

Full Address of Household _____

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

Interviewer Calls	1	2	3	4
Date				
Time Started				
Time Ended				
Duration				
Results*				

Results Codes:

- | | |
|-----------------------------------|------------------------------------|
| 1= Completed | 6 = Refusal |
| 2= Partially completed, call back | 7 = No suitable respondent at home |
| 3= Dwelling closed | 8 = Other |
| 4= Address vacant | (Please specify) * _____ |
| 5= No contact | |

	Name	Date
Interviewer		
Supervisor		
Editor/Coder		
Data Entry		

Interviewer: Please give us the names of all the persons who usually live and share one daily meal with your household.

<i>No.</i>	<i>Surname</i>	<i>First Name</i>
1		
2		
3		
4		
5		
6		
7		
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10		
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15		
16		
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18		
19		
20		

Sample

Section 1 Migration

1. (a) Did any member of this household move to live abroad during the last ten years (1991-2001)?

1. Yes (if Yes continue)

2. No (Go to Section 2)

(b) How many persons moved? []

List the Individuals and record their particulars as outlined below:-

2 Individual's Number	3 Year Moved 1991-2001	4 Educational Level When Moved	5 Sex	6 Age When Moved	7 Occupation When Moved	8 Name of Country of Migration
1						1. _____ (name of country) 2. Don't Know []
2						1. _____ (name of country) 2. Don't Know []
3						1. _____ (name of country) 2. Don't Know []
4						1. _____ (name of country) 2. Don't Know []
5						1. _____ (name of country) 2. Don't Know []

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Section 2: Housing

9. (Interviewer ask this question only if the answer is not obvious. Else, tick the appropriate box).

What type of dwelling does this household occupy?

- 1 Undivided private house
- 2 Part of a private house
- 3 Flat/apartment/condominium
- 4 Townhouse
- 5 Double house/duplex
- 6 Combined business & dwelling
- 7 Barracks
- 8 Other

10. (a) Is this dwelling insured?

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

(b) Are the contents of this dwelling insured?

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

11. Does this household own, rent or lease this dwelling?

- 1. Owned (Go to Q.15)
- 2. Squatted (Go to Q.16)
- 3. Rented-Private (Go to Q.12)
- 4. Rented-Govt (Go to Q.12)
- 5. Leased (Go to Q.12)
- 6. Rent-free (Go to Q. 16)
- 7. Other (Go to Q. 16)
- 8. Don't know/Not Stated (Go to Q.16)

12. What is the rental/lease period for this dwelling?

- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Half-yearly
- 6 Annually
- 7 Don't know
- 8 Not Stated

13. Is this dwelling rented as fully furnished, semi-furnished or unfurnished?

- 1. Fully furnished
- 2. Semi-furnished
- 3. Unfurnished
- 4. Not stated

14. How much rent are you now paying ? \$
(Go to Q. 17)

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15. How much mortgage are you now paying monthly? \$

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2. Not Paying 3. Don't Know 4. None

16. What about the land – is it freehold, leasehold, or some other type of occupancy?

- 1. Owned/Freehold
- 2. Leasehold
- 3. Rented
- 4. Permission to work land
- 5. Sharecropping
- 6. Squatted
- 7. Other
- 8. Don't know/Not stated

17. What is the construction material of the outer walls?

- 1. Wood
- 2. Concrete/Concrete Blocks
- 3. Wood & Concrete
- 4. Stone
- 5. Brick
- 6. Adobe
- 7. Makeshift
- 8. Other (Specify _____)
- 9. Don't know

18. What is the material used for roofing?

- 1. Sheet metal (zinc, aluminum, galvanized, galvalume)
- 2. Shingle (asphalt)
- 3. Shingle (wood)
- 4. Shingle (other)
- 5. Tile
- 6. Concrete
- 7. Makeshift/thatched
- 8. Other (Specify _____)
- 9. Don't know
- 10. Not Stated

19. In which year was this dwelling built?

- 1. Before 1970
- 2. 1970-1979
- 3. 1980-1989
- 4. 1990-1995
- 5. 1996
- 6. 1997
- 7. 1998
- 8. 1999
- 9. 2000
- 10. 2001
- 11. Don't Know

20. What is the main source of your water supply?

- 1. Private, piped into dwelling
- 2. Private catchment not piped
- 3. Private catchment piped
- 4. Public, piped into dwelling
- 5. Public, piped into yard
- 6. Public standpipe
- 7. Public well or tank
- 8. Other (please specify) _____

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21. What is the most used type of toilet facilities in this household ?

