St. Vincent and the Grenadines
2012
POPULATION
AND HOUSING
CENSUS

CENSUS DAY - JUNE 12TH, 2012

INSTRUCTIONS
1) USE 2B PENCIL ONLY

2) When completing box entries, please write only and completely inside the boxes provided.
   Example: 0100

3) Place an X in the box where appropriate.
   Example: 

4) Erase cleanly any changes you make.

5) Make NO stray marks on this form.

Address of Household: ________________________________

Community/Village: ________________________________

Census Division: ___________________________________

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

INTERVIEWER RECORD OF VISITS

<table>
<thead>
<tr>
<th>Visit Number</th>
<th>Date (DD/MM/YY)</th>
<th>Time Started</th>
<th>Time Ended</th>
<th>Duration (in minutes)</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Result Codes
1 = Completed
2 = Partially completed
3 = Dwelling vacant
4 = No suitable respondent at home
5 = Refused
6 = Other (Specify).........................
1. INTERVIEWER SAY: Please give me the names of all the persons who usually live and share one daily meal with your household starting with the head.

### HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>02</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>03</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>04</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>05</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>06</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>07</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>08</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>09</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>□ 1 M □ 2 F</td>
</tr>
</tbody>
</table>

Where required, boxes should be filled like this **X**

Total Number of Persons in the household

### CONTACT NUMBER

- [ ] - [ ]

### EMAIL ADDRESS

- [ ] - [ ]
**SECTION 1 HOUSING**

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

2. What is the **MAIN** material of the outer walls?
   - [ ] 1 Stone
   - [ ] 2 Stone and brick
   - [ ] 3 Concrete
   - [ ] 4 Concrete and Blocks
   - [ ] 5 Wood and Brick
   - [ ] 6 Wood and Concrete
   - [ ] 7 Wood and galvanized
   - [ ] 8 Wood
   - [ ] 9 Wattle/Adobe/Tapia
   - [ ] 10 Other (Specify) ___________________________

3. What is the **MAIN** material used for roofing?
   - [ ] 1 Sheet metal*
   - [ ] 2 Shingle (asphalt)
   - [ ] 3 Shingle (wood)
   - [ ] 4 Shingle (other)
   - [ ] 5 Tile
   - [ ] 6 Concrete
   - [ ] 7 Asbestos
   - [ ] 8 Thatch/Makeshift
   - [ ] 9 Other (specify) ___________________________

   * (Including Zinc, aluminum, galvanized, galvalume)

4. In which year/period was this building built?
   - [ ] 1 Before 1980
   - [ ] 2 1980 – 1989
   - [ ] 3 1990 – 1999
   - [ ] 4 2000 – 2005
   - [ ] 5 2006
   - [ ] 6 2007
   - [ ] 7 2008
   - [ ] 8 2009
   - [ ] 9 2010
   - [ ] 10 2011
   - [ ] 11 2012
   - [ ] 12 Don't Know

5. How would you describe the type of dwelling unit that your household occupies?
   - [ ] 1 Separate house/Detached/Undivided Private House
   - [ ] 2 Part of a private house/Attached
   - [ ] 3 Flat, Apartment/Condominium
   - [ ] 4 Townhouse
   - [ ] 5 Double house/Duplex
   - [ ] 6 Combined business and dwelling
   - [ ] 7 Barrack
   - [ ] 8 Group dwelling
   - [ ] 9 Improvised Housing Unit (Earth/Leaves /Branched etc)
   - [ ] 10 Other (Specify) ___________________________

6. Is this dwelling unit owned, rented or leased by a member of this household?
   - [ ] 1 Owner (Including with a mortgage) (Go to Q.8)
   - [ ] 2 Rented Private (paying)
   - [ ] 3 Rented Govt. (paying)
   - [ ] 4 Rent free (Go to Q.8)
   - [ ] 5 Leased
   - [ ] 6 Squatted (Go to Q.8)
   - [ ] 7 Other (Specify) ___________________________
   - [ ] 8 Don't Know (Go to Q.8)

7. (a) What is the rental/lease period for this dwelling?
   - [ ] 1 Weekly
   - [ ] 2 Fortnightly
   - [ ] 3 Monthly
   - [ ] 4 Quarterly
   - [ ] 5 Half-Yearly
   - [ ] 6 Annually

7(b) What is the rental/lease amount for this dwelling?

