TURKS AND CAICOS ISLANDS
2012 POPULATION AND HOUSING CENSUS
CENSUS DAY - JANUARY 25TH, 2012

1) USE ONLY 2B PENCILS.
2) Place an X in the applicable bubble for questions with a list of answers.
3) Erase completely any answer you wish to change.
4) Please print numbers within boxes and avoid contact with the edges of the boxes.
5) Only one number per box and always right justify. No need for leading zeros.
6) If the answer is other, X the corresponding bubble and write briefly the answer in the space provided.
6) Write clearly a detailed description answers e.g. industry or occupation.

IDENTIFICATION NUMBER

A. Enumeration Number
B. Dwelling Number

C. Address of Household
D. Community
E. Island
F. Enumerator Name:

G. Visits

<table>
<thead>
<tr>
<th>Date (DD/MM/YYYY)</th>
<th>Time started</th>
<th>Time Ended</th>
<th>Duration (minutes)</th>
<th>H. Results code</th>
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I. Final Results code
☐ 1. Fully complete ☐ 2. Partially complete ☐ 3. Refusal ☐ 4. No contact
**INTERVIEWER SAY:** 1. Please give me the names of all the persons who usually live in this dwelling/household starting with the head and then spouse, older family, unrelated people and lastly children under 15 years of age.

**REMEMBER** to probe for infants, elderly, new born babies and persons who died but were members of the household on January 25th, 2012.

<table>
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<tr>
<th>Person No.</th>
<th>Last Name</th>
<th>First Name</th>
<th>Male(M)/Female(F)</th>
<th>Check Q Complete</th>
<th>Person No.</th>
<th>Last Name</th>
<th>First Name</th>
<th>Male(M)/Female(F)</th>
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**P. Total number of persons by age and sex**

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<tr>
<th>Less Than 1</th>
<th>1-3</th>
<th>4-6</th>
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<th>10-14</th>
<th>15-18</th>
<th>19-29</th>
<th>30-60</th>
<th>61+</th>
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**Q. Do you read and write English?** [ ] Yes [ ] No

**R. What is the language you speak at home?** [ ] English [ ] Creole [ ] Spanish [ ] Other
SECTION 1 - INTERNATIONAL MIGRATION

H1. Since September 2001 has anyone from this household moved to live abroad and are still living abroad?
☐ 1. Yes  ☐ 2. No (Go to section 2)

H2. How many persons?

(For anyone who did move, answer the following questions. There is space for up to 3 persons)

2.1. (a) What year did they move?

2.1. (b) What was their highest level of education when they moved?
☐ 1. None  ☐ 4. Tertiary
☐ 2. Primary  ☐ 5. Other
☐ 3. Secondary

2.1. (c) Are they male or female
☐ 1. Male  ☐ 2. Female

2.1. (d) How old were they when they moved?

(00 for less than 1 year max 98)

2.1. (e) Describe in detail their occupation?

2.1. (f) Which country did they go to?
☐ 1. USA  ☐ 3. UK
☐ 2. Canada  ☐ 4. Other

2.1. (g) What was their main reason for moving?
☐ 1. Economic  ☐ 4. Family
☐ 2. Studies  ☐ 5. Other
☐ 3. Medical

2nd Person

2.2. (a) What year did they move?

2.2. (b) What was their highest level of education when they moved?
☐ 1. None  ☐ 4. Tertiary
☐ 2. Primary  ☐ 5. Other
☐ 3. Secondary

2.2. (c) Are they male or female
☐ 1. Male  ☐ 2. Female

2.2. (d) How old were they when they moved?

(0 for less than 1 year max 98)

2.2. (e) Describe in detail their occupation?

2.2. (f) Which country did they go to?
☐ 1. USA  ☐ 3. UK
☐ 2. Canada  ☐ 4. Other

2.2. (g) What was their main reason for moving?
☐ 1. Economic  ☐ 4. Family
☐ 2. Studies  ☐ 5. Other

3rd Person

2.3. (a) What year did they move?

