



45829



# COMMONWEALTH OF THE BAHAMAS CENSUS OF POPULATION AND HOUSING 2010

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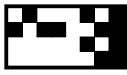
**CENSUS QUESTIONNAIRE  
MAY 3, 2010**

**CENSUS OFFICE  
DEPARTMENT OF STATISTICS**

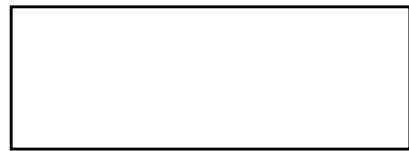
NASSAU OFFICE  
P. O. BOX N-3904  
PHONE 302-2400

FREEPORT OFFICE  
P.O. BOX F-42561  
PHONE 352-7196





45829



IDENTIFYING NUMBER

ISLAND

SUPERVISORY DISTRICT NUMBER

ENUMERATION DISTRICT NUMBER

OCCUPIED HOUSEHOLD NUMBER

NUMBER OF PERSONS IN HOUSEHOLD

PART A: HOUSING

TO BE COMPLETED BY THE HEAD OF THE HOUSEHOLD/REFERENCE PERSON

HL1. Give the name/type of this living quarters.

\_\_\_\_\_

(e.g. Private dwelling, Private dwelling in Crystal Palace Hotel, Private dwelling on Fox Hill Prison Compound, Private dwelling in Police Barracks, St Francis Convent, etc.)

HL2. Including yourself, how many persons who usually live here were here on Census Day? (please include babies and other small children)

HL3. How many persons who usually live here were absent elsewhere in The Bahamas on Census Day? (persons temporarily in hospital or on another island in The Bahamas)

HL4. How many persons who usually live here were absent abroad on Census Day? (persons on vacation, schooling, business, medical visit or other purposes)

HL5. How many persons who have a usual place of residence elsewhere in The Bahamas were here on Census Day?

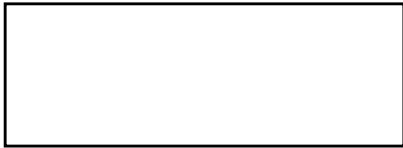
HL6. How many foreign visitors were here on Census Day?

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HL7. Number of Family Units



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OFFICE USE ONLY	
HOUSEHOLD SIZE	
<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

0

Please tell me the names of the persons that usually live in this household, and how they are related to the head of household, their marital status, age and sex.

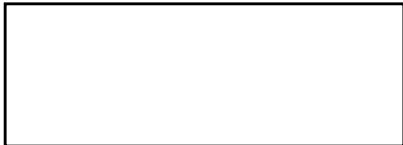
HL8 HOUSEHOLD LISTING (PLEASE PRINT) (Record the names of the persons who usually live in this household - HL2, HL3 and HL4)					
INDIVIDUAL NUMBER	NAME (SURNAME FIRST)	RELATIONSHIP TO HOUSEHOLD HEAD/ REFERENCE PERSON OF THE HOUSEHOLD	MARITAL STATUS	AGE	SEX
					1 M 2 F
001		Household Head/ Reference Person		<input type="text"/>	
002				<input type="text"/>	
003				<input type="text"/>	
004				<input type="text"/>	
005				<input type="text"/>	
006				<input type="text"/>	
007				<input type="text"/>	
008				<input type="text"/>	
009				<input type="text"/>	
010				<input type="text"/>	
011				<input type="text"/>	
012				<input type="text"/>	
013				<input type="text"/>	
014				<input type="text"/>	
015				<input type="text"/>	
016				<input type="text"/>	
017				<input type="text"/>	
018				<input type="text"/>	
019				<input type="text"/>	
020				<input type="text"/>	







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1

OFFICE CODERS ONLY

<p><b>FL3A. HOUSEHOLD NUMBER</b></p> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <p><b>FL3B. FAMILY NUMBER</b></p> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <p><b>FL3C. FAMILY SIZE</b></p> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<p><b>FL3D. FAMILY REFERENCE PERSON'S INDIVIDUAL NUMBER</b></p> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <p><b>FL3E. FAMILY REFERENCE PERSON'S AGE</b></p> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <p><b>FL3F. FAMILY REFERENCE PERSON'S SEX</b></p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 1 2 9	<p><b>FL3G. FAMILY REFERENCE PERSON'S UNION STATUS</b></p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 1 2 3 4 5 6 7 8 9 <p><b>FL3H. FAMILY TYPE</b></p> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
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FAMILY LISTING

<p><b>FL3</b></p> <p>Now let's move on to the next family. Let us first identify the reference person or head of this family. (Note there will be a different reference person for each family)</p> <p>Please give me the names of .....s family member (s) and tell me how they are related to.....</p>	<p><b>OFFICE USE ONLY</b></p> <p><b>FAMILY SIZE</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

FAMILY #3 (PLEASE PRINT)

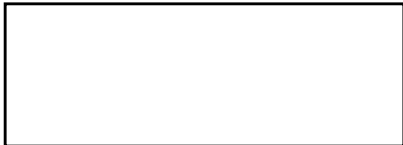
INDIVIDUAL NUMBER (Transfer from Household Listing)	NAME (SURNAME FIRST)	RELATIONSHIP TO FAMILY REFERENCE PERSON	OFFICE USE CODE	UNION STATUS	AGE	SEX 1 M 2 F
<input type="text"/>		Family Reference Person	<input type="text"/>		<input type="text"/>	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
<input type="text"/>			<input type="text"/>		<input type="text"/>	







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**OHM**

Now let's move on to the other household members.

Check the Household Listing to ensure every name that has not been placed in a family is examined. Probe about each name to ensure that these individuals listed here do not belong in a defined family in this household.

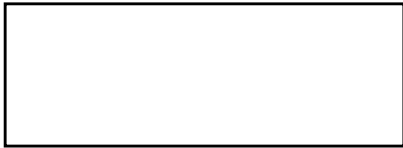
**OFFICE USE ONLY**

TOTAL NUMBER

<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
	0	1	2	3	4	5	6	7	8	9

**OTHER HOUSEHOLD MEMBERS (PLEASE PRINT)**

INDIVIDUAL NUMBER (Transfer from Household Listing)	NAME (SURNAME FIRST)	RELATIONSHIP TO HOUSEHOLD HEAD/ REFERENCE PERSON	AGE	SEX 1 M 2 F
<input type="checkbox"/> <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 <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9	
<input type="checkbox"/> <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 <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9	
<input type="checkbox"/> <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 <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9	
<input type="checkbox"/> <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 <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9	
<input type="checkbox"/> <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 <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9	
<input type="checkbox"/> <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 <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9	
<input type="checkbox"/> <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 <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9	
<input type="checkbox"/> <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 <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9	
<input type="checkbox"/> <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 <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9	
<input type="checkbox"/> <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 <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9	
<input type="checkbox"/> <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 <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9	
<input type="checkbox"/> <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 <input type="checkbox"/> 0 1 2 3 4 5 6 7 8 9	



**HOUSING SECTION (PRIVATE HOUSEHOLDS)  
(To Be Completed By The Head Of The Household)**

**OFFICE CODERS ONLY**

**H1. HOUSEHOLD TYPE**

<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
<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
<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
<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

**H5. In which period was this dwelling built?**

- 1 2010
- 2 2009
- 3 2008
- 4 2005-2007
- 5 2000-2004
- 6 1990-1999
- 7 1980-1989
- 8 Before 1980
- 9 Don't Know
- 10 Not Stated

**H6. How many rooms make up this dwelling? (exclude bathrooms, kitchens, hallways and garages from your count)**

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10+                   | N/S                   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**SECTION 1  
DWELLING CHARACTERISTICS**

**H2. What type of dwelling is this?**

- 1 Single Detached
- 2 Single Attached (Dwelling Units Only)
- 3 Part of a Private Dwelling
- 4 Apartment/Flat
- 5 Townhouse
- 6 Dwelling Attached to a Business
- 7 Other \_\_\_\_\_ (Specify)

**H7. How many bedrooms are there? (bedrooms are used mainly for sleeping, and excludes makeshift and temporary sleeping quarters; count all bedrooms including spares not occupied)**

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10+                   | N/S                   |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**H3. What is the construction material of the outer walls?**

- 1 Wood
- 2 Concrete
- 3 Wood and Concrete
- 4 Stone
- 5 Brick
- 6 Slab Concrete
- 7 Stucco
- 8 Composite (Stucco and Styrofoam)
- 9 Other \_\_\_\_\_ (Specify)

**H8. How many of the following sources of water do you utilize? (Shade all that apply)**

- 1 Public Piped into Dwelling
- 2 Public Piped into Yard
- 3 Private Piped into Dwelling
- 4 Private not Piped
- 5 Public Stand Pipe
- 6 Public Well or Tank
- 7 Rain Water System
- 8 Bottled Water
- 9 Other \_\_\_\_\_ (Specify)

**H4. What is the main material used for roofing?**

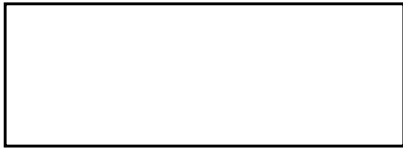
- 1 Sheet/Tile Metal (zinc, aluminum, galvanize)
- 2 Shingle (asphalt)
- 3 Shingle (wood)
- 4 Concrete - Decking
- 5 Clay Roof Tiles/Spanish Tiles
- 6 Other \_\_\_\_\_ (Specify)

**H9. What is the main source of your water supply? (Shade one only)**

- 1 Public Piped into Dwelling
- 2 Public Piped into Yard
- 3 Private Piped into Dwelling
- 4 Private not Piped
- 5 Public Stand Pipe
- 6 Public Well or Tank
- 7 Rain Water System
- 8 Other \_\_\_\_\_ (Specify)



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### SECTION 2 TENURE

#### H10. What type of toilet facilities do you have?

- 1 Flush Toilet linked to a Public Sewerage System
- 2 Flush Toilet with Cesspit or Septic Tank
- 3 Pit Latrine
- 4 Other \_\_\_\_\_ (Specify)
- 5 None (Skip to H12)

#### H11. Are these toilet facilities shared by another household?

- 1 Shared
- 2 Not Shared

#### H12. What do you use to provide light?

- 1 Electricity
- 2 Generator (Gas)
- 3 Oil
- 4 Gas
- 5 Solar Power
- 6 Other \_\_\_\_\_ (Specify)

#### H13. What type of fuel do you use for cooking? (Shade one only)

- 1 Gas/ Propane
- 2 Electricity
- 3 Oil
- 4 Coal
- 5 Wood
- 6 Other \_\_\_\_\_ (Specify)

#### H14. Which of these appliances do you have at present? (Shade all that apply)

- 1 Water Heater (electric)
- 2 Solar Water Heater
- 3 Air Condition
- 4 Washing Machine
- 5 Refrigerator
- 6 Stove
- 7 Microwave
- 8 None

#### H15. How many motor vehicles are owned by members of this household?

- 1 One
- 2 Two
- 3 Three
- 4 Four or more
- 5 None

#### H16. What type of tenure do you hold?

- 1 Own Fully (Skip to H17)
- 2 Own (Mortgage) (Skip to H16b)
- 3 Rent
- 4 Rent Free (Skip to H17)
- 5 Lease
- 6 Other \_\_\_\_\_ (Specify)

#### H16 (a). RENTERS/ LEASEES What is your monthly rent? (round amount to the nearest dollar)

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

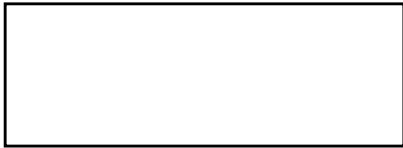
#### H16 (b). OWNERS What is your monthly mortgage payment? (round amount to the nearest dollar)

