



ANGUILLA
ORGANISATION OF EASTERN CARIBBEAN STATES
POPULATION AND HOUSING CENSUS 2001



CENSUS DAY - MAY 9, 2001

VERY IMPORTANT INSTRUCTIONS
QUESTIONNAIRE IS BEING SCANNED

- 1) Only use a No 2 pencil. Do not use a pen
- 2) Completely fill in ovals but do not go outside the ovals
- 3) Do not use check marks
- 3) If you need to make changes completely erase wrong answer
- 4) Make no stray marks on the form.
- 5) Box entry answers must be written completely within the boxes.

The Statistics Act of Anguilla provides the legal requirement that your information will be kept strictly confidential. This Act also makes the completion of this form with accurate information a legal requirement.

ADDRESS OF HOUSEHOLD _____

VILLAGE _____

ED No.	Building No.	Household No.
<input type="checkbox"/> <input type="checkbox"/> 0 ○ ○ 1 ○ ○ 2 ○ ○ 3 ○ ○ 4 ○ ○ 5 ○ ○ 6 ○ ○ 7 ○ ○ 8 ○ ○ 9 ○ ○	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 0 ○ ○ ○ 1 ○ ○ ○ 2 ○ ○ ○ 3 ○ ○ ○ 4 ○ ○ ○ 5 ○ ○ ○ 6 ○ ○ ○ 7 ○ ○ ○ 8 ○ ○ ○ 9 ○ ○ ○	<input type="checkbox"/> 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8 ○ 9 ○



INTERVIEWER SAYS:

I am the census interviewer assigned to your area and I would like to get some information about your household and the people living here. Here is my identification card. (Show card).

RECORD OF VISITS

Interviewer Calls	1	2	3	4
Date				
Time Started				
Time Ended				
Duration				
Results *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Results codes:

1 = Completed	5 = No contact
2 = Partial, call back	6 = Refusal
3 = Dwelling closed	7 = No suitable respondent eg: child
4 = Dwelling vacant	8 = Other - Specify _____

VERIFICATION OF QUESTIONNAIRE

CENSUS OFFICER:	DATE:
FIELD SUPERVISOR:	DATE:
INTERVIEWER:	DATE:
EDITOR:	DATE:
CODER:	DATE:

INTERVIEWER SAYS:

Please give me the names of all persons who usually live in this household and share at least one of the daily meals. Include those who usually live in Anguilla for 6 months of the year. Person number 1 is identified as the head of the household and is the major economic provider. (You may use initials if names are not available).

Number	SURNAME	FIRST NAME
1	SURNAME	FIRST NAME
2	SURNAME	FIRST NAME
3	SURNAME	FIRST NAME
4	SURNAME	FIRST NAME
5	SURNAME	FIRST NAME
6	SURNAME	FIRST NAME
7	SURNAME	FIRST NAME
8	SURNAME	FIRST NAME
9	SURNAME	FIRST NAME
10	SURNAME	FIRST NAME
11	SURNAME	FIRST NAME
12	SURNAME	FIRST NAME
13	SURNAME	FIRST NAME
14	SURNAME	FIRST NAME
15	SURNAME	FIRST NAME
16	SURNAME	FIRST NAME
17	SURNAME	FIRST NAME
18	SURNAME	FIRST NAME
19	SURNAME	FIRST NAME
20	SURNAME	FIRST NAME
21	SURNAME	FIRST NAME

INTERVIEWER: I would like to ask you a few questions about the dwelling that your household occupies

SECTION 1 HOUSING

1. What type of building does this household occupy?

- 1 Undivided private house
- 2 Part of private house
- 3 Duplex apartment
- 4 Flat/apartment
- 5 Combined dwelling & business
- 6 Barracks
- 7 Other (specify _____)
- NS

2. Is this dwelling insured?

- 1 Yes
- 2 No
- 3 NS

3. Are the contents of this dwelling insured?

- 1 Yes
- 2 No
- 3 NS

4. Does this household own/rent/lease this dwelling?

- 1 Owned (Go to Q 8)
- 2 Rented
- 3 Leased
- 4 Rent free (Go to Q. 9)
- 5 Other - specify _____ (Go to Q. 9)
- 6 NS

5. What is the frequency of rent for this dwelling?

- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Twice a year
- 6 Annually
- 7 NS