2.3. (b) What was their highest level of education when they moved?
☐ 1. None  ☐ 4. Tertiary
☐ 2. Primary  ☐ 5. Other
☐ 3. Secondary

2.3. (c) Are they male or female
☐ 1. Male  ☐ 2. Female

2.3. (d) How old were they when they moved?

(00 for less than 1 year max 98)

2.3. (e) Describe in detail their occupation?
SECTION 2 HOUSING

A dwelling is a separate set of living quarters with a private entrance from the outside or from a common hallway or stairway inside the building. The entrance should not be through someone else’s living quarters.

H3. What type of dwelling does this household occupy?
- 1. Separate House/ Detached
- 2. Part of a Private House/ Attached
- 3. Flat, Apartment, Condominium
- 4. Town/Row house
- 5. Double-House/ Duplex
- 6. Dwelling attached to a business
- 7. Outroom
- 8. Group Dwelling
- 9. Other

H4. Is this dwelling insured?
- 1. Yes
- 2. No
- 3. Don’t know

H5. Are the contents insured?
- 1. Yes
- 2. Partially
- 3. No
- 4. Don’t know

H6. Do you own or rent this dwelling?
- (If NOT Rent/Lease go to H8)
- 1. Own with mortgage
- 2. Own without mortgage
- 3. Rent/Lease
- 4. Squatted
- 5. Other

H7. How much is your monthly rent?
(Present flash card)

H8. When was your dwelling originally built?
- 1. Prior to 1980
- 2. 1980-89
- 3. 1990-99
- 4. 2000-06
- 5. 2007
- 6. 2008
- 7. 2009
- 8. 2010
- 9. 2011
- 10. Unknown

H9. Is your dwelling in need of repairs?
- 1. No, only regular maintenance
- 2. Yes, minor repairs
- 3. Yes, Major repairs

H10. How many rooms does this dwelling have?
(A room is enclosed by walls of at least 2m (6.5ft) high and at least 4 square meters (43 square feet) in area. Do not count bathrooms and porches).

H11. How many bedrooms does this dwelling have?
(Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters. Count all bedrooms including spares not occupied).

H12. What is your land tenure arrangement?
(If owned, squatted or unknown go to H14)
- 1. Owned/Freehold/Leased
- 2. Rented
- 3. Squatted
- 4. Unknown

H13. If rented what is your annual land rent

H14. What are your outer walls made from?
- 1. Wood
- 2. Slab concrete
- 3. Wood & Concrete
- 4. Stucco & Foam
- 5. Brick
- 6. Blocks & Concrete
- 7. Wood & Galvanized Metal
- 8. Stone
- 9. Other

H15. What is the main roof material?
- 1. Sheet Metal
- 2. Wood Shingle
- 3. Clay Tiles
- 4. Asphalt Shingle
- 5. Other
- 6. Concrete-Decking
- 7. Other

H16. What is the main floor material?
- 1. Concrete
- 2. Plywood
- 3. Wood
- 4. Earth/Sand
- 5. Other

H17. What is your main source of lighting?
- 1. Electricity Public
- 2. Generator
- 3. Kerosene
- 4. Gas
- 5. Battery Lamp
- 6. Candles
- 7. Solar
- 8. None
- 9. Other
H18. What is your MAIN source of water?
1. Public piped into dwelling  
2. Public piped into yard  
3. Public stand pipe  
4. Private piped into dwelling  
5. Private catchment  
6. Well  
7. Truck delivered  
8. Tank/Cistern  
9. Other

H19. What is your MAIN source of drinking water?
1. Bottled  
2. Rainwater  
3. Well  
4. Tank  
5. Standpipe  
6. City water  
7. Other

H20. What type of toilet facilities does your household use?
1. None  
2. Flush  
3. Pit latrine  
4. Other

H21. Are your bathing facilities indoors?
1. Yes  
2. No

H22. What kind of cooking fuel is mostly used by this household?
1. Wood/Charcoal  
2. Liquefied Petroleum Gas  
3. Electricity  
4. Kerosene  
5. Natural Gas  
6. Biogas  
7. None  
8. Other

H23. What is your main method of garbage disposal for this household?
1. Burning  
2. Dumping on land  
3. Dumping in water  
4. Private bin  
5. Public bin  
6. Burying  
7. Composting  
8. Other

H24. How many private vehicles are kept at this home for any member of the household's use?