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

### SECTION 3 HOUSEHOLD INCOME

#### H17. What was the total household income for the past twelve months? (round amount to the nearest dollar)

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



**PART B:**

**EMIGRATION (ALL PERSONS)**

**M1. Did anyone in this household move abroad to live between 2000 and 2010 and are still living abroad?**

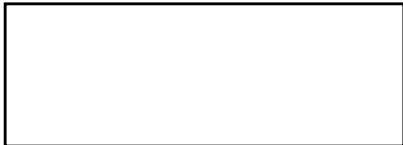
1 Yes [If Yes, Continue]

2 No [If No, Go To Part C]

**M2. How many persons moved?**

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(M3) INDIVIDUALS MOVED	(M4) Year Moved	(M5) Sex	(M6) Age When Moved	(M7) Marital Status When Moved	(M8) Educational Attainment	(M9) Occupation When Moved	(M10) Country of Migration														
	01 2010 02 2009 03 2008 04 2007 05 2006 06 2005 07 2004 08 2003 09 2002 10 2001 11 2000	1 M  2 F			1 Never Married 2 Married 3 Widowed 4 Divorced 5 Legally Separated 9 Not Stated	1 None 2 Pre-School/Kindergarten 3 Primary 4 Secondary 5 Post Secondary/Technical/ Vocational (non-tertiary) 6 College/University 7 Other _____ (Specify) 9 Not Stated	Please write the occupation of the person that moved on the line below.	Please write the name of the country migrated to on the line below.													
01	<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr></table>		
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**PART C:**  
**POPULATION (ALL PERSONS)**  
(To be completed for each member of the household)

**OFFICE CODERS ONLY**

**P1. HOUSEHOLD NUMBER**

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

**P2. INDIVIDUAL NUMBER**

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

**P8. What is your union status?**

- 1 Not in a union
- 2 Legally married
- 3 Common-law-union
- 4 Visiting partner
- 5 Married but not in a union
- 6 Legally Separated and not in a union
- 7 Widowed and not in a union
- 8 Divorced and not in a union
- 9 Not Stated

**P9. What is your religion/ denomination?**

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

**SECTION 1**  
**DEMOGRAPHIC &**  
**SOCIAL CHARACTERISTICS**

**P10. To which Racial Group do you belong?**

- 1 Black
- 2 Black and White
- 3 Black and Other
- 4 White
- 5 White and Other
- 6 Asian
- 7 East Indian
- 8 Other \_\_\_\_\_ (Specify)
- 9 Not Stated

**Name of Resident**

**Surname**

**First Name**

**P3. Individual Number**

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

**P4. What is your relationship to the head of the household?**

- 1 Head of Household

**Relative**

- 2 Spouse/ Partner
- 3 Son
- 4 Daughter
- 5 Son-in-law
- 6 Daughter-in-law
- 7 Grandchild
- 8 Parent
- 9 Parent-in-law
- 10 Brother/ Sister
- 11 Other relative

**Non-Relative**

- 12 Roommate
- 13 Boarder
- 14 Domestic employee
- 15 Other non-relative
- 16 Not Stated

**P5. Sex of Resident**  1 Male  2 Female

**P6. What is your date of birth/ How old were you on your last birthday?**

<b>DD</b>										
<b>MM</b>										
<b>YY</b>										

**AGE**

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

**P7. What is your marital status?**

- 1 Never married
- 2 Married
- 3 Widowed
- 4 Divorced
- 5 Legally Separated
- 9 Not Stated

**SECTION 2**  
**MIGRATION (ALL PERSONS)**

**P11. Where were you born?**

- 1 Bahamas  2 Abroad

**P12. Which island/country was this?**

**Name of island/country**

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

**P13. Have you ever lived in another country for at least six months?**

- 1 Yes  2 No (Skip to P16)

**P14. In which country did you last reside?**

**Name of country**

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

**P15. In what year did you last come to The Bahamas to live?**

**Year**

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

**P16. Did you live in another Bahamian island before this one for at least six months?**

- 1 Yes  2 No (Skip to P19)

**P17. In which island was this?**

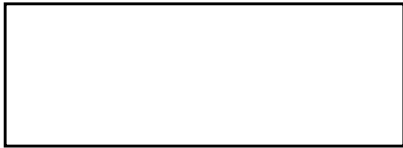
**Name of island**

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

**P18. In which year did you move to this island on which you now live?**

**Year**

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



**P19. Of what country are you a citizen?**

Name of country \_\_\_\_\_  
 (If not Bahamas Skip to P21)

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

**P20. If you are a Bahamian citizen, by what method did you acquire citizenship?**

- 1 Born to Bahamian parent (s)
- 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)**

**P21. Do you have a long term disability?**

- 1 Yes
- 2 No (Skip to P27)
- 3 Not Stated (Skip to P27)

**P22. What type of disability do you have? (Shade one only; the main disability)**

- 1 Sight Only (totally blind, legally blind)
- 2 Hearing Only (partially or totally deaf, use of hearing aids)
- 3 Speech/ Communication Only
- 4 Learning/ Intellectual (e.g. slowness or difficulty learning)
- 5 Autism
- 6 Mobility/ Moving (due to absent or impaired limb)
- 7 Mobility/ Moving (due to localized, paraplegic, quad. paralysis)
- 8 Gripping (unable to use fingers to grip or handle objects)
- 9 Mental Disorders
- 10 Multiple Disabilities (any combination of the above disabilities)
- 11 Other \_\_\_\_\_ (Specify)
- 12 Don't Know
- 13 Not Stated

**P23. Does this disability limit your ability to carry out any activities?**

- 1 Yes
- 2 No (Skip to P25)

**P24. Which of your activities are affected by your disability? (Shade all that apply)**

- 1 Selfcare (dressing, bathing, etc.)
- 2 Moving/ Mobility (within the home)
- 3 Moving/ Mobility (outside the home)
- 4 School/ Education
- 5 Employment
- 6 Social Events
- 7 Family/ Home life
- 8 Other \_\_\_\_\_ (Specify)
- 9 Not Stated

**P25. What was the cause of your disability?**

- 1 From birth
- 2 Disease/ illness contracted
- 3 Accident (road traffic)
- 4 Accident (other)
- 5 Exposure to toxic substances (gases, chemicals, etc.)
- 6 Other \_\_\_\_\_ (Specify)
- 7 Not known

**P26. How old were you when you became disabled?**

(Age)

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

**SECTION 4  
HEALTH INSURANCE (ALL PERSONS)**

**P27. What type of health insurance coverage do you have? (Not NIB)**

- 1 Individual
- 2 Group
- 3 Individual and Group
- 4 None

**SECTION 5  
TECHNOLOGY & COMMUNICATION (ALL PERSONS)**

**P28. Do you have access to the Internet?**

- 1 Yes
- 2 No (Skip to P30)

**Please Note:** Children 0-2 years are to be recorded as having no Internet access at P28.

**P29. Where did you use the Internet in the last three months? (give main form of access)**

- 1 Home
- 2 Work
- 3 Educational Institution
- 4 Public Library
- 5 Internet Cafe
- 6 Cellular Phone/ PDA
- 7 Family or friend's House
- 8 Other \_\_\_\_\_ (Specify)
- 9 Do not use the Internet
- 10 Don't Know
- 11 Not Stated

**SECTION 6  
EDUCATION AND CHILDCARE (ALL PERSONS)**

**P30. Are you attending a school or any educational institution now? (Home Schooling included)**

- 1 Yes, Full time \_\_\_\_\_ (Skip to P32)
- 2 Yes, Part time \_\_\_\_\_
- 3 No (0 - 5 Years, Continue)
- 4 No (6 Years and over, Skip to P32)

Children 0-2 years, shade option 3 at P30 and continue.

**CHILDCARE (Children 0 - 5 Years and not attending school)**

**P31A. How is (N) cared for during regular school hours?**

- 1 By you, your partner/spouse or relative in your home
- 2 By a childcare provider in your home
- 3 In another home with 4 or less children
- 4 In another home with 5 or more children
- 5 Nursery/Daycare
- 6 Other \_\_\_\_\_ (Specify)

**P31B. Do you pay for this childcare service?**

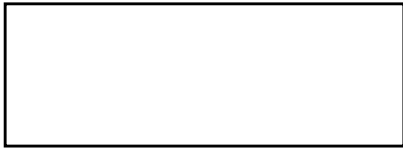
- 1 Yes
- 2 No

(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)

**EDUCATIONAL ATTAINMENT**

**P32. What is the highest level of education that you have obtained up to the present time?**

- 1 None
- 2 Pre-School/Kindergarten
- 3 Primary  1  2  3  4  5  6
- 4 Secondary School  7  8  9  10  11  12  13+
- 5 Post Secondary/Technical/Vocational (non-tertiary)
- 6 College/University  1  2  3  4  5+
- 7 Other \_\_\_\_\_ (Specify)



**EDUCATIONAL QUALIFICATION**

**P33A. What is the highest qualification that you have obtained up to the present time? (Exclude Honorary Degrees)**

- 1 None
- 2 School Leaving Cert./High School Diploma

Skip to P34

**END INTERVIEW FOR PERSONS 0 - 14 YEARS ANSWERING OPTIONS 1 OR 2**

- 3
  - BJC
  - Pitman 1
  - RSA Stage 1
  - CXC Basic Proficiency
  - CSE
  - Cambridge Jr. School, etc.

Skip to P33B

- 4
  - G.C.E. 'O' Levels
  - BGCSE
  - Pitman Stage 2 & 3
  - RSA 2
  - Cambridge School
  - CXC General Proficiency, etc.

Skip to P33B

- 5
  - G.C.E. 'A' Levels
  - RSA 3
  - Cambridge Higher School Certificate, etc.
  - International Baccalaureate (IB) Diploma

Skip to P33B

- 6 Technical/Vocational Certificate (Skip to P34)
- 7 Associate Degree
- 8 Pre-Bachelor Certificate/Diploma
- 9 Bachelor Degree
- 10 Post Bachelor Certificate/Diploma
- 11 Professional Certificate/Qualification (university based)
- 12 Professional Certificate/Qualification (non-university based)
- 13 Masters Degree
- 14 Doctorate Degree
- 15 Other \_\_\_\_\_ (Specify)

Skip to P33C

**P33B.** Number of subjects passed

<input type="text"/>	<input type="text"/>									
	0	1	2	3	4	5	6	7	8	9

(Persons answering P33B, Skip to P34)

**P33C.**

\_\_\_\_\_

\_\_\_\_\_

**Qualification**  
(e.g. B.A., B.Sc., etc.)

<input type="text"/>										
	0	1	2	3	4	5	6	7	8	9

**P33D. In what major/field did you earn this certificate/ diploma/degree?**

\_\_\_\_\_

**Major/Field**

<input type="text"/>										
	0	1	2	3	4	5	6	7	8	9

**SECTION 7 TRAINING (PERSONS 15 YEARS AND OVER)**

**P34. Are you being trained or have been trained for a profession, craft or trade? (main training)**

- 1 Yes
- 2 No
- 3 Don't Know

Skip to P39

**P35. What is/was this profession, craft or trade? (Be specific, do not list vague answers.)**

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0	1	2	3	4	5	6	7	8	9

**P36. What is the status of this training?**

- 1 Completed
- 2 Currently on-going

**P37. What is/was the main method used to obtain this training? (Shade one option only)**

- 1 Apprenticeship
- 2 On the job training
- 3 High School Training Programme
- 4 Vocational/Trade School/Technical Institution
- 5 College/University
- 6 Individual Study
- 7 Self-taught (Skip to P39)
- 8 Distance Learning (on-line, virtual learning/conference streaming)
- 9 Mail Correspondence
- 10 Commercial/Secretarial/Business/Computer School
- 11 Other \_\_\_\_\_ (Specify)