6. Is this dwelling rented fully, semi or unfurnished?

- 1 Fully furnished
- 2 Semi-furnished
- 3 Unfurnished
- 4 NS

7. How much monthly rent is beng paid in ECS?

[Four empty boxes for digits]

(Go to Q. 9)

8. What are the monthly mortgage payments in ECS?

[Five empty boxes for digits]

9. What is your land tenure status?

- 1 Owned/freehold
- 2 Leasehold
- 3 Rented
- 4 Other - Specify _____
- 5 NS

10. What is the main materials of the outer walls?

- 1 Wood only
- 2 Concrete or concrete blocks
- 3 Wood & Concrete
- 4 Stone & Concrete
- 5 Brick
- 6 Makeshift - specify _____
- 7 Other - specify _____
- 8 NS

11a. What is the roof material?

- 1 Concrete
- 2 Sheet metal
- 3 Asphalt shingle
- 4 Wood shingles
- 5 Other shingles
- 6 Tiles
- 7 Makeshift/thatched - specify _____
- 8 Other - specify _____
- 9 NS

11b. Is the roof pitched or flat?

- 1 Pitched
- 2 Flat
- 3 NS



SECTION 1 HOUSING (contd.)

12. In which year was the dwelling built/completed?

- 1 Before 1970 7 1998
- 2 1970-79 8 1999
- 3 1980 - 89 9 2000
- 4 1990 - 95 10 2001
- 5 1996 11 NS
- 6 1997

13. What is the main source of water?

- 1 Cistern not piped
- 2 Private catchment piped
- 3 Public, piped into dwelling
- 4 Public, piped into yard
- 5 Public standpipe
- 6 Public well/tank
- 7 Other - specify _____
- 8 NS

14. What is the most used type of toilet facilities?

- 1 WC flush toilet inside home
- 2 Pit latrine inside home
- 3 Pit latrine outside home
- 4 WC flush outside home
- 5 Other - specify _____
- 6 None
- 7 NS

15. Are these toilet facilities shared with another household?

- 1 Yes shared
- 2 No, not shared
- 3 NS

16. Are your bathing facilities indoors or outdoors?

- 1 Indoors
- 2 Outdoors (private)
- 3 None (Go to Q.18)
- 4 NS

17. Are the bathing facilities shared with another household?

- 1 Yes, shared
- 2 No, not shared
- 3 NS

18. What type of lighting do you use most?

- 1 Electricity - Public
- 2 Kerosene
- 3 Gas
- 4 Electricity - private generator
- 5 Other - specify _____
- 6 None
- 7 NS

19. What type of cooking fuel is used most?

- 1 Gas/LPG
- 2 Coal/wood
- 3 Kerosene
- 4 Electricity
- 5 Other - specify _____
- 6 NS

20. Is your kitchen indoors or outdoors?

- 1 Indoors
- 2 Outdoors (private)
- 3 None
- 4 NS

21. How many bedrooms are there?

No. of bedrooms

Bedrooms are rooms used **mainly** for sleeping and exclude makeshift and temporary sleeping areas - count includes those not occupied

22. How many rooms are there in total?

No. of rooms

Include in your count bedrooms, living rooms etc. exclude bathrooms, porches, kitchens etc.

23. What is your MAIN method of garbage disposal?

- 1 Dumpster/bin/garbage truck
- 2 Dumping on land
- 3 Dumping in pond/sea
- 4 Burning
- 5 Burying
- 6 Composting
- 7 Other - specify _____
- 8 NS

SECTION 1 HOUSING (contd.)

24a. Does your household have any of the following household appliances?

- | | | | |
|--------------------------------|---------------------------|--------------------------|--------------------------|
| Water Heater | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Television | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Cable TV | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Video Cassette Recorder | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Radio/stereo | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Refrigerator freezer | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Microwave oven | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Standby generator | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Solar Panels | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Stove | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Regular telephone | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Cellular phone | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Washing machine | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Water Pump | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Computer | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |
| Air conditioning | <input type="radio"/> yes | <input type="radio"/> no | <input type="radio"/> NS |

24b. Does this household have an Internet connection?