1. W.C. (flush toilet) linked to sewer
2. W.C. (flush toilet) linked to Cesspit or septic tank/Soak-away
3. Pit-latrine/VIP
4. Other (please specify) _____
5. None (Go to Q. 23)

22. Are these toilet facilities shared with an/other person(s) not of this household?

- 1 Yes, Shared
- 2 Not shared

23. Are your bathing facilities indoors or outdoors?

- 1 Indoors
- 2 Outdoors (private)
- 3 None (Go to Q. 25)
- 4 Other (Specify.....)

24. Are these bathing facilities shared with an/other person(s) not of this household?

1. Yes, Shared
2. Not shared

25. What type of lighting does this household use most?

1. Gas
2. Kerosene
3. Electricity – Public
4. Electricity – Private Generator
5. Other (Specify _____)
6. None

26. What type of fuel does this household use most for cooking?

1. Coal
2. Wood
3. Gas/LPG/Cooking gas
4. Kerosene
5. Electricity
6. Other (Specify _____)

27. Is your kitchen indoors or outdoors?

- 1 Indoors
- 2 Outdoors (private)
- 3 None (Go to Q. 29)
- 4 Other (Specify _____)

28. Is the kitchen shared with another person(s) not of this household?

1. Yes, Shared
2. Not shared

29. How many rooms does your household occupy? Do not count bathrooms, porches, kitchens etc?

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30. How many bedrooms are there in this dwelling unit? Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters – Count all bedrooms including spares not occupied.

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31. What is your main method of garbage disposal?

- 1 Dumping land
- 2 Compost
- 3 Burning
- 4 Dumping river/sea/pond
- 5 Burying
- 6 Garbage truck/Skip/bin
- 7 Other (Specify _____)

32. Which of these appliances/household equipment does your household have? (read categories) 1= Yes 2=No 9=Not Stated

1.	<input type="checkbox"/>	Water Heater
2.	<input type="checkbox"/>	TV
3.	<input type="checkbox"/>	VCR
4.	<input type="checkbox"/>	Radio/Stereo
5.	<input type="checkbox"/>	Refrigerator
6.	<input type="checkbox"/>	Freezer
7.	<input type="checkbox"/>	Microwave
8.	<input type="checkbox"/>	Stove
9.	<input type="checkbox"/>	Telephone
10.	<input type="checkbox"/>	Cable/Satellite Dish
11.	<input type="checkbox"/>	Cellular
12.	<input type="checkbox"/>	Washing Machine
13.	<input type="checkbox"/>	Water Pump
14.	<input type="checkbox"/>	Computer

33. Does this household have an internet connection?

1. Yes	
2. No	
3. Not Stated	

34. How many motor vehicles (motor cars, station wagons, jeeps, and vans) are kept at home for private use by this household?

None	
1	
2	
3	
More than 3	
Not Stated	



35. Has any member of your household been a victim of crime during

(a) the last 5 years (1996-2001)?

1. Yes (go to question 36)
2. No (go to Section 4)
3. Not Stated (go to section 4)

(b) the last 12 months (May 2000-May 2001)?

1. Yes (go to question 36)
2. No (Go to Section 4)
3. Not Stated (Go to section 4)

36 What was the nature of the crime?

1 Crime against person

Sex	No.
Male	
Female	
Both	

- 2 Crime against property
- 3 Other (please specify)

37 Was the crime reported to the police?

1. Crime Against Person:

1. Yes (go to section 4)
2. No (go to Q 38)
3. NA (go to section 4)
4. NS (go to section 4)

2. Crime against property:

1. Yes (go to section 4)
2. No (go to Q 38)
3. NA (go to section 4)
4. NS (go to section 4)

3. Other

1. Yes (go to section 4)
2. No (go to Q 38)
3. NA (go to section 4)
4. NS (go to section 4)

38 Why was the Crime not Reported to the Police?

- 1 Crime against Person
- 2 Crime Against Property
- 3 Other

1. No confidence in the administration of Justice.
2. Afraid of Perpetrator
3. Perpetrator was a household member
4. Not Serious Enough
5. Other
6. Not Applicable
7. Not Stated

(End of Household Questionnaire)

Section 4: Characteristics: FOR ALL PERSONS

INTERVIEWER PLEASE COMPLETE THIS SECTION FOR ALL MEMBERS OF THE HOUSEHOLD.