**P38. What type of qualification/certification will/did you receive on completion of this training?**

- 1 BGCSE/Pitman/RSA
- 2 Post High School Certificate/Diploma
- 3 Associate Degree
- 4 Bachelor Degree
- 5 Post Graduate Certificate/Diploma
- 6 Masters Degree
- 7 Doctorate Degree
- 8 Certificate with Examination
- 9 Certificate without Examination
- 10 Professional Certificate/Qualification (university based)
- 11 Professional Certificate/Qualification (non-university based)
- 12 None
- 13 Other \_\_\_\_\_ (Specify)

**SECTION 8 TRANSPORTATION (PERSONS 15 YEARS AND OVER)**

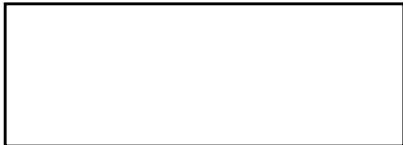
**P39. What is your main form of transportation? (If family members take turns driving the family vehicle, one must report driver and the others passengers)**

- 1 Walk
- 2 Bicycle/Motor Cycle
- 3 Jitney/Bus
- 4 Golf Cart
- 5 Private Vehicle as a Passenger
- 6 Private Vehicle Driver
- 7 Boat/Ferry
- 8 Other \_\_\_\_\_ (Specify)

**SECTION 9 ECONOMIC ACTIVITY (PERSONS 15 YEARS AND OVER)**

**P40. Did you do any work at all for any length of time during the week of April 25-May 1, 2010?**

- 1 Yes Skip to P42
- 2 No



**P41. What was your main activity during that week?**

- 1 Had a job but did not work (Continue)
- 2 Looked for work during the reference week
- 3 Looked for work during the past 4 weeks
- 4 Did not look but wanted to work, was able and was available during the past 4 weeks
- 5 Voluntary work without pay
- 6 Home duties
- 7 Student
- 8 Disabled
- 9 Retired
- 10 Other \_\_\_\_\_ (Specify)

Skip to P44

Skip to P50

**P42. How many paid jobs did you have during the week of April 25 - May 1, 2010?**

- 1 One
- 2 Two
- 3 Three or more
- 4 None

**P43. How many hours did you work on your main job during that week? (For Persons answering "1" at P41, shade "None" at P43 and Skip to P45)**

- 1 None
- 2 1-8
- 3 9-15
- 4 16-32
- 5 33-44
- 6 45 & Over

(Persons answering P43, Skip to P45)

**P44. Have you ever worked for at least two consecutive weeks?**

- 1 Yes
- 2 No (Skip to P50)

**P45. How many weeks did you work in the past twelve months?**

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

**P46. What is the name of the company/business where you work or for which you last worked? (This question and the following questions refer to main job)**

\_\_\_\_\_

\_\_\_\_\_

**P47. What kind of business or activity takes place there? (Describe the kind of business eg. Retail Store, Primary School, Law Firm, Brewery, etc.)**

\_\_\_\_\_

\_\_\_\_\_

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

**P48. What type of work do/did you do? (Describe your job as accurately as possible eg. typist, sales clerk, auto mechanic, civil engineer, taxi driver, etc. If necessary, list main tasks and duties.)**

\_\_\_\_\_

\_\_\_\_\_

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

**P49. Are/were you self-employed or working for someone else in your main job?**

- 1 Government Employee
- 2 Quasi-Government ( BTC, BEC, Water and Sewerage Corp etc.)
- 3 Private Employee
- 4 Self-Employed with employee/s
- 5 Self-Employed without employee/s
- 6 Unpaid Family Worker
- 7 Other \_\_\_\_\_ (Specify)

**SECTION 10  
INCOME (PERSONS 15 YEARS AND OVER)**

**P50. During the past twelve (12) months, did you receive income from any of these sources? If so, state the amount in the space provided (B\$ to the nearest whole number eg. 12565.80 = 12566)**

**(Primary Job)**

**1. Wages, Salary, Commission, Tips, etc.**

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

**(Secondary Job)**

**2. Wages, Salary, Commission, Tips, etc.**

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

**3. Own Business**

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

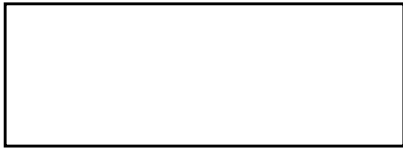
**4. Retirement Pension**

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

**5. Old Age Pension**

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





**SECTION 10  
INCOME (PERSONS 15 YEARS AND OVER) Cont'd**

**SECTION 11  
FERTILITY (FEMALES 15 - 49 YEARS)**

**6. Government Benefits**

<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
<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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<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

0 1 2 3 4 5 6 7 8 9

**7. Gifts and Donations**

<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
<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
<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

0 1 2 3 4 5 6 7 8 9

**8. Remittances from Abroad**

<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
<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
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<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9

0 1 2 3 4 5 6 7 8 9

**9. Investments**

<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
<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9
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<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9

0 1 2 3 4 5 6 7 8 9

**10. Other Sources**

<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
<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
<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

0 1 2 3 4 5 6 7 8 9

**11. Total Income during the past Twelve Months**

<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
<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
<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

0 1 2 3 4 5 6 7 8 9

**P51. How many live born children have you ever had?**

No Children = '0' Shade the appropriate oval below. (END INTERVIEW)

0 1 2 3 4 5 6 7 8 9 10+

(One (1) or more children, Shade the appropriate oval)

**P52. How old were you when you had your first live born child?**

(Age in Years)

<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
<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9

0 1 2 3 4 5 6 7 8 9

**P53. How old were you when you had your last live born child?**

(Age in Years)

<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
<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9

0 1 2 3 4 5 6 7 8 9

**P54. Did you have any livebirths in the past twelve months?**

1 No (End Interview)

2 Yes

1 One birth

2 Two separate births

3 Twins

4 Three or more

5 Not Stated

**P55. Have any of the babies died?**

1 No (End Interview)

2 Yes

1 One

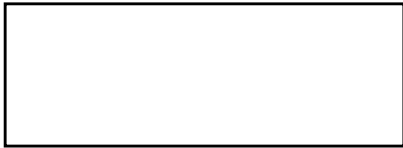
2 Two

3 Three or more

4 Not Stated



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4

**PART C:**  
**POPULATION (ALL PERSONS)**  
(To be completed for each member of the household)

**OFFICE CODERS ONLY**

**P1. HOUSEHOLD NUMBER**

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

**P2. INDIVIDUAL NUMBER**

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

**SECTION 1**  
**DEMOGRAPHIC &**  
**SOCIAL CHARACTERISTICS**

Name of Resident

Surname

First Name

**P3. Individual Number**

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

**P4. What is your relationship to the head of the household?**

1 Head of Household

**Relative**

- 2 Spouse/ Partner
- 3 Son
- 4 Daughter
- 5 Son-in-law
- 6 Daughter-in-law
- 7 Grandchild
- 8 Parent
- 9 Parent-in-law
- 10 Brother/ Sister
- 11 Other relative

**Non-Relative**

- 12 Roommate
- 13 Boarder
- 14 Domestic employee
- 15 Other non-relative
- 16 Not Stated

**P5. Sex of Resident**  1 Male  2 Female

**P6. What is your date of birth/ How old were you on your last birthday?**

DD MM YY

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

**AGE**

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

**P7. What is your marital status?**

- 1 Never married
- 2 Married
- 3 Widowed
- 4 Divorced
- 5 Legally Separated
- 9 Not Stated

**P8. What is your union status?**

- 1 Not in a union
- 2 Legally married
- 3 Common-law-union
- 4 Visiting partner
- 5 Married but not in a union
- 6 Legally Separated and not in a union
- 7 Widowed and not in a union
- 8 Divorced and not in a union
- 9 Not Stated

**P9. What is your religion/ denomination?**

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

**P10. To which Racial Group do you belong?**

- 1 Black
- 2 Black and White
- 3 Black and Other
- 4 White
- 5 White and Other
- 6 Asian
- 7 East Indian
- 8 Other \_\_\_\_\_ (Specify)
- 9 Not Stated

**SECTION 2**  
**MIGRATION (ALL PERSONS)**

**P11. Where were you born?**

- 1 Bahamas
- 2 Abroad

**P12. Which island/country was this?**

Name of island/country

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

**P13. Have you ever lived in another country for at least six months?**

- 1 Yes
- 2 No (Skip to P16)

**P14. In which country did you last reside?**

Name of country

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

**P15. In what year did you last come to The Bahamas to live?**

Year

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

**P16. Did you live in another Bahamian island before this one for at least six months?**

- 1 Yes
- 2 No (Skip to P19)

**P17. In which island was this?**

Name of island

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

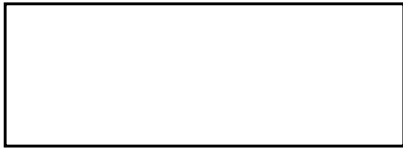
**P18. In which year did you move to this island on which you now live?**

Year

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



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**P19. Of what country are you a citizen?**

Name of country \_\_\_\_\_

(If not Bahamas Skip to P21)

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

0 1 2 3 4 5 6 7 8 9

**P20. If you are a Bahamian citizen, by what method did you acquire citizenship?**

- 1 Born to Bahamian parent (s)
- 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)**

**P21. Do you have a long term disability?**

- 1 Yes
- 2 No (Skip to P27)
- 3 Not Stated (Skip to P27)

**P22. What type of disability do you have? (Shade one only; the main disability)**

- 1 Sight Only (totally blind, legally blind)
- 2 Hearing Only (partially or totally deaf, use of hearing aids)
- 3 Speech/ Communication Only
- 4 Learning/ Intellectual (e.g. slowness or difficulty learning)
- 5 Autism
- 6 Mobility/ Moving (due to absent or impaired limb)
- 7 Mobility/ Moving (due to localized, paraplegic, quad. paralysis)
- 8 Gripping (unable to use fingers to grip or handle objects)
- 9 Mental Disorders
- 10 Multiple Disabilities (any combination of the above disabilities)
- 11 Other \_\_\_\_\_ (Specify)
- 12 Don't Know
- 13 Not Stated

**P23. Does this disability limit your ability to carry out any activities?**

- 1 Yes
- 2 No (Skip to P25)

**P24. Which of your activities are affected by your disability? (Shade all that apply)**

- 1 Selfcare (dressing, bathing, etc.)
- 2 Moving/ Mobility (within the home)
- 3 Moving/ Mobility (outside the home)
- 4 School/ Education
- 5 Employment
- 6 Social Events
- 7 Family/ Home life
- 8 Other \_\_\_\_\_ (Specify)
- 9 Not Stated

**P25. What was the cause of your disability?**

- 1 From birth
- 2 Disease/ illness contracted
- 3 Accident (road traffic)
- 4 Accident (other)
- 5 Exposure to toxic substances (gases, chemicals, etc.)
- 6 Other \_\_\_\_\_ (Specify)
- 7 Not known

**P26. How old were you when you became disabled?**

(Age)

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

0 1 2 3 4 5 6 7 8 9

**SECTION 4  
HEALTH INSURANCE (ALL PERSONS)**

**P27. What type of health insurance coverage do you have? (Not NIB)**

- 1 Individual
- 2 Group
- 3 Individual and Group
- 4 None

**SECTION 5  
TECHNOLOGY & COMMUNICATION (ALL PERSONS)**

**P28. Do you have access to the Internet?**

- 1 Yes
- 2 No (Skip to P30)

**Please Note:** Children 0-2 years are to be recorded as having no Internet access at P28.

**P29. Where did you use the Internet in the last three months? (give main form of access)**

- 1 Home
- 2 Work
- 3 Educational Institution
- 4 Public Library
- 5 Internet Cafe`
- 6 Cellular Phone/ PDA
- 7 Family or friend's House
- 8 Other \_\_\_\_\_ (Specify)
- 9 Do not use the Internet
- 10 Don't Know
- 11 Not Stated

**SECTION 6  
EDUCATION AND CHILDCARE (ALL PERSONS)**

**P30. Are you attending a school or any educational institution now? (Home Schooling included)**

- 1 Yes, Full time (Skip to P32)
- 2 Yes, Part time
- 3 No (0 - 5 Years, Continue)
- 4 No (6 Years and over, Skip to P32)

Children 0-2 years, shade option 3 at P30 and continue.