- 1 yes 2 No 3 NS

25. How much damage did the last hurricane (Lenny) do to your dwelling in \$EC?

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Value of damage in \$EC

26. How many of each of the following types of motor vehicles are kept at your home for private use ?

Saloon car

Motorcycle

Pick-up truck

Jeep

Van/truck/lorry

Other - specify _____

SECTION 2 MIGRATION

27. Has this household been living together since 1991 even if not in this location?

- 1 Yes 2 No (Skip this section, go to Section 3) 3 NS

28. Since 1991, did any member of this household move to live abroad and not yet returned to Anguilla?

- 1 Yes 2 No (Skip to Section 3) 3 NS

29. How many people left Anguilla?

For each member of the household who left Anguilla please provide the following information:

Person Number (30)	Year moved (1991 -2001) (31)	Educational status when moved (32)	Sex (33)	Age when moved (34)	Country of migration (35)
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 5 University <input type="radio"/> 2 Primary <input type="radio"/> 6 Other <input type="radio"/> 3 Secondary <input type="radio"/> 7 NS <input type="radio"/> 4 College	<input type="radio"/> 1 Male <input type="radio"/> 2 Female <input type="radio"/> 3 NS	<input type="text"/> <input type="text"/>	Country: <hr/> <input type="text"/> <input type="text"/> <input type="text"/>
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 5 University <input type="radio"/> 2 Primary <input type="radio"/> 6 Other <input type="radio"/> 3 Secondary <input type="radio"/> 7 NS <input type="radio"/> 4 College	<input type="radio"/> 1 Male <input type="radio"/> 2 Female <input type="radio"/> 3 NS	<input type="text"/> <input type="text"/>	Country: <hr/> <input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 5 University <input type="radio"/> 2 Primary <input type="radio"/> 6 Other <input type="radio"/> 3 Secondary <input type="radio"/> 7 NS <input type="radio"/> 4 College	<input type="radio"/> 1 Male <input type="radio"/> 2 Female <input type="radio"/> 3 NS	<input type="text"/> <input type="text"/>	Country: <hr/> <input type="text"/> <input type="text"/> <input type="text"/>
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 5 University <input type="radio"/> 2 Primary <input type="radio"/> 6 Other <input type="radio"/> 3 Secondary <input type="radio"/> 7 NS <input type="radio"/> 4 College	<input type="radio"/> 1 Male <input type="radio"/> 2 Female <input type="radio"/> 3 NS	<input type="text"/> <input type="text"/>	Country: <hr/> <input type="text"/> <input type="text"/> <input type="text"/>

You have now completed the questions relating to the household as a whole. Three sets of questions/questionnaires follow, each one to be answered about the individuals living in the household. If there are more than three individuals living in the household, please ask your enumerator for additional person questionnaires. The ED number, building number and household number should be the same on the person questionnaires as the front page of the household questionnaire. Thank you.

Person number

ED Number

Building number

Household number

INTERVIEWER: Replace dotted line with person's name unless it is the person being interviewed, then use you/your

SECTION 3 CHARACTERISTICS - FOR ALL PERSONS

36. Write person's assigned number taken from page 3 of household questionnaire.

37. What is ... relationship to household head?

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

38. Is ... male or female?

- 1 Male
- 2 Female

39. What is ...date of birth?

Day	Month	Year
<div style="border: 1px solid black; width: 30px; height: 25px; display: flex; justify-content: space-between;"><div style="width: 15px;"></div><div style="width: 15px;"></div></div>	<div style="border: 1px solid black; width: 30px; height: 25px; display: flex; justify-content: space-between;"><div style="width: 15px;"></div><div style="width: 15px;"></div></div>	<div style="border: 1px solid black; width: 60px; height: 25px; display: flex; justify-content: space-between;"><div style="width: 15px;"></div><div style="width: 15px;"></div><div style="width: 15px;"></div><div style="width: 15px;"></div></div>

If not known, how old was ... on last birthday?

Age

40. To what ethnic/racial group does ... belong?

- 1 African/Negro/Black
- 2 Amerindian/Carib
- 3 East Indian
- 4 Caucasian/White
- 5 Chinese/Oriental
- 6 Syrian/Lebanese
- 7 Mixed
- 8 Other - specify _____
- 9 NS

41a. Which language(s) can ... carry on a conversation?

- 1 English
- 2 Spanish
- 3 French
- 4 Chinese
- 5 Italian
- 6 German
- 7 Dutch
- 8 Other - specify _____

41 b. What citizenship's does ... have?

