/part-time student working for pay/tips?
	 Working without pay in a family business or farm, even
0 1 2 3 4 5 6 7 8 9 (NS=9999)	while a full-/part-time student?
0 1 2 3 4 5 6 7 8 9	S With a job but not at work, even while a full-/part-time
SECTION 11 - JOURNEY TO WORK/SCHOOL	student? (Go to P69)
	NotWorking
P62. How do you usually travel to your (main) place of work or school? (If more than one form of travel is used, mark oval that	Not Working For persons 16 years & over
covers the longest distance.)	6 Seeking work for the first time?
① Drives alone in car ① Pedal cycle	D Looking for work?
② Car with household member ^① By foot	Not actively seeking work?
③ Car w/household non-member ④ Private boat	③ Engaged in home duties?
 ④ Car w/household member & ④ Ferry ④ Name along the data of the set of	10 Voluntary work without pay?10 Upable to work?10 Go to
non-member (15) No usual method	① Unable to work? (Go to ② Retired? Section 13A)
 Motorcycle Works or studies at Bus home (Go to Section 124) 	Tetrieu:
⑦ Minibus ⑦ Overseas at school	10 persons 12 years & over13 Full-/part-time student looking for work?
(Go to Section 12A)	¹ Full-/part-time student without a job?
③ Para-transit ④ Does not work	15 Other
<pre>10 Van/truck/ (Go to Section 12A)</pre>	16 Not stated
commercial vehicle 19 Not stated	P68. How many paid jobs did you <u>report to</u> during the week
P63. Where do you usually report for work in your (main) job or school?	
① City of Hamilton ③ Paget	JOBS 1 2 3 49 49
② Elsewhere in Pembroke③ Warwick	
③ Town of St. George ④ Southampton	P69. How many paid jobs were you <u>employed in</u> during the week of
Southside in St. George's Sandys	the 13th–19th May, whether you were at work or not?
⑤ Elsewhere in St. George's ③ Dockyard	JOBS 1 2 3 🕀 🚯
(6) Hamilton Parish(7) No regular fixed reporting	
 ⑦ Smith's point (Go to P65) ⑧ Devonshire ⑨ Not stated 	P70. How many hours do you normally work in your main job in a typical week, including overtime whether you are paid for
The Devolution of the stated	it or not?
P64. How long does it usually take to get there?	
	HOURS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
MINUTES 0123456789 (NS=999)	100KS 0 1 2 3 4 5 6 7 8 9 (NS=99)
0 1 2 3 4 5 6 7 8 9	SECTION 12B
P65. What time do you have to start work in your (main) job or school? (Use the 12 hour clock)	
0 (1) (8) (9) (NS=9999)	(P71 FOR PERSONS WITH 2 OR MORE JOBS, OTHERWISE GO TO P72)
HR:MIN 0123456789 (Shift work=	P71. Excluding your main job, how many paid hours do you
	normally work in your other job(s) in a typical week?
PM 0 1 2 3 4 5 6 7 8 9	HOURS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
SECTION 12A- ECONOMIC ACTIVITY	$(0 \ 1 \ 2 \ 3 \ 4 \ 5 \ 6 \ 7 \ 8 \ 9) (NS=99)$
(FOR PERSONS 12 YEARS AND OLDER, OTHERWISE GO TO SECTION 14)	
P66. Including any time off for paid holidays, sick leave and unpaid	your main job during the week of 13th - 19th May?
work in a family business, how many months did you work for pay	Self-employed
in Bermuda during the past 12 months ending in May 20th 2010?	With paid help (Employer)
(NS=99)	② Without paid help
0 1 2 3 4 5 6 7 8 9	③ As unpaid worker in a family business/farm
PLEASE DO NOT WRITE IN THIS	

 P72. continued, Worked for someone else ④ Bermuda Government ⑦ Private com ⑤ Quango ⑥ Owner/ma ⑥ Foreign Government ⑨ Not stated P73. What is the name of the company or busine you are employed in your main job? (If resp employed, write the trading name of the enterprive Name of company:	nager (incorporated) ss in which ondent is self	 P78. During the 12 months ending May 20th 2010, did you receive income from other jobs? ① Yes ② No (Go to Section 13B) ③ Not stated P79. (SHOW FLASH CARD #4) Please tell me which letter code describes the typical GROSS income range you received from other jobs in the last 12 months ending May 20th 2010. LETTER A B C D E F G H D J K D M N O P O MS
		SECTION 13B
P74. What kind of business or activity is <u>mainly</u> car	rried on at your	(P80 FOR PERSONS 55 YEARS AND OLDER, OTHERWISE GO TO P82)
(main) place of work? (Do not write vague answ		P80. During the 12 months ending May 20th 2010, did you receive
	OFFICE USE	any income from pensions?
_	ONLY	① Yes ② No (Go to P82) ③ Not stated
		P81. Please look carefully at this card and tell me the letter code that
		describes your pension income for the 12 months ending May
	$ \begin{array}{c} 1 \\ 1 \\ 1 \\ 1 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2 \\ 2$	20th, 2010. Please include pension income from all sources.
	3333	
	4444	
-	55555	
	66666	P82. During the past 12 months ending May 20th 2010, did you
	77777	receive any income in the form of rents from owned property?① Yes② No (<i>Go to P84</i>)③ Not stated
Not stated=99999	99999	
		P83. Please look carefully at this card and tell me the letter code that best describes the GROSS earnings you received from the renting of
P75. What is your occupation, profession or trade		owned property. Also include any receipts from subletting.
 in your main job? (Do not write vague answers. List duties where helpful.) 	OFFICE USE	
	ONLY	LETTER (A) (B) (C) (D) (E) (E) (G) (H) (J) (C) (L) (M) CODE (N) (O) (P) (Q) (G)
	0000	P84. During the past 12 months ending May 20th 2010, did you
		receive regular social or financial assistance payments from
	2222 3333	government or private sources?① Yes② No (Go to P86)③ Not stated
	5555	P85. Please look at this card and provide me with the letter code that best describes the income range of your regular
	6666	financial assistance payments.
Not stated=9999	8888 9999	LETTER ABCDEFGHIJKLM CODE NOPOMS
SECTION 13A - INCOME		P86. During the past 12 months ending May 20th 2010, did you
(FOR PERSONS 12 YEARS AND OLDER, OTHERWISE G	GO TO SECTION 14)	
P76. During the 12 months ending May 20th 201	0, did you receive	alimony or child support? ① Yes ② No (<i>Go to Section</i> 14) ③ Not stated
income from wages, salaries, tips or self em	ployment?	
YesNo (Go to Section 13B)	③ Not stated	P87. Please provide me with the letter code that best describes
P77. Please look at this card and tell me which o	f these letter	the total income you received from these other sources.
codes best describes your GROSS income r		
main job. Be sure to include tips, bonuses a	nd	
commissions <u>before deductions</u> . If self emp	oloyed report	SECTION 14 - WHERE SPENT CENSUS NIGHT
NET earnings from operations.		P88. Were you in Bermuda or abroad on Census Night (May 20, 2010)?
		① Bermuda ② Abroad ③ Not stated
		(Go to next person)



