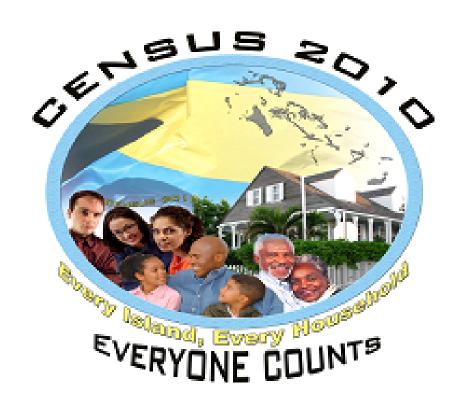




COMMONWEALTH OF THE BAHAMAS CENSUS OF POPULATION AND HOUSING 2010



CENSUS QUESTIONNAIRE MAY 3, 2010

CENSUS OFFICE DEPARTMENT OF STATISTICS

NASSAU OFFICE PHONE 302-2400

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COMMONWEALTH OF THE BAHAMAS CENSUS OF POPULATION AND HOUSING MAY 3, 2010

CONFIDENTIAL **DEPARTMENT OF STATISTICS**

THE STATISTICS ACT 1973
This Census is being taken in exercise of the powers conferred by Section 9, subsection (1) of the Statistics Act 1973.

	r returns, or to supply particulars under this Act who fails
INSTRUC	TIONS
o Use number 2HB pencil only. (Do not use ink or ballpoint pe	en.) o Erase cleanly any mark you wish to change
o Make dark marks that fill the <u>oval</u> completely.	o Make no stray marks .
Incorrect Marks	Correct Mark
IDENTIFYING NUMBER	IS SD ED HH
NAME OF HEAD OF HOUSEHOLD	First Name
ADDRESS OF DWELLING UNIT House No. Street	Name Settlement/Supervisory District/Subdivision
Is	sland
RESULT COD	DES
O 1. COMPLETED O 2. PARTIALLY COMPLETED O 3. NOT AT H	OME O 4. REFUSED O 5. OTHER(Specify)
ENUMERATOR NAME	DATE
FIELD SUPERVISOR NAME	DATE
AREA MANAGER NAME	DATE
EDITOR NAME	DATE
CODER NAME	DATE



IDENTIFYING NUMBER	
ISLAND	
SUPERVISORY DISTRICT NUMBER	
ENUMERATION DISTRICT NUMBER	
OCCUPIED HOUSEHOLD NUMBER	
NUMBER OF PERSONS IN HOUSEHOLD	
PART A: HOUSING TO BE COMPLETED BY THE HEAD OF THE HOUSEHOLD/REI	FERENCE PERSON
HL1. Give the name/type of this living quarters.	
(e.g. Private dwelling, Private dwelling in Crystal Palace Hotel, Private dwelling on Fox Hill Prison Compound, Private dwelling in Police Barracks, St Francis Convent, etc.)	
HL2. Including yourself, how many persons who usually live here were here on Census Day? (please include babies and other small children)	0023450780 0023450780 0023450780 0123456789
HL3. How many persons who usually live here were absent eslewhere in The Bahamas on Census Day?(persons temporarily in hospital or on another island in The Bahamas)	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
HL4. How many persons who usually live here were absent abroad on Census Day? (persons on vacation, schooling, business, medical visit or other purposes)	0023000000 0023000000 00230000000 0123456789
HL5. How many persons who have a usual place of residence elsewhere in The Bahamas were here on Census Day?	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
HL6. How many foreign visitors were here on Census Day?	0 1 2 3 4 5 6 7 8 9
FOR OFFICIAL USE ONLY	
HL7. Number of Family Units	0023450760 0023450760 0023060760 0123456789





OFFICE USE ONLY
HOUSEHOLD SIZE 00000000000 0002000000 0123456789
0

Please tell me the names of the persons that usually live in this household, and how they are related to the head of household, their marital status, age and sex.

HL8	HOUSEH (Record the names of the persons	OLD LISTING (PLEASE PRING) S who usually live in this househ	NT) iold - HL2, HL	3 and HL4)	
INDIVIDUAL NUMBER	NAME (SURNAME FIRST)	RELATIONSHIP TO HOUSEHOLD HEAD/ REFERENCE PERSON OF THE HOUSEHOLD	MARITAL STATUS	AGE	SEX 1 M 2 F
001		Household Head/ Reference Person			
002					
003					
004					
005					
006					
007					
008					
009					
010					
011					
012					
013					
014					
015					
016					
017					
018					
019					
020					





	OFFICE CODERS ONLY							
FL1A. HOUSEHOLD NUMBER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	FL1D. FAMILY REFERENCE PERSON'S INDIVIDUAL NUMBER 0 0 0 0 0 0 0 0 0 0 0 0 0 1 2 3 4 5 6 7 8 9 FL1E. FAMILY REFERENCE PERSON'S AGE 0 0 0 0 0 0 0 0 0 0 0 0 0 1 2 3 4 5 6 7 8 9 FL1F. FAMILY REFERENCE PERSON'S SEX 1 2 9	FL1G. FAMILY REFERENCE PERSON'S UNION STATUS 1 2 3 4 5 6 7 8 9 FL1H. FAMILY TYPE 0 0 2 3 4 5 6 7 8 9 0 0 2 3 4 5 6 7 8 9 0 0 2 3 4 5 6 7 8 9 0 0 2 3 4 5 6 7 8 9						

	F	FAMILY LISTING					
FL1 FOR I	IOUSEHOI DS WITH ONE O		OF	FFICE USE ONL	Υ		
FOR HOUSEHOLDS WITH ONE OR MORE FAMILIES ONLY We now need to place each household member in his or her family grouping. (Start with the family of the household head or reference person, if he/she is a member of a defined family.) Please give me the names of's family members and tell me how they are related to							
	FAMILY #	1 (PLEASE PI	RINT)				
INDIVIDUAL NUMBER (Transfer from Household Listing)	NAME (SURNAME FIRST)	RELATIONSHIP TO FAMILY REFERENCE PERSON	OFFICE USE		IION ATUS	AGE	SEX 1 M 2 F
		Family Reference Person					



<u>L</u>								
	OFFICE CODERS ONLY							
FL2A. HOUSEHOLD NUMBER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	FL2D. FAMILY REFERENCE PERSON'S INDIVIDUAL NUMBER \[\begin{array}{cccccccccccccccccccccccccccccccccccc	FL2G. FAMILY REFERENCE PERSON'S UNION STATUS 1 2 3 4 5 6 7 8 9 FL2H. FAMILY TYPE 0 0 2 3 4 6 0 7 8 0 0 0 2 3 4 6 0 7 8 0 0 0 2 3 4 6 0 7 8 0 0 0 2 3 4 6 0 7 8 0 0 0 2 3 4 6 0 7 8 0 0 1 2 3 4 6 7 8 9						
	FAMILY LISTING							

	I	FAMILY LISTING					
FL2					OF	FICE USE ONL	Y
Now let's move on to the next family. Let us first identify the reference person or head of this family. (Note there will be a different reference person for each family) Please give me the names of's family member (s) and tell me how they are related to						FAMILY SIZE	
	FAMILY #	PLEASE PI	RINT)				
INDIVIDUAL NUMBER (Transfer from Household Listing)	NAME (SURNAME FIRST)	RELATIONSHIP TO FAMILY REFERENCE PERSON	OFFICE USE CODE		ION ATUS	AGE	SEX 1 M 2 F
		Family Reference Person					



1

OFFICE CODERS ONLY

O O O O O O O O O O O O O O O O O O O	UMBER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		AMILY REFERENCE PERSONDIVIDUAL NUMBER 1 2 3 4 5 6 7 AMILY REFERENCE ERSON'S AGE 1 2 3 4 5 6 7 AMILY REFERENCE ERSON'S AGE 1 2 3 4 5 6 7 AMILY REFERENCE PERSON'S SEX 1 2 3 4 5 6 7	0 0 0 0 8 9 0 0 0 0 0 0	FL3H. 1	PERSON'S 2 3 5 AMILY T 0 0 0 0 0 0 0 0	34997 34997 34997 34997 34997 34997 34997	
		F	FAMILY LISTING		1			
FL3 Now let's move on to the next family. Let us first identify the reference person or head of this family. (Note there will be a different reference person for each family) Please give me the names of's family member (s) and tell me how they are related to						Y		
	FA	MILY #	#3 (PLEASE PR		i		1	
INDIVIDUAL NUMBER (Transfer from Household Listing)	NAME (SURNAME FII	RST)	RELATIONSHIP TO FAMILY REFERENCE PERSON	OFFICE USE CODE	~ -	NION ATUS	AGE	SEX 1 M 2 F
			Family Reference Person					



1

OFFICE CODERS ONLY

O O O O O O O O O O O O O O O O O O O	UMBER) (1 (3 (6) (7) (8) (9) (9) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	INDIVIDUAL NUMBER □ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○			1 FL4H. GC	FAMILY TO (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	30000000000000000000000000000000000000	9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		I	FAMILY LISTING					
FL4						OI	FICE USE ONL	_Y
Now let's move on to the next family. Let us first identify the reference person or head of this family. (Note there will be a different reference person for each family) Please give me the names of								
	FA	MILY #	44 (PLEASE PI	· · · · ·			•	•
INDIVIDUAL NUMBER (Transfer from Household Listing)	NAME (SURNAME FII	RST)	RELATIONSHIP TO FAMILY REFERENCE PERSON	OFFICE USE		NION ATUS	AGE	SEX 1 M 2 F
			Family Reference Person					
				1 1 1	Ī		11	1



OHM OFFICE USE OF					ONLY	
Check the Hous examined. Prob	Now let's move on to the other household members. Check the Household Listing to ensure every name that has not been placed in a family is examined. Probe about each name to ensure that these individuals listed here do not belong in a defined family in this household. TOTAL NUMBER 10102030000000000000000000000000000000					
	OTHER HOUSEHOL	LD MEMBERS (PLI	EASE PRINT)			
INDIVIDUAL NUMBER (Transfer from Household Listing)	NAME (SURNAME FIRST)	RELATIONSHIP TO HOUSEHOLD HEAD/ REFERENCE PERSON		AGE	SEX 1 M 2 F	
				3 (5 (7 (5 (5 (5 (5 (5 (5 (5 (5		
			I — • • • •	3000000 3000000 3000000 456789		
				3 4 5 6 7 8 9 3 4 5 6 7 8 9		
				3 4 5 6 7 8 9 3 4 5 6 7 8 9		
				3000700 3000700 3000700 456789		
				3 4 5 6 7 8 9 3 4 5 6 7 8 9		
				3 4 5 6 7 8 9 3 4 5 6 7 8 9		
				0456789 0456789 0456789		
				0456769 0456760 0456760 3456789		
				0450780 0450780 0450780 456789		





HOUSING SECTION (PRI (To Be Completed By The I	
OFFICE CODERS ONLY	
H1. HOUSEHOLD TYPE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	H5. In which period was this dwelling built? O 1 2010 O 2 2009 O 3 2008 O 4 2005-2007 O 5 2000-2004 O 6 1990-1999 O 7 1980-1989 O 8 Before 1980 O 9 Don't Know O 10 Not Stated
	H6. How many rooms make up this dwelling? (exclude bathrooms, kitchens, hallways and garages from your count)
SECTION 1 DWELLING CHARACTERISTICS	1 2 3 4 5 6 7 8 9 10+ N/S O O O O O O O O O
H2. What type of dwelling is this? O 1 Single Detached O 2 Single Attached (Dwelling Units Only) O 3 Part of a Private Dwelling O 4 Apartment/Flat O 5 Townhouse O 6 Dwelling Attached to a Business O 7 Other	H7. How many bedrooms are there? (bedrooms are used mainly for sleeping, and excludes makeshift and temporary sleeping quarters; count all bedrooms including spares not occupied) 0 1 2 3 4 5 6 7 8 9 10+ N/S 0 0 0 0 0 0 0 0 0 0 0
H3. What is the construction material of the outer walls? O 1 Wood O 2 Concrete O 3 Wood and Concrete O 4 Stone O 5 Brick O 6 Slab Concrete O 7 Stucco O 8 Composite (Stucco and Styrofoam) O 9 Other	H8. How many of the following sources of water do you utilize? (Shade all that apply) O 1 Public Piped into Dwelling O 2 Public Piped into Yard O 3 Private Piped into Dwelling O 4 Private not Piped O 5 Public Stand Pipe O 6 Public Well or Tank O 7 Rain Water System O 8 Bottled Water O 9 Other (Specify
H4. What is the main material used for roofing? O 1 Sheet/Tile Metal (zinc, aluminum, galvanize) O 2 Shingle (asphalt) O 3 Shingle (wood) O 4 Concrete - Decking O 5 Clay Roof Tiles/Spanish Tiles O 6 Other (Specify)	H9. What is the main source of your water supply? (Shade one only) O 1 Public Piped into Dwelling O 2 Public Piped into Yard O 3 Private Piped into Dwelling O 4 Private not Piped O 5 Public Stand Pipe O 6 Public Well or Tank O 7 Rain Water System O 8 Other (Specify)