   EC$ ___________________________

8. Is this dwelling insured?
   - [ ] 1 Yes
   - [ ] 2 No
   - [ ] 3 Don't Know

9. Are the contents of this dwelling insured?
   - [ ] 1 Yes, all
   - [ ] 2 No, none
   - [ ] 3 Partially
   - [ ] 4 Don't Know

10. Under what type of arrangement is the land occupied?
    - [ ] 1 Owned/freehold
    - [ ] 2 Lease-hold
    - [ ] 3 Rented (Paying)
    - [ ] 4 Rent-free
    - [ ] 5 Permission to work land
    - [ ] 6 Squatted
    - [ ] 7 Share cropping
    - [ ] 8 Other (Specify) ___________________________
    - [ ] 9 Don't Know

11. What type of fuel does this household use **MOST** for cooking?
    - [ ] 1 Wood
    - [ ] 2 Charcoal
    - [ ] 3 Kerosene
    - [ ] 4 Electricity
    - [ ] 5 Cooking Gas/Liquefied Petroleum Gas (LPG)
    - [ ] 6 None
    - [ ] 7 Other (Specify) ___________________________

12. How does this household **USUALLY** dispose of its garbage?
    - [ ] 1 Dumping (land)
    - [ ] 2 Dumping/throwing into river/sea/pond
    - [ ] 3 Compost
    - [ ] 4 Burning
    - [ ] 5 Burying
    - [ ] 6 Garbage truck/skip/bin – Public
    - [ ] 7 Garbage truck - Private
    - [ ] 8 Other (Specify) ___________________________
13. What is your **MAIN** source of water supply?
- [ ] 1 Public piped into dwelling
- [ ] 2 Public standpipe
- [ ] 3 Public piped into yard
- [ ] 4 Private piped into dwelling
- [ ] 5 Public well/tank
- [ ] 6 Private catchments, not piped
- [ ] 7 Spring/River
- [ ] 8 Other (Specify) ____________________

14. What is your **MAIN** source of drinking water?
- [ ] 1 Public piped into dwelling
- [ ] 2 Public standpipe
- [ ] 3 Private piped into yard
- [ ] 4 Private piped into dwelling
- [ ] 5 Public well/tank
- [ ] 6 Private catchments, not piped
- [ ] 7 Spring/River
- [ ] 8 Bottled water
- [ ] 9 Other (Specify) ____________________

15. What type of toilet facility does this household have?
- [ ] 1 Water Closet (WC) (Flush toilet) Linked to sewer
- [ ] 2 Water Closet (WC) (Flush toilet) linked to septic tank/soak-away
- [ ] 3 Pit latrine ventilated and elevated/VIP
- [ ] 4 Pit latrine ventilated and not elevated
- [ ] 5 Pit latrine not ventilated
- [ ] 6 Other (Specify) ____________________
- [ ] 7 None (Go to Q.17)

16. Is the toilet shared with any other household?
- [ ] 1 Yes, shared
- [ ] 2 Not shared

17. Are your bathing facilities indoors or outdoors?
- [ ] 1 Indoors
- [ ] 2 Outdoors (private)
- [ ] 3 None (Go to Q.19)
- [ ] 4 Other (Specify) ____________________

18. Are your bathing facilities shared with another household?
- [ ] 1 Yes, shared
- [ ] 2 Not shared

19. What is the **MAIN** source of lighting for this household?
- [ ] 1 Electricity – Public
- [ ] 2 Electricity – Private Generator
- [ ] 3 Gas lantern
- [ ] 4 Kerosene
- [ ] 5 Solar
- [ ] 6 None
- [ ] 7 Other (Specify) ____________________

20. How many bedrooms are there in this dwelling unit? Beds are rooms used mainly for sleeping and exclude any makeshift and temporary sleeping quarters - count all bedrooms including spare not occupied.
- [ ] Number of Bedrooms [ ] [ ]

21. Is your kitchen indoors or outdoors?
- [ ] 1 Indoors
- [ ] 2 Outdoors (private)
- [ ] 3 None (Go to Q.23)

22. Is the kitchen shared with another person/other person(s) not of this household?
- [ ] 1 Yes, shared
- [ ] 2 Not shared

23. Which of these appliances, household equipment or service does this household have in use? (Indicate all that apply).

