

**PC01A**

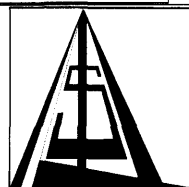
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POPULATION CENSUS 2001

**POPULATION AND HOUSING CENSUS 2001 - JAMAICA**



PARISH	CONSTITUENCY	ENUM. DIST.	HOUSING UNIT	DWELLING	HOUSEHOLD
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**SECTION 1**

**IDENTIFICATION**

*(for all persons)*

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

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

<b>Person 1</b> LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>
<b>Person 2</b> LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>
<b>Person 3</b> LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>
<b>Person 4</b> LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>
<b>Person 5</b> LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>
<b>Person 6</b> LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>
<b>Person 7</b> LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>
<b>Person 8</b> LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>
<b>Person 9</b> LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>
<b>Person 10</b> LAST NAME	FIRST NAME
<input type="text"/>	<input type="text"/>

**Number of Persons Enumerated**

**Male**

**Female**

**18 Years & Over**



\* 0 0 1 8 5 0 5 8 5 \*

## SECTION 2

CHARACTERISTICS OF  
HOUSING UNIT

## 2.1 What type of housing unit is this ?

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

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

- Concrete and Blocks       Wood and Concrete
- Stone and Brick       Wood and Brick
- Nog       Other
- Wattle/Adobe       Not Stated
- Wood

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

- Metal Sheeting       Concrete
- Shingle-Wood       Other
- Shingle-Other       Not Stated
- Tile

## SECTION 3

CHARACTERISTICS OF  
HOUSEHOLD

## 3.1 Does any member of this household own, rent or lease this dwelling ?

- Owned       Squatted
- Leased       Other
- Rented       Not Stated
- Rent Free

## (ASK ONLY IF SEPARATE - DETACHED)

## 3.2 What about the land - is it owned or leased etc. by any member of this household ?

- Owned       Squatted
- Leased       Other
- Rented       Not Stated
- Rent Free

## 3.3 How many rooms does this household occupy ?

--	--

 Not Stated

## 3.4 How many rooms are used mainly for sleeping ?

--	--

 Not Stated

## 3.5 Does this household have the use of a kitchen or kitchenette ?

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

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

- Yes       No       Not Stated

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

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

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

- Yes       No       Not Stated

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

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

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

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

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

- Shared  Not Shared  Not Stated

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

- Electricity  Other
- Kerosene  Not Stated

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

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

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

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

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

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

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

- Yes  No  Not Stated

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

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

**SECTION 4**

CRIME &amp; VIOLENCE

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

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

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



\* 0 0 1 8 5 0 5 8 5 \*

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

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

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

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

SECTION 5 MIGRATION & MORTALITY

5.1 Did any one from this household go to live abroad during the year 2000 ?

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

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

Number of Persons

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

If Not Stated Record 99

5.3 Did any member of this household die during the past 12 months ?

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

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

Number of Persons

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

If Not Stated Record 99

SECTION 6 BUSINESS ACTIVITY

6.1 Is there a business being operated within this household ?

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

6.2 What is the type of business activity ?

- Not Stated

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POPULATION CENSUS 2001

**POPULATION AND HOUSING CENSUS 2001 - JAMAICA**



<b>PARISH</b>	<b>CONSTITUENCY</b>	<b>ENUM. DIST.</b>	<b>HOUSING UNIT</b>	<b>DWELLING</b>	<b>HOUSEHOLD</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**SECTION 1**

**CHARACTERISTICS**

*(for all persons)*

**FIRST NAME**

**INDIVIDUAL No.**

**LAST NAME**

**1.1 Is ..... male or female?**

- Male  Female

**1.2 (a) What is your/ ..... 's date of birth?**

<b>Year</b>	<b>Month</b>	<b>Day</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

- Not Stated

**(b) What was your/ ..... 's age at September 10th, 2001?**

Not Stated

**1.3 What is your/ ..... 's relationship to the head of the household?**

- Head
- Wife/Husband of Head
- Common Law Partner of Head
- Child of Head and Spouse/Partner
- Child of Head Only
- Child of Spouse/Partner Only
- Spouse/Partner of Child
- Grand child of Head/Spouse/Partner
- Parent of Head/Spouse/Partner
- Brother/Sister of Head/Spouse/Partner
- Other Relative of Head/Spouse/Partner
- Domestic Employee
- Other Non-Relative
- Not Stated

