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

REMEMBER: Probe for infants, elderly, new born babies, disabled and persons who died but were members of the household at midnight on the 27 May 2011.

1(a): LISTING OF HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
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<td>04</td>
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<td>06</td>
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<td>07</td>
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<td>08</td>
<td></td>
<td></td>
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<tr>
<td>09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1(b) Total Number of Persons

COMMENTS

Mark multiple choice boxes like this ☑
### 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. What is the MAIN material of the outer walls?</td>
<td>1 Concrete</td>
</tr>
<tr>
<td>3. What is the MAIN material used for roofing?</td>
<td>1 Concrete</td>
</tr>
<tr>
<td><em>(zinc, aluminum, galvanise)</em></td>
<td></td>
</tr>
<tr>
<td>5. What type of dwelling does this household occupy?</td>
<td>1 Separate house/ detached</td>
</tr>
<tr>
<td>6. How would you best describe the ownership of this dwelling unit?</td>
<td>1 Owned with a mortgage</td>
</tr>
<tr>
<td>7. Under what type of arrangement is the land occupied?</td>
<td>1 Lease-hold</td>
</tr>
<tr>
<td>8. Is this dwelling insured?</td>
<td>1 Yes</td>
</tr>
<tr>
<td>9. Are the contents of this dwelling insured?</td>
<td>1 Yes, all</td>
</tr>
<tr>
<td>10. What type of fuel does this household use MOST for cooking?</td>
<td>1 Cooking gas/LPG</td>
</tr>
<tr>
<td>11. How does this household usually dispose of garbage?</td>
<td>1 Burning</td>
</tr>
</tbody>
</table>
SECTION 1: HOUSING

12: What is your MAIN source of water supply?
- [ ] 1 Private not piped into dwelling
- [ ] 2 Private, piped into dwelling
- [ ] 3 Public standpipe
- [ ] 4 Public well/tank
- [ ] 5 Public piped into dwelling
- [ ] 6 Public, piped into yard
- [ ] 7 Spring/River
- [ ] 8 Cistern/Tank
- [ ] 88 Other (Specify)_______________________
- [ ] 99 DK/NS

13: What is your MAIN source of DRINKING water?
- [ ] 1 Bottled water
- [ ] 2 Private, not piped into dwelling
- [ ] 3 Private, piped into dwelling
- [ ] 4 Public standpipe
- [ ] 5 Public well/tank
- [ ] 6 Public, piped into dwelling
- [ ] 7 Public, piped into yard
- [ ] 8 Spring/River
- [ ] 9 Cistern/Tank
- [ ] 88 Other (Specify)________
- [ ] 99 Don't know/Not stated

14: What type of toilet facility does this household have?
- [ ] 1 Pit latrine not ventilated
- [ ] 2 Pit latrine ventilated and elevated/Ventilated Improved Pit (VIP)
- [ ] 3 Pit-latrine ventilated and not elevated
- [ ] 4 Water Closet (WC) (flush toilet) linked to septic tank/Soak-away
- [ ] 5 Water Closet (WC) (flush toilet) linked to sewer
- [ ] 6 None (Skip to 15)
- [ ] 8 Other (Specify)__________________________________
- [ ] 9 Don't know/Not stated

15: Is this toilet shared with any other household?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 9 Don't know/Not stated

16: Are your bathing facilities indoors?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 9 Don't know/Not stated

17: Are your bathing facilities shared with another household?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 9 Don't know/Not stated

18: Is your main kitchen inside the dwelling unit or outside?
- [ ] 1 Inside
- [ ] 2 Outside
- [ ] 9 Don't know/Not stated

19: Is your main kitchen shared with another person not of this household?
- [ ] 1 Yes
- [ ] 2 No
- [ ] 9 Don't know/Not stated

20: What is the MAIN source of lighting for this household?
- [ ] 1 Electricity - Private Generator
- [ ] 2 Electricity - Public
- [ ] 3 Gas Lantern
- [ ] 4 Kerosene
- [ ] 5 Solar
- [ ] 6 None
- [ ] 8 Other (Specify)_______________________________
- [ ] 9 Don't know/Not stated

21: How many rooms does this household unit have? (A room is enclosed by walls of at least 2m (6.5ft) high, and at least 4 square metres (43 square feet) in area. Do not count bathrooms and porches).

