

PART A: HOUSING

1. PARISH

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

2. E.D. NUMBER

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

3. HOUSEHOLD NUMBER

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

4. RECORD TYPE

	1	2	3
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5. NUMBER OF PERSONS IN HOUSEHOLD

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

6. What type of dwelling is this?

Separate House
 Flat/Apt
 Part of Commercial Bldg
 Group Dwelling
 Other
 Not Stated

7. Of what materials are the outer walls made?

Wood
 Concrete Block
 Wood & Conc Blk
 Stone
 Wood & Concrete
 Concrete
 Other
 Not Stated

8. Of what material is the roof made?

Wooden Shingles
 Asphalt Shingles
 Roofing Tiles
 Corrugated Metal Sheets
 Other Corr. Sheets
 Concrete
 Other
 Not Stated

9 (a). Occupancy status:

Occupied
 Unoccupied

(b) If UNOCCUPIED, Is unit

For Rent
 For Sale
 For Rent or Sale
 Other Arrangement
 Arrangement Unknown
 Under Active Construction
 Under Inactive Construction
 Dilapidated

If Unit is UNOCCUPIED or OCCUPIED BY ALL NON-RESIDENTS (see Page 1), end interview here.

10. How many rooms does this dwelling have? (Exclude kitchens, toilets, bathrooms, garages, patios, verandas, laundry rooms)

1
 2
 3
 4
 5
 6
 7
 8
 9
 More
 Not Stated

11. How many bedrooms does this dwelling have?

1
 2
 3
 4
 5
 6
 7
 8
 9
 More
 Not Stated

12 (a). Under what type of tenure is this dwelling occupied?

Owned
 Private Rented/Leased
 Government Rented/Leased
 Rent Free
 Other
 Not Stated

If not RENTED or LEASED go to Question 14.

(b) What is the rental period for this dwelling?

Weekly
 Fortnightly
 Monthly
 Quarterly
 Half-Yearly
 Annually
 Not Stated

(c) How much rent are you now paying?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

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

Fully Furnished
 Semi-furnished
 Unfurnished
 Not Stated

Go to question 15

14 (a). Under what type of tenure is this land occupied?

Owned
 Private Rented/Leased
 Government Rented/Leased
 Rent Free
 Other
 Not Stated

If not RENTED or LEASED, go to Question 15.

(b) What is the rental period for this land?

Weekly
 Fortnightly
 Monthly
 Quarterly
 Half-Yearly
 Annually
 Not Stated

(c) How much rent are you now paying?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

15. How is your main water supply obtained?

- Piped into Dwelling
 Piped into Yard
 Public Stand Pipe
 Stream/Spring/well
 Friend/Relative's Pipe
 Other
 Not Stated

16. What type of toilet facilities does this dwelling have? (Read categories)

- W.C. Linked To Sewer
 W.C. Not Linked To Sewer
 Pit
 Other
 None
 Not Stated

17. In which year was this dwelling built?

- 2000
 1999
 1998
 1994 - 97
 1990 -93
 1981 - 89
 1980 or before
 Not Stated

18. (a) What type of lighting is used?

- Electric
 Kerosene
 Gas
 Batteries
 Other
 Not Stated

(b) What source of energy is available for cooking?

- Natural Gas
 L.P.G.
 Electricity
 Wood/Char.
 Kerosene
 Solar
 Other / N.A.
 Not Stated

19. (a) Which of these appliances/household equipment does your household have? (Read categories.)

1 = Yes 2 = No 9 = No Response to question/unanswered by Respondent

- | | | | |
|---------------------|---|---------------------|---|
| Solar Water Heater | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 | Cellular Telephone | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 |
| Other Water Heaters | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 | Other Telephone | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 |
| TV | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 | Freezer | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 |
| VCR | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 | Dishwasher | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 |
| Radio | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 | Clothes Dryer | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 |
| Stereo System | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 | Satellite TV System | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 |
| Refrigerator | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 | Toaster Oven | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 |
| Washing Machine | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 | Water Tank | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 |
| Microwave Oven | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 | Computer | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 |
| Stove | <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 9 | | |

(b) Does this household have access to the internet?