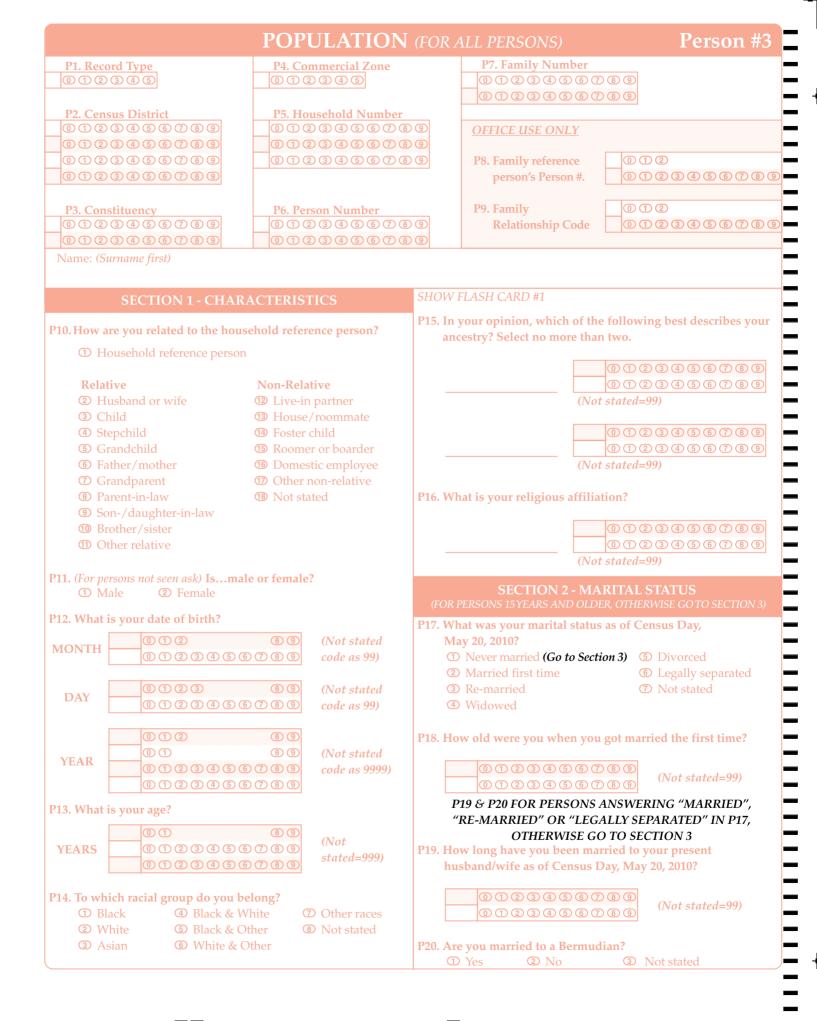
SECTION 3 - BIRTHPLACE P21. In which country were you born?	P29. What was the primary reason for your last move? ① Asked to leave ③ Moved from homester ③ Fuicted by landlard ④ Purchased pay homester
0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 (Not stated=999)	 ② Evicted by landlord ③ Lease expired ④ Affordability ④ Residence was sold ⑤ House condemned ⑥ Needed less space ⑥ Needed more space ⑧ Married/divorced/separated ⑨ Not stated
IF COUNTRY OF BIRTH IS BERMUDA, GO TO SECTION 4B SECTION 4A - INTERNATIONAL MIGRATION	
	P30. What was your last parish of residence? ① St Geo. ② Town ③ Ham. ④ Smiths ⑤ Dev.
P22. When did you last come to Bermuda to live?	6 Pem.7 City8 Paget9 War.9 South10 Sand12 Not stated
	SECTION 6 - BERMUDIAN STATUS
0 1 2 3 4 5 6 7 8 9 (NS=9999)	P31. What is your current status? Are you Bermudian
AFTER ANSWERING P22, GO TO SECTION 5	① Bermudian?
SECTION 4B (P23 & P24 FOR PERSONS 1YEAR AND OVER WHO WERE BORN IN BERMUDA, OTHERWISE GO TO SECTION 5) P23. Have you ever lived abroad for 1 year or more continuously, other than for educational or health purposes?	Non-BermudianGo to② Permanent Resident Certificate Holder?Go to③ Non-Bermudian-Spouse of Bermudian?Section④ Other Non-Bermudian?7⑤ Not stated
 ① Yes ② No (<i>Go to Section 5</i>) ③ Not stated P24. When did you last return to Bermuda to live? 	P32. How did you acquire this status?① Birth (Go to Section 7)④ Grant of status
0 1 2 8 9 0 1 2 3 4 5 6 7 8 9	 ② Marriage ③ Domicile under 1937 Act P33. When did you acquire this status?
0 1 2 3 4 5 6 7 8 9 (NS=9999)	0 1 2 8 9
SECTION 5 - INTERNAL MIGRATION	
	0 1 2 3 4 5 6 7 8 9 (NS=9999)
P25. In the past 5 years, how many times have you moved residence within Bermuda?	SECTION 7 - CHILD CARE (FOR CHILDREN 0 – 5 YEARS WHO ARE NOT IN PRIMARY SCHOOL
0 1 2 3 4 5 6 7 8 9 (NS=99) 0 1 2 3 4 5 6 7 8 9 If 00 go to Section 6	OTHERWISE GO TO SECTION 8A) P34. How is cared for during working hours? ① By you or your spouse/partner in your home
P26. What was the primary reason for your last move?	② By a child care provider in your home
 ① Asked to leave ② Evicted by landlord ③ Purchased new home 	 ③ In another home with no more than 2 other children ④ In another home with no more than 3 or 4 other children
③ Lease expired ① Affordability	In another home with 5 or more other children
 ① Residence was sold ① Fire/disaster 	⑤ In a public nursery, daycare centre or preschool
 ⑤ House condemned ⑥ Needed less space ⑦ Other (Specify) 	 ⑦ In a private nursery, daycare centre or preschool ⑧ Not stated
 ⑦ Needed more space ⑧ Married/divorced/separated ⑨ Not stated 	P35. How much do you spend on
P27. What was your last parish of residence?	's child care per week? \$
① St Geo. ② Town ③ Ham. ④ Smiths ⑤ Dev. ⑥ Pem. ⑦ City ⑧ Paget ⑨ War. ⑩ South	① ① ① ① (NS=9999) ② ② ② ②
1 Sand 1 Not stated	3 3 3 4 4 4 5 5 5
P28. In the past 12 months, how many times have you moved residence within Bermuda?	
0 1 2 3 4 5 6 7 8 9 (NS=99)	888
0 1 2 3 4 5 6 7 8 9 If 00 go to Section 6	999

SECTION 8A - FERTILITY FOR PERSONS 15 YEARS AND OLDER, OTHERWISE GO TO SECTION 9)	c) Prevent you from leaving home alone? ① Yes ② No ③ Not stated
236. How many liveborn children have you had/fathered? 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 (If 0, enter 00 and Go to Section 9) (NS=99) (NS=99) (NS=99) (NS=99) (NS=99)	 d) Prevent you from taking care of your own personal needs such as bathing, dressing or getting around inside the home? ① Yes ② No ③ Not stated
237. How old were you at the birth of your first live-born child?	e) Generally confine you to getting around in a wheel chair? ① Yes ② No ③ Not stated
(WS-55) 38. How old were you at the birth of your last live-born child?	P41 f & g ARE FOR PERSONS 12 YEARS & OLDER, OTHERWISE GO TO P42
0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 (NS=99)	f) Prevent you from working?① Yes (Go to P42)② No③ Not stated
SECTION 8B (P39 IS FOR WOMEN 15–49 YEARS OLD, OTHERWISE GO TO	g) Limit the kind or amount of work that you can do? ① Yes ② No ③ Not stated
'39. How many babies were born alive to you during the past 12 months ending May 20th 2010? ① None ③ Twins ⑤ Three or more ② One ④ Two separate births ⑥ Not stated	P42. Do you receive any hired nursing care for your condition(s)? ① Yes - public care ④ None ② Yes - private care ⑤ Not stated ③ Yes - public & private care
SECTION 9 – HEALTH	P43. Do you receive any hired rehabilitation services for your condition(s)?
SHOW FLASH CARD #2 240. Please look at this card and tell me which of the following health conditions, if any <u>lasted more than six months</u> . (Please much all that anyly)	① Yes - public care ④ None
 (Please mark all that apply) ① No conditions present (Go to P44) (Please mark all that apply) ① Learning difficulties 	P44. Do you regularly take doctor prescribed medications on a daily, weekly or monthly basis?
② Arthritis/rheumatism③ Heart condition② Speaking difficulties	① Yes ② No ③ Not stated
 ④ HBP/hypertension ⑤ Diabetes Type I ② Gripping/holding difficulty ③ Seeing difficulties 	P45. What type of health insurance coverage, if any, do you have?① Major medical④ H.I.P.
 (6) Diabetes Type II (7) No/limited use of legs (8) Back/spine problem (9) Seeing diffs. with lenses (9) Complete blindness (9) Behavioural difficulty 	② Basic⑤ None③ Future Care⑥ Not stated
 (a) Asthma (b) Asthma (c) Definitional dimensional dimensional	SECTION 10A - EDUCATION & TRAINING (FOR PERSONS 5 YEARS AND OLDER WHO ARE NOT ATTENDING PRESCHOOL, OTHERWISE GO TO SECTION 11)
 12 No/limited use of arms 13 Cancer 14 Stomach, kidney, liver 15 Senility/Alzheimer's 16 Muscular disease 17 Learning disabled 18 November 2014 19 Alcohol dependency 10 Alcohol dependency 1	 P46. Are you attending, or registered in, a school or any educational institution now? (Exclude courses taken at the Community Centres and any recreational courses.) ① Yes ② No (Go to Section 10B) ③ Not stated
 B Epilepsy 3 Not stated 41. Does your condition(s) a) Limit or prevent any of your everyday life activities; for 	P47. Are these classes taught ① In class? ③ Combination of in class and online ② Online? ④ Not stated
example, work, recreation, mobility, schooling?① Yes② No (Go to P42)③ Not stated	P48. Do you attend full time or part time?① Full time② Part time③ Not stated
b) Limit the kind/amount of activity at home/school? ① Yes ② No ③ Not stated	P49. Is this school or educational institution public or private?① Public② Private③ Not stated



