

Draft

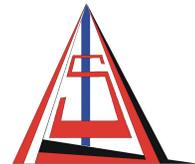
**Confidential**

POPULATION CENSUS 2001

# POPULATION AND HOUSING CENSUS 2001 - JAMAICA



<b>PARISH</b>	<b>CONSTITUENCY</b>	<b>ENUM. DIST.</b>	<b>HOUSING UNIT</b>	<b>DWELLING</b>	<b>HOUSEHOLD</b>
<input type="text"/>					



## SECTION 1

### IDENTIFICATION

(for all persons)

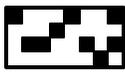
**ASK ONLY OF THE HEAD OF HOUSEHOLD OR ANY OTHER RESPONSIBLE ADULT**

*Please give me the names of all the persons who are usual residents of this household. By that I mean the persons who reside here all or most of the time even if they are temporarily away. Please remember to include yourself. Please give me the name of the head of the household first.*

<b>Person 1</b>	<b>LAST NAME</b>	<input type="text"/>	<b>FIRST NAME</b>	<input type="text"/>
<b>Person 2</b>	<b>LAST NAME</b>	<input type="text"/>	<b>FIRST NAME</b>	<input type="text"/>
<b>Person 3</b>	<b>LAST NAME</b>	<input type="text"/>	<b>FIRST NAME</b>	<input type="text"/>
<b>Person 4</b>	<b>LAST NAME</b>	<input type="text"/>	<b>FIRST NAME</b>	<input type="text"/>
<b>Person 5</b>	<b>LAST NAME</b>	<input type="text"/>	<b>FIRST NAME</b>	<input type="text"/>
<b>Person 6</b>	<b>LAST NAME</b>	<input type="text"/>	<b>FIRST NAME</b>	<input type="text"/>
<b>Person 7</b>	<b>LAST NAME</b>	<input type="text"/>	<b>FIRST NAME</b>	<input type="text"/>
<b>Person 8</b>	<b>LAST NAME</b>	<input type="text"/>	<b>FIRST NAME</b>	<input type="text"/>
<b>Person 9</b>	<b>LAST NAME</b>	<input type="text"/>	<b>FIRST NAME</b>	<input type="text"/>
<b>Person 10</b>	<b>LAST NAME</b>	<input type="text"/>	<b>FIRST NAME</b>	<input type="text"/>

Sample

<b>Number of Persons Enumerated</b>	<input type="text"/>	<b>Male</b>	<input type="text"/>	<b>Female</b>	<input type="text"/>	<b>18 Years &amp; Over</b>	<input type="text"/>
-------------------------------------	----------------------	-------------	----------------------	---------------	----------------------	----------------------------	----------------------



**SECTION 2 CHARACTERISTICS OF HOUSING UNIT**

**2.1 What type of housing unit is this ?**

- SeparateHouse-Detached
- Attached
- Part of Commercial Building
- ImprovisedHousingUnit
- Other
- Not Stated

**2.2 What is the main type of material used in constructing the outer walls ?**

- |   |   |
|---|---|
| <input type="radio"/> Concrete and Blocks | <input type="radio"/> Wood and Concrete |
| <input type="radio"/> Stone and Brick     | <input type="radio"/> Wood and Brick    |
| <input type="radio"/> Nog                 | <input type="radio"/> Other             |
| <input type="radio"/> Wattle/Adobe        | <input type="radio"/> Not Stated        |
| <input type="radio"/> Wood                |   |

**2.3 What is the main type of material used in constructing the roof ?**

- |                                      |                                  |
|--------------------------------------|----------------------------------|
| <input type="radio"/> Metal Sheeting | <input type="radio"/> Concrete   |
| <input type="radio"/> Shingle-Wood   | <input type="radio"/> Other      |
| <input type="radio"/> Shingle-Other  | <input type="radio"/> Not Stated |
| <input type="radio"/> Tile           |                                  |