H25. Which of the following does your household have that work?

- Stove
- Toaster Oven
- Microwave
- Refrigerator
- Deep Freeze
- Water tank
- Water Pump
- Washing Machine
- Dish Washer
- Clothes Dryer
- Solar Water Heater
- Electrical Water Heater
- Electrical Generator
- Cable Television (TV)
- Satellite Television (TV)
- VCR
- DVD Player
- Radio
- Stereo System
- Fixed Line Telephone
- Cellular phone
- Computer (Laptop, Desktop)

H26. How many desk top and how many lap top computers does your household have?

Laptops  
Desktop
SECTION 2 - HOUSING (CONT'D)

H27. What type of internet connection does your household have if any?  
☐ 1. DSL/ADSL (Digital Subscriber line)  
☐ 2. Cellular Wireless or Mobile Broadband  
☐ 3. Cable Internet Connection  
☐ 4. No Internet Connection at Dwelling

H28. (a) Has any household member died in the last 12 months?  
☐ 1. Yes  ☐ 2. No (Go to H29)

H28. (b) What was their age and sex?  
(00 for less than 1 year, max 98)  
Person 1 Age ☐ 1. Male ☐ 2. Female  
Person 2 Age ☐ 1. Male ☐ 2. Female  
Person 3 Age ☐ 1. Male ☐ 2. Female

Section 2.1 - CRIME

H29. Were any household members a victim of crime last year?  
☐ 1. Yes  ☐ 2. No (Go to H34)  ☐ 3. Unknown

H30. What kind of crime(s) was it?  
(Mark all that apply)  
☐ 1. Murder  ☐ 4. Burglary  
☐ 2. Kidnapping  ☐ 5. Assault  
☐ 7. Other

H31. Was the crime reported?  
☐ 1. Yes  ☐ 2. No (Go to H33)  ☐ 3. Unknown

H32. What was the result? (Go to H34)  
☐ 1. Pending  ☐ 4. Unknown  
☐ 2. Dismissed  ☐ 5. Other  
☐ 3. Convicted

H33. What was the main reason for not reporting the crime?  
☐ 1. No confidence in justice administration  
☐ 2. Afraid of perpetrator  
☐ 3. Not serious enough  
☐ 4. Other

Section 2.2 - ENVIRONMENT, AGRICULTURE & FISHING

H34. What environmental issues have affected your community over the past 5 years?  
(Multiple responses are accepted)  
☐ 1. Waste  ☐ 8. Noise  
☐ 2. Drainage  ☐ 9. Phone tower  
☐ 3. Air pollution  ☐ 10. Flooding  
☐ 5. Squatting  ☐ 12. None  
☐ 6. Mangrove destruction  ☐ 13. Other  
☐ 7. Water contamination

H35. (a) Is any member of your household involved in any fishing or agricultural activities?  
☐ 1. Yes  ☐ 2. No (Go to Section 3)

H35. (b) What is the main reason for involvement?  
☐ 1. For sale ☐ 2. Home consumption ☐ 3. Other

H36. What is the main activity that they are involved in?  
☐ 1. Fruit Farming  ☐ 6. Fish Farming  
☐ 2. Vegetable Farming  ☐ 7. Sea Fishing  
☐ 3. Root crops  ☐ 8. Herbs  
☐ 4. Livestock  ☐ 9. Horticulture  
☐ 5. Poultry  ☐ 10. Fish Processing  
(If less than an acre give square feet or metres)

H37. What is the land tenure for the area used for farming?  
☐ 1. Own ☐ 2. Rent/lease ☐ 3. Squatting ☐ 4. Other

H38. What is the total acreage under cultivation if used for farming?  
(If less than an acre give square feet or metres)

Acres

Square feet

Square metres

Page 6 of 6
SECTION 3 - PERSONAL CHARACTERISTICS

All Persons

P1.(a) Do you have a working cell phone?
1. Yes  2. No (Go to P2.)

