



1990 CENSUS - TURKS AND CAICOS ISLANDS

Household Questionnaire

ENUMERATOR - PLEASE ASK TO SEE THE HEAD OF THE HOUSEHOLD AND THEN SAY:

I am the Census Enumerator assigned to this area and I would like to ask you some questions to enable me to complete the census form for your household. Here is my identification (*SHOW CARD*).

The information you give will be **CONFIDENTIAL** and will be passed on only to authorised census personnel and the Government Statistics Unit. It will **NOT** be passed in an identifiable form to any other Government Department or to any other Authority or person in these Islands.

If there is more than one household in this building please answer for your household only. By **HOUSEHOLD** I mean a group of persons who share at least one meal a day or share a living room. They do not have to be related although often they will be.

ENUMERATOR - PLEASE ENSURE THAT THE PERSON YOU ARE SPEAKING TO UNDERSTANDS WHAT YOU HAVE SAID ABOUT CONFIDENTIALITY AND THE DEFINITION OF HOUSEHOLD AND THEN CONTINUE.

COMPLETE THIS BOX ONLY AFTER THE HOUSEHOLD ENUMERATION HAS BEEN COMPLETED

E1. ED/ENUM NUMBER <input type="text"/>		E4. NUMBER IN HOUSEHOLD <input type="text"/>	
E2. LOCATION <input type="text"/>		E3. DWELLING STATUS 1 <input type="checkbox"/> Single household 2 <input type="checkbox"/> Multiple households	
blockmap number <input type="text"/>	address number <input type="text"/>	apt no <input type="text"/>	household <input type="text"/>
DECLARATION This form is correctly completed to the best of my knowledge and belief.		E4. Continuation sheet? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No continued from....	
Signed _____		Date _____	

ENUMERATOR - PLEASE SAY:

Please answer the following questions for every member of your household. This includes -EVERY PERSON WHO WAS PRESENT on Census night, Thursday 31 May, including OVERNIGHT VISITORS -ANY PERSON WHO USUALLY LIVES WITH YOU BUT WAS ABSENT on Census night even if you know that they have been INCLUDED ON ANOTHER CENSUS FORM ELSEWHERE. -NEW BORN BABIES EVEN IF STILL IN HOSPITAL.

FILL IN THE NAMES OF ALL HOUSEHOLD MEMBERS FIRST, THEN COMPLETE THE REST OF THE FORM

PART A: INDIVIDUALS

	HEAD OF HOUSEHOLD	2nd PERSON	3rd PERSON
A1: First Name			
A2: Person Number -ie 1 for the first person enumerated, 2 for the second and so on	[]	[]	[]
A3: Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
A4: Residence Status on Census Night -resident means that this address is where they usually live -visitor can be either a person from overseas or a person who usually lives elsewhere in the Islands Any household member who has been in a hospital or another institution for more than 6 months should not be included on this form. Students and seamen temporarily away from home should be ticked as 2 or 3 as appropriate	<input type="checkbox"/> Resident and present <input type="checkbox"/> Resident but absent visiting another household in the TCI <input type="checkbox"/> Resident but absent overseas <input type="checkbox"/> Visitor from another household in the TCI <input type="checkbox"/> Visitor from overseas	<input type="checkbox"/> Resident and present <input type="checkbox"/> Resident but absent visiting another household in the TCI <input type="checkbox"/> Resident but absent overseas <input type="checkbox"/> Visitor from another household in the TCI <input type="checkbox"/> Visitor from overseas	<input type="checkbox"/> Resident and present <input type="checkbox"/> Resident but absent visiting another household in the TCI <input type="checkbox"/> Resident but absent overseas <input type="checkbox"/> Visitor from another household in the TCI <input type="checkbox"/> Visitor from overseas

▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶ VISITORS STOP HERE VISITORS STOP HERE ▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶▶

A5: Age	[] [] [] Years	[] [] [] Years	[] [] [] Years
A6: Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
A7: Relationship to Head of Household	<input type="checkbox"/> Head	<input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Son/daughter in law <input type="checkbox"/> Grandchild <input type="checkbox"/> parent or parent in law <input type="checkbox"/> other relative <input type="checkbox"/> other non-relative	<input type="checkbox"/> Husband/wife <input type="checkbox"/> Son/daughter <input type="checkbox"/> Son/daughter in law <input type="checkbox"/> Grandchild <input type="checkbox"/> parent or parent in law <input type="checkbox"/> other relative <input type="checkbox"/> other non-relative
A8: Does this person have any serious disability? - defined as a permanent physical or mental problem which seriously restricts the persons ability to lead a normal life Do not include temporary problems such as a broken leg	<input type="checkbox"/> No <input type="checkbox"/> Yes, physical <input type="checkbox"/> Yes, mental <input type="checkbox"/> Yes, both	<input type="checkbox"/> No <input type="checkbox"/> Yes, physical <input type="checkbox"/> Yes, mental <input type="checkbox"/> Yes, both	<input type="checkbox"/> No <input type="checkbox"/> Yes, physical <input type="checkbox"/> Yes, mental <input type="checkbox"/> Yes, both