Whenever a dotted line (...) appears in a question, call the name of the person to whom the information relates, if it is not the respondent himself/herself. Else say "You"/"Your."

39. Please fill in this person's assigned number

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40. What is.....'s relationship to the head of household?

- 1 Head
- 2 Spouse / partner
- 3 Child
- 4 Son/daughter-in-law
- 5 Grandchild
- 6 Parent/parent-in-law
- 7 Other relative
- 8 Non-relative

41. INTERVIEWER: Tick the appropriate square, FOR PERSONS NOT SEEN ASK: Is.....male or female?

- 1. Male
- 2. Female

42. What is 's date of birth?

D	D	M	M	Y	Y	Y	Y

If not known, ask:

How old wason his/her last birthday?

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43 To what ethnic, racial or national group do you think.....belongs?

- 1. African/Negro/Black
- 2. Amerindian/Carib
- 3. East Indian
- 4. Chinese
- 5. Portuguese
- 6. Syrian/Lebanese
- 7. Caucasian/W hite
- 8. Mixed
- 9. Other (please specify)
- 10. Don't know/Not stated

44 What is.....'s religion/denomination?

- 1. Anglican
- 2. Baptist
- 3. Bahai
- 4. Brethren
- 5. Church of God
- 6. Evangelical
- 7. Hindu] 1
- 8. Jehovah witness
- 9. Methodist
- 10. Moravian
- 11. Muslim
- 12. Pentecostal
- 13. Presbyterian
- 14. Rastafarian
- 15. Roman Catholic
- 16. Salvation Army
- 17. Seventh Day Adventist
- 18. Spiritual Baptist
- 19. None
- 20. Not Stated
- 21. Other , Specify _____

Section 5. Disability. FOR ALL PERSONS

45. Does..... suffer from any long-standing, disability or infirmity?

- 1 Yes
- 2 No (Go to Q. 52)

46. What was the origin of the disability?

- 1 Illness
- 2 From Birth
- 3 Accident
- 4 Other _____

47. At what age did disability begin?

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48. What type of disability or impairment does...have? (More than one oval may be marked)

- 1 Sight (Even with glasses if worn)
- 2 Hearing (even with hearing aid if used)
- 3 Speech (Talking)
- 4 Mobility(Walking, standing, climbing stairs)
- 5 Body Movements(reaching, crouching, kneeling)
- 6 Gripping
- 7 Learning
- 8 Behavioural
- 9 Other _____
- 10 Not Stated

49. Was..... disability/major impairment ever diagnosed by a medical doctor?

- 1. Yes
- 2. No
- 3. Not Stated

50. Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

Learning, remembering, or concentrating?

- 1 Yes
- 2 No

Dressing, bathing, or getting around inside the home?

- 1 Yes
- 2 No

Going outside the home alone to shop or visit a Doctor's Office?

- 1 Yes
- 2 No

(Ask if person is 15 YEARS OLD OR OVER.) Working at a job or business?

- 1 Yes
- 2 No
- 3. NA

51. Are you required to use any of the following aids? (more than one oval may be marked)

- 1 Wheelchair
- 2 Walker
- 3 Crutches
- 4 Braille
- 5 Adapted car
- 6. Cane
- 7. Prosthesis/artificial body part
- 8. Orthopedic Shoes
- 9. Other(Specify.....)
- 10. None

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Section 6. Health For All Persons

52. Does....suffer from any of the following illness? (More than one oval may be marked)

- | | |
|---|--|
| 1. <input type="checkbox"/> Sickle cell anaemia | 9. <input type="checkbox"/> Cancer |
| 2. <input type="checkbox"/> Arthritis | 10. <input type="checkbox"/> HIV |
| 3. <input type="checkbox"/> Asthma | 11. <input type="checkbox"/> AIDS |
| 4. <input type="checkbox"/> Diabetes | 12. <input type="checkbox"/> Lupus |
| 5. <input type="checkbox"/> Hypertension | 13. <input type="checkbox"/> Carpal Tunnel |
| 6. <input type="checkbox"/> Heart disease | 14. <input type="checkbox"/> Other, (please specify _____) |
| 7. <input type="checkbox"/> Stroke | 15. <input type="checkbox"/> None |
| 8. <input type="checkbox"/> Kidney Disease | 16. <input type="checkbox"/> Not Stated |