P1.(b) What is the number in case I need to get back to you? ____________________

P1.(c) How much did you spend on your cell phone last month? 

P2. What is your relationship to the head of household?

P3. What is your sex?
1. Male  2. Female

P4.(a) What is your date of birth?

P4.(b) How old are you? (If less than 12 months put 00)

P5. To which ethnic, racial or national group do you belong?

P6. What is your religious affiliation?

P7. What is your country/countries of citizenship?

P8. What is your work or resident status in the Turks and Caicos? (PRC Permanent Resident Certificate)
1. Belonger  11. No status
2. Spouse of belonger but not a belonger  12. Spouse of permit holder
3. PRC with work permission  13. Resident permit (limited time)
4. PRC no work permission  14. Visitor
5. PRC's spouse or dependent child  15. Other non-relative
6. Government contract or diplomat  16. Other
7. Work permit (limited time)  17. Other relative
8. Resident permit (limited time)  18. Other
9. Spouse or dependent of permit holder
10. Visitor

(If response is 1, Go to P9.(a), Otherwise go to P10)
SECTION 3 - PERSONAL CHARACTERISTICS (CONT’D)

All Persons

P9. (a) How did you acquire your belonger status?
☐ 1. Born in TCI to Belonger
☐ 2. Born in the TCI to a Non-Belonger
☐ 3. Born overseas to a Belonger
☐ 4. Adopted by a belonger
☐ 5. Spouse of a belonger
☐ 6. Dependent child of a belonger
☐ 7. Granted Belonger status on other grounds
   (outstanding economic or social contribution to the Islands)

P9. (b) In which year did you acquire your belonger status? (Put year of birth if born in the TCI to a belonger)

P10. In which Island/Country were you born?
☐ 1. Grand Turk
☐ 2. Providenciales
☐ 3. North Caicos
☐ 4. South Caicos
☐ 5. Middle Caicos
☐ 6. Salt Cay
☐ 7. Bahamas
☐ 8. Dominican Republic
☐ 9. Haiti
☐ 10. UK
☐ 11. USA
☐ 12. Canada
☐ 13. Other Country
   (If response is 1 to 6 Go to P12)

P11. What is the main reason for your present residence in the TCI?

P12. Where do you usually live?
☐ 1. At this address
☐ 2. Elsewhere on this Island
☐ 3. On another Island
☐ 4. Abroad (Go to P16)

P13. On which Island did you last live?
☐ 1. Never moved (Go to P15)
☐ 2. Providenciales
☐ 3. Grand Turk
☐ 4. North Caicos
☐ 5. South Caicos
☐ 6. Middle Caicos
☐ 7. Salt Cay

P14. What year did you move to this island?

P15. Have you ever lived in another country?
☐ 1. Yes
☐ 2. No (Go to P19)

P16. In which country did you LAST live?
☐ 1. Bahamas
☐ 2. Bermuda
☐ 3. BOTC not TCI
☐ 4. Canada
☐ 5. Dominica
☐ 6. Dominican Republic
☐ 7. Haiti
☐ 8. Guyana
☐ 9. Jamaica
☐ 10. Philippines
☐ 11. St. Vincent
☐ 12. UK
☐ 13. USA
☐ 14. Other

P17. When did you return to live in the TCI?

P18. What is the main reason that you returned to live in the Turks and Caicos?
☐ 1. Regard TCI as home
☐ 2. Family is here
☐ 3. No choice
☐ 4. Start a business or job
☐ 5. Retire
☐ 6. Other

P19. Did you live at this address in 2001?
☐ 1. Yes (Go to Section 4)
☐ 2. No

P20. In which Island or Foreign Country did you live in 2001?
☐ 1. Grand Turk
☐ 2. Providenciales
☐ 3. North Caicos
☐ 4. South Caicos
☐ 5. Middle Caicos
☐ 6. Salt Cay
☐ 7. Bahamas
☐ 8. Dominican Republic
☐ 9. Haiti
☐ 10. UK
☐ 11. USA
☐ 12. Canada
☐ 13. Other country
SECTION 4 - HEALTH & DISABILITY

All Persons

P21. Were you confined to bed during the past 30 days due to an illness or injury? (For example, cold, diarrhea, fever, headache, stomach ache, dizziness, severe pains or other illness/injury due to accident or violence?)

