## INSTRUCTIONS
Use No. 2B Pencil only. Fill in appropriate boxes and completely shade the ovals. Erase cleanly any changes. DO NOT make any stray marks on the questionnaire.

### Address of Household

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### Town / Village / Ward

### Telephone Number

<table>
<thead>
<tr>
<th>INTERVIEWER</th>
<th>NAME</th>
<th>DATE</th>
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<th>SUPERVISOR</th>
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**INTERVIEWER SAY:**

"I am a census interviewer assigned to this area and I would like to get some information about the household and its members. My name is (....) and here is my ID card. First, please give me the names of all persons who usually live and share at least one meal daily with your household, including persons who were present on census night (14th-15th September 2012) but are no longer here."

### LISTING OF HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>SURNAME</th>
<th>FIRST NAME</th>
<th>SEX</th>
<th>RP/RA/V</th>
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**No. of Persons in HH:**

<table>
<thead>
<tr>
<th>Total</th>
<th>Males</th>
<th>Females</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Male = 1 Female = 2</td>
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</tbody>
</table>

### RECORD OF VISITS

<table>
<thead>
<tr>
<th>INTERVIEW CALLS</th>
<th>DATE</th>
<th>TIME STARTED</th>
<th>TIME ENDED</th>
<th>DURATION</th>
<th>*RESULTS</th>
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<tbody>
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<td>1</td>
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*Result Codes 1 = Completed  2 = Partially completed  3 = Dwelling vacant  4 = No suitable respondent at home  5 = Refused  6 = Other (specify) ...............................................

02
### INTERVIEWER: Please shade the appropriate oval for Sex of Head of Household

1. Male
2. Female

### H1.0

**SECTION H1: CHARACTERISTICS OF OCCUPIED BUILDING**

#### H1.1
- What type of building is this?
  1. Residential
  2. Residential/Commercial
  3. Residential/Office
  4. Community Service

#### H1.2
- What is the main material of the outer walls?
  1. Wood
  2. Concrete
  3. Wood & Concrete
  4. Stone
  5. Adobe & Troolie Palm
  6. Makeshift

#### H1.3
- What is the main material used for roofing?
  1. Sheet metal (zinc, aluminum, galvanize)
  2. Shingle (asphalt)
  3. Shingle (wood)
  4. Shingle (other)
  5. Tile
  6. Concrete
  7. Thatched/Troolie Palm
  8. Makeshift
  9. Other (specify)

#### H1.4
- In which year/period was this building completed?
  1. Before 1890
  2. 1890 - 1899
  3. 1890 - 1909
  4. 1900 - 1905
  5. 1906 - 1911
  6. 1912 or later

### H2.0

**SECTION H2: CHARACTERISTICS OF OCCUPIED DWELLING UNIT AND TENANCY STATUS**

#### H2.1
- What is the occupancy status of the dwelling unit?
  1. Occupied
  2. Seasonally vacant

#### H2.2
- What type of dwelling unit does this household occupy?
  1. Separate house/Detached
  2. Part of a private house/Attached
  3. Flat/Apartment/Condominium
  4. Townhouse
  5. Double house/Duplex

#### H2.3
- Is this dwelling unit owned by any member of the household?
  1. Yes
  2. No

### H3.0

**SECTION H3: LAND TENURE & HOUSE LOT APPLICATION**

#### H3.1
- Under what type of arrangement is the land occupied?
  1. Owned/freehold
  2. Lease-hold
  3. Rented (paying)
  4. Squatted

#### H3.2
- Have you ever applied to the Ministry of Housing for a House Lot?
  1. Yes
  2. No

#### H3.3
- Were you allocated a House Lot?
  1. Yes
  2. No

### H4.0

**SECTION H4: HOUSING UNIT BY FACILITIES AVAILABLE FOR USE**

#### H4.1
- What type of fuel does this household use most for cooking?
  1. Charcoal
  2. Wood
  3. LPG (Cooking Gas)

#### H4.2
- What is the main source of lighting for this household?
  1. Gas Lantern

#### H4.3
- What is the main source of water supply for this household?
  1. Private, piped into dwelling
  2. Private catchments/rain water
  3. Private, piped into yard/plot
  4. Public, piped into dwelling
  5. Public, piped into yard/plot
  6. Public standpipe or hand pump

#### H4.4
- What is the main source of drinking water for this household?
  1. Piped into dwelling
  2. Piped into yard/plot
  3. Public standpipe
  4. Tube-Well/borehole with pump
  5. Protected dug well/spring
  6. Bottled water