			SHOW FLASH CARD #3
	he present status of you		P67. What were you doing during the week of 13th -19th May?
-	, not complete or ongoi	-	Were you
① Comp		③ Not complete	
	o Section 11)	(Go to Section 11)	Working
② Ongo	oing	④ Not stated	Working for pay, including babysitting, dressmaking,
P61. What yea	r do you expect to comp	plete your training?	baking, etc. at home?
			 Working for pay as an apprentice? To the formation of the formati
			③ Full-/part-time student working for pay/tips?
	(12345678	(NS=9999)	Working without pay in a family business or farm, even
			while a full-/part-time student?
	12345678		With a job but not at work, even while a full-/part-time
SECTI	ON 11 - JOURNEY T	O WORK/SCHOOL	student? (Go to P69)
		ur (main) place of work or	Not Working
		travel is used, mark oval that	For persons 16 years & over
	longest distance.)	truvet is used, mark ovat that	Seeking work for the first time?
	es alone in car	① Pedal cycle	D Looking for work?
	vith household member		Not actively seeking work?
	v/household non-memb		D Find actively seeking work:D Engaged in home duties?
	v/household member &		W Engaged in tome duties:W Voluntary work without pay?
	nember	⁽¹⁾ No usual method	① Unable to work? (Go to
5 Motor		⁽¹⁾ Works or studies at	12 Retired? Section 13A)
© Bus	reyele	home (Go to Section 12A)	For persons 12 years & over
Dus D Minik	0115	⁽¹⁾ Overseas at school	I Full-/part-time student looking for work?
Taxi		(Go to Section 12A)	Full-/part-time student without a job?
Para-	transit	^(B) Does not work	1 Other
1 Van/		(Go to Section 12A)	¹ Not stated
	nercial vehicle	1 Not stated	
			P68. How many paid jobs did you <u>report to</u> during the week
P63. Where do	you usually report for wor	rk in your (main) job or school?	of the 13th - 19th May?
① City o	of Hamilton	④ Paget	JOBS 1 2 3 4 19
	vhere in Pembroke	1 Warwick	
3 Town	of St. George	① Southampton	P69. How many paid jobs were you <u>employed in</u> during the week of
(South	side in St. George's	1 Sandys	the 13th–19th May, whether you were at work or not?
5 Elsew	here in St. George's	① Dockyard	JOBS 1 2 3 4+ 19
6 Hami	lton Parish	⁽¹⁾ No regular fixed reporting	
⑦ Smith	n's	point (Go to P65)	P70. How many hours do you normally work in your main job in
B Devor	nshire	15 Not stated	a typical week, including overtime whether you are paid for
D64 Horr long	a daaa it waxalla taka ta	and there?	it or not?
ro4. now long	g does it usually take to		
	012345		HOURS 0 1 2 3 4 5 6 7 8 9
MINUTES	012345		0 1 2 3 4 5 6 7 8 9 (NS=99)
	012345		SECTION 12B
P65. What tim	e do you have to start w Use the 12 hour clock)	vork in your (main) job or	SECTION 12D
		89 (NS=9999)	(P71 FOR PERSONS WITH 2 OR MORE JOBS, OTHERWISE GO TO P72)
HR:MIN	012345		P71. Excluding your main job, how many paid hours do you
AM			normally work in your other job(s) in a typical week?
e	012345		
			HOURS 0 1 2 3 4 5 6 7 8 9 (NS=99)
SEC	CTION 12A- ECONO	MIC ACTIVITY	
		THERWISE GO TO SECTION 14)	P72. Were you self employed or working for someone else in
P66. Including	any time off for paid holid	lays, sick leave and unpaid	your main job during the week of 13th - 19th May?
work in a	family business, how man	y months did you work for pay	Self-employed
in Bermud	la during the past 12 mont	hs ending in May 20th 2010?	① With paid help (Employer)
	01	(NS=99)	Without paid help
	01234567	- (As unpaid worker in a family business/farm
		1	

Worked for someone else ④ Bermuda Government ⑦ Private company/person ⑤ Quango ⑥ Owner/manager (incorporated) ⑥ Foreign Government ⑨ Not stated P73. What is the name of the company or business in which you are employed in your main job? (If respondent is self employed, write the trading name of the enterprise) Name of company: P74. What kind of business or activity is mainly carried on at your (main) place of work? (Do not write vague answers.) OFFICE USE ONLY ① ① ① ① ① ① ① ① ① ① ② ② ② ② ② ③ ③ ③ ③ ③ ③ ③ ③	income from other jobs? ① Yes ② No (Go to Section 13B) ③ Not stated P79. (SHOW FLASH CARD #4) Please tell me which letter code describes the typical GROSS income range you received from other jobs in the last 12 months ending May 20th 2010. LETTER CODE A B C D E F G H D D K D M D D K D M D D K D M D D M S SECTION 13B SECTION 13B (P80 FOR PERSONS 55 YEARS AND OLDER, OTHERWISE GO TO P82) P80. During the 12 months ending May 20th 2010, did you receive any income from pensions? ① Yes ② No (Go to P82) ③ Not stated P81. Please look carefully at this card and tell me the letter code that describes your pension income for the 12 months ending May 20th, 2010. Please include pension income from all sources. LETTER CODE A B C D E F G H D D K D M
Image: stated = 99999 Not stated = 99999 P75. What is your occupation, profession or trade in your main job? (Do not write vague answers. List duties where helpful.) Image: stated = 99999 P75. What is your occupation, profession or trade in your main job? (Do not write vague answers. List duties where helpful.) Image: stated = 99999 P75. What is your occupation, profession or trade in your main job? (Do not write vague answers. List duties where helpful.) Image: stated = 9999 Image: stated = 99999 Not stated = 9999	 P82. During the past 12 months ending May 20th 2010, did you receive any income in the form of rents from owned property? ① Yes ② No (Go to P84) ③ Not stated P83. Please look carefully at this card and tell me the letter code that best describes the GROSS earnings you received from the renting of owned property. Also include any receipts from subletting. LETTER ② © © © © © ① ① © © © ① ② © P84. During the past 12 months ending May 20th 2010, did you receive regular social or financial assistance payments from government or private sources? ① Yes ② No (Go to P86) ③ Not stated P85. Please look at this card and provide me with the letter code that best describes the income range of your regular financial assistance payments. LETTER ② © © © © ① ① © © © ① ① © © © ① ① © © ©
SECTION 13A - INCOME (FOR PERSONS 12 YEARS AND OLDER, OTHERWISE GO TO SECTION 14) P76. During the 12 months ending May 20th 2010, did you receive income from wages, salaries, tips or self employment? ① Yes ② No (Go to Section 13B) ③ Not stated P77. Please look at this card and tell me which of these letter codes best describes your GROSS income range from your main job. Be sure to include tips, bonuses and commissions before deductions. If self employed report NET earnings from operations. LETTER CODE ④ ⑧ ⑤ ⑨ ⑤ ⑨ ⑤ PLEASE DO NOT WRITE IN THIS A	 P86. During the past 12 months ending May 20th 2010, did you receive regular income from any other sources, such as alimony or child support? ① Yes ② No (Go to Section 14) ③ Not stated P87. Please provide me with the letter code that best describes the total income you received from these other sources. LETTER ② ⑤ ⑤ ⑤ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦ ⑦