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
1 <input type="checkbox"/> Resident and present 2 <input type="checkbox"/> Resident but absent visiting another household in the TCI 3 <input type="checkbox"/> Resident but absent overseas 4 <input type="checkbox"/> Visitor from another household in the TCI 5 <input type="checkbox"/> Visitor from overseas	1 <input type="checkbox"/> Resident and present 2 <input type="checkbox"/> Resident but absent visiting another household in the TCI 3 <input type="checkbox"/> Resident but absent overseas 4 <input type="checkbox"/> Visitor from another household in the TCI 5 <input type="checkbox"/> Visitor from overseas	1 <input type="checkbox"/> Resident and present 2 <input type="checkbox"/> Resident but absent visiting another household in the TCI 3 <input type="checkbox"/> Resident but absent overseas 4 <input type="checkbox"/> Visitor from another household in the TCI 5 <input type="checkbox"/> Visitor from overseas	1 <input type="checkbox"/> Resident and present 2 <input type="checkbox"/> Resident but absent visiting another household in the TCI 3 <input type="checkbox"/> Resident but absent overseas 4 <input type="checkbox"/> Visitor from another household in the TCI 5 <input type="checkbox"/> Visitor from overseas

▶▶▶▶▶▶▶▶▶▶ VISITORS STOP HERE VISITORS STOP HERE ◀◀◀◀◀◀◀◀◀◀◀◀◀◀◀◀

<input type="text"/> Years	<input type="text"/> Years	<input type="text"/> Years	<input type="text"/> Years
1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed	1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated 4 <input type="checkbox"/> Divorced 5 <input type="checkbox"/> Widowed
2 <input type="checkbox"/> Husband/wife 3 <input type="checkbox"/> Son/daughter 4 <input type="checkbox"/> Son/daughter in law 5 <input type="checkbox"/> Grandchild 6 <input type="checkbox"/> parent or parent in law 7 <input type="checkbox"/> other relative 8 <input type="checkbox"/> other non-relative	2 <input type="checkbox"/> Husband/wife 3 <input type="checkbox"/> Son/daughter 4 <input type="checkbox"/> Son/daughter in law 5 <input type="checkbox"/> Grandchild 6 <input type="checkbox"/> parent or parent in law 7 <input type="checkbox"/> other relative 8 <input type="checkbox"/> other non-relative	2 <input type="checkbox"/> Husband/wife 3 <input type="checkbox"/> Son/daughter 4 <input type="checkbox"/> Son/daughter in law 5 <input type="checkbox"/> Grandchild 6 <input type="checkbox"/> parent or parent in law 7 <input type="checkbox"/> other relative 8 <input type="checkbox"/> other non-relative	2 <input type="checkbox"/> Husband/wife 3 <input type="checkbox"/> Son/daughter 4 <input type="checkbox"/> Son/daughter in law 5 <input type="checkbox"/> Grandchild 6 <input type="checkbox"/> parent or parent in law 7 <input type="checkbox"/> other relative 8 <input type="checkbox"/> other non-relative
1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, physical 3 <input type="checkbox"/> Yes, mental 4 <input type="checkbox"/> Yes, both	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, physical 3 <input type="checkbox"/> Yes, mental 4 <input type="checkbox"/> Yes, both	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, physical 3 <input type="checkbox"/> Yes, mental 4 <input type="checkbox"/> Yes, both	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, physical 3 <input type="checkbox"/> Yes, mental 4 <input type="checkbox"/> Yes, both

A9: What is this person's religion?

- 1 Anglican
- 2 Baptist
- 3 Church of God
- 4 Methodist
- 5 Roman Catholic
- 6 Seventh Day Adventist
- 7 Hindu/Muslim
- 8 No religion
- 9 Other

(specify)

- 1 Anglican
- 2 Baptist
- 3 Church of God
- 4 Methodist
- 5 Roman Catholic
- 6 Seventh Day Adventist
- 7 Hindu/Muslim
- 8 No religion
- 9 Other

(specify)

- 1 Anglican
- 2 Baptist
- 3 Church of God
- 4 Methodist
- 5 Roman Catholic
- 6 Seventh Day Adventist
- 7 Hindu/Muslim
- 8 No religion
- 9 Other

(specify)

A10: Where was this person usually living one year ago?

