

COMMONWEALTH OF THE BAHAMAS
 CENSUS OF POPULATION AND HOUSING
 MAY 1, 1990

DEPARTMENT
 OF
 STATISTICS

CONFIDENTIAL

THE STATISTICS ACT 1973										
This Census is being taken in exercise of the powers conferred by Section 9, subsection (1) of the Statistics Act 1973. "Any person required to furnish information, estimates, or returns, or to supply particulars under this Act who fails so to do shall be guilty of an offence."										
I D E N T I F I C A T I O N	IDENTIFYING NUMBER	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center; font-size: x-small;">I.S.</td> <td style="text-align: center; font-size: x-small;">E.D.</td> <td style="text-align: center; font-size: x-small;">HH</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	I.S.	E.D.	HH					
	I.S.	E.D.	HH							
	NAME OF HEAD OF HOUSEHOLD _____									
	ADDRESS OF HOUSEHOLD _____									
	Street No.	Town or Settlement								
Island										
ENUMERATION DISTRICT NUMBER										
HOUSEHOLD NUMBER										
NUMBER OF PERSONS IN HOUSEHOLD										
RESULTS CODES	<table style="width: 100%;"> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">1</td> <td style="padding: 0 10px;">COMPLETED</td> <td style="border: 1px solid black; width: 20px; text-align: center;">3</td> <td style="padding: 0 10px;">REFUSED</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; text-align: center;">2</td> <td style="padding: 0 10px;">NOT AT HOME</td> <td style="border: 1px solid black; width: 20px; text-align: center;">4</td> <td style="padding: 0 10px;">OTHER _____</td> </tr> </table>	1	COMPLETED	3	REFUSED	2	NOT AT HOME	4	OTHER _____	(Specify)
1	COMPLETED	3	REFUSED							
2	NOT AT HOME	4	OTHER _____							
SUPERVISOR	NAME _____	DATE _____								
ENUMERATOR	NAME _____	DATE _____								
EDITOR	NAME _____	DATE _____								
CODER	NAME _____	DATE _____								

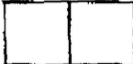
PART A. HOUSING

**SECTION 1: HOUSING
TO BE COMPLETED BY HEAD OF HOUSEHOLD**

A L L H O U S E H O L D S	H1. GIVE THE NAME AND/OR TYPE OF THIS DWELLING _____		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	e.g. Private dwelling, Ambassador Beach Hotel, Fox Hill Prison, St. Francis Convent, Police Barracks, etc.		
	H2. HOW MANY PERSONS WHO USUALLY LIVE HERE WERE HERE ON CENSUS DAY?		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	H3. HOW MANY PERSONS WHO USUALLY LIVE HERE WERE ABSENT ELSEWHERE IN THE BAHAMAS ON CENSUS DAY?		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	H4. HOW MANY PERSONS WHO USUALLY LIVE HERE WERE ABSENT ABROAD ON CENSUS DAY?		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	H5. HOW MANY PERSONS WHO HAVE A USUAL PLACE OF RESIDENCE ELSEWHERE IN THE BAHAMAS WERE HERE ON CENSUS DAY?		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
P R I V A T E H O U S E H O L D S	H6. HOW MANY FOREIGN VISITORS WERE HERE ON CENSUS DAY?		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	H7. HOW MANY CONJUGAL FAMILY UNITS OCCUPY THIS DWELLING?		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	H8. WHAT TYPE OF DWELLING IS THIS?	1 <input type="checkbox"/> SINGLE DETACHED 2 <input type="checkbox"/> SINGLE ATTACHED 3 <input type="checkbox"/> PART OF A PRIVATE HOUSE 4 <input type="checkbox"/> APARTMENT/FLAT 5 <input type="checkbox"/> OTHER _____ <div align="right" style="margin-right: 50px;">(Specify)</div>	