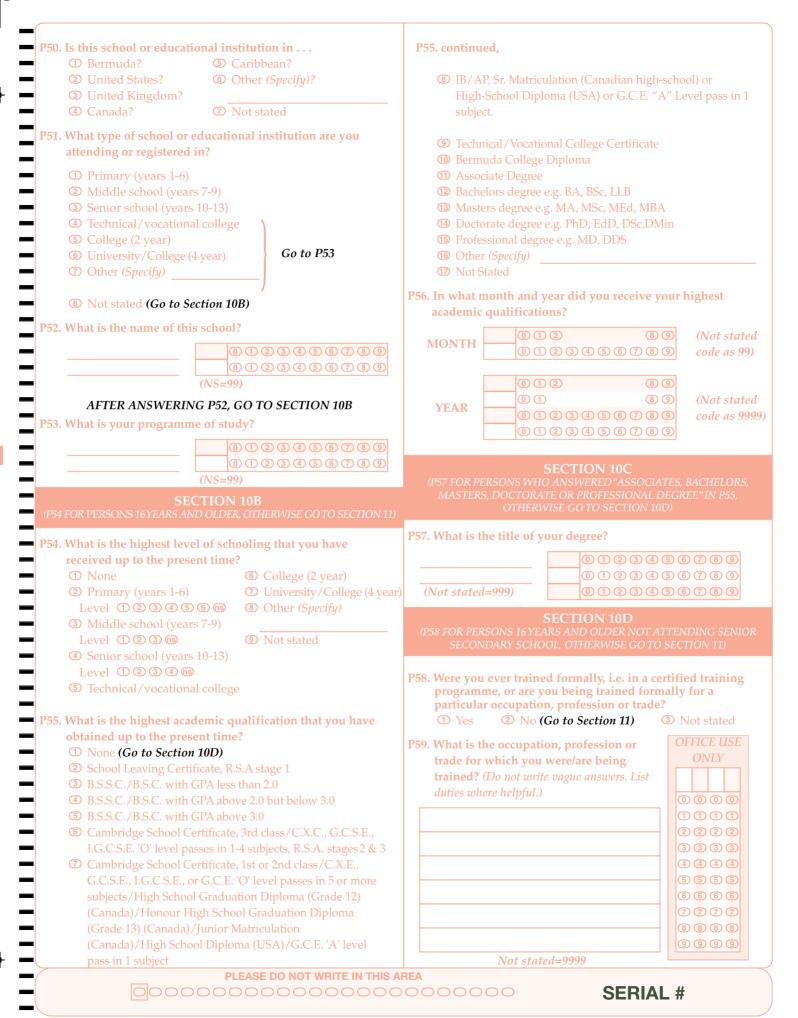


SECTION 3 - BIRTHPLACE	P29. What was the primary reason for your last move?
P21. In which country were you born?	 ① Asked to leave ② Evicted by landlord ③ Moved from homestea ③ Purchased new home
	③ Lease expired ④ Affordability
0 1 2 3 4 5 6 7 8 9	Residence was sold Define / disaster
0 1 2 3 4 5 6 7 8 9	⑤ House condemned⑥ Cohabitate/roommate
	Needed less space Other (Specify)
(Not stated=999) IF COUNTRY OF BIRTH IS BERMUDA, GO TO SECTION 4B	 ⑦ Needed more space ⑧ Married/divorced/separated ¹ Not stated
SECTION 4A - INTERNATIONAL MIGRATION	
	P30. What was your last parish of residence?① St Geo.② Town③ Ham.④ Smiths⑤ Dev.
P22. When did you last come to Bermuda to live?	 6 Pem. 7 City 8 Paget 9 War. 10 South 10 Sand 10 Not stated
	1 Sand 1 Not stated
	SECTION 6 - BERMUDIAN STATUS
0 1 2 3 4 5 6 7 8 9 (NS=9999)	P31. What is your current status? Are you
AFTER ANSWERING P22, GO TO SECTION 5	Bermudian
SECTION 4B	① Bermudian? Non-Bermudian
(P23 & P24 FOR PERSONS 1 YEAR AND OVER WHO WERE BORN IN	 ② Permanent Resident Certificate Holder? Go to
BERMUDA, OTHERWISE GO TO SECTION 5)	③ Non-Bermudian-Spouse of Bermudian? Section
P23. Have you ever lived abroad for 1 year or more continuously,	
other than for educational or health purposes?	⑤ Not stated
① Yes ② No (Go to Section 5) ③ Not stated	P32. How did you acquire this status? ① Birth (<i>Go to Section 7</i>) ④ Grant of status
P24. When did you last return to Bermuda to live?	 2 Marriage 3 Not stated
	Domicile under 1937 Act
	P33. When did you acquire this status?
0 1 2 3 4 5 6 7 8 9	
0 1 2 3 4 5 6 7 8 9 (NS=9999)	
SECTION 5 - INTERNAL MIGRATION	
P25. In the past 5 years, how many times have you moved residence within Bermuda?	SECTION 7 - CHILD CARE
	(FOR CHILDREN 0 – 5 YEARS WHO ARE NOT IN PRIMARY SCHOOL,
0 1 2 3 4 5 6 7 8 9 (NS=99)	OTHERWISE GO TO SECTION 8A)
0 1 2 3 4 5 6 7 8 9 If 00 go to Section 6	P34. How is cared for during working hours? ① By you or your spouse/partner in your home
P26. What was the primary reason for your last move?	② By a child care provider in your home
① Asked to leave④ Moved from homestead	③ In another home with no more than 2 other children
② Evicted by landlord③ Purchased new home	 In another home with no more than 3 or 4 other children
 ③ Lease expired ④ Residence was sold ④ Fire/disaster 	In another home with 5 or more other childrenIn a public nursery, daycare centre or preschool
 They disaster House condemned Cohabitate/roommate 	 In a private nursery, daycare centre or preschool In a private nursery, daycare centre or preschool
 Induce contactificationInduce contactificationInduc	In a private narber), adjeare centre of presentorNot stated
⑦ Needed more space	P25 How much do you spend on
Married/divorced/separated Not stated	P35. How much do you spend on 's child care per week? c
DOT MILLER and had and had end had and	φ
P27. What was your last parish of residence? ① St Geo. ② Town ③ Ham. ④ Smiths ⑤ Dev.	0 0 0 0 1 1 1 (NS=9999)
6 Pem.7 City8 Paget9 War.10 South	
1 Sand 1 Not stated	333
	4 4 4
P28. In the past 12 months, how many times have you	555
moved residence within Bermuda?	
0 1 2 3 4 5 6 7 8 9 (NS=99)	
0 1 2 3 4 5 6 7 8 9 If 00 go to Section 6	
PLEASE DO NOT WRITE IN THIS A	AREA
	SERIAL #
	22