**CHILDCARE (Children 0 - 5 Years and not attending school)**

**P31A. How is (N) cared for during regular school hours?**

- 1 By you, your partner/spouse or relative in your home
- 2 By a childcare provider in your home
- 3 In another home with 4 or less children
- 4 In another home with 5 or more children
- 5 Nursery/Daycare
- 6 Other \_\_\_\_\_ (Specify)

**P31B. Do you pay for this childcare service?**

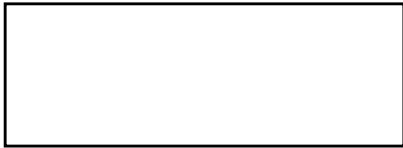
- 1 Yes
- 2 No

(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)

**EDUCATIONAL ATTAINMENT**

**P32. What is the highest level of education that you have obtained up to the present time?**

- 1 None
- 2 Pre-School/Kindergarten
- 3 Primary  1  2  3  4  5  6
- 4 Secondary School  7  8  9  10  11  12  13+
- 5 Post Secondary/Technical/Vocational (non-tertiary)
- 6 College/University  1  2  3  4  5+
- 7 Other \_\_\_\_\_ (Specify)



**EDUCATIONAL QUALIFICATION**

**P33A. What is the highest qualification that you have obtained up to the present time? (Exclude Honorary Degrees)**

- 1 None
- 2 School Leaving Cert./High School Diploma } Skip to P34

**END INTERVIEW FOR PERSONS 0 - 14 YEARS ANSWERING OPTIONS 1 OR 2**

- 3
  - BJC
  - Pitman 1
  - RSA Stage 1
  - CXC Basic Proficiency
  - CSE
  - Cambridge Jr. School, etc.} Skip to P33B

- 4
  - G.C.E. 'O' Levels
  - BGCSE
  - Pitman Stage 2 & 3
  - RSA 2
  - Cambridge School
  - CXC General Proficiency, etc.} Skip to P33B

- 5
  - G.C.E. 'A' Levels
  - RSA 3
  - Cambridge Higher School Certificate, etc.
  - International Baccalaureate (IB) Diploma} Skip to P33B

- 6 Technical/Vocational Certificate (Skip to P34)
  - 7 Associate Degree
  - 8 Pre-Bachelor Certificate/Diploma
  - 9 Bachelor Degree
  - 10 Post Bachelor Certificate/Diploma
  - 11 Professional Certificate/Qualification (university based)
  - 12 Professional Certificate/Qualification (non-university based)
  - 13 Masters Degree
  - 14 Doctorate Degree
  - 15 Other \_\_\_\_\_ (Specify)
- } Skip to P33C

**P33B.** Number of subjects passed

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

0 1 2 3 4 5 6 7 8 9

**(Persons answering P33B, Skip to P34)**

**P33C.**

\_\_\_\_\_

\_\_\_\_\_

**Qualification**  
(e.g. B.A., B.Sc., etc.)

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

0 1 2 3 4 5 6 7 8 9

**P33D. In what major/field did you earn this certificate/ diploma/degree?**

\_\_\_\_\_

**Major/Field**

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

0 1 2 3 4 5 6 7 8 9

**SECTION 7  
TRAINING (PERSONS 15 YEARS AND OVER)**

**P34. Are you being trained or have been trained for a profession, craft or trade? (main training)**

- 1 Yes
- 2 No } Skip to P39
- 3 Don't Know

**P35. What is/was this profession, craft or trade? (Be specific, do not list vague answers.)**

\_\_\_\_\_

\_\_\_\_\_

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

0 1 2 3 4 5 6 7 8 9

**P36. What is the status of this training?**

- 1 Completed
- 2 Currently on-going

**P37. What is/was the main method used to obtain this training? (Shade one option only)**

- 1 Apprenticeship
- 2 On the job training  1 Experience  2 Formal
- 3 High School Training Programme
- 4 Vocational/Trade School/Technical Institution
- 5 College/University
- 6 Individual Study
- 7 Self-taught (Skip to P39)
- 8 Distance Learning (on-line, virtual learning/conference streaming)
- 9 Mail Correspondence
- 10 Commercial/Secretarial/Business/Computer School
- 11 Other \_\_\_\_\_ (Specify)

**P38. What type of qualification/certification will/did you receive on completion of this training?**

- 1 BGCSE/Pitman/RSA
- 2 Post High School Certificate/Diploma
- 3 Associate Degree
- 4 Bachelor Degree
- 5 Post Graduate Certificate/Diploma
- 6 Masters Degree
- 7 Doctorate Degree
- 8 Certificate with Examination
- 9 Certificate without Examination
- 10 Professional Certificate/Qualification (university based)
- 11 Professional Certificate/Qualification (non-university based)
- 12 None
- 13 Other \_\_\_\_\_ (Specify)

**SECTION 8  
TRANSPORTATION (PERSONS 15 YEARS AND OVER)**

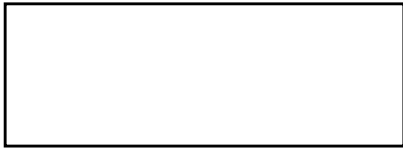
**P39. What is your main form of transportation? (If family members take turns driving the family vehicle, one must report driver and the others passengers)**

- 1 Walk
- 2 Bicycle/Motor Cycle
- 3 Jitney/Bus
- 4 Golf Cart
- 5 Private Vehicle as a Passenger
- 6 Private Vehicle Driver
- 7 Boat/Ferry
- 8 Other \_\_\_\_\_ (Specify)

**SECTION 9  
ECONOMIC ACTIVITY  
(PERSONS 15 YEARS AND OVER)**

**P40. Did you do any work at all for any length of time during the week of April 25-May 1, 2010?**

- 1 Yes Skip to P42
- 2 No



**P41. What was your main activity during that week?**

- 1 Had a job but did not work (Continue)
  - 2 Looked for work during the reference week
  - 3 Looked for work during the past 4 weeks
  - 4 Did not look but wanted to work, was able and was available during the past 4 weeks
- Skip to P44
- 5 Voluntary work without pay
  - 6 Home duties
  - 7 Student
  - 8 Disabled
  - 9 Retired
  - 10 Other \_\_\_\_\_ (Specify) Skip to P45
- Skip to P50

**P42. How many paid jobs did you have during the week of April 25 - May 1, 2010?**

- 1 One
- 2 Two
- 3 Three or more
- 4 None

**P43. How many hours did you work on your main job during that week? (For Persons answering "1" at P41, shade "None" at P43 and Skip to P45)**

- 1 None
- 2 1-8
- 3 9-15
- 4 16-32
- 5 33-44
- 6 45 & Over

(Persons answering P43, Skip to P45)

**P44. Have you ever worked for at least two consecutive weeks?**

- 1 Yes
- 2 No (Skip to P50)

**P45. How many weeks did you work in the past twelve months?**

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

**P46. What is the name of the company/business where you work or for which you last worked? (This question and the following questions refer to main job)**

\_\_\_\_\_

\_\_\_\_\_

**P47. What kind of business or activity takes place there? (Describe the kind of business eg. Retail Store, Primary School, Law Firm, Brewery, etc.)**

\_\_\_\_\_

\_\_\_\_\_

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

0 1 2 3 4 5 6 7 8 9

**P48. What type of work do/did you do? (Describe your job as accurately as possible eg. typist, sales clerk, auto mechanic, civil engineer, taxi driver, etc. If necessary, list main tasks and duties.)**

\_\_\_\_\_

\_\_\_\_\_

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

0 1 2 3 4 5 6 7 8 9

**P49. Are/were you self-employed or working for someone else in your main job?**

- 1 Government Employee
- 2 Quasi-Government ( BTC, BEC, Water and Sewerage Corp etc.)
- 3 Private Employee
- 4 Self-Employed with employee/s
- 5 Self-Employed without employee/s
- 6 Unpaid Family Worker
- 7 Other \_\_\_\_\_ (Specify)

**SECTION 10  
INCOME (PERSONS 15 YEARS AND OVER)**

**P50. During the past twelve (12) months, did you receive income from any of these sources? If so, state the amount in the space provided (B\$ to the nearest whole number eg. 12565.80 = 12566)**

**(Primary Job)**

**1. Wages, Salary, Commission, Tips, etc.**

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

0 1 2 3 4 5 6 7 8 9

**(Secondary Job)**

**2. Wages, Salary, Commission, Tips, etc.**

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

0 1 2 3 4 5 6 7 8 9

**3. Own Business**

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

0 1 2 3 4 5 6 7 8 9

**4. Retirement Pension**

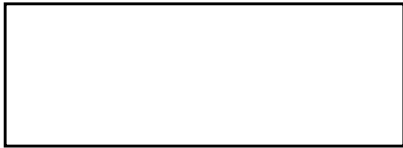
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

0 1 2 3 4 5 6 7 8 9

**5. Old Age Pension**

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

0 1 2 3 4 5 6 7 8 9



**SECTION 10**  
**INCOME (PERSONS 15 YEARS AND OVER) Cont'd**

**6. Government Benefits**

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

**7. Gifts and Donations**

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

**8. Remittances from Abroad**

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

**9. Investments**

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

**10. Other Sources**

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

**11. Total Income during the past Twelve Months**

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

**SECTION 11**  
**FERTILITY (FEMALES 15 - 49 YEARS)**

**P51. How many live born children have you ever had?**

No Children = '0' Shade the appropriate oval below. (END INTERVIEW)

0	1	2	3	4	5	6	7	8	9	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(One (1) or more children, Shade the appropriate oval)

**P52. How old were you when you had your first live born child?**

(Age in Years)

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

**P53. How old were you when you had your last live born child?**

(Age in Years)

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

**P54. Did you have any livebirths in the past twelve months?**

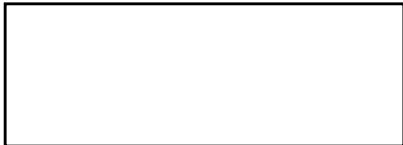
- 1 No (End Interview)
- 2 Yes
  - 1 One birth
  - 2 Two separate births
  - 3 Twins
  - 4 Three or more
  - 5 Not Stated

**P55. Have any of the babies died?**

- 1 No (End Interview)
- 2 Yes
  - 1 One
  - 2 Two
  - 3 Three or more
  - 4 Not Stated



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4

**PART C:**  
**POPULATION (ALL PERSONS)**  
(To be completed for each member of the household)

**OFFICE CODERS ONLY**

**P1. HOUSEHOLD NUMBER**

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

**P2. INDIVIDUAL NUMBER**

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

**P8. What is your union status?**

- 1 Not in a union
- 2 Legally married
- 3 Common-law-union
- 4 Visiting partner
- 5 Married but not in a union
- 6 Legally Separated and not in a union
- 7 Widowed and not in a union
- 8 Divorced and not in a union
- 9 Not Stated