### H5.0

**SECTION H5: HOUSEHOLD EQUIPMENT, APPLIANCE & OTHER FACILITIES AVAILABLE FOR USE**

#### H5.1
- Does this household have any of the following appliances or household items in working condition?
  1. Radio/satellite
  2. Television
  3. DVD/MP3/VCR
  4. Computer
  5. Internet access/connection
  6. Vehicle (private)
  7. Refrigerator/freezer
  8. Washing machine
  9. Stove (gas/electric/solar)

### H6.0

**SECTION H6: ENVIRONMENT**

#### H6.1
- In this community, is your household most concerned about/affected by the following environmental issues?
  1. Waste disposal
  2. Water contamination
  3. Drainage
  4. Air pollution
  5. Use of pesticides
  6. Deforestation
  7. Destruction of mangroves
### SECTION H7: CRIME

**H7.1** Has any member of the household been a victim of any of the following crimes during the past 12 months?

<table>
<thead>
<tr>
<th>Type of Crime</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>1. Murder</td>
<td></td>
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<tr>
<td>2. Kidnapping</td>
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<tr>
<td>3. Shooting</td>
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<tr>
<td>4. Rape/sexual abuse</td>
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<td>5. Armed Robbery</td>
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<td>6. Wounding</td>
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<td>7. Larceny/theft</td>
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<tr>
<td>8. Domestic abuse</td>
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</tbody>
</table>

**H8.2** Please provide me with the details of person(s) who died from this household during the past 12 months by age and sex.

<table>
<thead>
<tr>
<th>Person #</th>
<th>Age</th>
<th>Sex</th>
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**H8.3** Did the death occur during pregnancy, at child birth or within six weeks after the end of pregnancy? (solely related to pregnancy and not any other cause such as accident)

1. Yes  
2. No

### SECTION H8: MORTALITY

**H8.1** Has any other member of this household died during the past 12 months?

1. Yes  
2. No (Skip to Section H9)

**H8.3** Question H8.3 should only be asked for Females aged 14-49 years who died during the past 12 months. (As reported in H8.2 above)

### SECTION H9: INTERNATIONAL MIGRATION (EMIGRATION)

**H9.1** Has anybody from this household gone to live abroad permanently in the past 5 years, i.e. between 2007 and present?

1. Yes  
2. No (Skip to Section P1)

**H9.2** How many persons?

<table>
<thead>
<tr>
<th>Males</th>
<th>Females</th>
<th>Total</th>
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**H9.3** What is (..) sex?

1. Male  
2. Female

**H9.4** What was (..) age at time of departure?

1. Male = 1  
2. Female = 2

**H9.5** What was (..) occupation at time of departure?

1. Please specify in details on line.

**H9.6** What was the highest level of education reached by (..) at time of departure?

1. None/Nursery/Kindergarten  
2. Primary  
3. Secondary  
4. Post Secondary  
5. University/Tertiary  
6. Other (specify below)  
7. Don't know

**H9.7** Which country did (..) migrate to?

N.B. Write country on line

**H9.8** In which year did (..) migrate?

**H9.9** What was the main reason for leaving at the time of departure?

1. Family Reunification  
2. Employment  
3. Study  
4. Crime  
5. Medical  
6. Other (specify below)  
7. DK

**H9.9 For official use**

1. DK  
2. DK  
3. DK  
4. DK  
5. DK

**H9.9 For official use**

1. DK  
2. DK  
3. DK  
4. DK  
5. DK
SECTION P1: PERSONAL CHARACTERISTICS

P1.1 What is your (...)'s relationship to the head of household?
1. Head
2. Spouse/partner
3. Son/daughter
4. Step/adopted child
5. Grand/great-grand child
6. Son/daughter-in-law
7. Parent/parent-in-law
8. Domestic employee
9. Non-relative/lodger

P1.2 INTERVIEWER: Shade the appropriate oval.

FOR PERSONS NOT SEEN ASK: Is (...) male or female?
1. Male
2. Female

P1.3 What is your (...) date of birth?
Day
Month
Year

P1.4 To what ethnic group do you/does (...) belong?
1. African/Black
2. Amerindian
3. East Indian
4. Chinese
5. Mixed
6. Portuguese
7. White
8. Other (specify)
9. Not stated

P1.5 To which religion/denomination do you/does (...) belong?
1. Anglican
2. Methodist
3. Pentecostal
4. Roman Catholic
5. Jehovah Witness
6. Seventh Day Adventist
7. Bahai
8. Muslim
9. Hindu
10. Rastafarian
11. Other Christians
12. None/No Religion
13. Other (specify)
14. Not stated

SECTION P2: DISABILITY

P2.1 Do you/does (...) have any long-standing difficulty/problem that prevents you/(....) from performing an activity?
1. Yes
2. No (Skip to Section P3)

P2.2 Which of the following activities do you/does (...) have difficulty with?
1. Seeing (even if wearing glasses)
2. Hearing (even if wearing hearing aid)
3. Talking/speaking
4. Moving/mobility (walking, standing, climbing)
5. Body movements (reaching, gripping, holding, kneeling)
6. Learning/understanding
7. Mental functioning (behavioral, emotional)
8. Other (specify)