H10. What type of toilet facilities do you have? O 1 Flush Toilet linked to a Public Sewerage System	SECTION 2 TENURE				
O 2 Flush Toilet with Cesspit or Septic Tank O 3 Pit Latrine O 4 Other	H16. What type of tenure do you hold? O 1 Own Fully (Skip to H17) O 2 Own (Mortgage) (Skip to H16b) O 3 Rent O 4 Rent Free (Skip to H17) O 5 Lease O 6 Other (Specify)				
O 2 Generator (Gas) O 3 Oil O 4 Gas O 5 Solar Power O 6 Other	H16 (a). RENTERS/ LEASEES What is your monthly rent? (round amount to the nearest dollar)				
H13. What type of fuel do you use for cooking? (Shade one only) O 1 Gas/ Propane O 2 Electricity O 3 Oil O 4 Coal O 5 Wood O 6 Other	H16 (b). OWNERS What is your monthly mortgage payment? (round amount to the nearest dollar) OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO				
SECTION 3 HOUSEHOLD INCOME					
H17. What was the total household income for the past twelve months? (round amount to the nearest dollar)	0123450769 0123450769 0123450760 0123450760 0123450760 0123450760 0123450760				



				I	PART B:		
				EMIGRATIO	ON (ALL PERSON	S)	
			is household mo 10 and are still l	ve abroad to live living abroad?	M	2. How many persons	moved?
			[If Yes, Continue]				
(M3) INDIVIDUALS MOVED	(M4) Year Moved 01 2010 02 2009 03 2008 04 2007 05 2006 06 2005 07 2004 08 2003 09 2002 10 2001 11 2000	(M5) Sex 1 M 2 F	(M6) Age When Moved	(M7) Marital Status When Moved 1 Never Married 2 Married 3 Widowed 4 Divorced 5 Legally Separated 9 Not Stated	(M8) Educational Attainment 1 None 2 Pre-School/Kindergarten 3 Primary 4 Secondary 5 Post Secondary/Technical/ Vocational (non-tertiary) 6 College/University 7 Other(Specify) 9 Not Stated	(M9) Occupation When Moved Please write the occupation of the person that moved on the line below.	(M10) Country of Migration Please write the name of the country migrated to on the line below.
01							
02							
03							
04							
05							
06							
07							



\square

4	·1	
	RT C: (ALL PERSONS)	
(To be completed for each	n member of the household)	
OFFICE CODERS ONLY	P8. What is your union status?	
P1. HOUSEHOLD NUMBER 0 0 2 0 0 0 0 0 0 0 0 0 2 0 0 0 0 0 0	 1 Not in a union 2 Legally married 3 Common-law-union 4 Visiting partner 5 Married but not in a union 6 Legally Separated and not in a 	union
P2. INDIVIDUAL NUMBER 0 0 2 3 4 5 6 7 8 9	O 7 Widowed and not in a union O 8 Divorced and not in a union O 9 Not Stated P9. What is your religion/ denomination	ination?
SECTION 1 DEMOGRAPHIC & SOCIAL CHARACTERISTICS	P10 To which Posite Course do	
Name of Resident	P10. To which Racial Group do O 1 Black O 2 Black and White O 3 Black and Other	you belong?
Surname First Name	O 4 White O 5 White and Other O 6 Asian O 7 East Indian O 8 Other	———(Specify)
P3. Individual Number 000000000000000000000000000000000000	O 9 Not Stated SECTION MIGRATION (AL	N 2
P4. What is your relationship to the head of the household?	P11. Where were you born? O 1 Bahamas O 2 Abroad	21 DAGOINO)
O 1 Head of Household	P12. Which island/country was tl	nis?
RelativeNon-RelativeO 2 Spouse/ PartnerO 12 RoommateO 3 SonO 13 BoarderO 4 DaughterO 14 Domestic employee	Name of island/country	_0023466789
O 5 Son-in-law O 6 Daughter-in-law O 7 Grandchild O 8 Parent O 15 Other non-relative O 16 Not Stated	P13. Have you ever lived in anoth months? O 1 Yes O 2 No (Skip to P16)	
O 9 Parent-in-law	P14. In which country did you la	st reside?
O 10 Brother/ Sister O 11 Other relative P5. Sex of Resident O 1 Male O 2 Female	Name of country	0 1 2 3 0 6 0 7 8 0 0 1 2 3 0 6 0 7 8 0 0 1 2 3 0 6 0 7 8 9
P6. What is your date of birth/ How old were you on your last birthday?	P15. In what year did you last co The Bahamas to live?	me to
DD MM YY	Year	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
AGE 000000000000000000000000000000000000	P16. Did you live in another Bahabefore this one for at least s O 1 Yes O 2 No (Skip to P19)	ix months?
	P17. In which island was this?	0023000700
P7. What is your marital status? O 1 Never married O 2 Married	Name of island	
O 3 Widowed O 4 Divorced O 5 Legally Separated	P18. In which year did you move island on which you now liv	
O 9 Not Stated	Year	0020000000 002000000 0120400000



SECTION 4 HEALTH INSURANCE (ALL PERSONS)
P27. What type of health insurance coverage do you have? (Not NIB) O 1 Individual O 2 Group O 3 Individual and Group O 4 None
SECTION 5 TECHNOLOGY & COMMUNICATION (ALL PERSONS)
P28. Do you have access to the Internet?
O 1 Yes O 2 No (Skip to P30) Please Note: Children 0-2 years are to be recorded as having no Internet access at P28.
P29. Where did you use the Internet in the last three months? (give main form of access) O 1 Home
O 2 Work O 3 Educational Institution O 4 Public Library O 5 Internet Cafe` O 6 Cellular Phone/ PDA O 7 Family or friend's House O 8 Other
SECTION 6 EDUCATION AND CHILDCARE (ALL PERSONS)
P30. Are you attending a school or any
educational institution now? (Home Schooling included) O 1 Yes, Full time (Skip to P32)
O 2 Yes, Part time O 3 No (0 - 5 Years, Continue)
O 4 No (6 Years and over, Skip to P32)
Children 0-2 years, shade option 3 at P30 and continue. CHILDCARE (Children 0 - 5 Years and
not attending school)
P31A. How is (N) cared for during regular school hours? O 1 By you, your partner/spouse or relative in your home O 2 By a childcare provider in your home O 3 In another home with 4 or less children O 4 In another home with 5 or more children
O 5 Nursery/Daycare
O 6 Other(Specify) P31B. Do you pay for this childcare service? O 1 Yes O 2 No
(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)
EDUCATIONAL ATTAINMENT
P32. What is the highest level of education that you have obtained up to the present time? 1 None 2 Pre-School/Kindergarten 3 Primary 0 1 0 2 0 3 0 4 0 5 0 6

P19. Of what country are you a citizen? Name of country (If not Bahamas Skip to P21) P20. If you are a Bahamian citizen, by what method did you acquire citizenship? O 1 Born to Bahamian parent (s) O 2 Born in The Bahamas to Non-Bahamians O 3 Adopted by Bahamians O 4 Married to a Bahamian Husband O 5 Other Naturalization **SECTION 3 DISABILITY (ALL PERSONS)** P21. Do you have a long term disability? O 2 No (Skip to P27) O 3 Not Stated (Skip to P27) O 1 Yes P22. What type of disability do you have? (Shade one only; the main disability) O 1 Sight Only (totally blind, legally blind) O 2 Hearing Only (partially or totally deaf, use of hearing aids) O 3 Speech/ Communication Only O 4 Learning/ Intellectual (e.g. slowness or difficulty learning) O 5 Autism O 6 Mobility/ Moving (due to absent or impaired limb) O 7 Mobility/ Moving (due to localized, paraplegic, quad. paralysis) O 8 Gripping (unable to use fingers to grip or handle objects) O 9 Mental Disorders O 10 Multiple Disabilities (any combination of the above disabilities) O 11 Other O 12 Don't Know O 13 Not Stated P23. Does this disability limit your ability to carry out any activities? O 1 Yes O 2 No (Skip to P25) P24. Which of your activities are affected by your disability? (Shade all that apply) O 1 Selfcare (dressing, bathing, etc.) O 2 Moving/ Mobility (within the home) O 3 Moving/ Mobility (outside the home) O 4 School/ Education O 5 Employment O 6 Social Events O 7 Family/ Home life O 8 Other -(Specify) O 9 Not Stated P25. What was the cause of your disability? O 1 From birth O 2 Disease/ illness contracted O 3 Accident (road traffic) O 4 Accident (other) O 5 Exposure to toxic substances (gases, chemicals, etc.) O 6 Other (Specify)

O 7 Not known

P26. How old were you when you became disabled?





EDUCATIONAL QUALIFICATION	SECTION 7 TRAINING (PERSONS 15 YEARS AND OVER)
P33A. What is the highest qualification that you have	TRAINING (LEASONS IS LEARS AND OVER)
obtained up to the present time? (Exclude Honorary Degrees) O 1 None	P34. Are you being trained or have been trained for a profession, craft or trade? (main training)
Skip to P34	O 1 Yes O 2 No Skip to P39
O 2 School Leaving Cert./High School Diploma	O 3 Don't Know
END INTERVIEW FOR PERSONS 0 - 14 YEARS ANSWERING OPTIONS 1 OR 2	P35. What is/was this profession, craft or trade?
O 3	(Be specific, do not list vague answers.)
O BJC	0023030700
O Pitman 1	
O RSA Stage 1 Skip to P33B	
O CXC Basic Proficiency	0 1 2 3 4 5 6 7 8 9
O CSE	P36. What is the status of this training? O 1 Completed
O Cambridge Jr. School, etc.	O 2 Currently on-going
O 4	P37. What is/was the main method used to obtain this
O G.C.E. 'O' Levels	training? (Shade one option only)
O BGCSE	O 1 Apprenticeship O 2 On the job training O 1 Experience O 2 Formal
O Pitman Stage 2 & 3 Skip to P33B	O 3 High School Training Programme
O RSA 2	O 4 Vocational/Trade School/Technical Institution O 5 College/University
○ Cambridge School	O 6 Individual Study
O CXC General Proficiency, etc.	7 Self-taught (Skip to P39)
<u> </u>	O 8 Distance Learning(on-line, virtual learning/conference streaming) O 9 Mail Correspondence
	O 10 Commercial/Secretarial/Business/Computer School O 11 Other(Specify)
O G.C.E. 'A' Levels O RSA 3 Skip to P33B	(0,000)
O NOA 3	P38. What type of qualification/certification will/did you receive on completion of this training?
O Cambridge Higher School Certificate, etc.	O 1 BGCSE/Pitman/RSA
O International Baccalaureate (IB) Diploma	O 2 Post High School Certificate/Diploma O 3 Associate Degree
O 6 Technical/Vocational Certificate (Skip to P34)	O 4 Bachelor Degree
O 7 Associate Degree	O 5 Post Graduate Certificate/Diploma O 6 Masters Degree
O 8 Pre-Bachelor Certificate/Diploma Skip	O 7 Doctorate Degree
O 9 Bachelor Degree O 10 Post Bachelor Certificate/Diploma Skip to P33C	Certificate with Examination Certificate without Examination
O 11 Professional Certificate/Qualification (university based)	O 10 Professional Certificate/Qualification (university based)
O 12 Professional Certificate/Qualification (non-university based)	O 11 Professional Certificate/Qualification (non-university based) 12 None
O 13 Masters Degree	O 13 Other (Specify)
O 14 Doctorate Degree	SECTION 8
O 15 Other (Specify)	TRANSPORTATION (PERSONS 15 YEARS AND OVER)
P33B. Number of subjects passed	P39. What is your main form of transportation? (If family
	members take turns driving the family vehicle, one
	must report driver and the others passengers) O 1 Walk
(Persons answering P33B, Skip to P34)	O 2 Bicycle/Motor Cycle O 3 Jitney/Bus
	O 4 Golf Cart
P33C.	O 5 Private Vehicle as a PassengerO 6 Private Vehicle Driver
 	○ 7 Boat/Ferry ○ 8 Other
	(Specify)
Qualification 0 1 2 3 4 5 6 7 8 9 (e.g. B.A., B.Sc., etc)	
	SECTION 9 ECONOMIC ACTIVITY
P33D. In what major/field did you	(PERSONS 15 YEARS AND OVER)
earn this certificate/ diploma/degree?	
	P40. Did you do any work at all for any length of time
Major/Field ÖÖÖÖÖÖÖ	during the week of <u>April 25-May 1, 2010</u> ? O 1 Yes Skip to P42 O 2 No
	Skip to P42 02 No