- 1 Anguillian
- 2 St. Kitts
- 3 Montserrat
- 4 United Kingdom
- 5 Other European
- 6 U.S. American
- 7 Canadian
- 8 Dominican (Santa Domingo)
- 9 Jamaican
- 10 St. Martin
- 11 Other Caribbean
- 12 Guyanese
- 13 Other - specify _____
- 14 NS

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

- 1 Anglican
- 2 Baptist
- 3 Bahai
- 4 Brethren
- 5 Church of God
- 6 Evangelical
- 7 Hindu
- 8 Jehovah witness
- 9 Jewish
- 10 Methodist
- 11 Muslim
- 12 Pentecostal
- 13 Presbyterian
- 14 Rastafarian
- 15 Roman Catholic
- 16 Salvation Army
- 17 Seventh Day Adventist
- 18 None
- 19 Other - specify _____
- 20 NS

SECTION 4 DISABILITY - FOR ALL PERSONS

[Empty box]

43. Does ... suffer from a long standing illness, disability or infirmity that is either physical or mental?

- 1 Yes 2 No (Go to Q.51) 3 NS

44. What was the origin of the disability?

- 1 Illness
 2 Accident
 3 From birth (Go to Q.46)
 4 Other - specify _____
 5 NS

45. At what age did the disability begin?

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 Years

46. What type of disability/impairment does ... have?

- 1 Sight (Even with glasses)
 2 Hearing (Even with hearing aid)
 3 Speech (Talking)
 4 Upper limb (Arm)
 5 Lower limb (Leg)
 6 Neck or spine
 7 Slow to learn
 8 Behavioral
 9 Other - specify _____
 10 NS

47. Was ...'s disability ever diagnosed by a doctor?

- 1 Yes 2 No 3 NS

48. Because of a physical, mental or emotional condition lasting 6 months or more, does ... have any difficulty doing any of the following activities?

a. Learning, remembering or concentrating?

- 1 Yes 2 No 3 NS

b. Dressing, bathing or getting around the house?

- 1 Yes 2 No 3 NS

c. Going outside the home alone?

- 1 Yes 2 No 3 NS

d. If 15 years or older, working at a job/business?

- 1 Yes 2 No 3 Under 15 years 4 NS

49. Does ... require any of the following aids?

- 1 Wheelchair 7 Prosthesis/artificial body part
 2 Walker 8 Orthopedic shoes
 3 Crutches 9 Other - specify _____
 4 Braille 10 None
 5 Adapted car 11 NS
 6 Cane

50. Does ... receive assistance due to their disability?

- 1 Yes, financial assistance
 2 Yes, assistance in kind
 3 No assistance
 4 NS

SECTION 5 HEALTH - FOR ALL PERSONS

51. Does ... suffer from any of the following illnesses? (Mark all that apply)

- 1 Sickle cell anaemia 10 HIV
 2 Arthritis 11 AIDS
 3 Asthma 12 Lupus
 4 Diabetes 13 Mental illness
 5 Hypertension 14 Allergies
 6 Heart disease 15 Other - specify _____
 7 Stroke 16 None (Go to Q. 54)
 8 Kidney disease 17 NS
 9 Cancer

52. When was the last time that ... used a medical facility (hospital, doctor, clinic etc.)?

- 1 Less than a month 2 1 to 6 months 3 7 months to a year 4 More than a year ago 5 Never 6 NS
(Go to Q. 54)

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53. What is the main medical facility that ... has used in the past year?

- 1 Hospital in Anguilla
- 2 Private doctor in Anguilla
- 3 Doctor overseas
- 4 Public Health Centre, Anguilla
- 5 Drug store for medical service
- 6 Clinic/hospital, St. Martin
- 7 Clinic/hospital overseas not in St. Martin
- 8 Other - specify _____
- 9 NS

54. Is ... covered by health/life insurance (include SS)?

- 1 Yes
- 2 No (Go to Q. 56)
- 3 NS

55. Which insurance plans does ... have?

- 1 Social Security
- 2 Group Health
- 3 Individual Health
- 4 Life with Health
- 5 Endowment with Health
- 6 Life only
- 7 Endowment only
- 8 Other - specify _____
- 9 NS

SECTION 6 BIRTHPLACE AND RESIDENCE - FOR ALL

56. Where was ... born?

- 1. Anguilla (Go to Q. 58)
- 2. Overseas
- 3. NS

57. Did you come to Anguilla before you were one year old?

- 1 Yes
- 2 No (Go to Q. 64)
- 3 NS (Go to Q.64)