- 1 This address
- 2 Under one
- 3 Grand Turk
- 4 Salt Cay
- 5 South Caicos
- 6 Middle Caicos
- 7 North Caicos
- 8 Providenciale
- 9 Bahamas
- 10 Dominican Republic
- 11 Haiti
- 12 USA
- 13 Canada
- 14 UK/Ireland
- 15 Other

(specify)

- 1 This address
- 2 Under one
- 3 Grand Turk
- 4 Salt Cay
- 5 South Caicos
- 6 Middle Caicos
- 7 North Caicos
- 8 Providenciale
- 9 Bahamas
- 10 Dominican Republic
- 11 Haiti
- 12 USA
- 13 Canada
- 14 UK/Ireland
- 15 Other

(specify)

- 1 This address
- 2 Under one
- 3 Grand Turk
- 4 Salt Cay
- 5 South Caicos
- 6 Middle Caicos
- 7 North Caicos
- 8 Providenciale
- 9 Bahamas
- 10 Dominican Republic
- 11 Haiti
- 12 USA
- 13 Canada
- 14 UK/Ireland
- 15 Other

(specify)

If the person is a child born less than one year ago tick box number 2

A11: Where was this person born?

- 1 Turks and Caicos Isles
- 2 Bahamas
- 3 Dominican Republic
- 4 Haiti
- 5 USA
- 6 Canada
- 7 UK/Ireland
- 8 Other: specify

- 1 Turks and Caicos Isles
- 2 Bahamas
- 3 Dominican Republic
- 4 Haiti
- 5 USA
- 6 Canada
- 7 UK/Ireland
- 8 Other: specify

- 1 Turks and Caicos Isles
- 2 Bahamas
- 3 Dominican Republic
- 4 Haiti
- 5 USA
- 6 Canada
- 7 UK/Ireland
- 8 Other: specify

A12: Is this person a turks and Caicos Islander - a 'belonger'?

- a person can be a 'belonger' either by birth, by parentage, by naturalisation or by reason of having lived here for so long that they have become one by association

- a. yes or no?
- 1 Yes
 - 2 No
- b. if no, when did this person last come here?

Year

- a. yes or no?
- 1 Yes
 - 2 No
- b. if no, when did this person last come here?

Year

- a. yes or no?
- 1 Yes
 - 2 No
- b. if no, when did this person last come here?

Year

- 1 Anglican
- 2 Baptist
- 3 Church of God
- 4 Methodist
- 5 Roman Catholic
- 6 Seventh Day Adventist
- 7 Hindu/Muslim
- 8 No religion
- 9 Other

(specify)

- 1 Anglican
- 2 Baptist
- 3 Church of God
- 4 Methodist
- 5 Roman Catholic
- 6 Seventh Day Adventist
- 7 Hindu/Muslim
- 8 No religion
- 9 Other

(specify)

- 1 Anglican
- 2 Baptist
- 3 Church of God
- 4 Methodist
- 5 Roman Catholic
- 6 Seventh Day Adventist
- 7 Hindu/Muslim
- 8 No religion
- 9 Other

(specify)

- 1 Anglican
- 2 Baptist
- 3 Church of God
- 4 Methodist
- 5 Roman Catholic
- 6 Seventh Day Adventist
- 7 Hindu/Muslim
- 8 No religion
- 9 Other

(specify)

- 1 This address
- 2 Under one

- 3 Grand Turk
- 4 Salt Cay
- 5 South Caicos
- 6 Middle Caicos
- 7 North Caicos
- 8 Providenciales

- 9 Bahamas
- 10 Dominican Republic
- 11 Haiti
- 12 USA
- 13 Canada
- 14 UK/Ireland
- 15 Other

(specify)

- 1 This address
- 2 Under one

- 3 Grand Turk
- 4 Salt Cay
- 5 South Caicos
- 6 Middle Caicos
- 7 North Caicos
- 8 Providenciales

- 9 Bahamas
- 10 Dominican Republic
- 11 Haiti
- 12 USA
- 13 Canada
- 14 UK/Ireland
- 15 Other

(specify)

- 1 This address
- 2 Under one

- 3 Grand Turk
- 4 Salt Cay
- 5 South Caicos
- 6 Middle Caicos
- 7 North Caicos
- 8 Providenciales

