1) USE ONLY 2B PENCILS

2) For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

```
7 8 5
```

3) IMPORTANT!!! Place an X in the box for multiple choice options

4) Erase cleanly and make no stray marks on this form

---

**IDENTIFICATION**

Transfer the PARISH, ED and Household NO to the top of EACH individual questionnaire

<table>
<thead>
<tr>
<th>Parish</th>
<th>ED No</th>
<th>Building No</th>
<th>Household No</th>
</tr>
</thead>
</table>

---

Address of Household

Community

Town

Parish

Phone Number

---

**INTERVIEWER RECORD OF VISITS**

<table>
<thead>
<tr>
<th>Visit Number</th>
<th>Date (DD/MM/YY)</th>
<th>Time Started</th>
<th>Time Ended</th>
<th>Duration (in minutes)</th>
<th>*Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

*RESULTS CODES: 1 = Completed 2 = Partially Completed, call back 3 = Dwelling Closed 4 = No Suitable respondent at home 5 = Refusal 6 = Vacant 7=Other
**INTERVIEWER SAY:** Please give me the names of all the persons who usually live and share one daily meal with your household starting with the head.

REMEMBER to probe for infants, elderly, new born babies, disabled and persons who died but were members of the household at midnight on the 12th May 2011.

### 1: LISTING OF HOUSEHOLD MEMBERS

*Mark multiple choice boxes like this ☒*

<table>
<thead>
<tr>
<th>Surname</th>
<th>First</th>
<th>Sex</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>19</td>
<td></td>
<td>☐ 1M ☐ 2F</td>
</tr>
</tbody>
</table>

**Confidential**

Total Number of Persons [ ] [ ]
INTERVIEWER SAY: Now I would like to ask a few questions about the dwelling which your household occupies and the facilities that you have.

SECTION 2 HOUSING

INTERVIEWER: Ask this question only if the answer is not obvious. Else, X the appropriate box.

2. What type of dwelling does this household occupy?
   - 1 Separate house/detached
   - 2 Part of a private house/attached
   - 3 Flat, apartment, condominium
   - 4 Townhouse
   - 5 Double house/Duplex
   - 6 Combined business & dwelling
   - 10 Improvised Housing Unit (Earth/Leaves/Branches etc)
   - 11 Other (Specify) ________________

3a. Is this dwelling insured?
   - 1 Yes
   - 2 No
   - 3 Don't Know
   - 9 Not Stated

3b. Are the content of the dwelling insured?
   - 1 Yes
   - 2 No
   - 3 Don't Know
   - 9 Not Stated

4a. Does this household own, rent or lease this dwelling?
   - 1 Owned Fully
   - 2 Owned With Mortgage
   - 3 Rented-Private
   - 4 Rented-Govt
   - 5 Rent-free
   - 6 Leased
   - 8 Other
   - 7 Squatted
   - 10 Improvised Housing Unit
   - 11 Other (Specify) ________________

4b. What is the rental period for this dwelling?
   - 1 Weekly
   - 2 Fortnightly
   - 3 Monthly
   - 4 Quarterly
   - 5 Other(Specify) ________________

4c. How much are you paying for RENT?
   - 1 1 Don't Know
   - 2 Not Paying rent

4d. What is your monthly MORTGAGE payments?
   - 1 Don't Know
   - 2 Not Paying

5. Under what arrangement is the land occupied? Is it.....
   - 1 Owned/Freehold
   - 2 Leasehold
   - 3 Rented
   - 4 Rented Free
   - 5 Permission to work land
   - 6 Sharecropping
   - 7 Squatted
   - 8 Other (Specify) ________________
   - 9 Don't Know/Not Stated

6a. What is the main material of the outer walls?
   - 1 Wood
   - 2 Concrete/Concrete Blocks
   - 3 Wood & Concrete
   - 4 Stone
   - 5 Brick
   - 6 Adobe (Mud House)
   - 7 Makeshift
   - 8 Plywood
   - 9 Plywood & Concrete
   - 10 Other (Specify) ________________

