Organisation Of Eastern Caribbean States

Population And Housing Census

2001

MONTserrat

Census Day May 12

MONTserrat: Counting on you for Development
INTERVIEWER SAY: Here is my identification card. (Show card). I am the Census Interviewer assigned to this area and I would like to get some information about the household and its members.

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<th>Interviewer Calls</th>
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Results Codes:

1= Completed
2= Partially completed, call back
3= Dwelling closed
4= Address vacant
5= No contact
6= Refusal
7= No suitable respondent at home
8= Other
(Please specify) *

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Interviewer
Supervisor
Editor/Coder
Data Entry
Interviewer: Please give us the names of all the persons who usually live and share one daily meal with your household.

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<th>No.</th>
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Section 1 Migration

1. (a) Did any member of this household move to live abroad during the last ten years (1991-2001)?

   1. [ ] Yes (if Yes continue)
   2. [ ] No (Go to Section 2)

   (b) How many persons moved? [ ]

List the Individuals and record their particulars as outlined below:

<table>
<thead>
<tr>
<th>Individual’s Number</th>
<th>Year Moved 1991-2001</th>
<th>Educational Level When Moved</th>
<th>Sex</th>
<th>Age When Moved</th>
<th>Occupation When Moved</th>
<th>Name of Country of Migration</th>
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Section 2: Housing

9. (Interviewer ask this question only if the answer is not obvious. Else, tick the appropriate box).

What type of dwelling does this household occupy?

1. | | Undivided private house
2. | | Part of a private house
3. | | Flat/apartment/condominium
4. | | Townhouse
5. | | Double house/duplex
6. | | Combined business & dwelling
7. | | Barracks
8. | | Other

10. (a) Is this dwelling insured?

1. | | Yes
2. | | No
3. | | Don’t know
4. | | Not Stated

(b) Are the contents of this dwelling insured?

1. | | Yes
2. | | No
3. | | Don’t know
4. | | Not Stated

11. Does this household own, rent or lease this dwelling?

1. | | Owned (Go to Q.15)
2. | | Squatted (Go to Q.16)
3. | | Rented-Private (Go to Q.12)
4. | | Rented-Government (Go to Q.12)
5. | | Leased (Go to Q.12)
6. | | Rent-free (Go to Q.16)
7. | | Other (Go to Q.16)
8. | | Don’t know/Not Stated (Go to Q.16)

12. What is the rental/lease period for this dwelling?

1. | | Weekly
2. | | Fortnightly
3. | | Monthly
4. | | Quarterly
5. | | Half-yearly
6. | | Annually
7. | | Don’t know
8. | | Not Stated

13. Is this dwelling rented as fully furnished, semi-furnished or unfurnished?

1. | | Fully furnished
2. | | Semi-furnished
3. | | Unfurnished
4. | | Not stated

14. How much rent are you now paying? $ (Go to Q.17)

15. How much mortgage are you now paying monthly? $

16. What about the land - is it freehold, leasehold, or some other type of occupancy?

1. | | Owned/Freehold
2. | | Leasehold
3. | | Rented
4. | | Permission to work land
5. | | Sharecropping
6. | | Squatted
7. | | Other
8. | | Don’t know/Not stated

17. What is the construction material of the outer walls?

1. | | Wood
2. | | Concrete/Concrete Blocks
3. | | Wood & Concrete
4. | | Stone
5. | | Brick
6. | | Adobe
7. | | Makeshift
8. | | Other (Specify)
9. | | Don’t know

18. What is the material used for roofing?

1. | | Sheet metal (zinc, aluminum, galvanize, galvalume)
2. | | Shingle (asphalt)
3. | | Shingle (wood)
4. | | Shingle (other)
5. | | Tile
6. | | Concrete
7. | | Makeshift/thatched
8. | | Other (Specify)
9. | | Don’t know
10. | | Not Stated

19. In which year was this dwelling built?

1. | | Before 1970
2. | | 1970-1979
3. | | 1980-1989
4. | | 1990-1995
5. | | 1996
6. | | 1997
7. | | 1998
8. | | 1999
9. | | 2000
10. | | 2001
11. | | Don’t Know
12. | | 1997