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Electrical Generator</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(b) Radio</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(c) Stereo</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(d) Cable</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(e) Water Heater</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(f) Water Pump</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(g) Washing Machine</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(h) Dish Washer</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(i) Stove (gas/electric/solar)</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(j) Microwave Oven</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(k) Freezer</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(l) Refrigerator</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(m) Air Conditioner</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(n) Television</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(o) Fixed Line Telephone</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(p) Mobile/Cellular Phone</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(q) DVD Player</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(r) MP3/4 Player</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(s) Computer</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(t) Internet Connection</td>
<td>[ ] 1 [ ] 2</td>
</tr>
<tr>
<td>(u) Internet Access</td>
<td>[ ] 1 [ ] 2</td>
</tr>
</tbody>
</table>

Where required, boxes should be filled like this ☒
## SECTION 2  INTERNATIONAL MIGRATION

**24 (a)** Did any member of this household move to live abroad between 2001 and 2012 and is still living abroad?
- Yes (Continue)
- No (Go to Q.33)

**24 (b)** How many persons moved? 

<table>
<thead>
<tr>
<th>Person Number</th>
<th>Sex</th>
<th>Age when moved?</th>
<th>Occupation when moved</th>
<th>Highest education attained when moved</th>
<th>Which country did this person migrate to?</th>
<th>In which year did this person migrate?</th>
<th>Main reason for migration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M=1</td>
<td>DK</td>
<td>DK</td>
<td>1 None/No schooling</td>
<td>DK</td>
<td>DK</td>
<td>1 Family Reunification</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>DK</td>
<td>DK</td>
<td>1 None/No schooling</td>
<td>DK</td>
<td>DK</td>
<td>2 Employment</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>DK</td>
<td>DK</td>
<td>1 None/No schooling</td>
<td>DK</td>
<td>DK</td>
<td>3 Study</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>DK</td>
<td>DK</td>
<td>1 None/No schooling</td>
<td>DK</td>
<td>DK</td>
<td>4 Crime Rate</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>DK</td>
<td>DK</td>
<td>1 None/No schooling</td>
<td>DK</td>
<td>DK</td>
<td>5 Medical</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>DK</td>
<td>DK</td>
<td>1 None/No schooling</td>
<td>DK</td>
<td>DK</td>
<td>6 Other</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>DK</td>
<td>DK</td>
<td>1 None/No schooling</td>
<td>DK</td>
<td>DK</td>
<td>7 Don't Know</td>
</tr>
</tbody>
</table>
### SECTION 3 CRIME

<table>
<thead>
<tr>
<th>Crime</th>
<th>Type of Crime</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Murder</td>
<td></td>
</tr>
<tr>
<td>(b) Kidnapping</td>
<td></td>
</tr>
<tr>
<td>(c) Shooting</td>
<td></td>
</tr>
<tr>
<td>(d) Rape/Abuse</td>
<td></td>
</tr>
<tr>
<td>(e) Robbery</td>
<td></td>
</tr>
<tr>
<td>(f) Wounding</td>
<td></td>
</tr>
<tr>
<td>(g) Larceny</td>
<td></td>
</tr>
<tr>
<td>(h) Other</td>
<td></td>
</tr>
</tbody>
</table>

33. Has any member of the household been a victim of the following crime during the past 12 months?
   1. Yes
   2. No (Go to Q.37)
   3. Don't know (Go to Q.37)

34. Was the crime reported?
   1. Yes (Go to Q.36)
   2. No
   3. Don't Know (Go to Q.37)

35. Why was/were the crime(s) not reported?
   1. No confidence in the administration of justice
   2. Afraid of perpetrator
   3. Not serious enough
   4. Other
   5. Don't Know

(For all options, Go to Q.37)

36. What was the result?
   1. Pending
   2. Convicted
   3. Dismissed
   4. No action taken

### SECTION 4 MORTALITY

37. Did any member of this household die during the past 12 months?
   1. Yes
   2. No (Go to Section 5 of the Person Questionnaire)

38. Please provide the age and sex of the person(s) who died during the past twelve months.

39. If female aged 15 - 49 years, did the death occur:
   1. During pregnancy
   2. During child birth
   3. Six weeks after the end of the pregnancy
   4. Other
   5. Don't Know
### SECTION 5  CHARACTERISTICS FOR ALL PERSONS

