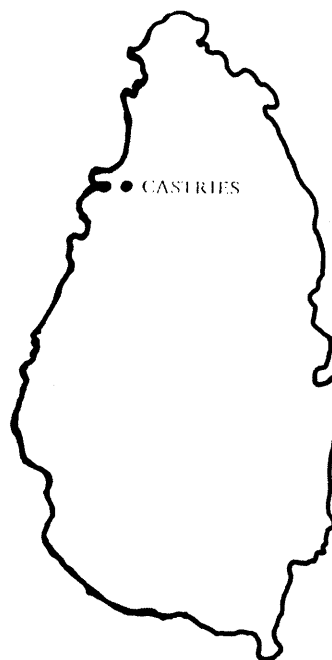


# COMMONWEALTH CARIBBEAN POPULATION & HOUSING CENSUS



## SAINT LUCIA 1991 Population and Housing Census

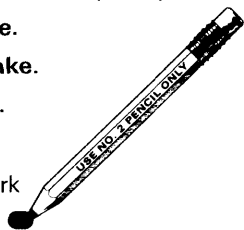


**CENSUS DAY - MAY 12, 1991**



### INSTRUCTIONS

Use No. 2 pencil only. (Do not use ink or ballpoint pen.)  
 Completely fill in the oval response.  
 Erase cleanly any changes you make.  
 Make no stray marks on this form.



Incorrect Marks



Correct Mark

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

E.D. NUMBER			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

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

Address Of Household \_\_\_\_\_

Town/Village/District \_\_\_\_\_



PLEASE DO NOT WRITE IN THIS AREA

37949





**INTERVIEWER SAY:**

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

<b>1</b>	SURNAME	FIRST NAME
<b>2</b>	SURNAME	FIRST NAME
<b>3</b>	SURNAME	FIRST NAME
<b>4</b>	SURNAME	FIRST NAME
<b>5</b>	SURNAME	FIRST NAME
<b>6</b>	SURNAME	FIRST NAME
<b>7</b>	SURNAME	FIRST NAME
<b>8</b>	SURNAME	FIRST NAME
<b>9</b>	SURNAME	FIRST NAME
<b>10</b>	SURNAME	FIRST NAME
<b>11</b>	SURNAME	FIRST NAME
<b>12</b>	SURNAME	FIRST NAME
<b>13</b>	SURNAME	FIRST NAME
<b>14</b>	SURNAME	FIRST NAME
<b>15</b>	SURNAME	FIRST NAME
<b>16</b>	SURNAME	FIRST NAME
<b>17</b>	SURNAME	FIRST NAME
<b>18</b>	SURNAME	FIRST NAME

37949



1.1 (a) Has anybody from this household gone to live abroad in the past year?

- 1  Yes  
2  No (SKIP TO Q. 1.2)

(b) How many persons?

- 1  2  3  4  5  6

(c) Please give me the sex and age of each.

	MALE	FEMALE																			
1.	1 <input type="radio"/>	2 <input type="radio"/>	AGE																		
						0	10	20	30	40	50	60	70	80	90						
						0	1	2	3	4	5	6	7	8	9						
2.	1 <input type="radio"/>	2 <input type="radio"/>	AGE																		
						0	10	20	30	40	50	60	70	80	90						
						0	1	2	3	4	5	6	7	8	9						
3.	1 <input type="radio"/>	2 <input type="radio"/>	AGE																		
						0	10	20	30	40	50	60	70	80	90						
						0	1	2	3	4	5	6	7	8	9						
4.	1 <input type="radio"/>	2 <input type="radio"/>	AGE																		
						0	10	20	30	40	50	60	70	80	90						
						0	1	2	3	4	5	6	7	8	9						
5.	1 <input type="radio"/>	2 <input type="radio"/>	AGE																		
						0	10	20	30	40	50	60	70	80	90						
						0	1	2	3	4	5	6	7	8	9						
6.	1 <input type="radio"/>	2 <input type="radio"/>	AGE																		
						0	10	20	30	40	50	60	70	80	90						
						0	1	2	3	4	5	6	7	8	9						



**INTERVIEWER SAY:**

Now I would like to ask a few questions about the dwelling which your household occupies and the facilities that you have.

**SECTION 1. HOUSING**

**INTERVIEWER:** Ask this question only if the answer is not obvious. Else, mark the appropriate oval.

1.2 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

1.3 Does this household own, rent or lease this dwelling?

- 1  Owned
- 2  Squatted

- 3  Rented-Private
- 4  Rented-Govt.
- 5  Leased
- 6  Rent-free
- 7  Other
- 8  Don't know/Not stated

→ (SKIP TO Q. 1.5)

1.4 What about the land - is it freehold, leasehold, or some other type of occupancy?

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

1.5 What is the construction material of the outer walls?

- 1  Wood
- 2  Concrete
- 3  Wood & Concrete
- 4  Stone
- 5  Brick
- 6  Adobe
- 7  Makeshift
- 8  Other/Don't know

1.6 What is the material used for roofing?

- 1  Sheet metal (zinc, aluminum, galvanized)
- 2  Shingle (asphalt)
- 3  Shingle (wood)
- 4  Shingle (other)
- 5  Tile
- 6  Concrete
- 7  Makeshift
- 8  Other/Don't know

1.7 In which year was this dwelling built?

- 1  Before 1960
- 2  1960 - 1969
- 3  1970 - 1979
- 4  1980 or later
- 5  Don't know

1.8 What is the main source of your water supply?

- 1  Private, piped into dwelling
- 2  Private catchment, not piped
- 3  Public, piped into dwelling
- 4  Public, piped into yard
- 5  Public standpipe
- 6  Public well or tank
- 7  Other

1.9 What type of toilet facilities does this household have?

- 1  W.C. linked to sewer
- 2  W.C. Cesspit or septic tank
- 3  Pit-Latrine
- 4  Other

5  None → (SKIP TO Q. 1.11)

1.10 Are these toilet facilities shared with another person not of this household or another household?

- 1  Yes
2  No

1.11 What type of lighting does this household use most?

- 1  Gas
2  Kerosene
3  Electricity
4  Other

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

- 1  Coal
2  Wood
3  Gas
4  Kerosene
5  Electricity
6  Other

1.13 Is your kitchen indoors or outdoors?

- 1  Indoors
2  Outdoors

1.14 Is the kitchen shared with another person not of this household or another household?

- 1  Yes, shared
2  Not shared

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

ROOMS [ ] [0] [10] [20] [30] [40] [50] [60] [70] [80] [90]
[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]

1.16 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.