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<p>H9. WHAT TYPE OF TENURE DO YOU HOLD?</p>	<p>1 <input type="checkbox"/> OWN 3 <input type="checkbox"/> RENT FREE 2 <input type="checkbox"/> RENT 4 <input type="checkbox"/> OTHER _____ (Specify)</p>
<p>H10. WHAT IS THE CONSTRUCTION MATERIAL OF THE OUTER WALLS?</p>	<p>1 <input type="checkbox"/> WOOD 4 <input type="checkbox"/> STONE 2 <input type="checkbox"/> CONCRETE 5 <input type="checkbox"/> BRICK 3 <input type="checkbox"/> WOOD AND CONCRETE 6 <input type="checkbox"/> STUCCO 7 <input type="checkbox"/> OTHER _____ (Specify)</p>
<p>H11. IN WHICH PERIOD WAS THIS DWELLING BUILT?</p>	<p>01 <input type="checkbox"/> 1990 05 <input type="checkbox"/> 1980-1984 02 <input type="checkbox"/> 1989 06 <input type="checkbox"/> 1971-1979 03 <input type="checkbox"/> 1988 07 <input type="checkbox"/> 1970 or Earlier 04 <input type="checkbox"/> 1985-1987 99 <input type="checkbox"/> Not Stated</p>
<p>H12. HOW MANY ROOMS MAKE UP THIS DWELLING? (EXCLUDE BATHROOMS AND KITCHENS FROM YOUR COUNT)</p>	<p style="text-align: center;">  (Number) </p>
<p>H13. WHAT IS THE MAIN SOURCE OF YOUR WATER SUPPLY?</p>	<p>1 <input type="checkbox"/> PUBLIC PIPED INTO DWELLING 2 <input type="checkbox"/> PUBLIC PIPED INTO YARD 3 <input type="checkbox"/> PRIVATE PIPED INTO DWELLING 4 <input type="checkbox"/> PRIVATE NOT PIPED 5 <input type="checkbox"/> PUBLIC STAND PIPE 6 <input type="checkbox"/> PUBLIC WELL OR TANK 7 <input type="checkbox"/> OTHER _____ (Specify)</p>
<p>H14. WHAT TYPE OF TOILET FACILITIES DO YOU HAVE?</p>	<p>1 <input type="checkbox"/> FLUSH TOILET LINKED TO A PUBLIC SEWERAGE SYSTEM 2 <input type="checkbox"/> FLUSH TOILET WITH CESSPIT OR SEPTIC TANK 3 <input type="checkbox"/> PIT LATRINE 4 <input type="checkbox"/> OTHER _____ (Specify) 5 <input type="checkbox"/> NONE _____ Skip to Q-H16</p>

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<p>H15. ARE THESE FACILITIES SHARED BY ANOTHER HOUSEHOLD?</p>	<p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p>	
<p>H16. WHAT DO YOU USE TO PROVIDE LIGHT?</p>	<p>1 <input type="checkbox"/> OIL</p> <p>2 <input type="checkbox"/> GAS</p> <p>3 <input type="checkbox"/> ELECTRICITY</p> <p>4 <input type="checkbox"/> OTHER _____ (Specify)</p>	
<p>H17. WHAT TYPE OF FUEL DO YOU USE FOR COOKING?</p>	<p>1 <input type="checkbox"/> COAL 4 <input type="checkbox"/> GAS</p> <p>2 <input type="checkbox"/> WOOD 5 <input type="checkbox"/> ELECTRICITY</p> <p>3 <input type="checkbox"/> OIL 6 <input type="checkbox"/> OTHER _____ (Specify)</p>	
<p>H18. DO YOU HAVE A TELEPHONE IN THIS DWELLING?</p>	<p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p>	
<p>H19. DO YOU OWN A TELEVISION SET?</p>	<p>1 <input type="checkbox"/> YES 1</p> <p>2 <input type="checkbox"/> YES 2</p> <p>3 <input type="checkbox"/> YES MORE THAN 2</p> <p>4 <input type="checkbox"/> NO → Skip to O-H21</p>	
<p>H20. IS YOUR TELEVISION SET ATTACHED TO A SATELLITE SYSTEM?</p>	<p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO</p>	
<p>H21. HOW MANY MOTOR VEHICLES ARE OWNED BY MEMBERS OF THIS HOUSEHOLD?</p>	<p>1 <input type="checkbox"/> ONE 4 <input type="checkbox"/> FOUR OR MORE</p> <p>2 <input type="checkbox"/> TWO 5 <input type="checkbox"/> NONE</p> <p>3 <input type="checkbox"/> THREE</p>	
<p>H22. IS ANY PART OF THIS DWELLING USED EXCLUSIVELY FOR BUSINESS PURPOSES?</p>	<p>1 <input type="checkbox"/> YES</p> <p>2 <input type="checkbox"/> NO → Skip to Q-H24</p>	