	R, OTHERWISE GO TO SECTION 9)	c) Prevent you from lear ① Yes ②	ving home No	alone? ③ Not stated
36. How many liveborn childre				
	(N/S=00)			your own personal needs ting around inside the home?
(If 0, enter 00 and Go to Sec			No	③ Not stated
37. How old were you at the birt	h of your first live-born child?	e) Generally confine you	u to getting	; around in a wheel chair?
	(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	① Yes ②	No	③ Not stated
			R PERSON ERWISE G	S 12 YEARS & OLDER, O TO P42
38. How old were you at the bi	rth of your last live-born child?	f) Prevent you from wo		
	(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	① Yes (Go to P42)		③ Not stated
		g) Limit the kind or am	ount of wo	rk that you can do?
(P39 IS FOR WOMEN 15–49 YEA	RS OLD, OTHERWISE GO TO	① Yes ②	No	③ Not stated
SECTIO		P42. Do you receive any h	ired nursir	ng care for your
39. How many babies were bo	· · · · · · · · · · · · · · · · · · ·	condition(s)?		
past 12 months ending Ma ① None ③ Twins		① Yes - public care		④ None⑤ Not stated
① None③ Twins② One④ Two separate	(5) Three or morete births(6) Not stated	② Yes - private care③ Yes - public & pri		S Not stated
SECTION 9-	– HEALTH	P43. Do you receive any h	ired rehab	ilitation services for
		your condition(s)?		
SHOW FLAS	H CARD #2 I tell me which of the following	① Yes - public care		④ None
	isted more than six months.	 2 Yes - private care 2 Yes - public & private 		5 Not stated
(Please mark all that apply)		③ Yes - public & priv	vale care	
① No conditions present (Go to P44)	 Learning difficulties Hearing difficulties 	P44. Do you regularly take daily, weekly or mon	_	escribed medications on a
(G0 10 P44)② Arthritis/rheumatism	2 Complete deafness	① Yes ②	No	③ Not stated
③ Heart condition	2 Speaking difficulties			
HBP/hypertension Distance Translatered	 Gripping/holding difficulty Gripping / holding difficulties 			overage, if any, do you have?
		① Major medical		④ H.I.P.⑤ None
 Diabetes Type I Diabetes Type I 	 Seeing difficulties Seeing diffa with langes 	(D) Basic		
O Diabetes Type II	25 Seeing diffs. with lenses	② Basic③ Future Care		
	U U	③ Future Care		O Not stated
 Diabetes Type II No/limited use of legs Back/spine problem Asthma 	 25 Seeing diffs. with lenses 26 Complete blindness 27 Behavioural difficulty 28 Moving/mobility difficulty 	③ Future Care SECTION 10A -		⑥ Not stated ION & TRAINING
 Diabetes Type II No/limited use of legs Back/spine problem Asthma Other resp/lung problem 	 (25) Seeing diffs. with lenses (26) Complete blindness (27) Behavioural difficulty (28) Moving/mobility difficulty (29) Body movement difficulty 	③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A	AND OLDER	O Not stated
 Diabetes Type II No/limited use of legs Back/spine problem Asthma 	 (25) Seeing diffs. with lenses (26) Complete blindness (27) Behavioural difficulty (28) Moving/mobility difficulty (29) Body movement difficulty 	③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A	AND OLDER	 TRAINING WHO ARE NOT ATTENDING
 Diabetes Type II No/limited use of legs Back/spine problem Asthma Other resp/lung problem Mental/emotional disord No/limited use of arms Cancer 	 Seeing diffs. with lenses Complete blindness Behavioural difficulty Moving/mobility difficulty Body movement difficulty Drug dependency Alcohol dependency Autism/PD 	③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A	AND OLDER THERWISE (ONOT STATED ION & TRAINING WHO ARE NOT ATTENDING GO TO SECTION 11)
 (5) Diabetes Type II (7) No/limited use of legs (8) Back/spine problem (9) Asthma (10) Other resp/lung problem (11) Mental/emotional disord (12) No/limited use of arms (13) Cancer (14) Stomach, kidney, liver 	 Seeing diffs. with lenses Complete blindness Behavioural difficulty Moving/mobility difficulty Body movement difficulty Drug dependency Alcohol dependency Autism/PD Sickle-Cell Anaemia 	 ③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A PRESCHOOL, O' P46. Are you attending, or educational institution 	AND OLDER THERWISE (r registered on now? (E	 Not stated ION & TRAINING WHO ARE NOT ATTENDING GO TO SECTION 11) in, a school or any xclude courses taken at the
 (5) Diabetes Type II (7) No/limited use of legs (8) Back/spine problem (9) Asthma (10) Other resp/lung problem (11) Mental/emotional disord (12) No/limited use of arms (13) Cancer (14) Stomach, kidney, liver (15) Senility/Alzheimer's 	 Seeing diffs. with lenses Complete blindness Behavioural difficulty Moving/mobility difficulty Body movement difficulty Drug dependency Alcohol dependency Autism/PD Sickle-Cell Anaemia Lupus 	 ③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A PRESCHOOL, OF P46. Are you attending, or educational institution Community Centres and 	AND OLDER THERWISE (r registered on now? (E ad any recre	 TRAINING WHO ARE NOT ATTENDING CO TO SECTION 11) in, a school or any exclude courses taken at the ational courses.)
 Diabetes Type II No/limited use of legs Back/spine problem Asthma Other resp/lung problem Mental/emotional disord No/limited use of arms Cancer Stomach, kidney, liver Senility/Alzheimer's Muscular disease 	 Seeing diffs. with lenses Complete blindness Behavioural difficulty Moving/mobility difficulty Body movement difficulty Drug dependency Alcohol dependency Autism/PD Sickle-Cell Anaemia Lupus Other condition 	 ③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A PRESCHOOL, OF P46. Are you attending, or educational institution Community Centres and 	AND OLDER THERWISE (r registered on now? (E	 TRAINING WHO ARE NOT ATTENDING CO TO SECTION 11) in, a school or any exclude courses taken at the ational courses.)
 (5) Diabetes Type II (7) No/limited use of legs (8) Back/spine problem (9) Asthma (10) Other resp/lung problem (11) Mental/emotional disord (12) No/limited use of arms (13) Cancer (14) Stomach, kidney, liver (15) Senility/Alzheimer's (16) Muscular disease (17) Learning disabled 	 Seeing diffs. with lenses Complete blindness Behavioural difficulty Moving/mobility difficulty Body movement difficulty Drug dependency Alcohol dependency Autism/PD Sickle-Cell Anaemia Lupus 	 ③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A PRESCHOOL, O' P46. Are you attending, or educational institution Community Centres and ① Yes ② No (C 	AND OLDER THERWISE (r registered on now? (E id any recre Go to Sectio	 TRAINING WHO ARE NOT ATTENDING CO TO SECTION 11) in, a school or any exclude courses taken at the ational courses.)
 (5) Diabetes Type II (7) No/limited use of legs (8) Back/spine problem (9) Asthma (10) Other resp/lung problem (11) Mental/emotional disord (12) No/limited use of arms (13) Cancer (14) Stomach, kidney, liver (15) Senility/Alzheimer's (16) Muscular disease 	 (25) Seeing diffs. with lenses (26) Complete blindness (27) Behavioural difficulty (28) Moving/mobility difficulty (29) Body movement difficulty (29) Body movement difficulty (20) Drug dependency (21) Alcohol dependency (22) Autism/PD (33) Sickle-Cell Anaemia (34) Lupus (35) Other condition (Specify) 	 ③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A PRESCHOOL, O' P46. Are you attending, or educational institution Community Centres and ① Yes ② No ((P47. Are these classes tauged) 	AND OLDER THERWISE (on now? (E id any recre Go to Section ght	 Not stated ION & TRAINING WHO ARE NOT ATTENDING CO TO SECTION 11) A in, a school or any exclude courses taken at the ational courses.) Im 10B) (1) Not stated
 (5) Diabetes Type II (7) No/limited use of legs (8) Back/spine problem (9) Asthma (10) Other resp/lung problem (11) Mental/emotional disord (12) No/limited use of arms (13) Cancer (14) Stomach, kidney, liver (15) Senility/Alzheimer's (16) Muscular disease (17) Learning disabled (18) Epilepsy 	 Seeing diffs. with lenses Complete blindness Behavioural difficulty Moving/mobility difficulty Body movement difficulty Drug dependency Alcohol dependency Autism/PD Sickle-Cell Anaemia Lupus Other condition 	 ③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A PRESCHOOL, OT P46. Are you attending, or educational institution Community Centres and ① Yes ② No (C P47. Are these classes taug ① In class? ③ 	AND OLDER THERWISE (on now? (E id any recre Go to Section ght	 Not stated ION & TRAINING WHO ARE NOT ATTENDING TO SECTION 11) in, a school or any exclude courses taken at the ational courses.) m 10B) ③ Not stated
 (5) Diabetes Type II (7) No/limited use of legs (8) Back/spine problem (9) Asthma (10) Other resp/lung problem (11) Mental/emotional disord (12) No/limited use of arms (13) Cancer (14) Stomach, kidney, liver (15) Senility/Alzheimer's (16) Muscular disease (17) Learning disabled (18) Epilepsy 41. Does your condition(s)	 (25) Seeing diffs. with lenses (26) Complete blindness (27) Behavioural difficulty (28) Moving/mobility difficulty (29) Moving/mobility difficulty (29) Moving/mobility difficulty (20) Moving/mobility difficulty 	 ③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A PRESCHOOL, OT P46. Are you attending, or educational institution Community Centres and ① Yes ② No (C P47. Are these classes tauge ① In class? ③ 	AND OLDER THERWISE (on now? (E ad any recre Go to Section ght Combinat	 Not stated ION & TRAINING WHO ARE NOT ATTENDING TO SECTION 11) in, a school or any exclude courses taken at the ational courses.) m 10B) ③ Not stated
 Diabetes Type II No/limited use of legs Back/spine problem Asthma Other resp/lung problem Mental/emotional disord No/limited use of arms Cancer Stomach, kidney, liver Senility/Alzheimer's Muscular disease Learning disabled Epilepsy 41. Does your condition(s) a) Limit or prevent any of you example, work, recreation, model 	 (25) Seeing diffs. with lenses (26) Complete blindness (27) Behavioural difficulty (28) Moving/mobility difficulty (29) Moving/mobility difficulty (29) Moving/mobility difficulty (20) Moving/mobility difficulty 	 ③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A PRESCHOOL, OF P46. Are you attending, or educational institution Community Centres and ① Yes ② No (C P47. Are these classes taug ① In class? ③ ② Online? ④ P48. Do you attend full time 	AND OLDER THERWISE (on now? (E ad any recre Go to Section ght Combinat: Not stated me or part f	 Not stated ION & TRAINING WHO ARE NOT ATTENDING CO TO SECTION 11) in, a school or any exclude courses taken at the ational courses.) Not stated ion of in class and online time?
 Diabetes Type II No/limited use of legs Back/spine problem Asthma Other resp/lung problem Mental/emotional disord No/limited use of arms Cancer Stomach, kidney, liver Senility/Alzheimer's Muscular disease Learning disabled Epilepsy 41. Does your condition(s) a) Limit or prevent any of your example, work, recreation, model 	 (25) Seeing diffs. with lenses (26) Complete blindness (27) Behavioural difficulty (28) Moving/mobility difficulty (29) Moving/mobility difficulty (29) Moving/mobility difficulty (20) Moving/mobility difficulty 	 ③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A PRESCHOOL, OF P46. Are you attending, or educational institution Community Centres an ① Yes ② No (C P47. Are these classes taug ① In class? ③ ② Online? ④ P48. Do you attend full time 	AND OLDER THERWISE (on now? (E ad any recree Go to Section ght Combinat: Not stated	 Not stated ION & TRAINING WHO ARE NOT ATTENDING CO TO SECTION 11) in, a school or any exclude courses taken at the ational courses.) M 10B) ③ Not stated ion of in class and online
 Diabetes Type II No/limited use of legs Back/spine problem Asthma Other resp/lung problem Mental/emotional disord No/limited use of arms Cancer Stomach, kidney, liver Senility/Alzheimer's Muscular disease Learning disabled Epilepsy 41. Does your condition(s) a) Limit or prevent any of your example, work, recreation, model 	 (2) Seeing diffs. with lenses (2) Genard Complete blindness (2) Behavioural difficulty (2) Moving/mobility difficulty (2) Moving/mobility difficulty (3) Body movement difficulty (4) Body movement difficulty (3) Drug dependency (3) Alcohol dependency (3) Sickle-Cell Anaemia (3) Lupus (3) Other condition (<i>Specify</i>) (3) Not stated 	 ③ Future Care SECTION 10A - (FOR PERSONS 5 YEARS A PRESCHOOL, OF P46. Are you attending, or educational institution Community Centres and ① Yes ② No (C P47. Are these classes taug ① In class? ③ ② Online? ④ P48. Do you attend full time 	AND OLDER THERWISE (on now? (E ad any recre Go to Section ght Combinat: Not stated me or part f Part time	 Not stated ION & TRAINING WHO ARE NOT ATTENDING COTO SECTION 11) A in, a school or any exclude courses taken at the ational courses.) Mot stated ion of in class and online ime? Not stated