BEDROOMS [ ] [0] [10] [20] [30] [40] [50] [60] [70] [80] [90]
[0] [1] [2] [3] [4] [5] [6] [7] [8] [9]

1.17 Now I would like some information on the ownership or rental of such facilities as television sets, videos and radios by members of the household.

(a) How many radios are owned or rented by members of this household?

RADIO'S [ ] [0] [1] [2] [3] [4] [5] [6] [7] [8] [9]

(b) How many television sets are owned or rented by members of this household?

TV SETS [ ] [0] [1] [2] [3] [4] [5] [6] [7] [8] [9]

(c) How many video recorders are owned or rented by members of this household?

VIDEO REC. [ ] [0] [1] [2] [3] [4] [5] [6] [7] [8] [9]

1.18 Is there a telephone service in this home?

- 1  Yes
2  No

COMMENTS

Multiple horizontal lines for writing comments.



# PERSON 1

## SECTION 4. BIRTHPLACE AND RESIDENCE

FOR ALL PERSONS

4.6 In what town, village or district in . . . . . did he/she last live?  Don't know  Never moved (SKIP TO Q. 5.1)

FOR OFFICE USE ONLY		0	10	20	30	40	50	60	70	80	90
		0	1	2	3	4	5	6	7	8	9

4.7 In what year did . . . . . come to live in this town, village or district?  Don't know

19		0	10	20	30	40	50	60	70	80	90
		0	1	2	3	4	5	6	7	8	9

4.8 Where does . . . . . usually live?  
 1  At this address (SKIP TO Q. 5.1)  
 2  Elsewhere in this country  
 3  Abroad (SKIP TO Q. 5.1)  
 4  Don't know (SKIP TO Q. 5.1)

4.9 In what part of the country is that?  Don't know

FOR OFFICE USE ONLY		0	10	20	30	40	50	60	70	80	90
		0	1	2	3	4	5	6	7	8	9

## SECTION 5. EDUCATION AND TRAINING

FOR ALL PERSONS

5.1 Is . . . . . attending any school or educational institution now, whether full-time or part-time?  
 1  Yes  
 2  No (SKIP TO Q. 5.6)  
 3  Don't know (SKIP TO Q. 5.6)

5.2 Are you/is/he/she attending full-time or part-time?  
 1  Full-time  
 2  Part-time  
 3  Don't know

5.3 What type of school or institution are you/is/he/she attending?  
 1  Nursery/Infant/Kindergarten/Pre-school  
 2  Primary  
 3  Senior School or Secondary Dept. of Primary School  
 4  Junior Secondary  
 5  Senior Secondary, General Secondary, High School Comprehensive or Composite School  
 6  Trade/Vocational School  
 7  Technical Institute  
 8  Community College/Sixth Form College  
 9  University  
 10  Other (Please specify)

--

11  Not stated

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

--

FOR OFFICE USE ONLY	CODE					0	1000	2000	3000	4000	5000	6000	7000	8000	9000
						0	100	200	300	400	500	600	700	800	900
						0	10	20	30	40	50	60	70	80	90
						0	1	2	3	4	5	6	7	8	9

5.5 What is your/his/her main mode of travel to the school or institution?  
 1  Walk  
 2  Bicycle  
 3  Private car or vehicle  
 4  Public vehicle (bus, etc.)  
 5  Hired transport (taxi, maxi-taxi, minibus)  
 6  Don't know/Not stated  
 7  Other

5.6 What is the highest level of education that . . . . . has reached?  
 1  None (SKIP TO Q. 5.9)  
 2  Nursery/Kindergarten (SKIP TO Q. 5.9)  
 3  Primary  
 4  Secondary  
 5  Pre-University/Post-Secondary (SKIP TO Q. 5.8)  
 6  University  
 7  Other (Please specify) (SKIP TO Q. 5.9)

--

8  Not stated (SKIP TO Q. 5.9)

5.7 What grade/standard did you/he/she reach?  
 1  First Standard  
 2  Second Standard  
 3  Third Standard  
 4  Fourth Standard  
 5  Fifth Standard  
 6  Sixth Standard  
 7  Seventh Standard or higher  
 8  Don't know

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

1  None  
 2  School leaving  
 3  Cambridge School Certificate  
 4  GCE 'O' levels or CXC  
 Number of subjects  
 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧  9 or more  
 Not stated

5  GCE 'A' levels  
 Number of subjects  
 ① ② ③  4 or more  Not stated

6  Higher School Certificate  
 7  Diploma (post-graduate)  
 8  Degree  
 9  Other (Please specify)

--

10  Not stated

5.9 INTERVIEWER: Mark the appropriate oval. (See Q. 2.4)

1  Under 15 (SKIP TO Q. 8.1)  
 2  15 years and over

## FOR PERSONS 15 YEARS & OVER

5.10 Has . . . . . pursued any course of formal training for at least 3 months?

1  Yes  
 2  No (SKIP TO Q. 6.1)  
 3  Don't know (SKIP TO Q. 6.1)

5.11 How was this training received?

1  Correspondence course  
 2  On the job  
 3  Apprenticeship  
 4  Institution  
 5  Other (Please specify)

--

6  Don't know

5.12 For what occupation does this training prepare you/him/her?

--

FOR OFFICE USE ONLY	OCCU-PATION					0	1000	2000	3000	4000	5000	6000	7000	8000	9000
						0	100	200	300	400	500	600	700	800	900
						0	10	20	30	40	50	60	70	80	90
						0	1	2	3	4	5	6	7	8	9



# PERSON 1

## SECTION 6. MARITAL STATUS, UNION STATUS & FERTILITY

## FOR PERSONS 15 YEARS & OVER

6.1 What is . . . . . 's legal marital status - that is, are you/is he/she married, divorced, legally separated, widowed or never married?