#### IMPORTANT!!

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

<table>
<thead>
<tr>
<th>40. What is your/(N)'s relationship to the head of the household?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1 Head</td>
</tr>
<tr>
<td>□ 2 Spouse</td>
</tr>
<tr>
<td>□ 3 Partner</td>
</tr>
<tr>
<td>□ 4 Child of Head and Spouse/Partner</td>
</tr>
<tr>
<td>□ 5 Child of Head only</td>
</tr>
<tr>
<td>□ 6 Child of Spouse/Partner only</td>
</tr>
<tr>
<td>□ 7 Spouse/Partner of Child of Head</td>
</tr>
<tr>
<td>□ 8 Grandchild</td>
</tr>
<tr>
<td>□ 9 Parent/Father/Mother</td>
</tr>
<tr>
<td>□ 10 Other Relative</td>
</tr>
<tr>
<td>□ 11 Domestic Employee</td>
</tr>
<tr>
<td>□ 12 Other Non-Relative</td>
</tr>
</tbody>
</table>

**INTERVIEWER:** X the appropriate box.

**FOR PERSONS NOT SEEN ASK:**

<table>
<thead>
<tr>
<th>Is ...male or female?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1 Male</td>
</tr>
<tr>
<td>□ 2 Female</td>
</tr>
</tbody>
</table>

#### IMPORTANT!!

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

<table>
<thead>
<tr>
<th>41. INTERVIEWER: X the appropriate box. FOR PERSONS NOT SEEN ASK:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is ...male or female?</td>
</tr>
<tr>
<td>□ 1 Male</td>
</tr>
<tr>
<td>□ 2 Female</td>
</tr>
</tbody>
</table>

#### IMPORTANT!!

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

<table>
<thead>
<tr>
<th>42. What is your/(N)'s date of birth?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
</tr>
</tbody>
</table>

If not known, ask: How old were you/(N)... on his/her last birthday?

<table>
<thead>
<tr>
<th>Age</th>
</tr>
</thead>
</table>

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

**INTERVIEWER:** If estimated, please put an x in the box

<table>
<thead>
<tr>
<th>43. To which ethnic group do you/does (N) belong?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1 African/Black/Negro</td>
</tr>
<tr>
<td>□ 2 Indigenous People (Amerindian/Carib)</td>
</tr>
<tr>
<td>□ 3 White/Caucasian</td>
</tr>
<tr>
<td>□ 4 Chinese</td>
</tr>
<tr>
<td>□ 5 East Indian/Indian</td>
</tr>
<tr>
<td>□ 6 Hispanic/Spanish</td>
</tr>
<tr>
<td>□ 7 Japanese</td>
</tr>
<tr>
<td>□ 8 Mixed</td>
</tr>
<tr>
<td>□ 9 Portuguese</td>
</tr>
<tr>
<td>□ 10 Syrian/Lebanese</td>
</tr>
<tr>
<td>□ 11 Taiwanese</td>
</tr>
<tr>
<td>□ 12 Other (Specify)</td>
</tr>
<tr>
<td>□ 13 Not Stated</td>
</tr>
</tbody>
</table>

**INTERVIEWER:** If estimated, please put an x in the box

<table>
<thead>
<tr>
<th>44. What is your/(N)'s religion/denomination?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1 Anglican</td>
</tr>
<tr>
<td>□ 2 Evangelical</td>
</tr>
<tr>
<td>□ 3 Methodist</td>
</tr>
<tr>
<td>□ 4 Pentecostal/Full Gospel</td>
</tr>
<tr>
<td>□ 5 Presbyterian/Congregational</td>
</tr>
<tr>
<td>□ 6 Roman Catholic</td>
</tr>
<tr>
<td>□ 7 Salvation Army</td>
</tr>
<tr>
<td>□ 8 Seventh Day Adventist</td>
</tr>
<tr>
<td>□ 9 Jehovah’s Witnesses</td>
</tr>
<tr>
<td>□ 10 Baptist (Specify)</td>
</tr>
<tr>
<td>□ 11 Baha'i</td>
</tr>
<tr>
<td>□ 12 Hindu</td>
</tr>
<tr>
<td>□ 13 Mormon</td>
</tr>
<tr>
<td>□ 14 Muslim/Islam</td>
</tr>
<tr>
<td>□ 15 Rastafarian</td>
</tr>
<tr>
<td>□ 16 Traditional</td>
</tr>
<tr>
<td>□ 17 None/No Religion</td>
</tr>
<tr>
<td>□ 18 Other (Specify)</td>
</tr>
<tr>
<td>□ 19 Not Stated</td>
</tr>
</tbody>
</table>

