



# COMMONWEALTH OF DOMINICA

## 2011 POPULATION AND HOUSING CENSUS

**CENSUS DAY - MAY 14, 2011**

1) Use only 2B pencils

2) For optimum accuracy, please print carefully and avoid contact with the edges of the box. See example at right:

7	8	5
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3) **IMPORTANT!!!** Place an X in the box for multiple choice options.



4) Erase cleanly and make no stray marks on this form.

PARISH	AREA NUMBER				ED NUMBER	HOUSEHOLD NUMBER
	<i>SD</i>	<i>Coastal</i>	<i>HDist</i>	<i>EDist</i>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FOR OFFICE USE ONLY

Address of Household \_\_\_\_\_

Community \_\_\_\_\_

Town/Village \_\_\_\_\_

District/Parish \_\_\_\_\_

**INTERVIEWER SAY:**

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

**INTERVIEWER RECORD OF VISITS**

Visit Number	Date (DD/MM/YY)			Time Started	Time Ended	Duration (in minutes)	*Results
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="text"/>
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NAME		DATE			CODE		
AREA SUPERVISOR	-----	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
FIELD SUPERVISOR	-----	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
INTERVIEWER	-----	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
EDITOR	-----	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
CODER	-----	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>

**INTERVIEWER SAY:**

Please give me the names of all the persons who usually live in and share at least one daily meal with your household.

**LISTING OF HOUSEHOLD MEMBERS**

	SURNAME	FIRST NAME	SEX			SURNAME	FIRST NAME	SEX	
			M	F				M	F
01			<input type="checkbox"/>	<input type="checkbox"/>	11			<input type="checkbox"/>	<input type="checkbox"/>
02			<input type="checkbox"/>	<input type="checkbox"/>	12			<input type="checkbox"/>	<input type="checkbox"/>
03			<input type="checkbox"/>	<input type="checkbox"/>	13			<input type="checkbox"/>	<input type="checkbox"/>
04			<input type="checkbox"/>	<input type="checkbox"/>	14			<input type="checkbox"/>	<input type="checkbox"/>
05			<input type="checkbox"/>	<input type="checkbox"/>	15			<input type="checkbox"/>	<input type="checkbox"/>
06			<input type="checkbox"/>	<input type="checkbox"/>	16			<input type="checkbox"/>	<input type="checkbox"/>
07			<input type="checkbox"/>	<input type="checkbox"/>	17			<input type="checkbox"/>	<input type="checkbox"/>
08			<input type="checkbox"/>	<input type="checkbox"/>	18			<input type="checkbox"/>	<input type="checkbox"/>
09			<input type="checkbox"/>	<input type="checkbox"/>	19			<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>	20			<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS**


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## SECTION 1 - MIGRATION

1.(a) Did any member of this household move to live abroad and is still living abroad during the last ten years? (2001-2011)

- 1 Yes *(If YES, CONTINUE)*  
 2 No *(GO TO SECTION 2)*

2. How many persons moved?

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Correct mark

3. Individual's No.	4. Year Moved (2001 - 2011)  <i>(Write year in boxes)</i>	5. Educational Level when moved  1 None 2 Primary 3 Secondary 4 Tertiary (non-university/ College) 5 University 6 Other 7 Don't know 8 Not Stated	6. Sex  1 Male 2 Female	7. Age when moved	8. Occupation when moved  Write details on dotted lines below	9. Name of country of migration														
01	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<table border="1" style="width: 60px; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					----- (Name of country) <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <input type="checkbox"/> 9 Don't know				
02	<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4 <input type="checkbox"/> 8	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<table border="1" style="width: 60px; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>			<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					----- (Name of country) <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <input type="checkbox"/> 9 Don't know				
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## SECTION 2 - HOUSING

**INTERVIEWER:** Ask this question only if the answer is not obvious. Else, place 'x' in the appropriate box.

**10. What type of dwelling does this household occupy?**

- 1 Undivided private house
- 2 Part of a private house
- 3 Flat/apartment/condominium
- 4 Townhouse
- 5 Double house/Duplex
- 6 Combined business & dwelling
- 7 Barracks
- 8 Studio
- 9 Other

**11. (a) Is this dwelling insured?**

- 1 Yes     2 No     3 Don't know     9 Not stated

**(b) Are the contents of this dwelling insured?**

- 1 Yes     2 No     3 Don't know     9 Not stated

**12. Does this household own, rent or lease this dwelling?**

- 1 Owned (GO TO Q.16)
- 2 Squatted (GO TO Q.17)
- 3 Rented-Private (GO TO Q.13)
- 4 Rented-Govt (GO TO Q.13)
- 5 Leased (GO TO Q.13)
- 6 Rent-free (GO TO Q.17)
- 7 Other (GO TO Q.17)
- 8 Don't know/Not stated (GO TO Q.17)

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

- 1 Weekly                       6 Annually
- 2 Fortnightly                 7 Other
- 3 Monthly                       8 Don't know
- 4 Quarterly                     9 Not Stated
- 5 Half-yearly

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

- 1 Fully furnished             3 Unfurnished
- 2 Semi-furnished             9 Not stated

**15. How much rent are you now paying ? (GO TO Q.18)  
(PRESENT FLASH CARD)**

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- 1 Don't know
- 9 Not stated