Utilisation of Medical Facility

53. Hasutilised a medical facility in the past month?

- 1 Yes 2 No (Go to Q 55)
3. Not Stated (Go to Q 55)

54. What main medical facility has.....utilised in the past month?

- | | |
|--|---|
| 1. <input type="checkbox"/> Public Hospital | 6. <input type="checkbox"/> Private Doctor's Office |
| 2. <input type="checkbox"/> Family Planning Clinic | 7. <input type="checkbox"/> Pharmacy (medication) |
| 3. <input type="checkbox"/> Public Health Centre Medical Visiting Stations | 8. <input type="checkbox"/> Other (Specify.....) |
| 4. <input type="checkbox"/> Private Clinic/Hospital | 9. <input type="checkbox"/> Not Stated |

55. Iscovered by an Insurance (health, life etc.) and/or Employee Medical Plan

1. Yes 2. No (Go to Q. 57) 3. Don't know (Go to Q. 57)

56. What type of Insurance does.....have? (More than one square may be ticked)

- | |
|--|
| 1. <input type="checkbox"/> NIS/Social Security |
| 2. <input type="checkbox"/> Group Health Insurance |
| 3. <input type="checkbox"/> Individual Health |
| 4. <input type="checkbox"/> Life with health |
| 5. <input type="checkbox"/> Endowment with Health |
| 6. <input type="checkbox"/> Life |
| 7. <input type="checkbox"/> Other Specify _____ |

Section 7: Birthplace & Residence

57. Where was born?

1. In this country
2. Abroad (Go to Q. 60)
3. Not Stated (Go to Q 59)
4. Don't know (Go to Q. 59)

58. In what part of Montserrat is that?

Community _____

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District/Parish _____

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59. Have you/has.....ever lived in another country?

- 1 Yes (Go to Q.61)
2 No/Don't know (Go to Q.64)

60. In what country was that?

1. Country _____
2. Don't know

61. In what country did.....last live?

1. Country _____
2. Don't know

62. In what year did.....last come to live in Montserrat?

1. Year _____
2. Don't know

63. Why did ... return/come to Montserrat?

- | | |
|---|---|
| 1. <input type="checkbox"/> Regard it as home | 5. <input type="checkbox"/> Homesick |
| 2. <input type="checkbox"/> Family is here | 6. <input type="checkbox"/> To start a business |
| 3. <input type="checkbox"/> Deported | 7. <input type="checkbox"/> Other specify _____ |
| 4. <input type="checkbox"/> Retired | |

64. In what town, village on Montserrat did..... he/she last live?

1. Don't know 2. Never moved (Go to Q. 68)

Community _____

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

District/Parish _____

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65. In what year did....you finally come to live in this town, village or district?

1. _____
2. Don't know

66. Where does.....usually live?

- 1 At this address (Go to Q. 68)
2 Elsewhere in this country Go to Q. 67)
3 Abroad (Go to Q. 68)
4 Don't know (Go to Q. 68)

67. In what part of the country is that?

Community _____

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District/Parish _____

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

Don't Know

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

Section 8: Education (FOR ALL PERSONS)

68. Is.....attending any school or educational institution now, whether full-time or part-time?

1. Yes - full-time
 2. part-time
 3. No (Go to Q. 72)
 4. Don't know (Go to Q. 72)

69. What type of school or institution are you/is he/she attending?

1. Day care/Nursery
 2. Pre-school
 3. Infant/Kindergarten
 4. Special education
 5. Primary
 6. Senior Primary/Junior Secondary/Post Primary
 7. Secondary
 8. Sixth Form ('A' level)
 9. Technical/Vocational School
 10. University
 11. Adult Education
 12. Other (Please specify) _____
 13. Don't Know
 14. Not Stated

70. Please give the name and address of the school or institution.

Name _____

Address _____

71. What is your/his/her main mode of travel to the school or institution?

1. Walk
 2. Bicycle
 3. Private car or vehicle
 4. Government School Bus
 5. Public transport (minibus)
 6. Hired transport (taxi)
 7. Don't know/Not Stated

72. What is the highest level of formal education that.....has reached?

1. Daycare/Nursery
 2. Pre-school
 3. Infant
 4. Primary Grade/Standard (1 - 3years)
 5. Primary Grade/Standard (4 - 6years)
 6. Secondary
 7. Pre-University/post Secondary/College
 8. University
 9. None
 10. Don't Know
 11. Not Stated

