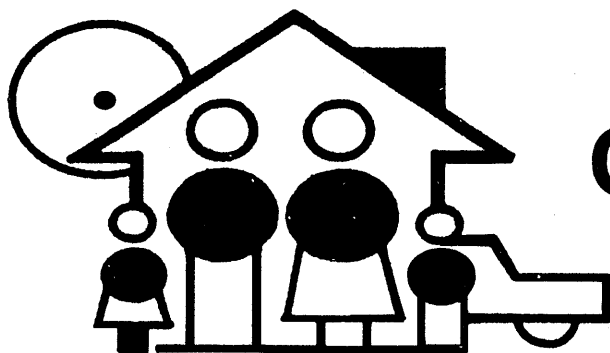




**COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION AND HOUSING 2000**



**CENSUS
2000**

**CENSUS QUESTIONNAIRE
MAY 1, 2000**

INSTITUTIONAL

**CENSUS OFFICE
DEPARTMENT OF STATISTICS
P. O. BOX N-3904 PHONE 325-6511/20
NASSAU, BAHAMAS**

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

MAY 1, 2000

**DEPARTMENT
OF
STATISTICS**

CONFIDENTIAL

THE STATISTICS ACT 1973

This Census is being taken in exercise of the powers conferred by Section 9, subsection (1) of the Statistics Act 1973. "Any person required to furnish information, estimates, or returns, or to supply particulars under this Act who fails so to do shall be guilty of an offence."

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IDENTIFYING NUMBER	IS.	E.D.	HH
	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF HEAD OF HOUSEHOLD

ADDRESS OF HOUSEHOLD _____
Street No. Town or Settlement

_____ Island

SUPERVISORY DISTRICT NUMBER	<input type="text"/>
ENUMERATION DISTRICT NUMBER	<input type="text"/>

HOUSEHOLD NUMBER

NUMBER OF PERSONS IN HOUSEHOLD

RESULTS CODES

<input type="checkbox"/> 1	COMPLETED	<input type="checkbox"/> 3	REFUSED
<input type="checkbox"/> 2	NOT AT HOME	<input type="checkbox"/> 4	OTHER _____ <small>(Specify)</small>

SUPERVISOR	NAME _____	DATE _____
ENUMERATOR	NAME _____	DATE _____
EDITOR	NAME _____	DATE _____
CODER	NAME _____	DATE _____

PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

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

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)

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 _____
4 CHILD WITH BOTH PARENTS (Specify)

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 9 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 WHICH COUNTRY DID YOU LAST RESIDE?

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 NATURALIZATION
3 ADOPTED BY BAHAMIANS

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)
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, QUADRIPLAGIC PARALYSIS)
06 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)
07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)
08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)
10 OTHER _____ (Specify)
11 NONE

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)
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

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)
01 NONE 05 HIGH SCHOOL 4+
02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2
03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3
04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+
09 OTHER _____ (Specify)

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

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT _____
(Number of subjects passed)

P26B. DEGREED PERSONS ONLY _____
(Major / Discipline)

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
2 CERTIFICATE WITHOUT EXAMINATION
3 DIPLOMA
4 DEGREE
5 NONE
6 OTHER _____ (Specify)

PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

□ □ □ □ □

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

- | | |
|---|---|
| 02 <input type="checkbox"/> SPOUSE OR PARTNER | 07 <input type="checkbox"/> GRANDCHILD |
| 03 <input type="checkbox"/> SON | 08 <input type="checkbox"/> PARENT OR PARENT-IN-LAW |
| 04 <input type="checkbox"/> DAUGHTER | 09 <input type="checkbox"/> OTHER RELATIVE |
| 05 <input type="checkbox"/> SON-IN-LAW | 10 <input type="checkbox"/> NON-RELATIVE |
| 06 <input type="checkbox"/> DAUGHTER-IN-LAW | |

P3. WHICH FAMILY ARE YOU A MEMBER OF?