- 9 Bahamas
- 10 Dominican Republic
- 11 Haiti
- 12 USA
- 13 Canada
- 14 UK/Ireland
- 15 Other

(specify)

- 1 This address
- 2 Under one

- 3 Grand Turk
- 4 Salt Cay
- 5 South Caicos
- 6 Middle Caicos
- 7 North Caicos
- 8 Providenciales

- 9 Bahamas
- 10 Dominican Republic
- 11 Haiti
- 12 USA
- 13 Canada
- 14 UK/Ireland
- 15 Other

(specify)

- 1 Turks and Caicos Isles

- 2 Bahamas
- 3 Dominican Republic
- 4 Haiti
- 5 USA
- 6 Canada
- 7 UK/Ireland
- 8 Other: specify

- 1 Turks and Caicos Isles

- 2 Bahamas
- 3 Dominican Republic
- 4 Haiti
- 5 USA
- 6 Canada
- 7 UK/Ireland
- 8 Other: specify

- 1 Turks and Caicos Isles

- 2 Bahamas
- 3 Dominican Republic
- 4 Haiti
- 5 USA
- 6 Canada
- 7 UK/Ireland
- 8 Other: specify

- 1 Turks and Caicos Isles

- 2 Bahamas
- 3 Dominican Republic
- 4 Haiti
- 5 USA
- 6 Canada
- 7 UK/Ireland
- 8 Other: specify

a. yes or no?

- 1 Yes
- 2 No

.....
b. if no, when did this person last come here?

Year

a. yes or no?

- 1 Yes
- 2 No

.....
b. if no, when did this person last come here?

Year

a. yes or no?

- 1 Yes
- 2 No

.....
b. if no, when did this person last come here?

Year

a. yes or no?

- 1 Yes
- 2 No

.....
b. if no, when did this person last come here?

Year

PERSONS AGED 16 AND OVER ONLY

PERSONS AGED 16 AND OVER ONLY

A13: Is this person attending school, college or university, or following a correspondence course leading to a formal qualification?

- 1 No
- 2 Yes, full-time
- 3 Yes, part-time

- 1 No
- 2 Yes, full-time
- 3 Yes, part-time

- 1 No
- 2 Yes, full-time
- 3 Yes, part-time

A14: What is the highest level of education this person has received so far?

- 1 None
- 2 Primary
- 3 High School
- 4 College
- 5 University

- 1 None
- 2 Primary
- 3 High School
- 4 College
- 5 University

- 1 None
- 2 Primary
- 3 High School
- 4 College
- 5 University

A15: What are the highest educational qualifications held by this person?

Tick first applicable box. Box 2 should be used for all post-secondary qualifications short of a full University Bachelor's Degree.

- 1 University degree
- 2 'A' levels, or equivalent
- 3 'O' levels, CXC 's, or equivalent
- 4 None of the above

- 1 University degree
- 2 'A' levels, or equivalent
- 3 'O' levels, CXC 's, or equivalent
- 4 None of the above

- 1 University degree
- 2 'A' levels, or equivalent
- 3 'O' levels, CXC 's, or equivalent
- 4 None of the above

A16: What best describes this person's main employment activity last week?

Use box 1 for persons temporarily absent from work, eg on holiday or sick. Use box 4 if the person wanted work but was not actively seeking it.

If answer is in box 5 to box 8 skip questions A17 to A22 and move directly to question A23. Otherwise continue with question A17.

- 1 Worked
- 2 Employed on works program
- 3 Unemployed but wanted work and available
- 4 Household duties only
- 5 At school
- 6 Permanently sick/disabled
- 7 Retired from paid work
- 8 Other

- 1 Worked
- 2 Employed on works program
- 3 Unemployed but wanted work and available
- 4 Household duties only
- 5 At school
- 6 Permanently sick/disabled
- 7 Retired from paid work
- 8 Other

- 1 Worked
- 2 Employed on works program
- 3 Unemployed but wanted work and available
- 4 Household duties only
- 5 At school
- 6 Permanently sick/disabled
- 7 Retired from paid work
- 8 Other

(specify)

(specify)

(specify)

A17: Please state whether the persons MAIN job last week was full or part time, self employed or salaried etc.

For persons not currently in work give details of their LAST job. For person's never employed tick box 5

- 1 Paid employee
- 2 Self-employed with paid help
- 3 Self-employed no help
- 4 Unpaid work
- 5 Never worked

- 1 Paid employee
- 2 Self-employed with paid help
- 3 Self-employed no help
- 4 Unpaid work
- 5 Never worked

- 1 Paid employee
- 2 Self-employed with paid help
- 3 Self-employed no help
- 4 Unpaid work
- 5 Never worked

A18: What was the total number of hours worked last week?

