



**COMMONWEALTH OF THE BAHAMAS  
CENSUS OF POPULATION AND HOUSING 2000**

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**CENSUS QUESTIONNAIRE  
MAY 2, 2000**

**CENSUS OFFICE  
DEPARTMENT OF STATISTICS  
P. O. BOX N-3904 PHONE 325-6511  
NASSAU, BAHAMAS**

**PART A: HOUSING**

**SECTION 1: HOUSING  
TO BE COMPLETED BY HEAD OF HOUSEHOLD**

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**H1. GIVE THE NAME AND/OR TYPE OF THIS DWELLING**  
 ..... □ □  
 e.g. **Private Dwelling, Nassau Beach Hotel, Fox Hill Prison,  
 St. Francis Convent, Police Barracks, etc.**

**H2. HOW MANY PERSONS WHO USUALLY LIVE HERE WERE HERE ON CENSUS DAY?** □ □ □ □

**H3. HOW MANY PERSONS WHO USUALLY LIVE HERE WERE ABSENT ELSEWHERE IN THE BAHAMAS ON CENSUS DAY?** □ □ □ □

**H4. HOW MANY PERSONS WHO USUALLY LIVE HERE WERE ABSENT ABROAD ON CENSUS DAY?** □ □ □ □

**H5. HOW MANY PERSONS WHO HAVE A USUAL PLACE OF RESIDENCE ELSEWHERE IN THE BAHAMAS WERE HERE ON CENSUS DAY?** □ □ □ □

**H6. HOW MANY FOREIGN VISITORS WERE HERE ON CENSUS DAY?** □ □ □

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**H7. HOW MANY CONJUGAL FAMILY UNITS OCCUPY THIS DWELLING?** □ □

<b>H8. WHAT TYPE OF DWELLING IS THIS?</b>	<b>1</b>	<input type="checkbox"/>	SINGLE DETACHED
	<b>2</b>	<input type="checkbox"/>	SINGLE ATTACHED
	<b>3</b>	<input type="checkbox"/>	PART OF A PRIVATE HOUSE
	<b>4</b>	<input type="checkbox"/>	APARTMENT/FLAT
	<b>5</b>	<input type="checkbox"/>	OTHER _____ (Specify)