- | | | |
|-----------------------------------|-----------------------------------|--|
| 1 <input type="checkbox"/> FIRST | 4 <input type="checkbox"/> FOURTH | 7 <input type="checkbox"/> SEVENTH |
| 2 <input type="checkbox"/> SECOND | 5 <input type="checkbox"/> FIFTH | 8 <input type="checkbox"/> EIGHTH |
| 3 <input type="checkbox"/> THIRD | 6 <input type="checkbox"/> SIXTH | 9 <input type="checkbox"/> NONE (SKIP TO P5) |

P4. FAMILY MEMBERSHIP STATUS.

- | | |
|--|---|
| 1 <input type="checkbox"/> SPOUSE WITH CHILDREN | 5 <input type="checkbox"/> CHILD WITH MOTHER ONLY |
| 2 <input type="checkbox"/> SPOUSE WITHOUT CHILDREN | 6 <input type="checkbox"/> CHILD WITH FATHER ONLY |
| 3 <input type="checkbox"/> LONE PARENT | 7 <input type="checkbox"/> OTHER _____ (Specify) |
| 4 <input type="checkbox"/> 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: DAY MONTH YEAR

AGE: □ □ □ □

P7. WHAT IS YOUR MARITAL STATUS?

- | | | |
|--|---------------------------------------|---------------------------------------|
| 1 <input type="checkbox"/> NEVER MARRIED | 4 <input type="checkbox"/> DIVORCED | 9 <input type="checkbox"/> NOT STATED |
| 2 <input type="checkbox"/> MARRIED | 5 <input type="checkbox"/> SEPARATED | |
| 3 <input type="checkbox"/> WIDOWED | 6 <input type="checkbox"/> 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 WHICH COUNTRY DID YOU LAST RESIDE?

□ □ □ □

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 <input type="checkbox"/> BORN TO BAHAMIAN PARENTS | 4 <input type="checkbox"/> MARRIED TO A BAHAMIAN HUSBAND |
| 2 <input type="checkbox"/> BORN IN THE BAHAMAS TO NON-BAHAMIANS | 5 <input type="checkbox"/> OTHER NATURALIZATION |
| 3 <input type="checkbox"/> ADOPTED BY BAHAMIANS | |

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)

- | |
|--|
| 01 <input type="checkbox"/> SEEING (EVEN WITH GLASSES, IF WORN) |
| 02 <input type="checkbox"/> HEARING (EVEN WITH HEARING AID, IF WORN) |
| 03 <input type="checkbox"/> SPEAKING (TALKING) |
| 04 <input type="checkbox"/> MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) |
| 05 <input type="checkbox"/> MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS) |
| 06 <input type="checkbox"/> GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) |
| 07 <input type="checkbox"/> LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) |
| 08 <input type="checkbox"/> BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS) |
| 09 <input type="checkbox"/> MENTAL (MILD, MODERATE, SEVERE RETARDATION) |
| 10 <input type="checkbox"/> OTHER _____ (Specify) |
| 11 <input type="checkbox"/> NONE |

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)

- | |
|--|
| 01 <input type="checkbox"/> SELF CARE |
| 02 <input type="checkbox"/> MOVING/MOBILITY (WITHIN THE HOME) |
| 03 <input type="checkbox"/> MOVING/MOBILITY (OUTSIDE THE HOME) |
| 04 <input type="checkbox"/> COMMUNICATION |
| 05 <input type="checkbox"/> SCHOOLING/EDUCATION |
| 06 <input type="checkbox"/> EMPLOYMENT |
| 07 <input type="checkbox"/> SOCIAL EVENTS |
| 08 <input type="checkbox"/> OTHER _____ (Specify) |
| 09 <input type="checkbox"/> NONE |

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

- | |
|---|
| 1 <input type="checkbox"/> CONGENITAL/PRENATAL |
| 2 <input type="checkbox"/> DISEASE/ILLNESS CONTRACTED |
| 3 <input type="checkbox"/> ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC. |
| 4 <input type="checkbox"/> OTHER _____ (Specify) |
| 5 <input type="checkbox"/> 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)