- 1  Married
- 2  Widowed
- 3  Divorced
- 4  Legally separated
- 5  Never married
- 6  Not stated

→ (SKIP TO Q. 6.3)

6.2 Are you/is he/she living with your/his/her husband/wife now?

- 1  Yes (SKIP TO Q. 6.6)
- 2  No

6.3 Are you/is he/she living with a partner now?

- 1  Yes (SKIP TO Q. 6.6)
- 2  No

6.4 INTERVIEWER: If Q. 6.3 is shaded 2 (No) and Q. 6.1 is shaded 2, 3 or 4 then Skip to Q. 6.6.

6.5 Have you/has he/she ever lived together with a partner in a common law relationship?

- 1  Yes
- 2  No (SKIP TO Q. 6.7)

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

AGE																			

6.7 INTERVIEWER: Mark the appropriate oval. (See Qs. 2.3, 2.4, 5.1, 5.2, 5.3)

- 1  Male
  - 2  Female - 65 years & over
  - 3  Female under 65 years attending school
  - 4  Female under 65 years not attending school
- (SKIP TO Q. 7.1)

Please fill in this person's assigned number.

#																			

6.8 How many livebirths has . . . . . ever had? (IF ZERO, ENTER 00 & SKIP TO Q. 7.1)

LIVE-BIRTHS																			

6.9 How old were you/was she when you/she had the first liveborn child?

AGE																			

6.10 How old were you/was she at the birth of your/her last liveborn child?

AGE																			

6.11 How many livebirths did you/she have in the last 12 months?

- 1  None (SKIP TO Q. 7.1)
- 2  One
- 3  Two separate births
- 4  Twins
- 5  Three or more

6.12 What is/are the sex(es) of this child/these children?

Number of Boys																			
Number of Girls																			

6.13 Of these, have any of the babies died?

- 1  Yes
- 2  No (SKIP TO Q. 7.1)

6.14 How many have died? ① ② ③ ④ ⑤

## SECTION 7. ECONOMIC ACTIVITY

## FOR PERSONS 15 YEARS & OVER

7.1 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  Worked (SKIP TO Q. 7.4)
- 2  Had a job but did not work (SKIP TO Q. 7.4)
- 3  Looked for work
- 4  Wanted work and available
- 5  Home duties
- 6  Attended school
- 7  Retired
- 8  Disabled, unable to work
- 9  Other (Please specify)

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

10  Not stated

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

- 1  Yes (SKIP TO Q. 7.4)
- 2  No
- 3  Don't know

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

- 1  Yes → (SKIP TO Q. 7.5)
- 2  No

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

Number of months																			

7.5 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  Worked (SKIP TO Q. 7.8)
- 2  Had a job but did not work (SKIP TO Q. 7.8)
- 3  Looked for work
- 4  Wanted work and available
- 5  Home duties
- 6  Attended school
- 7  Retired
- 8  Disabled, unable to work
- 9  Other (Please specify)

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

10  Not stated

(SKIP TO Q. 7.7)

7.6 What sort of work did you/he/she look for or want?

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

FOR OFFICE USE ONLY	DESIRED WORK																		

7.7 Did you/he/she do any 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 (SKIP TO Q. 7.9)

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

HOURS																			

○ Don't know

37949



# PERSON 2



## INTERVIEWER:

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 him/herself. Else say "YOU"/"YOUR."

Mark the appropriate oval. Please do not write over the responses.

### SECTION 2. CHARACTERISTICS

### FOR ALL PERSONS

2.1 Please fill in this person's assigned number.

#			0	10	20							
			0	1	2	3	4	5	6	7	8	9

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

- |   |  |
|---|--|
| 1 <input type="radio"/> Head                | 5 <input type="radio"/> Grandchild           |
| 2 <input type="radio"/> Spouse/partner      | 6 <input type="radio"/> Parent/parent-in-law |
| 3 <input type="radio"/> Child               | 7 <input type="radio"/> Other relative       |
| 4 <input type="radio"/> Son/daughter-in-law | 8 <input type="radio"/> Non-relative         |

2.3 INTERVIEWER: Mark the appropriate oval.  
FOR PERSONS NOT SEEN ASK: Is . . . . . male or female?

- 1  Male  
2  Female

2.4 What is . . . . . 's date of birth?

DAY	MONTH	YEAR

If not known, ask:

How old was . . . . . on his/her last birthday?

AGE	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

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

- |   |   |
|---|---|
| 1 <input type="radio"/> African/Negro/Black | 5 <input type="radio"/> Portuguese      |
| 2 <input type="radio"/> Amerindian/Carib    | 6 <input type="radio"/> Syrian/Lebanese |
| 3 <input type="radio"/> East Indian         | 7 <input type="radio"/> White           |
| 4 <input type="radio"/> Chinese             | 8 <input type="radio"/> Mixed           |

9  Other (Please specify)

10  Don't know/Not stated

2.6 What is . . . . . 's religion?

- |   |   |
|---|---|
| 1 <input type="radio"/> Anglican            | 9 <input type="radio"/> Presbyterian/<br>Congregational |
| 2 <input type="radio"/> Baptist (Spiritual) | 10 <input type="radio"/> Roman Catholic                 |
| 3 <input type="radio"/> Brethren            | 11 <input type="radio"/> Salvation Army                 |
| 4 <input type="radio"/> Church of God       | 12 <input type="radio"/> Seventh Day Adventist          |
| 5 <input type="radio"/> Jehovah Witness     | 13 <input type="radio"/> Hindu                          |
| 6 <input type="radio"/> Methodist           | 14 <input type="radio"/> Muslim                         |
| 7 <input type="radio"/> Moravian            | 15 <input type="radio"/> Rastafarian                    |
| 8 <input type="radio"/> Pentecostal         |   |