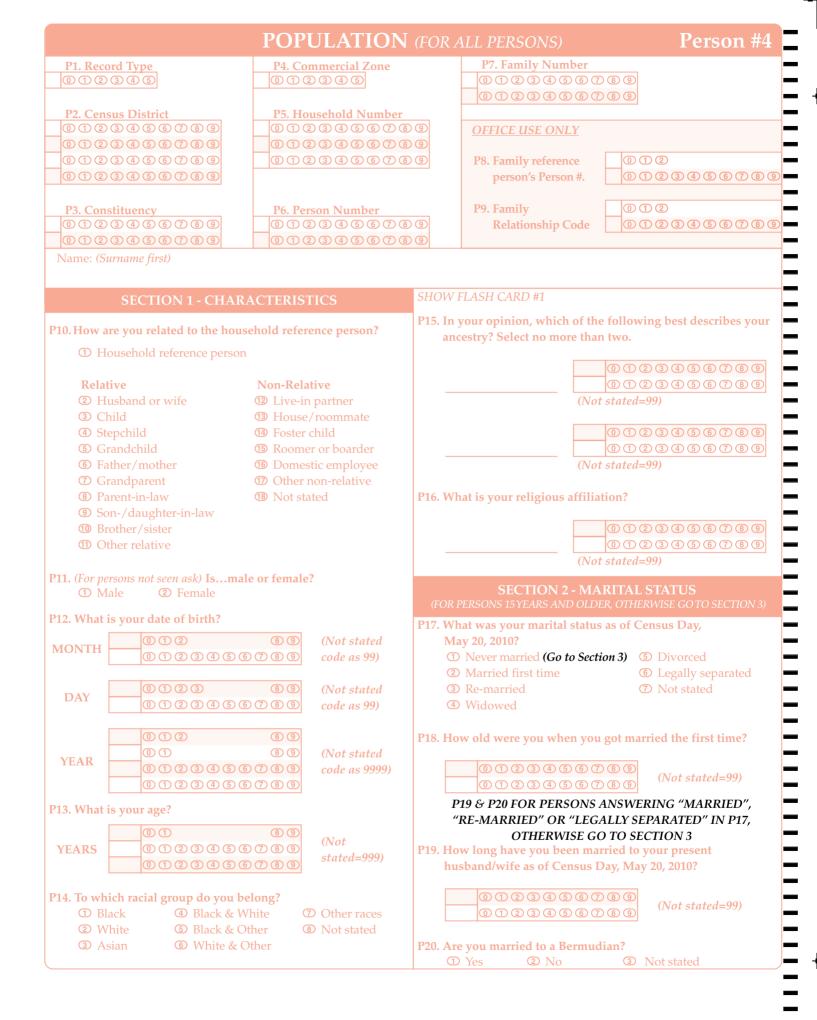
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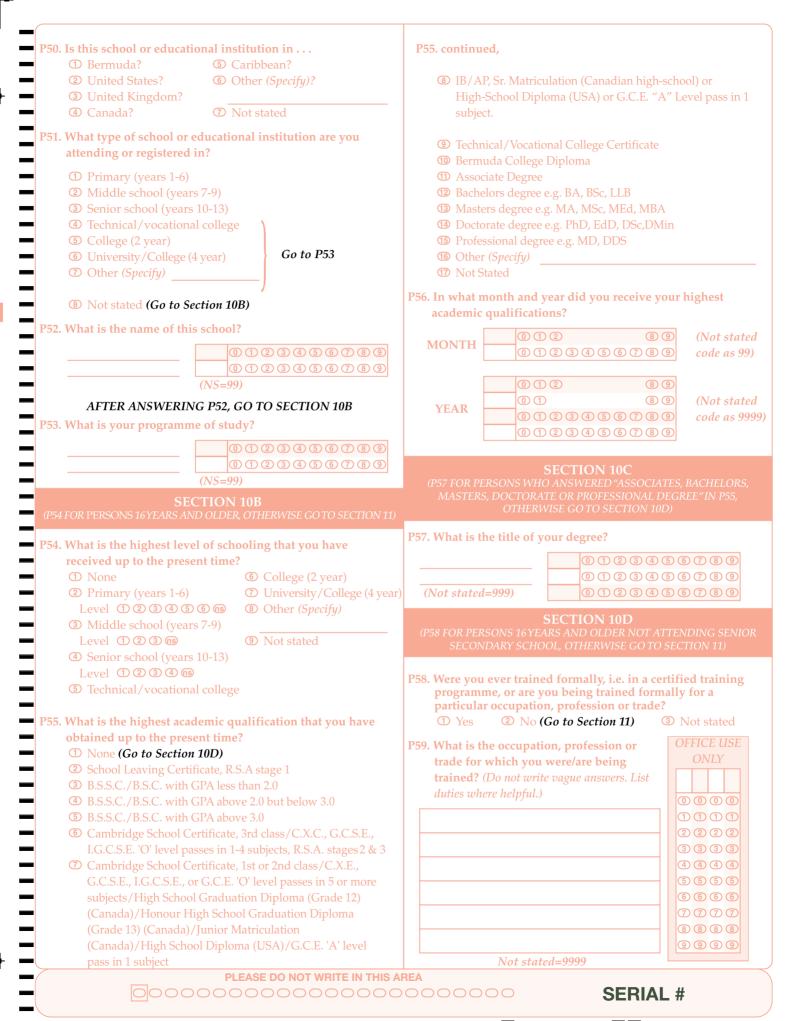
			SHOW FLASH CARD #3	
	the present status of you e, not complete or ongoi		P67. What were you doing during the week of 13th -19th	n May?
① Com		3 Not complete	Were you	
	to Section 11)	(Go to Section 11)	Working	
2 Ongo		(a) Not stated	 Working Working for pay, including babysitting, dressma 	king.
Ŭ Š			baking, etc. at home?	
P61. What yea	ar do you expect to comp	plete your training?	② Working for pay as an apprentice?	_
	2 8	9	③ Full-/part-time student working for pay/tips?	
0) (8)	(NS=9999)	④ Working without pay in a family business or fa	m, even 📃
	012345678	99	while a full-/part-time student?	
	012345678	9 (9)	S With a job but not at work, even while a full-/pa	rt-time
SECT	ION 11 - JOURNEY T	O WORK/SCHOOL	student? (Go to P69)	
		ur (main) place of work or	Not Working	
		travel is used, mark oval that	For persons 16 years & over	_
	e longest distance.)		⁽⁶⁾ Seeking work for the first time?	_
	es alone in car	1 Pedal cycle	⑦ Looking for work?	_
2 Car v	with household member		Not actively seeking work?	_
3 Car v	w/household non-memb	per 🛈 Private boat	④ Engaged in home duties?	_
	w/household member &		1 Voluntary work without pay?	
	member	(5) No usual method	U Ullable to work:	Go to ection 13A)
5 Moto	orcycle	¹⁶ Works or studies at	C Remett:	
6 Bus	1	home (Go to Section 12A)	For persons 12 years & over	
⑦ Mini⑧ Taxi	DUS	Overseas at school(Go to Section 12A)	Image: Full-/part-time student looking for work?Image: Full-/part-time student without a job?	
Para-	-transit	(Go to Section 12A)(B Does not work)	⁽¹⁾ Other	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(Go to Section 12A)	15 Not stated	_
	mercial vehicle	① Not stated		, –
P63 Whore do	you usually report for we	rk in your (main) job or school?	P68. How many paid jobs did you <u>report to</u> during the v of the 13th - 19th May?	veek
				_
	of Hamilton	Paget	JOBS (1 2 3 4 19	_
	where in Pembroke	⁽¹⁾ Warwick	P69. How many paid jobs were you <u>employed in</u> during th	e week of
	n of St. George hside in St. George's	① Southampton② Sandys	the 13th–19th May, whether you were at work or not?	
	vhere in St. George's	Dockyard	JOBS 1 2 3 🕀 🕼	
	ilton Parish	DockyardMo regular fixed reporting		_
⑦ Smith		point (Go to P65)	P70. How many hours do you normally work in your ma	ain job in 💻
⁽³⁾ Devo	onshire	¹ Not stated	a typical week, including overtime whether you are	
DCA Handler			it or not?	_
P64. How lon	g does it usually take to			
	012345		HOURS 0123456789	
MINUTES	012345		0123456789 (NS	=99)
DCE What tim			SECTION 12B	
	(Use the 12 hour clock)	vork in your (main) job or		
	01	⑧ ⑨ (NS=9999)	(P71 FOR PERSONS WITH 2 OR MORE JOBS, OTHERWISE GO	
HR : MIN	012345	6089 (Shift work=	P71. Excluding your main job, how many paid hours do normally work in your other job(s) in a typical wee	
AM	012345			· N ·
PM I	012345	6789	HOURS 0123456789	
SE	CTION 12A- ECONO	MIC ACTIVITY	0123456789 (NS	=99)
		THERWISE GO TO SECTION 14)	P72. Were you self employed or working for someone el	
P66. Including	any time off for paid holid	lays, sick leave and unpaid	your main job during the week of 13th - 19th May?	
work in a	family business, how man	y months did you work for pay	Self-employed	
in Bermu	da during the past 12 mont	hs ending in May 20th 2010?	① With paid help (Employer)	
	01	(NS=99)	② Without paid help	
	01234567	089	③ As unpaid worker in a family business/farm	

	isiness in which f respondent is self	P78. During the 12 months ending May 20th 2010, did you receive income from other jobs? ① Yes ② No (Go to Section 13B) ③ Not stated P79. (SHOW FLASH CARD #4) Please tell me which letter code describes the typical GROSS income range you received from other jobs in the last 12 months ending May 20th 2010. LETTER CODE ④ ⑤ ⑦ ⑥ ⑨ ① ⑨ ⑥ ⑨
		SECTION 13B
P74. What kind of business or activity is main (main) place of work? (Do not write vague	Answers.) OFFICE USE ONLY 0 0 0 0 0 1 1 1 1 2 2 2 2 2 3 3 3 3 3 4 4 4 4 5 5 5 5 5 6 6 6 6 7 7 7 7 8 8 8 8 9 9 9 9 9 3 3 3 4 9 9 9 9	 (P80 FOR PERSONS 55 YEARS AND OLDER, OTHERWISE GO TO P82) P80. During the 12 months ending May 20th 2010, did you receive any income from pensions? ① Yes ② No (Go to P82) ③ Not stated P81. Please look carefully at this card and tell me the letter code that describes your pension income for the 12 months ending May 20th, 2010. Please include pension income from all sources. LETTER ② ① ① ① ① ① ① ① ① ① ① ① ① P82. During the past 12 months ending May 20th 2010, did you receive any income in the form of rents from owned property? ① Yes ② No (Go to P84) ③ Not stated P83. Please look carefully at this card and tell me the letter code that best describes the GROSS earnings you received from the renting of owned property. Also include any receipts from subletting. LETTER ② ② ② ② ② ① ② ③ ② Not stated P84. During the past 12 months ending May 20th 2010, did you receive regular social or financial assistance payments from government or private sources? ① Yes ② No (Go to P86) ③ Not stated P85. Please look at this card and provide me with the letter code that best describes the income range of your regular financial assistance payments. LETTER ② ① Yes ② No (Go to P86) ③ Not stated
SECTION 13A - INCO (FOR PERSONS 12 YEARS AND OLDER, OTHERW	ISE GO TO SECTION 14)	P86. During the past 12 months ending May 20th 2010, did you receive regular income from any other sources, such as alimony or child support?
P76. During the 12 months ending May 20th income from wages, salaries, tips or sel		① Yes ② No (Go to Section 14) ③ Not stated
① Yes ② No (Go to Section 13	BB) ③ Not stated	P87. Please provide me with the letter code that best describes the total income you received from these other sources.
P77. Please look at this card and tell me whi codes best describes your GROSS inco main job. Be sure to include tips, bonu	me range from your ses and	LETTER CODE NOPO®
commissions <u>before deductions</u> . If self <u>NET</u> earnings from operations.	employed report	SECTION 14 - WHERE SPENT CENSUS NIGHT
LETTER ABCDEFGHD CODE NOPOS		P88. Were you in Bermuda or abroad on Census Night (May 20, 2010)? ① Bermuda ② Abroad ③ Not stated (Go to next person)
PLEASE D	O NOT WRITE IN THIS A	REA
		SERIAL #
		26



