

LIST OF HOUSEHOLD MEMBERS

INTERVIEWER SAY:

Please give me the names of all the persons who usually live here and share at least one daily meal.

NO.	SURNAME	FIRST NAME	MALE	FEMALE
1			<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>
7			<input type="checkbox"/>	<input type="checkbox"/>
8			<input type="checkbox"/>	<input type="checkbox"/>
9			<input type="checkbox"/>	<input type="checkbox"/>
10			<input type="checkbox"/>	<input type="checkbox"/>
11			<input type="checkbox"/>	<input type="checkbox"/>
12			<input type="checkbox"/>	<input type="checkbox"/>
13			<input type="checkbox"/>	<input type="checkbox"/>
14			<input type="checkbox"/>	<input type="checkbox"/>
15			<input type="checkbox"/>	<input type="checkbox"/>
16			<input type="checkbox"/>	<input type="checkbox"/>
17			<input type="checkbox"/>	<input type="checkbox"/>
18			<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2. BIRTH PLACE AND RESIDENCE

2.1. Where was _____ born?	1. <input type="checkbox"/> Turks & Caicos Islands 2. <input type="checkbox"/> Abroad (Skip to 2.4)	1. <input type="checkbox"/> Turks & Caicos Islands 2. <input type="checkbox"/> Abroad (Skip to 2.4)	1. <input type="checkbox"/> Turks & Caicos Islands 2. <input type="checkbox"/> Abroad (Skip to 2.4)
2.2. Which Island was this?	1. <input type="checkbox"/> Grand Turk 2. <input type="checkbox"/> Providenciales 3. <input type="checkbox"/> South Caicos 4. <input type="checkbox"/> North Caicos 5. <input type="checkbox"/> Middle Caicos 6. <input type="checkbox"/> Salt Cay	1. <input type="checkbox"/> Grand Turk 2. <input type="checkbox"/> Providenciales 3. <input type="checkbox"/> South Caicos 4. <input type="checkbox"/> North Caicos 5. <input type="checkbox"/> Middle Caicos 6. <input type="checkbox"/> Salt Cay	1. <input type="checkbox"/> Grand Turk 2. <input type="checkbox"/> Providenciales 3. <input type="checkbox"/> South Caicos 4. <input type="checkbox"/> North Caicos 5. <input type="checkbox"/> Middle Caicos 6. <input type="checkbox"/> Salt Cay
2.3 Has _____ ever lived abroad (In another country)?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Skip to 2.6)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Skip to 2.6)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Skip to 2.6)
2.4. In which country did _____ last reside?	1. <input type="checkbox"/> Bahamas 2. <input type="checkbox"/> USA 3. <input type="checkbox"/> Canada 4. <input type="checkbox"/> England 5. <input type="checkbox"/> Haiti 6. <input type="checkbox"/> Dominican Republic 7. <input type="checkbox"/> Other. _____ (Specify)	1. <input type="checkbox"/> Bahamas 2. <input type="checkbox"/> USA 3. <input type="checkbox"/> Canada 4. <input type="checkbox"/> England 5. <input type="checkbox"/> Haiti 6. <input type="checkbox"/> Dominican Republic 7. <input type="checkbox"/> Other. _____ (Specify)	1. <input type="checkbox"/> Bahamas 2. <input type="checkbox"/> USA 3. <input type="checkbox"/> Canada 4. <input type="checkbox"/> England 5. <input type="checkbox"/> Haiti 6. <input type="checkbox"/> Dominican Republic 7. <input type="checkbox"/> Other. _____ (Specify)
2.5. In what year did _____ leave that country to come to the Turks & Caicos Islands to live?	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.6. Did _____ live in another Turks & Caicos Island before this one?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Skip to 2.9)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Skip to 2.9)	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Skip to 2.9)
2.7. In which island was this?	1. <input type="checkbox"/> Grand Turk 2. <input type="checkbox"/> Providenciales 3. <input type="checkbox"/> South Caicos 4. <input type="checkbox"/> North Caicos 5. <input type="checkbox"/> Middle Caicos 6. <input type="checkbox"/> Salt Cay	1. <input type="checkbox"/> Grand Turk 2. <input type="checkbox"/> Providenciales 3. <input type="checkbox"/> South Caicos 4. <input type="checkbox"/> North Caicos 5. <input type="checkbox"/> Middle Caicos 6. <input type="checkbox"/> Salt Cay	1. <input type="checkbox"/> Grand Turk 2. <input type="checkbox"/> Providenciales 3. <input type="checkbox"/> South Caicos 4. <input type="checkbox"/> North Caicos 5. <input type="checkbox"/> Middle Caicos 6. <input type="checkbox"/> Salt Cay

<p>2.8. In what year did _____ move/come to live in this island?</p>	<p>1. Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>1. Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>1. Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>2.9 Where was _____ living:</p> <p>2.9.1 Ten (10) years ago.</p> <p>2.9.2 Five (5) years ago.</p> <p>2.9.3 One (1) one year ago</p>	<p>Address _____</p> <p>Address _____</p> <p>Address _____</p>	<p>Address _____</p> <p>Address _____</p> <p>Address _____</p>	<p>Address _____</p> <p>Address _____</p> <p>Address _____</p>
<p>2.10 Of what country is _____ a citizen?</p>	<p>1. <input type="checkbox"/> Turks & Caicos Islands</p> <p>2. <input type="checkbox"/> Bahamas</p> <p>3. <input type="checkbox"/> USA</p> <p>4. <input type="checkbox"/> Canada</p> <p>5. <input type="checkbox"/> England</p> <p>6. <input type="checkbox"/> Haiti</p> <p>7. <input type="checkbox"/> Dominican Republic</p> <p>8. <input type="checkbox"/> Other. _____ (Specify)</p> <p>If not citizen of Turks & Caicos Islands (Go to Section 3)</p>	<p>1. <input type="checkbox"/> Turks & Caicos Islands</p> <p>2. <input type="checkbox"/> Bahamas</p> <p>3. <input type="checkbox"/> USA</p> <p>4. <input type="checkbox"/> Canada</p> <p>5. <input type="checkbox"/> England</p> <p>6. <input type="checkbox"/> Haiti</p> <p>7. <input type="checkbox"/> Dominican Republic</p> <p>8. <input type="checkbox"/> Other. _____ (Specify)</p> <p>If not citizen of Turks & Caicos Islands (Go to Section 3)</p>	<p>1. <input type="checkbox"/> Turks & Caicos Islands</p> <p>2. <input type="checkbox"/> Bahamas</p> <p>3. <input type="checkbox"/> USA</p> <p>4. <input type="checkbox"/> Canada</p> <p>5. <input type="checkbox"/> England</p> <p>6. <input type="checkbox"/> Haiti</p> <p>7. <input type="checkbox"/> Dominican Republic</p> <p>8. <input type="checkbox"/> Other. _____ (Specify)</p> <p>If not citizen of Turks & Caicos Islands (Go to Section 3)</p>
<p>2.11 If _____ is a Turks & Caicos Island citizen, by what method did _____ acquire citizenship?</p>	<p>1. <input type="checkbox"/> Born to Turks & Caicos Islands parents.</p> <p>2. <input type="checkbox"/> Born in Turks & Caicos to Non-Turks & Caicos Islander parents.</p> <p>3. <input type="checkbox"/> Adopted by Turks & Caicos Islanders</p> <p>4. <input type="checkbox"/> Married to a Turks & Caicos Islander husband</p> <p>5. <input type="checkbox"/> Married to Turks & Caicos Islander Wife.</p> <p>6. <input type="checkbox"/> Other Naturalization _____ (Specify)</p>	<p>1. <input type="checkbox"/> Born to Turks & Caicos Islands parents.</p> <p>2. <input type="checkbox"/> Born in Turks & Caicos to Non-Turks & Caicos Islander parents.</p> <p>3. <input type="checkbox"/> Adopted by Turks & Caicos Islanders</p> <p>4. <input type="checkbox"/> Married to a Turks & Caicos Islander husband</p> <p>5. <input type="checkbox"/> Married to Turks & Caicos Islander Wife.</p> <p>6. <input type="checkbox"/> Other Naturalization _____ (Specify)</p>	<p>1. <input type="checkbox"/> Born to Turks & Caicos Islands parents.</p> <p>2. <input type="checkbox"/> Born in Turks & Caicos to Non-Turks & Caicos Islander parents.</p> <p>3. <input type="checkbox"/> Adopted by Turks & Caicos Islanders</p> <p>4. <input type="checkbox"/> Married to a Turks & Caicos Islander husband</p> <p>5. <input type="checkbox"/> Married to Turks & Caicos Islander Wife.</p> <p>6. <input type="checkbox"/> Other Naturalization _____ (Specify)</p>