**SECTION 3 CHARACTERISTICS OF HOUSEHOLD**

**3.1 Does any member of this household own, rent or lease this dwelling ?**

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="radio"/> Owned     | <input type="radio"/> Squatted   |
| <input type="radio"/> Leased    | <input type="radio"/> Other      |
| <input type="radio"/> Rented    | <input type="radio"/> Not Stated |
| <input type="radio"/> Rent Free |                                  |

**(ASK ONLY IF SEPARATE - DETACHED)**

**3.2 What about the land - is it owned or leased etc. by any member of this household ?**

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="radio"/> Owned     | <input type="radio"/> Squatted   |
| <input type="radio"/> Leased    | <input type="radio"/> Other      |
| <input type="radio"/> Rented    | <input type="radio"/> Not Stated |
| <input type="radio"/> Rent Free |                                  |

**3.3 How many rooms does this household occupy ?**

						<input type="radio"/> Not Stated
--	--	--	--	--	--	----------------------------------

**3.4 How many rooms are used mainly for sleeping**

						<input type="radio"/> Not Stated
--	--	--	--	--	--	----------------------------------

**3.5 Does this household have the use of a kitchen or kitchenette ?**

- Yes for the use only by this household
- Yes shared with another household
- No (Go to Q 3.7)
- Not Stated

**3.6 Does it (the kitchen or kitchenette) have a sink permanently connected to a water supply and waste pipe ?**

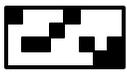
- Yes
- No
- Not Stated

**3.7 Does this household have the use of a bathroom ?**

- Yes for the use only by this household
- Yes shared with another household
- No (Go to Q 3.9)
- Not Stated

**3.8 Does it (the bathroom) have a fixed bath or shower ?**

- Yes
- No
- Not Stated



Draft

PC01A

Confidential

3.9 What is the main method of garbage disposal for this household ?

- Regular Public Collection System
- Irregular Public Collection System
- Private Collection System
- Burn
- Bury
- Dumping in Sea/River/Pond/Gully
- Dumping in Own Yard
- Dumping at Municipal Site
- Other Dumping
- Other Method of Disposal
- Not Stated

3.10 What type of toilet facilities does this household have ?

- WC Linked to Sewer
- WC not Linked to Sewer
- Pit
- None ( Go to Q 3.12 )
- Not Stated

3.11 Are the facilities shared with another household ?

- Shared
- Not Shared
- Not Stated

3.12 What does this household use most for lighting ?

- Electricity
- Other
- Kerosene
- Not Stated

3.13 What type of fuel does the household use most for cooking ?

- Gas
- Biogas
- Electric
- Solar Energy
- Wood
- Other
- Charcoal
- No Cooking Done
- Kerosene
- Not Stated

3.14 What is the main source of domestic water supply for the household ?

- Public piped into dwelling
- Public piped into yard
- Private piped into dwelling
- Private Catchment, not piped
- Public Standpipe
- Public Catchment
- Spring or River
- Other
- Not Stated

3.15 Is there a personal computer in this household ?

- Yes
- No (Go to Q3.17)
- Not Stated

3.16 Is there an internet connection to this computer ?

- Yes
- No
- Not Stated

3.17 Does this household have access to a telephone ? ( One answer only )

- Yes in dwelling (not cellular)
- No
- Yes Cellular
- Not Stated
- Yes Neighbour's Facility

SECTION 4

CRIME & VIOLENCE

4.1 Has any member of this household been the victim of any of the following crimes during the last 12 months ? (READ CATEGORIES)

	Yes	No	Don't Know	Not Stated
Murder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shooting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rape & Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Robbery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Praedial Larceny	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If 'No' or 'Don't know' To All Go to Q5.1  
If 'Yes' To Any Continue



4.2 Was/Were the crime (s) reported to the police ?

- Yes (Go to Q5.1)
- No (Go to Q5.1)
- Don't Know (Go to Q5.1)
- Not Stated

4.3 Why was/were the crime (s) not reported ?

- No Confidence in the administration of justice
- Afraid of perpetrator
- Perpetrator was household member/relative/friend
- Not serious enough
- Other
- Not Stated

SECTION 5 MIGRATION & MORTALITY

5.1 Did any one from this household go to live abroad during the year 2000 ?

- Yes
- No (Go to Q5.3)
- Not Stated

5.2 Please give me the number of persons from this household who went to live abroad during the year 2000 and the sex and age of each.