☐ 1. Yes  ☐ 2. No (Go to P29)

P22. What was the reason for you being confined?

☐ 14. Other

(Mark one only, the most severe)

P23. For how many days were you unable to carry out USUAL activities?

☐ ☐

P24. Did you visit a hospital, doctor, nurse, pharmacist, healer, spiritual healer, midwife or other health practitioner during the past (30) days due to illness/injury?

☐ 1. Yes (Go to P26)  ☐ 2. No

P25. What was the reason?
☐ 1. No need  ☐ 2. Too expensive  ☐ 3. Too far  ☐ 4. Untreatable  ☐ 5. Other  ☐ 6. Other

P26. Where was your first visit made?

P27. Did you spend any nights in a hospital or clinic over the past 30 days?

☐ 1. Yes  ☐ 2. No (Go to P29)

P28. Where did you stay?

P29. Do you have any disability/major impairment?

☐ 1. Yes  ☐ 2. No (Go to P35)

P30. Which disability/major impairment applies to you?


P31. What type of aid are you required to use as a result of your disability?


P32. Was your Disability/Major Impairment ever diagnosed by a medical doctor?

☐ 1. Yes  ☐ 2. No
Section 4 HEALTH & DISABILITY (CONT'D) (All Persons)
P33 What was the origin of your disability?
1. From Birth
2. Road Traffic Accident
3. Illness
4. Workplace Injury
5. Other

(Multiple answers allowed P34,35,36)
P34. Does your Disability or Condition affect you from performing any of the following activities?
1. Taking care of yourself
2. Climbing stairs
3. Getting around within the Home
4. Going outside the Home
5. Working at a Job or Business
6. Communicating
7. Undertaking Educational activities
8. Other

P35. Do you have any of these Illnesses?
1. Arthritis
2. Kidney Disease
3. Asthma
4. Diabetes
5. Heart Disease
6. Carpal Tunnel Syndrome
7. Cancer
8. Hypertension/HBP
9. Glaucoma
10. Sickle Cell
11. Anemia
12. Lupus
13. HIV/AIDS
14. Other
15. None

P36. Which of the following Social Benefits or Health or Accident Insurance do you have? (Multiple responses are accepted)
1. NIB (National Insurance Board)
2. NHIP (National Health Insurance Plan)
3. Group Health Insurance
4. Private Individual Health
5. School Accident Insurance
6. Other
7. None

SECTION 5 - EDUCATION & INTERNET Access (All Persons)
P37. Have you ever attended school?
1. Yes (Go to P39)
2. No

P38. What is the main reason that you have NEVER attended school? (Go to P46)
1. Too young
2. Disabled
3. Financial
4. Too far away
5. Other

P39. Are you presently in school?
1. Yes full time
2. Yes part time
3. No (Go to P44)

P40. How many days of school have you missed in the past 4 weeks? (If none put 00)

P41. What was the reason for missing school?
1. Sickness
2. Weather/Transport
3. Pregnant/Mother of baby
4. Suspended
5. Expelled
6. Financial Reason
7. Apprentice
8. Other

P42. What School/Institution are you with?
1. Daycare/Nursery
2. Preschool
3. Infant/Kindergarten
4. Primary
5. Special Education
6. Post Primary (Non-Secondary Tech/Voc)
7. Secondary (General)
8. Home Schooling
9. Adult Education
10. Post Secondary -A Level
11. Post Secondary -Prof., Tech/Voc, online

P43. What is the Name and Island or Country for the School or Institution that you are registered with?
Name: ______________________
Island/Country _____________
SECTION 5 – EDUCATION & INTERNET Access (CONT’D)
(All Persons)

P44. What is the highest level of education that you have completed?
1. Daycare/Nursery
2. Pre-school
3. Pre-primary
4. Lower secondary (Forms 1 to 3)
5. Upper secondary (Forms 4 & 5)
6. Post secondary, Non-tertiary
7. Tertiary level - Associate Degree
8. Tertiary level - Bachelor Degree
9. Tertiary level - Graduate/Professional
10. Other