20. What is the main source of your water supply?

1. | | Private, piped into dwelling
2. | | Private catchment not piped
3. | | Private catchment piped
4. | | Public, piped into dwelling
5. | | Public, piped into yard
6. | | Public standpipe
7. | | Public well or tank
8. | | Other (please specify)
21. What is the most used type of toilet facilities in this household?
   1. [ ] W.C. (flush toilet) linked to sewer
   2. [ ] W.C. (flush toilet) linked to Cesspit or septic tank/Soak-away
   3. [ ] Pit-latrine/VIP
   4. [ ] Other (please specify) ___________________________
   5. [ ] None (Go to Q. 23)

22. Are these toilet facilities shared with another person(s) not of this household?
   1. [ ] Yes, Shared
   2. [ ] Not shared

23. Are your bathing facilities indoors or outdoors?
   1. [ ] Indoors
   2. [ ] Outdoors (private)
   3. [ ] None (Go to Q. 25)
   4. [ ] Other (Specify__________________________)

24. Are these bathing facilities shared with another person(s) not of this household?
   1. [ ] Yes, Shared
   2. [ ] Not shared

25. What type of lighting does this household use most?
   1. [ ] Gas
   2. [ ] Kerosene
   3. [ ] Electricity – Public
   4. [ ] Electricity – Private Generator
   5. [ ] Other (Specify______________________)
   6. [ ] None

26. 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. [ ] Other (Specify__________________________)

27. Is your kitchen indoors or outdoors?
   1. [ ] Indoors
   2. [ ] Outdoors (private)
   3. [ ] None (Go to Q. 29)
   4. [ ] Other (Specify__________________________)

28. Is the kitchen shared with another person(s) not of this household?
   1. [ ] Yes, Shared
   2. [ ] Not shared

29. How many rooms does your household occupy? Do not count bathrooms, porches, kitchens etc?

30. How many bedrooms are there in this dwelling unit? Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters – Count all bedrooms including spares not occupied.

31. What is your main method of garbage disposal?
   1. [ ] Dumping land
   2. [ ] Compost
   3. [ ] Buring
   4. [ ] Dumping river/sea/pond
   5. [ ] Buring
   6. [ ] Garbage truck/Skip/bin
   7. [ ] Other (Specify__________________________)

32. Which of these appliances/household equipment does your household have? (read categories) 1= Yes 2=No 9=Not Stated

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33. Does this household have an internet connection?
   1. [ ] Yes
   2. [ ] No
   3. [ ] Not Stated

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

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Section 3: Crime
35. Has any member of your household been a victim of crime during
   (a) the last 5 years (1996-2001)?
   1. [ ] Yes (go to question 36)
   2. [ ] No (go to Section 4)
   3. [ ] Not Stated (go to section 4)

   (b) the last 12 months (May 2000-May 2001)?
   1. [ ] Yes (go to question 36)
   2. [ ] No (Go to Section 4)
   3. [ ] Not Stated (Go to section 4)

36 What was the nature of the crime?
   1 Crime against person
      | Sex | No. |
      |     |     |
      | Male|     |
      | Female|   |
      | Both |   |
   2 Crime against property
   3 Other (please specify)

37 Was the crime reported to the police?
   1. Crime Against Person:
      1. [ ] Yes (go to section 4)
      2. [ ] No (go to Q 38)
      3. [ ] NA (go to section 4)
      4. [ ] NS (go to section 4)
   2. Crime against property:
      1. [ ] Yes (go to section 4)
      2. [ ] No (go to Q 38)
      3. [ ] NA (go to section 4)
      4. [ ] NS (go to section 4)
   3. Other
      1. [ ] Yes (go to section 4)
      2. [ ] No (go to Q 38)
      3. [ ] NA (go to section 4)
      4. [ ] NS (go to section 4)

38 Why was the Crime not Reported to the Police?
   1 [ ] Crime against Person
   2 [ ] Crime Against Property
   3 [ ] Other
   1. No confidence in the administration of Justice.
   2. Afraid of Perpetrator
   3. Perpetrator was a household member
   4. Not Serious Enough
   5. Other
   6. Not Applicable
   7. Not Stated