Person Number	Sex			Age
	M	F	Not Stated	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

If Not Stated Record 99

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

- Yes
- No (Go to Q6.1)
- Not Stated

5.4 Please give me the number of persons who died during the last 12 months and the sex and age of each.

Person Number	Sex			Age
	M	F	Not Stated	
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

If Not Stated Record 99

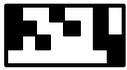
SECTION 6 BUSINESS ACTIVITY

6.1 Is there a business being operated within this household ?

- Yes
- No (Go to Individual Questionnaire)
- Not Stated

6.2 What is the type of business activity ?

- Not Stated



PC Draft

Confidential

POPULATION AND HOUSING CENSUS 2001 - JAMAICA

PARISH	CONSTITUENCY	ENUM. DIST.	HOUSING UNIT	DWELLING	HOUSEHOLD
<input type="text"/>					

SECTION 1 CHARACTERISTICS (for all persons)

FIRST NAME

LAST NAME

INDIVIDUAL No.

1.1 Is ..... male or female?  
 Male  Female

1.2 (a) What is your/ ..... 's date of birth?  
 Year    / Month   / Day    
 Not Stated

(b) What was your/ ..... 's age at September 10th 2001?  
   Not Stated

1.4 To which race or ethnic group would you say you/..... belong(s)? (READ CATEGORIES)

Black  East Indian  Not Stated  
 Chinese  White  
 Mixed  Other

1.5 What is your/..... 's religious affiliation or denomination?

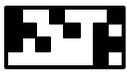
Anglican  Pentecostal  
 Baptist  Roman Catholic  
 Brethren  S.D.A.  
 Church of God in Jamaica  United Church  
 Church of God of Prophecy  Baha'i  
 Jehovah's Witness  Hinduism  
 Judaism  Islam  
 Methodist  Rastafarian  
 Moravian  Other  
 New Testament Church of God  None  
 Other Church of God  Not Stated

1.3 What is your/ ..... 's relationship to the head of the household?

Head  
 Wife/Husband of Head  
 Common Law Partner of Head  
 Child of Head and Spouse/Partner  
 Child of Head Only  
 Child of Spouse/Partner Only  
 Spouse/Partner of Child  
 Grand child of Head/Spouse/Partner  
 Parent of Head/Spouse/Partner  
 Brother/Sister of Head/Spouse/Partner  
 Other Relative of Head/Spouse/Partner  
 Domestic Employee  
 Other Non-Relative  
 Not Stated

PERSONS UNDER 16 YEARS GO TO Q. 1.9 OR PERSONS 16 YEARS AND OVER ONLY

1.6 What is your/ ..... 's legal marital status? For example are you/is ..... married, divorced, widowed or never married?  
 Married  Never married (Go to Q1.8)  
 Divorced (Go to Q1.8)  Not Stated  
 Widowed (Go to Q1.8)  
 Legally Separated (Go to Q1.8)



Draft

**PC01B**

**Confidential**

**1.7 Are you/is ..... currently living with your/his/her husband/wife?**  
 Yes (Go to Q1.9)     No     Not Stated

**1.8 Are you/is ..... currently living with a common-law partner?**  
 Yes     No     Not Stated

**1.9 Do you/does ..... suffer from any ..... disability or illness?**  
 Yes     No (Go to Q1.11)     Not Stated

**1.10 Which of the following is the main illness? (READ CATEGORIES)**

Arthritis                       KidneyDisease  
 Asthma                             Glaucoma  
 Diabetes                           SickleCellDisease  
 Hypertension                   None of the above, Other  
 HeartDisease                   Not Stated