Correct mark



**16. How much mortgage are you now paying monthly?  
(PRESENT FLASH CARD)**

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- 1 Not paying
- 2 Don't know

**17. What about the land – is it freehold, leasehold, or some other type of occupancy?**

- 1 Owned/Freehold                       5 Sharecropping
- 2 Leasehold                                 6 Squatted
- 3 Rented                                       7 Other
- 4 Permission to work land               9 Don't know/Not stated

**18. What is the MAIN construction material of the outer walls? (SINGLE RESPONSE)**

- 1 Wood                                       5 Brick
- 2 Concrete/Concrete Blocks           6 Adobe
- 3 Wood & Concrete                       7 Makeshift (specify) \_\_\_\_\_
- 4 Stone                                         9 Don't know/Not stated

**19. What is the material used for roofing? (SINGLE RESPONSE)**

- 1 Sheet metal\*                               6 Concrete
- 2 Shingle (asphalt)                       7 Makeshift/thatched
- 3 Shingle (wood)                          8 Other (specify) \_\_\_\_\_
- 4 Shingle (other)                          9 Don't know
- 5 Tile

*\*zinc, aluminum, galvanize*

**20. (a) In which year was this dwelling built?**

- 1 Before 1980                       5 2006                       9 2010
- 2 1980-1989                       6 2007                       10 2011
- 3 1990-1999                       7 2008                       11 Don't know
- 4 2000-2005                       8 2009

**(b) Were any repairs made to this dwelling?**

- 1 Yes     2 No     3 Don't know     9 Not stated

**(c) If yes, were repairs to this dwelling:**

- 1 Private                                       4 Other (specify) \_\_\_\_\_
- 2 Government-Assisted
- 3 Part private/ Part government           5 Don't know



## SECTION 2 (cont'd) - HOUSING

21. What is the **MAIN** source of your water supply? **(SINGLE RESPONSE)**

- 1 Private, piped into dwelling
- 2 Private catchment, not piped
- 3 Private catchment piped
- 4 Public, piped into dwelling
- 5 Public, piped into yard
- 6 Public standpipe
- 7 Public well or tank
- 8 Other (specify) \_\_\_\_\_

22. What is the **MOST** used type of toilet facilities in this household? **(SINGLE RESPONSE)**

- 1 W.C. (flush toilet) linked to sewer
- 2 W.C. (flush toilet) linked to cesspit or septic tank/soak-away
- 3 Pit-latrine
- 4 Other (specify) \_\_\_\_\_
- 5 None **(GO TO Q.24)**

23. Are these toilet facilities shared with a/other person(s) not of this household?

- 1 Yes, shared
- 2 Not shared

24. Are your bathing facilities indoors or outdoors?

- 1 Indoors
- 2 Outdoors (private)
- 3 None **(GO TO Q.26)**
- 4 Other (specify) \_\_\_\_\_

25. Are these bathing facilities shared with a/other person(s) not of this household?

- 1 Yes, shared
- 2 Not shared

26. What type of lighting does this household use **MOST**? **(SINGLE RESPONSE)**

- 1 Gas
- 2 Kerosene
- 3 Electricity–Public
- 4 Electricity–Private Generator
- 5 Solar
- 6 Other (specify) \_\_\_\_\_
- 7 None

27. What type of fuel does this household use **MOST** for cooking? **(SINGLE RESPONSE)**

- 1 Charcoal
- 2 Wood
- 3 Liquid Propane Gas/Cooking Gas
- 4 Kerosene
- 5 Electricity
- 6 Other (specify) \_\_\_\_\_

Correct mark



28. Is your kitchen indoors or outdoors?

- 1 Indoors
- 2 Outdoors (private)
- 3 None **(GO TO Q.30)**
- 4 Other (specify) \_\_\_\_\_

29. Is the kitchen shared with a/other person(s) not of this household?

- 1 Yes, shared
- 2 Not shared

30. How many rooms does your household occupy? **(DO NOT COUNT BATHROOMS, PORCHES, KITCHENS etc?)**

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rooms

31. How many bedrooms are there in this dwelling unit? **(Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters – COUNT ALL BEDROOMS INCLUDING SPARES NOT OCCUPIED.)**

--	--	--	--	--	--	--	--	--	--

bedrooms

32. (a) What is your **MAIN** method of garbage disposal? **(SINGLE RESPONSE)**

- 1 Dumping land
- 2 Compost
- 3 Burning
- 4 Dumping river/sea/pond/valley
- 5 Burying
- 6 Garbage truck
- 7 Skip
- 9 Other (specify) \_\_\_\_\_

(b) What **THREE** main environmental concerns have affected your household in the past five years?

- 1 Waste disposal
- 2 Water contamination
- 3 Air pollution (specify) \_\_\_\_\_
- 4 Drainage
- 5 Landslide
- 6 Use of pesticides
- 7 Deforestation
- 8 Soil erosion
- 9 Squatting
- 10 Flooding
- 11 Rodents
- 12 Insects
- 13 Cell phone tower
- 14 Noise (specify) \_\_\_\_\_
- 15 No major concern



## SECTION 2 (cont'd) - HOUSING

33. Which of these appliances/household equipment does your household have? **(READ CATEGORIES)**

1 = Yes 2 = No 9 = No response to question

1. Water heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
2. TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
3. Cable TV/Satellite	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
4. VCR/DVD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5. Radio/Stereo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
6. Refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
7. Freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
8. Microwave oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
9. Dishwasher	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
10. Stove	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
11. Cellular telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
12. Fixed telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
13. Washing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
14. Laundry dryer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
15. Water pump	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
16. Computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

Correct mark



34. (a) Does this household have access to internet?

