

COMMONWEALTH OF THE BAHAMAS CENSUS OF POPULATION AND HOUSING 2000



CENSUS QUESTIONNAIRE MAY 1, 2000

INSTITUTIONAL

CENSUS OFFICE DEPARTMENT OF STATISTICS

P. O. BOX N-3904 PHONE 325-6511/20 NASSAU, BAHAMAS

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	IDENTIFYING NUMBI	ER .								
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						Island				
	SUPERVISORY DIST	RICT NUMBER	•	-						
	ENUMERATION DIST	RICT NUMBER								·
	HOUSEHOLD NUMB	ΕR								
	NUMBER OF PERSO	NS IN HOUSEH	OLD		4					
	RESULTS CODES	1	CO	MPLETE)	3	REF	JSED		
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	SECTION 3: CHARAGTER	NOTICO (ALL FEROUND)
	NAME OF RESIDENT	P8. WHAT IS YOUR RELIGION/DENOMINATION?
	SURNAME FIRST NAME INITIAL	
P1.	INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2.	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?	P10. WHICH ISLAND WAS THIS?
	01 HEAD	P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
P3.	WHICH FAMILY ARE YOU A MEMBER OF?	
	1 FIRST	P12. IN WHICH COUNTRY DID YOU LAST RESIDE?
	3	P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4.	FAMILY MEMBERSHIP STATUS.	
	1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER	P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
	4 CHILD WITH BOTH PARENTS (Specify)	P15. IN WHICH ISLAND WAS THIS?
P5.	SEX OF RESIDENT 1 MALE 2 FEMALE	P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
P6.	WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY? DATE OF BIRTH AGE	P17. OF WHAT COUNTRY ARE YOU A CITIZEN?
	DAY MONTH YEAR	(IE NOT DAHAMAS SVID TO PAN)
		(IF NOT BAHAMAS SKIP TO P19) P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?
P7.	WHAT IS YOUR MARITAL STATUS? NEVER MARRIED 4 DIVORCED 9 NOT STATED	1 D BORN TO BAHAMIAN PARENTS 4 MARRIED TO A BAHAMIAN HUSBAND
	SEPARATED S ☐ SEPARATED S ☐ WIDOWED S ☐ COMMON-LAW	2 BORN IN THE BAHAMAS TO NON-BAHAMIANS 5 OTHER NATURALIZATION
		3 ADOPTED BY BAHAMIANS
	SECTION 4: DISABIL	LITY (ALL PERSONS)
P19.	DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY? 1 YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
	The bottom of the territor of the territor	01 SELF CARE
P20.	DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)	02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME)
	SEEING (EVEN WITH GLASSES, IF WORN) HEARING (EVEN WITH HEARING AID, IF WORN)	04 COMMUNICATION 05 SCHOOLING/EDUCATION
	SPEAKING (TALKING) MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB)	06 EMPLOYMENT 07 SOCIAL EVENTS
	MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)	08
	GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) GRIPPING (INTELLECTUAL DIFFICULTIES, SLOWNESS)	09 NONE
	BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)	P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?
	08 MENTAL (MILD, MODERATE, SEVERE RETARDATION)	1 CONGENITAL/PRENATAL
	10 OTHER(Specify)	2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO
	11 NONE	GASES, CHEMICALS, ETC.
PZI	DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)	4
	SECTION 5: EDUCAT	TION (ALL PERSONS)
P24.	SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?	P26. WHAT IS THE HIGHEST CERTIFICATE,
	1 YES FULL TIME 2 YES PART TIME 3 NO	DIPLOMA OR DEGREE EARNED? (Qualification)
P25.	WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)	P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)
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	03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3 04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+	PAGE DESCRIPTION OF THE PAGE O
	09 OTHER(Specify)	P26B. DEGREED PERSONS ONLY (Major / Discipline)
40.00	SECTION 6: VOCATIONAL TRAINING	C (DEDSONS 15 VEARS AND OVER)
P27	HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR	G (PERSONS 15 TEARS AND OVER) P30. IS THIS TRAINING COMPLETED OR ON GOING?