P2.3 Is the problem serious/permanent?
1. Yes
2. No

P2.4 Was the problem diagnosed by a Medical Doctor?
1. Yes
2. No

P2.5 How was the disability acquired?
1. Born with it
2. Acquired by accident
3. Acquired by disease

P2.6 In which way has the problem limited your/(....) activities most compared with other people of your/(....) age?
1. Self-care
2. Mobility
3. Communication
4. Schooling
5. Employment
6. None
7. All or at least three
8. Other (specify)

P2.7 What is your (...) main source of support?
1. Self-sufficient
2. Public Assistance
3. Disabled Persons Organisation/Non-Governmental Organisation (NGO)
4. Family
5. Other (specify)
6. Not Stated
**SECTION P3: MIGRATION (BIRTHPLACE AND RESIDENCE)**

**ALL PERSONS**

**P3.1** Where were you/was (...) born?

1. In Guyana
2. Abroad
   
   (Name of Country) Skip to P3.3

3. Not stated

Interviewer: Remember what is required for persons born in Guyana is the mother's normal residence at the time of birth, and not the hospital or where the birth took place.

**P3.2** In which Region/Town/Village of Guyana was that?

1. Region
2. Town
3. Village/Ward
4. Not stated

For Official Use

**P3.3** What is your (...) nationality/citizenship?

1. Guyanese (by Birth) (Skip to P3.5)
2. Guyanese (by Naturalization)
3. Name of Country (if not Guyanese)
4. Not stated

For Official Use

**P3.4** In what year did you (...) come to live in Guyana?

(FOREIGN BORN ONLY)

Year

(If from CARICOM Member State as given in P3.3, Skip to P3.12; If from Any Other Foreign Country, Skip to Section P4)

**P3.5** Where do you/does (...) usually live? (ALL GUYANESE)

1. At this present address (Skip to P3.7)
2. Elsewhere in Guyana
3. Abroad (Skip to Section P4)
4. Not stated

**P3.6** In what part of Guyana is that? (duration of 6 months and above)

1. Region
2. Town
3. Village/Ward
4. Not stated

For Official Use

**SECTION P4: EDUCATION**

**PERSONS AGED 3 YRS AND ABOVE**

**P4.1** Are you/is (...) currently attending an educational institution?

1. Yes, full-time
2. Yes, part-time
3. No (Skip to P4.3)

**P4.2** What type of educational institution are you/is (...) attending?

1. Day Care/Playgroup
2. Nursery/Kindergarten
3. Primary
4. Sec. Dept. of Primary/CHS
5. General Secondary
6. Post Secondary School
7. Special School
8. Technical Institute
9. Vocational/Trade
10. Business/Computer Studies
11. Adult Education
12. University/Tertiary
13. Other (specify)

**P4.3** What is the highest level of education that you have/has reached?

1. None/Nursery/Kindergarten
2. Primary
3. Secondary
4. Post Secondary
5. University/Tertiary
6. Other (specify)
7. Not stated

**P4.4** What class did you (...) complete?

1. None
2. Prep A & B/Grds 1 & 2
3. Std 1/Grd 3
4. Std 2/Grd 4
5. Std 3/Grd 5
6. Std 4/Grd 6
7. Frm 1/Grd 7
8. Frm 2/Grd 8
10. Frm 4/Grd 10
11. Frm 5/Grd 11
12. Frm 6/Grd 12
13. Post Secondary/Tertiary/University

No. of yrs

1 2 3 4 5+ NS

**P4.5** INTERVIEWER: Shade the appropriate oval

1. Under 5 yrs (Skip to Section P11)
2. Females Aged 14 yrs (Skip to Section P7)
3. 5 -14 yrs
4. 15 yrs and over

**P4.6** What is the highest level of qualification that you have/has achieved?

1. None
2. School leaving
3. Junior Cambridge Certificate
4. CXC Basic
5. GCE O' levels or CXC General
6. High School/Senior Cambridge Certificate
7. GCE A' levels/CAPE

Number of subjects passed

1 2 3 4 5 6 7 8 9 or more Not stated

8. Certificate/Diploma
9. Bachelor's Degree
10. Post Graduate Dip/Certificate
11. Higher Degree (Masters)
12. Higher Degree (Doctoral)

9. Other (specify)

13. Not stated
SECTION P5: TRAINING

P5.1 Have you/has (...) ever received/attempted/currently attending any training to fit you (...) for employment? (Formal or Informal)
1  Yes  2  No (Skip to Section P6)

P5.2 What was/is the status of your (...) training?
1  Completed training
2  Attempted training but did not complete
3  Currently undergoing training

P5.3 What was/is the main occupation/profession for which you (...) had the highest level of training?