**INTERVIEWER:** Please be reminded that boxes should be filled like this ❌

Where required, boxes should be filled like this ❌

---

**SECTION 6  DISABILITY FOR ALL PERSONS**

**For persons whose disability has been continuous for 6 months or more.**

<table>
<thead>
<tr>
<th>45. Do you/does (N) have difficulty with any of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate responses as follows:</td>
</tr>
<tr>
<td>1 No - No difficulty</td>
</tr>
<tr>
<td>2 Yes - Some difficulty</td>
</tr>
<tr>
<td>3 Yes - Lots of difficulties</td>
</tr>
<tr>
<td>4 Cannot do (it) at all</td>
</tr>
</tbody>
</table>

**INTERVIEWER:** If no difficulty for all options, Go to Q. 48

<table>
<thead>
<tr>
<th>1 Walking or climbing stairs?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1</td>
</tr>
<tr>
<td>□ 2</td>
</tr>
<tr>
<td>□ 3</td>
</tr>
<tr>
<td>□ 4</td>
</tr>
</tbody>
</table>

**INTERVIEWER:** If no difficulty for all options, Go to Q. 48

<table>
<thead>
<tr>
<th>2 Seeing, even with glasses?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1</td>
</tr>
<tr>
<td>□ 2</td>
</tr>
<tr>
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<td>□ 4</td>
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**INTERVIEWER:** If no difficulty for all options, Go to Q. 48

<table>
<thead>
<tr>
<th>3 Hearing, even using a hearing aid?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1</td>
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<td>□ 4</td>
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</tbody>
</table>

**INTERVIEWER:** If no difficulty for all options, Go to Q. 48

<table>
<thead>
<tr>
<th>4 Remembering or concentrating?</th>
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<tbody>
<tr>
<td>□ 1</td>
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</tbody>
</table>

**INTERVIEWER:** If no difficulty for all options, Go to Q. 48

<table>
<thead>
<tr>
<th>5 Self care?</th>
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<tbody>
<tr>
<td>□ 1</td>
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</table>

**INTERVIEWER:** If no difficulty for all options, Go to Q. 48

<table>
<thead>
<tr>
<th>6 Upper body function?</th>
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<tr>
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</tbody>
</table>

**INTERVIEWER:** If no difficulty for all options, Go to Q. 48

<table>
<thead>
<tr>
<th>7 Communicating and speaking?</th>
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<tbody>
<tr>
<td>□ 1</td>
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**INTERVIEWER:** If no difficulty for all options, Go to Q. 48

<table>
<thead>
<tr>
<th>8 Slowness at learning or understanding</th>
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<tbody>
<tr>
<td>□ 1</td>
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</tbody>
</table>

**INTERVIEWER:** If no difficulty for all options, Go to Q. 48

**IMPORTANT!!**

Please be reminded that boxes should be filled like this ❌
SECTION 6  DISABILITY
FOR ALL PERSONS

46. What is the origin of your/(N)’s disability?
Rate responses as follows:

1 From birth
2 Illness
3 Accident
4 Other

See, even with glasses
☐ 1 ☐ 2 ☐ 3 ☐ 4

Hearing, even using a hearing aid
☐ 1 ☐ 2 ☐ 3 ☐ 4

Walking or climbing stairs
☐ 1 ☐ 2 ☐ 3 ☐ 4

Remembering or concentrating
☐ 1 ☐ 2 ☐ 3 ☐ 4

Self care
☐ 1 ☐ 2 ☐ 3 ☐ 4

Upper body function
☐ 1 ☐ 2 ☐ 3 ☐ 4

Communicating and speaking
☐ 1 ☐ 2 ☐ 3 ☐ 4

Slowness at learning or understanding
☐ 1 ☐ 2 ☐ 3 ☐ 4

47. Are you/is (N) required to use any of the following aids? (Multiple responses are possible)
☐ 1 Wheelchair
☐ 2 Walker
☐ 3 Cane
☐ 4 Crutches
☐ 5 Prosthesis/artificial body part
☐ 6 Orthopedic shoes
☐ 7 Braille
☐ 8 Adapted Car
☐ 9 Hearing Aid
☐ 10 None
☐ 11 Other (Specify)