6b. What is the main material used for roofing?
   - 1 Sheet metal
   - 2 Shingle (asphalt)
   - 3 Shingle (wood)
   - 4 Shingle (other)
   - 5 Tile
   - 6 Concrete
   - 7 Makeshift/thatched
   - 8 Other (Specify) ________________
   - **(zinc, aluminum, galvanise, galvalume)

6c. In which year/period was this building built?
   - 1 Before 1980
   - 2 1980 - 1989
   - 3 1990 - 1999
   - 4 2000 - 2006
   - 5 2007
   - 6 2008
   - 7 2009
   - 8 2010
   - 9 2011
   - 10 Don't Know

7a. What is your main source of water supply?
   - 1 Public, piped into dwelling
   - 2 Public Piped into yard
   - 3 Public standpipe outside the dwelling unit
   - 4 Private catchment not piped
   - 5 Private piped into dwelling
   - 6 Truck borne
   - 7 Spring, River
   - 8 Bottled Water
   - 9 Other (Specify) ________________

7b. What is your main source of drinking water?
   - 1 Public Piped into dwelling
   - 2 Public standpipe outside the dwelling unit
   - 3 Private Piped into dwelling
   - 4 Private Catchment, not piped
   - 5 Public dug well
   - 6 Private dug well
   - 7 Spring/River
   - 8 Bottled Water
   - 9 Other (Specify) ________________
**SECTION 2 HOUSING Con't**

8a. What type of toilet facilities does this household have?
- □ 1 W.C. (flush toilet) linked to sewer
- □ 2 W.C. (flush toilet) linked to Septic tank/Soak-away
- □ 3 Pit-latrine/Ventilated and elevated
- □ 4 Pit-latrine not ventilated
- □ 5 Pit-latrine ventilated and not elevated
- □ 6 None (Go to 9a)
- □ 7 Other (Specify) ____________
- □ 8 Don't Know
- □ 9 Not Stated

8b. Is the toilet shared with any other household?
- □ 1 Yes
- □ 2 No
- □ 3 Don't Know
- □ 9 Not Stated

9a. Are your bathing facilities indoors or outdoors?
- □ 1 Indoors
- □ 2 Outdoors (Private)
- □ 3 None
- □ 4 Don't Know
- □ 9 Not Stated

9b. Are your bathing facilities shared with another household?
- □ 1 Yes
- □ 2 No
- □ 3 Don't Know
- □ 9 Not Stated

10a. Is your main kitchen inside the dwelling unit or outside?
- □ 1 Inside
- □ 2 Outside
- □ 3 None
- □ 4 Don't Know
- □ 9 Not Stated

10b. Is your main kitchen shared with another person not of this house?
- □ 1 Yes
- □ 2 No
- □ 3 Don't Know
- □ 9 Not Stated

11. What is the main source of lighting for this household?
- □ 1 Electricity - Public
- □ 2 Electricity - Private Generator
- □ 3 Gas Lantern
- □ 4 Kerosene
- □ 5 Electricity
- □ 6 Biogas
- □ 7 Solar Energy
- □ 8 None
- □ 9 Other (Specify) ____________

12. What type of fuel does this household use most for cooking?
- □ 1 Coal
- □ 2 Wood
- □ 3 Gas/LPG/Cooking gas
- □ 4 Kerosene
- □ 5 Electricity
- □ 6 Biogas
- □ 7 Solar Energy
- □ 8 None
- □ 9 Other (Specify) ____________

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

Number of Rooms

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

Number of Bedrooms

15. What is your main method of garbage disposal?
- □ 1 Dumping on land
- □ 2 Compost
- □ 3 Burning
- □ 4 Dumping/throwing in river/sea/pond
- □ 5 Burying
- □ 6 Garbage truck/Skip/Bin - Public
- □ 7 Garbage truck/Skip/Bin - Private
- □ 8 Other (Specify) ____________

16. How many "Desk-top" computers does this household have in use?
(use 8 for 8 or more)
- □ 1
- □ 2
- □ 3
- □ 4
- □ 5
- □ 6
- □ 7
- □ 8 for 8 or more
- □ 9 Not Stated