- | | |
|---|--|
| 01 <input type="checkbox"/> NONE | 05 <input type="checkbox"/> HIGH SCHOOL 4+ |
| 02 <input type="checkbox"/> KINDERGARTEN | 06 <input type="checkbox"/> COLLEGE/UNIVERSITY 1-2 |
| 03 <input type="checkbox"/> ELEMENTARY | 07 <input type="checkbox"/> COLLEGE/UNIVERSITY 3 |
| 04 <input type="checkbox"/> HIGH SCHOOL 1-3 | 08 <input type="checkbox"/> COLLEGE/UNIVERSITY 4+ |
| 09 <input type="checkbox"/> OTHER _____ (Specify) | |

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

□ □

P26B. DEGREED PERSONS ONLY

(Major / Discipline)

□ □ □ □

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 <input type="checkbox"/> APPRENTICESHIP/ON THE JOB TRAINING |
| 2 <input type="checkbox"/> TECHNICAL INSTITUTION |
| 3 <input type="checkbox"/> COLLEGE/UNIVERSITY |
| 4 <input type="checkbox"/> 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 <input type="checkbox"/> CERTIFICATE WITH EXAMINATION |
| 2 <input type="checkbox"/> CERTIFICATE WITHOUT EXAMINATION |
| 3 <input type="checkbox"/> DIPLOMA |
| 4 <input type="checkbox"/> DEGREE |
| 5 <input type="checkbox"/> NONE |
| 6 <input type="checkbox"/> OTHER _____ (Specify) |

PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. 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?

- 1 FIRST
- 2 SECOND
- 3 THIRD
- 4 FOURTH
- 5 FIFTH
- 6 SIXTH
- 7 SEVENTH
- 8 EIGHTH
- 9 NONE (SKIP TO P5)

P4. FAMILY MEMBERSHIP STATUS.

- 1 SPOUSE WITH CHILDREN
- 2 SPOUSE WITHOUT CHILDREN
- 3 LONE PARENT
- 4 CHILD WITH BOTH PARENTS
- 5 CHILD WITH MOTHER ONLY
- 6 CHILD WITH FATHER ONLY
- 7 OTHER (Specify)

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
- 2 MARRIED
- 3 WIDOWED
- 4 DIVORCED
- 5 SEPARATED
- 6 COMMON-LAW
- 9 NOT STATED

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 WHICH COUNTRY DID YOU LAST RESIDE?

[][][]

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
- 2 BORN IN THE BAHAMAS TO NON-BAHAMIANS
- 3 ADOPTED BY BAHAMIANS
- 4 MARRIED TO A BAHAMIAN HUSBAND
- 5 OTHER 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)

- 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)
- 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
- 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)
- 10 OTHER (Specify)
- 11 NONE

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)

- 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

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)

- 01 NONE
- 02 KINDERGARTEN
- 03 ELEMENTARY
- 04 HIGH SCHOOL 1-3
- 05 HIGH SCHOOL 4+
- 06 COLLEGE/UNIVERSITY 1-2
- 07 COLLEGE/UNIVERSITY 3
- 08 COLLEGE/UNIVERSITY 4+

09 OTHER (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

[][]

P26B. DEGREED PERSONS ONLY

(Major / Discipline)

[][][]

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)

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

PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT
 SURNAME _____ FIRST NAME _____ INITIAL _____

P1. INDIVIDUAL'S NUMBER [][][][]

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?
 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
 06 DAUGHTER-IN-LAW

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)

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 9 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 WHICH COUNTRY DID YOU LAST RESIDE? [][][]

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?
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 2 BORN IN THE BAHAMAS TO NON-BAHAMIANS 5 OTHER NATURALIZATION
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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)
 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)
 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)
 10 OTHER _____ (Specify)
 11 NONE

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)
 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

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)
 01 NONE 05 HIGH SCHOOL 4+
 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2
 03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3
 04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+
 09 OTHER _____ (Specify)

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

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT _____ (Number of subjects passed) [][]

P26B. DEGREEED PERSONS ONLY _____ (Major / Discipline) [][][]

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
 2 CERTIFICATE WITHOUT EXAMINATION
 3 DIPLOMA
 4 DEGREE
 5 NONE
 6 OTHER _____ (Specify)

PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

□ □ □ □ □

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

- 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
 06 DAUGHTER-IN-LAW

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)

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 _____
 4 CHILD WITH BOTH PARENTS (Specify)

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 9 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 WHICH COUNTRY DID YOU LAST RESIDE?