**1.11 Do you/does ..... suffer from any disability or infirmity?**  
 Yes     No (Go to Q1.14)     Not Stated

**1.12 Does the disability limit your/his/her ..... activities compared with most people of the same age?**  
 Yes     No (Go to Q1.14)     Not Stated

**1.13 What type of disability do you/does ..... have?**

SightOnly                       Slowness of Learning  
 HearingOnly                       MentalRetardation  
 SpeechOnly                       MentalIllness  
 PhysicalDisabilityonly        Other  
 MultipleDisability               Not Stated

**FOR CHILDREN UNDER 4 YEARS SCORE NO AND**  
 **GO TO SECTION 2**

**1.14 Are you/is ..... currently attending school or registered in an educational programme?**  
 Yes at school or other institution/HEART (Go to Q1.16)  
 Yes private study (Go to Q1.16)  
 No  
 Not Stated

**ASK Q. 1.15 OF PERSONS 4-13 YEARS ONLY (PERSONS 14 YEARS AND OVER GO TO Q. 1.16)**

**1.15 Why are you not attending school?**  
 Parent(s) cannot afford it  
 Poor in Studies/Not interested in school  
 Illness/Disability  
 To help with household chores  
 To help in household business  
 To work for wages/salaries  
 Other  
 Not Stated

**1.16 What is the highest level of education that you have /that ..... has attained? (READ CATEGORIES)**

None                                       OtherTertiary  
 Pre-Primary                             SpecialSchool  
 Primary                                     Other  
 Secondary                                 Not Stated  
 University

**SECTION 2 BIRTHPLACE RESIDENCE**  
For all persons

**2.1 Do you/does ..... live in this household all or most of the time?**  
 Yes (Go to Q2.3)     No     Not Stated

**2.2 Where do you/does ..... usually live?**

(a) Another household in this parish  
 (b) Elsewhere in the Country

St. Ann     St. Elizabeth  
 St. Andrew     Trinity     Manchester  
 St. John     St. James     Clarendon  
 Portland     Hanover     St. Catherine  
 St. Mary     Westmoreland  
 (c) Abroad     Not Stated

 **END INTERVIEW IF NOT USUAL RESIDENT OF HOUSEHOLD**

Draft

PC01B

Confidential

2.3 Where were you/was ..... born?  
By that I mean the place where your/his/her  
mother was residing at the time of birth?

(a) Parish in Jamaica (Score Parish and then go to Q. 2.5)

- Kingston
- St. Ann
- St. Elizabeth
- St. Andrew
- Trelawny
- Manchester
- St. Thomas
- St. James
- Clarendon
- Portland
- Hanover
- St. Catherine
- St. Mary
- Westmoreland
- Not Stated

(b) Abroad

- USA
- India
- UK
- S.E. Asia
- Canada
- Other
- Caribbean Country
- Not Stated

2.4 In what year did you/did ..... come to live in Jamaica?

(End Interview)  Not Stated

2.5 In what year did you/did ..... come to live in this parish?

Not Stated

2.6 In what parish did you/did ..... last live?

- Kingston
- St. Ann
- St. Elizabeth
- St. Andrew
- Trelawny
- Manchester
- St. Thomas
- St. James
- Clarendon
- Portland
- Hanover
- St. Catherine
- St. Mary
- Westmoreland
- Not Stated

2.7 Have you/has ..... ever lived outside of Jamaica for  
five years or more continuously?

- Yes
- No (End Interview)
- Not Stated

2.8 In what country did you/did ..... last live?

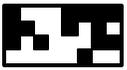
- USA
- Canada
- Other
- UK
- Caribbean Country
- Not Stated