17. How many "Lap-top" computers does this household have in use?
(use 8 for 8 or more)
- □ 1
- □ 2
- □ 3
- □ 4
- □ 5
- □ 6
- □ 7
- □ 8 for 8 or more
- □ 9 Not Stated
18. What type of internet connection does this household use? (X all that apply)

- 1 DSL/ADSL (Digital Subscriber Line (LIME)
- 2 Cellular Wireless Internet or Mobile Broadband (Cellphone)
- 3 Cable Internet Connection (FLOW)
- 4 Wireless (AISLECOM)
- 5 No Internet Connection at Dwelling

19. Which of these appliances/household equipment does your household have in use (X all that apply)

(a) Solar Water Heater
- Yes
- No

(b) Electrical Water Heater
- Yes
- No

(c) TV
- Yes
- No

(d) Cable TV/Satellite
- Yes
- No

(e) Refrigerator
- Yes
- No

(f) Freezer
- Yes
- No

(g) Microwave Oven
- Yes
- No

(h) Stove
- Yes
- No

(i) Washing Machine
- Yes
- No

(j) Land-Line Telephone
- Yes
- No

(k) Cellular Phone
- Yes
- No

(l) Air Conditioning Unit
- Yes
- No

(m) Water Pump
- Yes
- No

(n) Water Tank
- Yes
- No

(o) Dishwasher
- Yes
- No

(p) Clothes Dryer
- Yes
- No

20. How many vehicles (motor cars, station wagons, jeeps and vans) are kept at home for private use by this household (excluding motorcycles)?

- use 8 for 8 or more
- 9 Not Stated

21. Was any member of this household a victim of any crime during the past twelve months?

- 1 No (skip to Question 22)
- Yes, (X all that apply)

(a) Murder
- Yes
- No

(b) Kidnapping
- Yes
- No

(c) Shooting
- Yes
- No

(d) Rape/Abuse
- Yes
- No

(e) Wounding
- Yes
- No

(f) Larceny - Housebreaking
- Yes
- No

(g) Larceny - Auto theft
- Yes
- No

(h) Larceny - Other
- Yes
- No

(i) Other (specify)
- Yes
- No

22. Did any member of this household die during the past 12 months?

- 1 Yes
- 2 No
- If No, Go to Section 3

23. Please provide me with the age and sex of the person(s) who died during the past twelve months?

<table>
<thead>
<tr>
<th>Age</th>
<th>1 Male</th>
<th>2 Female</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
### SECTION 3 MIGRATION

### 24. Did anyone from this household move to live abroad since May 2001 and is still living abroad?

- 1 Yes  (if Yes, continue)
- 2 No  (Go to Section 4)

### 25. How many persons?  

<table>
<thead>
<tr>
<th>Person Number</th>
<th>Year moved 2001 - 2011</th>
<th>Highest Education attained when moved</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2001 - 2011</td>
<td>1 None</td>
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<td>3 Secondary</td>
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<td>4 Post Secondary</td>
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<td></td>
<td>5 University</td>
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<td></td>
<td></td>
<td>6 Other</td>
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<td>0 if less than 1, 98 for 98 and over</td>
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<tr>
<td></td>
<td></td>
<td>1 None</td>
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<td>6 Other</td>
</tr>
</tbody>
</table>

[Write year properly inside the boxes provided]

### Main Reason for Migration

1. More Income
2. Employment
3. Study
4. Medical
5. Marriage
6. Other Family reason
7. Crime Rate
8. Other

### Main Reason for Migration

[Specify]

<table>
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<tbody>
<tr>
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[Specify]

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</table>

### Main Reason for Migration

[Specify]
INTERVIEWER:
Whenever a dotted line (...) appears in a question, call the name of the person to whom the information relates, if it is not the respondent himself/herself. Else say "You"/"Your". X the appropriate box. Please do not write over the responses:

SECTION 4 PERSONAL CHARACTERISTICS
FOR ALL PERSONS

34. Please fill in this person's name and assigned number.

35. What is your/.....'s relationship to the head of household?
- 1 Head
- 2 Spouse of Head (Husband/Wife)
- 3 Partner of Head
- 4 Child of head and Spouse/Partner
- 5 Child of head only
- 6 Child of Spouse/Partner only
- 7 Spouse/Partner of child of head/Spouse/Partner
- 8 Grandchild of Head/Spouse/Partner
- 9 Parents of Head/Spouse/Partner
- 10 Other relative of Head/Spouse/Partner (Specify)
- 11 Domestic Employee
- 12 Other Non-Relative

36. INTERVIEWER: X the appropriate box.
FOR PERSONS NOT SEEN ASK:

Is.....male or female?
- 1 Male
- 2 Female

37. What is your/.......'s date of birth?
Day / Month / Year

If not known, ask:
How old was.........on his/her last birthday?

AGE
If age is not stated please estimate age if you see the person. Otherwise ask the respondent to estimate the person's age. If age is not known use code 999.

- 1 African Descent/Negro/Black
- 2 Indigenous People (Amerindian/Carib)
- 3 East Indian
- 4 Chinese
- 5 Portuguese
- 6 Syrian/Lebanese
- 7 White/Caucasian
- 8 Mixed
- 9 Hispanic
- 10 Other (Specify)

38. To which ethnic, racial or national group do you/does........belong?

39. What is your/....'s religious affiliation/denomination?
- 1 Anglican
- 2 Baptist
- 3 Bahai
- 4 Brethren
- 5 Church of God
- 6 Evangelical
- 7 Hindu
- 8 Jehovah Witnesses
- 9 Methodist
- 10 Moravian
- 11 Muslim
- 12 Pentecostal
- 13 Presbyterian
- 14 Rastafarian
- 15 Roman Catholic
- 16 Salvation Army
- 17 Seventh Day Adventist
- 18 Lutheran
- 19 None
- 20 Other (Specify)

SECTION 5 MIGRATION (BIRTH PLACE AND RESIDENCE)
FOR ALL PERSONS

40. Where do you/does......usually live?

- 1 At this address
- 2 Elsewhere in this Parish
- 3 In another Parish
- 4 Abroad

Remember to mark multiple choice boxes like this ☒
41. Where were you/was.......born?
INTERVIEWER: For persons born in Grenada what is required is the mother’s usual residence at the time of birth.

☐ 1 In this country
Parish __________________________________________
Community _____________________________________ (Go to Q.43)

☐ 2 Abroad
Name of Country ________________________________

42. In what year did you/...... last come to live in Grenada?
Year __________________________

43. In which Parish did you/...... last live?
☐ 1 Never Moved (Go to Q.45)
☐ 2 Parish ____________ Community ________________

44. In what year did you/...... last come to live in this Parish?
Year __________________________ Foreign Born Go to Q49

Q45 to Q48 are for local borns only

45. Have you/has ......ever lived in another country?
☐ 1 Yes ☐ 2 No (Go to Q.49)

46. In which country did you/......last live?
Name of Country ________________________________

Questions 47 and 48 are for local borns who answered yes in Q45

47. In what year did you/..... return to live in Grenada?
Year __________________________

48. What is the main reason why you/......returned to live in Grenada?
☐ 1 Regard it as home ☐ 2 Homesick
☐ 3 Involuntary Return/Deported ☐ 4 To start a business/Employment
☐ 5 Retired

Q49 to Q50 are for population five years and over

49. Did you/......live at this address five years ago?
☐ 1 Yes (Go to Q.51) ☐ 2 No

50. If ’NO’ in which country or Parish and community did you/...... live five years ago?
Parish __________________________ Community __________________________
Country __________________________

Q51 and Q52 are for population ten years and over

51. Did you/......live at this address in 2001?
☐ 1 Yes (Go to Q.53) ☐ 2 No

52. If ’NO’ in which country or Parish and community did you/...... live in 2001?
Parish __________________________ Community __________________________ Go to 54
Country __________________________