Number of Rooms

22: How many bedrooms does this household unit have? (Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters. Count all bedrooms including spares not occupied.

Number of Bedrooms
### SECTION 1: HOUSING concluded

23. Which of these appliances or household equipment does this household have in use?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>How Many?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air conditioner</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Clothes dryer</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
| Computers:  
(a) Desktop | 1 | 2 |  |
| (b) Laptop | 1 | 2 |  |
| (c) Other | 1 | 2 |  |
| Dish washer | 1 | 2 |  |
| DVD/MP3 player | 1 | 2 |  |
| Freezer | 1 | 2 |  |
| Generator | 1 | 2 |  |
| Microwave | 1 | 2 |  |
| Mobile/cellular | 1 | 2 |  |

24: How many motor vehicles does this household have in use?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

25: Which of the following services does your household have in use?

- [ ] Fixed line tel
- [ ] Cable TV
- [ ] Satellite TV
- [ ] Internet access
- [ ] DK/NS

### SECTION 2: CRIME

26. Was any member of this household a victim of any crime during the past twelve months? (If NO, skip to Section 3)

- [ ] Yes
- [ ] No

(a) Murder
- [ ] Yes

(b) Kidnapping
- [ ]

(c) Shooting
- [ ]

(d) Rape/Abuse
- [ ]

(e) Wounding
- [ ]

(f) Larceny - Housebreaking
- [ ]

(g) Larceny - Auto theft
- [ ]

(h) Larceny - Other
- [ ]

(i) Other (specify)
- [ ]

27. Was the crime reported?

- [ ] 1 Yes (GO TO Q29)
- [ ] 2 No (GO TO Q28)
- [ ] 9 DK/NS

28. If no, why was/were the crime(s) not reported?

- [ ] 1 No confidence in the administration of justice
- [ ] 2 Afraid of perpetrator
- [ ] 3 Not serious enough
- [ ] 8 Other (Specify______________________)
- [ ] 9 DK/NS

29. If yes, what was the result?

- [ ] 1 Pending
- [ ] 2 Convicted
- [ ] 3 Dismissed
- [ ] 8 Other (Specify______________________)
- [ ] 9 DK/NS

Remember to mark multiple choice boxes like this ☒
### SECTION 3: INTERNATIONAL MIGRATION

For persons 15 years and over when moved

30: Did anyone in this household move abroad to live between 2001 and 2011 and is still living abroad?  
31: How many persons?

- **1 Yes** *(if Yes, continue)*
- **2 No** *(SKIP TO SECTION 4)*
- **9 DK/NS** *(SKIP TO SECTION 4)*

<table>
<thead>
<tr>
<th>Person Number</th>
<th>Sex</th>
<th>Age when moved</th>
<th>Occupation when moved</th>
<th>Highest level of education attained when moved</th>
<th>Which country did this person migrate to?</th>
<th>In which year did this person migrate?</th>
<th>What was the main reason for migrating at time of departure?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 Family reunification 2 Employment 3 Study 4 Crime Rate 5 Medical 6 Other 9 DK/NS</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<td>2</td>
<td>1</td>
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<td>3</td>
<td>1</td>
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<td>2</td>
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<tr>
<td>4</td>
<td>1</td>
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<td>2</td>
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<td>5</td>
<td>1</td>
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<td></td>
<td>2</td>
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<td></td>
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<tr>
<td>6</td>
<td>1</td>
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<td></td>
<td>2</td>
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<td></td>
</tr>
</tbody>
</table>

For Persons 15 years and over when moved

Describe as clearly as possible the person's occupation when he/she moved.