(End of Household Questionnaire)
Section 5. Disability, FOR ALL PERSONS

45. Does........ suffer from any long-standing, disability or infirmity?

1 [ ] Yes 2 [ ] No (Go to Q. 52)

46. What was the origin of the disability?

1 [ ] Illness
2 [ ] From Birth
3 [ ] Accident
4 [ ] Other ______

47. At what age did disability begin?

48. What type of disability or impairment does...have?
   (More than one oval may be marked)

   1 [ ] Sight (Even with glasses if worn)
   2 [ ] Hearing (even with hearing aid if used)
   3 [ ] Speech (Talking)
   4 [ ] Mobility (Walking, standing, climbing stairs)
   5 [ ] Body Movements (reaching, crouching, kneeling)
   6 [ ] Gripping
   7 [ ] Learning
   8 [ ] Behavioural
   9 [ ] Other ______

49. Was........ disability/major impairment ever diagnosed by a medical doctor?

   1 [ ] Yes 2 [ ] No 3 [ ] Not Stated

50. Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

   Learning, remembering, or concentrating?
   1 [ ] Yes 2 [ ] No

   Dressing, bathing, or getting around inside the home?
   1 [ ] Yes 2 [ ] No

   Going outside the home alone to shop or visit a Doctor’s Office?
   1 [ ] Yes 2 [ ] No

   (Ask if person is 15 YEARS OLD OR OVER.) Working at a job or business?
   1 [ ] Yes 2 [ ] No 3 [ ] NA

51. Are you required to use any of the following aids?
   (more than one oval may be marked)

   1 [ ] Wheelchair 6 [ ] Cane
   2 [ ] Walker 7 [ ] Prosthesis/artificial body part
   3 [ ] Crutches 8 [ ] Orthopedic Shoes
   4 [ ] Braille 9 [ ] Other(Specify______________)
   5 [ ] Adapted car 10 [ ] None
Section 6. Health For All Persons

52. Does....suffer from any of the following illness? (More than one may be marked)
1. [ ] Sickle cell anemia
2. [ ] Arthritis
3. [ ] Asthma
4. [ ] Diabetes
5. [ ] Hypertension
6. [ ] Heart disease
7. [ ] Stroke
8. [ ] Kidney Disease
9. [ ] Cancer
10. [ ] HIV
11. [ ] AIDS
12. [ ] Lupus
13. [ ] Carpal Tunnel
14. [ ] Other, specify____________________

Utilisation of Medical Facility

53. Has...utilised a medical facility in the past month?
1. [ ] Yes
2. [ ] No (Go to Q 55)
3. [ ] Not Stated (Go to Q 55)

54. What main medical facility has...utilised in the past month?
1. [ ] Public Hospital
2. [ ] Family Planning Clinic
3. [ ] Public Health Centre
4. [ ] Private Clinic/Hospital
5. [ ] Private Doctor's Office
6. [ ] Pharmacy (medication)
7. [ ] Other
8. [ ] Medical Visiting Stations
9. [ ] Not Stated

Specify____________________

55. Is...covered by an Insurance (health, life etc.) and/or Employee Medical Plan
1. [ ] Yes
2. [ ] No (Go to Q 57)
3. [ ] Don't know (Go to Q 57)

56. What type of Insurance does...have? (More than one may be ticked)
1. [ ] NIS/Social Security
2. [ ] Group Health Insurance
3. [ ] Individual Health
4. [ ] Life with health
5. [ ] Endowment with Health
6. [ ] Life
7. [ ] Other Specify

Section 7: Birthplace & Residence

57. Where was born?
1. [ ] In this country
2. [ ] Abroad (Go to Q 60)
3. [ ] Not Stated (Go to Q 59)
4. [ ] Don't know (Go to Q 59)