PART B: POPULATION

**SECTION 2: CHARACTERISTICS
ALL PERSONS**

P1 NAME OF RESIDENT: SURNAME FIRST NAME INITIAL
INDIVIDUAL'S NUMBER

P2 WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?
01 HEAD

P3 SEX OF RESIDENT: 1 MALE 2 FEMALE

P4 WHAT IS YOUR DATE OF BIRTH HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?
DATE OF BIRTH: DAY MONTH YEAR AGE

P5 WHAT IS YOUR MARITAL STATUS?
1 NEVER MARRIED 2 MARRIED 3 WIDOWED 4 DIVORCED 5 SEPARATED 6 COMMON-LAW 7 NOT STATED

P6 WHAT IS YOUR RELIGION?
(Tick "other" to indicate a religion that has not been pre-coded, then write the name in the space provided.)
01 ANGLICAN 02 ASSEMBLIES OF GOD 03 BAPTIST 04 BRETHREN 05 CHURCH/SAINTS OF GOD 06 GREEK ORTHODOX 07 JEHOVAH'S WITNESS 08 JEWISH 09 LUTHERAN 10 METHODIST 11 PENTECOSTAL 12 PRESBYTERIAN 13 ROMAN CATHOLIC 14 SEVENTH-DAY ADVENTIST 15 OTHER (Specify) 16 NONE

P7 WHERE WERE YOU BORN?
(Write either name of Island in The Bahamas or name of Foreign Country.)

P8 DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND OR FOREIGN COUNTRY BEFORE THIS ONE?
1 YES 2 NO -> Skip to Q-P11

P9 WHEN DID YOU MOVE TO THIS ISLAND?
1 BEFORE 1980 2 1980 - 1985 3 1986 4 1987 5 1988 6 1989 7 1990 8 NOT STATED

P10 WHERE DID YOU LIVE BEFORE YOU CAME TO THIS ISLAND?
(Write name of Bahamian Island or Foreign Country.)

P11 OF WHAT COUNTRY ARE YOU A CITIZEN?

P12 IF YOU ARE A BAHAMIAN CITIZEN BY WHAT METHOD DO YOU ACQUIRE BAHAMIAN CITIZENSHIP?
1 BORN TO BAHAMIAN PARENTS 2 BORN IN THE BAHAMAS TO NON-BAHAMIANS 3 ADOPTED BY BAHAMIANS 4 MARRIED TO A BAHAMIAN HUSBAND 5 OTHER NATURALIZATION

**SECTION 3: DISABILITY
ALL PERSONS**

P13 DO YOU SUFFER FROM ANY LONG STANDING ILLNESS, DISABILITY OR INFIRMITY?
1 YES 2 NO -> Skip to Q-P17

P14 DOES THIS LIMIT YOUR ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?
1 YES 2 NO

P15 WHAT TYPE OF DISABILITY OR IMPAIRMENT DO YOU HAVE?
01 SIGHT 02 HEARING 03 SPEECH 04 UPPER LIMB (ARMS) 05 LOWER LIMB (LEGS) 06 NECK & SPINE 07 SLOWNESS AT LEARNING OR UNDERSTANDING 08 MENTAL RETARDATION 09 OTHER (Specify)

P16 IN WHICH OF THE FOLLOWING ARE YOU HANDICAPPED?
1 SELF-CARE 2 MOBILITY 3 COMMUNICATION 4 SCHOOLING 5 EMPLOYMENT 6 NONE

**SECTION 4: EDUCATION
ALL PERSONS**

P17 SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?
1 YES FULL TIME 2 YES PART TIME 3 NO

P18 WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED?
(If now in school check the grade or year you are now in.)
01 NONE 02 KINDERGARTEN 03 ELEMENTARY 04 HIGH SCHOOL 1-3 05 HIGH SCHOOL 4+ 06 COLLEGE/UNIVERSITY 1-2 07 COLLEGE/UNIVERSITY 3 08 COLLEGE/UNIVERSITY 4+ 09 OTHER (Specify)

P19 WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?
(Qualification)
(State number of subjects passed where relevant.) (Number of Subjects Passed)

**SECTION 5: VOCATIONAL TRAINING
PERSONS 15 YEARS AND OVER**

P20 HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION CRAFT OR TRADE?
1 YES 2 NO -> Skip to Q-P25

P21 WHAT IS THIS PROFESSION CRAFT OR TRADE?
(Profession/Craft/Trade)

P22 HOW DID YOU RECEIVE THIS TRAINING?
1 APPRENTICESHIP/ON THE JOB 2 TECHNICAL INSTITUTION 3 COLLEGE/UNIVERSITY 4 OTHER (Specify)

P23 IS THIS TRAINING COMPLETED OR IS IT ON GOING?