- 1 Yes    2 No    3 Don't know    9 Not stated

(b) Does this household have an Internet connection?

- 1 Yes    2 No    3 Don't know    9 Not stated

(c) What type of internet connection does this household use?

- 1 Dial-up    4 Broad-band link  
 2 Digital Subscriber Line (DSL)    5 Don't know  
 3 Wireless    9 Not stated

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

- 1 None    3 Two    5 Four or more  
 2 One    4 Three    9 Not stated

## SECTION 3 - CRIME

36. (a) Has any member of your household been a victim of crime (whether against person or property) in the last six years (2006-2011)?

- 1 Yes **(GO TO b)**    9 Not stated **(GO TO SECTION 4)**  
 2 No **(GO TO SECTION 4)**

(b) Tick appropriate box(es)

- 1 2006    3 2008    5 2010  
 2 2007    4 2009    6 2011

**ASK THE FOLLOWING QUESTION (Q. 37 – Q. 39) ONLY OF HOUSEHOLDS REPORTING CRIME.**

37.  1 Crime against person

(1a) Please state number

Male	Female	Both
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

(1b) What was/were the crime(s)?

- (a) \_\_\_\_\_  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_

2 Crime against property

(2a) What was/were the crime(s)?

- (a) \_\_\_\_\_  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_

3 Other (specify)

- (a) \_\_\_\_\_  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_



## SECTION 3 (cont'd) - CRIME

Correct mark



### 38. Was the crime reported to the police?

#### 1. Crime against person

- 1 Yes (GO TO SECTION 4)     3 NA (GO TO SECTION 4)  
 2 No                                     9 Not stated (GO TO SECTION 4)

#### 2. Crime against property

- 1 Yes (GO TO SECTION 4)     3 NA (GO TO SECTION 4)  
 2 No                                     9 Not stated (GO TO SECTION 4)

#### 3. Other

- 1 Yes (GO TO SECTION 4)     3 NA (GO TO SECTION 4)  
 2 No                                     9 Not stated (GO TO SECTION 4)

### 39. Why was the crime not reported to the police? (MULTIPLE RESPONSE)

1. Crime against person     1     2     3     4     5     6     9  
2. Crime against property     1     2     3     4     5     6     9  
3. Other                             1     2     3     4     5     6     9

Note: 1 = No confidence in the administration of justice  
2 = Afraid of perpetrator  
3 = Perpetrator household member/relative  
4 = Not serious enough  
5 = Other  
6 = Not applicable  
9 = Not stated

**End of Household Questionnaire. Go to Person Questionnaire.**



# IMPORTANT!!!

**Transfer Parish, ED and Household Numbers to the top of EACH Individual Questionnaire from Household Questionnaire**

<b>PARISH NUMBER</b> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<b>ED NUMBER</b> <div style="display: flex; justify-content: center; gap: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<b>HOUSEHOLD NUMBER</b> <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
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**INTERVIEWER:**

Whenever a dotted line (...) appears in a question, call the name of the person to whom the information relates, if it is not the respondent himself/herself. Else say "You"/"Your." Complete the appropriate box. Please do not write over the responses.