58. In what part of Montserrat is that?
Community____________________

District/Parish____________________

59. Have you/his....ever lived in another country?
1. [ ] Yes (Go to Q 61)
2. [ ] No/Don't know (Go to Q 64)

60. In what country was that?
1. [ ] Country
2. [ ] Don't know

61. In what country did...last live?
1. [ ] Country
2. [ ] Don't know

62. In what year did...last come to live in Montserrat?
1. [ ] Year
2. [ ] Don't know

63. Why did...return/come to Montserrat?
1. [ ] Regard it as home
2. [ ] Family is here
3. [ ] Other

64. In what town, village on Montserrat did......they last live?
1. [ ] Don't know
2. [ ] Never moved (Go to Q 68)

Community____________________

District/Parish____________________

65. In what year did...you finally come to live in this town, village or district?
1. ____________________________

2. [ ] Don't know

66. Where does....usually live?
1. [ ] At this address (Go to Q 68)
2. [ ] Elsewhere in this country (Go to Q 67)
3. [ ] Abroad (Go to Q 68)
4. [ ] Don't know (Go to Q 68)

67. In what part of the country is that?
Community____________________

District/Parish____________________

[ ] Don't Know
Section 8: Education (FOR ALL PERSONS)

68. Is...attending any school or educational institution now, whether full-time or part-time?

1. [ ] Yes - full-time
2. [ ] part-time
3. [ ] No (Go to Q. 72)
4. [ ] Don't know (Go to Q. 72)

69. What type of school or institution are you/is he/she attending?

1. [ ] Day care/Nursery
2. [ ] Pre-school
3. [ ] Infant/Kindergarten
4. [ ] Special education
5. [ ] Primary
6. [ ] Senior Primary/Junior Secondary/Post Primary
7. [ ] Secondary
8. [ ] Sixth Form ('A' level)
9. [ ] Technical/Vocational School
10. [ ] University
11. [ ] Adult Education
12. [ ] Other (Please specify)
13. [ ] Don't Know
14. [ ] Not Stated

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

Name __________________________________________

Address ________________________________________

71. What is your/his/her main mode of travel to the school or institution?

1. [ ] Walk
2. [ ] Bicycle
3. [ ] Private car or vehicle
4. [ ] Government School Bus
5. [ ] Public transport (minibus)
6. [ ] Hired transport (taxi)
7. [ ] Don’t know/Not Stated

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

1. [ ] Daycare/Nursery
2. [ ] Pre-school
3. [ ] Infant
4. [ ] Primary Grade/Standard (1 - 3 years)
5. [ ] Primary Grade/Standard (4 - 6 years)
6. [ ] Secondary
7. [ ] Pre-University/post Secondary/College
8. [ ] University
9. [ ] None
10. [ ] Don’t Know
11. [ ] Not Stated

73. What is the highest certificate, diploma or degree that you/he/she have earned?

1. [ ] School leaving (e.g. Standard 6/7 School leaving exam)
2. [ ] Cambridge School Certificate
3. [ ] GCE 'O' Levels or CXC Number of subjects
4. [ ] High School Diploma/Certificate
5. [ ] GCE 'A' Levels No. of Subjects
6. [ ] Under-graduate Diploma
7. [ ] Other Diploma/Certificate
8. [ ] Associate Degree
9. [ ] Professional Certificate
10. [ ] Bachelors Degree
11. [ ] Post Graduate Diploma (Bachelors & half content required for a Masters)
12. [ ] Higher Degree (masters or Doctoral Degree)
13. [ ] Other
14. [ ] None
15. [ ] Don’t know
16. [ ] Not Stated

74. INTERVIEWER: Mark the appropriate square (See Q. 42)

1. [ ] Under 15 (Go to Q.111)
2. [ ] 15 years and over (continue)

Section 9 – Professional, Technical & Vocational Training (Persons 15 Years & Over)

75. (a) Were you ever trained/are you being trained for any occupation or profession? (Training can be formal or non-formal)

[ ] Yes
[ ] No (Go to Q.78)
[ ] Not Stated (Go to Q. 78)

(b) For which occupation(s)/profession(s) (state the most recent one first)?

(i) __________________________________________

(ii) __________________________________________

(iii) __________________________________________

(c) Is your/his/her present job related to your/his/her most recent training?