73. What is the highest certificate, diploma or degree that you/he/she have earned?

1. School leaving (e.g. Standard 6/7 School leaving exam)
 2. Cambridge School Certificate
 3. GCE 'O' Levels or CXC Number of subjects
 0 1 2 3 4 5 6 7 8 9+ NS
 4. High School Diploma/Certificate
 5. GCE 'A' Levels No. of Subjects
 0 1 2 3 4 5 6 7 8 9+ NS
 6. Under-graduate Diploma
 7. Other Diploma/Certificate
 8. Associate Degree
 9. Professional Certificate
 10. Bachelors Degree
 11. Post Graduate Diploma (Bachelors & half content required for a Masters)
 12. Higher Degree (masters or Doctoral Degree)
 13. Other Specify _____
 14. None
 15. Don't know
 16. Not Stated

74. INTERVIEWER: Mark the appropriate square (See Q. 42)

1. Under 15 (Go to Q.111)
 2. 15 years and over (continue)

Section 9 – Professional, Technical & Vocational Training (Persons 15 Years & Over)

75. (a) Were you ever trained/are you being trained for any occupation or profession? (Training can be formal or non-formal)

- Yes
 No (Go to Q.78)
 Not Stated (Go to Q. 78)

(b) For which occupation(s)/profession(s) (state the most recent one first)?

(i) _____

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(ii) _____

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(iii) _____

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(c) Is your/his/her present job related to your/his/her most recent training?

1. Yes
 2. No
 3. Not Applicable

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(d) In what year or period did you/he/she complete that training or still being trained?

- | | |
|-------------------------------------|---|
| 1. <input type="checkbox"/> 2001 | 7. <input type="checkbox"/> 1980-89 |
| 2. <input type="checkbox"/> 2000 | 8. <input type="checkbox"/> Before 1980 |
| 3. <input type="checkbox"/> 1999 | 9. <input type="checkbox"/> Did not complete training |
| 4. <input type="checkbox"/> 1998 | 10. <input type="checkbox"/> Still being trained |
| 5. <input type="checkbox"/> 1994-97 | 11. <input type="checkbox"/> Not Stated |
| 6. <input type="checkbox"/> 1990-93 | |

76. In.....'s field of highest level of training, what was the main educational method/type of training used?

- | | |
|---|--|
| 1. <input type="checkbox"/> On the job | 8. <input type="checkbox"/> Technical Institution |
| 2. <input type="checkbox"/> Apprenticeship | 9. <input type="checkbox"/> Other Institutional Training |
| 3. <input type="checkbox"/> Private study or Correspondence | 10. <input type="checkbox"/> University (on campus) |
| 4. <input type="checkbox"/> Secondary School | 11. <input type="checkbox"/> Distance Learning |
| 5. <input type="checkbox"/> Vocational/Trade | 12. <input type="checkbox"/> Virtual Learning |
| 6. <input type="checkbox"/> Commercial or Secretariat | 13. <input type="checkbox"/> Other (Specify.....) |
| 7. <input type="checkbox"/> Business or Computer School | 14. <input type="checkbox"/> Not Stated |

77. What is/was the duration of training programmes for the highest level of training which completed/attempted or is undergoing?

- | | |
|---|---|
| 1. <input type="checkbox"/> Under 3 months | 1. <input type="checkbox"/> 2 years & less than 3 years |
| 2. <input type="checkbox"/> 3 months & less than 6 months | 2. <input type="checkbox"/> 3 years & less than 4 years |
| 3. <input type="checkbox"/> 6 months & less than 1 year | 3. <input type="checkbox"/> 4 years and over |
| 4. <input type="checkbox"/> 1 year & less than 1½ years | 4. <input type="checkbox"/> Not Stated |
| 5. <input type="checkbox"/> 1½ years & less than 2 years | |

Section 10. Marital Status, Union Status

For ALL Persons 15 Year & Over

78. What is your/.....'s present union status?

1. Legally married (Go to Q. 80)
2. Common-law union (Go to Q. 79→81)
3. Visiting partner
4. Married but not in a union (Go to Q. 80)
5. Legally separated and not in a union (Go to Q. 80)
6. Widowed and not in union (Go to Q. 80)
7. Divorced and not in union (Go to Q. 80)
8. Not in a union
9. Don't know/Not stated