53. a Of which country (ies) are you a citizen? (List up to two countries).
☐ 1. __________________________
☐ 2. __________________________

53. b What is the main reason for your present residence in this country?
☐ 1 Skilled National ☐ 2 Service Provider
☐ 3 Rights of Establishment ☐ 4 Employee of Non-wage earner
☐ 5 Other Economic Activity ☐ 6 Dependent
☐ 7 Other (Specify) ________________

SECTION 6 DISABILITY FOR ALL PERSONS

DISABILITY STATUS : Respond only if you have a permanent disability or where the disability has been continuous for six months or more.

54. Do you/does...... have difficulty with any of the following?

Rate responses as follows:

☐ 1 No - No Difficulty ☐ 2 Yes - Some Difficulty ☐ 3 Yes - Lots of Difficulty ☐ 4 Cannot do (it) at all

☐ 1. Seeing (even with glasses)? ☐ 2. Hearing (even using hearing aid)?
☐ 3. Walking or climbing stairs? ☐ 4. Remembering or concentrating?
☐ 5. Self care? ☐ 6. Upper body function?
☐ 7. Communicating and speaking?

If No Difficulty for all options, Skip to Q57.

55. What is the origin of your/......... disability?

Rate responses as follows:

☐ 1. From Birth ☐ 2. Illness ☐ 3. Accident
☐ 4. Other (Specify) Specify

☐ 1. Seeing (even with glasses)? ☐ 2. Hearing (even using hearing aid)?
☐ 3. Walking or climbing stairs?
☐ 4. Remembering or concentrating?
☐ 5. Self care?
☐ 6. Upper body function?
☐ 7. Communicating and speaking?
56. Are you/..... using any of the following aids?

(X all that apply).
- 1 Wheelchair
- 2 Walker
- 3 Crutches
- 4 Brailler
- 5 Adapted Car
- 6 Cane
- 7 Prosthesis/artificial body part
- 8 Orthopedic Shoes
- 9 Hearing Aid
- 10 Other (Specify)
- 11 None

SECTION 7 HEALTH
FOR ALL PERSONS

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

(X all that apply)
- 1 Arthritis
- 2 Kidney Disease (Renal)
- 3 Asthma
- 4 Diabetes
- 5 Hypertension/High Blood Pressure
- 6 Carpal Tunnel Syndrome
- 7 Cancer
- 8 Heart Disease
- 9 Glaucoma
- 10 Sickle Cell
- 11 Anemia
- 12 Lupus
- 13 HIV/AIDS
- 14 Other
- 15 None

58. Which of the following insurance do you/does...... have?

(X all that apply)
- 1 NIS (National Insurance Scheme)
- 2 Group Health Insurance
- 3 Individual Health
- 4 Life with health
- 5 Endowment with health
- 6 School Accident Insurance
- 7 Other (Specify)
- 8 None

59. Are you / is ____________ currently attending an
Educational Institution?
- 1 Yes (Full Time)
- 2 Yes (Part Time)
- 3 No (Go to Q62)

60. What type of school or institution are you/is........
attending?
- 1 Daycare/Nursery
- 2 Preschool
- 3 Infant/Kindergarten
- 4 Primary
- 5 Special Education
- 6 Post Primary (NonSecondary Tech/Voc)
- 7 Secondary (General)
- 8 Home Schooling
- 9 Post Secondary - A Level
- 10 Post Secondary - Professional Tech/Voc
- 11 Post Secondary Tertiary - UWI
- 12 Adult Education
- 13 Other

SECTION 8 EDUCATION AND INTERNET ACCESS
FOR ALL PERSONS

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

Name ____________________________
Address ____________________________

62. What is the highest level of education that you
have/......has completed?

- 1 Daycare/Nursery
- 2 Pre-school
- 3 Pre-primary (Infant) or Primary
- 4 Lower / Junior Secondary (Forms 1-3) / Senior Primary
- 5 Upper Secondary (Forms 4 & 5)
- 6 Post Secondary, non-tertiary (diploma or associate degree)
- 7 Tertiary level - Bachelor Degree
- 8 Tertiary level - Masters Degree
- 9 Doctorate level programmes
- 10 Other (Specify) ____________________________
- 11 None