58. Has ... ever lived in another country?

- 1 Yes
- 2 No (Go to Q. 66)
- 3 NS

59. Which country did you live in most recently?

- 1 St. Martin
- 2 Santo Domingo
- 3 US Virgin Islands
- 4 B.V.I.
- 5 Other Caribbean
- 6 Asia
- 7 United States
- 8 Canada
- 9 United Kingdom
- 10 Other - specify _____
- 11 NS

60. In what year did ... return to live in Anguilla?

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61. Why did ... come/return to Anguilla?

- 1 Home
- 2 Family here
- 3 Deported
- 4 Retired
- 5 Build a house
- 6 Start a business
- 7 Completed studies
- 8 Work
- 9 Other - specify _____
- 10 NS

62. In what village did ... live before leaving Anguilla?

Village

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64. What is your status in Anguilla?

- 1 Anguillian by descent (Go to Q.66)
- 2 Anguillian by adoption (Go to Q.66)
- 3 Anguillian by naturalisation/registration (Go Q.66)
- 4 Belonger by other condition
- 5 Temporary resident permit
- 6 Permanent resident permit
- 7 Work permit (Go to Q.66)
- 8 Other - specify _____
- 9 NS

65. Why did ... come to Anguilla?

- 1 Retirement
- 2 Business
- 3 Employment
- 4 Other - specify _____
- 5 NS

66. Where does ... usually live?

- 1 With this household (Go to Q. 68)
- 2 With another household in Anguilla
- 3 Overseas (End questionnaire)

67. In which village in Anguilla is the household?

Village

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SECTION 7 EDUCATION - FOR ALL PERSONS

68. Is ... attending an educational institution/day care?

- 1 Yes, full-time
- 2 Yes, part-time
- 3 No (Go to Q.72)
- 4 NS

69. What type of educational institution is ... attending?

- 1 Day care in a home (End questionnaire)
- 2 Day care not in a home (End questionnaire)
- 3 Pre-school
- 4 Primary - special education
- 5 Primary -regular
- 6 Secondary/High school
- 7 Sixth form/A'Levels
- 8 Technical/vocational school
- 9 UWI extra mural or US University/college
- 10 UWI/UK or equivalent university
- 11 Adult Education
- 12 Other - specify _____
- 13 NS

70. What is the name of the institution?

- 20 Albena Lake Hodge Comprehensive
- 16 Valley Primary
- 15 Stoney Ground Primary
- 17 Road (South Hill) Primary
- 14 Morris Vanterpool (East End) Primary
- 13 Island Harbour Primary
- 18 West End Primary
- 19 Teacher Gloria Omolulu Insitute (Primary)
- 4 Marantha Methodist Pre-school
- 10 Island Harbour Christian Pre-school
- 12 Central Christian School
- 11 Teacher Gloria Omolulu Pre-school
- 3 Church of God (Holiness) Pre-school
- 21 Other - specify _____
- 99 NS

71. What is ... main means of transport to school?

- 1 Hitches a ride
- 2 Walks
- 3 Cycles
- 4 Drives or is driven
- 5 School bus
- 6 Taxi
- 7 Other specify _____
- 8 NS

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

- 1 Daycare/pre-school (End questionnaire)
- 2 Primary - Years 1 - 3 (Go to Q.74)
- 3 Primary - Years 4 - 7 (Go to Q.74)
- 4 Some secondary (Go to Q. 74)
- 5 Completed High School
- 6 UWI Extra mural/college
- 7 US university/college
- 8 University W.I./UK or equivalent
- 9 Other - specify _____
- 10. None (Go to Q.74)
- 11 NS

73. What is the highest level of certificate that ... has passed?

- 1 School leaving certificate
- 2 GCE O'Levels/CXC/Cambridge - 1 to 4 subjects
- 3 GCEO'Levels/CXC/Cambridge - 5 and over
- 4 High school diploma/certificate
- 5 GCE A'Levels - 1 subject
- 6 GCE A'Levels - 2 or more subjects
- 7 Under graduate diploma
- 8 Other diploma/certificate
- 9 Associate degree
- 10 Professional certificate
- 11 Trade certificate
- 12 Bachelors degree
- 13 Post graduate degree
- 14 Other - specify _____
- 15. None
- 16. NS