**SECTION 3. MARITAL STATUS/UNION STATUS
FOR PERSONS 15 YEARS AND OVER**

<p>3.1. What is _____ legal marital status?</p>	<p>1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Widowed 3. <input type="checkbox"/> Legally Separated 4. <input type="checkbox"/> Divorced 5. <input type="checkbox"/> Never Married</p> <p>(Interviewer: if 2, 3, 4, or 5 is ticked skip to 3.3)</p>	<p>1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Widowed 3. <input type="checkbox"/> Legally Separated 4. <input type="checkbox"/> Divorced 5. <input type="checkbox"/> Never Married</p> <p>(Interviewer: if 2, 3, 4, or 5 is ticked skip to 3.3)</p>	<p>1. <input type="checkbox"/> Married 2. <input type="checkbox"/> Widowed 3. <input type="checkbox"/> Legally Separated 4. <input type="checkbox"/> Divorced 5. <input type="checkbox"/> Never Married</p> <p>(Interviewer: if 2, 3, 4, or 5 is ticked skip to 3.3)</p>
<p>3.2. Is _____ currently living with his/her wife/husband?</p>	<p>1. <input type="checkbox"/> Yes (Skip to 3.4) 2. <input type="checkbox"/> No</p>	<p>1. <input type="checkbox"/> Yes (Skip to 3.4) 2. <input type="checkbox"/> No</p>	<p>1. <input type="checkbox"/> Yes (Skip to 3.4) 2. <input type="checkbox"/> No</p>
<p>3.3. Is _____ currently living with a common - law partner?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No</p>
<p>3.4. How old was _____ when he/she was first married or lived with a common law partner?</p>	<p>Age in years <input type="text"/> <input type="text"/></p>	<p>Age in years <input type="text"/> <input type="text"/></p>	<p>Age in years <input type="text"/> <input type="text"/></p>

SECTION 4. EDUCATION AND TRAINING

<p>4.1. Is _____ attending any school or educational institution now?</p>	<p>1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No (Skip to 4.6)</p>	<p>2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> No (Skip to 5.6)</p>	<p>4. <input type="checkbox"/> Yes 5. <input type="checkbox"/> No (Skip to 5.6)</p>
<p>4.2. Is _____ attending full-time or part-time?</p>	<p>1. <input type="checkbox"/> Full-time 2. <input type="checkbox"/> Part-time</p>	<p>1. <input type="checkbox"/> Full-time 2. <input type="checkbox"/> Part-time</p>	<p>1. <input type="checkbox"/> Full-time 2. <input type="checkbox"/> Part-time</p>
<p>4.3. What type of institution is _____ attending?</p>	<p>1. <input type="checkbox"/> Nursery/Infant/ Kindergarten/Pre-school 2. <input type="checkbox"/> Primary 3. <input type="checkbox"/> Secondary 4. <input type="checkbox"/> Community College 5. <input type="checkbox"/> Other _____ (Specify)</p>	<p>1. <input type="checkbox"/> Nursery/Infant/ Kindergarten/Pre-school 2. <input type="checkbox"/> Primary 3. <input type="checkbox"/> Secondary 4. <input type="checkbox"/> Community College 5. <input type="checkbox"/> Other _____ (Specify)</p>	<p>1. <input type="checkbox"/> Nursery/Infant/ Kindergarten/Pre-school 2. <input type="checkbox"/> Primary 3. <input type="checkbox"/> Secondary 4. <input type="checkbox"/> Community College 5. <input type="checkbox"/> Other _____ (Specify)</p>
<p>4.4. Please give the name and address of the school or institution.</p>	<p>Name _____ Address _____ _____</p>	<p>Name _____ Address _____ _____</p>	<p>Name _____ Address _____ _____</p>