# PRIVATE HOUSEHOLDS

<b>H9.</b> WHAT IS THE CONSTRUCTION MATERIAL OF THE OUTER WALLS?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 <input type="checkbox"/> WOOD</td> <td style="width: 50%;">4 <input type="checkbox"/> STONE</td> </tr> <tr> <td>2 <input type="checkbox"/> CONCRETE</td> <td>5 <input type="checkbox"/> BRICK</td> </tr> <tr> <td>3 <input type="checkbox"/> WOOD AND CONCRETE</td> <td>6 <input type="checkbox"/> STUCCO</td> </tr> <tr> <td colspan="2">7 <input type="checkbox"/> OTHER _____ <b>(Specify)</b></td> </tr> </table>	1 <input type="checkbox"/> WOOD	4 <input type="checkbox"/> STONE	2 <input type="checkbox"/> CONCRETE	5 <input type="checkbox"/> BRICK	3 <input type="checkbox"/> WOOD AND CONCRETE	6 <input type="checkbox"/> STUCCO	7 <input type="checkbox"/> OTHER _____ <b>(Specify)</b>			
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7 <input type="checkbox"/> OTHER _____ <b>(Specify)</b>											
<b>H10.</b> IN WHICH PERIOD WAS THIS DWELLING BUILT?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">01 <input type="checkbox"/> 2000</td> <td style="width: 50%;">05 <input type="checkbox"/> 1990-1994</td> </tr> <tr> <td>02 <input type="checkbox"/> 1999</td> <td>06 <input type="checkbox"/> 1980-1989</td> </tr> <tr> <td>03 <input type="checkbox"/> 1998</td> <td>07 <input type="checkbox"/> 1971-1979</td> </tr> <tr> <td>04 <input type="checkbox"/> 1995-1997</td> <td>08 <input type="checkbox"/> 1970 or Earlier</td> </tr> <tr> <td colspan="2">09 <input type="checkbox"/> Not Stated</td> </tr> </table>	01 <input type="checkbox"/> 2000	05 <input type="checkbox"/> 1990-1994	02 <input type="checkbox"/> 1999	06 <input type="checkbox"/> 1980-1989	03 <input type="checkbox"/> 1998	07 <input type="checkbox"/> 1971-1979	04 <input type="checkbox"/> 1995-1997	08 <input type="checkbox"/> 1970 or Earlier	09 <input type="checkbox"/> Not Stated	
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<b>H11.</b> HOW MANY ROOMS MAKE UP THIS DWELLING?  <b>(EXCLUDE BATHROOMS AND KITCHENS FROM YOUR COUNT)</b>	<table style="margin: auto; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> <tr> <td colspan="2"><b>(Number)</b></td> </tr> </table>			<b>(Number)</b>							
<b>(Number)</b>											
<b>H12.</b> HOW MANY OF THE FOLLOWING SOURCES OF WATER DO YOU UTILIZE? <b>(tick all that apply)</b>	<table style="width: 100%; border: none;"> <tr><td>1 <input type="checkbox"/> PUBLIC PIPED INTO DWELLING</td></tr> <tr><td>2 <input type="checkbox"/> PUBLIC PIPED INTO YARD</td></tr> <tr><td>3 <input type="checkbox"/> PRIVATE PIPED INTO DWELLING</td></tr> <tr><td>4 <input type="checkbox"/> PRIVATE NOT PIPED</td></tr> <tr><td>5 <input type="checkbox"/> PUBLIC STAND PIPE</td></tr> <tr><td>6 <input type="checkbox"/> PUBLIC WELL OR TANK</td></tr> <tr><td>7 <input type="checkbox"/> RAIN WATER SYSTEM</td></tr> <tr><td>8 <input type="checkbox"/> OTHER _____ <b>(Specify)</b></td></tr> </table>	1 <input type="checkbox"/> PUBLIC PIPED INTO DWELLING	2 <input type="checkbox"/> PUBLIC PIPED INTO YARD	3 <input type="checkbox"/> PRIVATE PIPED INTO DWELLING	4 <input type="checkbox"/> PRIVATE NOT PIPED	5 <input type="checkbox"/> PUBLIC STAND PIPE	6 <input type="checkbox"/> PUBLIC WELL OR TANK	7 <input type="checkbox"/> RAIN WATER SYSTEM	8 <input type="checkbox"/> OTHER _____ <b>(Specify)</b>		
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7 <input type="checkbox"/> RAIN WATER SYSTEM											
8 <input type="checkbox"/> OTHER _____ <b>(Specify)</b>											
<b>H13.</b> WHAT IS THE MAIN SOURCE OF YOUR WATER SUPPLY? <b>(tick one only)</b>	<table style="width: 100%; border: none;"> <tr><td>1 <input type="checkbox"/> PUBLIC PIPED INTO DWELLING</td></tr> <tr><td>2 <input type="checkbox"/> PUBLIC PIPED INTO YARD</td></tr> <tr><td>3 <input type="checkbox"/> PRIVATE PIPED INTO DWELLING</td></tr> <tr><td>4 <input type="checkbox"/> PRIVATE NOT PIPED</td></tr> <tr><td>5 <input type="checkbox"/> PUBLIC STAND PIPE</td></tr> <tr><td>6 <input type="checkbox"/> PUBLIC WELL OR TANK</td></tr> <tr><td>7 <input type="checkbox"/> RAIN WATER SYSTEM</td></tr> <tr><td>8 <input type="checkbox"/> OTHER _____ <b>(Specify)</b></td></tr> </table>	1 <input type="checkbox"/> PUBLIC PIPED INTO DWELLING	2 <input type="checkbox"/> PUBLIC PIPED INTO YARD	3 <input type="checkbox"/> PRIVATE PIPED INTO DWELLING	4 <input type="checkbox"/> PRIVATE NOT PIPED	5 <input type="checkbox"/> PUBLIC STAND PIPE	6 <input type="checkbox"/> PUBLIC WELL OR TANK	7 <input type="checkbox"/> RAIN WATER SYSTEM	8 <input type="checkbox"/> OTHER _____ <b>(Specify)</b>		
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7 <input type="checkbox"/> RAIN WATER SYSTEM											
8 <input type="checkbox"/> OTHER _____ <b>(Specify)</b>											
<b>H14.</b> WHAT TYPE OF TOILET FACILITIES DO YOU HAVE?	<table style="width: 100%; border: none;"> <tr><td>1 <input type="checkbox"/> FLUSH TOILET LINKED TO A PUBLIC SEWERAGE SYSTEM</td></tr> <tr><td>2 <input type="checkbox"/> FLUSH TOILET WITH CESSPIT OR SEPTIC TANK</td></tr> <tr><td>3 <input type="checkbox"/> PIT LATRINE</td></tr> <tr><td>4 <input type="checkbox"/> OTHER _____ <b>(Specify)</b></td></tr> <tr><td>5 <input type="checkbox"/> NONE <b>(Skip to H16)</b></td></tr> </table>	1 <input type="checkbox"/> FLUSH TOILET LINKED TO A PUBLIC SEWERAGE SYSTEM	2 <input type="checkbox"/> FLUSH TOILET WITH CESSPIT OR SEPTIC TANK	3 <input type="checkbox"/> PIT LATRINE	4 <input type="checkbox"/> OTHER _____ <b>(Specify)</b>	5 <input type="checkbox"/> NONE <b>(Skip to H16)</b>					
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5 <input type="checkbox"/> NONE <b>(Skip to H16)</b>											