1 COMPLETED
2 ON GOING

P24 WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?

1 CERTIFICATE WITH EXAMINATION
2 CERTIFICATE WITHOUT EXAMINATION
3 DIPLOMA
4 DEGREE
5 OTHER (Specify)
6 NONE

**SECTION 6: TRANSPORTATION
PERSONS 15 YEARS OF AGE AND OVER**

P25 WHAT IS YOUR MAIN FORM OF TRANSPORTATION?
(If family members take turns driving the family vehicle, one must report "Driver" and the others "Passengers")

1 WALK
2 BICYCLE/MOTORCYCLE
3 JITNEY/BUS
4 PRIVATE VEHICLE AS PASSENGER ONLY
5 PRIVATE VEHICLE DRIVER
6 OTHER (Specify)

**SECTION 7: ECONOMIC ACTIVITY
PERSONS 15 YEARS OF AGE AND OVER**

P26 WHAT WAS YOUR MAIN EMPLOYMENT SITUATION DURING THE WEEK ENDING APRIL (2) 1990?

01 WORKED
02 WITH JOB BUT NOT AT WORK
03 SEEKING FIRST JOB
04 SEEKING JOB OTHER THAN FIRST
05 SEEKING WORK FOR THE PAST FOUR WEEKS
06 DID NOT LOOK BUT WANTED WORK AND WAS AVAILABLE DURING THE PAST FOUR WEEKS
07 STUDENT
08 HOME DUTIES
09 RETIRED
10 DISABLED
11 OTHER (Specify)

P27 WHAT WAS YOUR MAIN EMPLOYMENT SITUATION DURING THE PAST TWELVE MONTHS?
(If the answer to Q-P26 above was "worked" do not ask this question. Tick (01) worked and go to Q-P26)

01 WORKED
02 WITH JOB BUT NOT AT WORK
03 SEEKING FIRST JOB
04 SEEKING JOB OTHER THAN FIRST
05 WANTED WORK AND WAS AVAILABLE
06 STUDENT
07 HOME DUTIES
08 RETIRED
09 DISABLED
10 OTHER (Specify)

Skip to Q-P34

P28 HOW MANY WEEKS DID YOU WORK IN THE PAST TWELVE MONTHS?

1 1-4
2 5-13
3 14-26
4 27-39
5 40-48
6 49-52
7 NONE

Skip to Q-P30

P29 WHEN DID YOU LAST WORK AT A REGULAR JOB FOR AT LEAST TWO (2) WEEKS?

1 1988-1989
2 1985-1987
3 1980-1984
4 1979 OR EARLIER
5 NEVER WORKED → Skip to Q-P34

P30 WHAT WAS YOUR EMPLOYMENT STATUS WHEN YOU LAST WORKED?

1 EMPLOYEE (PRIVATE BUSINESS)
2 EMPLOYEE (GOVT. CORPORATION)
3 UNPAID FAMILY WORKER
4 OPERATED OWN BUSINESS WITH PAID HELP
5 OPERATED OWN BUSINESS WITHOUT PAID HELP

P31 WHAT KIND OF INDUSTRY OR BUSINESS WAS THIS?
(Describe the kind of business e.g. retail store, primary school, law firm, bank, brewery, etc.)

P32 WHAT KIND OF WORK DID YOU DO?
(Describe your job as accurately as possible e.g. sales clerk, typist, doctor, auto mechanic, civil engineer, taxi driver, housemaid, etc.)
(Do NOT say engineer, mechanic, teacher, supervisor, clerk, etc. Be more specific e.g. sales clerk, primary school teacher, auto mechanic, etc.)

P33 DO YOU CONSIDER YOUR JOB AS BEING TOURISM RELATED?