<p>4.5. What is _____ main mode of travel to the school or institution?</p>	<p>1. <input type="checkbox"/> Walk 2. <input type="checkbox"/> Bicycle 3. <input type="checkbox"/> Private Car or vehicle 4. <input type="checkbox"/> Public Vehicle (Bus etc.) 5. <input type="checkbox"/> Hired Transport (taxi/minibus/jitney) 6. <input type="checkbox"/> Other _____ (Specify)</p>	<p>1. <input type="checkbox"/> Walk 2. <input type="checkbox"/> Bicycle 3. <input type="checkbox"/> Private Car or vehicle 4. <input type="checkbox"/> Public Vehicle (Bus etc.) 5. <input type="checkbox"/> Hired Transport (taxi/minibus/jitney) 6. <input type="checkbox"/> Other _____ (Specify)</p>	<p>1. <input type="checkbox"/> Walk 2. <input type="checkbox"/> Bicycle 3. <input type="checkbox"/> Private Car or vehicle 4. <input type="checkbox"/> Public Vehicle (Bus etc.) 5. <input type="checkbox"/> Hired Transport (taxi/minibus/jitney) 6. <input type="checkbox"/> Other _____ (Specify)</p>
<p>4.6. What is the highest level of education that _____ has reached?</p>	<p>1. <input type="checkbox"/> Nursery/ Kindergarten 2. <input type="checkbox"/> Primary 3. <input type="checkbox"/> Secondary 4. <input type="checkbox"/> Pre-University/Post Secondary 5. <input type="checkbox"/> University 6. <input type="checkbox"/> Other _____ (Specify) 7. <input type="checkbox"/> None</p>	<p>1. <input type="checkbox"/> Nursery/ Kindergarten 2. <input type="checkbox"/> Primary 3. <input type="checkbox"/> Secondary 4. <input type="checkbox"/> Pre-University/Post Secondary 5. <input type="checkbox"/> University 6. <input type="checkbox"/> Other _____ (Specify) 7. <input type="checkbox"/> None</p>	<p>1. <input type="checkbox"/> Nursery/ Kindergarten 2. <input type="checkbox"/> Primary 3. <input type="checkbox"/> Secondary 4. <input type="checkbox"/> Pre-University/Post Secondary 5. <input type="checkbox"/> University 6. <input type="checkbox"/> Other _____ (Specify) 7. <input type="checkbox"/> None</p>
<p>4.7. YEARS OF SCHOOLING AT HIGHEST LEVEL</p> <p>How many years of schooling at the highest level of education did _____ attain?</p>	<p>1. <input type="checkbox"/> Less than a year 2. <input type="checkbox"/> One Year or less 3. <input type="checkbox"/> Two Years or less 4. <input type="checkbox"/> Three Years or less 5. <input type="checkbox"/> Four Years or less 6. <input type="checkbox"/> Five Years or less 7. <input type="checkbox"/> Six Years or less 8. <input type="checkbox"/> Seven Years or More</p>	<p>1. <input type="checkbox"/> Less than a year 2. <input type="checkbox"/> One Year or less 3. <input type="checkbox"/> Two Years or less 4. <input type="checkbox"/> Three Years or less 5. <input type="checkbox"/> Four Years or less 6. <input type="checkbox"/> Five Years or less 7. <input type="checkbox"/> Six Years or less 8. <input type="checkbox"/> Seven Years or More</p>	<p>1. <input type="checkbox"/> Less than a year 2. <input type="checkbox"/> One Year or less 3. <input type="checkbox"/> Two Years or less 4. <input type="checkbox"/> Three Years or less 5. <input type="checkbox"/> Four Years or less 6. <input type="checkbox"/> Five Years or less 7. <input type="checkbox"/> Six Years or less 8. <input type="checkbox"/> Seven Years or More</p>

<p>4.8. HIGHEST EXAMINATION EVER PASSED</p> <p>What is the highest exam _____ has ever passed?</p>	<p>1. <input type="checkbox"/> None</p> <p>2. <input type="checkbox"/> School Leaving</p> <p>3. <input type="checkbox"/> CXC Basic</p> <p>4. <input type="checkbox"/> G.C.E. 'O'/CXC General Prof. 1 or 2 subjects</p> <p>5. <input type="checkbox"/> G.C.E. 'O'/CXC General Prof. 3 or 4 subjects;</p> <p>6. <input type="checkbox"/> G.C.E. 'O'/CXC General Prof. 5 subjects and over</p> <p>7. <input type="checkbox"/> G.C.E. 'A' 1 or 2 subjects</p> <p>8. <input type="checkbox"/> G.C.E. 'A'/3 subjects and over</p> <p>9. <input type="checkbox"/> Diploma or Equivalent Certificate of Achievement</p> <p>10. <input type="checkbox"/> Associate Degree</p> <p>11. <input type="checkbox"/> First Degree</p> <p>12. <input type="checkbox"/> Higher Degree</p> <p>11. <input type="checkbox"/> Other _____ (Specify)</p> <p>INTERVIEWER: Exclude Common Entrance and 14+ Exams</p>	<p>1. <input type="checkbox"/> None</p> <p>2. <input type="checkbox"/> School Leaving</p> <p>3. <input type="checkbox"/> CXC Basic</p> <p>4. <input type="checkbox"/> G.C.E. 'O'/CXC General Prof. 1 or 2 subjects</p> <p>5. <input type="checkbox"/> G.C.E. 'O'/CXC General Prof. 3 or 4 subjects;</p> <p>6. <input type="checkbox"/> G.C.E. 'O'/CXC General Prof. 5 subjects and over</p> <p>7. <input type="checkbox"/> G.C.E. 'A' 1 or 2 subjects</p> <p>8. <input type="checkbox"/> G.C.E. 'A'/3 subjects and over</p> <p>9. <input type="checkbox"/> Diploma or Equivalent Certificate of Achievement</p> <p>10. <input type="checkbox"/> Associate Degree</p> <p>11. <input type="checkbox"/> First Degree</p> <p>12. <input type="checkbox"/> Higher Degree</p> <p>12. <input type="checkbox"/> Other _____ (Specify)</p> <p>INTERVIEWER: Exclude Common Entrance and 14+ Exams</p>	<p>1. <input type="checkbox"/> None</p> <p>2. <input type="checkbox"/> School Leaving</p> <p>3. <input type="checkbox"/> CXC Basic</p> <p>4. <input type="checkbox"/> G.C.E. 'O'/CXC General Prof. 1 or 2 subjects</p> <p>5. <input type="checkbox"/> G.C.E. 'O'/CXC General Prof. 3 or 4 subjects;</p> <p>6. <input type="checkbox"/> G.C.E. 'O'/CXC General Prof. 5 subjects and over</p> <p>7. <input type="checkbox"/> G.C.E. 'A' 1 or 2 subjects</p> <p>8. <input type="checkbox"/> G.C.E. 'A'/3 subjects and over</p> <p>9. <input type="checkbox"/> Diploma or Equivalent Certificate of Achievement</p> <p>10. <input type="checkbox"/> Associate Degree</p> <p>11. <input type="checkbox"/> First Degree</p> <p>12. <input type="checkbox"/> Higher Degree</p> <p>13. <input type="checkbox"/> Other _____ (Specify)</p> <p>INTERVIEWER: Exclude Common Entrance and 14+ Exams</p>
--	---	---	---