SECTION 7  HEALTH
FOR ALL PERSONS

48. Do you/does (N) suffer from any of the following illness? (X all that apply)
☐ 1 Sickle Cell Anemia
☐ 2 Arthritis
☐ 3 Asthma
☐ 4 Diabetes
☐ 5 Hypertension/High Blood Pressure
☐ 6 Heart Disease
☐ 7 Stroke
☐ 8 Kidney Disease
☐ 9 Cancer
☐ 10 Lupus
☐ 11 Carpal Tunnel Syndrome
☐ 12 Glaucoma
☐ 13 None
☐ 14 Other (Specify)

49. Are you/is (N) covered by insurance (for example health, life, employee medical plan, NIS)?
☐ 1 Yes
☐ 2 No (Go to Q.51)
☐ 3 Don't know (Go to Q.51)

SECTION 8  INTERNAL
MIGRATION (BIRTHPLACE AND RESIDENCE) FOR ALL PERSONS

53. Where do you/does (N) usually live?
☐ 1 At this address
☐ 2 Elsewhere in this country
☐ 3 Abroad
☐ 4 Don't know

INTERVIEWER: Remember what is required is the mother’s normal residence at the time of birth, and not the hospital or place where the birth took place.

54. Where were you/was (N) born?
☐ 1 In this country
☐ 2 Abroad (Go to Q.58)
☐ 3 Not Stated (Go to Q.58)
☐ 4 Don't know (Go to Q.58)

55. In what part of the village/community is that?
Community/Village _______________________________
Census Division _______________________________

56. Have you/has (N) ever lived in another country? (For local born only)
☐ 1 Yes
☐ 2 No (Go to Q.58)
☐ 3 Don't know (Go to Q.58)
☐ 4 Not Stated (Go to Q.58)

50. Which of the following insurance do you/does (N) have? (Indicate ALL that apply)
☐ 1 NIS
☐ 2 Group Health
☐ 3 Individual Health
☐ 4 Life with Health
☐ 5 Life only
☐ 6 Endowment with Health
☐ 7 Endowment only
☐ 8 Don't know
☐ 9 Other (Specify)

51. Have you/has (N) utilized a medical facility (Hospital, health center, private doctor) in the past month?
☐ 1 Yes
☐ 2 No (Go to Q.53)
☐ 3 Not Know
☐ 4 Don't know

52. What MAIN facility have you/has (N) utilized in the past month?
☐ 1 Public Hospital
☐ 2 District Health Centres/Health Clinic
☐ 3 Private Doctor's Office
☐ 4 Pharmacy
☐ 5 Family Planning Clinic
☐ 6 Private Clinic/Hospital
☐ 7 Not Stated
☐ 8 Don't Know
SECTION 8  INTERNAL MIGRATION (BIRTHPLACE AND RESIDENCE) FOR ALL PERSONS

57. In what country did you/N last live?
Country ________________________________________________

58. Did you/(N) live at this address five years ago?
☐ 1 Yes (Go to Q.60) ☐ 3 Don't Know (Go to Q.60)
☐ 2 No ☐ 4 Not Stated (Go to Q.60)

59. In which country/village/community did you/(N) live five years ago?
Country ________________________________________________
Community _____________________________________________
Village ________________________________________________

SECTION 9  EDUCATION AND TRAINING

60. Are you/is (N) currently attending an educational institution whether full time or part time?
☐ 1 Yes – full time ☐ 3 No (Go to Q.63)
☐ 2 Yes – part time ☐ 4 Don't know (Go to Q.63)

61 (a) What type of educational institution are you/is (N) attending?
☐ 1 Day care/Nursery ☐ 8 Community College
☐ 2 Pre-school ☐ 9 University
☐ 3 Special Education ☐ 10 Adult Education
☐ 4 Primary School ☐ 11 Other (Specify)
☐ 5 Secondary __________________________
☐ 6 Technical/Vocational ☐ 12 Not Stated
☐ 7 Professional __________________________

61(b) Please give the name and address of the school/institution
Name ________________________________________________
Address ________________________________________________

