

REPUBLIC OF GUYANA

2012 POPULATION & HOUSING CENSUS

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CENSUS DAY: 15th SEPTEMBER 2012

INSTRUCTIONS

Use No. 2B Pencil only. Fill in appropriate boxes and completely shade the ovals. Erase cleanly any changes. DO NOT make any stray marks on the questionnaire.

SERIAL NUMBER	Reg No.	Vill/Ward No.	ED No.	Bldg No.	Dw No.	HH No.
0332250						

Address of Household																			
Town / Village / Ward																			
Telephone Number																			

INTERVIEWER	NAME

DATE					
D	D	M	M	Y	Y

SUPERVISOR	NAME

DATE					
D	D	M	M	Y	Y

EDITOR	NAME

DATE					
D	D	M	M	Y	Y

CODER	NAME

DATE					
D	D	M	M	Y	Y



HOUSEHOLD QUESTIONNAIRE (One for each Household)

INTERVIEWER SAY:

"I am a census interviewer assigned to this area and I would like to get some information about the household and its members. My name is (...) and here is my ID card. First, please give me the names of all persons who usually live and share at least one meal daily with your household, including persons who were present on census night (14th/15th September 2012) but are no longer here."

LISTING OF HOUSEHOLD MEMBERS		SEX	RP/RA/V
01	SURNAME	FIRST NAME	
02	SURNAME	FIRST NAME	
03	SURNAME	FIRST NAME	
04	SURNAME	FIRST NAME	
05	SURNAME	FIRST NAME	
06	SURNAME	FIRST NAME	
07	SURNAME	FIRST NAME	
08	SURNAME	FIRST NAME	
09	SURNAME	FIRST NAME	
10	SURNAME	FIRST NAME	
11	SURNAME	FIRST NAME	
12	SURNAME	FIRST NAME	
13	SURNAME	FIRST NAME	

Male = 1 Female = 2

No. of Persons in HH:

Total	Males	Females

RECORD OF VISITS												
INTERVIEW CALLS	DATE				TIME STARTED		TIME ENDED		DURATION		*RESULTS	
1												
2												
3												
4												

D D M M Y Y Y Y

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

H1.0 INTERVIEWER: Please shade the appropriate oval for Sex of Head of Household

- 1 Male 2 Female

SECTION H1: CHARACTERISTICS OF OCCUPIED BUILDING

H1.1 What type of building is this?

- 1 Residential 4 Community Service
 2 Residential/Commercial 5 Other (specify) _____
 3 Residential/Office

H1.2 What is the **main** material of the outer walls?

- 1 Wood 7 Brick only (Clay Brick)
 2 Concrete 8 Stone and brick
 3 Wood & Concrete 9 Galvanize
 4 Stone 10 Wood & Brick
 5 Adobe & Troolie Palm 11 Other (specify) _____
 6 Makeshift

H1.3 What is the **main** material used for roofing?

- 1 Sheet metal (zinc, aluminium, galvanize) 5 Tile
 2 Shingle (asphalt) 6 Concrete
 3 Shingle (wood) 7 Thatched/Troolie Palm
 4 Shingle (other) 8 Makeshift
 9 Other (specify) _____

H1.4 In which year/period was this building completed?

- 1 Before 1980 6 2007
 2 1980 - 1989 7 2008
 3 1990 - 1999 8 2009
 4 2000 - 2005 9 2010
 5 2006 10 2011 or later
 11 Don't know/Not stated

SECTION H2: CHARACTERISTICS OF OCCUPIED DWELLING UNIT AND TENANCY STATUS

H2.1 What is the occupancy status of the dwelling unit?

- 1 Occupied 2 Seasonally vacant

H2.2 What type of dwelling unit does this household occupy?

- 1 Separate house/Detached 6 Combined business & Dwelling
 2 Part of a private house/Attached 7 Barracks
 3 Flat/Apartment/Condominium 8 Makeshift
 4 Townhouse 9 Other (specify) _____
 5 Double house/Duplex

H2.3 Is this dwelling unit ----- by any member of the household?

- 1 Owned 5 Leased
 2 Squatted 6 Rent-free
 3 Rented - Private 7 Other (specify) _____
 4 Rented - Govt. 8 Not stated

SECTION H4: HOUSING UNIT BY FACILITIES AVAILABLE FOR USE

H4.1 What type of fuel does this household use **most** for cooking?