1. [ ] Yes
2. [ ] No
3. [ ] Not Applicable
Section 11 Fertility for All Persons 15 Years & Over

82. How many livebirths/children has...ever had/fathered?
(If ZERO, enter 00 & Go to Q. 89)
Live Births

83. How old were you/he/she when you/he/she had/fathered the first liveborn child?

84. How old were you/she/he at the birth of your/her/his last liveborn child?

85 to Q. 88 APPLY TO FEMALES UNDER AGE 50.
OTHERS GO TO Q.90

85. How many living babies/live births did you/she/he have in the last 12 months?

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

87. Have any of these babies died?
1. | 0: Yes  
2. | 1: No (Go to Q. 89)

88. How many died?

(a) Within the first month of life-
(b) After 1 month but before one year

Section 12 Economic Activity For Persons 15 Years & Over

89. What did..... 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. | 0: Worked (Go to Q. 92)
2. | 1: Had a job but did not work (Go to Q. 92)
3. | 2: Looked for work (Go to Q. 92)
4. | 3: Disabled, unable to work
5. | 4: Other (please specify)
6. | 5: Home Duties
7. | 6: Attended School
8. | 7: Retired
9. | 8: Discontinued
10. | 9: Other (please specify)
11. | 10: Not Stated

Section 10. Marital Status, Union Status

For ALL Persons 15 Year & Over

78. What is your...present union status?

1. | 0: Legally married (Go to Q. 80)
2. | 1: Common-law union (Go to Q. 92)
3. | 2: Visiting partner
4. | 3: Married but not in a union (Go to Q. 80)
5. | 4: Legally separated and not in a union (Go to Q. 80)
6. | 5: Widowed and not in union (Go to Q. 80)
7. | 6: Divorced and not in union (Go to Q. 80)
8. | 7: Not in a union
9. | 8: Don't know/Not stated

79. Have you ever been married?
1. | 0: Yes  
2. | 1: No  
3. | 2: Don't know/Not stated

80. Have you/has...ever lived together with a partner in a Common law relationship?

1. | 0: Yes
2. | 1: No (Go to Q. 82)
3. | 2: Don't know/Not stated (Go to Q. 82)

81. How old were you/he/she when you/he/she were/was first married or lived with a partner?

(d) In what year or period did you/he/she complete that training or still being trained?

1. | 0: 2001
2. | 1: 2000
3. | 2: 1999
4. | 3: 1998
5. | 4: 1994-97
6. | 5: 1990-93
7. | 6: 1980-89
8. | 7: Before 1980
9. | 8: Did not complete training
10. | 9: Still being trained
11. | 10: Not Stated
90. Did you/he/she do any work at all in the past 12 months? Include work at home, for example, piece work, decorative stitching, smocking, etc.

1. [ ] Yes (Go to Q. 92)
2. [ ] No

91. Have you/he/she ever worked or had a job?

1. Yes (Go to Q. 93)
2. No (Go to Q. 93)

92. How many months did you/he/she work in the past 12 months?

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<th>Number of months</th>
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93. What did...do most during the past week - for example, did you/he/she work, look for a job, keep house or carry on some other activity?

1. [ ] Worked (Go to Q. 97)
2. [ ] Had a job but did not work (Go to Q. 97)
3. [ ] Looked for work
4. [ ] Wanted work and available
5. [ ] Home Duties
6. [ ] Attended school
7. [ ] Retired
8. [ ] Disabled, unable to work
9. Other (Please specify)
10. [ ] Not Stated

94. Did you take any steps during the past two months to look for work?

1. [ ] No/Did Nothing
2. [ ] Direct Application (Sent out letters) (Go to Q. 96)
3. [ ] Checking at work sites, factory gates etc. (Go to Q. 96)
4. [ ] Seeking assistance from friends (Go to Q. 96)
5. [ ] Register at public/private employment exchange (Go to Q. 96)
6. [ ] Other (Go to Q. 96)
7. [ ] Not Stated (Go to Q. 96)

95. Why did...... not seek work during the past two months?

1. [ ] Own illness, disability, injury, pregnancy
2. [ ] 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 to see who gets the job
10. [ ] Awaiting busy season
11. [ ] Believe no suitable work available
12. [ ] Couldn't find suitable work
13. [ ] Not yet started to seek work
14. [ ] Not know how or where to seek work
15. [ ] Discouraged
16. [ ] Other (Specify....................)
17. [ ] Not Stated

96. Did you/he/she do any other kind of work at all last week for any length of time, including helping in a family business/farm, street vending or work at home?