74. What is your age group? (Use Q. 37)

- 1 Under 13 years (End questionnaire)
- 2 13 - 14 years (Go to Q. 84)
- 3 15 years and over (Continue with Q. 75)

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SECTION 8 PROFESSIONAL, TECHNICAL AND VOCATIONAL TRAINING

75. Is or has ... been trained for a specific occupation or profession? (Training can be on the job or formal)

- 1 Completed training 2 Being trained 3 No specific training (Go to Q. 81) 4 NS (Go to 81)

76. What is the main occupation/profession for which ... received training?

Occupation

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77. Is ...'s present job related to the most recent training?

- 1 Yes 2 No 3 No job 4 NS

78. In what year did ... complete the most recent training?

- 1 2001 7 1980 - 89
 2 2000 8 Before 1980
 3 1999 9 Did not complete training
 4 1998 10 Still being trained
 5 1994 - 97 11 NS
 6 1990 - 93

79. For ...'s highest level of training, what was the main method/type of training used?

- 1 On the job 8 Technical college
 2 Apprenticeship 9 University (On campus)
 3 Correspondence course 10 Distance learning
 4 Secondary school 11 Virtual/Internet
 5 Vocational trade school 12 Private self study
 6 Commercial/secretarial school 13 Other - specify _____
 7 Business/computer school 14 NS

80. What was the total time for the training? (Not elapsed time)

- 1 Under 3 months 5 2 to less than 3 years
 2 3 to 5 months 6 3 years and over
 3 6 to 11 months 7 NS
 4 1 to less than 2 years

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SECTION 9 MARITAL OR UNION STATUS - FOR PERSONS 15 YEARS AND OVER

81. What is your present marital union status?

- 1 Legally married (Go to Q. 83)
- 2 Common law union
- 3 Visiting partner
- 4 Not in a union & married (Go to Q. 83)
- 5 Not in a union & legally separated (Go to Q. 83)
- 6 Not in a union & widowed (Go to Q.83)
- 7 Not in a union & divorced (Go to Q. 83)
- 8 Not in a union & single (Go to Q.84)
- 9 NS

(Response 1 through 3 apply to those in a union. 4 through 8 are for those not presently in a union.)

82. Has ... ever been married?

- 1 Yes
- 2 No
- 3 NS

83. How old was ... when first married or living in a union?

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Age of first marriage/union

SECTION 10 FERTILITY - FOR ALL PERSONS 13 YEARS AND OLDER

84. How many children has ... ever had?

--	--

Number of children, if 0 go to Q.92

85. How old was ... when first child was born?

--	--

Age when had 1st baby

86. How old was ... when last child was born?

--	--

Age when last baby born

87. Was ... last baby born in Anguilla?

- 1 Yes in Anguilla
- 2 No overseas
- 3 NS

Questions 88 to 91 apply only to females under 50 years of age. If male or female and 50 or over skip to question 92.

88. How many live births did... have last year?

- 1 None (Go to Q.92)
- 2 One
- 3 Twins
- 4 Two separate births
- 5 Three or more
- 6 NS

89. What were the sexes of these babies?

Number of boys
① ② ③ ④ ⑤

Number of girls
① ② ③ ④ ⑤

90. Did any of these babies die?

- 1 Yes
- 2 No (Go to Q. 92)
- 3 NS

91. How many died?

Within first month of life ① ② ③ ④

After 1st month and before 1 year ① ② ③ ④

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SECTION 11 ECONOMIC ACTIVITY - FOR ALL PERSONS 15 YEARS AND OVER

92. What did ... do most during the past year?

- 1 Worked for pay or profit (Go to 95)
- 2 Had a job but did not work (Go to Q. 95)
- 3 Looked for work
- 4 Home duties
- 5 Attended school
- 6 Retired
- 7 Disabled and unable to work
- 8 Nothing
- 9 Other - specify _____
- 10 NS

93. Has ... ever worked or had a job?

- 1 Yes
- 2 No (Go to Q.96)
- 3 NS

94. Did ... do any work at all for pay or profit last year?

- 1 Yes
- 2 No (Go to Q. 96)
- 3 NS

Work includes fishing, cooking, sewing etc for sale.

95. How many months did ... work during the past year?

Number of months worked during year

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96. What did ... do MOST during week May 2 - 9 2001?