79. Have you ever been married?

1. Yes 2. No 3. Don't know/Not stated

80. Have you/has.....ever lived together with a partner in a Common law relationship?

1. Yes
2. No (Go to Q. 82)
3. Don't know/Not stated (Go to Q. 82)

81. How old were you/he/she when you/he/she were/was first married or lived with a partner?

Section 11 Fertility for All Persons 15 Years & Over

82. How many livebirths/children has.....ever had/fathered?
(If ZERO, enter 00 & Go to Q. 89)

Live Births

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83. How old were you/he/she when you/he/she had/fathered the first liveborn child?

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84. How old were you/she/he at the birth of your/her/his last liveborn child?

Age			
-----	--	--	--

85 to Q. 88 APPLY TO FEMALES UNDER AGE 50.

OTHERS GO TO Q.90

85. How many living babies/live births did you/she/ have in the last 12 months?

- | | |
|---|---|
| 1. <input type="checkbox"/> None (Go to Q. 89) | 4. <input type="checkbox"/> Twins |
| 2. <input type="checkbox"/> One | 5. <input type="checkbox"/> Three or more |
| 3. <input type="checkbox"/> Two separate births | |

86. What is/are the sex(es) of this child/these children? (Born within the last 12 months)

Number of Boys	
Number of Girls	

87. Have any of these babies died?

- 1 Yes 2 No (Go to Q. 89)

88. How many died?

- (a) Within the first month of life-
- (b) After 1 month but before one year

Section 12 Economic Activity For Persons 15 Years & Over

89. What did..... do most during the past 12 months- for Example, did you/he/she work, look for a job, keep house or Carry on some other activity?

- | | |
|---|--|
| 1. <input type="checkbox"/> Worked (Go to Q. 92) | 6. <input type="checkbox"/> Attended School |
| 2. <input type="checkbox"/> Had a job but did not work (Go to (Q. 92) | 7. <input type="checkbox"/> Retired |
| 3. <input type="checkbox"/> Looked for work | 8. <input type="checkbox"/> Disabled, unable to work |
| 4. <input type="checkbox"/> Wanted work and available | 9. <input type="checkbox"/> Other (please specify) |
| 5. <input type="checkbox"/> Home Duties | 10. <input type="checkbox"/> Not Stated |

90. Did you/he/she do any work at all in the past 12 months? include work at home, for example, piece work, decorative stitching, smocking, etc.

1. Yes (Go to Q. 92)
 2. No

91. Have you/he/she ever worked or had a job?

1. Yes (Go to Q.93)
 2. No (Go to Q. 93)

92. How many months did you/he/she work in the past 12 months?

Number of months

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93. What did....do most during the past week – for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- | | |
|--|--|
| 1. <input type="checkbox"/> Worked (Go to Q. 97) | 6. <input type="checkbox"/> Attended school |
| 2. <input type="checkbox"/> Had a job but did not work (Go to Q. 97) | 7. <input type="checkbox"/> Retired |
| 3. <input type="checkbox"/> Looked for work | 8. <input type="checkbox"/> Disabled, unable to work |
| 4. <input type="checkbox"/> Wanted work and available | 9. Other (Please specify) |
| 5. <input type="checkbox"/> Home Duties | 10. <input type="checkbox"/> Not Stated |

94. Did you take any steps during the past two months to look for work?

1. No/Did Nothing
 2. Direct Application (Sent out letters) (Go to Q. 96)
 3. Checking at work sites, factory gates etc. (Go to Q. 96)
 4. Seeking assistance from friends (Go to Q. 96)
 5. Register at public/private employment exchange (Go to Q. 96)
 6. Other (Go to Q. 96)
 7. Not Stated (Go to Q. 96)

95. Why did..... not seek work during the past two months?

- | | |
|---|--|
| 1. <input type="checkbox"/> Own illness, disability, injury, pregnancy | 10. <input type="checkbox"/> Awaiting busy season |
| 2. <input type="checkbox"/> Personal, family responsibilities | 11. <input type="checkbox"/> Believe no suitable work available |
| 3. <input type="checkbox"/> In school, training | 12. <input type="checkbox"/> Could not find suitable work |
| 4. <input type="checkbox"/> Retirement/old age | 13. <input type="checkbox"/> Not yet started to seek work |
| 5. <input type="checkbox"/> Already found work to start later | 14. <input type="checkbox"/> Do not know how or where to seek work |
| 6. <input type="checkbox"/> Already made arrangements for self-employment | 15. <input type="checkbox"/> Discouraged |
| 7. <input type="checkbox"/> Awaiting recall to former job | 16. <input type="checkbox"/> Other (Specify.....) |
| 8. <input type="checkbox"/> Awaiting replies from employers | 17. <input type="checkbox"/> Not Stated |

96. Did you/he/she do any other kind of work at all last week for any length of time, including helping in a family business/farm, street vending or work at home?