SECTION 3 - BIRTHPLACE	P29. What was the primary reason for your last move?
P21. In which country were you born?	 ① Asked to leave ② Moved from homestead ② Evicted by landlord ③ Lease expired ④ Residence was sold ⑤ House condemned ⑥ Needed less space ⑦ Needed more space ③ Moved from homestead ⑦ Purchased new home ⑦ Pire/disaster ③ Cohabitate/roommate ④ Other (Specify) ⑦ Needed more space
IF COUNTRY OF BIRTH IS BERMUDA, GO TO SECTION 4B	③ Married/divorced/separated ⑤ Not stated
SECTION 4A - INTERNATIONAL MIGRATION P22. When did you last come to Bermuda to live?	P30. What was your last parish of residence? ① St Geo. ② Town ③ Ham. ④ Smiths ⑤ Dev. ⑥ Pem. ⑦ City ⑧ Paget ⑨ War. ⑩ South ① Sand ⑩ Not stated SECTION 6 - BERMUDIAN STATUS P31. What is your current status? Are you Bermudian
SECTION 4B (P23 & P24 FOR PERSONS 1 YEAR AND OVER WHO WERE BORN IN BERMUDA, OTHERWISE GO TO SECTION 5) P23. Have you ever lived abroad for 1 year or more continuously, other than for educational or health purposes? ① Yes ② No (Go to Section 5) ③ Not stated	 ① Bermudian? Non-Bermudian ② Permanent Resident Certificate Holder? ③ Non-Bermudian-Spouse of Bermudian? ④ Other Non-Bermudian? ⑤ Not stated
P24. When did you last return to Bermuda to live? 0 1 2 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9	P32. How did you acquire this status? ① Birth (Go to Section 7) ④ Grant of status ② Marriage ⑤ Not stated ③ Domicile under 1937 Act P33. When did you acquire this status? ③ ① ① ② ⑧ ⑨
SECTION 5 - INTERNAL MIGRATION P25. In the past 5 years, how many times have you moved residence within Bermuda?	
① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ If 00 go to Section 6 ⑦ ① ② ③ ④ ⑤ ⑥ ⑦ ⑨ ⑨ If 00 go to Section 6 P26. What was the primary reason for your last move? ① Asked to leave ⑨ Moved from homestead ② Evicted by landlord ⑩ Purchased new home ③ Lease expired ⑪ Affordability ④ Residence was sold ⑫ Fire/disaster ⑤ House condemned ⑪ Cohabitate/roommate ⑥ Needed less space ⑪ Other (Specify) ⑦ Needed more space	 OTHERWISE GO TO SECTION 8A) P34. How is cared for during working hours? ① By you or your spouse/partner in your home ② By a child care provider in your home ③ In another home with no more than 2 other children ④ In another home with no more than 3 or 4 other children ⑤ In another home with 5 or more other children ⑥ In a public nursery, daycare centre or preschool ⑦ In a private nursery, daycare centre or preschool ⑧ Not stated
 Image: Book of the second se	P35. How much do you spend on .00 's child care per week? ,00 0 0 0 1 1 1 2 2 2 3 3 3 4 4 4 5 5 5 6 6 6 7 7 7 8 8 8
	© © © © S REA
	28

OR PERSONS 15 YEARS AND OLDER	FERTILITY 2, OTHERWISE GO TO SECTION 9)	c) Prevent you from ① Yes	m leaving hon ② No	ne alone? ③ Not stated
36. How many liveborn childre	n have you had/fathered?	<u>U</u> 165		I Not stated
01234560		d) Prevent you fro	m taking care	of your own personal needs
01234560	(NS=99)			etting around inside the home?
(If 0, enter 00 and Go to Sect	ion 9)	① Yes	2 No	③ Not stated
37. How old were you at the birth	of your first live-born child?	e) Generally confi	ne you to getti	ng around in a wheel chair?
01234560	(\\\\S=00)	① Yes	2 No	③ Not stated
01234560		P41 f & g ARI	E FOR PERSO	NS 12 YEARS & OLDER,
38. How old were you at the bir	th of your last live-born child?	, ,	OTHERWISE	GO TO P42
		f) Prevent you from	m working?	
01234560	D B 9 (N3=99)	① Yes (Go to Pe	42) ② No	③ Not stated
		g) Limit the kind (or amount of w	vork that you can do?
SECTIO		① Yes	2 No	③ Not stated
(P39 IS FOR WOMEN 15–49 YEAR SECTIO				
		P42. Do you receive	any hired nur	sing care for your
39. How many babies were bor	· · · · ·	condition(s)?		
past 12 months ending May ① None ③ Twins	20th 2010? (5) Three or more	① Yes - public② Yes - private		④ None⑤ Not stated
2 One4 Two separate		③ Yes - public		
*			- 	1.11
SECTION 9 –	HEALTH	P43. Do you receive a your condition(· · · · ·	abilitation services for
SHOW FLASH	I CARD #2	D Yes - public		④ None
40. Please look at this card and	tell me which of the following	2 Yes - private		⑤ Not stated
health conditions, if any <u>las</u>	ted more than six months.	③ Yes - public		
(Please mark all that apply)		P44 Do you regular	v taka dactar	prescribed medications on a
\bigcirc No conditions present	① Learning difficulties	daily, weekly or		
(Go to P44)	Hearing difficulties		-	
 Arthritis/rheumatism Usert and dition 	② Complete deafness② Speaking difficulties	① Yes	2 No	③ Not stated
③ Heart condition④ HBP/hypertension	23 Speaking difficulties23 Gripping/holding difficulty	P45 What type of he	alth insurance	e coverage, if any, do you have?
Diabetes Type I	29 Seeing difficulties	D Major medio		• Coverage, if any, do you haves • H.I.P.
Diabetes Type II	Seeing diffs. with lenses	2 Basic		5 None
⑦ No/limited use of legs	26 Complete blindness	③ Future Care		O Not stated
Back/spine problem	② Behavioural difficulty	CTOTION 4		
④ Asthma	28 Moving/mobility difficulty			TION & TRAINING ER WHO ARE NOT ATTENDING
Other resp/lung problem				E GO TO SECTION 11)
 ① Mental/emotional disorde ② No /limited use of arms 				
12 No/limited use of arms13 Cancer	3 Alcohol dependency3 Autism/PD	DIG Ano work attact 1:	ng or recipion	ad in a school or arm
 Cancer Stomach, kidney, liver 	3 Sickle-Cell Anaemia			ed in, a school or any (Exclude courses taken at the
Stonatel, Kuney, IverSenility/Alzheimer's	34 Lupus			(Exclude courses luken at the reational courses.)
¹⁶ Muscular disease	35 Other condition		No (Go to Sec	
🛈 Learning disabled	(Specify)			
1 Epilepsy		P47. Are these classe		
	30 Not stated	① In class?	③ Combin	ation of in class and online
41. Does your condition(s)		② Online?	④ Not stat	ed
a) Limit or prevent any of your	everyday life activities; for		11	
	omey, serioomig:	P48. Do you attend f	-	
example, work, recreation, mol	$(1, \mathbf{D}_{12})$ (D) (\mathbf{D}_{12}) (D) (\mathbf{D}_{12})		1 11 1 Lowk kings	e ③ Not stated
example, work, recreation, mol	o to P42) ③ Not stated	① Full time	② Part tim	e S Not stated
example, work, recreation, mol				nstitution public or private?