- 1 Charcoal 4 Kerosene
 2 Wood 5 Electricity
 3 LPG (Cooking Gas) 6 Other (specify) _____

H4.2 What is the **main** source of lighting for this household?

- 1 Gas Lantern 4 Electricity (Private)
 2 Kerosene 5 Solar/Inverter
 3 Electricity (Public) 6 Other (specify) _____

H4.3 What is the **main** source of water supply for this household?

- 1 Private, piped into dwelling 7 Public well
 2 Private catchments/rain water 8 Spring/river/pond
 3 Private, piped into yard/plot 9 Truck borne
 4 Public, piped into dwelling 10 Dug well/borehole
 5 Public, piped into yard/plot 11 Other (specify) _____
 6 Public standpipe or hand pump

H4.4 What is the **main** source of drinking water for this household?

- 1 Piped into dwelling 7 Rain water collection
 2 Piped into yard/plot 8 Unprotected dug-well/spring
 3 Public standpipe 9 Pond/river/stream
 4 Tube-well/borehole with pump 10 Vendor/private supplier
 5 Protected dug well/spring 11 Other (specify) _____
 6 Bottled water

SECTION H5: HOUSEHOLD EQUIPMENT, APPLIANCE & OTHER FACILITIES AVAILABLE FOR USE

H5.1 Does this household have any of the following appliances or household items in working condition?

- | | Yes | No | | Yes | No |
|------------------------------|-----------------------|-----------------------|--------------------------|-----------------------|-----------------------|
| 1 Radio/stereo | <input type="radio"/> | <input type="radio"/> | 10 Microwave | <input type="radio"/> | <input type="radio"/> |
| 2 Television | <input type="radio"/> | <input type="radio"/> | 11 Telephone (landline) | <input type="radio"/> | <input type="radio"/> |
| 3 DVD/MP3/VCR | <input type="radio"/> | <input type="radio"/> | 12 Mobile/cellular phone | <input type="radio"/> | <input type="radio"/> |
| 4 Computer | <input type="radio"/> | <input type="radio"/> | 13 Water pump | <input type="radio"/> | <input type="radio"/> |
| 5 Internet access/connection | <input type="radio"/> | <input type="radio"/> | 14 Electrical generator | <input type="radio"/> | <input type="radio"/> |
| 6 Vehicle (private) | <input type="radio"/> | <input type="radio"/> | 15 Air condition unit | <input type="radio"/> | <input type="radio"/> |
| 7 Refrigerator/freezer | <input type="radio"/> | <input type="radio"/> | 16 Water heater | <input type="radio"/> | <input type="radio"/> |
| 8 Washing machine | <input type="radio"/> | <input type="radio"/> | 17 Cable TV/satellite | <input type="radio"/> | <input type="radio"/> |
| 9 Stove (gas/electric/solar) | <input type="radio"/> | <input type="radio"/> | 18 Solar panel | <input type="radio"/> | <input type="radio"/> |
| | | | 19 Boat (engine/paddle) | <input type="radio"/> | <input type="radio"/> |

SECTION H3: LAND TENURE & HOUSE LOT APPLICATION

H3.1 Under what type of arrangement is the land occupied? (Lot on which building is located)

- 1 Owned/freehold 5 Rent-free
 2 Lease-hold 6 None/not applicable
 3 Rented (paying) 7 Other (specify) _____
 4 Squatted 8 Not stated

H3.2 Have you ever applied to the Ministry of Housing for a House Lot?

- 1 Yes Region 2 No (Skip to Section H4)

H3.3 Were you allocated a House Lot?

- 1 Yes (Skip to Section H4) 2 No

H3.4 Are you still interested in the application?

- 1 Yes 2 No

H4.5 What type of toilet facility does this household have?

- 1 W.C. (Flush toilet) linked to sewer 5 Trad. Pit Latrine **w/out** slab
 2 W.C. (Flush toilet) linked to septic tank/soak-away 6 None (Skip to H4.7)
 3 Ventilated Pit Latrine (VIP) 7 Other (specify) _____
 4 Trad. Pit Latrine **with** slab

H4.6 Is the toilet shared with any other household?