	A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	1 COMPLETED 2 ON-GOING
P28.	WHAT IS THIS PROFESSION, CRAFT OR TRADE?	P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
	(Profession/Craft/Trade)	1 CERTIFICATE WITH EXAMINATION
P29.	WHAT METHOD OF TRAINING IS/ WAS THIS? 1	2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA
	2 TECHNICAL INSTITUTION	4 DEGREE 5 NONE
1	3 COLLEGE/UNIVERSITY 4 OTHER (Specify	5 NONE 6 OTHER(Specify)

	PART C: PO	
	SECTION 3: CHARACTER	
	SURNAME FIRST NAME INITIAL	P8. WHAT IS YOUR RELIGION/DENOMINATION?
	INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
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0/400000000	PART C: POPULATION SECTION 3: CHARACTERISTICS (ALL PERSONS)						
	NAME OF RESIDENT						
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P1.	SURNAME FIRST NAME INITIAL INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)					
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D10	. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?	P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR
719	1 YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	ILLNESS? (TICK ALL THAT APPLY)
P20	DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 10 SEEING (EVEN WITH GLASSES, IF WORN) 10 HEARING (EVEN WITH HEARING AID, IF WORN) 10 SPEAKING (TALKING) 11 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) 12 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, OUADRIPLEGIC PARALYSIS)	01 SELF CARE 02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME) 04 COMMUNICATION 05 SCHOOLING/EDUCATION 06 EMPLOYMENT 07 SOCIAL EVENTS 08 OTHER (Specify)
	06 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) 17 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) 18 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)	09 NONE P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?
1	09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)	1 CONGENITAL/PRENATAL
'	10 OTHER(Specify) 11 NONE	2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
P21	I. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)	4 OTHER(Specify) 5 NOT KNOWN
		TION (ALL PERSONS)
P24	SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?	P26. WHAT IS THE HIGHEST CERTIFICATE,
	1 YES FULL TIME 2 YES PART TIME 3 NO	DIPLOMA OR DEGREE EARNED? (Qualification)
P25	ATTENDED? (If now in school check the grade or year you are now in) 01 NONE 05 HIGH SCHOOL 4+	P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)
	02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2 03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3	
	04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+	P26B. DEGREED PERSONS ONLY
	09 OTHER(Specify)	(Major / Discipline)
	SECTION 6: VOCATIONAL TRAININ	IG (PERSONS 15 YEARS AND OVER)
P27	7. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	P30. IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING
Por	R. WHAT IS THIS PROFESSION, CRAFT OR TRADE?	P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
	(Profession/Craft/Trade)	1 CERTIFICATE WITH EXAMINATION
P2	9. WHAT METHOD OF TRAINING IS/ WAS THIS?	2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA
	1 APPRENTICESHIP/ON THE JOB TRAINING 2 TECHNICAL INSTITUTION	4 DEGREE 5 NONE
	3 COLLEGE/UNIVERSITY 4 OTHER	6 OTHER(Specify)

	OPULATION
SECTION 3: CHARACTE	RISTICS (ALL PERSONS)
NAME OF RESIDENT SURNAME FIRST NAME INITIAL	P8. WHAT IS YOUR RELIGION/DENOMINATION?
SURNAME FIRST NAME INITIAL P1. INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?	P10. WHICH ISLAND WAS THIS?
02	P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
06 DAUGHTER-IN-LAW	P12. IN WHICH COUNTRY DID YOU LAST RESIDE?
P3. WHICH FAMILY ARE YOU A MEMBER OF? 1	P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4. FAMILY MEMBERSHIP STATUS.	P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER	P15. IN WHICH ISLAND WAS THIS?
4 CHILD WITH BOTH PARENTS (Specify)	P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
P5. SEX OF RESIDENT 1 MALE 2 FEMALE P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY? DATE OF BIRTH AGE	P17. OF WHAT COUNTRY ARE YOU A CITIZEN?