□ □ □ □ □

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 NATURALIZATION
 3 ADOPTED BY BAHAMIANS

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)

- 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)
 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)
 10 OTHER _____
 11 NONE (Specify)

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)

- 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

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)

- 01 NONE 05 HIGH SCHOOL 4+
 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2
 03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3
 04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+
 09 OTHER _____ (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

□ □ □ □ □

P26B. DEGREE PERSONS ONLY

(Major / Discipline)

□ □ □ □ □

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
 2 CERTIFICATE WITHOUT EXAMINATION
 3 DIPLOMA
 4 DEGREE
 5 NONE
 6 OTHER _____ (Specify)

PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. 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?

- 1 FIRST
- 2 SECOND
- 3 THIRD
- 4 FOURTH
- 5 FIFTH
- 6 SIXTH
- 7 SEVENTH
- 8 EIGHTH
- 9 NONE (SKIP TO P5)

P4. FAMILY MEMBERSHIP STATUS.

- 1 SPOUSE WITH CHILDREN
- 2 SPOUSE WITHOUT CHILDREN
- 3 LONE PARENT
- 4 CHILD WITH BOTH PARENTS
- 5 CHILD WITH MOTHER ONLY
- 6 CHILD WITH FATHER ONLY
- 7 OTHER (Specify)

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: DAY MONTH YEAR

AGE: □ □ □

P7. WHAT IS YOUR MARITAL STATUS?

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

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 WHICH COUNTRY DID YOU LAST RESIDE?

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
- 2 BORN IN THE BAHAMAS TO NON-BAHAMIANS
- 3 ADOPTED BY BAHAMIANS
- 4 MARRIED TO A BAHAMIAN HUSBAND
- 5 OTHER 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)

- 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)
- 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
- 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)
- 10 OTHER (Specify)
- 11 NONE

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)

- 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

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)

- 01 NONE
- 02 KINDERGARTEN
- 03 ELEMENTARY
- 04 HIGH SCHOOL 1-3
- 05 HIGH SCHOOL 4+
- 06 COLLEGE/UNIVERSITY 1-2
- 07 COLLEGE/UNIVERSITY 3
- 08 COLLEGE/UNIVERSITY 4+
- 09 OTHER (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

P26B. DEGREED PERSONS ONLY

(Major / Discipline)

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

PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

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

- 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
 06 DAUGHTER-IN-LAW

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)

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 _____
 4 CHILD WITH BOTH PARENTS (Specify)

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 9 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 WHICH COUNTRY DID YOU LAST RESIDE?

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?

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 2 BORN IN THE BAHAMAS TO NON-BAHAMIANS 5 OTHER NATURALIZATION
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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)

- 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)
 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)
 10 OTHER _____
 11 NONE (Specify)

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)

- 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

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)

- 01 NONE 05 HIGH SCHOOL 4+
 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2
 03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3
 04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+
 09 OTHER _____ (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

P26B. DEGREED PERSONS ONLY

(Major / Discipline)

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
 2 CERTIFICATE WITHOUT EXAMINATION
 3 DIPLOMA
 4 DEGREE
 5 NONE
 6 OTHER _____ (Specify)

PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. INDIVIDUAL'S NUMBER

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

- | | |
|---|---|
| 02 <input type="checkbox"/> SPOUSE OR PARTNER | 07 <input type="checkbox"/> GRANDCHILD |
| 03 <input type="checkbox"/> SON | 08 <input type="checkbox"/> PARENT OR PARENT-IN-LAW |
| 04 <input type="checkbox"/> DAUGHTER | 09 <input type="checkbox"/> OTHER RELATIVE |
| 05 <input type="checkbox"/> SON-IN-LAW | 10 <input type="checkbox"/> NON-RELATIVE |
| 06 <input type="checkbox"/> DAUGHTER-IN-LAW | |

P3. WHICH FAMILY ARE YOU A MEMBER OF?