Correct mark



SECTION 4 - CHARACTERISTICS (FOR ALL PERSONS)	SECTION 5 - DISABILITY (FOR ALL PERSONS)																																												
<p><b>40. Please fill in this person's assigned number. (from page 2)</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span></p> <p><b>41. What is.....'s relationship to the head of household?</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 1 Head</td> <td><input type="checkbox"/> 6 Grandchild</td> </tr> <tr> <td><input type="checkbox"/> 2 Spouse</td> <td><input type="checkbox"/> 7 Parent/parent-in-law</td> </tr> <tr> <td><input type="checkbox"/> 3 Partner</td> <td><input type="checkbox"/> 8 Other relative</td> </tr> <tr> <td><input type="checkbox"/> 4 Child</td> <td><input type="checkbox"/> 9 Non-relative</td> </tr> <tr> <td><input type="checkbox"/> 5 Son/daughter-in-law</td> <td><input type="checkbox"/> 10 Other (specify) -----</td> </tr> </table> <p><b>42. INTERVIEWER: Complete the appropriate box. <u>FOR PERSONS NOT SEEN ASK: Is.....male or female?</u></b></p> <p><input type="checkbox"/> 1 Male    <input type="checkbox"/> 2 Female</p> <p><b>43. What is ..... 's date of birth?</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> / <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span></p> <p style="text-align: center;"><i>DD                      MM                      YYYY</i></p> <p><b>If not known, ask:</b> <b>How old was .....on his/her last birthday?</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> years</p> <p><b>44. To what ethnic, racial or national group do you think.....belongs?</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 1 African/Negro/Black</td> <td><input type="checkbox"/> 6 Syrian/Lebanese</td> </tr> <tr> <td><input type="checkbox"/> 2 Amerindian/Carib/Kalinago</td> <td><input type="checkbox"/> 7 Caucasian/White</td> </tr> <tr> <td><input type="checkbox"/> 3 East Indian</td> <td><input type="checkbox"/> 8 Mixed</td> </tr> <tr> <td><input type="checkbox"/> 4 Chinese</td> <td><input type="checkbox"/> 9 Other (specify) -----</td> </tr> <tr> <td><input type="checkbox"/> 5 Portuguese</td> <td><input type="checkbox"/> 10 Don't know/Not stated</td> </tr> </table> <p><b>45. What is.....'s religion/denomination?</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 1 Anglican</td> <td><input type="checkbox"/> 11 Muslim</td> </tr> <tr> <td><input type="checkbox"/> 2 Baptist</td> <td><input type="checkbox"/> 12 Other Evangelical</td> </tr> <tr> <td><input type="checkbox"/> 3 Bahai</td> <td><input type="checkbox"/> 13 Pentecostal</td> </tr> <tr> <td><input type="checkbox"/> 4 Brethren</td> <td><input type="checkbox"/> 14 Presbyterian</td> </tr> <tr> <td><input type="checkbox"/> 5 Christian Union Mission/Church</td> <td><input type="checkbox"/> 15 Rastafarian</td> </tr> <tr> <td><input type="checkbox"/> 6 Church of God</td> <td><input type="checkbox"/> 16 Roman Catholic</td> </tr> <tr> <td><input type="checkbox"/> 7 Gospel Mission</td> <td><input type="checkbox"/> 17 Seventh Day Adventist</td> </tr> <tr> <td><input type="checkbox"/> 8 Hindu</td> <td><input type="checkbox"/> 18 Other (specify) -----</td> </tr> <tr> <td><input type="checkbox"/> 9 Jehovah Witness</td> <td><input type="checkbox"/> 19 None</td> </tr> <tr> <td><input type="checkbox"/> 10 Methodist</td> <td><input type="checkbox"/> 20 Not stated</td> </tr> </table>	<input type="checkbox"/> 1 Head	<input type="checkbox"/> 6 Grandchild	<input type="checkbox"/> 2 Spouse	<input type="checkbox"/> 7 Parent/parent-in-law	<input type="checkbox"/> 3 Partner	<input type="checkbox"/> 8 Other relative	<input type="checkbox"/> 4 Child	<input type="checkbox"/> 9 Non-relative	<input type="checkbox"/> 5 Son/daughter-in-law	<input type="checkbox"/> 10 Other (specify) -----	<input type="checkbox"/> 1 African/Negro/Black	<input type="checkbox"/> 6 Syrian/Lebanese	<input type="checkbox"/> 2 Amerindian/Carib/Kalinago	<input type="checkbox"/> 7 Caucasian/White	<input type="checkbox"/> 3 East Indian	<input type="checkbox"/> 8 Mixed	<input type="checkbox"/> 4 Chinese	<input type="checkbox"/> 9 Other (specify) -----	<input type="checkbox"/> 5 Portuguese	<input type="checkbox"/> 10 Don't know/Not stated	<input type="checkbox"/> 1 Anglican	<input type="checkbox"/> 11 Muslim	<input type="checkbox"/> 2 Baptist	<input type="checkbox"/> 12 Other Evangelical	<input type="checkbox"/> 3 Bahai	<input type="checkbox"/> 13 Pentecostal	<input type="checkbox"/> 4 Brethren	<input type="checkbox"/> 14 Presbyterian	<input type="checkbox"/> 5 Christian Union Mission/Church	<input type="checkbox"/> 15 Rastafarian	<input type="checkbox"/> 6 Church of God	<input type="checkbox"/> 16 Roman Catholic	<input type="checkbox"/> 7 Gospel Mission	<input type="checkbox"/> 17 Seventh Day Adventist	<input type="checkbox"/> 8 Hindu	<input type="checkbox"/> 18 Other (specify) -----	<input type="checkbox"/> 9 Jehovah Witness	<input type="checkbox"/> 19 None	<input type="checkbox"/> 10 Methodist	<input type="checkbox"/> 20 Not stated	<p><b><u>LONG STANDING DISABILITY</u></b></p> <p><b>46. Does..... live with any long-standing disability or infirmity?</b></p> <p><input type="checkbox"/> 1 Yes    <input type="checkbox"/> 2 No <b><u>(GO TO Q.53)</u></b></p> <p><b>47. What is the origin of the disability?</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 1 Illness</td> <td><input type="checkbox"/> 3 Accident</td> </tr> <tr> <td><input type="checkbox"/> 2 From birth</td> <td><input type="checkbox"/> 4 Other (specify) -----</td> </tr> </table> <p><b>48. At what age was disability acquired?</b> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> years</p> <p><b><u>TYPE OF DISABILITY</u></b></p> <p><b>49. What type of disability or impairment does...have? (<u>MULTIPLE RESPONSE</u>)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1 Sight ( even with glasses if worn)</li> <li><input type="checkbox"/> 2 Hearing (even with hearing aid if used)</li> <li><input type="checkbox"/> 3 Speech (speaking, communicating)</li> <li><input type="checkbox"/> 4 Mobility (walking, standing, climbing stairs)</li> <li><input type="checkbox"/> 5 Body movements (reaching, crouching, kneeling)</li> <li><input type="checkbox"/> 6 Gripping</li> <li><input type="checkbox"/> 7 Learning</li> <li><input type="checkbox"/> 8 Behavioral</li> <li><input type="checkbox"/> 9 Other (specify) -----</li> <li><input type="checkbox"/> 10 Not stated</li> </ul> <p><b>50. Was..... disability/major impairment ever diagnosed by a medical doctor?</b></p> <p><input type="checkbox"/> 1 Yes    <input type="checkbox"/> 2 No    <input type="checkbox"/> 9 Not stated</p>	<input type="checkbox"/> 1 Illness	<input type="checkbox"/> 3 Accident	<input type="checkbox"/> 2 From birth	<input type="checkbox"/> 4 Other (specify) -----
<input type="checkbox"/> 1 Head	<input type="checkbox"/> 6 Grandchild																																												
<input type="checkbox"/> 2 Spouse	<input type="checkbox"/> 7 Parent/parent-in-law																																												
<input type="checkbox"/> 3 Partner	<input type="checkbox"/> 8 Other relative																																												
<input type="checkbox"/> 4 Child	<input type="checkbox"/> 9 Non-relative																																												
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<input type="checkbox"/> 10 Methodist	<input type="checkbox"/> 20 Not stated																																												
<input type="checkbox"/> 1 Illness	<input type="checkbox"/> 3 Accident																																												
<input type="checkbox"/> 2 From birth	<input type="checkbox"/> 4 Other (specify) -----																																												