TRAINING FOR PERSONS 15 YEARS & OVER

<p>4.9. Has _____ pursued any course of formal training for at least 3 months?</p>	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p>	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p>	<p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No</p>
<p>4.10. How was this training received?</p>	<p>1. <input type="checkbox"/> Correspondence Course</p> <p>2. <input type="checkbox"/> Distance Learning</p> <p>3. <input type="checkbox"/> On the job</p> <p>4. <input type="checkbox"/> Apprenticeship</p> <p>5. <input type="checkbox"/> At an Institution</p> <p>6. <input type="checkbox"/> Other _____ (Specify)</p>	<p>1. <input type="checkbox"/> Correspondence Course</p> <p>2. <input type="checkbox"/> Distance Learning</p> <p>3. <input type="checkbox"/> On the job</p> <p>4. <input type="checkbox"/> Apprenticeship</p> <p>5. <input type="checkbox"/> At an Institution</p> <p>6. <input type="checkbox"/> Other _____ (Specify)</p>	<p>1. <input type="checkbox"/> Correspondence Course</p> <p>2. <input type="checkbox"/> Distance Learning</p> <p>3. <input type="checkbox"/> On the job</p> <p>4. <input type="checkbox"/> Apprenticeship</p> <p>5. <input type="checkbox"/> At an Institution</p> <p>6. <input type="checkbox"/> Other _____ (Specify)</p>
<p>4.11 . For what occupation does this training prepare _____?</p>			

**SECTION 5. ECONOMIC ACTIVITY
FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER**

<p>5.1. ECONOMIC ACTIVITY PAST WEEK</p> <p>Which of the following best describes your work status during the past week?</p>	<p><input type="checkbox"/> 1. Had a job, worked (Go to 6.4)</p> <p><input type="checkbox"/> 2. Had a job, did not work (Go to 6.4)</p> <p><input type="checkbox"/> 3. Seeking first job (Go to Section 6)</p> <p><input type="checkbox"/> 4. Actively looked for a job (not first job)</p> <p><input type="checkbox"/> 5. Did not look for a job but wanted work was available</p> <p><input type="checkbox"/> 6. Did not look and was not available</p>	<p><input type="checkbox"/> 1. Had a job, worked (Go to 6.4)</p> <p><input type="checkbox"/> 2. Had a job, did not work (Go to 6.4)</p> <p><input type="checkbox"/> 3. Seeking first job (Go to Section 6)</p> <p><input type="checkbox"/> 4. Actively looked for a job (not first job)</p> <p><input type="checkbox"/> 5. Did not look for a job but wanted work was available</p> <p><input type="checkbox"/> 6. Did not look and was not available</p>	<p><input type="checkbox"/> 1. Had a job, worked (Go to 6.4)</p> <p><input type="checkbox"/> 2. Had a job, did not work (Go to 6.4)</p> <p><input type="checkbox"/> 3. Seeking first job (Go to Section 6)</p> <p><input type="checkbox"/> 4. Actively looked for a job (not first job)</p> <p><input type="checkbox"/> 5. Did not look for a job but wanted work was available</p> <p><input type="checkbox"/> 6. Did not look and was not available</p>
<p>5.2. REASON FOR NOT SEEKING WORK PAST WEEK</p> <p>Why did _____ not look for work during the past week?</p>	<p><input type="checkbox"/> 1. At school/student</p> <p><input type="checkbox"/> 2. Home duties</p> <p><input type="checkbox"/> 3. Retired</p> <p><input type="checkbox"/> 4. Disabled</p> <p><input type="checkbox"/> 5. Did not want to work</p> <p><input type="checkbox"/> 6. Awaiting a job</p> <p><input type="checkbox"/> 7. Knew of no vacancy</p> <p><input type="checkbox"/> 8. Discouraged</p> <p><input type="checkbox"/> 9. Temporary illness</p> <p><input type="checkbox"/> 10. Other _____ (Specify)</p>	<p><input type="checkbox"/> 1. At school/student</p> <p><input type="checkbox"/> 2. Home duties</p> <p><input type="checkbox"/> 3. Retired</p> <p><input type="checkbox"/> 4. Disabled</p> <p><input type="checkbox"/> 5. Did not want to work</p> <p><input type="checkbox"/> 6. Awaiting a job</p> <p><input type="checkbox"/> 7. Knew of no vacancy</p> <p><input type="checkbox"/> 8. Discouraged</p> <p><input type="checkbox"/> 9. Temporary illness</p> <p><input type="checkbox"/> 10. Other _____ (Specify)</p>	<p><input type="checkbox"/> 1. At school/student</p> <p><input type="checkbox"/> 2. Home duties</p> <p><input type="checkbox"/> 3. Retired</p> <p><input type="checkbox"/> 4. Disabled</p> <p><input type="checkbox"/> 5. Did not want to work</p> <p><input type="checkbox"/> 6. Awaiting a job</p> <p><input type="checkbox"/> 7. Knew of no vacancy</p> <p><input type="checkbox"/> 8. Discouraged</p> <p><input type="checkbox"/> 9. Temporary illness</p> <p><input type="checkbox"/> 10. Other _____ (Specify)</p>
<p>5.3. LAST LOOKED FOR WORK</p> <p>When did _____ last look for work?</p>	<p><input type="checkbox"/> 1. Under 1 month</p> <p><input type="checkbox"/> 2. 1-3 months ago</p> <p><input type="checkbox"/> 3. 4-6 months ago</p> <p><input type="checkbox"/> 4. 7-11 months ago</p> <p><input type="checkbox"/> 5. 1-4 years ago</p> <p><input type="checkbox"/> 6. 5 years ago and over</p> <p><input type="checkbox"/> 7. Never looked for work</p>	<p><input type="checkbox"/> 1. Under 1 month</p> <p><input type="checkbox"/> 2. 1-3 months ago</p> <p><input type="checkbox"/> 3. 4-6 months ago</p> <p><input type="checkbox"/> 4. 7-11 months ago</p> <p><input type="checkbox"/> 5. 1-4 years ago</p> <p><input type="checkbox"/> 6. 5 years ago and over</p> <p><input type="checkbox"/> 7. Never looked for work</p>	<p><input type="checkbox"/> 1. Under 1 month</p> <p><input type="checkbox"/> 2. 1-3 months ago</p> <p><input type="checkbox"/> 3. 4-6 months ago</p> <p><input type="checkbox"/> 4. 7-11 months ago</p> <p><input type="checkbox"/> 5. 1-4 years ago</p> <p><input type="checkbox"/> 6. 5 years ago and over</p> <p><input type="checkbox"/> 7. Never looked for work</p>
<p>5.4 Was this _____ first job?</p>	<p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>	<p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>	<p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p>
<p>5.5. During that week, how many paid jobs did _____ work at?</p>	<p><input type="checkbox"/> 1. One</p> <p><input type="checkbox"/> 2. Two</p> <p><input type="checkbox"/> 3. Three or more</p> <p><input type="checkbox"/> 4. None</p>	<p><input type="checkbox"/> 1. One</p> <p><input type="checkbox"/> 2. Two</p> <p><input type="checkbox"/> 3. Three or more</p> <p><input type="checkbox"/> 4. None</p>	<p><input type="checkbox"/> 1. One</p> <p><input type="checkbox"/> 2. Two</p> <p><input type="checkbox"/> 3. Three or more</p> <p><input type="checkbox"/> 4. None</p>