P45. What is the highest examination that you have passed?
1. School Leaving Certificate
2. High School Certificate
3. Cambridge School Certificate
4. CXC Basic
5. GCE ‘O’ Levels or CXC General
6. GCE ‘A’ Levels, CAPE
7. College Certificate
8. College Diploma
9. Professional Certificate
10. Associate Degree
11. Bachelor Degree
12. Post Graduate Certificate
13. Post Graduate Diploma
14. Higher Degree (Masters)
15. Higher Degree (Doctoral)

P46. Have you had access to the Internet within the past 3 months?
1. Yes  2. No (Go to Section 6)

P47. Where did you mainly have access to the Internet in past 3 months?
1. Home
2. Work
3. School
4. Library
5. Cell Phone
6. Friends' House
7. Other

SECTION 6 – TRAINING
Persons 15 years and over

P48. Have you ever received/attempted any skilled training to equip yourself for employment or occupation/profession?
1. Yes  2. No (Go to Section 7)

P49. What is the field of the highest level of training you have completed or attempted or are undergoing?
1. Cookery
2. Bartender
3. Waiter
4. Masonry
5. Carpentry
6. Plumbing
7. Electrician
8. Hospitality
9. Cosmetology
10. Business
11. Computing
12. Bookkeeping/accounting
13. Security/police
14. Other

P50. What was the main training method that you used?
1. On the Job Training
2. Private Study
3. Apprenticeship
4. Correspondence Course
5. Secondary School
6. Vocational/Trade School
7. Commercial School
8. Business School
9. University (on Campus)
10. On-line/Virtual Learning

P51. How many months was your highest level of training for?

P52. What qualification did you receive when you completed your highest level of training?
1. None
2. Certificate
3. Diploma
4. Assoc Degree
5. Bachelors Degree
6. Post Graduate
7. Professional
8. Other

P53. Who funded your training?
1. Government
2. Employer
3. Self/Family
4. Combination
5. Other Private
6. Other
SECTION 7 - ECONOMIC ACTIVITY
Persons 15 years and over

P54. Which of the following best describes your employment status during the week proceeding January 25, 2012?
☐ 1. Employed (full-time)
☐ 2. Employed (part-time)
☐ 3. Seeking and available for work
☐ 4. Not seeking, but available for work
☐ 5. Permanently sick or disabled
☐ 6. At school or a student, without a job
☐ 7. Wholly retired from paid work
☐ 8. Home duties
☐ 9. Other (Specify) _________
   (If response is not 1 or 2, Go to P64)

P55. What category of work is your main job?
☐ 1. Self-Employed with paid employee
☐ 2. Self-employed without paid employee
☐ 3. Paid Employee-Government
☐ 4. Paid Employee-Statutory Body
☐ 5. Paid Employee-Private Home
☐ 6. Paid Employee-Private establishment
☐ 7. Apprentice/Learner
☐ 8. Unpaid Work/Volunteer
☐ 9. Unpaid Family Worker
   (If response is NOT 1 or 2, Go to P58)

P56. What kind of accounts do you keep for your business?
☐ 1. Complete set of written accounts
☐ 2. Simplified written accounts
☐ 3. Files of receipts and sales only
☐ 4. No records kept

P57. How are you registered with the NIB?
☐ 1. Employer
☐ 2. Self Employed
☐ 3. Both of above
☐ 4. Not registered
   (National Insurance Board)

P58. (a) How many months did you work during the last 12 months?
   (If zero Go to P64)

P58. (b) How many hours a week do you normally work?
   (If zero Go to P64)

P59. Where do you usually work?
☐ 1. Home
☐ 2. No fixed place
☐ 3. Fixed workplace, not home

P60. How many jobs did you have during the week of January 25th including your own business?