**P9. What is your religion/ denomination?**

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

**SECTION 1**  
**DEMOGRAPHIC &**  
**SOCIAL CHARACTERISTICS**

**P10. To which Racial Group do you belong?**

- 1 Black
- 2 Black and White
- 3 Black and Other
- 4 White
- 5 White and Other
- 6 Asian
- 7 East Indian
- 8 Other \_\_\_\_\_ (Specify)
- 9 Not Stated

**Name of Resident**

**Surname**

**First Name**

**P3. Individual Number**

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

**P4. What is your relationship to the head of the household?**

- 1 Head of Household

**Relative**

- 2 Spouse/ Partner
- 3 Son
- 4 Daughter
- 5 Son-in-law
- 6 Daughter-in-law
- 7 Grandchild
- 8 Parent
- 9 Parent-in-law
- 10 Brother/ Sister
- 11 Other relative

**Non-Relative**

- 12 Roommate
- 13 Boarder
- 14 Domestic employee
- 15 Other non-relative
- 16 Not Stated

**P5. Sex of Resident**  1 Male  2 Female

**P6. What is your date of birth/ How old were you on your last birthday?**

DD	MM	YY

**AGE**

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

**P7. What is your marital status?**

- 1 Never married
- 2 Married
- 3 Widowed
- 4 Divorced
- 5 Legally Separated
- 9 Not Stated

**SECTION 2**  
**MIGRATION (ALL PERSONS)**

**P11. Where were you born?**

- 1 Bahamas  2 Abroad

**P12. Which island/country was this?**

**Name of island/country**

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

**P13. Have you ever lived in another country for at least six months?**

- 1 Yes  2 No (Skip to P16)

**P14. In which country did you last reside?**

**Name of country**

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

**P15. In what year did you last come to The Bahamas to live?**

**Year**

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

**P16. Did you live in another Bahamian island before this one for at least six months?**

- 1 Yes  2 No (Skip to P19)

**P17. In which island was this?**

**Name of island**

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

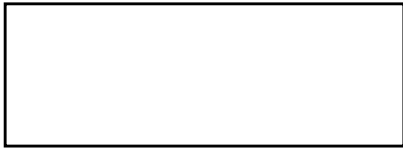
**P18. In which year did you move to this island on which you now live?**

**Year**

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



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**P19. Of what country are you a citizen?**

Name of country

(If not Bahamas Skip to P21)

0 1 2 3 4 5 6 7 8 9

**P20. If you are a Bahamian citizen, by what method did you acquire citizenship?**

- 1 Born to Bahamian parent (s)
- 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)**

**P21. Do you have a long term disability?**

- 1 Yes
- 2 No (Skip to P27)
- 3 Not Stated (Skip to P27)

**P22. What type of disability do you have? (Shade one only; the main disability)**

- 1 Sight Only (totally blind, legally blind)
- 2 Hearing Only (partially or totally deaf, use of hearing aids)
- 3 Speech/ Communication Only
- 4 Learning/ Intellectual (e.g. slowness or difficulty learning)
- 5 Autism
- 6 Mobility/ Moving (due to absent or impaired limb)
- 7 Mobility/ Moving (due to localized, paraplegic, quad. paralysis)
- 8 Gripping (unable to use fingers to grip or handle objects)
- 9 Mental Disorders
- 10 Multiple Disabilities (any combination of the above disabilities)
- 11 Other \_\_\_\_\_ (Specify)
- 12 Don't Know
- 13 Not Stated

**P23. Does this disability limit your ability to carry out any activities?**

- 1 Yes
- 2 No (Skip to P25)

**P24. Which of your activities are affected by your disability? (Shade all that apply)**

- 1 Selfcare (dressing, bathing, etc.)
- 2 Moving/ Mobility (within the home)
- 3 Moving/ Mobility (outside the home)
- 4 School/ Education
- 5 Employment
- 6 Social Events
- 7 Family/ Home life
- 8 Other \_\_\_\_\_ (Specify)
- 9 Not Stated

**P25. What was the cause of your disability?**

- 1 From birth
- 2 Disease/ illness contracted
- 3 Accident (road traffic)
- 4 Accident (other)
- 5 Exposure to toxic substances (gases, chemicals, etc.)
- 6 Other \_\_\_\_\_ (Specify)
- 7 Not known

**P26. How old were you when you became disabled?**

(Age)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

0 1 2 3 4 5 6 7 8 9

**SECTION 4  
HEALTH INSURANCE (ALL PERSONS)**

**P27. What type of health insurance coverage do you have? (Not NIB)**

- 1 Individual
- 2 Group
- 3 Individual and Group
- 4 None

**SECTION 5  
TECHNOLOGY & COMMUNICATION (ALL PERSONS)**

**P28. Do you have access to the Internet?**

- 1 Yes
- 2 No (Skip to P30)

**Please Note: Children 0-2 years are to be recorded as having no Internet access at P28.**

**P29. Where did you use the Internet in the last three months? (give main form of access)**

- 1 Home
- 2 Work
- 3 Educational Institution
- 4 Public Library
- 5 Internet Cafe
- 6 Cellular Phone/ PDA
- 7 Family or friend's House
- 8 Other \_\_\_\_\_ (Specify)
- 9 Do not use the Internet
- 10 Don't Know
- 11 Not Stated

**SECTION 6  
EDUCATION AND CHILDCARE (ALL PERSONS)**

**P30. Are you attending a school or any educational institution now? (Home Schooling included)**

- 1 Yes, Full time \_\_\_\_\_ (Skip to P32)
- 2 Yes, Part time \_\_\_\_\_
- 3 No (0 - 5 Years, Continue)
- 4 No (6 Years and over, Skip to P32)

**Children 0-2 years, shade option 3 at P30 and continue.**

**CHILDCARE (Children 0 - 5 Years and not attending school)**

**P31A. How is (N) cared for during regular school hours?**

- 1 By you, your partner/spouse or relative in your home
- 2 By a childcare provider in your home
- 3 In another home with 4 or less children
- 4 In another home with 5 or more children
- 5 Nursery/Daycare
- 6 Other \_\_\_\_\_ (Specify)

**P31B. Do you pay for this childcare service?**

- 1 Yes
- 2 No

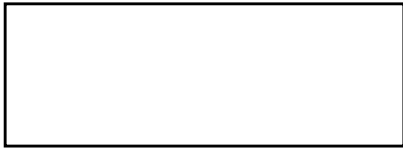
**(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)**

**EDUCATIONAL ATTAINMENT**

**P32. What is the highest level of education that you have obtained up to the present time?**

- 1 None
- 2 Pre-School/Kindergarten
- 3 Primary  1  2  3  4  5  6
- 4 Secondary School  7  8  9  10  11  12  13+
- 5 Post Secondary/Technical/Vocational (non-tertiary)
- 6 College/University  1  2  3  4  5+
- 7 Other \_\_\_\_\_ (Specify)





**EDUCATIONAL QUALIFICATION**

**P33A. What is the highest qualification that you have obtained up to the present time? (Exclude Honorary Degrees)**

1 None Skip to P34

2 School Leaving Cert./High School Diploma Skip to P34

**END INTERVIEW FOR PERSONS 0 - 14 YEARS ANSWERING OPTIONS 1 OR 2**

3

BJC Skip to P33B

Pitman 1 Skip to P33B

RSA Stage 1 Skip to P33B

CXC Basic Proficiency Skip to P33B

CSE Skip to P33B

Cambridge Jr. School, etc. Skip to P33B

4

G.C.E. 'O' Levels Skip to P33B

BGCSE Skip to P33B

Pitman Stage 2 & 3 Skip to P33B

RSA 2 Skip to P33B

Cambridge School Skip to P33B

CXC General Proficiency, etc. Skip to P33B

5

G.C.E. 'A' Levels Skip to P33B

RSA 3 Skip to P33B

Cambridge Higher School Certificate, etc. Skip to P33B

International Baccalaureate (IB) Diploma Skip to P33B

6 Technical/Vocational Certificate (Skip to P34)

7 Associate Degree Skip to P33C

8 Pre-Bachelor Certificate/Diploma Skip to P33C

9 Bachelor Degree Skip to P33C

10 Post Bachelor Certificate/Diploma Skip to P33C

11 Professional Certificate/Qualification (university based) Skip to P33C

12 Professional Certificate/Qualification (non-university based) Skip to P33C

13 Masters Degree Skip to P33C

14 Doctorate Degree Skip to P33C

15 Other \_\_\_\_\_ (Specify) Skip to P33C

**P33B.**

Number of subjects passed

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

0 1 2 3 4 5 6 7 8 9

**(Persons answering P33B, Skip to P34)**

**P33C.**

\_\_\_\_\_

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

**Qualification**  
(e.g. B.A., B.Sc., etc..)

**P33D. In what major/field did you earn this certificate/ diploma/degree?**

\_\_\_\_\_

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

**SECTION 7**

**TRAINING (PERSONS 15 YEARS AND OVER)**

**P34. Are you being trained or have been trained for a profession, craft or trade? (main training)**

1 Yes Skip to P39

2 No Skip to P39

3 Don't Know Skip to P39

**P35. What is/was this profession, craft or trade? (Be specific, do not list vague answers.)**

\_\_\_\_\_

\_\_\_\_\_

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

0 1 2 3 4 5 6 7 8 9

**P36. What is the status of this training?**

1 Completed

2 Currently on-going

**P37. What is/was the main method used to obtain this training? (Shade one option only)**

1 Apprenticeship  1 Experience  2 Formal

2 On the job training

3 High School Training Programme

4 Vocational/Trade School/Technical Institution

5 College/University

6 Individual Study

7 Self-taught (Skip to P39)

8 Distance Learning (on-line, virtual learning/conference streaming)

9 Mail Correspondence

10 Commercial/Secretarial/Business/Computer School

11 Other \_\_\_\_\_ (Specify)

**P38. What type of qualification/certification will/did you receive on completion of this training?**

1 BGCSE/Pitman/RSA

2 Post High School Certificate/Diploma

3 Associate Degree

4 Bachelor Degree

5 Post Graduate Certificate/Diploma

6 Masters Degree

7 Doctorate Degree

8 Certificate with Examination

9 Certificate without Examination

10 Professional Certificate/Qualification (university based)

11 Professional Certificate/Qualification (non-university based)

12 None

13 Other \_\_\_\_\_ (Specify)

**SECTION 8**

**TRANSPORTATION (PERSONS 15 YEARS AND OVER)**

**P39. 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/Motor Cycle

3 Jitney/Bus

4 Golf Cart

5 Private Vehicle as a Passenger

6 Private Vehicle Driver

7 Boat/Ferry

8 Other \_\_\_\_\_ (Specify)

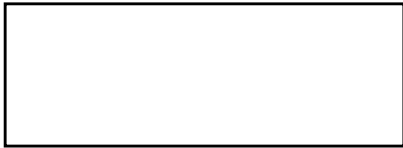
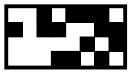
**SECTION 9**

**ECONOMIC ACTIVITY**

**(PERSONS 15 YEARS AND OVER)**

**P40. Did you do any work at all for any length of time during the week of April 25-May 1, 2010?**

1 Yes Skip to P42  2 No



**P41. What was your main activity during that week?**

- 1 Had a job but did not work (Continue)
- 2 Looked for work during the reference week
- 3 Looked for work during the past 4 weeks
- 4 Did not look but wanted to work, was able and was available during the past 4 weeks
- 5 Voluntary work without pay
- 6 Home duties
- 7 Student
- 8 Disabled
- 9 Retired
- 10 Other \_\_\_\_\_ (Specify) Skip to P45

Skip to P44

Skip to P50

**P42. How many paid jobs did you have during the week of April 25 - May 1, 2010?**

- 1 One
- 2 Two
- 3 Three or more
- 4 None

**P43. How many hours did you work on your main job during that week? (For Persons answering "1" at P41, shade "None" at P43 and Skip to P45)**