Remember to mark multiple choice boxes like this ❑
### SECTION 4: MORTALITY

To be answered by Head of Household or Responsible adult

**40: Did any member of this household die during the past 12 months?**  
1 Yes  
2 No  (SKIP TO SECTION 5)  
9 DK/NS  (SKIP TO SECTION 5)

**41: How many persons?**  

**42: Please tell me the sex and age of each household member who died from this household during the past 12 months?**

<table>
<thead>
<tr>
<th>How old was....... when he/she died?</th>
<th>Sex of deceased</th>
<th>INTERVIEWER: For Females who died aged 14-49 years only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1 Male</td>
<td>1 Pregnancy</td>
</tr>
<tr>
<td></td>
<td>2 Female</td>
<td>2 During child birth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 During six weeks after the end of pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 Other</td>
</tr>
<tr>
<td>2</td>
<td>1 Male</td>
<td>1 Pregnancy</td>
</tr>
<tr>
<td></td>
<td>2 Female</td>
<td>2 During child birth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 During six weeks after the end of pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 Other</td>
</tr>
<tr>
<td>3</td>
<td>1 Male</td>
<td>1 Pregnancy</td>
</tr>
<tr>
<td></td>
<td>2 Female</td>
<td>2 During child birth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 During six weeks after the end of pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 Other</td>
</tr>
<tr>
<td>4</td>
<td>1 Male</td>
<td>1 Pregnancy</td>
</tr>
<tr>
<td></td>
<td>2 Female</td>
<td>2 During child birth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 During six weeks after the end of pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 Other</td>
</tr>
<tr>
<td>5</td>
<td>1 Male</td>
<td>1 Pregnancy</td>
</tr>
<tr>
<td></td>
<td>2 Female</td>
<td>2 During child birth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 During six weeks after the end of pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 Other</td>
</tr>
<tr>
<td>6</td>
<td>1 Male</td>
<td>1 Pregnancy</td>
</tr>
<tr>
<td></td>
<td>2 Female</td>
<td>2 During child birth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 During six weeks after the end of pregnancy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 Other</td>
</tr>
</tbody>
</table>

**End of Household Questionnaire. Go to Person Questionnaire.**
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 himself/herself. Else say "You"/"Your". X the appropriate box. Please do not write over the responses:

SECTION 5: GENERAL CHARACTERISTICS

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>43: Please fill in this person's name and assigned number.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>44: What is your/......relationship to the head of the household?</td>
<td>1 Head</td>
</tr>
<tr>
<td></td>
<td>2 Spouse/Partner of Head</td>
</tr>
<tr>
<td></td>
<td>3 Child of Head and Spouse/Partner</td>
</tr>
<tr>
<td></td>
<td>4 Child of Head only</td>
</tr>
<tr>
<td></td>
<td>5 Child of Spouse/Partner only</td>
</tr>
<tr>
<td></td>
<td>6 Spouse/Partner of Child of Head</td>
</tr>
<tr>
<td></td>
<td>7 Grandchild of Head/Spouse/Partner</td>
</tr>
<tr>
<td></td>
<td>8 Parents of Head/Spouse/Partner</td>
</tr>
<tr>
<td></td>
<td>9 Other Relative of Head/Spouse/Partner</td>
</tr>
<tr>
<td></td>
<td>10 Non-Relative</td>
</tr>
<tr>
<td></td>
<td>99 Don't know/Not Stated</td>
</tr>
<tr>
<td>45: What is your/.....'s sex?</td>
<td>1 Male</td>
</tr>
<tr>
<td></td>
<td>2 Female</td>
</tr>
<tr>
<td></td>
<td>9 Don't know/Not stated</td>
</tr>
<tr>
<td>46: What is your/.....'s date of birth?</td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>47: What was your/......'s age at his/her last birthday?</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>48: To which ethnic group do you/ does......belong?</td>
<td>1 African/Black/Negro</td>
</tr>
<tr>
<td></td>
<td>2 Amerindian/Carib</td>
</tr>
<tr>
<td></td>
<td>3 Asian</td>
</tr>
<tr>
<td></td>
<td>4 Caucasian/White</td>
</tr>
<tr>
<td></td>
<td>5 Chinese</td>
</tr>
<tr>
<td></td>
<td>8 Mixed (Other)</td>
</tr>
<tr>
<td></td>
<td>9 Portuguese</td>
</tr>
<tr>
<td></td>
<td>10 Hispanic</td>
</tr>
<tr>
<td></td>
<td>88 Other ethnic group (specify)</td>
</tr>
<tr>
<td></td>
<td>99 Don't know/Not stated</td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>49: What is your......'s religious affiliation/denomination?</td>
<td>1 Adventist</td>
</tr>
<tr>
<td></td>
<td>2 Anglican</td>
</tr>
<tr>
<td></td>
<td>3 Baha'i</td>
</tr>
<tr>
<td></td>
<td>4 Baptist</td>
</tr>
<tr>
<td></td>
<td>5 Bretheren</td>
</tr>
<tr>
<td></td>
<td>6 Church of God</td>
</tr>
<tr>
<td></td>
<td>7 Evangelical</td>
</tr>
<tr>
<td></td>
<td>8 Hindu</td>
</tr>
<tr>
<td></td>
<td>9 Jehovah witness</td>
</tr>
<tr>
<td></td>
<td>10 Judaism</td>
</tr>
<tr>
<td></td>
<td>11 Methodist</td>
</tr>
<tr>
<td></td>
<td>12 Moravian</td>
</tr>
<tr>
<td></td>
<td>13 Mormon</td>
</tr>
<tr>
<td></td>
<td>14 Muslim/Islam</td>
</tr>
<tr>
<td></td>
<td>15 Nazarene</td>
</tr>
<tr>
<td></td>
<td>16 None/No religion</td>
</tr>
<tr>
<td></td>
<td>17 Pentecostal</td>
</tr>
<tr>
<td></td>
<td>18 Presbyterian</td>
</tr>
<tr>
<td></td>
<td>19 Rastafarian</td>
</tr>
<tr>
<td></td>
<td>20 Roman Catholic</td>
</tr>
<tr>
<td></td>
<td>21 Salvation Army</td>
</tr>
<tr>
<td></td>
<td>22 Weslyan Holiness</td>
</tr>
<tr>
<td></td>
<td>88 Other (Specify)</td>
</tr>
<tr>
<td></td>
<td>99 DK/NS</td>
</tr>
</tbody>
</table>
SECTION 6: DISABILITY AND HEALTH