Include any regular overtime but exclude meal breaks.

hours worked

did not work

hours worked

did not work

hours worked

did not work

▶ PERSONS AGED 16 AND OVER ONLY

PERSONS AGED 16 AND OVER ONLY ◀

<p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, full-time 3 <input type="checkbox"/> yes, part-time</p>	<p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, full-time 3 <input type="checkbox"/> yes, part-time</p>	<p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, full-time 3 <input type="checkbox"/> yes, part-time</p>	<p>1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, full-time 3 <input type="checkbox"/> yes, part-time</p>
<p>1 <input type="checkbox"/> None 2 <input type="checkbox"/> Primary 3 <input type="checkbox"/> High School 4 <input type="checkbox"/> College 5 <input type="checkbox"/> University</p>	<p>1 <input type="checkbox"/> None 2 <input type="checkbox"/> Primary 3 <input type="checkbox"/> High School 4 <input type="checkbox"/> College 5 <input type="checkbox"/> University</p>	<p>1 <input type="checkbox"/> None 2 <input type="checkbox"/> Primary 3 <input type="checkbox"/> High School 4 <input type="checkbox"/> College 5 <input type="checkbox"/> University</p>	<p>1 <input type="checkbox"/> None 2 <input type="checkbox"/> Primary 3 <input type="checkbox"/> High School 4 <input type="checkbox"/> College 5 <input type="checkbox"/> University</p>
<p>1 <input type="checkbox"/> University degree 2 <input type="checkbox"/> 'A' levels, or equivalent 3 <input type="checkbox"/> 'O' levels, CXC 's, or equivalent 4 <input type="checkbox"/> None of the above</p>	<p>1 <input type="checkbox"/> University degree 2 <input type="checkbox"/> 'A' levels, or equivalent 3 <input type="checkbox"/> 'O' levels, CXC 's, or equivalent 4 <input type="checkbox"/> None of the above</p>	<p>1 <input type="checkbox"/> University degree 2 <input type="checkbox"/> 'A' levels, or equivalent 3 <input type="checkbox"/> 'O' levels, CXC 's, or equivalent 4 <input type="checkbox"/> None of the above</p>	<p>1 <input type="checkbox"/> University degree 2 <input type="checkbox"/> 'A' levels, or equivalent 3 <input type="checkbox"/> 'O' levels, CXC 's, or equivalent 4 <input type="checkbox"/> None of the above</p>
<p>1 <input type="checkbox"/> Worked 2 <input type="checkbox"/> Employed on works program 3 <input type="checkbox"/> Unemployed but wanted work and available 4 <input type="checkbox"/> Household duties only 5 <input type="checkbox"/> At school 6 <input type="checkbox"/> Permanently sick/disabled 7 <input type="checkbox"/> Retired from paid work 8 <input type="checkbox"/> Other</p> <p>(specify)</p>	<p>1 <input type="checkbox"/> Worked 2 <input type="checkbox"/> Employed on works program 3 <input type="checkbox"/> Unemployed but wanted work and available 4 <input type="checkbox"/> Household duties only 5 <input type="checkbox"/> At school 6 <input type="checkbox"/> Permanently sick/disabled 7 <input type="checkbox"/> Retired from paid work 8 <input type="checkbox"/> Other</p> <p>(specify)</p>	<p>1 <input type="checkbox"/> Worked 2 <input type="checkbox"/> Employed on works program 3 <input type="checkbox"/> Unemployed but wanted work and available 4 <input type="checkbox"/> Household duties only 5 <input type="checkbox"/> At school 6 <input type="checkbox"/> Permanently sick/disabled 7 <input type="checkbox"/> Retired from paid work 8 <input type="checkbox"/> Other</p> <p>(specify)</p>	<p>1 <input type="checkbox"/> Worked 2 <input type="checkbox"/> Employed on works program 3 <input type="checkbox"/> Unemployed but wanted work and available 4 <input type="checkbox"/> Household duties only 5 <input type="checkbox"/> At school 6 <input type="checkbox"/> Permanently sick/disabled 7 <input type="checkbox"/> Retired from paid work 8 <input type="checkbox"/> Other</p> <p>(specify)</p>
<p>1 <input type="checkbox"/> Paid employee 2 <input type="checkbox"/> Self-employed with paid help 3 <input type="checkbox"/> Self-employed no help 4 <input type="checkbox"/> Unpaid work 5 <input type="checkbox"/> Never worked</p>	<p>1 <input type="checkbox"/> Paid employee 2 <input type="checkbox"/> Self-employed with paid help 3 <input type="checkbox"/> Self-employed no help 4 <input type="checkbox"/> Unpaid work 5 <input type="checkbox"/> Never worked</p>	<p>1 <input type="checkbox"/> Paid employee 2 <input type="checkbox"/> Self-employed with paid help 3 <input type="checkbox"/> Self-employed no help 4 <input type="checkbox"/> Unpaid work 5 <input type="checkbox"/> Never worked</p>	<p>1 <input type="checkbox"/> Paid employee 2 <input type="checkbox"/> Self-employed with paid help 3 <input type="checkbox"/> Self-employed no help 4 <input type="checkbox"/> Unpaid work 5 <input type="checkbox"/> Never worked</p>
<p><input type="text"/> hours worked</p> <p><input type="checkbox"/> did not work</p>	<p><input type="text"/> hours worked</p> <p><input type="checkbox"/> did not work</p>	<p><input type="text"/> hours worked</p> <p><input type="checkbox"/> did not work</p>	<p><input type="text"/> hours worked</p> <p><input type="checkbox"/> did not work</p>