P41. What was your main activity during that week?	P49. Are/were you self-emple	oved or working for
O 1 Had a job but did not work (Continue)	someone else in your ma	•
O 2 Looked for work during the reference week	O 1 Government Employee	3
O 3 Looked for work during the past 4 weeks Skip to P44	- , ,	
O 4 Did not look but wanted to work, was able	O 2 Quasi-Government (BTC, BI	EC, Water and Sewerage Corp etc.)
and was available during the past 4 weeks	O 3 Private Employee	
		0/0
O 5 Voluntary work without pay	O 4 Self-Employed with employed	
O 6 Home duties Skip to P50	O 5 Self-Employed without emplo	oyee/s
O 7 Student	O 6 Unpaid Family Worker	
O 8 Disabled	- ,	(Co. a. a.if.)
O 9 Retired	O 7 Other	(Specify)
O 10 Other (Specify) Skip to P45		
(Openly) Skip to 143	SEC	CTION 10
P42. How many paid jobs did you have during the week		IS 15 YEARS AND OVER)
of April 25 - May 1, 2010?		
O 1 One O 2 Two O 3 Three or more O 4 None		2) months, did you receive income from
		te the amount in the space provided
P43. How many hours did you work on your main job	(B\$ to the nearest whole numb	er eg. 12565.80 = 12566)
during that week? (For Persons answering "1" at		
P41, shade "None" at P43 and Skip to P45)		
O 1 None O 4 16-32		(Primary Job)
O 2 1-8 O 5 33-44	_	(11mary 600)
	Γ	0123456789
O 3 9-15 O 6 45 & Over	<u> </u>	
(Persons answering P43, Skip to P45)	1. Wages, Salary,	
	Commission, Tips, etc.	
P44. Have you ever worked for at least two consecutive	<u> </u>	
woods?	L	
O 1 Yes		0123456789
O 2 No (Skip to P50)	_	0 1 2 3 4 5 6 7 8 9
(Skip to P50)		
P45. How many weeks did you work in the past twelve		
months?		
		(Secondary Job)
O 1 None O 5 27-39	_	
O 2 1-4 O 6 40-48		0 1 2 3 4 5 6 7 8 9
O 3 5-13 O 7 49-52	Ī	
O 4 14-26	2. Wages, Salary,	
P46. What is the name of the company/business where	Commission, Tips, etc.	10000000000
you work or for which you last worked? (This	Commission, Tips, etc.	
question and the following questions refer to main job)		
question and the following questions refer to main job)		
	_	0 1 2 3 4 5 6 7 8 9
	г	700000000
	<u> </u>	
D47 What himd of business on activity tales along		
P47. What kind of business or activity takes place	3. Own Business	0 1 2 3 4 5 6 7 8 9
there? (Describe the kind of business eg. Retail	3. Own Business	
Store, Primary School, Law Firm, Brewery, etc.)		
	 	
	-	
	L	
		0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9	_	<u></u>
0(1)(2)(3)(4)(5)(6)(7)(8)(9)		0 1 2 3 4 5 6 7 8 9
000000000	Ī	
000000000	4. Retirement Pension	
0 (1 (2 (3) (4) (5) (6) (7) (8) (9)	4. Keth ement 1 chslon	
0 1 2 3 4 5 6 7 8 9	<u> </u>	
		-1000000000
P48. What type of work do/did you do? (Describe your job as	L	0023456789
accurately as possible eg. typist, sales clerk, auto mechanic, civil		0 1 2 3 4 5 6 7 8 9
engineer, taxi driver, etc. If necessary, list main tasks and		
duties.)		
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	 	10000000000
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	5. Old Age Pension	<u></u>
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0 1 2 3 4 5 6 7 8 9		



SECTION 10 INCOME (PERSONS 15 YEARS AND OVER) Co	nt'd SECTION 11 FERTILITY (FEMALES 15 - 49 YEARS)
6. Government Benefits 0 0 2 3 0 5 0 7 8 0 1 2 3 0 5 0 7 8 0 0 2 3 0 5 0 7 8 0 0 2 3 0 5 0 7 8 0 1 2 3 4 5 6 7 8	P51. How many live born children have you ever had? No Children = '0' Shade the appropriate oval below. (END INTERVIEW) 0 1 2 3 4 5 6 7 8 9 10+ 9 0 0 0 0 0 0 0 0 0
	(One (1) or more children, Shade the appropriate oval)
7. Gifts and Donations 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	P52. How old were you when you had your first live born child? (Age in Years)
012345678	
8. Remittances from Abroad 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	P53. How old were you when you had your last live born child?
9. Investments 9. O	(Age in Years) (Age in Years)
0 1 2 3 4 5 6 7 8	O 1 No (End Interview)
10. Other Sources 0 0 2 3 4 5 6 7 8 5	O 2 Yes O 1 One birth O 2 Two separate births O 3 Twins O 4 Three or more O 5 Not Stated
	P55. Have any of the babies died?
11. Total Income during the past Twelve Months 12. Total Income during the past Twelve Months 13. Total Income during the past Twelve Months 14. Total Income during the past Twelve Months 15. Total Income during the past Twelve Months 16. Total Income during the pa	O 1 No (End Interview) O 2 Yes O 1 One O 2 Two O 3 Three or more O 4 Not Stated





4			
PART C: POPULATION (ALL PERSONS) (To be completed for each member of the household)			
OFFICE CODERS ONLY	P8. What is your union status?		
P1. HOUSEHOLD NUMBER □ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	O 1 Not in a union O 2 Legally married O 3 Common-law-union O 4 Visiting partner O 5 Married but not in a union O 6 Legally Separated and not in a union O 7 Widowed and not in a union O 8 Divorced and not in a union O 9 Not Stated P9. What is your religion/ denomination?		
SECTION 1 DEMOGRAPHIC & SOCIAL CHARACTERISTICS	(0) (2) (4) (5) (7) (6) (6) (7) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		
Name of Resident	O 1 Black O 2 Black and White O 3 Black and Other O 4 White		
Surname First Name	O 5 White and Other O 6 Asian O 7 East Indian O 8 Other		
P3. Individual Number 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SECTION 2 MIGRATION (ALL PERSONS)		
P4. What is your relationship to the head of the household?	P11. Where were you born? O 1 Bahamas O 2 Abroad		
O 1 Head of Household Relative Non-Relative	P12. Which island/country was this?		
O 2 Spouse/ Partner O 12 Roommate O 3 Son O 13 Boarder O 4 Daughter O 14 Domestic employee	Name of island/country 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
O 5 Son-in-law O 6 Daughter-in-law O 7 Grandchild O 8 Parent O 15 Other non-relative O 16 Not Stated	P13. Have you ever lived in another country for at least six months? O 1 Yes O 2 No (Skip to P16)		
O 9 Parent-in-law O 10 Brother/ Sister	P14. In which country did you last reside?		
O 11 Other relative P5. Sex of Resident O 1 Male O 2 Female	Name of country 0 0 2 3 4 5 6 7 8 9		
P6. What is your date of birth/ How old were you on your last birthday?	P15. In what year did you last come to The Bahamas to live?		
DD MM YY	Year 0 1 2 3 4 5 6 7 8 9		
AGE 000000000000000000000000000000000000	P16. Did you live in another Bahamian island before this one for at least six months? O 1 Yes O 2 No (Skip to P19)		
	P17. In which island was this?		
P7. What is your marital status?O 1 Never marriedO 2 Married	Name of island 0 1 2 3 4 5 6 7 8 9		
3 Widowed4 Divorced5 Legally Separated	P18. In which year did you move to this island on which you now live?		
O 9 Not Stated	Year 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		



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SECTION 4 HEALTH INSURANCE (ALL PERSONS)
P27. What type of health insurance coverage do you have? (Not NIB)
O 1 Individual
O 2 Group O 3 Individual and Group
O 4 None
SECTION 5 TECHNOLOGY & COMMUNICATION (ALL PERSONS)
P28. Do you have access to the Internet?
O 1 Yes O 2 No (Skip to P30)
Please Note: Children 0-2 years are to be recorded as having no Internet access at P28.
P29. Where did you use the Internet in the last three months? (give main form of access)
O 1 Home O 2 Work O 3 Educational Institution O 4 Public Library O 5 Internet Cafe` O 6 Cellular Phone/ PDA O 7 Family or friend's House O 8 Other
O 3 Educational Institution O 4 Public Library
O 5 Internet Cafe'
O 7 Family or friend's House
() 9 Do not use the Internet
O 10 Don't Know O 11 Not Stated
SECTION 6 EDUCATION AND CHILDCARE (ALL PERSONS)
P30. Are you attending a school or any educational institution now? (Home Schooling included)
O 1 Yes, Full time (Skip to P32)
O 2 Yes, Part time
O 3 No (0 - 5 Years, Continue)
O 4 No (6 Years and over, Skip to P32) Children 0-2 years, shade option 3 at P30 and continue.
Children 0-2 years, snade option 5 at F50 and continue.
CHILDCARE (Children 0 - 5 Years and not attending school)
P31A. How is (N) cared for during regular school hours?
O 1 By you, your partner/spouse or relative in your home
O 2 By a childcare provider in your home
O 3 In another home with 4 or less children
Q 4 In another home with 5 or more childrenQ 5 Nursery/Daycare
O.C. Othor
(opecity)
P31B. Do you pay for this childcare service? O 1 Yes O 2 No
(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)
EDUCATIONAL ATTAINMENT
P32. What is the highest level of education that you
have obtained up to the present time? 1 None

P19. Of what country are you a citizen?

Name of country (If not Bahamas Skip to P21)	00 00	\smile	\smile	\sim	\smile	\smile	\smile	\smile
	00	<u>(2</u>)	34) 4 5	(F)	<u>آ</u> (<u>ه</u> (<u>ي</u>

P20. If you are a Bahamian citizen, by what method did you acquire citizenship?

- O 1 Born to Bahamian parent (s)
- O 2 Born in The Bahamas to Non-Bahamians
- O 3 Adopted by Bahamians
- O 4 Married to a Bahamian Husband
- O 5 Other Naturalization

SECTION 3 DISABILITY (ALL PERSONS)

P21.	Do you	have a	long	term	disability?

O 1 Yes O 2 No (Skip to P27) O 3 Not Stated (Skip to P27)

P22. What type of disability do you have? (Shade one only; the main disability)

- O 1 Sight Only (totally blind, legally blind)
- O 2 Hearing Only (partially or totally deaf, use of hearing aids)
 O 3 Speech/ Communication Only
- O 4 Learning/ Intellectual (e.g. slowness or difficulty learning)
 O 5 Autism

- Mobility/ Moving (due to absent or impaired limb)
 Mobility/ Moving (due to localized, paraplegic, quad. paralysis)
- O 8 Gripping (unable to use fingers to grip or handle objects)
- O 9 Mental Disorders
- O 10 Multiple Disabilities (any combination of the above disabilities)
- O 11 Other -(Specify)
- O 12 Don't Know
- O 13 Not Stated

P23. Does this disability limit your ability to carry out any activities?