DAY MONTH YEAR	(IF NOT BAHAMAS SKIP TO P19) P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?
P7. WHAT IS YOUR MARITAL STATUS? 1	1 BORN TO BAHAMIAN PARENTS 4 MARRIED TO A BAHAMIAN HUSBAND 2 BORN IN THE BAHAMAS
2 MARRIED 5 SEPARATED 3 WIDOWED 6 COMMON-LAW	TO NON-BAHAMIANS 5 OTHER NATURALIZATION 3 ADOPTED BY BAHAMIANS
	LITY (ALL PERSONS)
P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY? 1 YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 01 SEEING (EVEN WITH GLASSES, IF WORN) 02 HEARING (EVEN WITH HEARING AID, IF WORN) 03 SPEAKING (TALKING) 04 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) 05 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC,	01 SELF CARE 02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME) 04 COMMUNICATION 05 SCHOOLING/EDUCATION 06 EMPLOYMENT 07 SOCIAL EVENTS
QUADRIPLEGIC PARALYSIS) 06 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) 07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)	08 OTHER (Specify) 09 NONE P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?
09 MENTAL (MILD, MODERATE, SEVERE RETARDATION) 10 OTHER	1 CONGENITAL/PRENATAL 2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)	4 OTHER(Specify) 5 NOT KNOWN
SECTION 5: EDUCA	TION (ALL PERSONS)
P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY? 1 YES FULL TIME 2 YES PART TIME 3 NO	P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)
P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in) 01 NONE 05 HIGH SCHOOL 4+ 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2	P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)
03 ☐ ELEMENTARY 07 ☐ COLLEGE/UNIVERSITY 3 04 ☐ HIGH SCHOOL 1-3 08 ☐ COLLEGE/UNIVERSITY 4+	P26B. DEGREED PERSONS ONLY
09 OTHER(Specify)	(Major / Discipline)
	IG (PERSONS 15 YEARS AND OVER)
P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	P30. IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING
P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE? (Profession/Craft/Trade)	P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
P29. WHAT METHOD OF TRAINING IS/ WAS THIS? 1	1 CERTIFICATE WITH EXAMINATION 2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA 4 DEGREE
3 COLLEGE/UNIVERSITY 4 OTHER (Specify	5 NONE 6 OTHER(Specify)

	PART C: PO SECTION 3: CHARACTER	AND CONTRACTORS	
	NAME OF RESIDENT	P8.	WHAT IS YOUR RELIGION/DENOMINATION?
	SURNAME FIRST NAME INITIAL		
P1.	INDIVIDUAL'S NUMBER	P9.	WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2.	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD? 02 SPOUSE OR PARTNER 07 GRANDCHILD	P10.	WHICH ISLAND WAS THIS?
	03	P11.	HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
P3.	WHICH FAMILY ARE YOU A MEMBER OF?	P12.	IN WHICH COUNTRY DID YOU LAST RESIDE?
1 0.	1 FIRST	P13.	IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4.	FAMILY MEMBERSHIP STATUS.	P14.	DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
	1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER		IN WHICH ISLAND WAS THIS?
	4 CHILD WITH BOTH PARENTS (Specify)	P16.	IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
P5. P6.	SEX OF RESIDENT 1 MALE 2 FEMALE WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?	P17.	OF WHAT COUNTRY ARE YOU A CITIZEN?