- Yes No Not Stated

20. How many motor cars, station wagons, jeeps, mini-mokes, and vans are kept at home for private use by this household?

- 0 1 2 3 More Not Stated

PART B: POPULATION
SECTION 1. IDENTIFICATION (FOR ALL PERSONS)

1. NAME OF INDIVIDUAL (SURNAME, FIRST NAME, MIDDLE INITIAL)

SURNAME

FIRST NAME

MIDDLE INITIAL

2. PARISH

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

3. E.D. NUMBER

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

4. HOUSEHOLD NUMBER

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

5. RECORD TYPE

	1	2	3
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6. INDIVIDUAL NUMBER WITHIN HOUSEHOLD

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

7. FAMILY NUMBER

	1	2	3	4	5	6	7	8	9
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SECTION 2: GENERAL CHARACTERISTICS

8. Relationship to head of household

- Head Spouse/ Partner Child of Head/Sp Son-in-law/ Daughter-in-law Grand child Parent/ Parent-in law Other Relative Other Non-rel. Not Stated

9. (a) Is your mother living in this household?

If Yes, locate mother's name on Page 1 and enter her Individual No. here. If No, enter 00.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

(b) Is your father living in this household?

If Yes, locate father's name on Page 1 and enter his Individual No. here. If No, enter 00.

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

10. Sex

- Male Female

11. What is your date of birth (or age at last birthday)?

Age (years)

Day		0	1	2	3						
Mon		0	1	2	3	4	5	6	7	8	9
Year		0	1	2							
		0	1	2	3	4	5	6	7	8	9
		0	1	2	3	4	5	6	7	8	9

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

12. What is your present marital status?

- Married Legally Separated Divorced Widowed Never Married Not Stated

13. What is your ethnic origin?

- Black White Chinese East Indian Arab Mixed Other Not Stated

14. To which religion or denomination do you belong?

- | | | | |
|-----------------|-----------------------|---------------------|-----------------------|
| Adventist | <input type="radio"/> | Mormon | <input type="radio"/> |
| Anglican | <input type="radio"/> | Muslim | <input type="radio"/> |
| Baha'i | <input type="radio"/> | Pentecostal | <input type="radio"/> |
| Baptist | <input type="radio"/> | Rastafarian | <input type="radio"/> |
| Brethren | <input type="radio"/> | Roman Catholic | <input type="radio"/> |
| Church of God | <input type="radio"/> | Salvation Army | <input type="radio"/> |
| Hindu | <input type="radio"/> | Other Christian | <input type="radio"/> |
| Jewish | <input type="radio"/> | Other non-Christian | <input type="radio"/> |
| Jehovah Witness | <input type="radio"/> | None | <input type="radio"/> |
| Methodist | <input type="radio"/> | Not Stated | <input type="radio"/> |
| Moravian | <input type="radio"/> | | |

15 (a) . Do you have any of the following disabilities or major impairments? (Score as many as are applicable)

- Hearing Speech Sight Upper Limb Lower Limb Neck/ Spine Intellectual Mental Other None

If NONE, go to Question 17.

(b) Are you required to use any of the following aids?

- Wheelchair Walker Crutches Cane Prosthesis Other None Not Stated

16. Was your disability/major impairment ever diagnosed by a medical doctor?

- Yes No Not Stated

SECTION 3. MIGRATION

17.(a) Were you born in Barbados?

Yes No Not Stated

If NO, go to Question 18(a).

(b) If Yes, in which parish?

St. Michael Christ Church St. George St. Philip St. John St. James
 St. Thomas St. Joseph St. Andrew St. Peter St. Lucy Not Stated

If born on or before April 30, 1995 (if aged 5 years or over) Go to Question 19.
 Otherwise go to Question 21.

18 (a). In which country were you born?

Antigua & Barbuda Australia Bahamas Belize Bermuda Canada Cuba Dominica
 Grenada Guyana Haiti India Jamaica Other Asia Other Latin America St. Kitts/Nevis
 St. Lucia St. Vincent & The Grenadines Suriname Trinidad & Tobago U.K. U.S.A Other Country Not Stated

(b) In which year did you first arrive in Barbados to live?

2000 1999 1998 1997 1996 1995 1990-94 1980-89 Before 1980 Not Stated

If after 1995 go to Question 21.

19. (a) Where were you living on 1 May, 1995?

At present address
 Elsewhere in same parish
 In another parish
 Abroad
 Not Stated

If not IN ANOTHER PARISH, go to Question 20.