O 1 Yes O 2 No (Skip to P25)

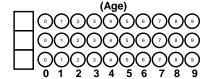
P24. Which of your activities are affected by your disability? (Shade all that apply)

- O 1 Selfcare (dressing, bathing, etc.)
- O 2 Moving/ Mobility (within the home)
- O 3 Moving/ Mobility (outside the home)
- O 4 School/ Education
- O 5 Employment
- O 6 Social Events
- O 7 Family/ Home life
- O 8 Other
- O 9 Not Stated

P25. What was the cause of your disability?

- O 1 From birth
- O 2 Disease/ illness contracted
- O 3 Accident (road traffic)
- O 4 Accident (other)
- O 5 Exposure to toxic substances (gases, chemicals, etc.)
- O 6 Other_
- O 7 Not known

P26. How old were you when you became disabled?



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P32. Wh ha

- O 2 Pre-School/Kindergarten
- O 3 Primary O 1 O 2 O 3 O 4 O 5 O 6
- O 4 Secondary School O 7 O 8 O 9 O 10 O 11 O 12 O 13+

O 5+

- O 5 Post Secondary/Technical/Vocational (non-tertiary)
- O 6 College/University O 1 O 2 O 3 O 4
- O 7 Other _ (Specify)

(Specify)





EDUCATIONAL QUALIFICATION	SECTION 7 TRAINING (PERSONS 15 YEARS AND OVER)
P33A. What is the highest qualification that you have obtained up to the present time? (Exclude Honorary	P34. Are you being trained or have been trained for a
Degrees)	profession, craft or trade? (main training)
O 1 None Skip to P34	O 1 Yes O 2 No Skip to P39
O 2 School Leaving Cert./High School Diploma	O 3 Don't Know
END INTERVIEW FOR PERSONS 0 - 14 YEARS ANSWERING OPTIONS 1 OR 2	P35. What is/was this profession, craft or trade?
O 3	(Be specific, do not list vague answers.)
O BJC	000000000
O Pitman 1	$\begin{array}{cccccccccccccccccccccccccccccccccccc$
O RSA Stage 1 Skip to P33B	
O CXC Basic Proficiency	0 1 2 3 4 5 6 7 8 9
O CSE	P36. What is the status of this training? O 1 Completed
O Cambridge Jr. School, etc.	O 2 Currently on-going
O 4	
O G.C.E. 'O' Levels	P37. What is/was the main method used to obtain this training? (Shade one option only)
O BGCSE	O 1 Apprenticeship
O Pitman Stage 2 & 3 Skip to P33B	O 2 On the job training O 1 Experience O 2 Formal O 3 High School Training Programme
O RSA 2	O 4 Vocational/Trade School/Technical Institution
O Cambridge School	O 5 College/University O 6 Individual Study
	O 7 Self-taught (Skip to P39)
O CXC General Proficiency, etc.	O 8 Distance Learning (on-line, virtual learning/conference streaming) O 9 Mail Correspondence
O 5	O 10 Commercial/Secretarial/Business/Computer School
O G.C.E. 'A' Levels	O 11 Other(Specify)
O RSA 3	P38. What type of qualification/certification will/did
O Cambridge Higher School Certificate, etc.	you receive on completion of this training? O 1 BGCSE/Pitman/RSA
O International Baccalaureate (IB) Diploma	O 2 Post High School Certificate/Diploma
O 6 Technical/Vocational Certificate (Skip to P34)	O 3 Associate Degree O 4 Bachelor Degree
O 7 Associate Degree	O 5 Post Graduate Certificate/Diploma
O 8 Pre-Bachelor Certificate/Diploma	O 6 Masters Degree O 7 Doctorate Degree
O 9 Bachelor Degree Skip to	O 8 Certificate with Examination O 9 Certificate without Examination
O 10 Post Bachelor Certificate/Diploma O 11 Professional Certificate/Qualification (university based)	O 10 Professional Certificate/Qualification (university based)
O 12 Professional Certificate/Qualification (non-university based)	O 11 Professional Certificate/Qualification (non-university based) O 12 None
O 13 Masters Degree	O 13 Other(Specify)
O 14 Doctorate Degree	SECTION 8
O 15 Other (Specify)	TRANSPORTATION (PERSONS 15 YEARS AND OVER)
P33B. Number of subjects passed	P39. What is your main form of transportation? (If family
	members take turns driving the family vehicle, one
☐ ① ① ② ② ② ② ② ② ③ ③ 0 1 2 3 4 5 6 7 8 9	must report driver and the others passengers) O 1 Walk
(Persons answering P33B, Skip to P34)	O 2 Bicycle/Motor Cycle O 3 Jitney/Bus
	O 4 Golf Cart
P33C.	O 5 Private Vehicle as a Passenger O 6 Private Vehicle Driver
00000000	○ 7 Boat/Ferry ○ 8 Other
	(эреспу)
Qualification 0 1 2 3 4 5 6 7 8 9 (e.g. B.A., B.Sc., etc)	
	SECTION 9 ECONOMIC ACTIVITY
P33D. In what major/field did you	(PERSONS 15 YEARS AND OVER)
earn this certificate/ diploma/degree?	
	P40. Did you do any work at all for any length of time
Major/Field	during the week of April 25-May 1, 2010?



P41. What was your main activity during that week?	P49. Are/were you self-em	ployed or working for
O 1 Had a job but did not work (Continue)	someone else in your	
O 2 Looked for work during the reference week	O 1 Government Employee	
O 3 Looked for work during the past 4 weeks Skip to P44		, BEC, Water and Sewerage Corp etc.)
O 4 Did not look but wanted to work, was able	O 3 Private Employee	, 220, which and sewerage corp etc.)
and was available during the past 4 weeks		,
O 5 Voluntary work without pay	O 4 Self-Employed with emplo	
O 6 Home duties Skip to P50	O 5 Self-Employed without em	pployee/s
O 7 Student O 8 Disabled	O 6 Unpaid Family Worker	
O 9 Retired	O 7 Other	(Specify)
O 10 Other (Specify) Skip to P45		
(Specify) Skip to 143	S	ECTION 10
P42. How many paid jobs did you have during the week of April 25 - May 1, 2010?	INCOME (PERSO	ONS 15 YEARS AND OVER)
O 1 One O 2 Two O 3 Three or more O 4 None	P50. During the past twelve	(12) months, did you receive income fro
P43. How many hours did you work on your main job during that week? (For Persons answering "1" at P41, shade "None" at P43 and Skip to P45)	any of these sources? If so, (B\$ to the nearest whole nur	state the amount in the space provided mber eg. 12565.80 = 12566)
O 1 None O 4 16-32		(Primary Job)
O 2 1-8 O 5 33-44		Посососос
O 3 9-15 O 6 45 & Over		
(Persons answering P43, Skip to P45)	1. Wages, Salary,	
, , , , , , , , , , , , , , , , , , ,	Commission, Tips, etc.	0 1 2 3 4 5 6 7 8 9
P44. Have you ever worked for at least two consecutive		0000000000
weeks? O 1 Yes		002000000
O 2 No (Skip to P50)		0 1 2 3 4 5 6 7 8 9
(SMP to 1 30)		
P45. How many weeks did you work in the past twelve		
months?		(Secondary Job)
O 1 None O 5 27-39		(Secondary 300)
O 2 1-4 O 6 40-48 O 3 5-13 O 7 49-52		\square 0 1 2 3 4 5 6 7 8 9
○ 3 5-13 ○ 7 49-52 ○ 4 14-26		
	2. Wages, Salary,	\square 0023456789
P46. What is the name of the company/business where you work or for which you last worked? (This	Commission, Tips, etc.	\square 0 1 2 3 4 5 6 7 8 9
question and the following questions refer to main job)		\square 0 0 2 3 4 5 6 7 8 9
question and the folio wing questions refer to main job)		<u></u> 000003456789
		0 1 2 3 4 5 6 7 8 9
P47. What kind of business or activity takes place		
there? (Describe the kind of business eg. Retail	3. Own Business	
Store, Primary School, Law Firm, Brewery, etc.)		
		0 1 2 3 4 5 6 7 8 9
0023456789		Поососос
0003056769		
0023456769	4. Retirement Pension	
0000000	4. Keth ement rension	
0 1 2 3 4 5 6 7 8 9		
P48. What type of work do/did you do? (Describe your job as		
accurately as possible eg. typist, sales clerk, auto mechanic, civil		0 1 2 3 4 5 6 7 8 9
engineer, taxi driver, etc. If necessary, list main tasks and duties.)		
additos)		
	FOLIA B	
	5. Old Age Pension	
(0)(1)(2)(3)(4)(5)(6)(7)(6)(9)		
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SECTION 10 INCOME (PERSONS 15 YEARS AND OVER) Cont'd	SECTION 11 FERTILITY (FEMALES 15 - 49 YEARS)
6. Government Benefits 0 0 2 3 4 5 6 7 8 9	P51. How many live born children have you ever had? No Children = '0' Shade the appropriate oval below. (END INTERVIEW) 0 1 2 3 4 5 6 7 8 9 10+ OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO
	(One (1) or more children, Shade the appropriate oval)
7. Gifts and Donations 0 0 2 3 0 5 0 7 5 0 0 0 2 3 0 5 0 7 5 0 0 0 2 3 0 5 0 7 5 0 0 0 2 3 0 5 0 7 5 0 0 0 2 3 0 5 0 7 5 0 0 0 2 3 0 5 0 7 5 0 0 1 2 3 4 5 6 7 8 9	P52. How old were you when you had your first live born child? (Age in Years)
_\(00000000000000000000000000000000000	00000000000000000000000000000000000000
8. Remittances from Abroad 0 0 2 3 4 5 6 7 8 9	P53. How old were you when you had your last live born child?
9. Investments	(Age in Years) (Age in Years)
	twelve months?
5.25.4507.65	O 1 No (End Interview) O 2 Yes
10. Other Sources 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	 O 1 One birth O 2 Two separate births O 3 Twins O 4 Three or more O 5 Not Stated
	P55. Have any of the babies died?
11. Total Income during the past Twelve Months Twelve Months Total Income 0 0 2 3 4 5 6 7 8 9	O 1 No (End Interview) O 2 Yes O 1 One O 2 Two O 3 Three or more O 4 Not Stated