A19: Please give me details of the MAIN job done by this person and describe the type of work that they do.

For persons not currently in work give details of their LAST job.

For persons employed as domestic helpers in PRIVATE homes write DOMESTIC HELPER at 'a'.

a. Job title

b. Type of work done

office use only

a. Job title

b. Type of work done

office use only

a. Job title

b. Type of work done

office use only

A20: What sort of business does this person's employer (or the person themselves if self employed) have - what do they make or do?

office use only

office use only

office use only

A21: Has this person ever received formal training of three months or more for any job?

- 1 No
- 2 Yes, present job
- 3 Yes, other job (specify)

- 1 No
- 2 Yes, present job
- 3 Yes, other job (specify)

- 1 No
- 2 Yes, present job
- 3 Yes, other job (specify)

A22: Can you tell me what this person earned from their main job last week approximately? Was it:-

- 1. no earnings
- 2. up to \$30
- 3. over \$30 but not more than \$100
- 4. over \$100 but not more than \$300
- 5. over \$300

- 1 no earnings
- 2 up to \$30
- 3 over \$30 and up to \$100
- 4 over \$100 and up to \$300
- 5 over \$300

- 1 no earnings
- 2 up to \$30
- 3 over \$30 and up to \$100
- 4 over \$100 and up to \$300
- 5 over \$300

- 1 no earnings
- 2 up to \$30
- 3 over \$30 and up to \$100
- 4 over \$100 and up to \$300
- 5 over \$300

▶▶▶▶▶ FEMALES AGED 16 AND OVER ONLY

FEMALES AGED 16 AND OVER ONLY ◀◀◀◀◀

A23: How many livebirths has this person ever had?

- 0 None
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven
- 8 Eight
- 9 Nine
- 10 Ten or more

- 0 None
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven
- 8 Eight
- 9 Nine
- 10 Ten or more

- 0 None
- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six
- 7 Seven
- 8 Eight
- 9 Nine
- 10 Ten or more

Twins count as two live births

A24: How many livebirths has this person had in the past twelve months?

- 0 None
- 1 One
- 2 Two or more

- 0 None
- 1 One
- 2 Two or more

- 0 None
- 1 One
- 2 Two or more

Twins count as two live births

IF THERE ARE MORE THAN SEVEN PEOPLE IN THE HOUSEHOLD PLEASE CONTINUE ON ANOTHER FORM - MARKING BOX E4 ON PAGE 1 AS APPROPRIATE.