**1.4 To which race or ethnic group would you say you/..... belong(s)? ( READ CATEGORIES )**

- Black
- East Indian
- Not Stated
- Chinese
- White
- Mixed
- Other

**1.5 What is your/..... 's religious affiliation or denomination?**

- Anglican
- Baptist
- Brethren
- Church of God in Ja.
- Church of God of Prophecy
- Jehovah's Witness
- Judaism
- Methodist
- Moravian
- New Testament Church of God
- Other Church of God
- Pentecostal
- Roman Catholic
- S.D.A.
- United Church
- Baha'i
- Hinduism
- Islam
- Rastafarian
- Other
- None
- Not Stated

**PERSONS UNDER 16 YEARS**

**GO TO Q. 1.9**

**FOR PERSONS 16 YEARS AND OVER ONLY**

**1.6 What is your/..... 's legal marital status?**  
For example are you/is ..... married, divorced, widowed or never married?

- Married
- Divorced ( Go to Q1.8 )
- Widowed ( Go to Q1.8 )
- Legally Separated ( Go to Q1.8 )
- Never Married ( Go to Q1.8 )
- Not Stated



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

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

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

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

Arthritis                       Kidney Disease  
 Asthma                             Glaucoma  
 Diabetes                           Sickle Cell Disease  
 Hypertension                     None of the Above, Other  
 Heart Disease                   Not Stated

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

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

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

Sight Only                       Slowness of Learning  
 Hearing Only                       Mental Retardation  
 Speech Only                       Mental Illness  
 Physical Disability only         Other  
 Multiple Disability               Not Stated

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

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

Yes at school or other institution/HEART ( Go to Q1.16 )  
 Yes private study ( Go to Q1.16 )  
 No  
 Not Stated

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

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

Parent(s) cannot afford it  
 Poor in Studies/Not interested in school  
 Illness/Disability  
 To help with household chores  
 To help in household business  
 To work for wages/salaries  
 Other  
 Not Stated

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

None                               Other Tertiary  
 Pre-Primary                       Special School  
 Primary                               Other  
 Secondary                               Not Stated  
 University

**SECTION 2***BIRTHPLACE & RESIDENCE  
(for all persons)*

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

Yes ( Go to Q2.3 )     No     Not Stated

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

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

Kingston     St. Ann     St. Elizabeth  
 St. Andrew     Trelawny     Manchester  
 St. Thomas     St. James     Clarendon  
 Portland     Hanover     St. Catherine  
 St. Mary     Westmoreland  
 (c) Abroad                       Not Stated

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

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

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

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

(b) Abroad

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

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

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▶ (Go to Section 3)     Not Stated

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

--	--	--	--

Not Stated

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

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

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

- Yes     No (Go to Section 3)     Not Stated

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

- USA     Canada     Other  
 UK     Caribbean Country     Not Stated

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

--	--	--	--

Not Stated

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

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

EDUCATION (For persons 4 years and over)

### SECTION 3

& TRAINING (For persons 14 years and over)

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

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

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

--	--

Not Stated



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

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

- Yes     No (Go to Q 3.8)     Not Stated



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

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

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

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

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

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

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

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

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

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

--	--

- Not Stated

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

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

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

--	--	--	--

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

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

--	--	--	--

- Not Stated

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

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

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

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

- Kingston    Hanover
- St. Andrew    Westmoreland
- St. Thomas    St. Elizabeth
- Portland    Manchester
- St. Mary    Clarendon
- St. Ann    St. Catherine
- Trelawny    More than one parish
- St. James    Not Stated



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

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

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

\_\_\_\_\_

\_\_\_\_\_

- Don't Know
- Not Stated

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

Not Stated

**Weekly**

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

**Monthly**

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

**Annually**

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

**▶ (GO TO Q. 4.15)**

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

**Year**                      **Month**

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

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

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

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

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

--	--

Not Stated

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

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

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

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Not Stated

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

**IF UNDER 60 YEARS**

**▶ GO TO SECTION 5**

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

- Yes
- No ( End Interview )
- Not Stated

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

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

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**SECTION 5**

*FERTILITY  
(For Females 14-49 years)*

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

Yes     No ( End Interview )     Not Stated

5.2 How many liveborn children and of what sex ?

Total      Male      Female

**If Not Stated Record 99**

5.3 How many liveborn children are still alive ?

Total      Male      Female

**If Not Stated Record 99**

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

    Not Stated

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

    Not Stated

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

Yes     No ( End Interview )     Not Stated

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

Total       Not Stated

One Birth     More than two Births

Two Separate Births     Not Stated

Twins

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

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

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

Yes     No ( End Interview )     Not Stated

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

Total      Male      Female

**If Not Stated Record 99**

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

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

**If Not Stated Record 99**



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