**PART B: MIGRATION**

**SECTION 2: EMIGRATION  
CHARACTERISTICS ALL PERSONS**

**M1.** DID ANYONE IN THIS HOUSEHOLD MOVE ABROAD BETWEEN 1990 AND 2000 AND ARE STILL ABROAD?

1  YES [IF YES CONTINUE]

2  NO [IF NO GO TO PART C]

**M2.** HOW MANY PERSONS MOVED? \_\_\_\_\_  
(Ask questions M3-M10 in sequential order for each individual that moved.)

E M I G R A T I O N	(M3) INDIVIDUALS MOVED	(M4) YEAR MOVED	(M5) SEX M = 1 F = 2		(M6) AGE WHEN MOVED	(M7) MARITAL STATUS WHEN MOVED (See Grid Below)	(M8) EDUCATIONAL ATTAINMENT WHEN MOVED (See Grid below)	(M9) OCCUPATION WHEN MOVED	(M10) COUNTRY OF MIGRATION
	01		M	F					
	02		M	F					
	03		M	F					
	04		M	F					
	05		M	F					
	06		M	F					
	07		M	F					
	08		M	F					
	09		M	F					
	10		M	F					
	11		M	F					
	12		M	F					

MARITAL STATUS	C O D E
NEVER MARRIED	1
MARRIED	2
WIDOWED	3
DIVORCED	4
SEPARATED	5
COMMON-LAW	6
NOT STATED	9

EDUCATION	C O D E
NONE	1
ELEMENTARY	2
HIGH SCHOOL	3
COLLEGE/UNIVERSITY 1 – 2	4
COLLEGE/ UNIVERSITY 3	5
COLLEGE/ UNIVERSITY 4 +	6

**PART C: POPULATION**

**SECTION 3: CHARACTERISTICS ALL PERSONS**

**P1. NAME OF RESIDENT** \_\_\_\_\_  
 SURNAME FIRST NAME INITIAL  
 INDIVIDUAL'S NUMBER

**P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?**

02  SPOUSE OR PARTNER  
 03  SON  
 04  DAUGHTER  
 05  SON-IN-LAW  
 06  DAUGHTER-IN-LAW  
 07  GRANDCHILD  
 08  PARENT OR PARENT-IN-LAW  
 09  OTHER RELATIVE  
 10  NON-RELATIVE