63. What is the highest examination that you have/...passed?

- 1 School leaving (e.g. Standard 6 or 7 School Leaving exam)
- 2 Cambridge School Certificate
- 3 CXC Basic
- 4 GCE 'O' Levels or CXC General
- 5 High School Certificate
- 6 GCE 'A' Levels, CAPE
- 7 Associate Degree
- 8 College Certificate
- 9 College Diploma
- 10 Professional Certificate eg RSA, City and Guilds etc.
- 11 Bachelor's Degree
- 12 Post Graduate Certificate
- 13 Post Graduate Diploma
- 14 Higher Degree (Master's)
- 15 Higher Degree (Doctoral)
- 16 Other (Specify) ____________________________
- 17 None

64. Have you/ has ......./had access to the Internet
within the past 3 months?

- 1 Yes
- 2 No (Skip to Q.66)

Remember to mark multiple choice boxes like this ☒
SECTION 10 ECONOMIC ACTIVITY
FOR PERSONS 15 YEARS AND OVER

71. How many months did you/....... work in the
past 12 months?

Number of months

0 1 2 3 4 5 6 7 8 9 10 11 12

72. What did you/....do most during the past 12 months
-for example, did you/he/she work, look for a job,
keep house or carry on some other activity?

☐ 1 Worked
☐ 2 Had a job but did not work
☐ 3 Looked for work
☐ 4 Wanted work and available
☐ 5 Home Duties
☐ 6 Attended School
☐ 7 Retired - did not work
☐ 8 Disabled, unable to work
☐ 9 Other (Specify) __________________________

73. Did you/..... work for pay, profit or family gain,
during the past week? Note: Exclude Domestic Work
at home

If, YES, Did you?

☐ 1 Work
☐ 2 Had a job but did not work

If, No What did you do MOST in the past week?

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

74. What category of worker are you /..... in your job?

☐ 1 Paid Employee - Government
☐ 2 Paid employee - Private Establishment
☐ 3 Paid employee - Statutory body
☐ 4 Paid Employee - Private Home
☐ 5 Self-Employed with paid employees/Own business
☐ 6 Self Employed without paid employee/Own business
☐ 7 Apprentice/Learners
☐ 8 Unpaid worker/Volunteer
☐ 9 Unpaid family worker
☐ 10 Other (Specify) __________________________
75. What kind of accounts do you keep for this activity/business?

☐ 1 Complete set of written accounts
☐ 2 Only through informal records of orders, sales, purchases
☐ 3 Simplified written accounts
☐ 4 No records are kept.

76. Are you registered with the National Insurance Scheme as a self-employed person or an employer?

☐ 1 Employer  ☐ 2 Self-Employed  ☐ 3 Not Registered

77. What kind of work were you/..... doing during the past week? (Give brief description of main duties)

Occupation _____________________________________________

78. What kind of business is carried out at your/......'s workplace (Industry)?

Industry _____________________________________________

79. How many hours did you/..... work during the past week? (All jobs).

Number of hours

80. Where is your/.....'s place of work? (Main Job)

☐ 1 Work at home
☐ 2 No fixed workplace
☐ 3 A fixed workplace outside the home

81. What is the name and address of your/........ present workplace?

Name _____________________________________________

Address _____________________________________________

☐ 1 No Present Workplace

(All employed persons go to Q.84)

82. What steps did you/..... take during the past month to look for work?

☐ 1 Did Nothing
☐ 2 Direct Application (Sent out letters) (Go to 86)
☐ 3 Checking at work sites, factory gates etc. (Go to Q.86)
☐ 4 Seeking assistance from friends (Go to Q.86)
☐ 5 Register at public/private employment exchange(Go to Q.86)
☐ 6 Other (Go to Q.86)