62. What is the MAIN mode of travel to the school or institution?
☐ 1 Walk ☐ 5 Government School Bus
☐ 2 Bicycle ☐ 6 Public Transport (minibus)
☐ 3 Motor Cycle ☐ 7 Hired Transport
☐ 4 Private car or vehicle ☐ 8 Don't know

FOR ALL OPTIONS, GO TO Q64

63. What is the highest level of education that you/(N) have (has) attained? (For persons not attending an educational institution)
☐ 1 Day care/Nursery ☐ 8 University
☐ 2 Pre-school ☐ 9 Other
☐ 3 Infant ☐ 10 Don't know
☐ 4 Primary Grade/Standard (1 – 3 years) ☐ 11 Not know
☐ 5 Primary Grade/Standard (4 – 7 years) ☐ 12 Not Stated
☐ 6 Secondary ☐ 13 Other(Specify) __________________________
☐ 7 Pre-University/Post Secondary/College ☐ 14 None
☐ 15 Not Stated

SECTION 10     INTERNET ACCESS FOR PERSONS 15 YEARS AND OVER

64. What is the highest certificate, diploma or degree that you/(N) have/(has) earned?
☐ 1 School Leaving Certificate
☐ 2 Cambridge School Certificate
☐ 3 GCE O’ Levels or CXC Gen
☐ 4 High School Certificate (HSC)
☐ 5 GCE A Levels/CAPE
☐ 6 College Certificate/Diploma
☐ 7 Associate Degree
☐ 8 Bachelor's Degree
☐ 9 Post Graduate Diploma/Certificate
☐ 10 Professional Certificate
☐ 11 Higher Degree (Masters)
☐ 12 Higher Degree (Doctoral)
☐ 13 Other(Specify) __________________________
☐ 14 None
☐ 15 Not Stated

65. Were you ever trained/are you being trained for an occupation or profession?
☐ 1 Yes ☐ 3 Not Stated (Go to Q.67)
☐ 2 No (Go to Q.67)

66. For which occupation/profession have you/has (N) received training? (This refers to the highest level of training received)

SECTION 10  INTERNET ACCESS FOR PERSONS 15 YEARS AND OVER

67. Have you/(N) had access to the internet in the last 3 months?
☐ 1 Yes ☐ 2 No

68. Where did you/(N) MAINLY access the internet in the past 3 months?
☐ 1 Home ☐ 4 Internet Café
☐ 2 Work ☐ 5 Family or Friend's House
☐ 3 School ☐ 6 Other (Specify)
SECTION 11 ECONOMIC ACTIVITY FOR PERSONS 15 YEARS AND OVER

69. What did you/(N) do MOST during the past 12 months?

☐ 1 Had a job and worked
☐ 2 Had a job, but did not work
☐ 3 Looked for work
☐ 4 Wanted work and available
☐ 5 Did Home Duties
☐ 6 Attended school/Student
☐ 7 Retired, did not work
☐ 8 Disabled, unable to work
☐ 9 Other (Specify)______________________

70. Did you/(N) work for a minimum of one hour during the past week? (This includes work for pay, profit or family gain, e.g. helping in family business or farm, street vending, etc.)

☐ 1 Yes (Go to Q.72)
☐ 2 No

71. Did you have a job from which you were temporarily absent during the past week? (If the option 1 to 9 is selected, then Go to Q.73)

☐ 1 Yes, on vacation leave
☐ 2 Yes, on maternity/sick leave
☐ 3 Yes, on leave for personal/family responsibility
☐ 4 Yes, on study leave/training
☐ 5 Yes, because of a strike/lock out
☐ 6 Yes, temporary lay off
☐ 7 Yes, currently in the "off season"
☐ 8 Yes, sent on unpaid leave
☐ 9 Yes, other reason (Specify)______________________
☐ 10 No (Go to Q.79)

72. How many hours did you/(N) actually work during the past week?

Number of Hours

73. What type of worker status applies to you/(N) in your/his/her MAIN job?

☐ 1 Paid employee, Government (Local and Central Gov’t) (Go to Q.75)
☐ 2 Paid employee, State Owned Company/Statutory Board (Go to Q.75)
☐ 3 Paid employee, Private Business (Go to Q.75)
☐ 4 Paid employee, Private Home (Go to Q.75)
☐ 5 Own business with paid employees
☐ 6 Own business without paid Employees (self-employed)
☐ 7 Apprentice/Learners (Go to Q.75)
☐ 8 Unpaid Family Worker/Employee (Go to Q.75)
☐ 9 Volunteer worker (Go to Q.75)
☐ 10 Other (Specify) (Go to Q.75)______________________
☐ 11 Don't Know