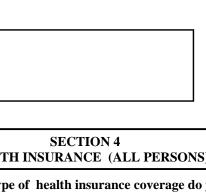


O 5 Legally Separated O 9 Not Stated

4				
PART C: POPULATION (ALL PERSONS) (To be completed for each member of the household)				
OFFICE CODERS ONLY	P8. What is your union status?			
P1. HOUSEHOLD NUMBER 0 0 2 3 4 5 6 7 8 9 P2. INDIVIDUAL NUMBER 0 0 2 3 4 5 6 7 8 9 P2. 1 2 3 4 5 6 7 8 9	 1 Not in a union 2 Legally married 3 Common-law-union 4 Visiting partner 5 Married but not in a union 6 Legally Separated and not in a union 7 Widowed and not in a union 8 Divorced and not in a union 9 Not Stated P9. What is your religion/ denomination?			
SECTION 1 DEMOGRAPHIC & SOCIAL CHARACTERISTICS	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
Name of Resident	P10. To which Racial Group do you belong? O 1 Black O 2 Black and White O 3 Black and Other O 4 White			
Surname First Name P3. Individual Number	O 5 White and Other O 6 Asian O 7 East Indian O 8 Other			
	SECTION 2 MIGRATION (ALL PERSONS)			
P4. What is your relationship to the head of the household?	P11. Where were you born? O 1 Bahamas O 2 Abroad			
O 1 Head of Household	P12. Which island/country was this?			
Relative O 2 Spouse/ Partner O 3 Son O 4 Daughter Non-Relative O 12 Roommate O 13 Boarder O 14 Domestic employee				
() 5 Son-in-law	P13. Have you ever lived in another country for at least six			
O 6 Daughter-in-law O 7 Grandchild O 8 Parent O 15 Other non-relative O 16 Not Stated	months? O 1 Yes O 2 No (Skip to P16)			
O 7 Grandchild O 16 Not Stated O 8 Parent O 9 Parent-in-law				
O 7 Grandchild O 16 Not Stated O 8 Parent	O 1 Yes O 2 No (Skip to P16)			
O 7 Grandchild O 16 Not Stated O 8 Parent O 9 Parent-in-law O 10 Brother/ Sister O 11 Other relative	O 1 Yes O 2 No (Skip to P16) P14. In which country did you last reside? O 1 2 3 4 5 6 7 6 9			
O 7 Grandchild O 16 Not Stated O 8 Parent O 9 Parent-in-law O 10 Brother/ Sister O 11 Other relative P5. Sex of Resident O 1 Male O 2 Female P6. What is your date of birth/ How old were you on	○ 1 Yes ○ 2 No (Skip to P16) P14. In which country did you last reside? Name of country ○ 1 3 4 5 6 7 8 9 P15. In what year did you last come to			
O 7 Grandchild O 16 Not Stated O 8 Parent O 9 Parent-in-law O 10 Brother/ Sister O 11 Other relative P5. Sex of Resident O 1 Male O 2 Female P6. What is your date of birth/ How old were you on your last birthday?	P14. In which country did you last reside? Name of country P15. In what year did you last come to The Bahamas to live? Year P16. Did you live in another Bahamian island before this one for at least six months? New O 2 No (Skip to P19)			
O 7 Grandchild O 16 Not Stated O 8 Parent O 9 Parent-in-law O 10 Brother/ Sister O 11 Other relative P5. Sex of Resident O 1 Male O 2 Female P6. What is your date of birth/ How old were you on your last birthday? DD MM YY DD MM YY AGE O 1 2 0 4 0 0 7 0 0	P14. In which country did you last reside? Name of country P15. In what year did you last come to The Bahamas to live? Year P16. Did you live in another Bahamian island before this one for at least six months? O 1 Yes O 2 No (Skip to P19) P17. In which island was this?			
O 6 Daughter-In-law O 7 Grandchild O 8 Parent O 9 Parent-in-law O 10 Brother/ Sister O 11 Other relative P5. Sex of Resident O 1 Male O 2 Female P6. What is your date of birth/ How old were you on your last birthday? DD MM YY DD MM YY AGE O 1 2 4 6 5 7 6 6	P14. In which country did you last reside? Name of country P15. In what year did you last come to The Bahamas to live? Year P16. Did you live in another Bahamian island before this one for at least six months? New O 2 No (Skip to P19)			

Year





	<u></u>
P19. Of what country are you a citizen?	SECTION 4 HEALTH INSURANCE (ALL PERSONS)
Name of country (If not Bahamas Skip to P21) (If you are a Bahamian citizen, by what method did you acquire citizenship?	P27. What type of health insurance coverage do you have? (Not NIB) O 1 Individual O 2 Group O 3 Individual and Group O 4 None
O 1 Born to Bahamian parent (s)O 2 Born in The Bahamas to Non-Bahamians	SECTION 5 TECHNOLOGY & COMMUNICATION (ALL PERSONS)
3 Adopted by Bahamians4 Married to a Bahamian Husband5 Other Naturalization	P28. Do you have access to the Internet? O 1 Yes O 2 No (Skip to P30) Please Note: Children 0-2 years are to be recorded as having no Internet access at P28.
SECTION 3 DISABILITY (ALL PERSONS)	P29. Where did you use the Internet in the last three months? (give main form of access)
P21. Do you have a long term disability? O 1 Yes O 2 No (Skip to P27) O 3 Not Stated (Skip to P27) P22. What type of disability do you have? (Shade one only; the main disability) O 1 Sight Only (totally blind, legally blind) O 2 Hearing Only (partially or totally deaf, use of hearing aids)	three months? (give main form of access) O 1 Home O 2 Work O 3 Educational Institution O 4 Public Library O 5 Internet Cafe O 6 Cellular Phone/ PDA O 7 Family or friend's House O 8 Other
 Speech/ Communication Only Learning/ Intellectual (e.g. slowness or difficulty learning) Autism 	SECTION 6 EDUCATION AND CHILDCARE (ALL PERSONS)
O 6 Mobility/ Moving (due to absent or impaired limb) O 7 Mobility/ Moving (due to localized, paraplegic, quad. paralysis) O 8 Gripping (unable to use fingers to grip or handle objects) O 9 Mental Disorders O 10 Multiple Disabilities (any combination of the above disabilities) O 11 Other	P30. Are you attending a school or any educational institution now? (Home Schooling included) O 1 Yes, Full time (Skip to P32) O 2 Yes, Part time O 3 No (0 - 5 Years, Continue) O 4 No (6 Years and over, Skip to P32) Children 0-2 years, shade option 3 at P30 and continue.
out any activities? O 1 Yes O 2 No (Skip to P25)	CHILDCARE (Children 0 - 5 Years and not attending school)
P24. Which of your activities are affected by your disability? (Shade all that apply) O 1 Selfcare (dressing, bathing, etc.) O 2 Moving/ Mobility (within the home) O 3 Moving/ Mobility (outside the home) O 4 School/ Education O 5 Employment O 6 Social Events O 7 Family/ Home life O 8 Other	P31A. How is (N) cared for during regular school hours? O 1 By you, your partner/spouse or relative in your home O 2 By a childcare provider in your home O 3 In another home with 4 or less children O 4 In another home with 5 or more children O 5 Nursery/Daycare O 6 Other
P25. What was the cause of your disability? O 1 From birth O 2 Disease/ illness contracted	(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)
O 3 Accident (road traffic) O 4 Accident (other)	EDUCATIONAL ATTAINMENT
O 5 Exposure to toxic substances (gases, chemicals, etc.) O 6 Other(Specify) O 7 Not known	P32. What is the highest level of education that you have obtained up to the present time? O 1 None
P26. How old were you when you became disabled? (Age) (O)	O 2 Pre-School/Kindergarten O 3 Primary O 1 O 2 O 3 O 4 O 5 O 6 O 4 Secondary School O 7 O 8 O 9 O 10 O 11 O 12 O 13+ O 5 Post Secondary/Technical/Vocational (non-tertiary) O 6 College/University O 1 O 2 O 3 O 4 O 5+ O 7 Other





EDUCATIONAL QUALIFICATION	SECTION 7 TRAINING (PERSONS 15 YEARS AND OVER)		
P33A. What is the highest qualification that you have obtained up to the present time? (Exclude Honorary Degrees) O 1 None	P34. Are you being trained or have been trained for a profession, craft or trade? (main training) O 1 Yes		
Skip to P34 O 2 School Leaving Cert./High School Diploma	O 2 No Skip to P39		
END INTERVIEW FOR PERSONS 0 - 14 YEARS	O 3 Don't Know		
ANSWERING OPTIONS 1 OR 2	P35. What is/was this profession, craft or trade?		
O 3	(Be specific, do not list vague answers.)		
O BJC	000000000		
O Pitman 1			
O RSA Stage 1 Skip to P33B			
O CXC Basic Proficiency	0 1 2 3 4 5 6 7 8 9		
O CSE	P36. What is the status of this training? O 1 Completed		
O Cambridge Jr. School, etc.	O 2 Currently on-going		
O G.C.E. 'O' Levels O BGCSE O Pitman Stage 2 & 3 O RSA 2 O Cambridge School O CXC General Proficiency, etc. O 5 O G.C.E. 'A' Levels O RSA 3 O Cambridge Higher School Certificate, etc. O International Baccalaureate (IB) Diploma O 6 Technical/Vocational Certificate (Skip to P34) O 7 Associate Degree O 8 Pre-Bachelor Certificate/Diploma	P37. What is/was the main method used to obtain this training? (Shade one option only) O 1 Apprenticeship O 2 On the job training O 1 Experience O 2 Formal O 3 High School Training Programme O 4 Vocational/Trade School/Technical Institution O 5 College/University O 6 Individual Study O 7 Self-taught (Skip to P39) O 8 Distance Learning (on-line, virtual learning/conference streaming) O 9 Mail Correspondence O 10 Commercial/Secretarial/Business/Computer School O 11 Other		
O 9 Bachelor Degree Skip to	O 7 Doctorate Degree O 8 Certificate with Examination		
O 10 Post Bachelor Certificate/Diploma O 11 Professional Certificate/Qualification (university based)	 9 Certificate without Examination 10 Professional Certificate/Qualification (university based) 		
O 12 Professional Certificate/Qualification (non-university based)	O 11 Professional Certificate/Qualification (non-university based) O 12 None		
O 13 Masters Degree	O 13 Other (Specify)		
O 14 Doctorate Degree	SECTION 8		
O 15 Other (Specify)	TRANSPORTATION (PERSONS 15 YEARS AND OVER)		
P33B. Number of subjects passed	P39. What is your main form of transportation? (If family members take turns driving the family vehicle, one must report driver and the others passengers) O 1 Walk O 2 Bicycle/Motor Cycle O 3 Jitney/Bus O 4 Golf Cart O 5 Private Vehicle as a Passenger O 6 Private Vehicle Driver O 7 Boat/Ferry O 8 Other(Specify)		
(e.g. B.A., B.Sc., etc) P33D. In what major/field did you earn this certificate/ diploma/degree?	SECTION 9 ECONOMIC ACTIVITY (PERSONS 15 YEARS AND OVER)		
Major/Field 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9	P40. Did you do any work at all for any length of time during the week of April 25-May 1, 2010? O 1 Yes Skip to P42 O 2 No		





P41. What was your main activity during that week? O 1 Had a job but did not work (Continue)	P49. Are/were you self-em			
O 1 Had a job but did not work (Continue) O 2 Looked for work during the reference week	someone else in your main job?			
O 3 Looked for work during the past 4 weeks Skip to P44	O 1 Government Employee			
O 4 Did not look but wanted to work, was able	O 2 Quasi-Government (BTC, BEC, Water and Sewerage Corp etc.)			
and was available during the past 4 weeks	O 3 Private Employee			
O. 5. Valuatam wall with aut a su	O 4 Self-Employed with emplo	pyee/s		
O 5 Voluntary work without pay O 6 Home duties Skip to P50	O 5 Self-Employed without en	nplovee/s		
O 6 Home duties O 7 Student Skip to P50	O 6 Unpaid Family Worker	1 - 5		
O 8 Disabled		(Conseif)		
O 9 Retired	O 7 Other	(Specify)		
O 10 Other (Specify) Skip to P45	<u> </u>	ECTION 10		
P42. How many paid jobs did you have during the week of April 25 - May 1, 2010?	INCOME (PERSONS 15 YEARS AND OVER)			
O 1 One O 2 Two O 3 Three or more O 4 None		(12) months, did you receive income from		
P43. How many hours did you work on your main job during that week? (For Persons answering "1" at P41, shade "None" at P43 and Skip to P45)	any of these sources? If so, (B\$ to the nearest whole nu	state the amount in the space provided mber eg. 12565.80 = 12566)		
O 1 None O 4 16-32		(Primary Job)		
O 2 1-8 O 5 33-44				
O 3 9-15 O 6 45 & Over				
(Persons answering P43, Skip to P45)	1. Wages, Salary,	0 1 2 3 4 5 6 7 8 9		
D44 II	Commission, Tips, etc.			
P44. Have you <u>ever</u> worked for at least two consecutive				
weeks? O 1 Yes				
O 2 No (Skip to P50)		0 1 2 3 4 5 6 7 8 9		
(Skip to P50)				
P45. How many weeks did you work in the past twelve months?		(Coordow Joh)		
O 1 None O 5 27-39		(Secondary Job)		
O 2 1-4 O 6 40-48		0(1)(2)(3)(4)(5)(6)(7)(8)(9)		
O 3 5-13 O 7 49-52				
O 4 14-26	2. Wages, Salary,			
P46. What is the name of the company/business where	Commission, Tips, etc.			
you work or for which you last worked? (This	1	H000000000		
question and the following questions refer to main job)		Hooooooo		
		0 1 2 3 4 5 6 7 8 9		
D47 What him dof husiness on activity tales along		<u> </u>		
P47. What kind of business or activity takes place there? (Describe the kind of business eg. Retail	3. Own Business	0023456789		
Store, Primary School, Law Firm, Brewery, etc.)	3. Own Business			
Store, Trimary School, East Trim, Brewery, etc.)				
		0 1 2 3 4 5 6 7 8 9		
0 (1 (2) (3) (4) (5) (6) (7) (8) (9)				
00000000		0(1)(2)(3)(4)(5)(6)(7)(8)(9)		
000000000				
00000000	4. Retirement Pension			
()()(2)(3)(4)(5)(6)(2)(6)(9)	W Meetin children T children			
0 1 2 3 4 5 6 7 8 9				
P48. What type of work do/did you do? (Describe your job as				
accurately as possible eg. typist, sales clerk, auto mechanic, civil		0 1 2 3 4 5 6 7 8 9		
engineer, taxi driver, etc. If necessary, list main tasks and		01 2 3 4 3 0 7 8 9		
duties.)				
	5 Old Ago Possies			
	5. Old Age Pension			
000000000000000000000000000000000000000				
	ı	[[(°)(1)(2)(3)(4)(5)(6)(7)(8)(9)		
000000000		0 1 2 3 4 5 6 7 8 9		
00000000 00000000 000000000				