50. Do you/does...... have difficulty .......

INTERVIEWER: READ OPTIONS BELOW. MULTIPLE RESPONSES ALLOWED.

Rate responses as follows:

1. No - No Difficulty
2. Yes - Some Difficulty
3. Yes - Lots of Difficulty
4. Cannot do (it) at all
5. DK/NS

1. Seeing (even with glasses)?
   - 1
   - 2
   - 3
   - 4
   - 9

2. Hearing (even using hearing aid)?
   - 1
   - 2
   - 3
   - 4
   - 9

3. Walking, standing, or climbing stairs?
   - 1
   - 2
   - 3
   - 4
   - 9

4. Remembering or concentrating?
   - 1
   - 2
   - 3
   - 4
   - 9

5. Self care?
   - 1
   - 2
   - 3
   - 4
   - 9

6. Upper body function?
   - 1
   - 2
   - 3
   - 4
   - 9

7. Communicating because of a physical, mental or emotional health condition
   - 1
   - 2
   - 3
   - 4
   - 9

If No Difficulty for all options, Skip to Q52.

51: What is the origin of your/......’s disability?

INTERVIEWER: READ OPTIONS SELECTED BY RESPONDENTS IN Q50. MULTIPLE RESPONSES ALLOWED.

1. From Birth
2. Illness
3. Accident
4. Old age
5. Other (Specify)
6. DK/NS

Regarding 1.

1. Seeing, even with glasses?
2. Hearing, even using a hearing aid?
3. Walking or climbing stairs?
4. With upper body functions?
5. With self-care
6. Remembering or concentrating?
7. Communicating because of a physical, mental, or emotional health condition

Remember to mark multiple choice boxes like this ☒

SECTION 7: INTERNET USE

52: Do/does you/....have any of the following illnesses?

INTERVIEWER: READ OPTIONS BELOW. MULTIPLE RESPONSES ALLOWED.

- 1 AIDS
- 2 Allergies
- 3 Anemia
- 4 Arthritis
- 5 Asthma
- 6 Cancer
- 7 Carpal Tunnel Syndrome
- 8 Diabetes
- 9 Glaucoma
- 10 Heart disease
- 11 HIV
- 12 Hypertension
- 13 Kidney diseases
- 14 Lupus
- 15 Mental illness
- 16 Sickle cell
- 17 Stroke
- 18 Other (Specify)________
- 99 DK/NS

53: Are you/ is....covered by insurance (health, life, national, other)?