	DATE OF BIRTH AGE		(IF NOT BAHAMAS SKIP TO P19)
	DAY MONTH YEAR		IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP? 1 BORN TO BAHAMIAN PARENTS 4 MARRIED TO A
P7.	WHAT IS YOUR MARITAL STATUS? 1 NEVER MARRIED 4 DIVORCED 9 NOT STATED 2 MARRIED 5 SEPARATED		BORN IN THE BAHAMAS TO NON-BAHAMIANS 5 OTHER NATURALIZATION
L	3 WIDOWED 6 COMMON-LAW		3 ADOPTED BY BAHAMIANS
	SECTION 4: DISABIL	.ITY	(ALL PERSONS)
P19.	DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY? 1 YES DISABILITY 2 YES ILLNESS . 3 NO (Skip to P24)	P22.	WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
P20.	DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 11 SEEING (EVEN WITH GLASSES, IF WORN) 12 HEARING (EVEN WITH HEARING AID, IF WORN) 13 SPEAKING (TALKING) 14 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) 15 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS) 16 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)		01 SELF CARE 02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME) 04 COMMUNICATION 05 SCHOOLING/EDUCATION 06 EMPLOYMENT 07 SOCIAL EVENTS 08 OTHER (Specify) 09 NONE
	07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS) 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION) 10 OTHER	P23.	WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS? 1 CONGENITAL/PRENATAL 2 DISEASE/ILLNESS CONTRACTED
	10 OTHER(Specify) 11 NONE		3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
P21.	DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)		4 OTHER(Specify) 5 NOT KNOWN
	SECTION 5: EDUCAT	TION	(ALL PERSONS)
P24.	SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY? 1 YES FULL TIME 2 YES PART TIME 3 NO	P26.	WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)
P25.	WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in) 01 NONE 05 HIGH SCHOOL 4+ 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2	P26A	A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)
	03	P26E	B. DEGREED PERSONS ONLY (Major / Discipline)
200	SECTION 6: VOCATIONAL TRAININ		
P27.	HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	P30.	IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING
P28.	WHAT IS THIS PROFESSION, CRAFT OR TRADE?(Profession/Craft/Trade)	P31.	WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
P29.	WHAT METHOD OF TRAINING IS/ WAS THIS? 1 APPRENTICESHIP/ON THE JOB TRAINING 2 TECHNICAL INSTITUTION		1 CERTIFICATE WITH EXAMINATION 2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA 4 DEGREE 5 NONE
	3 COLLEGE/UNIVERSITY 4 OTHER (Specify		6 OTHER(Specify)

PART C: Po	
SECTION 3: CHARACTER	RISTICS (ALL PERSONS)
NAME OF RESIDENT	P8. WHAT IS YOUR RELIGION/DENOMINATION?
SURNAME FIRST NAME INITIAL P1. INDIVIDUAL'S NUMBER	P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?	P10. WHICH ISLAND WAS THIS?
02	P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
06 DAUGHTER-IN-LAW	P12. IN WHICH COUNTRY DID YOU LAST RESIDE?
P3. WHICH FAMILY ARE YOU A MEMBER OF? 1 ☐ FIRST 4 ☐ FOURTH 7 ☐ SEVENTH 2 ☐ SECOND 5 ☐ FIFTH 8 ☐ EIGHTH 3 ☐ THIRD 6 ☐ SIXTH 9 ☐ NONE (SKIP TO P5)	P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4. FAMILY MEMBERSHIP STATUS.	P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER	P15. IN WHICH ISLAND WAS THIS?
4 CHILD WITH BOTH PARENTS (Specify)	P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
P5. SEX OF RESIDENT 1 MALE 2 FEMALE P6. WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY? DATE OF BIRTH AGE	P17. OF WHAT COUNTRY ARE YOU A CITIZEN?
DAY MONTH YEAR	(IF NOT BAHAMAS SKIP TO P19) P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?
P7. WHAT IS YOUR MARITAL STATUS? 1 NEVER MARRIED 4 DIVORCED 9 NOT STATED	1 BORN TO BAHAMIAN PARENTS 4 MARRIED TO A BAHAMIAN HUSBAND 2 BORN IN THE BAHAMAS
2 MARRIED 5 SEPARATED 3 WIDOWED 6 COMMON-LAW	TO NON-BAHAMIANS 5 OTHER NATURALIZATION 3 ADOPTED BY BAHAMIANS
SECTION 4: DISABIL	LITY (ALL PERSONS)
P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY? 1 YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 01 SEEING (EVEN WITH GLASSES, IF WORN) 02 HEARING (EVEN WITH HEARING AID, IF WORN) 03 SPEAKING (TALKING) 04 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) 05 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS) 06 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) 07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)	01
07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)	P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?