2.9 In what year did you/did ..... return to live in Jamaica?

Not Stated

2.10 What is the main reason why you/why ..... returned to  
live in Jamaica?

- Retirement
- Employment
- Jamaica Home
- The Weather
- Health Reasons
- Other
- Achieved Objective Abroad
- Not Stated
- Involuntary Return



Draft



Sample  
Sample  
Sample





1.7 Are you/is ..... currently living with your/his/her husband/wife?  
 Yes ( Go to Q1.9 )     No     Not Stated

1.8 Are you/is ..... currently living with a common-law partner?  
 Yes     No     Not Stated

1.9 Do you/does ..... suffer from any long standing illness?  
 Yes     No ( Go to Q1.11 )     Not Stated

1.10 Which of the following is the main illness?  
 (READ CATEGORIES)

Arthritis                       KidneyDisease  
 Asthma                          Glaucoma  
 Diabetes                        SickleCellDisease  
 Hypertension                 None of the Above/Other  
 HeartDisease                Not Stated

1.11 Do you/does ..... suffer from any disability or infirmity?  
 Yes     No ( Go to Q1.14 )     Not Stated

1.12 Does the disability limit your/his/her ..... activities compared with most people of the same age?  
 Yes     No ( Go to Q1.14 )     Not Stated

1.13 What type of disability do you/does ..... have?

Sight Only                       Slowness of Learning  
 Hearing Only                     Mental Retardation  
 Speech Only                     Mental Illness  
 Physical Disability only       Other  
 Multiple Disability             Not Stated

FOR CHILDREN UNDER 4 YEARS SCORE NO AND

 GO TO SECTION 2

1.14 Are you/is ..... currently attending school or registered in an educational programme?  
 Yes at school or other institution/HEART ( Go to Q1.16 )  
 Yes private study ( Go to Q1.16 )  
 No  
 Not Stated

ASK Q. 1.15 OF PERSONS 4-13 YEARS ONLY  
 (PERSONS 14 YEARS AND OVER GO TO Q. 1.16)

1.15 Why are you not attending school?  
 Parent(s) cannot afford it  
 Poor income/Not interested in school  
 Illness/Disability  
 To help with household chores  
 To help in household business  
 To work for wages/salaries  
 Other  
 Not Stated

1.16 What is the highest level of education that you have /that ..... has attained?  
 (READ CATEGORIES)

None                               Other Tertiary  
 Pre-Primary                     Special School  
 Primary                          Other  
 Secondary                       Not Stated  
 University

## SECTION 2 BIRTHPLACE & RESIDENCE (for all persons)

2.1 Do you/does ..... live in this household all or most of the time?  
 Yes ( Go to Q2.3 )     No     Not Stated

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

(a) Another household in this parish  
 (b) Elsewhere in the Country

Kingston     St. Ann     St. Elizabeth  
 St. Andrew     Trelawny     Manchester  
 St. Thomas     St. James     Clarendon  
 Portland     Hanover     St. Catherine  
 St. Mary     Westmoreland  
 (c) Abroad     Not Stated



END INTERVIEW IF NOT USUAL  
 RESIDENT OF HOUSEHOLD



**PC01C**

**Confidential**

**2.3 Where were you/was ..... born?  
By that I mean the place where your/his/her  
mother was residing at the time?**

(a) Parish in Jamaica (Score Parish and then go to Q. 2.5)

- Kingston     St. Ann     St. Elizabeth
- St. Andrew     Trelawny     Manchester
- St. Thomas     St. James     Clarendon
- Portland     Hanover     St. Catherine
- St. Mary     Westmoreland     Not Stated

(b) Abroad

- USA     India
- UK     S.E. Asia
- Canada     Other
- Caribbean Country     Not Stated