- | | | |
|-----------------------------------|-----------------------------------|--|
| 1 <input type="checkbox"/> FIRST | 4 <input type="checkbox"/> FOURTH | 7 <input type="checkbox"/> SEVENTH |
| 2 <input type="checkbox"/> SECOND | 5 <input type="checkbox"/> FIFTH | 8 <input type="checkbox"/> EIGHTH |
| 3 <input type="checkbox"/> THIRD | 6 <input type="checkbox"/> SIXTH | 9 <input type="checkbox"/> NONE (SKIP TO P5) |

P4. FAMILY MEMBERSHIP STATUS.

- | | |
|--|---|
| 1 <input type="checkbox"/> SPOUSE WITH CHILDREN | 5 <input type="checkbox"/> CHILD WITH MOTHER ONLY |
| 2 <input type="checkbox"/> SPOUSE WITHOUT CHILDREN | 6 <input type="checkbox"/> CHILD WITH FATHER ONLY |
| 3 <input type="checkbox"/> LONE PARENT | 7 <input type="checkbox"/> OTHER _____ |
| 4 <input type="checkbox"/> CHILD WITH BOTH PARENTS | |
- (Specify)

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
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
DAY MONTH YEAR	

P7. WHAT IS YOUR MARITAL STATUS?

- | | | |
|--|---------------------------------------|---------------------------------------|
| 1 <input type="checkbox"/> NEVER MARRIED | 4 <input type="checkbox"/> DIVORCED | 9 <input type="checkbox"/> NOT STATED |
| 2 <input type="checkbox"/> MARRIED | 5 <input type="checkbox"/> SEPARATED | |
| 3 <input type="checkbox"/> WIDOWED | 6 <input type="checkbox"/> 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 WHICH COUNTRY DID YOU LAST RESIDE?

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 <input type="checkbox"/> BORN TO BAHAMIAN PARENTS | 4 <input type="checkbox"/> MARRIED TO A BAHAMIAN HUSBAND |
| 2 <input type="checkbox"/> BORN IN THE BAHAMAS TO NON-BAHAMIAN PARENTS | 5 <input type="checkbox"/> OTHER NATURALIZATION |
| 3 <input type="checkbox"/> ADOPTED BY BAHAMIANS | |

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)

- | |
|--|
| 01 <input type="checkbox"/> SEEING (EVEN WITH GLASSES, IF WORN) |
| 02 <input type="checkbox"/> HEARING (EVEN WITH HEARING AID, IF WORN) |
| 03 <input type="checkbox"/> SPEAKING (TALKING) |
| 04 <input type="checkbox"/> MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB) |
| 05 <input type="checkbox"/> MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS) |
| 06 <input type="checkbox"/> GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS) |
| 07 <input type="checkbox"/> LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS) |
| 08 <input type="checkbox"/> BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS) |
| 09 <input type="checkbox"/> MENTAL (MILD, MODERATE, SEVERE RETARDATION) |
| 10 <input type="checkbox"/> OTHER _____ |
| 11 <input type="checkbox"/> NONE |
- (Specify)

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)

- | |
|--|
| 01 <input type="checkbox"/> SELF CARE |
| 02 <input type="checkbox"/> MOVING/MOBILITY (WITHIN THE HOME) |
| 03 <input type="checkbox"/> MOVING/MOBILITY (OUTSIDE THE HOME) |
| 04 <input type="checkbox"/> COMMUNICATION |
| 05 <input type="checkbox"/> SCHOOLING/EDUCATION |
| 06 <input type="checkbox"/> EMPLOYMENT |
| 07 <input type="checkbox"/> SOCIAL EVENTS |
| 08 <input type="checkbox"/> OTHER _____ |
| 09 <input type="checkbox"/> NONE |
- (Specify)

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

- | |
|---|
| 1 <input type="checkbox"/> CONGENITAL/PRENATAL |
| 2 <input type="checkbox"/> DISEASE/ILLNESS CONTRACTED |
| 3 <input type="checkbox"/> ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC. |
| 4 <input type="checkbox"/> OTHER _____ |
| 5 <input type="checkbox"/> NOT KNOWN |
- (Specify)

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)