- 1 Worked (Go to Q.100)
- 2 Had a job but did not work (Go to Q.101)
- 3 Looked for work, was available and wanted work
- 4 Home duties
- 5 Attended school
- 6 Retired
- 7 Disabled and unable to work
- 8 Nothing
- 9 Other - specify _____
- 10 NS

97. Did ... do any kind of work for pay or profit during the week of May 2 - 9 2001 for any length of time, including helping in a family business, fishing or work for profit at home?

- 1 Yes 2 No 3 NS

98. Did you do any of the following activities to try to find work during the past 2 months?

- 1 No/nothing
- 2 Applied for jobs/wrote letters
- 3 Checked work places for vacancies
- 4 Sought assistance from friends for work
- 5 Registered with Labour Office
- 6 Checked ads for work eg: Internet, newspapers, radio
- 7 Other - specify _____
- 8 NS

If answer to Q. 98 was "1 No" then answer Q.99 otherwise go to Q. 100

99. Why did ... not seek work in last 2 months?

- 1 Own illness, disability, pregnancy
- 2 Personal or family responsibilities
- 3 In school or training
- 4 Retired or elderly
- 5 Waiting to start a job already found
- 6 Made arrangements to start self-employment
- 7 Awaiting recall to former job
- 8 Awaiting busy season
- 9 Waiting for replies from employers
- 10 Believe no suitable work available
- 11 Discouraged
- 12 NS

100. How many hours did ... work from all jobs last week?

Number of hours worked

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If none go to Q. 110

101. What was ... main occupation last week?

Occupation code

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102. What kind of business did ... work at eg: hotel, restaurant, supermarket, gas station,

Industry code

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SECTION 11 ECONOMIC ACTIVITY (CONTINUED) - FOR PERSONS 15 YEARS AND OVER

103. What is the name of ... usual workplace?

- 1 Own home
- 2 Government
- 3 Other - specify _____
- 4 NS

104. How does ... usually travel to work?

- 1 Hitches a ride
- 2 Walks
- 3 Cycles
- 4 Drives own vehicle or with a friend
- 5 Business transport
- 6 Taxi
- 7 Motor bike
- 8 Other - specify _____
- 9 NS

105. How many minutes does it take to get to work?

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106. Was the work that ... did last week for an employer, self or family business?(Mark all that apply)

- 1 Paid employee-government
- 2 Paid employee -private
- 3 Paid employee-statutory body
- 4 Unpaid worker
- 5 Own business with paid help
- 6 Own business without paid help
- 7 NS

If answer to Q. 106 is "5 own business with paid help answer next question otherwise go to Q. 108

107. How many people work for ...?

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108. How many jobs did ... have last week?

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109. What is ... usual pay period?

- 1 Daily
- 2 Weekly
- 3 Fortnightly
- 4 Monthly
- 5 Annually
- 6 Other - specify _____
- 7 NS

110. What was ...'s monthly gross pay or self employment income ie: before deductions, from all sources during the last pay period?

Monthly income in EC\$

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111. What were ...'s sources of income in 2000?

- 1 Pension (Anguilla)
- 2 Pension (Overseas)
- 3 Investments/dividends (Anguilla)
- 4 Investments/dividends (Overseas)
- 5 Friends/family (Anguilla)
- 6 Friends/family (Overseas)
- 7 Rental income (Anguilla)
- 8 Rental income (Overseas)
- 9 Savings/interest
- 10 Disability benefits
- 11 Unemployment benefits
- 12 Social Security
- 13 Other Public Assistance
- 14 Other - specify _____
- 15 NS

Answer next question if checked "6 Friends/family (Overseas) in Q. 111 otherwise go to Q. 113

112. How much money did ... receive last year from family or friends living abroad in EC\$?

Remittances in 2000 in EC\$

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113. On average, how many hours does ... spend each week on housework eg: cleaning, laundry, care of family?

Weekly hours of unpaid work

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114. In the last year has ... been a victim of crime?

- 1 Yes
- 2 No (End of questionnaire)
- 3 NS

115. Was the crime reported to the police?

- 1 Yes
- 2 No
- 3 NS

Thank you for completing a census questionnaire. Please give it to your enumerator . If he/she does not come by before May 16th please call 497-5693 or 498-6299 for pick -up.