**SECTION 5 (cont'd) - DISABILITY  
(FOR ALL PERSONS)**

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

	Yes	No
a. Learning, remembering, or concentrating?	<input type="checkbox"/>	<input type="checkbox"/>
b. Dressing, bathing, or getting around inside the home?	<input type="checkbox"/>	<input type="checkbox"/>
c. Going outside the home alone to shop or visit a doctor's office	<input type="checkbox"/>	<input type="checkbox"/>
d. (Answer if person is <b>15 YEARS OLD OR OVER.</b> ) Working at a job or business?	<input type="checkbox"/>	<input type="checkbox"/>
e. Using customary language?	<input type="checkbox"/>	<input type="checkbox"/>
f. Other self-care?	<input type="checkbox"/>	<input type="checkbox"/>

52. Are you required to use any of the following aids? **(MULTIPLE RESPONSE)**

- 1 Hearing Aid
- 2 Wheelchair
- 3 Walker
- 4 Crutches
- 5 Braille
- 6 Adapted car
- 7 Cane
- 8 Prosthesis/artificial body part
- 9 Orthopedic Shoes
- 10 Other (specify) \_\_\_\_\_
- 11 None

**SECTION 6 - HEALTH (FOR ALL PERSONS)**

**CHRONIC ILLNESS**

53. Does....suffer from any of the following illness? **(MULTIPLE RESPONSE)**

- 1 Sickle Cell Anaemia
- 2 Arthritis
- 3 Asthma
- 4 Diabetes
- 5 Hypertension
- 6 Heart disease
- 7 Stroke
- 8 Kidney Disease
- 9 Cancer
- 10 HIV
- 11 AIDS
- 12 Lupus
- 13 Carpal Tunnel Syndrome
- 14 Mental Illness
- 15 Other (specify) \_\_\_\_\_
- 16 None
- 17 Not stated/Don't know

**UTILIZATION OF MEDICAL FACILITY**

54. Has ....utilised a medical facility in the **PAST MONTH?**

- 1 Yes
- 2 No **(GO TO Q.56)**
- 9 Not stated **(GO TO Q.56)**

55. What **MAIN** medical facility has.....utilised in the **PAST MONTH?**

- 1 Public Hospital
- 2 Family Planning Clinic
- 3 Public Health Centre/ Medical Visiting Stations
- 4 Private Clinic/Hospital
- 5 Private Doctor's Office
- 6 Pharmacy
- 7 Other (specify) \_\_\_\_\_
- 9 Not stated

56. Is .....covered by an Insurance (health, life etc.) and/or Employee Medical Plan?

- 1 Yes
- 2 No **(GO TO Q.58)**
- 9 Not stated **(GO TO Q.58)**

57. What type of Insurance does.....have? **(MULTIPLE RESPONSE)**

- 1 NIS
- 2 Group Health Ins
- 3 Individual Health
- 4 Life with Health
- 5 Endowment with Health
- 6 Life
- 7 Other (specify) \_\_\_\_\_

**SECTION 7 - BIRTHPLACE AND RESIDENCE  
(FOR ALL PERSONS)**

58. Where was ..... born?

- 1 In this country
- 2 Abroad **(GO TO Q.61)**
- 3 Not stated **(GO TO Q.60)**
- 9 Don't know **(GO TO Q.60)**