<p>5.6 How many hours did _____ work on his/her main job during that week?</p>	<input type="checkbox"/> 1. 1-8 <input type="checkbox"/> 2. 9-15 <input type="checkbox"/> 3. 16-32 <input type="checkbox"/> 4. 33-44 <input type="checkbox"/> 5. 45 and over <input type="checkbox"/> 6. None	<input type="checkbox"/> 1. 1-8 <input type="checkbox"/> 2. 9-15 <input type="checkbox"/> 3. 16-32 <input type="checkbox"/> 4. 33-44 <input type="checkbox"/> 5. 45 and over <input type="checkbox"/> 6. None	<input type="checkbox"/> 1. 1-8 <input type="checkbox"/> 2. 9-15 <input type="checkbox"/> 3. 16-32 <input type="checkbox"/> 4. 33-44 <input type="checkbox"/> 5. 45 and over <input type="checkbox"/> 6. None
<p>5.7 What is the name of the company/ business where _____ works or for which _____ last worked?</p> <p>(This and following questions refer to main job)</p>	<p>1.Business Name</p> <hr/> <hr/> <hr/>	<p>1.Business Name</p> <hr/> <hr/> <hr/>	<p>1.Business Name</p> <hr/> <hr/> <hr/>
<p>5.8 What kind of business or activity takes place there?</p> <p>(Describe the kind of business e.g. retail store, primary school, law firm, brewery, etc.)</p>	<p>1.Activity</p> <hr/> <hr/> <hr/>	<p>1.Activity</p> <hr/> <hr/> <hr/>	<p>1.Activity</p> <hr/> <hr/> <hr/>
<p>5.9 What type of work _____ does/did you do there?</p> <p>(Describe your job as accurately as possible e.g. sales clerk, typist, doctor, auto mechanic, civil engineer, taxi driver, housemaid, etc.)</p> <p>(Do Not say engineer, mechanic, teacher, supervisor, clerk, etc. Be more specific e.g. sales clerk, primary school teacher, auto mechanic, etc.)</p>			
<p>5.10 Which best applies to _____?</p>	<input type="checkbox"/> 1. Has own business with no paid helper <input type="checkbox"/> 2. Has own business with paid helper <input type="checkbox"/> 3. Worked for a wage or salary as private employee <input type="checkbox"/> 4. Government Employee <input type="checkbox"/> 5. Learner/Apprentice <input type="checkbox"/> 6. Unpaid worker in family business	<input type="checkbox"/> 1. Has own business with no paid helper <input type="checkbox"/> 2. Has own business with paid helper <input type="checkbox"/> 3. Worked for a wage or salary as private employee <input type="checkbox"/> 4. Government Employee <input type="checkbox"/> 5. Learner/Apprentice <input type="checkbox"/> 6. Unpaid worker in family business	<input type="checkbox"/> 1. Has own business with no paid helper <input type="checkbox"/> 2. Has own business with paid helper <input type="checkbox"/> 3. Worked for a wage or salary as private employee <input type="checkbox"/> 4. Government Employee <input type="checkbox"/> 5. Learner/Apprentice <input type="checkbox"/> 6. Unpaid worker in family business

**SECTION 6. FERTILITY
FOR FEMALES FIFTEEN (15) YEARS OF AGE AND OVER**

6.1. How many live births did _____ ever have?	□ □	□ □	□ □
6.2. How old was _____ when _____ had the first live birth?	□ □	□ □	□ □
6.3. How old was _____ when _____ had the last live birth?	□ □	□ □	□ □
6.4. How many live-birth(s) did _____ have in the last twelve (12) months?	□ □	□ □	□ □
6.5. Please state the sex(es) of this/these live births?	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female
6.6. Did any of these live-births die?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (skip to Q 6.9)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (skip to Q 6.9)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (skip to Q 6.9)
6.7. How many?	□	□	□
6.8. What was the sex(es) of the live-births?	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female
6.9 How many still-birth(s) did _____ have in the last twelve (12) months?	□ □	□ □	□ □

SECTION 7. DISABILITY, HEALTH, AND NUTRITION

7.1. Does _____ suffer from any of the following long lasting conditions?	1. <input type="checkbox"/> Blindness 2. <input type="checkbox"/> Severe Vision Impairment 3. <input type="checkbox"/> Deafness 4. <input type="checkbox"/> Severe Hearing Impairment 5. <input type="checkbox"/> Dumbness 6. <input type="checkbox"/> Speech Impediment INTERVIEWER: Multiple responses can be ticked.	1. <input type="checkbox"/> Blindness 2. <input type="checkbox"/> Severe Vision Impairment 3. <input type="checkbox"/> Deafness 4. <input type="checkbox"/> Severe Hearing Impairment 5. <input type="checkbox"/> Dumbness 6. <input type="checkbox"/> Speech Impediment INTERVIEWER: Multiple responses can be ticked.	1. <input type="checkbox"/> Blindness 2. <input type="checkbox"/> Severe Vision Impairment 3. <input type="checkbox"/> Deafness 4. <input type="checkbox"/> Severe Hearing Impairment 5. <input type="checkbox"/> Dumbness 6. <input type="checkbox"/> Speech Impediment INTERVIEWER: Multiple responses can be ticked.
---	---	---	---