- 1 Yes
- 2 No
- 9 DK/NS

54: Which of the following insurance plan(s) do you/does.....have? (MULTIPLE RESPONSES ALLOWED)

- 1 Social Security
- 2 Life Only
- 3 Life and Health
- 4 Group Health
- 5 Individual Health
- 6 Endowment with Health
- 7 Endowment
- 8 Other (Specify)__________
- 9 DK/NS

55: Have you /has......used the internet within the past 3 months?

- 1 Yes
- 2 No
- 9 DK/NS

56: Where did you/has....used the Internet within the past 3 months? (MULTIPLE REPONSES ALLOWED)

- 1 Home
- 2 Work
- 3 School
- 4 Internet Cafe
- 5 Cellular phone
- 6 Other mobile access device
- 7 Family/friends house (fixed line)
- 8 Other (specify)__________
- 9 DK/NS

Remember to mark multiple choice boxes like this ☒
## SECTION 8: BIRTHPLACE AND RESIDENCE

### 57: Where do you/does... usually live?
- □ 1 At this address
- Parish ____________ Village ____________
- □ 2 Elsewhere
- Parish ____________ Village ____________
- □ 3 In another village
- Parish ____________ Village ____________
- □ 4 Abroad
- Name of country __________________________

**Interviewer:** For persons born in Antigua & Barbuda what is required at Q58 is the mother’s usual residence at the time of birth.

### 58: Where were you/was... born?
- □ 1 In this country (SKIP TO Q61)
- Parish ____________ Village ____________
- □ 2 Abroad
- Name of country __________________________

### 59: In what year did you... first come to live in Antigua and Barbuda?

- Year ____________

### 60: What is the main reason for your present residence in Antigua and Barbuda?
- 1 Economic Activity under Free Movement
  - □ 1.1 Skilled CARICOM national ________
  - □ 1.2 Service Provider
  - □ 1.3 Rights of Establishment/Commercial presence
  - □ 1.4 Employee of non-wage earner
  - □ 2 Other Economic Activity
  - □ 3 Dependent
  - □ 8 Other (Specify) ____________

### 61: Have you/has... ever lived in another country?
- □ 1 Yes □ 2 No (SKIP TO Q65) □ 9 DK/NS (SKIP TO Q65)

### 62: In which country did you... last live?
- Name of country __________________________

**Q63 and Q64 are for local born who answered yes to Q61**

### 63: In what year did you... return to live in Antigua & Barbuda?
- Year ____________

### 64: What is the main reason for you... to return to live in Antigua & Barbuda?
- □ 1 Regard it as home □ 6 Education
- □ 2 Family is here □ 7 Retired
- □ 3 Involuntary return □ 8 Homesick
- □ 4 To start a business □ 88 Other (Specify) ____________
- □ 5 Employment/work

### 65: In what year did you...last come to live in this Parish?
- Year ____________

### 66: In which Parish and Village did you... last live?

### Q67 to Q71 are for 5 years old and over

### 67: Did you/... live at this address five years ago?
- □ 1 Yes (SKIP TO Q71) □ 2 No

### 68: In which country or parish and village did you/...live five years ago?
- Parish ____________ Village ____________

**Remember to mark multiple choice boxes like this ☒**
69: Did you... live at this address ten years ago?  
☐ 1 Yes  (SKIP TO Q71)  ☐ 2 No

70: In which country or parish and village did you... live ten years ago?  
☐ 1 In another Parish and village  
Parish___________________ Village___________________

☐ 2 Abroad  
Name of country ______________________________

71. Which country or countries are you/... a citizen of? (List up to two countries).  
1,_____________________  2,_____________________

SECTION 9: EDUCATION For All Persons

72: Are you/is.... currently in an educational institution  
☐ 1 Yes, fulltime  
☐ 2 Yes, part-time  
☐ 3 No.  (SKIP TO Q75)

73: What type of educational institution are you/is..... attending?  
☐ 1 Day care/nursery  ☐ 9 Sixth Form (A' level)  
☐ 2 Pre-school  ☐ 10 Post Secondary School  
☐ 3 Gov. Primary School  ☐ 11 Voc/Trade/(Post primary)  
☐ 4 Private Primary School  ☐ 12 Adult/Continue classes  
☐ 5 Gov. Assisted Primary  ☐ 13 University  
☐ 6 Special education  ☐ 88 Other (Specify)_______  
☐ 7 Secondary  ☐ 99 DK/NS  
☐ 8 Community/State College

74: Please give the name and address of the school or institution that you are/...is attending?  