4th PERSON	5th PERSON	6th PERSON	7th PERSON
a. Job Title	a. Job Title	a. Job Title	a. Job Title
b. Type of work done	b. Type of work done	b. Type of work done	b. Type of work done
<input type="text"/> office use only	<input type="text"/> office use only	<input type="text"/> office use only	<input type="text"/> office use only
<input type="text"/> office use only	<input type="text"/> office use only	<input type="text"/> office use only	<input type="text"/> office use only
1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, present job 3 <input type="checkbox"/> Yes, other job (specify)	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, present job 3 <input type="checkbox"/> Yes, other job (specify)	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, present job 3 <input type="checkbox"/> Yes, other job (specify)	1 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, present job 3 <input type="checkbox"/> Yes, other job (specify)
1 <input type="checkbox"/> no earnings 2 <input type="checkbox"/> up to \$30 3 <input type="checkbox"/> over \$30 and up to \$100 4 <input type="checkbox"/> over \$100 and up to \$300 5 <input type="checkbox"/> over \$300	1 <input type="checkbox"/> no earnings 2 <input type="checkbox"/> up to \$30 3 <input type="checkbox"/> over \$30 and up to \$100 4 <input type="checkbox"/> over \$100 and up to \$300 5 <input type="checkbox"/> over \$300	1 <input type="checkbox"/> no earnings 2 <input type="checkbox"/> up to \$30 3 <input type="checkbox"/> over \$30 and up to \$100 4 <input type="checkbox"/> over \$100 and up to \$300 5 <input type="checkbox"/> over \$300	1 <input type="checkbox"/> no earnings 2 <input type="checkbox"/> up to \$30 3 <input type="checkbox"/> over \$30 and up to \$100 4 <input type="checkbox"/> over \$100 and up to \$300 5 <input type="checkbox"/> over \$300

▶▶ FEMALES AGED 16 AND OVER ONLY FEMALES AGED 16 AND OVER ONLY ◀◀

0 <input type="checkbox"/> None 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three 4 <input type="checkbox"/> Four 5 <input type="checkbox"/> Five 6 <input type="checkbox"/> Six 7 <input type="checkbox"/> Seven 8 <input type="checkbox"/> Eight 9 <input type="checkbox"/> Nine 10 <input type="checkbox"/> Ten or more	0 <input type="checkbox"/> None 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three 4 <input type="checkbox"/> Four 5 <input type="checkbox"/> Five 6 <input type="checkbox"/> Six 7 <input type="checkbox"/> Seven 8 <input type="checkbox"/> Eight 9 <input type="checkbox"/> Nine 10 <input type="checkbox"/> Ten or more	0 <input type="checkbox"/> None 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three 4 <input type="checkbox"/> Four 5 <input type="checkbox"/> Five 6 <input type="checkbox"/> Six 7 <input type="checkbox"/> Seven 8 <input type="checkbox"/> Eight 9 <input type="checkbox"/> Nine 10 <input type="checkbox"/> Ten or more	0 <input type="checkbox"/> None 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three 4 <input type="checkbox"/> Four 5 <input type="checkbox"/> Five 6 <input type="checkbox"/> Six 7 <input type="checkbox"/> Seven 8 <input type="checkbox"/> Eight 9 <input type="checkbox"/> Nine 10 <input type="checkbox"/> Ten or more
0 <input type="checkbox"/> None 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two or more	0 <input type="checkbox"/> None 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two or more	0 <input type="checkbox"/> None 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two or more	0 <input type="checkbox"/> None 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two or more

ENUMERATOR - PLEASE SAY:

Now I would like to ask a few questions about the house or dwelling in which you and your household live.