	SHOW FLASH CARD #3
P60. What is the present status of your training, i.e. is it	P67. What were you doing during the week of 13th -19th May?
complete, not complete or ongoing?	Were you
① Complete ③ Not complete	
(Go to Section 11) (Go to Section 11)	Working
② Ongoing ④ Not stated	Working for pay, including babysitting, dressmaking,
P61. What year do you expect to complete your training?	baking, etc. at home?
	 Working for pay as an apprentice? Duble (a string to be shown by a string to
	 Full-/part-time student working for pay/tips?
(NS=9999)	Working without pay in a family business or farm, even
	while a full-/part-time student?
0 1 2 3 4 5 6 7 8 9	With a job but not at work, even while a full-/part-time
SECTION 11 - JOURNEY TO WORK/SCHOOL	student? (Go to P69)
	NotWorking
P62. How do you usually travel to your (main) place of work or	Not Working
school? (If more than one form of travel is used, mark oval that	<i>For persons 16 years & over</i> (Seeking work for the first time?
covers the longest distance.)① Drives alone in car① Pedal cycle	D Looking for work?
 ① Drives alone in car ② Car with household member ① By foot 	Booking for work?
③ Car w/household non-member ^① Private boat	Instructively seeking work: Instructively seeking wor
 ④ Car w/household non-member ⑤ Frivate boat ④ Car w/household member & ¹ ④ Ferry 	D Voluntary work without pay?
non-member () No usual method	1 Unable to work? (Go to
InterferenceInterferenceImage: Second stateImage: Second stateI	⁽¹⁾ Retired? Section 13A)
6 Bus home (Go to Section 12A)	Themeu:
⑦ Minibus ⑦ Overseas at school	I Full-/part-time student looking for work?
 Taxi (Go to Section 12A) 	Full-/part-time student without a job?
 Para-transit Does not work 	Other
Image: Construct of the second sec	1 Not stated
commercial vehicle ⁽⁰⁾ Not stated	
Commercial venicie S Trotoated	P68. How many paid jobs did you <u>report to</u> during the week
P63. Where do you usually report for work in your (main) job or school?	of the 13th - 19th May?
① City of Hamilton ④ Paget	JOBS (1 2 3 4+ 15)
② Elsewhere in Pembroke③ Warwick	
③ Town of St. George ① Southampton	P69. How many paid jobs were you <u>employed in</u> during the week of
 ④ Southside in St. George's ④ Sandys 	the 13th–19th May, whether you were at work or not?
⑤ Elsewhere in St. George's ③ Dockyard	JOBS 1 2 3 4 19
G Hamilton Parish M No regular fixed reporting	
⑦ Smith's point (Go to P65)	P70. How many hours do you normally work in your main job in
B Devonshire Devonshire S Not stated	a typical week, including overtime whether you are paid for
	it or not?
P64. How long does it usually take to get there?	
0 1 2 3 4 5 6 7 8 9	HOURS 0 1 2 3 4 5 6 7 8 9
MINUTES 0123456789 (NS=999)	0 1 2 3 4 5 6 7 8 9 (NS=99)
0 1 2 3 4 5 6 7 8 9	CECTION 10B
P65. What time do you have to start work in your (main) job or	SECTION 12B
school? (Use the 12 hour clock)	(P71 FOR PERSONS WITH 2 OR MORE JOBS, OTHERWISE GO TO P72)
HR: MIN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	P71. Excluding your main job, how many paid hours do you
0 1 2 3 4 5 6 7 8 9 (Shift work=	normally work in your other job(s) in a typical week?
em 0 1 2 3 4 5 6 7 8 9	HOURS
SECTION 12A- ECONOMIC ACTIVITY	0 1 2 3 4 5 6 7 8 9 (NS=99)
(FOR PERSONS 12 YEARS AND OLDER, OTHERWISE GO TO SECTION 14,	P72. Were you self employed or working for someone else in
P66. Including any time off for paid holidays, sick leave and unpaid	your main job during the week of 13th - 19th May?
work in a family business, how many months did you work for pay	Self-employed
in Bermuda during the past 12 months ending in May 20th 2010?	With paid help (Employer)
(NS=99)	With paid helpWithout paid help
	 3 As unpaid worker in a family business/farm

		2222	
	DT WRITE IN THIS A		SERIAL #
LETTER ABCDEECHOUS CODE NOPOS		① Be	rou in Bermuda or abroad on Census Night (May 20, 2010) ermuda ② Abroad ③ Not stated
commissions <u>before deductions</u> . If self emp <u>NET</u> earnings from operations.	ployed report		TION 14 - WHERE SPENT CENSUS NIGHT
codes best describes your GROSS income r main job. Be sure to include tips, bonuses a	and	CODE	$\mathbb{N} \odot \mathbb{P} \odot \mathbb{N}$
P77. Please look at this card and tell me which o		LETTER	
YesNo (Go to Section 13B)	③ Not stated		provide me with the letter code that best describes al income you received from these other sources.
income from wages, salaries, tips or self em		① Ye	
P76. During the 12 months ending May 20th 201		alimo	ny or child support?
SECTION 13A - INCOME (FOR PERSONS 12 YEARS AND OLDER, OTHERWISE O	GO TO SECTION 14)		g the past 12 months ending May 20th 2010, did you e regular income from any other sources, such as
Not stated=9999	9999		N O P Q NS
Net stated 2000	888	LETTER CODE	
	6666 7777		ial assistance payments.
	5555		look at this card and provide me with the letter code est describes the income range of your regular
	3333 4444		2 No (Go to P86)3 Not stated
	2222	goverr	nment or private sources?
			g the past 12 months ending May 20th 2010, did you e regular social or financial assistance payments from
List duties where helpful.)	ONLY	LETTER CODE	$ \begin{array}{c} A \end{array} \\ \textcircled{\baselineskip}{0} \end{array} \\ \hline \\ O \end{array} \\ \\ O \bigg \\ \\ \\ \\$
in your main job? (Do not write vague answers.	OFFICE USE	owned	l property. Also include any receipts from subletting.
P75. What is your occupation, profession or trade		describ	bes the GROSS earnings you received from the renting of
Not stated=99999	99999		look carefully at this card and tell me the letter code that best
	77777 8888		e any income in the form of rents from owned property?
	55555 66666	P82. During	g the past 12 months ending May 20th 2010, did you
	44444	CODE	
	22222 33333	LETTER	
	00000		bes your pension income for the 12 months ending May 010. Please include pension income from all sources.
			look carefully at this card and tell me the letter code that
	ONLY	① Ye	·
and prace of motion (be not write ongle anow	OFFICE USE		g the 12 months ending May 20th 2010, did you receive come from pensions?
P74. What kind of business or activity is <u>mainly</u> cat (main) place of work? (Do not write vague answ			PERSONS 55 YEARS AND OLDER, OTHERWISE GO TO P82)
			SECTION 13B
Name of company:		CODE	
you are employed in your <u>main</u> job? (If resp employed, write the trading name of the enterp	ondent is self	LETTER CODE	
P73. What is the name of the company or busine	ess in which		other jobs in the last 12 months ending May 20th 2010.
Foreign GovernmentNot stated	0 (1 1		W FLASH CARD #4) Please tell me which letter code bes the typical GROSS income range you received
 ④ Bermuda Government ⑦ Private company/person ⑤ Quango ⑧ Owner/manager (incorporated) 		① Ye	, , ,
Worked for someone else			e from other jobs?
P72. continued,			g the 12 months ending May 20th 2010, did you receive

COMMENTS	

COMMENTS

- -_ _

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

SECTION E EMIGRATION

MAIN QUESTIONNAIRE BOOKLET #								
012345670	00							
0002345676	00							
0 1 2 3 4 5 6 7 6	00							
0 1 2 3 4 5 6 7 8	00							
012345670	00							

Please tell me the names of each person. I will now ask for the details of each person who has moved abroad between May 21, 2000 and May 20, 2010 and are currently living abroad.

curr	ently living abr	oad.		^{II} 999				
	Name (Surnam	ie first)	E5. What was the primary reason for leaving Bermu	ıda?				
PERSON 1	E1. In what year did move abroad?	E2. Is ① Male? ② Female? E3. Which racial group does belong to? ① Black ⑤ Black & Other	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 E6. What was's country of destination?					
	(2000-2010) (0) (0) (0) (1) (1) (1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (5) (5) (6) (6) (6) (6) (7) (7) (8) (8) (8) (8) (9)	2 White (a) White & Other (a) Asian (b) Other races (a) Black & White (a) Not stated E4. What is's date of birth? MONTH (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (b) (1) (2) (3) (4) (5) (6) (7) (8) (9) (b) (1) (2) (3) (4) (5) (6) (7) (8) (9) YEAR (NS=99) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Image: Constraint of the state of the s	OFFICE USE ONLY 0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 4 4 4 5 5 5 5 6 6 6 7 7 7 7 8 8 8 9 9 9 9				
		(NS=9999)		(NS=9999)				
PERSON 2	Name (Surnan E1. In what year did move abroad? (2000–2010)	E2. Is ① Male? ② Female? E3. Which racial group does belong to? ① Black ⑤ Black & Other ② White ⑥ White & Other ③ Asian ⑦ Other races	E5. What was the primary reason for leaving Bermu 0 0 0 0 0 0 0 6 6 7 8 9 0 0 0 0 0 0 6 6 7 8 9 E6. What was's country of destination? 0 0 0 0 0 0 0 6 6 7 8 9 0 0 0 0 0 0 6 6 7 8 9 0 0 0 0 0 0 6 6 7 8 9 0 0 0 0 0 0 0 6 6 7 8 9 0 0 0 0 0 0 0 6 6 7 8 9 0 0 0 0 0 0 0 6 6 7 8 9	OFFICE				
		 A Black & White (a) Not stated E4. What is's date of birth? MONTH (0) (1) (2) (3) (4) (5) (6) (7) (3) (9) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	 (NS=999) (NS=999) (NS=999) (NS=999) (NS=999) (NS=999) (NS=999) (NS=999) (NS=999) (None (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON) (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON, (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON, (PERSONS 16 YEARS AND OVER, OTHERWISE GO TO NEXT PERSON, (PERSONS 16 YEARS AND OVER, (PERSONS 16 Y	OFFICE USE ONLY 0 0 0 0 1 1 1 1 2 2 2 2 3 3 3 3 4 4 4 4 5 5 5 5 6 6 6 7 7 7 7 8 8 8 6 9 9 9 9 9 9 9				

RECORD TYPE	0 1 2 3 4 5	BENSUS DISTRICT (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)(1))(2))(3))(4))(5))(6))(7))(8)	CONSTITUENCY		COMMERCIAL ZONE	0 (1) (2) (3) (4) (5)	HOUSEHOLD NUMBER	
REC				8	99	8		HOH	999