**2.4 In what year did you/did ..... come to live in Jamaica?**

(Go to Section 2)  Not Stated

**2.5 In what year did you/did ..... come to live in this parish?**

Not Stated

**2.6 In what parish did you/did ..... last live?**

- Kingston     St. Ann     St. Elizabeth
- St. Andrew     Trelawny     Manchester
- St. Thomas     St. James     Clarendon
- Portland     Hanover     St. Catherine
- St. Mary     Westmoreland     Not Stated

**2.7 Have you/has ..... ever lived outside of Jamaica for  
five years or more continuously?**

- Yes     No (Go to Section 3)     Not Stated

**2.8 In what country did you/did ..... last live?**

- USA     Canada     Other
- UK     Caribbean Country     Not Stated

**2.9 In what year did you/did ..... return to live in Jamaica?**

Not Stated

**3.0 What is the main reason why you/why ..... returned to  
live in Jamaica?**

- Retirement     Employment
- Jamaica is home     The Weather
- Health Reasons     Other
- Achieved Objective Abroad     Not Stated
- Involuntary Return

EDUCATION (For persons 4 years and over)

**SECTION 3**

& TRAINING (For persons 14 years and over)

**3.1 What is the highest examination that you  
have/that ..... has passed?**

- None
- KC Bats, JHS, JHS or JSC or 3rd JLCL, SSC, JC
- GCE 'O' 1-3, GCE General 1-3 AEB, etc.
- GCE 'O' 4+, GCE General 4+ AEB, etc.
- GCE 'A' 1+, JUC, CAPE 1+
- College Certificate/Diploma
- Associate Degree/Other Certificates and Diplomas
- Degrees and Professional Qualifications
- Other
- Not Stated

**3.2 How many years of schooling have you/has ..... had ?**

Not Stated



(IF AGE UNDER 14 YEARS, END INTERVIEW)

**3.3 Are you/is ..... currently being trained for any  
specific job or occupation ?**

- Yes     No (Go to Q 3.8)     Not Stated

Draft

**PC01C**

**Confidential**

**3.4 For what job or occupation are you/is ..... being trained ?**

\_\_\_\_\_

--	--	--	--

Not Stated

**3.5 How is this training being received ?**

**HEART PROGRAMMES**

- Vocational Training Centre / Academy
- VTDI  Other  Not Stated

**OTHER PROGRAMMES**

- UWI  UTECH
- Northern Caribbean University  Nursing School
- Community College  Apprenticeship
- Teacher's College, CASE  On the Job Training
- Other Tertiary  Other
- Technical School  Not Stated
- Secretarial/Commercial College
- Police Training School/Jamaica Police Academy

**3.6 How long is the period of training ?**

- Under 6 months  2 years - under 3 years
- 6 months. - under 1 year  3 years and over
- 1 year - under 2 years  Not Stated

**3.7 What qualification will you/..... receive on completion of training ?**

- None  Professional Qualification
- Certificate  Graduate Degree
- Associate Degree  Other
- Diploma  Not Stated
- Under Graduate Degree

**3.8 Have you ever/has ..... ever been trained for a specific job or occupation in the past ?**

- Yes  No ( Go to Section 4 )  Not Stated

**3.9 For what job or occupation were you/was ..... trained ?**

\_\_\_\_\_

--	--	--	--

Not Stated

**3.10 How was the training received ?**

**HEART PROGRAMMES**

- Vocational Training Centre / Academy
- VTDI  Other  Not Stated

**OTHER PROGRAMMES**

- UWI  CAST/UTECH
- West Indies College/NCU  Nursing School
- Community College  Apprenticeship
- Teacher's College, CASE  On the Job Training
- Other Tertiary  Other
- Technical School  Not Stated
- Secretarial/Commercial College
- Police Training School/Jamaica Police Academy

**3.11 How long was the period of training ?**

- Under 6 months  2 years - under 3 years
- 6 months. - under 1 year  3 years and over
- 1 year - under 2 years  Not Stated