**P3. WHICH FAMILY ARE YOU A MEMBER OF?**

01  FIRST      04  FOURTH      07  SEVENTH  
 02  SECOND      05  FIFTH      08  EIGHTH  
 03  THIRD      06  SIXTH      09  NONE (SKIP TO P5)

**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 \_\_\_\_\_ (Specify)  
 4  CHILD WITH BOTH PARENTS

**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  
 \_\_\_\_\_          
 DAY MONTH YEAR

**P7. WHAT IS YOUR MARITAL STATUS?**

1  NEVER MARRIED    4  DIVORCED    7  NOT STATED  
 2  MARRIED    5  SEPARATED  
 3  WIDOWED    6  COMMON-LAW

**P8. WHAT IS YOUR RELIGION/DENOMINATION?** \_\_\_\_\_

**P9. WHERE WERE YOU BORN?**    1  BAHAMAS    2  ABROAD (Skip to P12)

**P10. WHICH ISLAND WAS THIS?** \_\_\_\_\_

**P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?**

1  YES      2  NO (Skip to P14)

**P12. IN WHAT COUNTRY WAS THIS?** \_\_\_\_\_

**P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?** \_\_\_\_\_

**P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?**

1  YES      2  NO (Skip to P17)

**P15. IN WHICH ISLAND WAS THIS?** \_\_\_\_\_

**P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?** \_\_\_\_\_

**P17. OF WHAT COUNTRY ARE YOU A CITIZEN?** \_\_\_\_\_     
 IF NOT BAHAMAS SKIP TO P19

**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  
 2  BORN IN THE BAHAMAS TO NON-BAHAMIANS      5  OTHER  
 3  ADOPTED BY BAHAMIANS      NATURALIZATION

**SECTION 4: DISABILITY ALL PERSONS**

**P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?**

1 YES  DISABILITY    2 YES  ILLNESS    3 NO  (Skip to P24)

**P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)**

1  SEEING (EVEN WITH GLASSES, IF WORN)  
 2  HEARING (EVEN WITH HEARING AID, IF WORN)  
 3  SPEAKING (TALKING)  
 4  MOBILITY/MOVING ( DUE TO ABSENT OR IMPAIRED LIMB)  
 5  MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)  
 6  GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)  
 7  LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)  
 8  BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)  
 9  MENTAL (MILD, MODERATE, SEVERE RETARDATION)  
 10  OTHER \_\_\_\_\_ (Specify)  
 11  NONE (Skip to P20)

**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)

**P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)**

1  SELF CARE  
 2  MOVING/MOBILITY (WITHIN THE HOME)  
 3  MOVING/MOBILITY (OUTSIDE THE HOME)  
 4  COMMUNICATION  
 5  SCHOOLING/EDUCATION  
 6  EMPLOYMENT  
 7  SOCIAL EVENTS  
 8  OTHER \_\_\_\_\_ (SPECIFY)  
 9  NONE

**P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?**

1  CONGENITAL/PRENATAL  
 2  DISEASE/ILLNESS CONTRACTED  
 3  ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES CHEMICALS ETC.  
 4  OTHER \_\_\_\_\_ (SPECIFY)  
 5  NOT KNOWN

**SECTION 5: EDUCATION ALL PERSONS**

**P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?**

1  YES FULL TIME    2  YES PART TIME    3  NO

**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.)**

1  NONE      5  HIGH SCHOOL 4+  
 2  KINDERGARTEN    6  COLLEGE/UNIVERSITY 1-2  
 3  ELEMENTARY    7  COLLEGE/UNIVERSITY 3  
 4  HIGH SCHOOL 1-3    8  COLLEGE/UNIVERSITY 4+  
 9  OTHER \_\_\_\_\_ (Specify)

**P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?** \_\_\_\_\_ (Qualification)

(State number of subjects passed where relevant) \_\_\_\_\_ (Number of subjects passed)

(Degreed Persons Only) \_\_\_\_\_ (Area Of Expertise)

**SECTION 6: VOCATIONAL TRAINING  
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)

**P28. WHAT IS THIS PROFESSION CRAFT OR TRADE?**

(Profession/Craft/Trade)