For Official Use

P5.4 How was/is the training received?
1  On the job
2  Apprenticeship
3  Correspondence/Distance Learning
4  Vocational/Trade Sch./Technical Inst.
5  Commercial/Secretarial School

P5.5 What was/is the duration of your (...) highest level of training?

No. of months

P5.6 What type of qualification/certificate do/did you (...) expect to receive/received on completion of the training at the highest level?
1  None
2  Certificate with exams
3  Certificate without exams
4  Diploma
5  Advanced Diploma
6  Associate Degree
7  First Degree
8  Post Grad. Degree
9  Professional Qualification
10  Other (specify)

SECTION P6: MARITAL/UNION STATUS

P6.1 What is your (...) marital status?
1  Single/never married
2  Married (Skip to P6.3)
3  Divorced
4  Widowed
5  Legally Separated

P6.2 Are you in a common law relationship?
1  Yes
2  No

IF FEMALE AGED 55 YRS & ABOVE OR MALE, SKIP TO SECTION P8

P6.3 Are you currently living in union with your spouse/a partner?
1  Yes
2  No

SECTION P7: FERTILITY

P7.1 How many children have you(...) given birth to, if any, that were born alive (breathing, crying or kicking even for a brief moment)?

Total
Boys
Girls

P7.2 How many of the children are:

P7.2 (a) Living in this household? (If None, write 00 in the boxes and Skip to Section P8. If aged 14 yrs, Skip to Section P10.)
Total
Boys
Girls

P7.2 (b) Living elsewhere? (If None, write 00 in the boxes and continue)
Total
Boys
Girls

P7.2 (c) Not alive? (If None, write 00 in the boxes and continue)
Total
Boys
Girls

P7.3 How old were you/ was (...) when you(...) had your (...) first live birth?

AGE
YRS

P7.4 How old were you/ was (...) when you(...) had your (...) last live birth?

AGE
YRS

SECTION P8: ECONOMIC ACTIVITIES

P8.1 What did you (...) do most during the past week? (Current Activity Status)
1  Had a job and worked
2  Had a job but did not work
3  Seeking first job
4  Seeking a job which was not the first
5  Did not seek but wanted work and was available
6  Attended school/Student
7  Performed Home Duties
8  Retired, did not work
9  Disabled, unable to work
10  Other (specify)

P8.2 How many hours did you(...) work during the past week?

Hours (Skip to P8.7)

P8.3 Did you (...) do any work at all during the past one week; including helping in the family business/farm, or work at home, for pay doing any of the following, handicrafts, washing clothes, ironing or sewing, etc? In addition did you sell cigarettes, newspaper, food, snacks or wash cars for tips or pay?
1  Yes (Skip to P8.7)
2  No

P8.4 Did you (...) take any active steps to look for work during the past month?
1  Yes
2  No

P8.5 What was the most recent step you (...) took during the past month?
1  Direct Application
2  Checked at work sites
3  Asked friends/family
4  Registered with employment exchange
5  Other (specify)

(To P8.12)
**SECTION P10: ACCESS TO THE INTERNET PERSONS AGED 5YRS AND ABOVE**

P10.1 Do you/does (...) have access to the internet?

1 0 Yes
2 0 No (Skip to Section P11)

P10.2 Do you/does (...) use the internet?

1 0 Yes
2 0 No (Skip to Section P11)

P10.3 What was your (...) main form/method of access to the internet in the last three (3) months?

1 0 Home
2 0 Work
3 0 School
4 0 Internet Café
5 0 Cellular phone/PDA
6 0 Hot spot roaming
7 0 Family or friend’s house
8 0 Other (specify)

**SECTION P11: WHERE SPENT THE CENSUS NIGHT**

P11.1 Where did you (...) spend the Census Night? (the mid-night of 14th/15th September 2012)

1 0 At this Address (End Interview)
2 0 Elsewhere in the Country
3 0 Abroad (End Interview)

P11.2 What part of the country was that? If known, please specify

1 Region
2 Town
3 Village/Ward

**SECTION P9: SOURCE OF LIVELIHOOD PERSONS AGED 15 YRS AND ABOVE**

P9.1 Do you/does (...) receive any money/remittances from relatives and/or friends abroad?

1 0 Yes
2 0 No

P9.2 What was your (...) main source of livelihood during the past year?

1 0 Employment/Own Account
2 0 Remittances (Overseas)
3 0 Support from friends/relatives (Local)
4 0 Parental/spousal support
5 0 Pension (NIS, Old-age, Former employer)
6 0 Savings/Interest on savings
7 0 Disability benefits
8 0 Investments
9 0 Public Assistance
10 0 Other (specify)