16  Other (Please specify)

17  None

18  Not stated

### SECTION 3. DISABILITY

### FOR ALL PERSONS

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

- 1  Yes                      2  No (SKIP TO Q. 4.1)

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

- |   |  |
|---|--|
| 1 <input type="radio"/> Sight             | 7 <input type="radio"/> Slowness at learning<br>or understanding |
| 2 <input type="radio"/> Hearing           | 8 <input type="radio"/> Mental retardation                       |
| 3 <input type="radio"/> Speech            | 9 <input type="radio"/> Other (Please specify)                   |
| 4 <input type="radio"/> Upper limb (arm)  |  |
| 5 <input type="radio"/> Lower limb (legs) |  |
| 6 <input type="radio"/> Neck and spine    |  |

3.3 In which of the following ways are . . . . . 's activities limited compared with most people your/his/her age? (More than one oval may be marked)

- 1  Self-care  
2  Mobility  
3  Communication  
4  Schooling  
5  Employment  
6  Other  
7  None

### SECTION 4. BIRTHPLACE AND RESIDENCE

### FOR ALL PERSONS

4.1 Where was . . . . . born?

INTERVIEWER: Remember what is required is the mother's normal residence at the time of birth, and not the hospital or place where the birth took place.

- 1  In this country  
2  Abroad (SKIP TO Q. 4.3)  
3  Not stated  
4  Don't know → (SKIP TO Q. 4.5)

4.2a In what part of the country is that?

Don't know

FOR OFFICE USE ONLY		0	10	20	30	40	50	60	70	80	90
		0	1	2	3	4	5	6	7	8	9

4.2b Have you/has . . . . . ever lived in another country?

- 1  Yes (SKIP TO Q. 4.5)  
2  No/Don't know (SKIP TO Q. 4.6)

4.3 In what country was that?

Don't know

FOR OFFICE USE ONLY		0	10	20	30	40	50	60	70	80	90
		0	1	2	3	4	5	6	7	8	9

4.4 In what year did . . . . . last come to live in this country?

Don't know

19		0	10	20	30	40	50	60	70	80	90
		0	1	2	3	4	5	6	7	8	9

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

Don't know

FOR OFFICE USE ONLY		0	10	20	30	40	50	60	70	80	90
		0	1	2	3	4	5	6	7	8	9

37949

**PERSON 2**

**SECTION 4. BIRTHPLACE AND RESIDENCE**

**FOR ALL PERSONS**

4.6 In what town, village or district in . . . . . did he/she last live?  Don't know  Never moved (SKIP TO Q. 5.1)

0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9

4.7 In what year did . . . . . come to live in this town, village or district?  Don't know

19																			
0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9

4.8 Where does . . . . . usually live?  
 1  At this address (SKIP TO Q. 5.1)  
 2  Elsewhere in this country  
 3  Abroad (SKIP TO Q. 5.1)  
 4  Don't know (SKIP TO Q. 5.1)

4.9 In what part of the country is that?  Don't know

FOR OFFICE USE ONLY																			
0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9

**SECTION 5. EDUCATION AND TRAINING**

**FOR ALL PERSONS**

5.1 Is . . . . . attending any school or educational institution now, whether full-time or part-time?  
 1  Yes  
 2  No (SKIP TO Q. 5.6)  
 3  Don't know (SKIP TO Q. 5.6)

5.2 Are you/is/he/she attending full-time or part-time?  
 1  Full-time  
 2  Part-time  
 3  Don't know

5.3 What type of school or institution are you/is/he/she attending?  
 1  Nursery/Infant/Kindergarten/Pre-school  
 2  Primary  
 3  Senior School or Secondary Dept. of Primary School  
 4  Junior Secondary  
 5  Senior Secondary, General Secondary, High School Comprehensive or Composite School  
 6  Trade/Vocational School  
 7  Technical Institute  
 8  Community College/Sixth Form College  
 9  University  
 10  Other (Please specify)

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

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

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

CODE																			
0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9

5.5 What is your/his/her main mode of travel to the school or institution?  
 1  Walk  
 2  Bicycle  
 3  Private car or vehicle  
 4  Public vehicle (bus, etc.)  
 5  Hired transport (taxi, maxi-taxi, minibus)  
 6  Don't know/Not stated  
 7  Other

5.6 What is the highest level of education that . . . . . has reached?  
 1  None (SKIP TO Q. 5.9)  
 2  Nursery/Kindergarten (SKIP TO Q. 5.9)  
 3  Primary  
 4  Secondary  
 5  Pre-University/Post-Secondary (SKIP TO Q. 5.8)  
 6  University  
 7  Other (Please specify) (SKIP TO Q. 5.9)

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

8  Not stated (SKIP TO Q. 5.9)

5.7 What grade/standard did you/he/she reach?  
 1  First Standard  
 2  Second Standard  
 3  Third Standard  
 4  Fourth Standard  
 5  Fifth Standard  
 6  Sixth Standard  
 7  Seventh Standard or higher  
 8  Don't know

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

1  None  
 2  School leaving  
 3  Cambridge School Certificate  
 4  GCE 'O' levels or CXC  
 Number of subjects  
 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧  9 or more  
 Not stated

5  GCE 'A' levels  
 Number of subjects  
 ① ② ③  4 or more  Not stated  
 6  Higher School Certificate  
 7  Diploma (post-graduate)  
 8  Degree  
 9  Other (Please specify)

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

5.9 INTERVIEWER: Mark the appropriate oval. (See Q. 2.4)

1  Under 15 (SKIP TO Q. 8.1)  
 2  15 years and over

**FOR PERSONS 15 YEARS & OVER**

5.10 Has . . . . . pursued any course of formal training for at least 3 months?

1  Yes  
 2  No (SKIP TO Q. 6.1)  
 3  Don't know (SKIP TO Q. 6.1)

5.11 How was this training received?

1  Correspondence course  
 2  On the job  
 3  Apprenticeship  
 4  Institution  
 5  Other (Please specify)

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

6  Don't know

5.12 For what occupation does this training prepare you/him/her?

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

FOR OFFICE USE ONLY	OCCUPATION																		
0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9

**PERSON 2**

**SECTION 6. MARITAL STATUS, UNION STATUS & FERTILITY**

**FOR PERSONS 15 YEARS & OVER**

6.1 What is ..... 's legal marital status - that is, are you/is he/she married, divorced, legally separated, widowed or never married?