74. Are you/is (N) registered with the National Insurance Services as a self employed person or as an employer?

☐ 1 Employer
☐ 2 Self Employed
☐ 3 Not Registered

75. Describe the type of work that you do/(N) does in your/his/her MAIN job?

Description

76. Describe the MAIN business activities carried out at the company/establishment for which you/(N) work.

77. How often do you/does (N) get paid from your/his/her MAIN job?

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

78. What was your/(N’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. Income group: ________ (Go to Q.81).

79. What steps did you/(N) take during the past month to look for work?

☐ 1 Did not take any steps
☐ 2 Direct application(in writing/telephone/email/in person, etc.) (Go to Q.81)
☐ 3 Checking newspaper/websites/worksites etc. (Go to Q.81)
☐ 4 Seeking assistance from friends (Go to Q.81)
☐ 5 Registered at public/private employment exchange (Go to Q.81)
☐ 6 Other (Specify)______________________ (Go to Q.81)
☐ 7 Don't Know (Go to Q.81)
### Section 12: Marital and Union Status for Persons 15 Years and Over

80. Why did you/(N) not seek work during the past month?
- [ ] 1 Own illness, disability, injury, pregnancy
- [ ] 2 Home duties, personal/family responsibilities
- [ ] 3 In school/training
- [ ] 4 Retirement/old age
- [ ] 5 Already found work to start later
- [ ] 6 Already made arrangements for self-employment
- [ ] 7 Awaiting recall to former job
- [ ] 8 Awaiting replies from former employers
- [ ] 9 Awaiting busy season
- [ ] 10 Believe no work is available
- [ ] 11 Do not know how or where to seek work
- [ ] 12 Discouraged
- [ ] 13 Not yet started to seek work
- [ ] 14 Other

81. What are your/(N)'s source(s) of livelihood?
- [ ] 1 Disability benefits
- [ ] 2 Employment
- [ ] 3 Investment
- [ ] 4 Public assistance
- [ ] 5 Pension (local)
- [ ] 6 Pension (overseas)
- [ ] 7 Savings/interest on savings
- [ ] 8 Subsistence farming
- [ ] 9 Support from friends/relatives (local - cash/kind)
- [ ] 10 Support from friends/relatives (overseas - cash/kind)
- [ ] 11 Other (Specify) _________________________

82. What is your/(N)'s marital status?
- [ ] 1 Single/Never Married
- [ ] 2 Married
- [ ] 3 Divorced
- [ ] 4 Widowed
- [ ] 5 Legally Separated
- [ ] 6 Not stated
- [ ] 7 Don't Know

83. What is your/(N)'s present union status?
- [ ] 1 Never had a spouse or common-law partner (Go to Q.86)
- [ ] 2 Married and living with spouse (Go to Q.85)
- [ ] 3 Common Law Union (Go to Q.85)
- [ ] 4 Visiting partner
- [ ] 5 Not in a Union

84. Have you/(N) ever lived together with a partner/spouse?
- [ ] 1 Yes
- [ ] 2 No (Go to Section 13)

85. How old were you/was(N) when you/he/she was first married or lived with a partner?

#### Section 13: Fertility For All Females 15 Years and Over

86. How many live births/children have you/(N) ever had? (If none, Go to Q.89)

<table>
<thead>
<tr>
<th>Total</th>
<th>Male</th>
<th>Female</th>
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87. How many of your/(N)'s live born children are still alive?

<table>
<thead>
<tr>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
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<tbody>
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88. How many living babies/live births did you/(N) have in the last 12 months?

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<tbody>
<tr>
<td>1 None</td>
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<tr>
<td>2 One</td>
</tr>
<tr>
<td>3 Two separate birth</td>
</tr>
<tr>
<td>4 Twins</td>
</tr>
<tr>
<td>5 Three or more</td>
</tr>
<tr>
<td>6 Not Applicable</td>
</tr>
</tbody>
</table>

#### Section 14: Census Night For All Persons

89. Where did you/(N) spend census night?
- [ ] 1 At this address
- [ ] 2 Elsewhere in this country
- [ ] 3 Abroad

Where required, boxes should be filled like this ✗