09 MENTAL (MILD, MODERATE, SEVERE RETARDATION) 10 OTHER	1 CONGENITAL/PRENATAL 2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?	4 OTHER(Specify) 5 NOT KNOWN
1 NO (SKIP TO P23) SECTION 5: EDUCAT	rion (ALL Persons):
P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY? 1 YES FULL TIME 2 YES PART TIME 3 NO	P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)
P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in) 01 NONE 05 HIGH SCHOOL 4+ 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2 03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3	P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)
04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+	P26B. DEGREED PERSONS ONLY (Major / Discipline)
SECTION 6: VOCATIONAL TRAININ	G (PERSONS 15 YEARS AND OVER)
P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	P30. IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING
P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE? (Profession/Craft/Trade)	P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
P29. WHAT METHOD OF TRAINING IS/ WAS THIS? 1	1 CERTIFICATE WITH EXAMINATION 2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA 4 DEGREE
3 COLLEGE/UNIVERSITY 4 OTHER (Specify	5 NONE 6 OTHER(Specify)

	PART C: P SECTION 3: CHARACTE	none company or	
	NAME OF RESIDENT	P8.	WHAT IS YOUR RELIGION/DENOMINATION?
P1.	SURNAME FIRST NAME INITIAL INDIVIDUAL'S NUMBER	P9.	WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)
P2.	WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?	P10.	WHICH ISLAND WAS THIS?
	02 SPOUSE OR PARTNER 07 GRANDCHILD 03 SON 08 PARENT OR PARENT-IN-LAW 04 DAUGHTER 09 OTHER RELATIVE 05 SON-IN-LAW 10 NON-RELATIVE	P11.	HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)
	06 DAUGHTER-IN-LAW	P12.	. IN WHICH COUNTRY DID YOU LAST RESIDE?
P3.	WHICH FAMILY ARE YOU A MEMBER OF? 1 FIRST 4 FOURTH 7 SEVENTH 2 SECOND 5 FIFTH 8 EIGHTH 3 THIRD 6 SIXTH 9 NONE (SKIP TO P5)	P13.	IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?
P4.	FAMILY MEMBERSHIP STATUS.	P14.	DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)
	1 SPOUSE WITH CHILDREN 5 CHILD WITH MOTHER ONLY 2 SPOUSE WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY 3 LONE PARENT 7 OTHER	P15.	IN WHICH ISLAND WAS THIS?
	4 CHILD WITH BOTH PARENTS (Specify)	P16.	IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?
P5.	SEX OF RESIDENT 1 MALE 2 FEMALE WHAT IS YOUR DATE OF BIRTH/HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?	P17.	OF WHAT COUNTRY ARE YOU A CITIZEN?