SECTION 11 FERTILITY (FEMALES 15 - 49 YEARS)				
P51. How many live born children have you ever had? No Children = '0' Shade the appropriate oval below. (END INTERVIEW) 0 1 2 3 4 5 6 7 8 9 10+ 0 0 0 0 0 0 0 0 0				
(One (1) or more children, Shade the appropriate oval)				
P52. How old were you when you had your first live born child? (Age in Years)				
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
P53. How old were you when you had your last live born child?				
(Age in Years) (Age in Years) (Age in Years) (Age in Years)				
P54. Did you have any livebirths in the past twelve months? O 1 No (End Interview)				
O 2 Yes				
O 1 One birth O 2 Two separate births O 3 Twins O 4 Three or more O 5 Not Stated				
P55. Have any of the babies died?				
O 1 No (End Interview) O 2 Yes O 1 One O 2 Two O 3 Three or more O 4 Not Stated				





<u> </u>					
PART C:					
POPULATION (ALL PERSONS) (To be completed for each member of the household)					
	· -				
OFFICE C	CODERS ONLY	P8. What is your union status?			
P1. HOUSEHOLD	NUMBER	O 1 Not in a union O 2 Legally married			
—	0456789	O 3 Common-law-union			
—	0466789	O 4 Visiting partner			
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 Married but not in a union6 Legally Separated and not in a	Lunion		
		O 7 Widowed and not in a union	i union		
P2. INDIVIDUAL		O 8 Divorced and not in a union			
	000000 000000	O 9 Not Stated			
	000000	 P9. What is your religion/ denor	nination?		
	4 5 6 7 8 9	17. What is your rengion/ denoi	imation.		
SE	CTION 1		0023456789		
	GRAPHIC &		0000000		
	IARACTERISTICS	D10 To which Decial Crown do	vou beleng?		
		P10. To which Racial Group do	you belong:		
Name of Resident		O 2 Black and White O 3 Black and Other			
		O 4 White			
Surname	First Name	O 5 White and Other O 6 Asian			
		O 7 East Indian			
D2 7 11 11 117 1	0123456789	O 8 Other O 9 Not Stated	(Specify)		
P3. Individual Number	0123456789	SECTIO	NN 2		
		MIGRATION (ALL PERSONS)			
P4. What is your relatio	nship to the head of	D11 Whose wore you have?			
the household?	•	P11. Where were you born? O 1 Bahamas O 2 Abroad	d		
O 1 Head of	Household	P12. Which island/country was t	this?		
Relative	Non-Relative	112. Which island/country was	0023456769		
O 2 Spouse/ Partner	O 12 Roommate	Name of island/country	y 0123456789		
O 3 Son O 4 Daughter	O 13 Boarder				
O 5 Son-in-law	O 14 Domestic employee	P13. Have you ever lived in anot	ther country for at least six		
O 6 Daughter-in-law	O 15 Other non-relative	months?	,		
O 7 Grandchild O 8 Parent	O 16 Not Stated	O 1 Yes O 2 No (Skip to P1	6)		
O 9 Parent-in-law		P14. In which country did you la	ast reside?		
O 10 Brother/ Sister			0 (1) (2) (3) (4) (5) (6) (7) (8) (9)		
O 11 Other relative		Name of country	0 1 2 3 4 5 6 7 8 9		
P5. Sex of Resident O	1 Male O 2 Female		000000000000000000000000000000000000000		
		P15. In what year did you last co	ome to		
P6. What is your date of your last birthday?	f birth/ How old were you on	The Bahamas to live?			
DD MM	YY	 Year	0123456789		
		1 cui			
			0123430103		
AG		P16. Did you live in another Bah			
	060789	before this one for at least			
	000000	O 1 Yes O 2 No (Skip to P1	9)		
)(*)(*)(*)(*) 4	P17. In which island was this?			
J . 2 0	-		0000000000		
P7. What is your marita	d status?	Name of island			
O 1 Never married O 2 Married					
O 3 Widowed		D10 In which woon 3:3	o to this		
O 4 Divorced		P18. In which year did you move island on which you now liv			
O 5 Legally Separated		,	000000000		
O 9 Not Stated			0 1 2 3 4 5 6 7 8 9		
	· ·		0 1 2 3 4 5 6 7 8 9		



	SECTION 4
	HEALTH INSURANCE (ALL PERSONS)
(5 (6 (7 (8 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9 (9	P27. What type of health insurance coverage do you have? (Not NIB)
00000	1 Individual
56789 hod	O 2 Group O 3 Individual and Group
iou.	O 4 None
	SECTION 5 TECHNOLOGY & COMMUNICATION (ALL PERSONS)
	P28. Do you have access to the Internet? O 1 Yes O 2 No (Skip to P30)
	Please Note: Children 0-2 years are to be recorded as having no Internet access at P28.
	P29. Where did you use the Internet in the last three months? (give main form of access)
	O 1 Home O 2 Work
ted (Skip to P27)	O 3 Educational Institution O 4 Public Library
	O 5 Internet Cafe` O 6 Cellular Phone/ PDA
ne only; the	O 7 Family or friend's House O 8 Other(Specify)
og oido)	O 9 Do not use the Internet O 10 Don't Know O 11 Not Stated
ng aids)	SECTION 6
arning)	EDUCATION AND CHILDCARE (ALL PERSONS)
d. paralysis)	P30. Are you attending a school or any
ojects)	educational institution now? (Home Schooling included) O 1 Yes, Full time (Skin to P32)
e disabilities) pecify)	O 1 Yes, Full time (Skip to P32) O 2 Yes, Part time
	O 3 No (0 - 5 Years, Continue)
arry	O 4 No (6 Years and over, Skip to P32) Children 0-2 years, shade option 3 at P30 and continue.
urry	CHILDCARE (Children 0 - 5 Years and
	not attending school)
our	P31A. How is (N) cared for during regular school hours?
	O 1 By you, your partner/spouse or relative in your home
	O 2 By a childcare provider in your home
	O 3 In another home with 4 or less children O 4 In another home with 5 or more children
	O 5 Nursery/Daycare
	O 6 Other(Specify)
Specify)	P31B. Do you pay for this childcare service? O 1 Yes O 2 No
	(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)
	EDUCATIONAL ATTAINMENT
s, etc.) —(Specify)	P32. What is the highest level of education that you
—(opecity)	have obtained up to the present time? O 1 None
sabled?	O 2 Pre-School/Kindergarten
savicu i	O 3 Primary O 1 O 2 O 3 O 4 O 5 O 6
	O 4 Secondary School O 7 O 8 O 9 O 10 O 11 O 12 O 13+
	O 5 Post Secondary/Technical/Vocational (non-tertiary) O 6 College/University O 1 O 2 O 3 O 4 O 5+
	O 6 College/University O 1 O 2 O 3 O 4 O 5+

P19.	Of	what	country	are	you	a	citizen?	
------	----	------	---------	-----	-----	---	----------	--

Name of country (If not Bahamas Skip to P2	
P20. If you are a Bahamian citiz did you acquire citizenship O 1 Born to Bahamian parent (s)	
O 2 Born in The Bahamas to Non-	Bahamians
O 3 Adopted by Bahamians	
O 4 Married to a Bahamian Husba	nd
O 5 Other Naturalization	
SECTION DISABILITY (ALI	
P21. Do you have a long term di	isability?
O 1 Yes O 2 No (Skip to P27)	O 3 Not Stated (Skip to F
P22. What type of disability do y main disability) O 1 Sight Only (totally blind, legally O 2 Hearing Only (partially or total O 3 Speech/ Communication Only O 4 Learning/ Intellectual (e.g. slow O 5 Autism O 6 Mobility/ Moving (due to abser O 7 Mobility/ Moving (due to localize	y blind) ly deaf, use of hearing aids) wness or difficulty learning) nt or impaired limb)
O 8 Gripping (unable to use fingerO 9 Mental Disorders	s to grip or handle objects)
O 10 Multiple Disabilities (any comO 11 Other	bination of the above disabilities) (Specify)
O 12 Don't Know O 13 Not Stated	(Зреспу)
P23. Does this disability limit out any activities? O 1 Yes O 2 No (Skip	
P24. Which of your activities disability? (Shade all th	
O 1 Selfcare (dressing, bathing,	
Q 2 Moving/ Mobility (within theQ 3 Moving/ Mobility (outside th	
O 4 School/ Education	e nome)
5 Employment6 Social Events	
O 7 Family/ Home life	
O 8 Other O 9 Not Stated	———(Specify)
P25. What was the cause of y O 1 From birth O 2 Disease/ illness contracted O 3 Accident (road traffic) O 4 Accident (other) O 5 Exposure to toxic substance O 6 Other O 7 Not known	
P26. How old were you whe	Age)
	$\tilde{\Delta}$

O 7 Other _____

(Specify)