- 1 Yes 2 No

H4.7 How many rooms does this household occupy? (Do not count bathrooms and porches)

No. of rooms

H4.8 How many bedrooms are there in this dwelling unit? (Count all bedrooms including spares not occupied)

No. of bedrooms

H4.9 How does this household **usually** dispose of its garbage?

- 1 Dumping on land 6 Garbage truck/skip/bin - Public
 2 Compost 7 Garbage truck - Private
 3 Burning 8 Other (specify) _____
 4 Dumping/throwing into river/sea/pond
 5 Burying

SECTION H6: ENVIRONMENT

H6.1 In this community, is your household most concerned about/affected by the following environmental issues?

- | | Yes | No | | Yes | No |
|----------------------------|-----------------------|-----------------------|--------------------|-----------------------|-----------------------|
| 1 Waste disposal | <input type="radio"/> | <input type="radio"/> | 8 Soil erosion | <input type="radio"/> | <input type="radio"/> |
| 2 Water contamination | <input type="radio"/> | <input type="radio"/> | 9 Squatting | <input type="radio"/> | <input type="radio"/> |
| 3 Drainage | <input type="radio"/> | <input type="radio"/> | 10 Flooding | <input type="radio"/> | <input type="radio"/> |
| 4 Air pollution | <input type="radio"/> | <input type="radio"/> | 11 Cellphone tower | <input type="radio"/> | <input type="radio"/> |
| 5 Use of pesticides | <input type="radio"/> | <input type="radio"/> | 12 Noise | <input type="radio"/> | <input type="radio"/> |
| 6 Deforestation | <input type="radio"/> | <input type="radio"/> | 13 Asbestos | <input type="radio"/> | <input type="radio"/> |
| 7 Destruction of mangroves | <input type="radio"/> | <input type="radio"/> | | | |

SECTION H7: CRIME

H7.1 Has any member of the household been a victim of any of the following crimes during the past 12 months?

Type of Crime			No. of Cases		
	Yes	No	Males	Females	Total
1 Murder	<input type="radio"/>	<input type="radio"/>			
2 Kidnapping	<input type="radio"/>	<input type="radio"/>			
3 Shooting	<input type="radio"/>	<input type="radio"/>			
4 Rape/sexual abuse	<input type="radio"/>	<input type="radio"/>			
5 Armed Robbery	<input type="radio"/>	<input type="radio"/>			
6 Wounding	<input type="radio"/>	<input type="radio"/>			
7 Larceny/theft	<input type="radio"/>	<input type="radio"/>			
8 Domestic abuse	<input type="radio"/>	<input type="radio"/>			

SECTION H8: MORTALITY

H8.1 Has any/any-other member of this household died during the past 12 months?

1 Yes 2 No (Skip to Section H9)

H8.2 Please provide me with the details of person(s) who died from this household during the past 12 months by age and sex.

	Males	Females	Total
Person #			
1			
2			
3			
4			
5			

Male = 1
Female = 2

Question H8.3 should only be asked for Females aged 14-49 years who died during the past 12 months. (As reported in H8.2 above)

H8.3 Did the death occur during pregnancy, at child birth or within six weeks after the end of pregnancy? (solely related to pregnancy and not any other cause such as accident)

1 Yes 2 No

SECTION H9: INTERNATIONAL MIGRATION (EMIGRATION)

H9.1 Has anybody from this household gone to live abroad permanently in the past 5 years, i.e. between 2007 and present?

1 Yes 2 No (Skip to Section P1)

H9.2 How many persons?

Males Females Total

Pers. No	H9.3 What is (...) sex? Male = 1 Female = 2	H9.4 What was (...) age at time of departure? <i>If emigrant was less than 15 yrs at time of departure Skip to H9.6</i>	H9.5 What was (...) occupation at time of departure? Please specify in details on line.	H9.6 What was the highest level of education reached by (...) at time of departure? 1. None/Nursery/Kindergarten 2. Primary 3. Secondary 4. Post Secondary 5. University/Tertiary 6. Other (specify below) 7. Don't know	H9.7 Which country did (...) migrate to? N.B. Write country on line	H9.8 In which year did (...) migrate?	H9.9 What was the main reason for leaving at the time of departure? 1. Family Reunification 2. Employment 3. Study 4. Crime 5. Medical 6. Other (specify below) 7. DK
1	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>
2	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>
3	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>
4	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>
5	<input type="text"/>	<input type="text"/> <input type="radio"/> DK	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/>	<input type="text"/> For official use <input type="radio"/> DK	<input type="text"/> <input type="radio"/> DK	<input type="text"/>

2012 POPULATION & HOUSING CENSUS - INDIVIDUAL QUESTIONNAIRE

B

Reg No. Vill/Ward No. ED.No. Bldg No. Dw No. HH No. Pers No.