PART B: HOUSING		
<p>B1: When was this house or dwelling built?</p> <p>1 <input type="checkbox"/> Before 1945 2 <input type="checkbox"/> Between 1945 and 1979 3 <input type="checkbox"/> 1980 or later</p>	<p>B5:(continued) b. bedrooms only? (any room used mainly for sleeping but excluding temporary or make-shift sleeping quarters)</p> <p>1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 and <input type="checkbox"/> 3 <input type="checkbox"/> more</p>	<p>B9: Does this dwelling have a permanent fixed water storage tank? a. Yes or no?</p> <p>1 <input type="checkbox"/> Yes, sole user 3 <input type="checkbox"/> No 2 <input type="checkbox"/> Yes, shared</p>
<p>B2: What type of dwelling does this household occupy?</p> <p>1 <input type="checkbox"/> Undivided house 2 <input type="checkbox"/> Part of a house 3 <input type="checkbox"/> Flat/apartment/condominium 4 <input type="checkbox"/> Duplex 5 <input type="checkbox"/> Combined business/house 6 <input type="checkbox"/> Barracks 7 <input type="checkbox"/> Other (please specify):</p>	<p>B6: Is your kitchen: a. permanently fitted with a sink connected to a water supply and waste pipe?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>..... b. indoors or outdoors?</p> <p>1 <input type="checkbox"/> Indoors 2 <input type="checkbox"/> Outdoors</p> <p>..... c. shared with another person or household?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>B10: Does this household have guttering installed around most of the roof?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p>B3: How do you and your household occupy this dwelling?</p> <p>1 <input type="checkbox"/> Owned outright 2 <input type="checkbox"/> Owned with mortgage or charge 3 <input type="checkbox"/> Rented/leased 4 <input type="checkbox"/> Provided rent free by employer, relative or government 5 <input type="checkbox"/> Other (please specify):</p>	<p>B7: What type of toilet does this dwelling have? a. is it?</p> <p>1 <input type="checkbox"/> Flushing toilet with fresh water flush 2 <input type="checkbox"/> Flushing toilet with cold water flush 3 <input type="checkbox"/> Pit latrine 4 <input type="checkbox"/> No toilet</p> <p>..... b. is it shared with any other person or household?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	<p>B11: Apart from rainfall how else do you obtain water?</p> <p>1 <input type="checkbox"/> From public issue points 2 <input type="checkbox"/> By truck from Government water tanks 3 <input type="checkbox"/> By truck from wells 4 <input type="checkbox"/> From wells 5 <input type="checkbox"/> No other water needed 6 <input type="checkbox"/> Other (please specify):</p>
<p>B4: What is the main building material of the outer walls of this dwelling?</p> <p>1 <input type="checkbox"/> Wood 2 <input type="checkbox"/> Concrete/concrete block 3 <input type="checkbox"/> Other (please specify):</p>	<p>B8: What type of lighting does this household use most?</p> <p>1 <input type="checkbox"/> Electricity 2 <input type="checkbox"/> Oil 3 <input type="checkbox"/> Other (please specify)</p>	<p>B12: What type of fuel does the household use for cooking?</p> <p>1 <input type="checkbox"/> Electricity 3 <input type="checkbox"/> Oil 2 <input type="checkbox"/> Charcoal 4 <input type="checkbox"/> Gas 5 <input type="checkbox"/> Other (please specify)</p>
<p>B5: How many rooms does your household occupy? a. in total? -exclude bathrooms, toilets, kitchens, enclosed porches, passages and any room used ONLY for business purposes -include living and dining rooms, bedrooms, utility rooms and any other room</p> <p>1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 5 <input type="checkbox"/> 10 and <input type="checkbox"/> over</p>	<p>B8: Does this household have a room with a fixed bath or shower permanently connected to a water supply and a waste pipe?</p> <p>1 <input type="checkbox"/> YES, for use only by this household 2 <input type="checkbox"/> YES, shared with another person or household 3 <input type="checkbox"/> NO fixed bath or shower permanently connected</p>	<p>B13: How many of the following does this household own or use?</p> <p>a. Radios <input type="text"/> number</p> <p>b. Televisions <input type="text"/> number</p> <p>c. Video's <input type="text"/> number</p>

ENUMERATOR PLEASE CHECK THAT ALL QUESTIONS HAVE BEEN COMPLETED AND THAT THE PERSON YOU ARE INTERVIEWING HAS NOT LEFT ANYONE OUT OF THE FORM BY MISTAKE - VISITORS PERHAPS OR PERSONS WHO NORMALLY LIVE WITH THIS HOUSEHOLD BUT WERE ABSENT ON Census NIGHT. IF YOU COMPLETE THE BOX ON THE FIRST PAGE AND SAY:

That completes the census form. Thankyou for your help and cooperation.

IF THERE IS ANOTHER HOUSEHOLD WITHIN THE DWELLING ASK TO SEE THE HEAD OF THAT HOUSEHOLD AND CONTINUE WITH THE CENSUS. IF THERE ARE NO OTHER HOUSEHOLDS SAY GOODBYE AND MOVE ON TO THE NEXT HOUSE.

Abbreviated Census Questionnaire

Blockmap number:.....

Page:.....

Language	Number of Persons	Age Distribution					
		<1yr	1-4	5-15	16-24	25-49	50-64

1	Spanish/Creole	male		*	*	*	*	*	*
		female		*	*	*	*	*	*
2	Spanish/Creole	male		*	*	*	*	*	*
		female		*	*	*	*	*	*
3	Spanish/Creole	male		*	*	*	*	*	*
		female		*	*	*	*	*	*
4	Spanish/Creole	male		*	*	*	*	*	*
		female		*	*	*	*	*	*
5	Spanish/Creole	male		*	*	*	*	*	*
		female		*	*	*	*	*	*

6	Spanish/Creole	male		*	*	*	*	*	*
		female		*	*	*	*	*	*
7	Spanish/Creole	male		*	*	*	*	*	*
		female		*	*	*	*	*	*
8	Spanish/Creole	male		*	*	*	*	*	*
		female		*	*	*	*	*	*
9	Spanish/Creole	male		*	*	*	*	*	*
		female		*	*	*	*	*	*
10	Spanish/Creole	male		*	*	*	*	*	*
		female		*	*	*	*	*	*