- 1  Married
- 2  Widowed
- 3  Divorced
- 4  Legally separated
- 5  Never married
- 6  Not stated

→ (SKIP TO Q. 6.3)

6.2 Are you/is he/she living with your/his/her husband/wife now?

- 1  Yes (SKIP TO Q. 6.6)
- 2  No

6.3 Are you/is he/she living with a partner now?

- 1  Yes (SKIP TO Q. 6.6)
- 2  No

6.4 INTERVIEWER: If Q. 6.3 is shaded 2 (No) and Q. 6.1 is shaded 2, 3 or 4 then Skip to Q. 6.6.

6.5 Have you/has he/she ever lived together with a partner in a common law relationship?

- 1  Yes
- 2  No (SKIP TO Q. 6.7)

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

AGE																			

6.7 INTERVIEWER: Mark the appropriate oval. (See Qs. 2.3, 2.4, 5.1, 5.2, 5.3)

- 1  Male
  - 2  Female - 65 years & over
  - 3  Female under 65 years attending school
  - 4  Female under 65 years not attending school
- (SKIP TO Q. 7.1)

Please fill in this person's

#																			

6.8 How many livebirths has ..... ever had? (IF ZERO, ENTER 00 & SKIP TO Q. 7.1)

LIVE-BIRTHS																			

6.9 How old were you/was she when you/she had the first liveborn child?

AGE																			

6.10 How old were you/was she at the birth of your/her last liveborn child?

AGE																			

6.11 How many livebirths did you/she have in the last 12 months?

- 1  None (SKIP TO Q. 7.1)
- 2  One
- 3  Two separate births
- 4  Twins
- 5  Three or more

6.12 What is/are the sex(es) of this child/these children?

- Number of Boys: 0 1 2 3 4 5
- Number of Girls: 0 1 2 3 4 5

6.13 Of these, have any of the babies died?

- 1  Yes
- 2  No (SKIP TO Q. 7.1)

6.14 How many have died? 1 2 3 4 5

**SECTION 7. ECONOMIC ACTIVITY**

**FOR PERSONS 15 YEARS & OVER**

7.1 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  Worked (SKIP TO Q. 7.4)
- 2  Had a job but did not work (SKIP TO Q. 7.4)
- 3  Looked for work
- 4  Wanted work and available
- 5  Home duties
- 6  Attended school
- 7  Retired
- 8  Disabled, unable to work
- 9  Other (Please specify)

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

10  Not stated

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

- 1  Yes (SKIP TO Q. 7.4)
- 2  No
- 3  Don't know

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

- 1  Yes
- 2  No → (SKIP TO Q. 7.5)

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

Number of months																			

7.5 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  Worked (SKIP TO Q. 7.8)
- 2  Had a job but did not work (SKIP TO Q. 7.8)
- 3  Looked for work
- 4  Wanted work and available
- 5  Home duties
- 6  Attended school
- 7  Retired
- 8  Disabled, unable to work
- 9  Other (Please specify)

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

10  Not stated (SKIP TO Q. 7.7)

7.6 What sort of work did you/he/she look for or want?

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

FOR OFFICE USE ONLY	DESIRED WORK																		

7.7 Did you/he/she do any 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 (SKIP TO Q. 7.9)

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

HOURS																			

Don't know



# PERSON 3



## INTERVIEWER:

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 him/herself. Else say "YOU"/"YOUR."

Mark the appropriate oval. Please do not write over the responses.

### SECTION 2. CHARACTERISTICS

### FOR ALL PERSONS

2.1 Please fill in this person's assigned number.

#			①	⑩	⑳														
			①	②	③	④	⑤	⑥	⑦	⑧	⑨								

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

- |   |  |
|---|--|
| 1 <input type="radio"/> Head                | 5 <input type="radio"/> Grandchild           |
| 2 <input type="radio"/> Spouse/partner      | 6 <input type="radio"/> Parent/parent-in-law |
| 3 <input type="radio"/> Child               | 7 <input type="radio"/> Other relative       |
| 4 <input type="radio"/> Son/daughter-in-law | 8 <input type="radio"/> Non-relative         |

2.3 INTERVIEWER: Mark the appropriate oval.  
FOR PERSONS NOT SEEN ASK: Is ..... male or female?

- 1  Male  
2  Female

2.4 What is ..... 's date of birth?

DAY	MONTH	YEAR

If not known, ask:

How old was ..... on his/her last birthday?

AGE	①	⑩	⑲	⑳	⑳	④	⑤	⑥	⑦	⑧	⑨
	①	②	③	④	⑤	⑥	⑦	⑧	⑨		

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

- |   |   |
|---|---|
| 1 <input type="radio"/> African/Negro/Black | 5 <input type="radio"/> Portuguese      |
| 2 <input type="radio"/> Amerindian/Carib    | 6 <input type="radio"/> Syrian/Lebanese |
| 3 <input type="radio"/> East Indian         | 7 <input type="radio"/> White           |
| 4 <input type="radio"/> Chinese             | 8 <input type="radio"/> Mixed           |