- | | |
|---|--|
| 01 <input type="checkbox"/> NONE | 05 <input type="checkbox"/> HIGH SCHOOL 4+ |
| 02 <input type="checkbox"/> KINDERGARTEN | 06 <input type="checkbox"/> COLLEGE/UNIVERSITY 1-2 |
| 03 <input type="checkbox"/> ELEMENTARY | 07 <input type="checkbox"/> COLLEGE/UNIVERSITY 3 |
| 04 <input type="checkbox"/> HIGH SCHOOL 1-3 | 08 <input type="checkbox"/> COLLEGE/UNIVERSITY 4+ |
| 09 <input type="checkbox"/> OTHER _____ | |
- (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

P26B. DEGREED PERSONS ONLY

(Major / Discipline)

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 <input type="checkbox"/> APPRENTICESHIP/ON THE JOB TRAINING |
| 2 <input type="checkbox"/> TECHNICAL INSTITUTION |
| 3 <input type="checkbox"/> COLLEGE/UNIVERSITY |
| 4 <input type="checkbox"/> 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 <input type="checkbox"/> CERTIFICATE WITH EXAMINATION |
| 2 <input type="checkbox"/> CERTIFICATE WITHOUT EXAMINATION |
| 3 <input type="checkbox"/> DIPLOMA |
| 4 <input type="checkbox"/> DEGREE |
| 5 <input type="checkbox"/> NONE |
| 6 <input type="checkbox"/> OTHER _____ |
- (Specify)

PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT
 SURNAME _____ FIRST NAME _____ INITIAL _____

P1. INDIVIDUAL'S NUMBER

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?
 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
 06 DAUGHTER-IN-LAW

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)

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 _____
 4 CHILD WITH BOTH PARENTS (Specify)

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 9 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 WHICH COUNTRY DID YOU LAST RESIDE? _____

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 NATURALIZATION
 3 ADOPTED BY BAHAMIANS

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)
 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)
 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)
 10 OTHER _____ (Specify)
 11 NONE

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)
 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

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)
 01 NONE 05 HIGH SCHOOL 4+
 02 KINDERGARTEN 06 COLLEGE/UNIVERSITY 1-2
 03 ELEMENTARY 07 COLLEGE/UNIVERSITY 3
 04 HIGH SCHOOL 1-3 08 COLLEGE/UNIVERSITY 4+
 09 OTHER _____ (Specify)

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

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT _____ (Number of subjects passed)

P26B. DEGREEED PERSONS ONLY _____ (Major / Discipline)

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
 2 CERTIFICATE WITHOUT EXAMINATION
 3 DIPLOMA
 4 DEGREE
 5 NONE
 6 OTHER _____ (Specify)

PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT

SURNAME FIRST NAME INITIAL

P1. 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?

- 1 FIRST
- 2 SECOND
- 3 THIRD
- 4 FOURTH
- 5 FIFTH
- 6 SIXTH
- 7 SEVENTH
- 8 EIGHTH
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- 1 SPOUSE WITH CHILDREN
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- 7 OTHER (Specify)

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: DAY MONTH YEAR

AGE: □ □ □

P7. WHAT IS YOUR MARITAL STATUS?

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

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)?

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P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

□ □ □

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□

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

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- 2 NO (Skip to P17)

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□ □

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

□

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□ □ □

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- 3 ADOPTED BY BAHAMIANS
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- 5 OTHER NATURALIZATION

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- 05 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)
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- 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
- 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)
- 10 OTHER (Specify)
- 11 NONE

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- 1 YES
- 2 NO (SKIP TO P23)

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

- 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

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?

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- 2 YES PART TIME
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- 02 KINDERGARTEN
- 03 ELEMENTARY
- 04 HIGH SCHOOL 1-3
- 05 HIGH SCHOOL 4+
- 06 COLLEGE/UNIVERSITY 1-2
- 07 COLLEGE/UNIVERSITY 3
- 08 COLLEGE/UNIVERSITY 4+
- 09 OTHER (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

(Qualification)

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

(Number of subjects passed)

□ □

P26B. DEGREEED PERSONS ONLY

(Major / Discipline)

□ □ □

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)

□ □ □ □

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- 1 APPRENTICESHIP/ON THE JOB TRAINING
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- 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
- 2 CERTIFICATE WITHOUT EXAMINATION
- 3 DIPLOMA
- 4 DEGREE
- 5 NONE
- 6 OTHER (Specify)