SERIAL NUMBER

SECTION P1: PERSONAL CHARACTERISTICS

ALL PERSONS

- P1.1 What is your (...) relationship to the head of household?
- 1 Head
 - 2 Spouse/partner
 - 3 Son/daughter
 - 4 Step/adopted child
 - 5 Grand/great-grand child
 - 6 Son/daughter-in-law
 - 7 Parent/parent-in-law
 - 8 Other relative
 - 9 Domestic employee
 - 10 Non-relative/lodger
 - Not stated

- P1.2 INTERVIEWER: Shade the appropriate oval.
FOR PERSONS NOT SEEN ASK: Is (...) male or female?
- 1 Male
 - 2 Female

P1.3 What is your (...) date of birth?

Day Month Year

If date of birth is not known ask: How old were you/was (...) on your (...) last birthday? Do not leave blank, if age is not known, TRY TO GET ESTIMATE. (i.e. from others in the household or use historical events).

AGE YRS

- P1.4 To what ethnic group do you/does (...) belong?
- 1 African/Black
 - 2 Amerindian
 - 3 East Indian
 - 4 Chinese
 - 5 Mixed
 - 6 Portuguese
 - 7 White
 - 8 Other (specify) _____
 - Not stated

X

- P1.5 To which religion/denomination do you/does (...) belong?
- 1 Anglican
 - 2 Methodist
 - 3 Pentecostal
 - 4 Roman Catholic
 - 5 Jehovah Witness
 - 6 Seventh Day Adventist
 - 7 Bahai
 - 8 Muslim
 - 9 Hindu
 - 10 Rastafarian
 - 11 Other Christians
 - 12 None/No Religion
 - 13 Other (specify) _____
 - Not stated

SECTION P2: DISABILITY

ALL PERSONS

- P2.1 Do you/does (...) have any long-standing difficulty/problem that prevents you/(...) from performing an activity?
- 1 Yes
 - 2 No (Skip to Section P3)
 - Not stated

ACTIVITY	P2.2 Which of the following activities do you/does (...) have difficulty with?	P2.3 Is the problem serious/permanent?	P2.4 Was the problem diagnosed by a Medical Doctor?	P2.5 How was the disability acquired?	P2.6 In which way has the problem limited your/(...) activities most compared with other people of your/(...) age?
1. Seeing (even if wearing glasses)	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Born with it 2. Acquired by accident 3. Acquired by disease	1. Self-care 2. Mobility 3. Communication 4. Schooling 5. Employment 6. None 7. All or at least three 8. Other (specify)
2. Hearing (even if wearing hearing aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
3. Talking/speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
4. Moving/mobility (walking, standing, climbing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
5. Body movements (reaching, gripping, holding, kneeling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
6. Learning/understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
7. Mental functioning (behavioral, emotional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
8. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

- P2.7 What is your (...) main source of support?
- 1 Self-sufficient
 - 2 Public Assistance
 - 3 Disabled Persons Organisation/Non-Governmental Organisation (NGO)
 - 4 Family
 - 5 Other (specify) _____
 - Not Stated

X

SECTION P3: MIGRATION (BIRTHPLACE AND RESIDENCE)

ALL PERSONS

P3.1 Where were you/was (...) born?
Interviewer: Remember what is required for persons born in Guyana is the mother's normal residence at the time of birth, and not the hospital or where the birth took place.