'0'	DATE OF BIRTH AGE		(IF NOT BAHAMAS SKIP TO P19)
P7.	DAY MONTH YEAR WHAT IS YOUR MARITAL STATUS?	P18.	IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP? 1
	1 NEVER MARRIED 4 DIVORCED 9 NOT STATED 2 MARRIED 5 SEPARATED 3 WIDOWED 6 COMMON-LAW		2 BORN IN THE BAHAMAS TO NON-BAHAMIANS 5 OTHER NATURALIZATION 3 ADOPTED BY BAHAMIANS
	: SECTION 4: DISABI	LJTY:	(ALL: PERSONS)
P19.	DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY? 1 YES DISABILITY 2 YES ILLNESS 3 NO (Skip to P24)	P22.	WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
P20.	DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY) 01 SEEING (EVEN WITH GLASSES, IF WORN) 02 HEARING (EVEN WITH HEARING AID, IF WORN) 03 SPEAKING (TALKING) 04 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) 05 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)		01 SELF CARE 02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME) 04 COMMUNICATION 05 SCHOOLING/EDUCATION 06 EMPLOYMENT 07 SOCIAL EVENTS
	06 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) 07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)	Dog	08 OTHER (Specify) 09 NONE
	09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)	P23.	WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS? 1 CONGENITAL/PRENATAL
	10 OTHER		2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
P21.	DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE? 1 YES 2 NO (SKIP TO P23)		4
	SECTION 5: EDUCAT	ION	(ALL PERSONS)
P24.	SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY? 1 YES FULL TIME 2 YES PART TIME 3 NO		WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)
P25.	ATTENDED? (If now in school check the grade or year you are now in) 01 NONE 05 HIGH SCHOOL 4+ 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2 03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3	P26A	PASSED WHERE RELEVANT (Number of subjects passed)
	04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+ 09 OTHER(Specify)	P26B	DEGREED PERSONS ONLY (Major / Discipline)
	SECTION 6: VOCATIONAL TRAINING	G (PE	ERSONS 15 YEARS AND OVER)
P27.	HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE? 1 YES 2 NO (SKIP TO P32)	E-100 200 200 0	IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING
P28.	WHAT IS THIS PROFESSION, CRAFT OR TRADE?	P31.	WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
P29.	WHAT METHOD OF TRAINING IS/ WAS THIS? 1 APPRENTICESHIP/ON THE JOB TRAINING 2 TECHNICAL INSTITUTION 3 COLLEGE/UNIVERSITY 4 OTHER		1 CERTIFICATE WITH EXAMINATION 2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA 4 DEGREE 5 NONE
	3 COLLEGE/UNIVERSITY 4 OTHER (Specify		6 OTHER(Specify)

PART C: POPULATION USECTION 3: CHARACTERISTICS (ALL PERSONS)					
N NE OF OFFICE	SECTION 3: CHARACTE	:HISTICS (ALL PERSONS)			
NAME OF RESIDENT		P8. WHAT IS YOUR RELIGION/DENOMINATION?	٦		
SURNAME	FIRST NAME INITIAL		ا ا		
P1. INDIVIDUAL'S NUMBER		P9. WHERE WERE YOU BORN? 1 BAHAMAS 2 ABROAD (Skip to P12)			
P2. WHAT IS YOUR RELATIONSHI	P TO THE HEAD OF THE HOUSEHOLD? GRANDCHILD	P10. WHICH ISLAND WAS THIS?	$\neg \mid$		
03 SON 04 DAUGHTER 05 SON-IN-LAW 06 DAUGHTER-IN-LAW	08 PARENT OR PARENT-IN-LAW 09 OTHER RELATIVE 10 NON-RELATIVE	P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)? 1 YES 2 NO (Skip to P14)			
00 DAUGHTEN-IN-EAW		P12. IN WHICH COUNTRY DID YOU LAST RESIDE?	$\rfloor $		
2 SECOND 5	EMBER OF? ☐ FOURTH 7 ☐ SEVENTH ☐ FIFTH 8 ☐ EIGHTH ☐ SIXTH 9 ☐ NONE (SKIP TO P5)	P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?]		
P4. FAMILY MEMBERSHIP STATUS	3.	P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE? 1 YES 2 NO (Skip to P17)			
1 SPOUSE WITH CHILDRE 2 SPOUSE WITHOUT CHIL 3 LONE PARENT	Name of the second seco	P15. IN WHICH ISLAND WAS THIS?]		
4 CHILD WITH BOTH PARE	LI	P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?			
_	MALE 2 FEMALE HUHOW OLD WERE YOU ON YOUR LAST BIRTHDAY? AGE	P17. OF WHAT COUNTRY ARE YOU A CITIZEN?	ا ۱		
		(IF NOT BAHAMAS SKIP TO P19)	_		
DAY MONTH YEAR P7. WHAT IS YOUR MARITAL STA	TUS?	P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP 1 BORN TO BAHAMIAN PARENTS 4 MARRIED TO A BAHAMIAN HUSBAND	?		