59. In what part of the country is that?

Community \_\_\_\_\_

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District/Parish \_\_\_\_\_

--	--

60. Have you/has.....ever lived in another country?

- 1 Yes **(GO TO Q.62)**
- 2 No **(GO TO Q.65)**
- 3 Don't know **(GO TO Q.65)**

61. In what country was that? \_\_\_\_\_

- 9 Don't know

--	--

62. In what country did.....last live? \_\_\_\_\_

- 9 Don't know

--	--



**SECTION 7 (cont'd) - BIRTHPLACE AND RESIDENCE  
(FOR ALL PERSONS)**

63. In what year did.....last come to live in this country?

9 Don't know

--	--	--	--

64. Why did you return/come to....(insert name of country below)?

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Regard it as home | <input type="checkbox"/> 5 Homesick            |
| <input type="checkbox"/> 2 Family reasons    | <input type="checkbox"/> 6 To start a business |
| <input type="checkbox"/> 3 Deported          | <input type="checkbox"/> 7 Other (specify)     |
| <input type="checkbox"/> 4 Retired           |  |

65. In what town, village or district did.....he/she last live in this country?

1 Never moved (GO TO Q.69)     9 Don't know

**Community**

--	--	--	--	--

**District/Parish**

--	--

66. In what year did....you come last to live in this town, village or district?

9 Don't know

--	--	--	--

67. Where does.....usually live?

- |  |   |
|--|---|
| <input type="checkbox"/> 1 At this address <u>(GO TO Q.69)</u> | <input type="checkbox"/> 3 Abroad <u>(GO TO Q.69)</u>     |
| <input type="checkbox"/> 2 Elsewhere in the country            | <input type="checkbox"/> 4 Don't know <u>(GO TO Q.69)</u> |

68. In what part of the country is that?  9 Don't know

**Community**

--	--	--	--	--

**District/Parish**

--	--

**SECTION 8 - EDUCATION (FOR ALL PERSONS)**

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

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Yes, full time | <input type="checkbox"/> 3 No <u>(GO TO Q.73)</u>         |
| <input type="checkbox"/> 2 Yes, part-time | <input type="checkbox"/> 4 Don't know <u>(GO TO Q.73)</u> |

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

- 1 Daycare/Nursery
- 2 Pre-school
- 3 Infant/Kindergarten
- 4 Special education
- 5 Primary
- 6 Senior Primary/Junior Secondary/Post Primary
- 7 Secondary
- 8 Post- Secondary(e.g. BTC)
- 9 State College(Sixth Form, Advanced(A)level,CDCC)
- 10 Technical/Vocational School
- 11 University
- 12 Adult Education
- 13 Other (specify) \_\_\_\_\_
- 14 Don't know
- 99 Not stated

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

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

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72. What is your/his/her **MAIN** mode of travel to the school or institution? (SINGLE RESPONSE)

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Walk                   | <input type="checkbox"/> 5 Public transport ( minibus) |
| <input type="checkbox"/> 2 Bicycle                | <input type="checkbox"/> 6 Hired transport (taxi)      |
| <input type="checkbox"/> 3 Private car or vehicle | <input type="checkbox"/> 9 Don't know/Not Stated       |
| <input type="checkbox"/> 4 Government School Bus  |  |



**SECTION 8 (cont'd) - EDUCATION  
(FOR ALL PERSONS)**

**73. What is the HIGHEST level of formal education that.....has reached?**

- 1 Daycare/Nursery
- 2 Pre-school
- 3 Infant
- 4 Primary Grade/Standard (1 – 3)
- 5 Primary Grade/Standard (4 – 6)
- 6 Secondary
- 7 State College(Sixth Form, Advanced(A) level, CDCC)
- 8 Community College/State College Technical
- 9 Community College/State College Non-technical
- 10 Community College/State College- Teachers
- 11 Community College/State College- Nursing
- 12 University - UWI
- 13 University – USA
- 14 University – CUBA
- 15 University - Other
- 16 Educational Institute (specify) -----
- 17 Other (specify) -----
- 18 None
- 19 Don't know
- 99 Not stated

**74. What is the HIGHEST certificate, diploma or degree that you/he/she have earned?**

- 1 School leaving Certificate(e.g. Standard /Grade Six or Seven School leaving exam)
- 2 JSP (Junior Secondary Program)
- 3 GCE 'O' Levels or CXC
  - Number of subjects  0  1  2  3  4  5  6  7  8  9 or more  99 Not stated
- 4 High School Diploma/Certificate
- 5 GCE 'A' Levels
  - Number of subjects  0  1  2  3  4 or more  9 Not stated
- 6 Under-graduate Diploma
- 7 Other Diploma/Certificate
- 8 Associate Degree
- 9 Professional Certificate
- 10 Bachelors Degree
- 11 Post Graduate Diploma (Bachelors & half content required for a Masters)
- 12 Higher Degree (Masters or Doctoral Degree)
- 13 Other (specify) -----
- 14 None
- 15 Don't know
- 99 Not stated

**SECTION 9 - PROFESSIONAL, TECHNICAL & VOCATIONAL TRAINING (FOR PERSONS 15 YEARS AND OVER)**

**75. INTERVIEWER: Mark the appropriate square (SEE Q. 43)**

- 1 Under 15 (GO TO Q.112)
- 2 15 years and over

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

- 1 Yes
- 2 No (GO TO Q.79)
- 9 Not stated (GO TO Q.79)

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

(i) -----

--	--	--	--

(ii) -----

--	--	--	--

(iii) -----

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

- 1 Yes
- 2 No
- 9 Not applicable

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

- 1 2011
- 2 2010
- 3 2009
- 4 2008
- 5 2004-2007
- 6 2000-2003
- 7 1990-1999
- 8 Before 1990
- 9 Did not complete training
- 10 Still being trained
- 99 Not stated
- 999 Not applicable