1. [ ] Yes 2. [ ] No (Go to Q. 108)

97. How many hours did you/he/she work last week?

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2. [ ] Don't Know

98. What sort of work did you/he/she, do in your/his/her main occupation? Please specify in detail

1. _____________________________

2. _____________________________

99. What type of business was carried on at your/his/her workplace? Please specify in detail

1. _____________________________

2. _____________________________

100. What is the name and address of your/his/her present workplace?

1. _____________________________

2. No present workplace (Go to Q. 108)

101. How do you/does he/she travel to work?

1. [ ] Work at home (Go to Q. 103) 6. [ ] Public transport (minibus)
2. [ ] Walk 7. [ ] Hired transport (taxi)
3. [ ] Bicycle 8. [ ] Other
4. [ ] Private Car or vehicle 9. [ ] Don't know/Not Stated
5. [ ] Company/government Transportation

102. How many minutes do you/he/she take to get to work?

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<th>Minutes</th>
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103. Did you/he/she carry on your/his/her business, work for wage or salary or as an unpaid worker in a family business?

1. [ ] Paid employee – Government (Go to Q. 106)
2. [ ] Paid employee – Private (Go to Q. 106)
3. [ ] Paid employee – Statutory Body (Go to Q. 106)
4. [ ] Unpaid worker (Go to Q. 108)
5. [ ] Own business with paid help (Go to 104)
6. [ ] Own business without paid help (Go to Q. 105)
7. [ ] Apprentice (Go to Q. 106)
8. [ ] Don’t Know/Not Stated (Go to Q. 106)

104. How many people work for you/him/her?
Number: 

105. Do you/does he/she move all your/his/her goods every night: e.g. fruits, nuts, lottery tickets, clothing/shoes, etc.?

1. [ ] Yes (Informal trader)
2. [ ] No

106. What was …..’s last pay/income period?
1. [ ] Weekly
2. [ ] Fortnightly
3. [ ] Monthly
4. [ ] Quarterly
5. [ ] Annually
6. [ ] Other (please specify)
7. [ ] None
8. [ ] Not stated

107. What was…..’s gross pay/income during the last pay period, 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.

1. [ ] Income Group
2. [ ] Don’t know

108. What are your/his/her sources of livelihood? (check as many as applicable)

1. [ ] Pension (local)
2. [ ] Pension (overseas)
3. [ ] Investment
4. [ ] Remittance (overseas)
5. [ ] Savings/Interest on savings
6. [ ] Employment
7. [ ] Disability benefits
8. [ ] Unemployment benefits
9. [ ] Social Security
10. [ ] Other Public Assistance
11. [ ] Local contributions from friends/relatives
12. [ ] Overseas contributions from friends/relatives
13. [ ] Spouse
14. [ ] Children
15. [ ] Parents
16. [ ] Guardians
17. [ ] Other
18. [ ] Not Stated

109. Approximately how much money did you/he/she receive last year (2000) from family and/or friends abroad? (PRESENT FLASH CARD).

2. [ ] Don’t know

110. On average, how many hours did……spend per week on housework? (cleaning the house, laundry, care of children, care of elderly, etc), the following activities in the past week?

No. of Hours

Section 13 – Where Did You Spend Census Night

IMPORTANT INTERVIEWER: If interview conducted before census day, ask on return visit immediately after census day; if interview conducted after census day, ask as part of the full interview.

111. Where did…..spend census night?

1. [ ] At this address (End Interview)
2. [ ] Elsewhere in this country
3. [ ] Abroad

112. What part of the country was that? If known, please specify.

Interviewer: Write as full an address as possible

(End Interview)
CENSUS 2001

BECAUSE EVERYBODY COUNTS