- 1 In Guyana
- 2 Abroad _____ (Name of Country) **Skip to P3.3** For Official Use
- Not stated

P3.2 In which Region/Town/Village of Guyana was that?
1 Region _____ NS For Official Use
2 Town _____ NS For Official Use
3 Village/Ward _____ NS For Official Use

P3.3 What is your (...) nationality/citizenship?
1 Guyanese (by Birth) **(Skip to P3.5)**
2 Guyanese (by Naturalization)
3 Name of Country (if not Guyanese) _____ For Official Use
 Not stated

P3.4 In what year did you (...) come to live in Guyana? (FOREIGN BORN ONLY)
Year _____
(If from CARICOM Member State as given in P3.3, Skip to P3.12; If from Any Other Foreign Country, Skip to Section P4)

P3.5 Where do you/does (...) usually live? **(ALL GUYANESE)**
1 At this present address **(Skip to P3.7)**
2 Elsewhere in Guyana
3 Abroad **(Skip to Section P4)**
 Not stated

P3.6 In what part of Guyana is that? **(duration of 6 months and above)**
1 Region _____ For Official Use
2 Town _____ For Official Use
3 Village/Ward _____ For Official Use

P3.7 For how long have you/(...) resided in this/that region?
1 Never moved
2 Duration of residence _____ For Official Use

P3.8 Have you (...) ever lived outside Guyana for a continuous period of 5 years or more?
1 Yes
2 No **(Skip to Section P4)**

P3.9 In what country did you last live?
Country _____ For Official Use
 Not stated

P3.10 In what year did you (...) return to live in Guyana?
Year _____

P3.11 Why did you (...) return to live in Guyana?
1 Regard it as Home
2 Family re-unification
3 Deported
4 To start a Business
5 Retired
6 Homesick
7 Completed Study
8 Other (specify) _____
 Not stated Skip to Section P4

(MIGRANTS FROM CARICOM MEMBER STATES ONLY)

P3.12 Did you (...) move under the Free Movement of Persons Regime?
1 Yes
2 No **(Skip to P3.15)**

P3.13 Under which category did you (...) move?
1 Skilled National
2 Service Provider
3 Under Rights of Establishment
4 Employee of non-wage Earner

P3.14 When did you (...) move/obtain approval to stay under the Free Movement?
Month/Year _____

P3.15 Did your (...) spouse move with you (...)?
1 Yes
2 No
3 Not Applicable

P3.16 Did your (...) dependents move with you (...)?
1 Yes
2 No
3 Not Applicable

SECTION P4: EDUCATION

PERSONS AGED 3 YRS AND ABOVE

P4.1 Are you/is (...) currently attending an educational institution?
1 Yes, full-time
2 Yes, part-time
3 No **(Skip to P4.3)**

P4.2 What type of educational institution are you/is (...) attending?
1 Day Care/Play Group
2 Nursery/Kindergarten
3 Primary
4 Sec. Dept. of Primary/CHS
5 General Secondary
6 Post Secondary School
7 Special School
8 Technical Institute
9 Vocational/Trade
10 Business/Computer Studies
11 Adult Education
12 University/Tertiary
13 Other (specify) _____
 Not stated

P4.3 What is the highest level of education that you have/(...) has reached?
1 None/Nursery/Kindergarten
2 Primary
3 Secondary
4 Post Secondary
5 University/Tertiary
6 Other (specify) _____
 Not stated

P4.4 What class did you (...) complete?
Primary/Sec. 1 None
2 Prep A & B/Grds 1 & 2
3 Std 1/Grd 3
4 Std 2/Grd 4
5 Std 3/Grd 5
6 Std 4/Grd 6
7 Frm 1/Grd 7
8 Frm 2/Grd 8
9 Frm 3/Grd 9
10 Frm 4/Grd 10
11 Frm 5/Grd 11
12 Frm 6/Grd 12
 Not stated

13 Post Secondary/Tertiary/University
No. of yrs _____
1 2 3 4 5+ NS

P4.5 INTERVIEWER: Shade the appropriate oval
1 Under 5 yrs **(Skip to Section P11)**
2 Females Aged 14 yrs **(Skip to Section P7)**
3 5 -14 yrs **(Skip to Section P10)**
4 15 yrs and over

P4.6 What is the highest level of qualification that you have/(...) has achieved?
1 None
2 School leaving
3 Junior Cambridge Certificate
4 CXC Basic
5 GCE O' levels or CXC General
6 High School/Senior Cambridge Certificate
7 GCE A' levels/CAPE
8 Certificate/Diploma
9 Bachelor's Degree
10 Post Graduate Dip/Certificate
11 Higher Degree (Masters)
12 Higher Degree (Doctoral)
13 Other (specify) _____
 Not stated