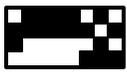
**3.12 What qualification did you/did ..... receive on completion of training ?**

- None  Professional Qualification
- Certificate  Graduate Degree
- Associate Degree  Other
- Diploma  Not Stated
- Under Graduate Degree

**ASK Q 3.13 ONLY OF PERSONS WHO HAVE HAD TRAINING IN THE PAST**

**3.13 Are you/is ..... currently working in the job or occupation for which you were/he/she was trained ?**

- Yes  No  Not Stated



Draft

PC01C

Confidential

**ECONOMIC ACTIVITY**  
**SECTION 4**  
*(For persons 14 years and over)*

**4.1** Did you/did ..... work for at least one hour during the first week of September 2001 ?

Yes ( Go to Q4.5 )    No    Not Stated

**4.2** Did you/did .....do anything like farming, buying and selling during the first week of September 2001 ?

Yes ( Go to Q4.5 )    No    Not Stated

**4.3** Did you/did ..... do any type of odd job or hustling during the first week of September 2001 ?

Yes ( Go to Q4.5 )    No    Not Stated

**4.4** What were you/was ..... doing for most of the time during the first week of September 2001 ?  
 (READ CATEGORIES)

- Working in Agriculture or any other business for pay
- With job not working ( Go to Q4.6 )
- Seeking first job ( Go to Q4.15 )
- Seeking a job which was not the first ( Go to Q4.7 )
- Did not seek work but wanted work and was available ( Go to Q4.7 )
- Student ( Go to Q4.14 )
- Did Home Duties ( Go to Q4.14 )
- Retired did not work( Go to Q4.14 )
- Disabled unable to work ( Go to Q4.14 )
- Not interested in work ( Go to Q4.15 )
- Other ( Go to Q4.14 )
- Not Stated

**4.5** How many hours did you/did ..... work during the first week of September 2001 ?

--	--

Not Stated

**4.6** Which of the following categories best describes your/ ..... 's main employment?  
 (READ CATEGORIES)

- Paid Government Employee
- Paid Employee in Private Enterprise
- Paid Employee in Private Home
- Unpaid Employee in Agriculture or any other type of business
- Self Employed with employees
- Self Employed without employees
- Other
- Not Stated

**4.7** What kind of work do you do/does ..... do/did you last do/did ..... last do ?

--	--	--	--

Never Worked ( Go to Q4.19 )    Not Stated

**4.8** What type of business is/was carried on at the work place

--	--	--	--

Not Stated

**▶ GO TO Q 4.14 IF RESPONDENT IS NOT CURRENTLY EMPLOYED OTHERWISE CONTINUE**

**4.9** Where is your/ is ..... 's place of work located ?  
 (READ CATEGORIES)

- In own home or yard    On a Farm
- In another home or yard    Not Stated
- Not in a private home

**4.10** In which parish do you/does ..... work ?

- Kingston    Hanover
- St. Andrew    Westmoreland
- St. Thomas    St. Elizabeth
- Portland    Manchester
- St. Mary    Clarendon
- St. Ann    St. Catherine
- Trelawny    More than one parish
- St. James    Not Stated



Draft

PC01C

Confidential

4.11 How many persons including yourself / including ..... are working in the business or at the work place?

- 1 person
- 2 - 4 persons
- 5 - 9 persons
- 10 - 19 persons
- 20 + persons
- Not Stated

4.12 What is the Name and Address of the Business Establishment where you/where ..... work(s) ?

\_\_\_\_\_

\_\_\_\_\_

- Don't Know
- Not Stated

4.13 What is your/.....'s weekly, monthly or annual income from all employment? (in £)

Not Stated

**Weekly**

- Less than 1,000
- 1,000 - 1,499
- 1,500 - 5,999
- 6,000 - 9,999
- 10,000 - 19,999
- 20,000 - 29,999
- 30,000 - 59,999
- 60,000 and over