<p>7.2. Which of the following basic activities are affected by any long lasting condition that you may have?</p>	<p>1. <input type="checkbox"/> Walking, Standing, Climbing Stairs</p> <p>2. <input type="checkbox"/> Reaching, Lifting, Kneeling, Carrying</p> <p>3. <input type="checkbox"/> Gripping</p> <p>4. <input type="checkbox"/> Seeing</p> <p>5. <input type="checkbox"/> Hearing</p> <p>6. <input type="checkbox"/> Speaking/Talking</p> <p>7. <input type="checkbox"/> Learning, remembering, concentrating</p> <p>8. <input type="checkbox"/> Behavioural</p> <p>INTERVIEWER: Multiple responses can be ticked.</p>	<p>1. <input type="checkbox"/> Walking, Standing, Climbing Stairs</p> <p>2. <input type="checkbox"/> Reaching, Lifting, Kneeling, Carrying</p> <p>3. <input type="checkbox"/> Gripping</p> <p>4. <input type="checkbox"/> Seeing</p> <p>5. <input type="checkbox"/> Hearing</p> <p>6. <input type="checkbox"/> Speaking/Talking</p> <p>7. <input type="checkbox"/> Learning, remembering, concentrating</p> <p>8. <input type="checkbox"/> Behavioural</p> <p>INTERVIEWER: Multiple responses can be ticked.</p>	<p>1. <input type="checkbox"/> Walking, Standing, Climbing Stairs</p> <p>2. <input type="checkbox"/> Reaching, Lifting, Kneeling, Carrying</p> <p>3. <input type="checkbox"/> Gripping</p> <p>4. <input type="checkbox"/> Seeing</p> <p>5. <input type="checkbox"/> Hearing</p> <p>6. <input type="checkbox"/> Speaking/Talking</p> <p>7. <input type="checkbox"/> Learning, remembering, concentrating</p> <p>8. <input type="checkbox"/> Behavioural</p> <p>INTERVIEWER: Multiple responses can be ticked.</p>
<p>7.3. Does _____ disability or condition affect _____ from performing any of the following activities:</p>	<p>1. <input type="checkbox"/> Taking Care of Yourself</p> <p>2. <input type="checkbox"/> Getting Around within the Home</p> <p>3. <input type="checkbox"/> Going Outside the Home</p> <p>4. <input type="checkbox"/> Working at a Job or Business</p> <p>5. <input type="checkbox"/> Undertaking Educational Activities</p> <p>6. <input type="checkbox"/> Communicating</p> <p>INTERVIEWER: Multiple responses can be ticked.</p>	<p>1. <input type="checkbox"/> Taking Care of Yourself</p> <p>2. <input type="checkbox"/> Getting Around within the Home</p> <p>3. <input type="checkbox"/> Going Outside the Home</p> <p>4. <input type="checkbox"/> Working at a Job or Business</p> <p>5. <input type="checkbox"/> Undertaking Educational Activities</p> <p>6. <input type="checkbox"/> Communicating</p> <p>INTERVIEWER: Multiple responses can be ticked.</p>	<p>1. <input type="checkbox"/> Taking Care of Yourself</p> <p>2. <input type="checkbox"/> Getting Around within the Home</p> <p>3. <input type="checkbox"/> Going Outside the Home</p> <p>4. <input type="checkbox"/> Working at a Job or Business</p> <p>5. <input type="checkbox"/> Undertaking Educational Activities</p> <p>6. <input type="checkbox"/> Communicating</p> <p>INTERVIEWER: Multiple responses can be ticked.</p>
<p>HEALTH FOR ALL PERSONS</p>			
<p>7.4 What is _____ weight and height?</p>	<p>Weight <input type="text"/><input type="text"/><input type="text"/> Lbs</p> <p>Height <input type="text"/> <input type="text"/><input type="text"/> ft inches</p>	<p>Weight <input type="text"/><input type="text"/><input type="text"/> Lbs</p> <p>Height <input type="text"/> <input type="text"/><input type="text"/> ft inches</p>	<p>Weight <input type="text"/><input type="text"/><input type="text"/> Lbs</p> <p>Height <input type="text"/> <input type="text"/><input type="text"/> ft inches</p>

<p>7.5 CHRONIC ILLNESS</p> <p>Does _____ suffer from any of the following diseases:</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Arthritis 2. <input type="checkbox"/> Asthma 3. <input type="checkbox"/> Diabetes 4. <input type="checkbox"/> Hypertension 5. <input type="checkbox"/> Heart Disease 6. <input type="checkbox"/> Kidney Disease 7. <input type="checkbox"/> Cancer 8. <input type="checkbox"/> HIV/AIDS 9. <input type="checkbox"/> Lupus 10. <input type="checkbox"/> Sickle Cell Anemia 11. <input type="checkbox"/> Obesity 12. <input type="checkbox"/> Other _____ (Specify) <p>INTERVIEWER: Multiple responses can be ticked</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Arthritis 2. <input type="checkbox"/> Asthma 3. <input type="checkbox"/> Diabetes 4. <input type="checkbox"/> Hypertension 5. <input type="checkbox"/> Heart Disease 6. <input type="checkbox"/> Kidney Disease 7. <input type="checkbox"/> Cancer 8. <input type="checkbox"/> HIV/AIDS 9. <input type="checkbox"/> Lupus 10. <input type="checkbox"/> Sickle Cell Anemia 11. <input type="checkbox"/> Obesity 12. <input type="checkbox"/> Other _____ (Specify) <p>INTERVIEWER: Multiple responses can be ticked</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Arthritis 2. <input type="checkbox"/> Asthma 3. <input type="checkbox"/> Diabetes 4. <input type="checkbox"/> Hypertension 5. <input type="checkbox"/> Heart Disease 6. <input type="checkbox"/> Kidney Disease 7. <input type="checkbox"/> Cancer 8. <input type="checkbox"/> HIV/AIDS 9. <input type="checkbox"/> Lupus 10. <input type="checkbox"/> Sickle Cell Anemia 11. <input type="checkbox"/> Obesity 12. <input type="checkbox"/> Other _____ (Specify) <p>INTERVIEWER: Multiple responses can be ticked</p>
<p>7.6 UTILISATION OF MEDICAL FACILITY</p> <p>Has _____ visited a medical facility in the past month?</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No 	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
<p>7.7. TYPE OF MEDICAL FACILITY</p> <p>What type of medical facility has _____ visited in the past 6 months?</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Public Hospital (local) 2. <input type="checkbox"/> Public Health Center (local) 3. <input type="checkbox"/> Public Maternity Unit (local) 4. <input type="checkbox"/> Public Hospital (abroad) 5. <input type="checkbox"/> Public Health Center (abroad) 6. <input type="checkbox"/> Public Maternity Unit (abroad) 7. <input type="checkbox"/> Private Doctor's Office (local) 8. <input type="checkbox"/> Private Doctor's Office (abroad) 9. <input type="checkbox"/> Pharmacy (local) 10. <input type="checkbox"/> Pharmacy (abroad) 11. <input type="checkbox"/> Other _____ (Specify) 	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Public Hospital (local) 2. <input type="checkbox"/> Public Health Center (local) 3. <input type="checkbox"/> Public Maternity Unit (local) 4. <input type="checkbox"/> Public Hospital (abroad) 5. <input type="checkbox"/> Public Health Center (abroad) 6. <input type="checkbox"/> Public Maternity Unit (abroad) 7. <input type="checkbox"/> Private Doctor's Office (local) 8. <input type="checkbox"/> Private Doctor's Office (abroad) 9. <input type="checkbox"/> Pharmacy (local) 10. <input type="checkbox"/> Pharmacy (abroad) 11. <input type="checkbox"/> Other _____ (Specify) 	<ol style="list-style-type: none"> 1. <input type="checkbox"/> Public Hospital (local) 2. <input type="checkbox"/> Public Health Center (local) 3. <input type="checkbox"/> Public Maternity Unit (local) 4. <input type="checkbox"/> Public Hospital (abroad) 5. <input type="checkbox"/> Public Health Center (abroad) 6. <input type="checkbox"/> Public Maternity Unit (abroad) 7. <input type="checkbox"/> Private Doctor's Office (local) 8. <input type="checkbox"/> Private Doctor's Office (abroad) 9. <input type="checkbox"/> Pharmacy (local) 10. <input type="checkbox"/> Pharmacy (abroad) 11. <input type="checkbox"/> Other _____ (Specify)
<p>7.8. HEALTH INSURANCE</p> <p>Is _____ covered by health insurance and/or Employee Medical Plan?</p>	<ol style="list-style-type: none"> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't Know 	<ol style="list-style-type: none"> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't Know 	<ol style="list-style-type: none"> <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't Know