**(e) In which field was .....’s highest level of training?**

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**SECTION 9 (cont'd) - PROFESSIONAL, TECHNICAL & VOCATIONAL TRAINING (FOR PERSONS 15 YEARS AND OVER)**

77. In.....'s field of highest level of training, what was the MAIN educational method/type of training used?

- 1 On the job
- 2 Apprenticeship
- 3 Private study/Correspondence
- 4 Secondary School
- 5 Vocational/Trade
- 6 Commercial/Secretarial
- 7 Business School
- 8 Computer School
- 9 Technical Institution (e.g. State College)
- 10 Other Institutional Training
- 11 University (on campus)
- 12 University(off campus)
- 13 Distance Learning
- 14 Other (specify) .....
- 99 Not stated

78. (a) What is /was the duration of training programme for the highest level of training which ..... completed/ attempted or is undergoing?

- 1 Under 3 months
- 2 3 months. & less than 6 months
- 3 6 months & less than 1 year
- 4 1year & less than 1.5 years
- 5 1.5 years & less than 2 years
- 6 2 years & less than 3 years
- 7 3 years & less than 4 years
- 8 4 years and over
- 9 Not stated

(b) What type of qualification/certification did ..... receive on completion of the training at the HIGHEST level?

- 1 Certificate of completion
- 2 Diploma
- 3 Professional Certificate
- 4 Bachelor's Degree
- 5 Post Graduate (Bachelor's and half content required for a Master's)
- 6 Higher Degree (Masters or Doctoral Degree)
- 7 Not formally certified
- 8 Other Specify .....
- 9 Dont know
- 99 Not Stated

**SECTION 10 - MARITAL STATUS, UNION STATUS (FOR PERSONS 15 YEARS AND OVER)**

79. What is your/.....'s present union status?

- 1 Married and living with spouse **(GO TO Q.81)**
- 2 Married and not living with spouse **(GO TO Q.81)**
- 3 Common-law union
- 4 Visiting partner
- 5 Separated but not in a union **(GO TO Q.81)**
- 6 Legally separated and not in a union **(GO TO Q.81)**
- 7 Widowed and not in union **(GO TO Q.81)**
- 8 Divorced and not in union **(GO TO Q.81)**
- 9 Not in a union
- 10 Other (specify) .....
- 99 Don't know/Not stated

80. What is .....present marital status?

- 1 Never married
- 2 Married
- 3 Separated
- 4 Legally separated
- 5 Divorced
- 6 Widowed

81. Have you/has.....ever lived together with a partner in a common law relationship?

- 1 Yes
- 2 No **(GO TO Q.83)**
- 9 Not stated

82. (a) How old were you/he/she at first common-law union?

- 9 Don't know 

--	--

 years old

(b) How old were you/he/she when you/he/she were/was first married?

- 9 Don't know 

--	--

 years old

**SECTION 11 - FERTILITY (FOR PERSONS 15 YEARS AND OVER)**

83. How many live births/children has.....ever had/fathered? **(If ZERO, ENTER 00 & GO TO Q. 90)**

--	--

84 (a) How old were you/he/she when you/he/she had/fathered the first live born child?

- |  |  |
|--|--|
|  |  |
|--|--|

 years old

(b) How many of your/he/she/ live born children are still alive?

- |  |  |
|--|--|
|  |  |
|--|--|



### SECTION 11 (cont'd) - FERTILITY (FOR PERSONS 15 YEARS AND OVER)

85. How old were you/she/he at the birth of your/  
her/his last live born child?   years old

**Q. 86 to Q. 89 APPLY TO FEMALES UNDER AGE 50. OTHERS GO TO Q.90**

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

- 1 None **(GO TO Q.90)**  5 Three or more  
 2 One  4 Twins  
 3 Two separate births

87. What is/are the sex(es) of this child/these children? **(BORN WITHIN THE LAST 12 MONTHS)**

No. of boys  0  1  2  3  4  5

No. of girls  0  1  2  3  4  5

88. Have any of these babies died?

- 1 Yes  2 No **(GO TO Q.90)**

89. How many died?

(a) Within the first month of life

(b) After 1 month but before one year

### SECTION 12 - ECONOMIC ACTIVITY (FOR PERSONS 15 YEARS & OVER)

90. What did..... do most during the past 12 months- for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- 1 Worked **(GO TO Q.93)**  
 2 Had a job but did not work **(GO TO Q.93)**  
 3 Looked for work  
 4 Wanted work and available  
 5 Home Duties  
 6 Attended School  
 7 Retired  
 8 Disabled, unable to work  
 9 Other (specify) \_\_\_\_\_  
 99 Not stated

91. Did you/he/she do any work at all in the past 12 months? **Include work at home, for example, piece work, decorative stitching, smocking, etc.**

- 1 Yes **(GO TO Q.93)**  2 No

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

- 1 Yes **(GO TO Q.94)**  2 No **(GO TO Q.94)**

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

94. What did....do most during the past week – for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- 1 Worked **(GO TO Q.98)**  
 2 Had a job but did not work **(GO TO Q.98)**  
 3 Looked for work  
 4 Wanted work and available  
 5 Home duties  
 6 Attended school  
 7 Retired  
 8 Disabled, unable to work  
 9 Other (specify) \_\_\_\_\_  
 99 Not stated