**Monthly**

- Less than 3,500
- 3,500 - 5,999
- 6,000 - 24,999
- 25,000 - 39,999
- 40,000 - 79,999
- 80,000 - 129,999
- 130,000 - 249,999
- 250,000 and over

**Annually**

- Less than 40,000
- 40,000 - 79,999
- 80,000 - 299,999
- 300,000 - 499,999
- 500,000 - 999,999
- 1,000,000 - 499,999
- 1.5 million - 2,999,999
- 3 million and over

(GO TO Q. 4.15)

4.14 When was the last time that you /that ..... worked ?

**Year**                      **Month**

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

- Never Worked ( Go to Q4.19 )
- Not Stated

4.15 What did you/did ..... do most during the past twelve months ?

- Worked or had a job
- Looked for first job ( Go to Section 5 )
- Looked for work which was not the first ( Go to Q4.17 )
- Student ( Go to Q4.17 )
- Home Duties ( Go to Q4.17 )
- Retired did not work ( Go to Q4.17 )
- Disabled unable to work ( Go to Q4.17 )
- Not Interested in work ( Go to Q4.17 )
- Other ( Go to Q4.17 )
- Not Stated

4.16 How many months did you/did ..... work?

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

Not Stated

4.17 Have you/has ..... ever been laid off permanently made redundant during the past 5 years ?

- Yes
- ( Go to Q4.19 )
- Not Stated

4.18 In what Industry were you/was ..... working at the time of lay-off or redundancy ?

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

Not Stated

**Q4.19 & Q4.20 FOR PERSONS 60 YEARS AND OVER ONLY**

**IF UNDER 60 YEARS GO TO SECTION 5**

4.19 Do you /does ..... currently receive any Social Welfare benefits or pension ?

- Yes
- No ( Enclose interview )
- Not Stated

4.20 What benefits or pension ? (tick all applicable)

- Employment related pension
- National Insurance
- Food Stamps
- Other Public Assistance / Poor Relief
- Other
- Not Stated



Draft

PC01C

Confidential

**SECTION 5 FERTILITY**  
(For Females 14-49 years)

**5.1 Have you/has .....ever had liveborn children ?**  
 Yes  No ( *End Interview* )  Not Stated

**5.2 How many liveborn children and of what sex ?**  
  Total   Male   Female  
*If Not Stated Record 99*

**5.3 How many liveborn children are still alive ?**  
  Total   Male   Female  
*If Not Stated Record 99*

**5.4 How old were you/was..... when you had your/ she had her/first liveborn child?**  
   Not Stated

**5.5 How old were you/was..... when you had your/ she had her/last liveborn child?**  
   Not Stated

**5.6 Did you/did ..... have any livebirths during the past 12 months ?**  
 Yes  No ( *End Interview* )  Not Stated

**5.7 How many livebirths did you/did ..... have in the past 12 months ?**  
 Total    Not Stated  
 One Birth  More than two Births  
 Two Separate Births  Not Stated  
 Twins

**5.8 Of what sex were the children who were born in the past 12 months and were the births registered?**

Child No.	Sex			Registered			
	M	F	Not Stated	Yes	No	Don't Know	Not Stated
1	<input type="radio"/>						
2	<input type="radio"/>						
3	<input type="radio"/>						

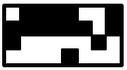
**5.9 Have any of the children who were born during the past 12 months died ?**  
 Yes  No ( *End Interview* )  Not Stated

**5.10 How many of the children who were born in the past 12 months have died ?**  
  Total   Male   Female  
*If Not Stated Record 99*

**5.11 Of what sex and age (in months) were the children who died and were the deaths registered ?**

Child No.	Sex		Not Stated	Age	Registered			
	M	F			Yes	No	Don't Know	Not Stated
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Not stated record 99*



Draft



Sample

Sample

Sample