1 NEVER MARRIED	4 DIVORCED 9 NOT STATED 5 SEPARATED	2 D BORN IN THE BAHAMAS TO NON-BAHAMIANS 5 OTHER NATURALIZATION			
3 WIDOWED	6 COMMON-LAW	3 ADOPTED BY BAHAMIANS			
	SECTION 4: DISABIL	ILITY (ALL PERSONS)			
P19. DO YOU HAVE ANY LONG-TE	RM ILLNESS OR DISABILITY? 2 YES ILLNESS 3 NO (Skip to P24)	P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)			
P20. DOES THIS DISABILITY OR IL FOLLOWING? (TICK ALL TH) 01 SEEING (EVEN WIT 02 HEARING (EVEN W 03 SPEAKING (TALKIN 04 MOBILITY/MOVING 05 MOBILITY/MOVING	LINESS AFFECT YOU IN ANY OF THE AT APPLY) TH GLASSES, IF WORN) (ITH HEARING AID, IF WORN) IG) I (DUE TO ABSENT OR IMPAIRED LIMB) I (DUE TO LOCALIZED, PARAPLEGIC,	01 SELF CARE 02 MOVING/MOBILITY (WITHIN THE HOME) 03 MOVING/MOBILITY (OUTSIDE THE HOME) 04 COMMUNICATION 05 SCHOOLING/EDUCATION 06 EMPLOYMENT 07 SOCIAL EVENTS			
07 LEARNING (INTELL	FINGERS TO GRIP OR HANDLE OBJECTS) LECTUAL DIFFICULTIES, SLOWNESS) ICULTIES (PSYCHOLOGICAL, EMOTIONAL	08 OTHER (Specify 09 NONE	"		
PROBLEMS) 09 MENTAL (MILD, MC	DDERATE, SEVERE RETARDATION)	P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?			
10 OTHER(Spec	elfy)	1 CONGENITAL/PRENATAL 2 DISEASE/ILLNESS CONTRACTED 3 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.			
ANY ACTIVITIES COMPARED	LINESS LIMIT YOUR ABILITY TO CARRY OUT WITH MOST PEOPLE YOUR OWN AGE? NO (SKIP TO P23)	4 OTHER(Specify) 5 NOT KNOWN			
	SECTION 5: EDUCAT	TION (ALL PERSONS)			
	AVE YOU ATTENDED SCHOOL OR UNIVERSITY?	P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)	_		
	DE OR YEAR OF REGULAR SCHOOL ol check the grade or year you are now in) 05 HIGH SCHOOL 4+ 06 COLLEGE/UNIVERSITY 1-2	P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT (Number of subjects passed)	-		
03 ELEMENTARY 04 HIGH SCHOOL 1-3	07 COLLEGE/UNIVERSITY 3 08 COLLEGE/UNIVERSITY 4+				
09 ☐ OTHER	(Specify)	P26B. DEGREED PERSONS ONLY (Major / Discipline)	-		
SEC	TION 6: VOCATIONAL TRAININ	NG (PERSONS 15 YEARS AND OVER)			
P27. HAVE YOU BEEN TRAINED O A SPECIFIC PROFESSION, CF 1 YES		P30. IS THIS TRAINING COMPLETED OR ON GOING? 1 COMPLETED 2 ON-GOING	::nat540498		
P28. WHAT IS THIS PROFESSION,	CRAFT OR TRADE?	P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?			
P29. WHAT METHOD OF TRAINING	(Profession/Craft/Trade)	1 CERTIFICATE WITH EXAMINATION 2 CERTIFICATE WITHOUT EXAMINATION 3 DIPLOMA			
1 APPRENTICESHIP/ON 2 TECHNICAL INSTITUT	ION	4 DEGREE 5 NONE			
3 COLLEGE/UNIVERSIT	Y 4 OTHER	6 OTHER (Specify)	l		