1. Yes 2. No (Go to Q. 108)

97. How many hours did you/he/she work last week?

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2. Don't Know

98. What sort of work did you/he/she, do in your/his/her main occupation? Please specify in detail

1. _____

Type of Work:

--	--	--	--

2. Never Worked (Go to Q.108)

99. What type of business is/was carried on at your/his/her workplace? Please specify in detail

--	--	--	--

100. What is the name and address of your/his/her present workplace?

1. _____

2. No present workplace (Go to Q.108)

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101. How do you/does he/she travel to work?

- | | |
|--|--|
| 1. <input type="checkbox"/> Work at home (Go to Q. 103) | 6. <input type="checkbox"/> Public transport (minibus) |
| 2. <input type="checkbox"/> Walk | 7. <input type="checkbox"/> Hired transport (taxi) |
| 3. <input type="checkbox"/> Bicycle | 8. <input type="checkbox"/> Other |
| 4. <input type="checkbox"/> Private Car or vehicle | 9. <input type="checkbox"/> Don't know/Not Stated |
| 5. <input type="checkbox"/> Company /government Transportation | |

102. How many minutes do you/he/she take to get to work?

Minutes			
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103. Did you/he/she carry on your/his /her business, work for wage or salary or as an unpaid worker in a family business?

1. Paid employee – Government (Go to Q. 106)
 2. Paid employee – Private (Go to Q. 106)
 3. Paid employee – Statutory Body (Go to Q. 106)
 4. Unpaid worker (Go to Q. 108)
5. Own business with paid help (Go to 104)
 6. Own business without paid help (Go to Q. 105)
 7. Apprentice (Go to Q. 106)
 8. Don't Know/Not Stated (Go to Q.106)

104. How many people work for you/him/her?
Number:

--	--

105. Do you/does he/she move all your/his/her goods every night; e.g. fruits, nuts, lottery tickets, clothing/shoes, etc. ?

1. Yes (Informal trader)
 2. No

106. What was’s last pay/income period?

1. Weekly
 2. Fortnightly
 3. Monthly
 4. Quarterly
5. Annually
 6. Other (please specify) _____
 7. None
 8. Not stated

107. What was.....’s gross pay/income during the last pay period, that is before income tax or other deductions?
(PRESENT FLASH CARD)

INTERVIEWER: For self-employed persons obtain “net income,” i.e., receipts less business expenses.

1.

Income Group			
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2. Don't know

108. What are your/his/her sources of livelihood? (check as many as applicable)

1. Pension (local)
 2. Pension (overseas)
 3. Investment
 4. Remittance (overseas)
 5. Savings/Interest on savings
 6. Employment
 7. Disability benefits
 8. Unemployment benefits
 9. Social Security
10. Other Public Assistance
 11. Local contributions from friends/relatives
 12. Overseas contributions from friends/relatives
 13. Spouse
 14. Children
 15. Parents
 16. Guardians
 17. Other
 18. Not Stated

109. Approximately how much money did you/he/she receive last year (2000) from family and/or friends abroad? (PRESENT FLASH CARD.)

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2. Don't know

110. On average, how many hours did.....spend per week on housework ? (cleaning the house, laundry, care of children, care of elderly, etc), the following activities in the past week?

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No. of Hours

Section 13 – Where Did You Spend Census Night

IMPORTANT INTERVIEWER: If interview conducted before census day, ask on return visit immediately after census day; If interview conducted after census day, ask as part of the full interview:

111. Where did.....spend census night?

1. At this address (End Interview)
 2. Elsewhere in this country
 3. Abroad

112. What part of the country was that? If known, please specify.

Interviewer: Write as full an address as possible

(End Interview)



CENSUS 2001

**BECAUSE
EVERYBODY
COUNTS**