EDUCATIONAL QUALIFICATION	SECTION 7 TRAINING (PERSONS 15 YEARS AND OVER)		
P33A. What is the highest qualification that you have	TRAINING (FERSONS IS TEARS AND OVER)		
obtained up to the present time? (Exclude Honorary Degrees)	P34. Are you being trained or have been trained for a profession, craft or trade? (main training)		
O 1 None Skip to P34	O 1 Yes O 2 No Skip to P39		
O 2 School Leaving Cert./High School Diploma	O 2 No Skip to P39 O 3 Don't Know		
END INTERVIEW FOR PERSONS 0 - 14 YEARS ANSWERING OPTIONS 1 OR 2	P35. What is/was this profession, craft or trade?		
O 3	(Be specific, do not list vague answers.)		
O BJC	000000000		
O Pitman 1	0(1/2/3/4/5/6/7/8/9)		
O RSA Stage 1 Skip to P33B			
O CXC Basic Proficiency	0 1 2 3 4 5 6 7 8 9		
O CSE	P36. What is the status of this training? O 1 Completed		
O Cambridge Jr. School, etc.	O 2 Currently on-going		
O 4	P37. What is/was the main method used to obtain this		
O G.C.E. 'O' Levels	training? (Shade one option only)		
O BGCSE	O 1 Apprenticeship O 2 On the job training O 1 Experience O 2 Formal		
O Pitman Stage 2 & 3 Skip to P33B	O 3 High School Training Programme		
O RSA 2	O 4 Vocational/Trade School/Technical Institution O 5 College/University		
○ Cambridge School	O 6 Individual Study O 7 Self-taught (Skip to P39)		
O CXC General Proficiency, etc.	O 8 Distance Learning (on-line, virtual learning/conference streaming)		
O 5	O 9 Mail Correspondence O 10 Commercial/Secretarial/Business/Computer School		
O G.C.E. 'A' Levels	O 11 Other(Specify)		
O RSA 3	P38. What type of qualification/certification will/did		
O Cambridge Higher School Certificate, etc.	you receive on completion of this training?		
O International Baccalaureate (IB) Diploma	O 1 BGCSE/Pitman/RSA O 2 Post High School Certificate/Diploma		
O 6 Technical/Vocational Certificate (Skip to P34)	O 3 Associate Degree O 4 Bachelor Degree		
O 7 Associate Degree	O 5 Post Graduate Certificate/Diploma		
O 8 Pre-Bachelor Certificate/Diploma Skip	O 6 Masters Degree O 7 Doctorate Degree		
O 9 Bachelor Degree O 10 Post Bachelor Certificate/Diploma Skip to P33C	O 8 Certificate with Examination O 9 Certificate without Examination		
O 11 Professional Certificate/Qualification (university based)	O 10 Professional Certificate/Qualification (university based)		
O 12 Professional Certificate/Qualification (non-university based)	O 11 Professional Certificate/Qualification (non-university based) O 12 None		
O 13 Masters Degree	O 13 Other (Specify)		
O 14 Doctorate Degree O 15 Other (Specify)	SECTION 8		
naan	TRANSPORTATION (PERSONS 15 YEARS AND OVER)		
P33B. Number of subjects passed	P39. What is your main form of transportation? (If family members take turns driving the family vehicle, one		
	must report driver and the others passengers)		
0 1 2 3 4 5 6 7 8 9	O 1 Walk O 2 Bicycle/Motor Cycle		
(Persons answering P33B, Skip to P34)	O 3 Jitney/Bus O 4 Golf Cart		
P33C.	O 5 Private Vehicle as a Passenger		
	O 6 Private Vehicle Driver O 7 Boat/Ferry		
	O 8 Other(Specify)		
Qualification 0 1 2 3 4 5 6 7 8 9 (e.g. B.A., B.Sc., etc)			
(0.8. 20.2.) 2.2.0., 200.	SECTION 9		
P33D. In what major/field did you	ECONOMIC ACTIVITY (PERSONS 15 YEARS AND OVER)		
earn this certificate/ diploma/degree?			
	P40. Did you do any work at all for any length of time during the week of April 25-May 1, 2010?		
Major/Field 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O 1 Yes Skip to P42 O 2 No		
0 1 2 3 4 5 6 7 8 9	5 Ship to 1 42 0 = 110		





P41. What was your main activity during that week? O 1 Had a job but did not work (Continue) O 2 Looked for work during the reference week	P49. Are/were you self-em someone else in your O 1 Government Employee		
O 3 Looked for work during the past 4 weeks Skip to P44	· · ·	PEG W. () IG G ()	
O 4 Did not look but wanted to work, was able	I -	, BEC, Water and Sewerage Corp etc.)	
and was available during the past 4 weeks	O 3 Private Employee		
O. 5. Well-set-sensed with set and	O 4 Self-Employed with emplo	oyee/s	
O 5 Voluntary work without pay O 6 Home duties Skip to P50	O 5 Self-Employed without em	nnlovee/s	
O 6 Home duties Skip to P50 O 7 Student	-	,p.6,900/0	
O 8 Disabled	O 6 Unpaid Family Worker		
O 9 Retired	O 7 Other	(Specify)	
O 10 Other (Specify) Skip to P45			
(S	ECTION 10	
P42. How many paid jobs did you have during the week of April 25 - May 1, 2010?	INCOME (PERSONS 15 YEARS AND OVER)		
O 1 One O 2 Two O 3 Three or more O 4 None		(12) months, did you receive income from state the amount in the space provided	
P43. How many hours did you work on your main job during that week? (For Persons answering "1" at P41, shade "None" at P43 and Skip to P45)	(B\$ to the nearest whole nu	mber eg. 12565.80 = 12566)	
O 1 None O 4 16-32		(Primary Job)	
O 2 1-8 O 5 33-44			
O 3 9-15 O 6 45 & Over		0 (1)(2)(3)(4)(5)(6)(7)(8)(9)	
(Persons answering P43, Skip to P45)	1. Wages, Salary, Commission, Tips, etc.	0023456780	
P44. Have you <u>ever</u> worked for at least two consecutive			
weeks? O 1 Yes			
O 2 No (Skip to P50)		0 1 2 3 4 5 6 7 8 9	
(Skip to PSU)			
P45. How many weeks did you work in the past twelve months?		(Secondary Job)	
O 1 None O 5 27-39			
O 2 1-4 O 6 40-48 O 3 5-13 O 7 49-52			
O 4 14-26		\square 0 1 2 3 4 5 6 7 8 9	
•	2. Wages, Salary,	0123456789	
P46. What is the name of the company/business where	Commission, Tips, etc.	0 1 2 3 4 5 6 7 8 9	
you work or for which you last worked? (This			
question and the following questions refer to main job)			
		0 1 2 3 4 5 6 7 8 9	
			
P47. What kind of business or activity takes place			
there? (Describe the kind of business eg. Retail	3. Own Business		
Store, Primary School, Law Firm, Brewery, etc.)			
		0123456789	
(0(1)(2)(3)(4)(5)(6)(7)(8)(9)		Поососос	
0 0 2 3 4 5 6 7 8 9			
0023456789			
0023456700	4. Retirement Pension	\square 0023456769	
0 1 2 3 4 5 6 7 8 9		<u> </u>	
		<u> </u>	
P48. What type of work do/did you do? (Describe your job as		0123456789	
accurately as possible eg. typist, sales clerk, auto mechanic, civil		0 1 2 3 4 5 6 7 8 9	
engineer, taxi driver, etc. If necessary, list main tasks and			
duties.)			
		0(1)(2)(3)(4)(5)(6)(7)(8)(9)	
	5. Old Age Pension		
0 (1 (2 (3 (4 (5 (6 (7 (8 (9)			
$\tilde{0}$		Hadaaaaaaaa	
ŎŎŎŎŎŎŎŎŎŎ			
002040000		0 1 2 3 4 5 6 7 8 9	
0 1 2 3 4 5 6 7 8 9			



SECTION 10 INCOME (PERSONS 15 YEARS AND OVER) Cont'd	SECTION 11 FERTILITY (FEMALES 15 - 49 YEARS)	
6. Government Benefits 0 1 2 3 4 5 6 7 8 9	P51. How many live born children have you ever had? No Children = '0' Shade the appropriate oval below. (END INTERVIEW) 0 1 2 3 4 5 6 7 8 9 10+ OOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOOO	
7. Gifts and Donations 0 0 2 3 0 6 0 7 6 0 0 0 2 3 0 6 0 7 6 0 0 0 2 3 0 6 0 7 6 0 0 0 2 3 0 6 0 7 6 0 0 0 2 3 0 6 0 7 6 0 0 0 2 3 0 6 0 7 6 0 0 1 2 3 4 5 6 7 8 9	(One (1) or more children, Shade the appropriate oval) P52. How old were you when you had your first live born child? (Age in Years)	
8. Remittances from Abroad 0 0 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 0 1 2 3 4 5 6 7 0 1	
9. Investments 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Age in Years) (Age in Years)	
10. Other Sources 0	O 1 One birth O 2 Two separate births O 3 Twins O 4 Three or more O 5 Not Stated	
11. Total Income during the past Twelve Months Twelve Months Total Income 0 2 3 4 5 6 7 6 9	P55. Have any of the babies died? O 1 No (End Interview) O 2 Yes O 1 One O 2 Two O 3 Three or more O 4 Not Stated	





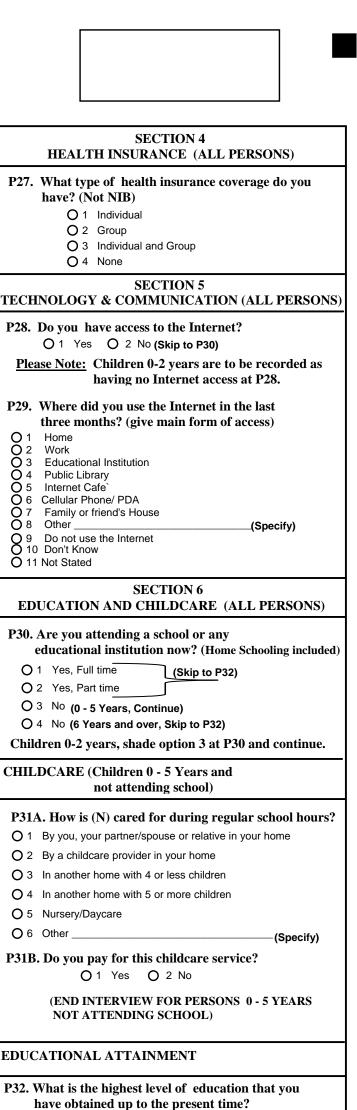
]	L	
?	T C:	
•	ALL PERSONS) member of the household)	
1	P8. What is your union status?	
	O 1 Not in a union	
	O 2 Legally married O 3 Common-law-union	
	O 4 Visiting partnerO 5 Married but not in a union	
	O 6 Legally Separated and not in a cO 7 Widowed and not in a union	union
	O 8 Divorced and not in a union O 9 Not Stated	
		ination?
	P9. What is your religion/ denom	mauon:
		0123456789
		0 1 2 3 4 5 6 7 8 9
-	P10. To which Racial Group do O 1 Black	you belong?
	O 2 Black and White O 3 Black and Other	
	O 4 White O 5 White and Other O 6 Asian	
	O 7 East Indian O 8 Other	(0,'(-)
	O 9 Not Stated	(Specify)
	SECTION MIGRATION (AL	I
	P11. Where were you born? O 1 Bahamas O 2 Abroad	
	P12. Which island/country was th	nis?
	Name of island/country	0023456789 0123456789
	P13. Have you ever lived in anoth months?	ner country for at least six
	O 1 Yes O 2 No (Skip to P16)
	P14. In which country did you las	st reside?
	Name of country	00000000000
	P15. In what year did you last con The Bahamas to live?	me to
	Year	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	P16. Did you live in another Baha before this one for at least si O 1 Yes O 2 No (Skip to P19	ix months?
	P17. In which island was this?	
	Name of island	0 0 2 3 4 5 6 7 8 9
ı		

<u>4</u>	
PAR POPULATION ((To be completed for each	
OFFICE CODERS ONLY	P8.
P1. HOUSEHOLD NUMBER □ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	0 0 0 0 0 0 0 0
SECTION 1 DEMOGRAPHIC & SOCIAL CHARACTERISTICS	P10
Name of Resident	002
Surname First Name	000
P3. Individual Number 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	000
0 1 2 3 4 5 6 7 8 9	
P4. What is your relationship to the head of the household?	P11.
O 1 Head of Household	P12.
Relative Non-Relative	
O 2 Spouse/ Partner O 12 Roommate O 3 Son O 13 Boarder O 4 Daughter O 14 Domestic employee O 5 Son-in-law O 15 Other non-relative O 7 Grandchild O 16 Not Stated	P13.
O 8 Parent O 9 Parent-in-law O 10 Brother/ Sister O 11 Other relative	P14.
P5. Sex of Resident O 1 Male O 2 Female P6. What is your date of birth/ How old were you on	P15.
your last birthday? DD MM YY	
$\square \bigcirc \bigcirc$	P16.
	0
	P17.
P7. What is your marital status?	
O 1 Never married O 2 Married O 3 Widowed O 4 Divorced O 5 Legally Separated	P18.