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

- 1 No/Did Nothing  
 2 Direct Application (sent out letters) **(GO TO Q.97)**  
 3 Checking at work sites, factory gates etc. **(GO TO Q.97)**  
 4 Seeking assistance from friends **(GO TO Q.97)**  
 5 Register at public/private employment exchange **(GO TO Q.97)**  
 6 Other **(GO TO Q.97)**  
 9 Not stated **(GO TO Q.97)**

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

- 1 Own choice, illness, disability, injury, pregnancy  
 2 Personal, family responsibilities  
 3 In school, training  
 4 Retirement/old age  
 5 Already found work to start later  
 6 Already made arrangements for self-employment  
 7 Awaiting recall to former job  
 8 Awaiting replies from employers  
 9 Awaiting busy season  
 10 Believe no suitable work available  
 11 Could not find suitable work  
 12 Not yet started to seek work  
 13 Do not know how or where to seek work  
 14 Discouraged  
 15 Other (specify) \_\_\_\_\_  
 99 Not stated





**SECTION 12 (cont'd) - ECONOMIC ACTIVITY  
(FOR PERSONS 15 YEARS & OVER)**

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

- 1 Yes       2 No **(GO TO Q.109)**

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

- 9 Don't know 

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 hours

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

-----  
-----  
-----

--	--	--	--

- 9 Never worked **(GO TO Q.109)**

100. What type of business is/was carried on at your/he/her workplace? **(Please specify in detail.)**

-----  
-----  
-----

--	--	--	--

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

-----  
-----

--	--	--	--

- 9 No present work **(GO TO Q.109)**

102. How do you/does he/she travel to work? **(SINGLE RESPONSE)**

- 1 Work at home **(GO TO Q.104)**       6 Public transport (minibus)  
 2 Walk       7 Hired transport (taxi)  
 3 Bicycle       8 Other  
 4 Private car or vehicle       9 Don't know/Not stated  
 5 Company/government transportation

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

--	--

 Minutes

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

- 1 Paid employee – Government **(GO TO Q.107)**  
 2 Paid employee – Private **(GO TO Q.107)**  
 3 Paid employee – Statutory Body **(GO TO Q.107)**  
 4 Paid employee- Non-Gov't Org. **(GO TO Q.107)**  
 5 Paid Employee- Regional Org. **(GO TO Q.107)**  
 6 Paid Employee- International Org. **(GO TO Q.107)**  
 7 Unpaid worker/employee **(GO TO Q.109)**  
 8 Unpaid family worker **(GO TO Q.109)**  
 9 Own business with paid help  
 10 Own business without paid help **(GO TO Q.106)**  
 11 Apprentice **(GO TO Q.107)**  
 99 Don't know/Not stated **(GO TO Q.107)**

105. How many people work for you/him/her?

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

- 1 Yes (Informal trader)       2 No

107. What was .....’s last pay/income period?

- 1 Weekly       5 Annually  
 2 Fortnightly       6 Other (specify) -----  
 3 Monthly       7 None  
 4 Quarterly       9 Not stated

108. What was.....’s gross pay/income during the last pay period, that is before income tax or other deductions? **(PRESENT FLASH CARD)**

**INTERVIEWER: For self-employed persons obtain "NET INCOME," i.e., receipts less business expenses.**

- 9 Don't know 

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 Income Group



**SECTION 12 (cont'd) - ECONOMIC ACTIVITY  
(FOR PERSONS 15 YEARS & OVER)**

109. What are your/his/her sources of livelihood? **(MULTIPLE RESPONSE)**

- 1 Pension (local)
- 2 Pension (overseas)
- 3 Investment
- 4 Remittance (overseas)
- 5 Savings/Interest on savings
- 6 Employment
- 7 Disability benefits
- 8 Unemployment benefits
- 9 Social Security Payments
- 10 Other Public Assistance
- 11 Local contributions from friends/relatives
- 12 Overseas contributions from friends/relatives
- 13 Spouse
- 14 Partner
- 15 Children
- 16 Parents
- 17 Guardians
- 18 Non-monetary contribution from family and friends
- 19 Other Private Assistance
- 20 Other
- 99 Not stated

110. Approximately how much money did you/he/she receive last year (2010) from family and/or friends abroad? **(PRESENT FLASH CARD)**

1. 

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 Income Group (if received)  2 None  9 Don't know

111. On average, how many hours did.....spend per week on housework? (cleaning the house, laundry, care of children, care of elderly, etc.)

1. 

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 No. Hours  2 None  9 Don't know

**IMPORTANT**

**INTERVIEWER:**

**If interview conducted BEFORE CENSUS DAY, ask on return visit immediately after census day.**

**If interview conducted AFTER CENSUS DAY, ask as part of the full interview.**

**SECTION 13 - WHERE SPENT CENSUS NIGHT -  
(FOR ALL PERSONS)**

112. Where did.....spend census night?

- 1 At this address **(END INTERVIEW)**
- 2 Elsewhere in the country
- 3 Abroad **(END INTERVIEW)**

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

**INTERVIEWER: Write as full an address as possible**

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