- 1 None
- 2 1-8
- 3 9-15
- 4 16-32
- 5 33-44
- 6 45 & Over

(Persons answering P43, Skip to P45)

**P44. Have you ever worked for at least two consecutive weeks?**

- 1 Yes
- 2 No (Skip to P50)

**P45. How many weeks did you work in the past twelve months?**

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

**P46. What is the name of the company/business where you work or for which you last worked? (This question and the following questions refer to main job)**

\_\_\_\_\_

\_\_\_\_\_

**P47. What kind of business or activity takes place there? (Describe the kind of business eg. Retail Store, Primary School, Law Firm, Brewery, etc.)**

\_\_\_\_\_

\_\_\_\_\_

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

**P48. What type of work do/did you do? (Describe your job as accurately as possible eg. typist, sales clerk, auto mechanic, civil engineer, taxi driver, etc. If necessary, list main tasks and duties.)**

\_\_\_\_\_

\_\_\_\_\_

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

**P49. Are/were you self-employed or working for someone else in your main job?**

- 1 Government Employee
- 2 Quasi-Government ( BTC, BEC, Water and Sewerage Corp etc.)
- 3 Private Employee
- 4 Self-Employed with employee/s
- 5 Self-Employed without employee/s
- 6 Unpaid Family Worker
- 7 Other \_\_\_\_\_ (Specify)

**SECTION 10  
INCOME (PERSONS 15 YEARS AND OVER)**

**P50. During the past twelve (12) months, did you receive income from any of these sources? If so, state the amount in the space provided (B\$ to the nearest whole number eg. 12565.80 = 12566)**

**(Primary Job)**

**1. Wages, Salary, Commission, Tips, etc.**

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

**(Secondary Job)**

**2. Wages, Salary, Commission, Tips, etc.**

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

**3. Own Business**

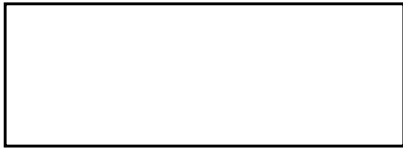
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

**4. Retirement Pension**

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

**5. Old Age Pension**

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



**SECTION 10**  
**INCOME (PERSONS 15 YEARS AND OVER) Cont'd**

**6. Government Benefits**

<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
<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
<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

**7. Gifts and Donations**

<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
<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
<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

**8. Remittances from Abroad**

<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
<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
<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

**9. Investments**

<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
<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
<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

**10. Other Sources**

<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
<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
<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

**11. Total Income during the past Twelve Months**

<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
<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
<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
<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
<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

**SECTION 11**  
**FERTILITY (FEMALES 15 - 49 YEARS)**

**P51. How many live born children have you ever had?**

No Children = '0' Shade the appropriate oval below. (END INTERVIEW)

0	1	2	3	4	5	6	7	8	9	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(One (1) or more children, Shade the appropriate oval)

**P52. How old were you when you had your first live born child?**

(Age in Years)

<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
<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9

**P53. How old were you when you had your last live born child?**

(Age in Years)

<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
<input type="checkbox"/>	0	1	2	3	4	5	6	7	8	9

**P54. Did you have any livebirths in the past twelve months?**

- 1 No (End Interview)
- 2 Yes

- 1 One birth
- 2 Two separate births
- 3 Twins
- 4 Three or more
- 5 Not Stated

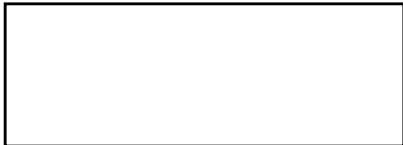
**P55. Have any of the babies died?**

- 1 No (End Interview)
- 2 Yes

- 1 One
- 2 Two
- 3 Three or more
- 4 Not Stated



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4

**PART C:**  
**POPULATION (ALL PERSONS)**  
(To be completed for each member of the household)

**OFFICE CODERS ONLY**

**P1. HOUSEHOLD NUMBER**

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

**P2. INDIVIDUAL NUMBER**

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

**SECTION 1**  
**DEMOGRAPHIC &**  
**SOCIAL CHARACTERISTICS**

Name of Resident

Surname

First Name

**P3. Individual Number**

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

**P4. What is your relationship to the head of the household?**

1 Head of Household

**Relative**

- 2 Spouse/ Partner
- 3 Son
- 4 Daughter
- 5 Son-in-law
- 6 Daughter-in-law
- 7 Grandchild
- 8 Parent
- 9 Parent-in-law
- 10 Brother/ Sister
- 11 Other relative

**Non-Relative**

- 12 Roommate
- 13 Boarder
- 14 Domestic employee
- 15 Other non-relative
- 16 Not Stated

**P5. Sex of Resident**  1 Male  2 Female

**P6. What is your date of birth/ How old were you on your last birthday?**

DD	MM	YY

**AGE**

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

**P7. What is your marital status?**

- 1 Never married
- 2 Married
- 3 Widowed
- 4 Divorced
- 5 Legally Separated
- 9 Not Stated

**P8. What is your union status?**

- 1 Not in a union
- 2 Legally married
- 3 Common-law-union
- 4 Visiting partner
- 5 Married but not in a union
- 6 Legally Separated and not in a union
- 7 Widowed and not in a union
- 8 Divorced and not in a union
- 9 Not Stated

**P9. What is your religion/ denomination?**

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

**P10. To which Racial Group do you belong?**

- 1 Black
- 2 Black and White
- 3 Black and Other
- 4 White
- 5 White and Other
- 6 Asian
- 7 East Indian
- 8 Other \_\_\_\_\_ (Specify)
- 9 Not Stated

**SECTION 2**  
**MIGRATION (ALL PERSONS)**

**P11. Where were you born?**

1 Bahamas  2 Abroad

**P12. Which island/country was this?**

Name of island/country

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

**P13. Have you ever lived in another country for at least six months?**

1 Yes  2 No (Skip to P16)

**P14. In which country did you last reside?**

Name of country

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

**P15. In what year did you last come to The Bahamas to live?**

Year

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

**P16. Did you live in another Bahamian island before this one for at least six months?**

1 Yes  2 No (Skip to P19)

**P17. In which island was this?**

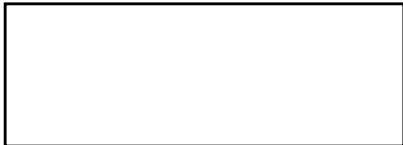
Name of island

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

**P18. In which year did you move to this island on which you now live?**

Year

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



**P19. Of what country are you a citizen?**

Name of country (If not Bahamas Skip to P21)

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

**P20. If you are a Bahamian citizen, by what method did you acquire citizenship?**

- 1 Born to Bahamian parent (s)
- 2 Born in The Bahamas to Non-Bahamians
- 3 Adopted by Bahamians
- 4 Married to a Bahamian Husband
- 5 Other Naturalization

**SECTION 4  
HEALTH INSURANCE (ALL PERSONS)**

**P27. What type of health insurance coverage do you have? (Not NIB)**

- 1 Individual
- 2 Group
- 3 Individual and Group
- 4 None

**SECTION 3  
DISABILITY (ALL PERSONS)**

**SECTION 5  
TECHNOLOGY & COMMUNICATION (ALL PERSONS)**

**P21. Do you have a long term disability?**

1 Yes     2 No (Skip to P27)     3 Not Stated (Skip to P27)

**P22. What type of disability do you have? (Shade one only; the main disability)**

- 1 Sight Only (totally blind, legally blind)
- 2 Hearing Only (partially or totally deaf, use of hearing aids)
- 3 Speech/ Communication Only
- 4 Learning/ Intellectual (e.g. slowness or difficulty learning)
- 5 Autism
- 6 Mobility/ Moving (due to absent or impaired limb)
- 7 Mobility/ Moving (due to localized, paraplegic, quad. paralysis)
- 8 Gripping (unable to use fingers to grip or handle objects)
- 9 Mental Disorders
- 10 Multiple Disabilities (any combination of the above disabilities)
- 11 Other \_\_\_\_\_ (Specify)
- 12 Don't Know
- 13 Not Stated

**P28. Do you have access to the Internet?**

1 Yes     2 No (Skip to P30)

**Please Note: Children 0-2 years are to be recorded as having no Internet access at P28.**

**P29. Where did you use the Internet in the last three months? (give main form of access)**

- 1 Home
- 2 Work
- 3 Educational Institution
- 4 Public Library
- 5 Internet Cafe
- 6 Cellular Phone/ PDA
- 7 Family or friend's House
- 8 Other \_\_\_\_\_ (Specify)
- 9 Do not use the Internet
- 10 Don't Know
- 11 Not Stated

**P23. Does this disability limit your ability to carry out any activities?**

1 Yes     2 No (Skip to P25)

**SECTION 6  
EDUCATION AND CHILDCARE (ALL PERSONS)**

**P24. Which of your activities are affected by your disability? (Shade all that apply)**

- 1 Selfcare (dressing, bathing, etc.)
- 2 Moving/ Mobility (within the home)
- 3 Moving/ Mobility (outside the home)
- 4 School/ Education
- 5 Employment
- 6 Social Events
- 7 Family/ Home life
- 8 Other \_\_\_\_\_ (Specify)
- 9 Not Stated

**P30. Are you attending a school or any educational institution now? (Home Schooling included)**

- 1 Yes, Full time \_\_\_\_\_ (Skip to P32)
- 2 Yes, Part time \_\_\_\_\_
- 3 No (0 - 5 Years, Continue)
- 4 No (6 Years and over, Skip to P32)

**Children 0-2 years, shade option 3 at P30 and continue.**

**P25. What was the cause of your disability?**

- 1 From birth
- 2 Disease/ illness contracted
- 3 Accident (road traffic)
- 4 Accident (other)
- 5 Exposure to toxic substances (gases, chemicals, etc.)
- 6 Other \_\_\_\_\_ (Specify)
- 7 Not known

**CHILDCARE (Children 0 - 5 Years and not attending school)**

**P26. How old were you when you became disabled? (Age)**

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

**P31A. How is (N) cared for during regular school hours?**

- 1 By you, your partner/spouse or relative in your home
- 2 By a childcare provider in your home
- 3 In another home with 4 or less children
- 4 In another home with 5 or more children
- 5 Nursery/Daycare
- 6 Other \_\_\_\_\_ (Specify)

**P31B. Do you pay for this childcare service?**

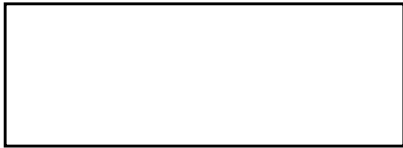
1 Yes     2 No

**(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)**

**EDUCATIONAL ATTAINMENT**

**P32. What is the highest level of education that you have obtained up to the present time?**

- 1 None
- 2 Pre-School/Kindergarten
- 3 Primary     1     2     3     4     5     6
- 4 Secondary School     7     8     9     10     11     12     13+
- 5 Post Secondary/Technical/Vocational (non-tertiary)
- 6 College/University     1     2     3     4     5+
- 7 Other \_\_\_\_\_ (Specify)



**EDUCATIONAL QUALIFICATION**

**P33A. What is the highest qualification that you have obtained up to the present time? (Exclude Honorary Degrees)**

1 None Skip to P34

2 School Leaving Cert./High School Diploma Skip to P34

**END INTERVIEW FOR PERSONS 0 - 14 YEARS ANSWERING OPTIONS 1 OR 2**

3

BJC Skip to P33B

Pitman 1

RSA Stage 1

CXC Basic Proficiency

CSE

Cambridge Jr. School, etc.

4

G.C.E. 'O' Levels Skip to P33B

BGCSE

Pitman Stage 2 & 3

RSA 2

Cambridge School

CXC General Proficiency, etc.