Name___________________________________________

Address_________________________________________

SECTION 10: TRAINING For Persons 15 years and over

77: Have you/has... ever received or attempted any skills training or are you/... currently receiving any skills training to equip you/... for employment, occupation/profession?  
☐ 1 Yes  
☐ 2 No  (SKIP TO SECTION 11)  
☐ 9 DK/NS  (SKIP TO SECTION 11)

78: Which category of training status applies to you/...?  
☐ 1 Completed training  
☐ 2 Undergoing training currently  
☐ 3 Attempted training but not completed  
☐ 9 DK/NS

79: What is the field(s) for which the highest level of training was completed, attempted or is undergoing by you/...?  

______________________________________________
### SECTION 10: TRAINING
For Persons 15 years and over

80: What was the MAIN method used by you/...to train in this field? (SINGLE RESPONSE)

- [ ] 1 On the job
- [ ] 2 Apprenticeship
- [ ] 3 Correspondence/distance learning/on-line
- [ ] 4 Secondary School
- [ ] 5 Vocational/Trade school/Technical Institution
- [ ] 6 Commercial/Secretarial School
- [ ] 7 Business/Computer School
- [ ] 8 University (on campus)
- [ ] 9 Private Study
- [ ] 88 Other (Specify)____________
- [ ] 99 DK/NS

81: How long was the period of your/....'s HIGHEST level of training? (SINGLE RESPONSE)

- [ ] 1 Under 3 months
- [ ] 2 3 months and less than 6 months
- [ ] 3 6 months and less than 1 year
- [ ] 4 1 year and less than 1.5 years
- [ ] 5 1.5 years and less than 2 years
- [ ] 6 2 years and less than 3 years
- [ ] 7 3 years and less than 4 years
- [ ] 8 4 years and over
- [ ] 9 DK/NS

82: What type of qualification or certification did you/...receive on completion of the training at the HIGHEST level? (SINGLE RESPONSE)

- [ ] 1 None
- [ ] 2 Certificate with exam
- [ ] 3 Certificate without exam
- [ ] 4 Diploma
- [ ] 5 Advanced Diploma
- [ ] 6 Associate Degree
- [ ] 7 First Degree
- [ ] 8 Post Grad. Degree
- [ ] 9 Professional Qualification
- [ ] 88 Other (Specify)
- [ ] 99 DK/NS

83: Is your/... recent training related to your/...present job?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 9 DK/NS

### SECTION 11: ECONOMIC ACTIVITY
For Persons 15 years and over

84: What did you/... do during the past 12 months? (SINGLE RESPONSE)

- [ ] 1 Had a job and worked (GO TO Q85)
- [ ] 2 Had a job, but did not work (SKIP TO Q87)
- [ ] 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
- [ ] 88 Other (Specify)
- [ ] 99 DK/NS

85: For how many months did you/...... work during the past 12 months? (SINGLE RESPONSE)

<table>
<thead>
<tr>
<th>Number of months</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

86: Did you/...... work for pay, profit or family gain, during the past week? This includes helping in a family business or farm, street vending or any work. Note: Exclude Domestic Work at home (SINGLE RESPONSE)

IF YES, Did you?

- [ ] 1 Work (SKIP TO Q88)
- [ ] 2 Had a job but did not work (GO TO Q87)

IF NO, What did you do during the past week?

- [ ] 3 Seeking first job
- [ ] 4 Seek job which was not first
- [ ] 5 Wanted work and available
- [ ] 6 Home Duties
- [ ] 7 Attended School
- [ ] 8 Retired - did not work
- [ ] 9 Disabled, unable to work
- [ ] 88 Other (Specify)

87: Why were you/...temporarily absent from your/ his/her job?