(b) If IN ANOTHER PARISH, which parish?

St. Michael Christ Church St. George St. Philip St. John St. James
 St. Thomas St. Joseph St. Andrew St. Peter St. Lucy Not Stated

20 (a). Did you ever leave Barbados for a continuous period of 5 years or more to reside abroad?

Yes No Not Stated

If NO, go to Question 21.

(b) If Yes, in which country?

Antigua & Barbuda Australia Bahamas Belize Bermuda Canada Cuba Dominica
 Grenada Guyana Haiti India Jamaica Other Asia Other Latin America St. Kitts/Nevis
 St. Lucia St. Vincent & The Grenadines Suriname Trinidad & Tobago U.K. U.S.A Other Country Not Stated

(c) When did you return to Barbados to live?

2000 1999 1998 1997 1996 1995 1990-94 1980-89 Before 1980 Not Stated

SECTION 4. EDUCATION

21 (a). Are you currently attending school or any other educational institution?

Yes No Not Stated

(b) If Yes, Full-time or part-time?

Full-time Part-time

Go to 23

If under 5 years go to Question 39.

If NO, and (i) person is aged 5 years to 16 years, go to Question 22.
 (ii) person is over 16 years, go to Question 23.

22. What is the reason for not attending school?

Lack of Finance Incapacitated Religious Drop Out Working Other Not Stated

23. What is the highest level educational institution ever attended by you?

Nsry/Infant Primary Compos./Senior Secondary University Other Tertiary Other None Not Stated

24. How many years of schooling have you completed?

None 1-2 3-4 5-6 7 8 9 10 11 12+ Not Stated

- 25 (a). What examinations have you passed? (Score as many as are applicable)
- (i) None BSSC/Sch Leaving CXC Basic Gr. 1-2:1-3 CXC Basic Gr. 1-2:4+ CXC-G Gr.1-3 /GCE-O:1-4 CXC-G Gr.1-3 /GCE-O:5+/SC A Level: 1-2/HC A Level: 3+ CAPE
- Diploma/Cert. Degree
- (ii) Undergraduate Post-graduate Professional Associate Bachelors Masters Doctoral Not Stated

If person has NOT PASSED any exam for 25(a). (ii), go to question 26

- (b). Give two main subjects studied and indicate the highest level of exam passed in each:

Subject _____ highest level exam passed _____ Subject _____ highest level exam passed _____

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0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

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0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

0 1 2 3 4 5 6 7 8 9

- (c). Was the highest level qualification achieved through attendance at an institution or private study?

Attendance at an institution Private study Not Stated

If under 15 years go to Question 39.

SECTION 5. TECHNICAL AND VOCATIONAL TRAINING (PERSONS 15 YEARS & OVER)

- 26 (a). Were you ever trained/are you being trained for any occupation or profession?

Yes No Not Stated

If No, go to Question 29 (Females) or Question 33 (Males).
 If Yes, (a) For which occupation/profession?

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0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

- (b). Have you completed that training or are you still being trained?

Completed training Did not complete training Still being trained Not Stated

If did not complete training or are still being trained, go to Question 27

- (c). If completed training, when did you complete that training?

2000 1999 1998 1997 1994-96 1990-93 1980-89 Before 1980 Not Stated

27. Where were you trained/are you being trained?

Agric. Coll. BIMAP E. Teacher College T Sch. of Nursing Hotel Sch. S.J.P. Poly. B. Comm. College
 Nat./Voc. Trng Board University Other Inst. On the Job Private Study Other Non-inst. Train Not Stated

28. How many years of training have you completed?

Under 1/2 yr 1/2 - 1 yr 1 - 1 1/2 yrs 1 1/2 - 2 yrs 2 - 2 1/2 yrs 2 1/2 - 3 yrs 3 - 4 yrs 4 - 5 yrs 5 yrs & over Not Stated

SECTION 6. FERTILITY & UNION STATUS (FEMALES 15-64 YEARS)

- 29 (a). Have you ever had any children?

Yes No Not Stated

If No, go to Question 32

- (b). How many liveborn children did you have in all?

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

- 30 (a). What is the date of birth of your first live-born child?