5

G.C.E. 'A' Levels Skip to P33B

RSA 3

Cambridge Higher School Certificate, etc.

International Baccalaureate (IB) Diploma

6 Technical/Vocational Certificate (Skip to P34)

7 Associate Degree

8 Pre-Bachelor Certificate/Diploma

9 Bachelor Degree Skip to P33C

10 Post Bachelor Certificate/Diploma

11 Professional Certificate/Qualification (university based)

12 Professional Certificate/Qualification (non-university based)

13 Masters Degree

14 Doctorate Degree

15 Other \_\_\_\_\_ (Specify)

**P33B.**

Number of subjects passed

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

0 1 2 3 4 5 6 7 8 9

**(Persons answering P33B, Skip to P34)**

**P33C.**

\_\_\_\_\_

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

**Qualification**  
(e.g. B.A., B.Sc., etc.)

**P33D. In what major/field did you earn this certificate/ diploma/degree?**

\_\_\_\_\_

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

**Major/Field**

**SECTION 7**  
**TRAINING (PERSONS 15 YEARS AND OVER)**

**P34. Are you being trained or have been trained for a profession, craft or trade? (main training)**

1 Yes Skip to P39

2 No

3 Don't Know

**P35. What is/was this profession, craft or trade? (Be specific, do not list vague answers.)**

\_\_\_\_\_

\_\_\_\_\_

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

0 1 2 3 4 5 6 7 8 9

**P36. What is the status of this training?**

1 Completed

2 Currently on-going

**P37. What is/was the main method used to obtain this training? (Shade one option only)**

1 Apprenticeship

2 On the job training  1 Experience  2 Formal

3 High School Training Programme

4 Vocational/Trade School/Technical Institution

5 College/University

6 Individual Study

7 Self-taught (Skip to P39)

8 Distance Learning (on-line, virtual learning/conference streaming)

9 Mail Correspondence

10 Commercial/Secretarial/Business/Computer School

11 Other \_\_\_\_\_ (Specify)

**P38. What type of qualification/certification will/did you receive on completion of this training?**

1 BGCSE/Pitman/RSA

2 Post High School Certificate/Diploma

3 Associate Degree

4 Bachelor Degree

5 Post Graduate Certificate/Diploma

6 Masters Degree

7 Doctorate Degree

8 Certificate with Examination

9 Certificate without Examination

10 Professional Certificate/Qualification (university based)

11 Professional Certificate/Qualification (non-university based)

12 None

13 Other \_\_\_\_\_ (Specify)

**SECTION 8**  
**TRANSPORTATION (PERSONS 15 YEARS AND OVER)**

**P39. 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/Motor Cycle

3 Jitney/Bus

4 Golf Cart

5 Private Vehicle as a Passenger

6 Private Vehicle Driver

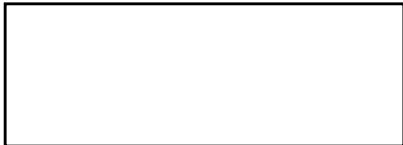
7 Boat/Ferry

8 Other \_\_\_\_\_ (Specify)

**SECTION 9**  
**ECONOMIC ACTIVITY**  
**(PERSONS 15 YEARS AND OVER)**

**P40. Did you do any work at all for any length of time during the week of April 25-May 1, 2010?**

1 Yes Skip to P42  2 No



**P41. What was your main activity during that week?**

- 1 Had a job but did not work (Continue)
  - 2 Looked for work during the reference week
  - 3 Looked for work during the past 4 weeks
  - 4 Did not look but wanted to work, was able and was available during the past 4 weeks
- Skip to P44
- 5 Voluntary work without pay
  - 6 Home duties
  - 7 Student
  - 8 Disabled
  - 9 Retired
  - 10 Other \_\_\_\_\_ (Specify) Skip to P45
- Skip to P50

**P42. How many paid jobs did you have during the week of April 25 - May 1, 2010?**

- 1 One
- 2 Two
- 3 Three or more
- 4 None

**P43. How many hours did you work on your main job during that week? (For Persons answering "1" at P41, shade "None" at P43 and Skip to P45)**

- 1 None
- 2 1-8
- 3 9-15
- 4 16-32
- 5 33-44
- 6 45 & Over

(Persons answering P43, Skip to P45)

**P44. Have you ever worked for at least two consecutive weeks?**

- 1 Yes
- 2 No (Skip to P50)

**P45. How many weeks did you work in the past twelve months?**

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

**P46. What is the name of the company/business where you work or for which you last worked? (This question and the following questions refer to main job)**

\_\_\_\_\_

\_\_\_\_\_

**P47. What kind of business or activity takes place there? (Describe the kind of business eg. Retail Store, Primary School, Law Firm, Brewery, etc.)**

\_\_\_\_\_

\_\_\_\_\_

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

**P48. What type of work do/did you do? (Describe your job as accurately as possible eg. typist, sales clerk, auto mechanic, civil engineer, taxi driver, etc. If necessary, list main tasks and duties.)**

\_\_\_\_\_

\_\_\_\_\_

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

**P49. Are/were you self-employed or working for someone else in your main job?**

- 1 Government Employee
- 2 Quasi-Government ( BTC, BEC, Water and Sewerage Corp etc.)
- 3 Private Employee
- 4 Self-Employed with employee/s
- 5 Self-Employed without employee/s
- 6 Unpaid Family Worker
- 7 Other \_\_\_\_\_ (Specify)

**SECTION 10  
INCOME (PERSONS 15 YEARS AND OVER)**

**P50. During the past twelve (12) months, did you receive income from any of these sources? If so, state the amount in the space provided (B\$ to the nearest whole number eg. 12565.80 = 12566)**

**(Primary Job)**

**1. Wages, Salary, Commission, Tips, etc.**

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

0 1 2 3 4 5 6 7 8 9

**(Secondary Job)**

**2. Wages, Salary, Commission, Tips, etc.**

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

0 1 2 3 4 5 6 7 8 9

**3. Own Business**

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

0 1 2 3 4 5 6 7 8 9

**4. Retirement Pension**

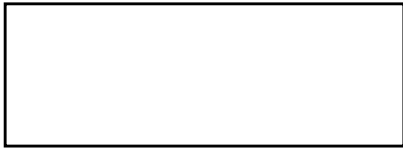
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

0 1 2 3 4 5 6 7 8 9

**5. Old Age Pension**

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

0 1 2 3 4 5 6 7 8 9



**SECTION 10**  
**INCOME (PERSONS 15 YEARS AND OVER) Cont'd**

**6. Government Benefits**

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

**7. Gifts and Donations**

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

**8. Remittances from Abroad**

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

**9. Investments**

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

**10. Other Sources**

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

**11. Total Income during the past Twelve Months**

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

**SECTION 11**  
**FERTILITY (FEMALES 15 - 49 YEARS)**

**P51. How many live born children have you ever had?**

No Children = '0' Shade the appropriate oval below. (END INTERVIEW)

0	1	2	3	4	5	6	7	8	9	10+
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(One (1) or more children, Shade the appropriate oval)

**P52. How old were you when you had your first live born child?**

(Age in Years)

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

**P53. How old were you when you had your last live born child?**

(Age in Years)

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

**P54. Did you have any livebirths in the past twelve months?**

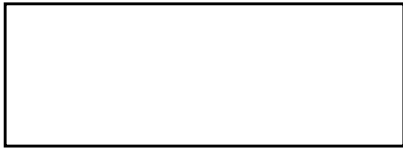
- 1 No (End Interview)
- 2 Yes

- 1 One birth
- 2 Two separate births
- 3 Twins
- 4 Three or more
- 5 Not Stated

**P55. Have any of the babies died?**

- 1 No (End Interview)
- 2 Yes
  - 1 One
  - 2 Two
  - 3 Three or more
  - 4 Not Stated





**PART C:**  
**POPULATION (ALL PERSONS)**  
(To be completed for each member of the household)

**OFFICE CODERS ONLY**

**P1. HOUSEHOLD NUMBER**

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

**P2. INDIVIDUAL NUMBER**

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

**P8. What is your union status?**

- 1 Not in a union
- 2 Legally married
- 3 Common-law-union
- 4 Visiting partner
- 5 Married but not in a union
- 6 Legally Separated and not in a union
- 7 Widowed and not in a union
- 8 Divorced and not in a union
- 9 Not Stated

**P9. What is your religion/ denomination?**

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

**SECTION 1**  
**DEMOGRAPHIC & SOCIAL CHARACTERISTICS**

**P10. To which Racial Group do you belong?**

- 1 Black
- 2 Black and White
- 3 Black and Other
- 4 White
- 5 White and Other
- 6 Asian
- 7 East Indian
- 8 Other \_\_\_\_\_ (Specify)
- 9 Not Stated

**Name of Resident**

**Surname**

**First Name**

**P3. Individual Number**

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

**P4. What is your relationship to the head of the household?**

- 1 Head of Household

**Relative**

- 2 Spouse/ Partner
- 3 Son
- 4 Daughter
- 5 Son-in-law
- 6 Daughter-in-law
- 7 Grandchild
- 8 Parent
- 9 Parent-in-law
- 10 Brother/ Sister
- 11 Other relative

**Non-Relative**

- 12 Roommate
- 13 Boarder
- 14 Domestic employee
- 15 Other non-relative
- 16 Not Stated

**P5. Sex of Resident**  1 Male  2 Female

**P6. What is your date of birth/ How old were you on your last birthday?**

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

**AGE**

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

**P7. What is your marital status?**

- 1 Never married
- 2 Married
- 3 Widowed
- 4 Divorced
- 5 Legally Separated
- 9 Not Stated

**SECTION 2**  
**MIGRATION (ALL PERSONS)**

**P11. Where were you born?**

- 1 Bahamas
- 2 Abroad

**P12. Which island/country was this?**

Name of island/country

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

**P13. Have you ever lived in another country for at least six months?**

- 1 Yes
- 2 No (Skip to P16)

**P14. In which country did you last reside?**

Name of country

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

**P15. In what year did you last come to The Bahamas to live?**

Year

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

**P16. Did you live in another Bahamian island before this one for at least six months?**

- 1 Yes
- 2 No (Skip to P19)

**P17. In which island was this?**

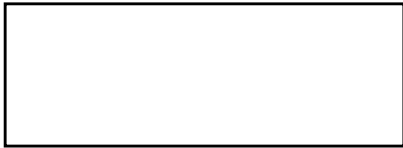
Name of island

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

**P18. In which year did you move to this island on which you now live?**

Year

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



**P19. Of what country are you a citizen?**

Name of country (If not Bahamas Skip to P21)

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

**P20. If you are a Bahamian citizen, by what method did you acquire citizenship?**

- 1 Born to Bahamian parent (s)
- 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)**

**P21. Do you have a long term disability?**

- 1 Yes
- 2 No (Skip to P27)
- 3 Not Stated (Skip to P27)

**P22. What type of disability do you have? (Shade one only; the main disability)**

- 1 Sight Only (totally blind, legally blind)
- 2 Hearing Only (partially or totally deaf, use of hearing aids)
- 3 Speech/ Communication Only
- 4 Learning/ Intellectual (e.g. slowness or difficulty learning)
- 5 Autism
- 6 Mobility/ Moving (due to absent or impaired limb)
- 7 Mobility/ Moving (due to localized, paraplegic, quad. paralysis)
- 8 Gripping (unable to use fingers to grip or handle objects)
- 9 Mental Disorders
- 10 Multiple Disabilities (any combination of the above disabilities)
- 11 Other \_\_\_\_\_ (Specify)
- 12 Don't Know
- 13 Not Stated

**P23. Does this disability limit your ability to carry out any activities?**

- 1 Yes
- 2 No (Skip to P25)