- [ ] 1 On vacation leave
- [ ] 2 Maternity/sick leave
- [ ] 3 Personal responsibility
- [ ] 4 Study/training leave
- [ ] 5 Strike/lock out
- [ ] 6 Temporary lay off
- [ ] 7 Currently in the off season
- [ ] 8 Sent on unpaid leave
- [ ] 88 Other reason (Specify)_______
### SECTION 11: ECONOMIC ACTIVITY

#### 88. What type of worker status applies to you /... in your job?
- [ ] 1 Paid employee, / Government/Local and Central Gov.
- [ ] 2 Paid employee, State Owned Company/Statutory Body
- [ ] 3 Paid employee, Private Business
- [ ] 4 Paid employee, Private Home
- [ ] 5 Own business with paid employees
- [ ] 6 Own business without paid employee
- [ ] 7 Apprentice/Learner
- [ ] 8 Contributing family worker
- [ ] 9 Volunteer worker
- [ ] 88 Other (Specify) ___________
- [ ] 99 DK/NS

#### 89. What kind of accounts do you keep for this activity/business?
- [ ] 1 Complete set of written accounts
- [ ] 2 Only through informal records of orders, sales, purchases
- [ ] 3 Simplified written accounts
- [ ] 4 No records are kept.

#### 90. Are you registered with the Social Security Scheme as a self-employed person or an employer?
- [ ] 1 Employer
- [ ] 2 Self-Employed
- [ ] 3 Not Registered

#### 91: Estimate how much did you/... earn from your business during the past month?

\[
\text{\$ } \underline{\quad \quad \quad \quad \quad} \]

#### 92: Describe the type of work you do/...does in your/his/her main job?

Occupation: __________________________________________

__________________________________________________

#### 93: What is the main business activity carried out at your/his/her workplace?

Industry ____________________________________________

#### 94: How many hours did you/... work during the past week?

<table>
<thead>
<tr>
<th>Hours</th>
<th>99 DK/NS</th>
</tr>
</thead>
</table>

#### 95: Where is your/... place of work?
- [ ] 1 At a fixed place of work outside the home
- [ ] 2 Work at home (SKIP TO SECTION 12)
- [ ] 3 No fixed place of work (SKIP TO SECTION 12)
- [ ] 9 DK/NS

#### 96: What is the name and address of your/his/her workplace?

Name ____________________________________________

Address _________________________________________

#### 97: Did you/... seek work during the past four weeks?
- [ ] 1 Yes (GO TO Q98)
- [ ] 2 No (SKIP TO Q99)

#### 98: What did you/... actually do to find work or establish your/his/her own business?
- [ ] 1 Did nothing/Undertook no (active) steps (GO TO Q99)
- [ ] 2 Registered at a public employment exchange
- [ ] 3 Registered at a private employment agency
- [ ] 4 Checked at work-site, farms, factories
- [ ] 5 Looked up and responded to advertisements
- [ ] 6 Asked for assistance from friends, relatives
- [ ] 7 Tried to establish my/(his/her own business
- [ ] 8 Tried to work on a family farm or business
- [ ] 88 Other (Specify) ________________________
- [ ] 99 DK/NS

#### 99: Why did you/... not seek work in the past four weeks? (SINGLE RESPONSE)
- [ ] 1 Already found job/made arrangements to start own business
- [ ] 2 Already found job/made arrangements to start own business
- [ ] 3 Cannot find work, lack of business opportunities
- [ ] 4 Lack of finance, raw materials to start own business
- [ ] 5 Awaiting busy/high season
- [ ] 6 Awaiting recall from previous job
- [ ] 7 Thinks he/she lacks skills
- [ ] 8 Discrimination
- [ ] 9 Don't know where/how to seek
- [ ] 10 Other (Specify) ________________________
- [ ] 11 Household duties
- [ ] 12 Student
- [ ] 13 Illness/Disability
- [ ] 14 Family reason, pregnant, other personal reason

---

Remember to mark multiple choice boxes like this ☒
### SECTION 11: ECONOMIC ACTIVITY
For Persons 15 years and over  
concluded

100: If you would have been offered an opportunity to work during the last week would you have been able to start?

- □ 1 Yes
- □ 2 No
- □ 2.1 In school, training
- □ 2.2 Retirement/Old age
- □ 2.3 Illness/Disability
- □ 2.4 Family duties
- □ 2.5 Other (Specify) __________

### SECTION 12: MARITAL AND UNION STATUS
For Persons 15 years and over

101: What is your/...’s legal marital status?