9  Other (Please specify)

10  Don't know/Not stated

2.6 What is ..... 's religion?

- |   |   |
|---|---|
| 1 <input type="radio"/> Anglican            | 9 <input type="radio"/> Presbyterian/<br>Congregational |
| 2 <input type="radio"/> Baptist (Spiritual) | 10 <input type="radio"/> Roman Catholic                 |
| 3 <input type="radio"/> Brethren            | 11 <input type="radio"/> Salvation Army                 |
| 4 <input type="radio"/> Church of God       | 12 <input type="radio"/> Seventh Day Adventist          |
| 5 <input type="radio"/> Jehovah Witness     | 13 <input type="radio"/> Hindu                          |
| 6 <input type="radio"/> Methodist           | 14 <input type="radio"/> Muslim                         |
| 7 <input type="radio"/> Moravian            | 15 <input type="radio"/> Rastafarian                    |
| 8 <input type="radio"/> Pentecostal         |   |

16  Other (Please specify)

17  None

18  Not stated

### SECTION 3. DISABILITY

### FOR ALL PERSONS

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

- 1  Yes                      2  No (SKIP TO Q. 4.1)

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

- |   |  |
|---|--|
| 1 <input type="radio"/> Sight             | 7 <input type="radio"/> Slowness at learning<br>or understanding |
| 2 <input type="radio"/> Hearing           | 8 <input type="radio"/> Mental retardation                       |
| 3 <input type="radio"/> Speech            | 9 <input type="radio"/> Other (Please specify)                   |
| 4 <input type="radio"/> Upper limb (arm)  |  |
| 5 <input type="radio"/> Lower limb (legs) |  |
| 6 <input type="radio"/> Neck and spine    |  |

3.3 In which of the following ways are ..... 's activities limited compared with most people your/his/her age? (More than one oval may be marked)

- 1  Self-care  
2  Mobility  
3  Communication  
4  Schooling  
5  Employment  
6  Other  
7  None

### SECTION 4. BIRTHPLACE AND RESIDENCE

### FOR ALL PERSONS

4.1 Where was ..... born?

INTERVIEWER: Remember what is required is the mother's normal residence at the time of birth, and not the hospital or place where the birth took place.

- 1  In this country  
2  Abroad (SKIP TO Q. 4.3)  
3  Not stated } (SKIP TO Q. 4.5)  
4  Don't know }

4.2a In what part of the country is that?

Don't know

FOR OFFICE USE ONLY			①	⑩	⑲	⑳	④	⑤	⑥	⑦	⑧	⑨
			①	②	③	④	⑤	⑥	⑦	⑧	⑨	

4.2b Have you/has ..... ever lived in another country?

- 1  Yes (SKIP TO Q. 4.5)  
2  No/Don't know (SKIP TO Q. 4.6)

4.3 In what country was that?

Don't know

FOR OFFICE USE ONLY			①	⑩	⑲	⑳	④	⑤	⑥	⑦	⑧	⑨
			①	②	③	④	⑤	⑥	⑦	⑧	⑨	

4.4 In what year did ..... last come to live in this country?

Don't know

19			①	⑩	⑲	⑳	④	⑤	⑥	⑦	⑧	⑨
			①	②	③	④	⑤	⑥	⑦	⑧	⑨	

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

Don't know

FOR OFFICE USE ONLY			①	⑩	⑲	⑳	④	⑤	⑥	⑦	⑧	⑨
			①	②	③	④	⑤	⑥	⑦	⑧	⑨	

**PERSON 3**

**SECTION 4. BIRTHPLACE AND RESIDENCE**

**FOR ALL PERSONS**

4.6 In what town, village or district in . . . . . did he/she last live?  Don't know  Never moved (SKIP TO Q. 5.1)

FOR OFFICE USE ONLY																				
	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9

4.7 In what year did . . . . . come to live in this town, village or district?  Don't know

19																				
0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	

4.8 Where does . . . . . usually live?  
 1  At this address (SKIP TO Q. 5.1)  
 2  Elsewhere in this country  
 3  Abroad (SKIP TO Q. 5.1)  
 4  Don't know (SKIP TO Q. 5.1)

4.9 In what part of the country is that?  Don't know

FOR OFFICE USE ONLY																				
	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9

**SECTION 5. EDUCATION AND TRAINING**

**FOR ALL PERSONS**

5.1 Is . . . . . attending any school or educational institution now, whether full-time or part-time?  
 1  Yes  
 2  No (SKIP TO Q. 5.6)  
 3  Don't know (SKIP TO Q. 5.6)

5.2 Are you/is/he/she attending full-time or part-time?  
 1  Full-time  
 2  Part-time  
 3  Don't know

5.3 What type of school or institution are you/is/he/she attending?  
 1  Nursery/Infant/Kindergarten/Pre-school  
 2  Primary  
 3  Senior School or Secondary Dept. of Primary School  
 4  Junior Secondary  
 5  Senior Secondary, General Secondary, High School Comprehensive or Composite School  
 6  Trade/Vocational School  
 7  Technical Institute  
 8  Community College/Sixth Form College  
 9  University  
 10  Other (Please specify)

--

11  Not stated

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

--

FOR OFFICE USE ONLY	CODE																				
		0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
		0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

5.5 What is your/his/her main mode of travel to the school or institution?  
 1  Walk  
 2  Bicycle  
 3  Private car or vehicle  
 4  Public vehicle (bus, etc.)  
 5  Hired transport (taxi, maxi-taxi, minibus)  
 6  Don't know/Not stated  
 7  Other

5.6 What is the highest level of education that . . . . . has reached?  
 1  None (SKIP TO Q. 5.9)  
 2  Nursery/Kindergarten (SKIP TO Q. 5.9)  
 3  Primary  
 4  Secondary  
 5  Pre-University/Post-Secondary (SKIP TO Q. 5.8)  
 6  University  
 7  Other (Please specify) (SKIP TO Q. 5.9)

--

8  Not stated (SKIP TO Q. 5.9)

5.7 What grade/standard did you/he/she reach?  
 1  First Standard  
 2  Second Standard  
 3  Third Standard  
 4  Fourth Standard  
 5  Fifth Standard  
 6  Sixth Standard  
 7  Seventh Standard or higher  
 8  Don't know