**SECTION 8. TRANSPORTATION AND TRAVEL
FOR PERSONS FIFTEEN (15) YEARS OF AGE AND OVER**

<p>8.1. What is _____ main form of transportation?</p>	<p><input type="checkbox"/> 1. Walk</p> <p><input type="checkbox"/> 2. Bicycle</p> <p><input type="checkbox"/> 3. Motorcycle</p> <p><input type="checkbox"/> 4. Jitney</p> <p><input type="checkbox"/> 5. Private Vehicle</p> <p><input type="checkbox"/> 6. Taxi</p> <p><input type="checkbox"/> 7. Boat</p> <p><input type="checkbox"/> 8. Ferry</p> <p><input type="checkbox"/> 9. Airplane</p> <p><input type="checkbox"/> 10. Other _____ (Specify)</p>	<p><input type="checkbox"/> 1. Walk</p> <p><input type="checkbox"/> 2. Bicycle</p> <p><input type="checkbox"/> 3. Motorcycle</p> <p><input type="checkbox"/> 4. Jitney</p> <p><input type="checkbox"/> 5. Private Vehicle</p> <p><input type="checkbox"/> 6. Taxi</p> <p><input type="checkbox"/> 7. Boat</p> <p><input type="checkbox"/> 8. Ferry</p> <p><input type="checkbox"/> 9. Airplane</p> <p><input type="checkbox"/> 10. Other _____ (Specify)</p>	<p><input type="checkbox"/> 1. Walk</p> <p><input type="checkbox"/> 2. Bicycle</p> <p><input type="checkbox"/> 3. Motorcycle</p> <p><input type="checkbox"/> 4. Jitney</p> <p><input type="checkbox"/> 5. Private Vehicle</p> <p><input type="checkbox"/> 6. Taxi</p> <p><input type="checkbox"/> 7. Boat</p> <p><input type="checkbox"/> 8. Ferry</p> <p><input type="checkbox"/> 9. Airplane</p> <p><input type="checkbox"/> 10. Other _____ (Specify)</p>
<p>8.2. In the past year which countries did _____ visit for the following purposes?</p> <p><i>For each Country reported please indicate the <u>number of times</u> <u>visited</u> in the past six months</i></p>	<p>1. Vacation _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>2. Shopping _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>3. Business/Conference _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>4. Medical _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>5. Study _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>6. Other (Specify) _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>7 Didn't Travel</p>	<p>1. Vacation _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>2. Shopping _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>3. Business/Conference _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>4. Medical _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>5. Study _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>6. Other (Specify) _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>7 Didn't Travel</p>	<p>1. Vacation _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>2. Shopping _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>3. Business/Conference _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>4. Medical _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>5. Study _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>6. Other (Specify) _____ <input type="checkbox"/> _____ <input type="checkbox"/></p> <p>7 Didn't Travel</p>

**SECTION 10. FOR ALL PERSONS
WHERE DID YOU SPEND CENSUS NIGHT**

IMPORTANT

INTERVIEWER:

If interview was conducted before census day, ask on return visit, immediately after Census day.

If the interview was conducted after census day, ask as part of the full interview.

WHERE DID YOU SPEND CENSUS NIGHT?

<p>10.1. Where did _____ spend census night?</p>	<p><input type="checkbox"/> 1. At this address (end interview)</p> <p><input type="checkbox"/> 2. Elsewhere in this country</p> <p><input type="checkbox"/> 3. Outside Turks and Caicos Islands (end interview)</p>	<p><input type="checkbox"/> 1. At this address (end interview)</p> <p><input type="checkbox"/> 2. Elsewhere in this country</p> <p><input type="checkbox"/> 3. Outside Turks and Caicos Islands (end interview)</p>	<p><input type="checkbox"/> 1. At this address (end interview)</p> <p><input type="checkbox"/> 2. Elsewhere in this country</p> <p><input type="checkbox"/> 3. Outside Turks and Caicos Islands (end interview)</p>
<p>10.2. What part of the country was . . . ? If known please specify. INTERVIEWER: Write as full an address as possible.</p>			

**SECTION 11: EMIGRATION AND MORTALITY
ALL PERSONS**

<p>11.1. Did anyone in this household move to live abroad between 1990 and 2001 and are still abroad?</p>	<p><input type="checkbox"/> 1. YES [IF YES CONTINUE]</p> <p><input type="checkbox"/> 2. NO [IF NO GO TO SECTION 5]</p>	<p><input type="checkbox"/> 1. YES [IF YES CONTINUE]</p> <p><input type="checkbox"/> 2. NO [IF NO GO TO SECTION 5]</p>	<p><input type="checkbox"/> 1. YES [IF YES CONTINUE]</p> <p><input type="checkbox"/> 2. NO [IF NO GO TO SECTION 5]</p>												
<p>11.2. How many persons moved?</p>															
<p>11.3 Sex</p>	<p><input type="checkbox"/> 1. Male</p> <p><input type="checkbox"/> 2. Female</p>	<p><input type="checkbox"/> 1. Male</p> <p><input type="checkbox"/> 2. Female</p>	<p><input type="checkbox"/> 1. Male</p> <p><input type="checkbox"/> 2. Female</p>												
<p>11.4 Year moved?</p>	<table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>					<table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>					<table border="1" style="width: 100px; height: 20px;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>				
<p>11.5 Age when moved?</p>	<table border="1" style="width: 60px; height: 20px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>			<table border="1" style="width: 60px; height: 20px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>			<table border="1" style="width: 60px; height: 20px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table>								
<p>11.6 Marital status when moved?</p>															
<p>11.7 Occupation when moved?</p>															
<p>11.8 Country of migration?</p>															

11.9 Did any members of this household die between 1990 and the present time?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
11.10 How many?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11.11 Please give me the sex of the person who died.	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female	<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female
11.12 Please give me the age of the person who died.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11.13 PLACE OF BIRTH Where was _____ place of birth?			