P61. What is the Name and Island of your main present employer or business?
   Name: ____________________________

P62. What kind of business is carried out at your workplace? e.g. construction, supermarket, clothes shop, government, restaurant

P63. What is your Occupation?
☐ 1. Fisherman
☐ 2. Farmer
☐ 3. Professional ______
☐ 4. Technician ______
☐ 5. Teacher
☐ 6. Nurse
☐ 7. Receptionist
☐ 8. Bookkeeper
☐ 9. Housekeeper
☐ 10. Waiter/waitress
☐ 11. Barman
☐ 12. Cleaner
☐ 13. Gardener
☐ 14. Construction ______
☐ 15. Office Clerk
☐ 16. Retail clerk
   All other occupations please specify

P64. What steps did you take during the past month to look for work?
   (If response is 1, go to P65, otherwise Go to P66)
☐ 1. Nothing
☐ 2. Direct Application (Letters)
☐ 3. Checking Work Sites
☐ 4. Asking Friends
☐ 5. Labour Dept.
☐ 6. Private Employment Offices
☐ 7. Newspapers/Websites
☐ 8. Other _______________

Not Working

P65. What category of work is your main job?
   (If response is self-employed, go to P55)

P66. What kind of business is carried out at your workplace? e.g. construction, supermarket, clothes shop, government, restaurant

Page 6 of 8
SECTION 7 - ECONOMIC ACTIVITY (CONT’D) Persons 15 years and over

P65. What was the main reason that you didn't look for work last month?
☐ 1. Own Illness, Disability, Pregnancy
☐ 2. Home Duties, Personal, Family
☐ 3. In school, training
☐ 4. Retirement, Old Age
☐ 5. Already found work to start later
☐ 6. Awaiting replies from employers
☐ 7. Could not find suitable work
☐ 8. Do not know how or where to seek work
☐ 9. Discouraged
☐ 10. Other

P66. What was your net income/pay during last month from your main job or business i.e. after deductions, excluding tips? (Businesses income net of costs)

P67. What percentage of your income do you save each month?
☐ 1. None
☐ 2. 1 to 5%
☐ 3. 6 to 10%
☐ 4. 11 to 20%
☐ 5. 21% & over

P68. What is your main source of livelihood?
☐ 1. Employment
☐ 2. Pension
☐ 3. Business or Rental
☐ 4. Savings
☐ 5. Social Security
☐ 6. Other Government Assistance
☐ 7. Other Local Assistance (friends or family)
☐ 8. Overseas Remittances
☐ 9. Other

P69. About how much did you receive from people abroad last year in cash or kind e.g. barrels of food, clothing?

P70. About how much did you send to people abroad last year in cash or kind e.g. barrels of food, clothing?

Section 8 - MARITAL & UNION STATUS

All person 15 years and over

P71. What is your marital status?
☐ 1. Never married
☐ 2. Married
☐ 3. Divorced
☐ 4. Separated
☐ 5. Widowed

P72. What is your present union status?
☐ 1. Married and living with spouse
☐ 2. Married but spouse lives elsewhere
☐ 3. Live-In Partner
☐ 4. Visiting Partner
☐ 5. Not in union (Go to section 9)

P73. How old were you when you were married for the first time? (If never married mark 00)

Section 9 - Fertility

Females 15 years and over

(All men go to Section 10, i.e. skip Fertility section)

P74. How many LIVE births have you had? (If 0 go to P80)

P75. How old were you when you had your first live born baby?

P76. How old were you when you had your last live baby?

P77. How many babies did you have LAST year? (If 0 Go to P80)

P78. Did any die?
☐ 1. Yes
☐ 2. No

P79 Were any born overseas?
☐ 1. Yes
☐ 2. No

P80. Do you use birth control?
☐ 1. Yes
☐ 2. No (Go to Section 10)
Section 9 - Fertility (CONT'D)
Females 15 years and over
(All men go to Section 10, i.e. skip Fertility section)

P81. What kind of birth control?
☐ 1. Condom
☐ 2. The Pill
☐ 3. Other _______________

SECTION 10 - WHERE CENSUS NIGHT WAS SPENT
All persons

P82. Where did you spend census night?
☐ 1. At this address
☐ 2. Elsewhere, where ____________
☐ 3. Abroad

GENERAL COMMENTS OF ENUMERATOR/SUPERVISOR:

Enumerators signature

Supervisor's signature