SECTION P5: TRAINING

PERSONS AGED 15 YRS AND ABOVE

- P5.1** Have you/has (...) ever received/attempted/currently attending any training to fit you (...) for employment? (Formal or Informal)
 1 Yes 2 No **(Skip to Section P6)**
- P5.2** What was/is the status of your (...) training?
 1 Completed training Not stated
 2 Attempted training but did not complete
 3 Currently undergoing training
- P5.3** What was/is the main occupation/profession for which you (...) had the highest level of training?
 [] [] [] Not stated
- For Official Use**
- P5.4** How was/is the training received?
 1 On the job 6 Institution
 2 Apprenticeship 7 Online/Virtual Learning
 3 Correspondence/Distance Learning 8 Other (specify)
 4 Vocational/Trade Sch./Technical Inst.
 5 Commercial/Secretarial School Not stated

- P5.5** What was/is the duration of your (...) highest level of training?
 No. of months [] [] [] Not stated
- P5.6** What type of qualification/certificate do/did you (...) expect to receive/received on completion of the training at the highest level?
 1 None 8 Post Grad. Degree
 2 Certificate with exams 9 Professional Qualification
 3 Certificate without exams 10 Other (specify)
 4 Diploma
 5 Advanced Diploma
 6 Associate Degree Not stated
 7 First Degree

SECTION P6: MARITAL/UNION STATUS

PERSONS AGED 15 YRS AND ABOVE

- P6.1** What is your (...) marital status?
 1 Single/never married
 2 Married **(Skip to P6.3)**
 3 Divorced
 4 Widowed
 5 Legally Separated
 Not stated

- P6.2** Are you in a common law relationship?
 1 Yes 2 No **(Skip to P7 if Female aged 15-54 yrs. Skip to P8 if Female aged 55 yrs & above or if Male)**
- P6.3** Are you currently living in union with your spouse/a partner?
 1 Yes 2 No
- IF FEMALE AGED 55 YRS & ABOVE OR MALE, SKIP TO SECTION P8**

SECTION P7: FERTILITY

FEMALES AGED 14-54 YRS

- P7.1** How many children have you/(...) given birth to, if any, that were born alive (breathing, crying or kicking even for a brief moment)?
 Total Boys Girls
 [] [] []
 (If None, write 00 in the boxes and Skip to Section P8. If aged 14 yrs, Skip to Section P10.)
- P7.2** How many of the children are:
 ▶ P7.2 (a) Living in this household? (If None, write 00 in the boxes and continue)
 Total Boys Girls
 [] [] []
 ▶ P7.2 (b) Living elsewhere? (If None, write 00 in the boxes and continue)
 Total Boys Girls
 [] [] []
 ▶ P7.2 (c) Not alive? (If None, write 00 in the boxes and continue)
 Total Boys Girls
 [] [] []

- P7.3** How old were you/was (...) when you/(...) had your (...) first live birth?
 AGE [] [] YRS
- P7.4** How old were you/was (...) when you/(...) had your (...) last live birth?
 AGE [] [] YRS
- FOR WOMEN 14-49 YEARS**
- P7.5** Have you had a recent live birth in the last 12 months?
 Boys Girls
 1 Yes [] [] [] []
 2 No **(Skip to Section P8 and if aged 14 yrs, Skip to Section P10)**
- P7.6** Is the child/children still alive?
 Boys Girls
 1 Yes [] [] [] []
 2 No
 (If aged 14 yrs, Skip to Section P10)

SECTION P8: ECONOMIC ACTIVITIES

PERSONS AGED 15 YRS AND ABOVE

- P8.1** What did you (...) do **most** during the past week? (Current Activity Status)
 1 Had a job and worked
 2 Had a job but did not work
 3 Seeking first job
 4 Seeking a job which was not the first
 5 Did not seek but wanted work and was available
 6 Attended school/Student
 7 Performed Home Duties
 8 Retired, did not work
 9 Disabled, unable to work
 10 Other (specify) _____
 Not stated

- P8.3** Did you (...) do any work at all **during the past one week**; including helping in the family business/farm, or work at home, for pay doing any of the following, handicrafts, washing clothes, ironing or sewing, etc? In addition did you sell cigarettes, newspaper, food, snacks or wash cars for tips or pay?
 1 Yes **(Skip to P8.7)** Not stated
 2 No
- P8.4** Did you (...) take any active steps to look for work during the past month?
 1 Yes Not stated
 2 No **(Skip to P8.6)**
- P8.5** What was the **most** recent step you (...) took during the past month?
 1 Direct Application
 2 Checked at work sites
 3 Asked friends/family
 4 Registered with employment exchange
 5 Other (specify) _____ **(Skip to P8.12)**

- P8.2** How many hours did you/(...) work during the past week?
 [] [] Hours **(Skip to P8.7)**

P8.6 Why did you (...) not take steps to look for work during the past month?