**P24. Which of your activities are affected by your disability? (Shade all that apply)**

- 1 Selfcare (dressing, bathing, etc.)
- 2 Moving/ Mobility (within the home)
- 3 Moving/ Mobility (outside the home)
- 4 School/ Education
- 5 Employment
- 6 Social Events
- 7 Family/ Home life
- 8 Other \_\_\_\_\_ (Specify)
- 9 Not Stated

**P25. What was the cause of your disability?**

- 1 From birth
- 2 Disease/ illness contracted
- 3 Accident (road traffic)
- 4 Accident (other)
- 5 Exposure to toxic substances (gases, chemicals, etc.)
- 6 Other \_\_\_\_\_ (Specify)
- 7 Not known

**P26. How old were you when you became disabled?**

(Age)

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

**SECTION 4  
HEALTH INSURANCE (ALL PERSONS)**

**P27. What type of health insurance coverage do you have? (Not NIB)**

- 1 Individual
- 2 Group
- 3 Individual and Group
- 4 None

**SECTION 5  
TECHNOLOGY & COMMUNICATION (ALL PERSONS)**

**P28. Do you have access to the Internet?**

- 1 Yes
- 2 No (Skip to P30)

**Please Note:** Children 0-2 years are to be recorded as having no Internet access at P28.

**P29. Where did you use the Internet in the last three months? (give main form of access)**

- 1 Home
- 2 Work
- 3 Educational Institution
- 4 Public Library
- 5 Internet Cafe
- 6 Cellular Phone/ PDA
- 7 Family or friend's House
- 8 Other \_\_\_\_\_ (Specify)
- 9 Do not use the Internet
- 10 Don't Know
- 11 Not Stated

**SECTION 6  
EDUCATION AND CHILDCARE (ALL PERSONS)**

**P30. Are you attending a school or any educational institution now? (Home Schooling included)**

- 1 Yes, Full time (Skip to P32)
- 2 Yes, Part time
- 3 No (0 - 5 Years, Continue)
- 4 No (6 Years and over, Skip to P32)

Children 0-2 years, shade option 3 at P30 and continue.

**CHILDCARE (Children 0 - 5 Years and not attending school)**

**P31A. How is (N) cared for during regular school hours?**

- 1 By you, your partner/spouse or relative in your home
- 2 By a childcare provider in your home
- 3 In another home with 4 or less children
- 4 In another home with 5 or more children
- 5 Nursery/Daycare
- 6 Other \_\_\_\_\_ (Specify)

**P31B. Do you pay for this childcare service?**

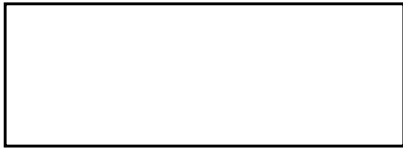
- 1 Yes
- 2 No

(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)

**EDUCATIONAL ATTAINMENT**

**P32. What is the highest level of education that you have obtained up to the present time?**

- 1 None
- 2 Pre-School/Kindergarten
- 3 Primary  1  2  3  4  5  6
- 4 Secondary School  7  8  9  10  11  12  13+
- 5 Post Secondary/Technical/Vocational (non-tertiary)
- 6 College/University  1  2  3  4  5+
- 7 Other \_\_\_\_\_ (Specify)



**EDUCATIONAL QUALIFICATION**

**P33A. What is the highest qualification that you have obtained up to the present time? (Exclude Honorary Degrees)**

- 1 None
- 2 School Leaving Cert./High School Diploma

Skip to P34

**END INTERVIEW FOR PERSONS 0 - 14 YEARS ANSWERING OPTIONS 1 OR 2**

- 3
  - BJC
  - Pitman 1
  - RSA Stage 1
  - CXC Basic Proficiency
  - CSE
  - Cambridge Jr. School, etc.

Skip to P33B

- 4
  - G.C.E. 'O' Levels
  - BGCSE
  - Pitman Stage 2 & 3
  - RSA 2
  - Cambridge School
  - CXC General Proficiency, etc.

Skip to P33B

- 5
  - G.C.E. 'A' Levels
  - RSA 3
  - Cambridge Higher School Certificate, etc.
  - International Baccalaureate (IB) Diploma

Skip to P33B

- 6 Technical/Vocational Certificate (Skip to P34)
- 7 Associate Degree
- 8 Pre-Bachelor Certificate/Diploma
- 9 Bachelor Degree
- 10 Post Bachelor Certificate/Diploma
- 11 Professional Certificate/Qualification (university based)
- 12 Professional Certificate/Qualification (non-university based)
- 13 Masters Degree
- 14 Doctorate Degree
- 15 Other \_\_\_\_\_ (Specify)

Skip to P33C

**P33B.** Number of subjects passed

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

(Persons answering P33B, Skip to P34)

**P33C.**

\_\_\_\_\_

\_\_\_\_\_

**Qualification**  
(e.g. B.A., B.Sc., etc.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

**P33D. In what major/field did you earn this certificate/ diploma/degree?**

\_\_\_\_\_

**Major/Field**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

**SECTION 7 TRAINING (PERSONS 15 YEARS AND OVER)**

**P34. Are you being trained or have been trained for a profession, craft or trade? (main training)**

- 1 Yes
- 2 No
- 3 Don't Know

Skip to P39

**P35. What is/was this profession, craft or trade? (Be specific, do not list vague answers.)**

\_\_\_\_\_

\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9

**P36. What is the status of this training?**

- 1 Completed
- 2 Currently on-going

**P37. What is/was the main method used to obtain this training? (Shade one option only)**

- 1 Apprenticeship
- 2 On the job training
- 3 High School Training Programme
- 4 Vocational/Trade School/Technical Institution
- 5 College/University
- 6 Individual Study
- 7 Self-taught (Skip to P39)
- 8 Distance Learning (on-line, virtual learning/conference streaming)
- 9 Mail Correspondence
- 10 Commercial/Secretarial/Business/Computer School
- 11 Other \_\_\_\_\_ (Specify)

**P38. What type of qualification/certification will/did you receive on completion of this training?**

- 1 BGCSE/Pitman/RSA
- 2 Post High School Certificate/Diploma
- 3 Associate Degree
- 4 Bachelor Degree
- 5 Post Graduate Certificate/Diploma
- 6 Masters Degree
- 7 Doctorate Degree
- 8 Certificate with Examination
- 9 Certificate without Examination
- 10 Professional Certificate/Qualification (university based)
- 11 Professional Certificate/Qualification (non-university based)
- 12 None
- 13 Other \_\_\_\_\_ (Specify)

**SECTION 8 TRANSPORTATION (PERSONS 15 YEARS AND OVER)**

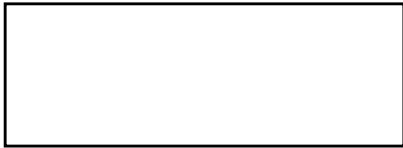
**P39. What is your main form of transportation? (If family members take turns driving the family vehicle, one must report driver and the others passengers)**

- 1 Walk
- 2 Bicycle/Motor Cycle
- 3 Jitney/Bus
- 4 Golf Cart
- 5 Private Vehicle as a Passenger
- 6 Private Vehicle Driver
- 7 Boat/Ferry
- 8 Other \_\_\_\_\_ (Specify)

**SECTION 9 ECONOMIC ACTIVITY (PERSONS 15 YEARS AND OVER)**

**P40. Did you do any work at all for any length of time during the week of April 25-May 1, 2010?**

- 1 Yes Skip to P42
- 2 No



**P41. What was your main activity during that week?**

- 1 Had a job but did not work (Continue)
  - 2 Looked for work during the reference week
  - 3 Looked for work during the past 4 weeks
  - 4 Did not look but wanted to work, was able and was available during the past 4 weeks
- Skip to P44
- 5 Voluntary work without pay
  - 6 Home duties
  - 7 Student
  - 8 Disabled
  - 9 Retired
  - 10 Other \_\_\_\_\_ (Specify) Skip to P45
- Skip to P50

**P42. How many paid jobs did you have during the week of April 25 - May 1, 2010?**

- 1 One
- 2 Two
- 3 Three or more
- 4 None

**P43. How many hours did you work on your main job during that week? (For Persons answering "1" at P41, shade "None" at P43 and Skip to P45)**

- 1 None
- 2 1-8
- 3 9-15
- 4 16-32
- 5 33-44
- 6 45 & Over

(Persons answering P43, Skip to P45)

**P44. Have you ever worked for at least two consecutive weeks?**

- 1 Yes
- 2 No (Skip to P50)

**P45. How many weeks did you work in the past twelve months?**

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

**P46. What is the name of the company/business where you work or for which you last worked? (This question and the following questions refer to main job)**

\_\_\_\_\_

\_\_\_\_\_

**P47. What kind of business or activity takes place there? (Describe the kind of business eg. Retail Store, Primary School, Law Firm, Brewery, etc.)**

\_\_\_\_\_

\_\_\_\_\_

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

**P48. What type of work do/did you do? (Describe your job as accurately as possible eg. typist, sales clerk, auto mechanic, civil engineer, taxi driver, etc. If necessary, list main tasks and duties.)**

\_\_\_\_\_

\_\_\_\_\_

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

**P49. Are/were you self-employed or working for someone else in your main job?**

- 1 Government Employee
- 2 Quasi-Government ( BTC, BEC, Water and Sewerage Corp etc.)
- 3 Private Employee
- 4 Self-Employed with employee/s
- 5 Self-Employed without employee/s
- 6 Unpaid Family Worker
- 7 Other \_\_\_\_\_ (Specify)

**SECTION 10  
INCOME (PERSONS 15 YEARS AND OVER)**

**P50. During the past twelve (12) months, did you receive income from any of these sources? If so, state the amount in the space provided (B\$ to the nearest whole number eg. 12565.80 = 12566)**

**(Primary Job)**

**1. Wages, Salary, Commission, Tips, etc.**

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

**(Secondary Job)**

**2. Wages, Salary, Commission, Tips, etc.**

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

**3. Own Business**

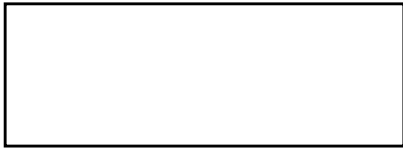
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

**4. Retirement Pension**

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

**5. Old Age Pension**

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



**SECTION 10  
INCOME (PERSONS 15 YEARS AND OVER) Cont'd**

**6. Government Benefits**

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

0 1 2 3 4 5 6 7 8 9

**7. Gifts and Donations**

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

0 1 2 3 4 5 6 7 8 9

**8. Remittances from Abroad**

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

0 1 2 3 4 5 6 7 8 9

**9. Investments**

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

0 1 2 3 4 5 6 7 8 9

**10. Other Sources**

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

0 1 2 3 4 5 6 7 8 9

**11. Total Income during the past Twelve Months**

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

0 1 2 3 4 5 6 7 8 9

**SECTION 11  
FERTILITY (FEMALES 15 - 49 YEARS)**

**P51. How many live born children have you ever had?**

No Children = '0' Shade the appropriate oval below. (END INTERVIEW)

0 1 2 3 4 5 6 7 8 9 10+

(One (1) or more children, Shade the appropriate oval)

**P52. How old were you when you had your first live born child?**

(Age in Years)

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

0 1 2 3 4 5 6 7 8 9

**P53. How old were you when you had your last live born child?**

(Age in Years)

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

0 1 2 3 4 5 6 7 8 9

**P54. Did you have any livebirths in the past twelve months?**

1 No (End Interview)

2 Yes

1 One birth

2 Two separate births

3 Twins

4 Three or more

5 Not Stated

**P55. Have any of the babies died?**

1 No (End Interview)

2 Yes

1 One

2 Two

3 Three or more

4 Not Stated