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

1  None  
 2  School leaving  
 3  Cambridge School Certificate  
 4  GCE 'O' levels or CXC  
 Number of subjects  
 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧  9 or more  
 Not stated

5  GCE 'A' levels  
 Number of subjects  
 ① ② ③  4 or more  Not stated

6  Higher School Certificate  
 7  Diploma (post-graduate)  
 8  Degree  
 9  Other (Please specify)

--

10  Not stated

5.9 INTERVIEWER: Mark the appropriate oval. (See Q. 2.4)

1  Under 15 (SKIP TO Q. 8.1)  
 2  15 years and over

**FOR PERSONS 15 YEARS & OVER**

5.10 Has . . . . . pursued any course of formal training for at least 3 months?

1  Yes  
 2  No (SKIP TO Q. 6.1)  
 3  Don't know (SKIP TO Q. 6.1)

5.11 How was this training received?

1  Correspondence course  
 2  On the job  
 3  Apprenticeship  
 4  Institution  
 5  Other (Please specify)

--

6  Don't know

5.12 For what occupation does this training prepare you/him/her?

--

FOR OFFICE USE ONLY	OCCU-PATION																				
		0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
		0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
		0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

37949



**PERSON 3**

**SECTION 6. MARITAL STATUS, UNION STATUS & FERTILITY**

**FOR PERSONS 15 YEARS & OVER**

6.1 What is . . . . . 's legal marital status - that is, are you/is he/she married, divorced, legally separated, widowed or never married?

- 1  Married
- 2  Widowed
- 3  Divorced
- 4  Legally separated
- 5  Never married
- 6  Not stated

→ (SKIP TO Q. 6.3)

6.2 Are you/is he/she living with your/his/her husband/wife now?

- 1  Yes (SKIP TO Q. 6.6)
- 2  No

6.3 Are you/is he/she living with a partner now?

- 1  Yes (SKIP TO Q. 6.6)
- 2  No

6.4 INTERVIEWER: If Q. 6.3 is shaded 2 (No) and Q. 6.1 is shaded 2, 3 or 4 then Skip to Q. 6.6.

6.5 Have you/has he/she ever lived together with a partner in a common law relationship?

- 1  Yes
- 2  No (SKIP TO Q. 6.7)

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

AGE																			

6.7 INTERVIEWER: Mark the appropriate oval. (See Qs. 2.3, 2.4, 5.1, 5.2, 5.3)

- 1  Male
- 2  Female - 65 years & over
- 3  Female under 65 years attending school
- 4  Female under 65 years not attending school

→ (SKIP TO Q. 7.1)

Please fill in this person's assigned number.

#																			

6.8 How many livebirths has . . . . . ever had? (IF ZERO, ENTER 00 & SKIP TO Q. 7.1)

LIVE-BIRTHS																			

6.9 How old were you/was she when you/she had the first liveborn child?

AGE																			

6.10 How old were you/was she at the birth of your/her last liveborn child?

AGE																			

6.11 How many livebirths did you/she have in the last 12 months?

- 1  None (SKIP TO Q. 7.1)
- 2  One
- 3  Two separate births
- 4  Twins
- 5  Three or more

6.12 What is/are the sex(es) of this child/these children?

Number of Boys																			
Number of Girls																			

6.13 Of these, have any of the babies died?

- 1  Yes
- 2  No (SKIP TO Q. 7.1)

6.14 How many have died? ① ② ③ ④ ⑤

**SECTION 7. ECONOMIC ACTIVITY**

**FOR PERSONS 15 YEARS & OVER**

7.1 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  Worked (SKIP TO Q. 7.4)
- 2  Had a job but did not work (SKIP TO Q. 7.4)
- 3  Looked for work
- 4  Wanted work and available
- 5  Home duties
- 6  Attended school
- 7  Retired
- 8  Disabled, unable to work
- 9  Other (Please specify)

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

10  Not stated

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

- 1  Yes (SKIP TO Q. 7.4)
- 2  No
- 3  Don't know

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

- 1  Yes
- 2  No → (SKIP TO Q. 7.5)

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

Number of months																			

7.5 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  Worked (SKIP TO Q. 7.8)
- 2  Had a job but did not work (SKIP TO Q. 7.8)
- 3  Looked for work
- 4  Wanted work and available
- 5  Home duties
- 6  Attended school
- 7  Retired
- 8  Disabled, unable to work
- 9  Other (Please specify)

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

10  Not stated (SKIP TO Q. 7.7)

7.6 What sort of work did you/he/she look for or want?

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

FOR OFFICE USE ONLY	DESIRED WORK																			

7.7 Did you/he/she do any 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 (SKIP TO Q. 7.9)

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

HOURS																			

○ Don't know



**PERSON 4**



**INTERVIEWER:**

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 him/herself. Else say "YOU"/"YOUR."

Mark the appropriate oval. Please do not write over the responses.

**SECTION 2. CHARACTERISTICS**

**FOR ALL PERSONS**

2.1 Please fill in this person's assigned number.

#				0	10	20							
				0	1	2	3	4	5	6	7	8	9

2.2 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

2.3 INTERVIEWER: Mark the appropriate oval.  
FOR PERSONS NOT SEEN ASK: Is . . . . . male or female?

- 1  Male
- 2  Female

2.4 What is . . . . . 's date of birth?

DAY	MONTH	YEAR

If not known, ask:

How old was . . . . . on his/her last birthday?