**P29. WHAT METHOD OF TRAINING IS/ WAS THIS?**

- 1  APPRENTICESHIP/ON THE JOB TRAINING  
 2  TECHNICAL INSTITUTION  
 3  COLLEGE/UNIVERSITY      4  OTHER \_\_\_\_\_  
 (Specify)

**P30. IS THIS TRAINING COMPLETED OR ON GOING?**

- 1  COMPLETED                      2  ON-GOING

**P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?**

- 1  CERTIFICATE WITH EXAMINATION      4  DEGREE  
 2  CERTIFICATE WITHOUT EXAMINATION      5  NONE  
 3  DIPLOMA OTHER                      6  OTHER \_\_\_\_\_  
 (Specify)

**SECTION 7: TRANSPORTATION  
PERSONS 15 YEARS AND OVER**

**P32. WHAT IS YOUR MAIN FORM OF TRANSPORTATION?**  
 (If family members take turns driving the family vehicle, one must report driver and the others passengers.)

- 1  WALK                                      5  PRIVATE VEHICLE DRIVER  
 2  BICYCLE/MOTOR CYCLE              6  BOAT/FERRY  
 3  JITNEY/BUS                              7  OTHER \_\_\_\_\_  
 (Specify)  
 4  PRIVATE VEHICLE AS PASSENGER ONLY

**SECTION 8: ECONOMIC ACTIVITY  
PERSONS 15 YEARS AND OVER**

**P33. DID YOU DO ANY WORK AT ALL, FOR ANY LENGTH OF TIME DURING THE WEEK ?**  
 (This would include helping in a family business/farm, street vending etc.)

- 1  YES (Skip to P35?)                      2  NO

**P34. WHAT WAS YOUR MAIN ACTIVITY DURING THAT WEEK?**

- 1  HAD A JOB BUT DID NOT WORK      5  VOLUNTARY WORK WITHOUT PAY  
 2  LOOKED FOR WORK                      6  HOME DUTIES  
 3  LOOKED FOR WORK DURING THE PAST 4 WEEKS      7  STUDENT  
 4  DID NOT LOOK BUT WANTED TO WORK AND WAS AVAILABLE DURING PAST 4 WEEKS      8  RETIRED  
 9  DISABLED  
 10  OTHER \_\_\_\_\_  
 (Specify)

(ALL PERSONS ANSWERING THIS QUESTION SKIP TO P37)

**P35. DURING THAT WEEK, HOW MANY PAID JOBS DID YOU WORK AT?**

- 1  ONE                                      3  THREE OR MORE  
 2  TWO                                      4  NONE

**P36. HOW MANY HOURS DID YOU WORK ON YOUR MAIN JOB DURING THAT WEEK?**

- 1  1 - 8                                      4  33 - 44  
 2  9 - 15                                      5  45 & OVER  
 3  16 - 32

(FOR ALL PERSONS ANSWERING THIS QUESTION TICK 1 AT P37 AND

**P37. DID YOU WORK AT ALL, FOR ANY LENGTH OF TIME DURING THE PAST TWELVE MONTHS?** (This would include selling newspapers, peanuts and other items, helping in a family business or farm, summer employment etc.)

- 1  YES (Skip to P40)                      2  NO

**P38. WHAT WAS YOUR MAIN ACTIVITY DURING THE PAST 12 MONTHS?**

- 1  HAD A JOB BUT DID NOT WORK (Skip to P40)  
 2  LOOKED FOR WORK  
 3  DID NOT LOOK BUT WANTED WARK AND WAS AVAILABLE  
 4  VOLUNTARY WORK WITHOUT PAY  
 5  HOME DUTIES  
 6  STUDENT  
 7  RETIRED  
 8  DISABLED  
 9  OTHER \_\_\_\_\_  
 (Specify)

(Skip to P46)

**P39. HAVE YOU EVER WORKED OR HAD A JOB FOR AT LEAST TWO (2) WEEKS?**

- 1  YES (Skip to P41)                      2  NO (Skip to P46)