1 COMPLETELY TOURISM RELATED
2 MOSTLY TOURISM RELATED
3 SLIGHTLY TOURISM RELATED
4 NOT TOURISM RELATED
5 DO NOT KNOW/NOT STATED

**SECTION 8: INCOME
PERSONS 15 YEARS OF AGE AND OVER**

P34 DURING THE PAST TWELVE MONTHS DO YOU RECEIVE INCOME FROM ANY OF THESE SOURCES?
(BS. to the nearest whole number e.g. 12565.80 = 12566)

1) WAGES, SALARY COMMISSION, TIPS, ETC. [] [] [] [] [] [] [] [] [] []
2) OWN BUSINESS [] [] [] [] [] [] [] [] [] []
3) RETIREMENT PENSION [] [] [] [] [] [] [] [] [] []
4) OLD AGE PENSION [] [] [] [] [] [] [] [] [] []
5) GOVERNMENT ALLOWANCES [] [] [] [] [] [] [] [] [] []
6) GIFTS AND DONATIONS [] [] [] [] [] [] [] [] [] []
7) INVESTMENTS [] [] [] [] [] [] [] [] [] []
8) OTHER SOURCES [] [] [] [] [] [] [] [] [] []
9) TOTAL INCOME DURING LAST TWELVE MONTHS [] [] [] [] [] [] [] [] [] []

**SECTION 9: FERTILITY
FEMALES 15 YEARS OF AGE AND OVER**

P35 HOW MANY LIVE BORN CHILDREN HAVE YOU HAD?
(Write number in the space provided, if none write "00" and go to Q-P39)

[] [] (Number of Children) 1 = 01, 2 = 02 etc.

P36 HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST LIVE BORN CHILD?

[] [] (age in years)

P37 HOW OLD WERE YOU WHEN YOU HAD YOUR LAST LIVE BORN CHILD?

[] [] (age in years)

P38 DID YOU HAVE ANY LIVE BIRTHS IN THE LAST TWELVE MONTHS?

0 NO
1 YES
2 YES
3+ YES

P39 WHAT IS YOUR UNION STATUS?
(For women 50 years and over, give status at age 49)

1 MARRIED
2 COMMON-LAW
3 VISITING
4 NO LONGER IN A UNION
5 NEVER IN A UNION



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FORM: CEN/100

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IS,			E.D.			HH		

1. NAME AND OR TYPE OF INSTITUTION

--	--

2. NAME OF RESIDENT

Surname

First Name

Initial

3. INDIVIDUAL NUMBER

--	--	--	--

4. SEX OF RESIDENT

1 Male

2 Female

5. DATE OF BIRTH AND AGE OF RESIDENT

Date of Birth

/ /
day month year

AGE

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6. MARITAL STATUS OF RESIDENT

1 Never Married

4 Divorced

2 Married

5 Separated

3 Widowed

6 Common-law

7 Not Stated

7. RELIGION OF RESIDENT (Tick "other" to indicate a religion that has not been pre-coded, then write the name in the space provided.)

01 ANGLICAN

07 JEHOVAH'S WITNESS

13 ROMAN CATHOLIC

02 ASSEMBLIES OF GOD

08 JEWISH

14 SEVENTH-DAY ADVENTIST

03 BAPTIST

09 LUTHERAN

15 OTHER _____
Specify

04 BRETHREN

10 METHODIST

16 NONE

05 CHURCH/SAINTS OF GOD

11 PENTECOSTAL

06 GREEK ORTHODOX

12 PRESBYTERIAN

8. NATIONALITY OF RESIDENT

Write name of Country

--	--	--

SUPERVISOR _____

DATE _____

ENUMERATOR _____

DATE _____

EDITOR _____

DATE _____

CODER _____

DATE _____

P R I V A T E H O U S E H O L D S	H23. WHAT KIND OF BUSINESS IS THIS?	<hr/> <p style="text-align: center;">(Describe business)</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
	H24(a). RENTERS, WHAT IS THE MONTHLY RENT? (round amount to the nearest dollar)	<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div>
	H24(b). OWNERS, WHAT IS THE MONTHLY MORTGAGE PAYMENT? (round amount to the nearest dollar)	
H25. WHAT IS THE TOTAL HOUSEHOLD INCOME FOR THE PRECEDING TWELVE MONTHS? (round amount to the nearest dollar)	<div style="border: 1px solid black; width: 300px; height: 20px; margin: 0 auto;"></div>	