AGE	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

2.5 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  White
- 8  Mixed
- 9  Other (Please specify)
- 10  Don't know/Not stated

2.6 What is . . . . . 's religion?

- 1  Anglican
- 2  Baptist (Spiritual)
- 3  Brethren
- 4  Church of God
- 5  Jehovah Witness
- 6  Methodist
- 7  Moravian
- 8  Pentecostal
- 9  Presbyterian/Congregational
- 10  Roman Catholic
- 11  Salvation Army
- 12  Seventh Day Adventist
- 13  Hindu
- 14  Muslim
- 15  Rastafarian
- 16  Other (Please specify)
- 17  None
- 18  Not stated

**SECTION 3. DISABILITY**

**FOR ALL PERSONS**

3.1 Does . . . . . suffer from any long-standing illness, disability or infirmity?  
1  Yes      2  No (SKIP TO Q. 4.1)

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

- 1  Sight
- 2  Hearing
- 3  Speech
- 4  Upper limb (arm)
- 5  Lower limb (legs)
- 6  Neck and spine
- 7  Slowness at learning or understanding
- 8  Mental retardation
- 9  Other (Please specify)

3.3 In which of the following ways are . . . . . 's activities limited compared with most people your/his/her age? (More than one oval may be marked)

- 1  Self-care
- 2  Mobility
- 3  Communication
- 4  Schooling
- 5  Employment
- 6  Other
- 7  None

**SECTION 4. BIRTHPLACE AND RESIDENCE**

**FOR ALL PERSONS**

4.1 Where was . . . . . born?  
INTERVIEWER: Remember what is required is the mother's normal residence at the time of birth, and not the hospital or place where the birth took place.

- 1  In this country
  - 2  Abroad
  - 3  Not stated
  - 4  Don't know
- (SKIP TO Q. 4.3)      (SKIP TO Q. 4.5)

4.2a In what part of the country is that?

Don't know

FOR OFFICE USE ONLY				0	10	20	30	40	50	60	70	80	90
				0	1	2	3	4	5	6	7	8	9

4.2b Have you/has . . . . . ever lived in another country?

- 1  Yes
  - 2  No/Don't know
- (SKIP TO Q. 4.5)      (SKIP TO Q. 4.6)

4.3 In what country was that?

Don't know

FOR OFFICE USE ONLY					0	10	20	30	40	50	60	70	80	90
					0	1	2	3	4	5	6	7	8	9

4.4 In what year did . . . . . last come to live in this country?

Don't know

19					0	10	20	30	40	50	60	70	80	90
					0	1	2	3	4	5	6	7	8	9

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

Don't know

FOR OFFICE USE ONLY					0	10	20	30	40	50	60	70	80	90
					0	1	2	3	4	5	6	7	8	9



# PERSON 4

## SECTION 6. MARITAL STATUS, UNION STATUS & FERTILITY

## FOR PERSONS 15 YEARS & OVER

6.1 What is . . . . . 's legal marital status - that is, are you/is he/she married, divorced, legally separated, widowed or never married?

- 1  Married
- 2  Widowed
- 3  Divorced
- 4  Legally separated
- 5  Never married
- 6  Not stated

→ (SKIP TO Q. 6.3)

6.2 Are you/is he/she living with your/his/her husband/wife now?

- 1  Yes (SKIP TO Q. 6.6)
- 2  No

6.3 Are you/is he/she living with a partner now?

- 1  Yes (SKIP TO Q. 6.6)
- 2  No

6.4 INTERVIEWER: If Q. 6.3 is shaded 2 (No) and Q. 6.1 is shaded 2, 3 or 4 then Skip to Q. 6.6.

6.5 Have you/has he/she ever lived together with a partner in a common law relationship?

- 1  Yes
- 2  No (SKIP TO Q. 6.7)

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

AGE																			

6.7 INTERVIEWER: Mark the appropriate oval. (See Qs. 2.3, 2.4, 5.1, 5.2, 5.3)

- 1  Male
  - 2  Female - 65 years & over
  - 3  Female under 65 years attending school
  - 4  Female under 65 years not attending school
- (SKIP TO Q. 7.1)

Please fill in this person's assigned number.

#																			

6.8 How many livebirths has . . . . . ever had? (IF ZERO, ENTER 00 & SKIP TO Q. 7.1)

LIVE-BIRTHS																			

6.9 How old were you/was she when you/she had the first liveborn child?

AGE																			

6.10 How old were you/was she at the birth of your/her last liveborn child?

AGE																			

6.11 How many livebirths did you/she have in the last 12 months?

- 1  None (SKIP TO Q. 7.1)
- 2  One
- 3  Two separate births
- 4  Twins
- 5  Three or more

6.12 What is/are the sex(es) of this child/these children?

Number of Boys																			
Number of Girls																			

6.13 Of these, have any of the babies died?

- 1  Yes
- 2  No (SKIP TO Q. 7.1)

6.14 How many have died? ① ② ③ ④ ⑤

## SECTION 7. ECONOMIC ACTIVITY

## FOR PERSONS 15 YEARS & OVER

7.1 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  Worked (SKIP TO Q. 7.4)
- 2  Had a job but did not work (SKIP TO Q. 7.4)
- 3  Looked for work
- 4  Wanted work and available
- 5  Home duties
- 6  Attended school
- 7  Retired
- 8  Disabled, unable to work
- 9  Other (Please specify)

- 10  Not stated

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

- 1  Yes (SKIP TO Q. 7.4)
- 2  No
- 3  Don't know

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

- 1  Yes
  - 2  No
- (SKIP TO Q. 7.5)

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

Number of months																			

7.5 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  Worked (SKIP TO Q. 7.8)
- 2  Had a job but did not work (SKIP TO Q. 7.8)
- 3  Looked for work
- 4  Wanted work and available
- 5  Home duties
- 6  Attended school
- 7  Retired
- 8  Disabled, unable to work
- 9  Other (Please specify)

- 10  Not stated (SKIP TO Q. 7.7)

7.6 What sort of work did you/he/she look for or want?

FOR OFFICE USE ONLY	DESIRED WORK																		

7.7 Did you/he/she do any 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 (SKIP TO Q. 7.9)

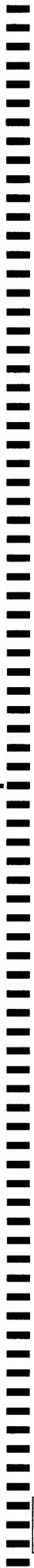
7.8 How many hours did you/he/she work last week?

HOURS																			

○ Don't know







PLEASE DO NOT WRITE IN THIS AREA

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