**P40. HOW MANY WEEKS DID YOU WORK IN THE PAST TWELVE MONTHS?**

- 1  1 - 4                                      5  40 - 48  
 2  5 - 13                                      6  49 - 52  
 3  14 - 26                                      7  NONE  
 4  27 - 39

**P41. WHAT IS THE NAME OF THE COMPANY/BUSINESS WHERE YOU WORK OR FOR WHICH YOU LAST WORKED?** (This and following questions refer to main job)

\_\_\_\_\_

**P42. WHAT KIND OF BUSINESS OR ACTIVITY TAKES PLACE THERE?**  
 (Describe the kind of business e.g. retail store, primary school, law firm, brewery, etc.)

**P43. WHAT SORT OF WORK DO YOU/DID YOU DO?**

(Describe your job as accurately as possible e.g. sales clerk, typist, doctor, auto mechanic, civil engineer, taxi driver, housemaid, etc.)

(Do Not Say engineer, mechanic, teacher, supervisor, clerk, etc. Be more specific e.g. sales clerk, primary school teacher, auto mechanic, etc.)

**P44. ARE/WERE YOU SELF-EMPLOYED OR WORKING FOR SOMEONE ELSE IN YOUR MAIN JOB?**

- 1  SELF-EMPLOYED (NO PAID HELPER)  
 2  SELF-EMPLOYED (1-4 PAID HELPERS)  
 3  SELF-EMPLOYED (5 OR MORE PAID HELPERS)  
 4  EMPLOYEE (GOVT/GOVT CORP)  
 5  EMPLOYEE (PRIVATE 1-4 WORKERS)  
 6  EMPLOYEE (PRIVATE 5 OR MORE WORKERS)  
 7  UNPAID FAMILY WORKER

(Skip to P46)

**P45. DO YOU MOVE ALL YOUR GOODS DAILY; E.G. FRUITS, PEANUTS, NEWSPAPERS, CLOTHING, EQUIPMENT?**

- 1  YES (INFORMAL TRADER)                      2  NO

**SECTION 9: INCOME  
PERSONS 15 YEARS OF AGE AND OVER**

**P46. DURING THE PAST TWELVE MONTHS DID YOU RECEIVE INCOME FROM ANY OF THESE SOURCES? IF SO, STATE AMOUNT IN THE SPACE PROVIDED.**  
 (B\$. to the nearest whole number e. g. 12565.80 = 12566)

(PRIMARY JOB)

- 1) WAGES, SALARY, COM MISSION, TIPS, ETC,

- 3) OWN BUSINESS

(SECONDARY JOB)

- 2) WAGES, SALARY, COM MISSION, TIPS ETC.

- 4) RETIREMENT PENSION

5) OLD AGE PENSION

8) INVESTMENTS

6) GOVERNMENT ALLOWANCES

9) OTHER SOURCES

7) GIFTS AND DONATIONS

10) TOTAL INCOME DURING LAST TWELVE MONTHS

**SECTION 10: FERTILITY  
FEMALES 15 YEARS OF AGE AND OVER**

**P47. HOW MANY LIVE-BORN CHILDREN HAVE YOU EVER HAD?**

(Write number in the space provided, if none write  and go to P53)

(Number of Children  
1 = 01, 2 = 02 etc.)

**P48. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST LIVE-BORN CHILD?**

(age in years)

**P49. HOW OLD WERE YOU WHEN YOU HAD YOUR LAST LIVE-BORN CHILD?**

(age in years)

**P50. DID YOU HAVE ANY LIVE BIRTHS IN THE LAST TWELVE MONTHS?**

- 0  NO                      2  YES  
1  YES                      3+  YES

**P51. OF THESE, HAVE ANY OF THE BABIES DIED?**

- 1  YES                      2  NO (Skip to P53)

**P52. HOW MANY HAVE DIED?**

- 1                       2                       3+

**P53. WHAT IS YOUR UNION STATUS?**

(For women 50 years and over, give status at age 49)

- 1  MARRIED                      3  VISITING  
2  COMMON-LAW                      4  NO LONGER IN A UNION  
5  NEVER IN A UNION