O 9 Not Stated

O 9 Not Stated		
P9. What is your religion/ denom	nination?	
	0 0 2 3 0 5 0 7 8 9 0 0 2 3 4 5 6 7 8 9	
P10. To which Racial Group do	you belong?	
O 1 Black O 2 Black and White		
3 Black and Other4 White5 White and Other		
O 5 White and Other		
O 6 Asian O 7 East Indian		
O 8 Other O 9 Not Stated	(Specify)	
SECTIO	N 2	
MIGRATION (AL	L PERSONS)	
P11. Where were you born? O 1 Bahamas O 2 Abroad		
P12. Which island/country was the	his?	
Name of island/country		
Name of Island/country		
P13. Have you ever lived in anoth months?	her country for at least six	
O 1 Yes O 2 No (Skip to P16	5)	
P14. In which country did you last reside?		
	0023456769	
Name of country	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	
P15. In what year did you last co The Bahamas to live?	me to	
Year	0 1 2 3 4 5 6 7 8 9	
Teur	0 1 2 3 4 5 6 7 8 9	
P16. Did you live in another Bah		
before this one for at least s O 1 Yes O 2 No (Skip to P19)		
P17. In which island was this?	•	
P17. III WIIICH ISIANU WAS UNS!	0(1)(2)(3)(4)(5)(6)(7)(8)(9)	
Name of island		
P18. In which year did you move island on which you now liv		
Year	0123456769	
	0 1 2 3 4 5 6 7 8 9	
of 38		





P19. Of what country are you a citizen? Name of country (If not Bahamas Skip to P21) P20. If you are a Bahamian citizen, by what method did you acquire citizenship? O 1 Born to Bahamian parent (s) O 2 Born in The Bahamas to Non-Bahamians O 3 Adopted by Bahamians O 4 Married to a Bahamian Husband O 5 Other Naturalization **SECTION 3** DISABILITY (ALL PERSONS) P21. Do you have a long term disability? O 1 Yes O 2 No (Skip to P27) O 3 Not Stated (Skip to P27) P22. What type of disability do you have? (Shade one only; the main disability) 1 Sight Only (totally blind, legally blind) O 2 Hearing Only (partially or totally deaf, use of hearing aids) O 3 Speech/ Communication Only O 4 Learning/ Intellectual (e.g. slowness or difficulty learning) O 5 Autism O 6 Mobility/ Moving (due to absent or impaired limb) O 7 Mobility/ Moving (due to localized, paraplegic, quad. paralysis) O 8 Gripping (unable to use fingers to grip or handle objects) O 9 Mental Disorders O 10 Multiple Disabilities (any combination of the above disabilities) O 11 Other O 12 Don't Know O 13 Not Stated P23. Does this disability limit your ability to carry out any activities? O 1 Yes O 2 No (Skip to P25) P24. Which of your activities are affected by your disability? (Shade all that apply) O 1 Selfcare (dressing, bathing, etc.) O 2 Moving/ Mobility (within the home) O 3 Moving/ Mobility (outside the home) O 4 School/ Education O 5 Employment O 6 Social Events O 7 Family/ Home life O 8 Other (Specify) O 9 Not Stated P25. What was the cause of your disability? O 1 From birth O 2 Disease/ illness contracted O 3 Accident (road traffic) O 4 Accident (other) O 5 Exposure to toxic substances (gases, chemicals, etc.) O 6 Other (Specify) O 7 Not known

P26. How old were you when you became disabled?

	1 Trailos y/Baybarb
0	6 Other(Specify)
P3	1B. Do you pay for this childcare service?
	O 1 Yes O 2 No
	(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)
EDU	UCATIONAL ATTAINMENT
P32	2. What is the highest level of education that you
	have obtained up to the present time?
O 1	None
O 2	Pre-School/Kindergarten
O 3	Primary O 1 O 2 O 3 O 4 O 5 O 6
O 4	Secondary School O 7 O 8 O 9 O 10 O 11 O 12 O 13+
O 5	Post Secondary/Technical/Vocational (non-tertiary)
O 6	College/University O 1 O 2 O 3 O 4 O 5+
O 7	Other (Specify)
of 38	

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EDUCATIONAL QUALIFICATION	SECTION 7 TRAINING (PERSONS 15 YEARS AND OVER)	
P33A. What is the highest qualification that you have	,	
obtained up to the present time? (Exclude Honorary Degrees)	P34. Are you being trained or have been trained for a profession, craft or trade? (main training)	
O 1 None	O 1 Yes	
O 2 School Leaving Cert./High School Diploma	O 2 No Skip to P39	
END INTERVIEW FOR PERSONS 0 - 14 YEARS	O 3 Don't Know	
ANSWERING OPTIONS 1 OR 2 O 3	P35. What is/was this profession, craft or trade? (Be specific, do not list vague answers.)	
O BJC	002000000	
O Pitman 1		
O BSA Store 1		
O CXC Basic Proficiency	0 1 2 3 4 5 6 7 8 9	
O CSE	P36. What is the status of this training?	
O Cambridge Jr. School, etc.	O 1 Completed O 2 Currently on-going	
O 4		
O G.C.E. 'O' Levels	P37. What is/was the main method used to obtain this training? (Shade one option only)	
O BGCSE	O 1 Apprenticeship	
O Pitman Stage 2 & 3 Skip to P33B	O 2 On the job training O 1 Experience O 2 Formal O 3 High School Training Programme	
O RSA 2	O 4 Vocational/Trade School/Technical Institution	
O Cambridge School	O 5 College/University O 6 Individual Study	
O CXC General Proficiency, etc.	O 7 Self-taught (Skip to P39)	
	O 8 Distance Learning(on-line, virtual learning/conference streaming) O 9 Mail Correspondence	
O 5	O 10 Commercial/Secretarial/Business/Computer School	
O G.C.E. 'A' Levels	O 11 Other(Specify)	
O RSA 3	P38. What type of qualification/certification will/did you receive on completion of this training?	
O Cambridge Higher School Certificate, etc.		
O International Baccalaureate (IB) Diploma	O 1 BGCSE/Pitman/RSA O 2 Post High School Certificate/Diploma	
O 6 Technical/Vocational Certificate (Skip to P34)	O 3 Associate Degree O 4 Bachelor Degree	
O 7 Associate Degree	O 5 Post Graduate Certificate/Diploma	
O 8 Pre-Bachelor Certificate/Diploma O 9 Bachelor Degree Skip	○ 6 Masters Degree○ 7 Doctorate Degree	
O 10 Post Bachelor Certificate/Diploma	O 8 Certificate with Examination O 9 Certificate without Examination	
O 11 Professional Certificate/Qualification (university based)	O 10 Professional Certificate/Qualification (university based)	
O 12 Professional Certificate/Qualification (non-university based)	O 11 Professional Certificate/Qualification (non-university based) O 12 None	
O 13 Masters Degree O 14 Doctorate Degree	O 13 Other (Specify)	
O 15 Other (Specify)	SECTION 8	
D22D	TRANSPORTATION (PERSONS 15 YEARS AND OVER)	
Number of subjects passed	P39. What is your main form of transportation? (If family members take turns driving the family vehicle, one	
	must report driver and the others passengers)	
0 1 2 3 4 5 6 7 8 9	O 1 Walk O 2 Bicycle/Motor Cycle	
(Persons answering P33B, Skip to P34)	O 3 Jitney/Bus O 4 Golf Cart	
P33C.	O 5 Private Vehicle as a Passenger	
	O 6 Private Vehicle Driver O 7 Boat/Ferry	
	O 8 Other(Specify)	
Qualification 0 1 2 3 4 5 6 7 8 9 (e.g. B.A., B.Sc., etc)		
(e.g. D .A., D .5c., etc)	SECTION 9	
P33D. In what major/field did you	ECONOMIC ACTIVITY (PERSONS 15 YEARS AND OVER)	
earn this certificate/ diploma/degree?	(I ERSONS IS TEARS AND OVER)	
	P40. Did you do any work at all for any length of time	
Major/Field 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	during the week of <u>April 25-May 1, 2010</u> ?	
(○()()()()()()()()()()()()()()()()()()(O 1 Yes Skip to P42 O 2 No	





P41. What was your main activity during that week?	P49. Are/were you self-employed or working for		
O 1 Had a job but did not work (Continue)	someone else in your main job?		
O 2 Looked for work during the reference week	0 1 Government Employee		
O 3 Looked for work during the past 4 weeks Skip to P44	Q 2 Quasi-Government (BTC, BEC, Water and Sewerage Corp etc.)		
O 4 Did not look but wanted to work, was able			
and was available during the past 4 weeks	O 3 Private Employee		
O 5 Voluntary work without pay	O 4 Self-Employed with employee/s		
O 6 Home duties Skip to P50	O 5 Self-Employed without employee/s		
O 7 Student	O 6 Unpaid Family Worker		
O 8 Disabled	7 Other(Specify)		
O 9 Retired	(opes.i))		
O 10 Other (Specify) Skip to P45	CD CEVON 10		
P42. How many paid jobs did you have during the week	SECTION 10 INCOME (PERSONS 15 YEARS AND OVER)		
of April 25 - May 1, 2010?	·		
O 1 One O 2 Two O 3 Three or more O 4 None	P50. During the past twelve (12) months, did you receive income fr		
	any of these sources? If so, state the amount in the space provided		
P43. How many hours did you work on your main job	(B\$ to the nearest whole number eg. 12565.80 = 12566)		
during that week? (For Persons answering "1" at			
P41, shade "None" at P43 and Skip to P45)			
O 1 None O 4 16-32	(Primary Job)		
O 2 1-8 O 5 33-44			
O 3 9-15 O 6 45 & Over			
_	1. Wages, Salary,		
(Persons answering P43, Skip to P45)	Commission, Tips, etc.		
P44. Have you ever worked for at least two consecutive	0123456789		
19			
weeks? O 1 Yes			
O 2 No (Skip to P50)	0123456789		
(Ship to 120)			
P45. How many weeks did you work in the past twelve			
months?			
O 1 None O 5 27-39	(Secondary Job)		
O 2 1-4 O 6 40-48	T002000000		
O 3 5-13 O 7 49-52	l		
O 4 14-26	2. Wages, Salary, 0 (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9)		
P46. What is the name of the company/business where	2. Wages, Salary, (0)(1)(2)(3)(4)(5)(6)(7)(6)(9) Commission, Tips, etc. (0)(1)(2)(3)(4)(5)(6)(7)(6)(9)		
you work or for which you last worked? (This			
question and the following questions refer to main job)			
133 - 3			
	0123456789		
	<u></u>		
75.47 XX7 (11 1 0) 1 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
P47. What kind of business or activity takes place there? (Describe the kind of business eg. Retail	3. Own Business		
Store, Primary School, Law Firm, Brewery, etc.)			
Store, I finiary School, Law Firm, Drewery, etc.)			
	01 2 3 4 5 6 7 8 9		
(0)(1)(2)(3)(4)(5)(6)(7)(8)(9)			
00000000			
00000000			
000000000	4. Retirement Pension		
0 1 2 3 4 5 6 7 8 9			
P48. What type of work do/did you do? (Describe your job as			
accurately as possible eg. typist, sales clerk, auto mechanic, civil	0 1 2 3 4 5 6 7 8 9		
engineer, taxi driver, etc. If necessary, list main tasks and			
duties.)			
	5. Old Age Pension (2) (2) (3) (3) (3) (3) (4)		
0 1 2 3 4 5 6 7 6 9			
0			
0 0 0 0 0 0 0 0 0 0 0 0 0			
(a) (1) (2) (3) (4) (5) (6) (7) (6) (6)	0123456789		
0 1 2 3 4 5 6 7 8 9			



SECTION 10 INCOME (PERSONS 15 YEARS AND OVER) Cont'd	SECTION 11 FERTILITY (FEMALES 15 - 49 YEARS)	
6. Government Benefits 0	P51. How many live born children have you ever had? No Children = '0' Shade the appropriate oval below. (END INTERVIEW) 0 1 2 3 4 5 6 7 8 9 10+ 0 0 0 0 0 0 0 0 0	
Посососо	(One (1) or more children, Shade the appropriate oval)	
7. Gifts and Donations 0 0 2 3 4 5 6 7 8 9	P52. How old were you when you had your first live born child? (Age in Years)	
8. Remittances from Abroad 0 0 2 3 4 5 6 7 8 9	P53. How old were you when you had your last live born child? (Age in Years)	
9. Investments	(Age in Years) (O) 2 3 4 3 6 7 6 9 (O) 2 3 4 5 6 7 8 9	
00023056769 0023056769 0023056789	P54. Did you have any livebirths in the past twelve months?	
	O 1 No (End Interview) O 2 Yes	
10. Other Sources 0	O 1 One birth O 2 Two separate births O 3 Twins O 4 Three or more O 5 Not Stated	
	P55. Have any of the babies died?	
11. Total Income during the past Twelve Months Twelve Months Total Income of the past of	O 1 No (End Interview) O 2 Yes O 1 One O 2 Two O 3 Three or more O 4 Not Stated	



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COMMENTS	