- □ 1 Single/Never married
- □ 2 Married
- □ 3 Divorced
- □ 4 Widowed
- □ 5 Legally separated
- □ 9 DK/NS

102: What is your/...’s present union status?

- □ 1 Married and living with spouse (SKIP TO Q104)
- □ 2 Common law/de facto marriage
- □ 3 Visiting partner (GO TO Q103)
- □ 4 Not in union presently
- □ 9 DK/NS

103: Have you ever been in a common-law union?

- □ 1 Yes (SKIP TO SECTION 13)
- □ 2 No (SKIP TO SECTION 13)
- □ 9 DK/NS

104: How old were/was you/he/she when you/he/she was first married or in a union for the first time?

Age ___________

### SECTION 13: FERTILITY
For women 15 years and over

105: How many live born children have you/has....ever had and how many are males and females?

(IF ZERO, enter 00 & Go to Section 14)

<table>
<thead>
<tr>
<th>Total</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
</table>

106: How many of your/...’s live born children are still alive?

<table>
<thead>
<tr>
<th>Total</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
</table>

107: How old were you/was...when you/she had your/her first live born child?

Age ___________

108: How old were you/was... when you/she had your/her last live born child?

Age ___________

109: What was the date of birth of the last child born alive to you?

Day / Month / Year ___________
SECTION 13: FERTILITY
For women 15 years and over concluded

110: How many live births did you/have in the past 12 months?

- [ ] 1 None (GO TO SECTION 14)
- [ ] 2 One birth with one baby
- [ ] 3 Two separate births
- [ ] 4 Twins
- [ ] 5 Three or more
- [ ] 9 DK/NS

Q111 TO Q113 APPLY ONLY TO FEMALES UNDER 50. ALL OTHERS GO TO SECTION

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

- [ ] Boys
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] 4

- [ ] Girls
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] 4

112: Have any of these children died?

- [ ] 1 Yes (GO TO SECTION 14)
- [ ] 2 No (GO TO SECTION 14)
- [ ] 9 DK/NS (GO TO SECTION 14)

113: Of what sex and age, in months, was each child that died in the past 12 months?

<table>
<thead>
<tr>
<th>How many months old was ... when he/she died?</th>
<th>Sex of deceased</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>[ ] 1 M [ ] 2 F</td>
</tr>
<tr>
<td>2</td>
<td>[ ] 1 M [ ] 2 F</td>
</tr>
<tr>
<td>3</td>
<td>[ ] 1 M [ ] 2 F</td>
</tr>
<tr>
<td>4</td>
<td>[ ] 1 M [ ] 2 F</td>
</tr>
</tbody>
</table>

SECTION 14: INCOME AND LIVELIHOOD
For Persons 15 Years and Over

114: Do you/do you receive your wage/salary from your main job at the end of every week? (PAID EMPLOYEES ONLY)

- [ ] 1 Day
- [ ] 2 Week
- [ ] 3 Fortnight
- [ ] 4 Month
- [ ] 8 Other Specify

115: In which category on this flashcard did you/pay your income fall during the last pay period from your main job?

Income Group

116: What are your... sources of livelihood? (Indicate as many sources as supply)

- [ ] 1 Disability benefits
- [ ] 2 Employment
- [ ] 3 Investment
- [ ] 4 Other public assistance
- [ ] 5 Pension (local)
- [ ] 6 Pension (overseas)
- [ ] 7 Remittances (overseas)
- [ ] 9 Social security benefits
- [ ] 10 Subsistence farming
- [ ] 11 Support from friends/relatives (overseas - cash/kind)
- [ ] 12 Support from friends/relatives (local cash/kind)
- [ ] 13 Unemployment benefit
- [ ] 68 Other (Specify)

117: Approximately how much money did you... receive last year from family and or friends abroad?

$  

SECTION 15: WHERE SPENT CENSUS NIGHT

118: Where did you...spend census night?

- [ ] 1 At this address
- [ ] 2 Elsewhere in this country
- [ ] 3 Abroad (END INTERVIEW)

119: What part of the country was that? Please specify.

__________________________________________

Remember to mark multiple choice boxes like this ☒