- 1 Pregnancy
- 2 Home duties, personal/family responsibilities
- 3 Already arranged employment
- 4 Awaiting recall to former job
- 5 Awaiting replies from employers
- 6 Awaiting busy season
- 7 Discouraged/lost hope
- 8 Attending school/training
- 9 No jobs available in the area
- 10 Illness, disability, injury
- 11 Retirement/old age
- 12 Other (specify) _____

Skip to P8.12

P8.9 What type of business/activity are you/is (...) engaged in or what activity is carried out at your (...) workplace?

Industry _____ For Official Use

P8.10 Where is your (...) place of work?

- 1 Work at home (Skip to P8.12)
- 2 No fixed place of work (Skip to P8.12)
- 3 A fixed place outside the home

P8.11 What is the name and address of your (...) workplace?

Name: _____

Address: _____

P8.12 What did you/(...) do **most** during the past 12 months? (Usual activity Status)

- 1 Had a job and worked
- 2 Had job but did not work
- 3 Seeking first job
- 4 Seeking a job which was not the first
- 5 Did not seek but wanted work and was available
- 6 Attended school/Student
- 7 Did Home Duties
- 8 Retired, did not work
- 9 Disabled, unable to work
- 10 Other (specify) _____
- Not stated

Skip to Section P9

P8.7 Did you (...) carry out your (...) own business or work on own (...) farm, work for a wage/salary or as unpaid worker in a family business? (Current Employment Status)

- 1 Paid employee, State Owned/Government
- 2 Paid employee, Statutory Board/Agency
- 3 Paid employee, Private Establishment
- 4 Paid employee, Private Home
- 5 Own business/Self-employed with paid employees (Employer)
- 6 Own business/Self-employed without employees (Own Account)
- 7 Unpaid family worker
- 8 Apprentice/Learner/Trainee
- 9 Other (specify) _____

P8.8 What kind of work did you (...) do during the past week in your (...) main occupation?

Occupation _____ For Official Use

P8.13 How many months did you (...) work during the past 12 months?

____ Months

X

SECTION P9: SOURCE OF LIVELIHOOD

PERSONS AGED 15 YRS AND ABOVE

P9.1 Do you/does (...) receive any money/remittances from relatives and/or friends abroad?

- 1 Yes
- 2 No

P9.2 What was your (...) **main** source of livelihood during the past year?

- 1 Employment/Own Account
- 2 Remittances (Overseas)
- 3 Support from friends/relatives (Local)
- 4 Parental/spousal support
- 5 Pension (NIS, Old-age, Former employer)
- 6 Savings/Interest on savings
- 7 Disability benefits
- 8 Investments
- 9 Public Assistance
- 10 Other (specify) _____

SECTION P10: ACCESS TO THE INTERNET

PERSONS AGED 5 YRS AND ABOVE

P10.1 Do you/does (...) have access to the internet?

- 1 Yes
- 2 No (Skip to Section P11)

P10.2 Do you/does (...) use the internet?

- 1 Yes
- 2 No (Skip to Section P11)

P10.3 What was your (...) main form /method of access to the internet in the last three (3) months?

- 1 Home
- 2 Work
- 3 School
- 4 Internet Café
- 5 Cellular phone/PDA
- 6 Hot spot roaming
- 7 Family or friend's house
- 8 Other (specify) _____

SECTION P11: WHERE SPENT THE CENSUS NIGHT

ALL PERSONS

P11.1 Where did you (...) spend the Census Night? (the mid-night of 14th/15th September 2012)

- 1 At this Address (End Interview)
- 2 Elsewhere in the Country
- 3 Abroad (End Interview)

Comments

P11.2 What part of the country was that? If known, please specify

1 Region _____

2 Town _____

3 Village/Ward _____

X