SECTION 12. CRIME

12.1 Has any member of your household been a victim of a crime during the period of January 2001 to present ?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (If "No" go to Section 13)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (If "No" go to Section 13)	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No (If "No" go to Section 13)
12.2 What was the nature of the crime.	1. Crime against the person <input type="checkbox"/> a. Wounding <input type="checkbox"/> b. Murder <input type="checkbox"/> c. Attempted murder <input type="checkbox"/> d. Manslaughter <input type="checkbox"/> e. inflicting Bodily Injuries <input type="checkbox"/> f. Administering poison so as to endanger life <input type="checkbox"/> g. Assault <input type="checkbox"/> h. Assault occasioning actual bodily harm <input type="checkbox"/> i. Rape <input type="checkbox"/> j. Attempted Rape <input type="checkbox"/> k. Carnal Knowledge <input type="checkbox"/> l. Bigamy <input type="checkbox"/> m. Concealment of birth <input type="checkbox"/> n. Robbery <input type="checkbox"/> o. Abortion <input type="checkbox"/> p. Supplying drugs to cause abortion.	1. Crime against the person <input type="checkbox"/> a. Wounding <input type="checkbox"/> b. Murder <input type="checkbox"/> c. Attempted murder <input type="checkbox"/> d. Manslaughter <input type="checkbox"/> e. inflicting Bodily Injuries <input type="checkbox"/> f. Administering poison so as to endanger life <input type="checkbox"/> g. Assault <input type="checkbox"/> h. Assault occasioning actual bodily harm <input type="checkbox"/> i. Rape <input type="checkbox"/> j. Attempted Rape <input type="checkbox"/> k. Carnal Knowledge <input type="checkbox"/> l. Bigamy <input type="checkbox"/> m. Concealment of birth <input type="checkbox"/> n. Robbery <input type="checkbox"/> o. Abortion <input type="checkbox"/> p. Supplying drugs to cause abortion.	1. Crime against the person <input type="checkbox"/> a. Wounding <input type="checkbox"/> b. Murder <input type="checkbox"/> c. Attempted murder <input type="checkbox"/> d. Manslaughter <input type="checkbox"/> e. inflicting Bodily Injuries <input type="checkbox"/> f. Administering poison so as to endanger life <input type="checkbox"/> g. Assault <input type="checkbox"/> h. Assault occasioning actual bodily harm <input type="checkbox"/> i. Rape <input type="checkbox"/> j. Attempted Rape <input type="checkbox"/> k. Carnal Knowledge <input type="checkbox"/> l. Bigamy <input type="checkbox"/> m. Concealment of birth <input type="checkbox"/> n. Robbery <input type="checkbox"/> o. Abortion <input type="checkbox"/> p. Supplying drugs to cause abortion.

13.3. WHAT IS THE MATERIAL USED FOR ROOFING?

- 1. Sheet Metal
(Zinc, aluminum, galvanise)
- 2. Shingle (asphalt)
- 3. Shingle (wood)
- 4. Shingle (other)
- 5. Tile
- 6. Concrete
- 7. Makeshift

13.4 IN WHAT YEAR WAS THIS BUILDING CONSTRUCTED?

- 1. 2001
- 2. 2000
- 3. 1999
- 4. 1998
- 5. 1997
- 6. 1996
- 7. 1990-1995
- 8. 1989 or earlier

CHARACTERISTICS OF DWELLING UNIT OCCUPIED BY HOUSEHOLD

13.5. TYPE OF DWELLING

How would you describe the type of dwelling unit that your household occupies?

- 1. Separate House
- 2. Apartment
- 3. Townhouse/Condominium
- 4. Double House/Duplex
- 5. Part of Com./Ind. Building
- 6. Barracks
- 7. Out-room
- 8. Other Private dwelling
- 9. Group dwelling
- 10. Other _____
(Specify)

13.6. A dwelling unit must have a separate entrance and NOT BE ACCESSED OR ENTERED through someone else's living arrangements.

TENANCY

Is the dwelling unit –

- 1. Owned
- 2. Rented Private
- 3. Rented Government
- 4. Leased Private
- 5. Leased Government
- 6. Rent Free
- 7. Squatted
- 8. Other _____
(specify)

13.7. Is the land on which the dwelling stands freehold, leasehold, or some other type of occupancy?

- 1. Freehold
- 2. Leasehold
- 3. Rented
- 4. Squatted
- 5. Other _____
(specify)

13.8.1. FOR RENTERS ONLY: What is the monthly rent paid for this dwelling unit?

--	--	--	--

13.8.2. FOR OWNER-OCCUPIERS ONLY: If you were to rent this dwelling unit unfurnished; how much would it fetch?

--	--	--	--

SINGLE OR MULTIPLE OCCUPANCY OF A DWELLING UNIT

13.9.1. Is any part of the dwelling unit in which you live occupied by other households.

- 1. Yes
- 2. No (Skip to 12.10.1)

13.9.2. How many other households occupy this dwelling unit, apart from your household?

--	--

13.10.1. How many bedrooms are there in this dwelling unit? (Count all the bedrooms including spare bedrooms not occupied). Bedrooms are used mainly for sleeping and exclude makeshift and temporary sleeping quarters.

--	--

TO INTERVIEWER:

Question 12.10.2. applies only to heads of households living in dwelling unit occupied by more than one household.

13.10.2 How many bedrooms are occupied/available for use by your household?

--	--

13.11. How many rooms are there in your dwelling unit? (Do not count bathrooms, porches, kitchens, etc.)

--	--

13.12. What is the main source of your water supply?

- 1. Rainwater in cistern or tank
- 2. Public Piped into Dwelling (City Water
- 3. Desalinated, piped into dwelling
- 4. Well/Tank
- 5. Drums
- 6. Other _____ (specify)

13.13. Does this household have the use of a kitchen or kitchenette with sink permanently connected to a water supply and a waste pipe?

- 1. Yes for the use only by this household
- 2. Yes shared with another household
- 3. Kitchen without sink permanently connected

13.14. Does this household have the use of a room with a fixed bath or shower permanently connected?

- 1. Yes for the use only by this household
- 2. Yes shared with another household
- 3. Room with no fixed bath or shower

13.15.1. What type of toilet facilities does this household have?

- 1. Flushed Toilet with Septic Tank/Soak Away
- 2. CessPit/Pit-latrine
- 3. Other _____ (specify)

13.15.2. Are these toilet facilities shared with another household?

- 1. Yes
- 2. No

13.16.1 What type of lighting does this dwelling unit use most?

- 1. Electricity
- 2. Gas
- 3. Kerosene
- 4. Other

13.16.2. What type of fuel does this household use most for cooking?

- 1. Electricity
- 2. L. P. G.
- 3. Kerosene
- 4. Wood/Coal

HOUSEHOLD FACILITIES AVAILABLE

13.17 Does your household have any of the following items?

- 1. Refrigerator
- 2. Stove
- 3. Washing Machine
- 4. Microwave
- 5. Telephone
- 6. Computer
- 7. Internet Access
- 8. Radio
- 9. Television
- 10. Video
- 11. Stereo
- 12. Cable T.V./Dish
- 13. Water heater
- 14. Air Conditioner

13.18 How many motor vehicles are owned by members of this household?

--	--

13.19(a). How many fishing boats are owned by members of this household?

--	--

13.19(b). How many pleasure crafts (boats for pleasure) are owned by members of this household?

--	--