83. Why did you/..... not seek work during the past month?

☐ 1 Own illness, disability, injury, pregnancy
☐ 2 Home duties, Personal, family responsibilities
☐ 3 In school, training
☐ 4 Retirement/old age
☐ 5 Already found work to start later
☐ 6 Already made arrangements for self employment
☐ 7 Waiting recall to former job
☐ 8 Waiting replies from employers
☐ 9 Waiting busy season
☐ 10 Believe no suitable work available
☐ 11 Could not find suitable work
☐ 12 Not yet started to seek work
☐ 13 Do not know how or where to seek work
☐ 14 Discouraged
☐ 15 Other(Specify) ________________________________

84. How often do you/does...... get paid from your main job?

☐ 1 Weekly  ☐ 2 Fortnightly  ☐ 3 Monthly
☐ 4 Quarterly  ☐ 5 Annually  ☐ 6 Other (Specify) ________________________________
☐ 7 Not applicable

85. What was your/......'s gross pay/income during the last pay period from your current job, that is before income tax or other deductions? (PRESENT FLASH CARD)

INTERVIEWER: For self-employed persons obtain "net income", i.e., receipts less business expenses.

Income Group

86. What is your/.......’s main source of livelihood?

☐ 1 Employment  ☐ 2 Pension (Local)
☐ 3 Pension (Overseas)  ☐ 4 Money from Abroad
☐ 5 Investment  ☐ 6 Savings/Interest on savings
☐ 7 Disability benefits  ☐ 8 Social Security Benefits
☐ 9 Other Public Assistance  ☐ 10 Local contributions from friends/relatives
☐ 11 Overseas contributions from friends/relatives  ☐ 12 Other ________________________________

87. Approximately how much money did you/....... receive last year (2010) from family and/or friends abroad in cash or in kind e.g. barrels containing food etc., clothing, electronics.

$ ________________________________
SECTION 12  MARITAL AND UNION STATUS
FOR ALL PERSONS 15 YEARS AND OVER

88. What is your/....'s marital status?
☐ 1 Never Married  ☐ 2 Married  ☐ 3 Divorced
☐ 4 Widowed  ☐ 5 Legally Separated

89a. What is your / ........ present union status?
☐ 1 Never had a spouse or common-law partner  Skip to Q91
☐ 2 Married and living with spouse  Skip to Q90
☐ 3 Married and not living with spouse  Skip to Q90
☐ 4 Common Law  Skip to Q90
☐ 5 Visiting Partner  Skip to Q90
☐ 6 Not in union

89b. Have you ever been in a common-law union?
☐ 1 Yes
☐ 2 No  SKIP TO SECTION 12

90. How old were you/ was ....... when you were/........ was first married or in a union for the first time?
Age in years

SECTION 13  FERTILITY
FOR ALL FEMALES 15 YEARS AND OVER

91. How many live born children have you/has....ever had and how many are males and females? (If ZERO, enter 00 & Go To Q.100)

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

92. How many of your/......'s live born children are still alive?

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

93. How old were you/ was...... when you/...... had the first live born child?

94. How old were you/ was...... was when you/...... had the last live born child?

95. What is the date of birth of the last child born alive?

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

Q. 96 TO Q. 99 APPLY ONLY TO FEMALES UNDER 50. ALL OTHERS GO TO Q.100

96. How many live births did you/........ have in the last 12 months?
☐ 1 None (Go to Q.100)  ☐ 4 Twins
☐ 2 One Birth  ☐ 5 Three or more
☐ 3 Two separate births

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

A. Number of Boys

<table>
<thead>
<tr>
<th>Number of Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

B. Number of Girls

<table>
<thead>
<tr>
<th>Number of Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5</td>
</tr>
</tbody>
</table>

98. How many of the children who were born in the last 12 months have died? If 00 Go To Q.100

Total

99. Of what sex and age, in months, were the children who died in the past 12 months?

SECTION 14  WHERE SPENT CENSUS NIGHT

100. Where did you/......spend census night?
☐ 1 At this address
☐ 2 Elsewhere in this country
☐ 3 Abroad

101. What part of the country was that? If known, Specify?