Day 0 1 2 3
 0 1 2 3 4 5 6 7 8 9
 Mo. 0 1
 0 1 2 3 4 5 6 7 8 9
 Year 0 1 2
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

Age of Mother at birth of first liveborn child.

1 2 3 4 5 6 7 8 9
 1 2 3 4 5 6 7 8 9

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If over 49 years, go to Question 32.

- (b). What is the date of birth of your last liveborn child?

Day 0 1 2 3
 0 1 2 3 4 5 6 7 8 9
 Mo. 0 1
 0 1 2 3 4 5 6 7 8 9
 Year 0 1 2
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

Age of Mother at birth of first liveborn child.

1 2 3 4 5 6 7 8 9
 1 2 3 4 5 6 7 8 9

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31. How many live births did you have during the 12 months ending 30th April?

None 1 Twin 2 Triplets 3+ Not Stated

(3+ excludes delivery of a Triplet only in the last 12 months)

PART C: LABOUR FORCE
(PERSONS 15 YEARS OLD AND OVER IN SELECTED E.D.'s)

1. PARISH

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

2. E.D. NUMBER

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

3. HOUSEHOLD NUMBER

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

4. RECORD TYPE

	1	2	3
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5. INDIVIDUAL NUMBER WITHIN HOUSEHOLD

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

ECONOMIC ACTIVITY LAST WEEK

6 (a). What was your major activity last week?

Worked <input type="radio"/>	With job Not Working <input type="radio"/>	Looked for Work <input type="radio"/>	Student <input type="radio"/>	Retired <input type="radio"/>	Incapacitated <input type="radio"/>	Home Duties <input type="radio"/>	Other <input type="radio"/>	Not Stated <input type="radio"/>
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If WORKED or WITH JOB NOT WORKING, go to Question 12.

(b). Did you do any work at all last week?

Yes <input type="radio"/>	No <input type="radio"/>
------------------------------	-----------------------------

If YES, go to Question 12.

If NO, and person is (i) under 17 years, END INTERVIEW.

(ii) 65 years or older, go to Question 10.

7 (a). Would you be willing and able to work if you found a job?

Yes <input type="radio"/>	No <input type="radio"/>
------------------------------	-----------------------------

(b). Did you look for work within the last three (3) months?

Yes <input type="radio"/>	No <input type="radio"/>
------------------------------	-----------------------------

If YES, go to question 8.

If NO,

(c). Why not?

Did not Want work <input type="radio"/>	Felt no work was available <input type="radio"/>	Did not know where to go to find work <input type="radio"/>	Laid off and awaiting re-call/ awaiting outcome of application <input type="radio"/>	Waiting to start a new job <input type="radio"/>
Not available (schooling, training family responsibilities etc.) <input type="radio"/>	Own illness, injury pregnancy <input type="radio"/>	Other <input type="radio"/>	Not Stated <input type="radio"/>	

Go to Question 10.

8. What method did you adopt in looking for work?

Registered at employment Bureau or other agency <input type="radio"/>	Visited / contacted business places <input type="radio"/>	Contacted friends, relatives, Parliamentary Representative <input type="radio"/>	Made arrangements to start own business <input type="radio"/>
Wrote applications <input type="radio"/>	Other <input type="radio"/>	Not Stated <input type="radio"/>	

9 (a). What type of work are you looking for?

Employee <input type="radio"/>	Self-Employed <input type="radio"/>
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(b) In which industry? _____

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

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10. Have you ever worked before?

Yes No

IF NO, END INTERVIEW HERE

11 (a). What was your last occupation?

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<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

(b) In which industry was your last occupation?

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<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

END INTERVIEW HERE

12. Are you:

Employer

 Employee in the

 Private sector

 Government

 Self employed

 Apprentice

 Unpaid Family Worker

13. What is your main occupation?

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

(FOR OFFICIAL USE ONLY)

14. In which industry is your occupation?

<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9
<input type="text"/>	0	1	2	3	4	5	6	7	8	9

(FOR OFFICIAL USE ONLY)

15 (a). How many hours did you actually work last week at all jobs/enterprises?

1 - 10

 11 - 20

 21 - 30

 31 - 40

 Over 40

 Not stated

(b). How many hours do you normally work per week?

1 - 10

 11 - 20

 21 - 30

 31 - 40

 Over 40

 Not stated

16 (a). What were your gross wages/earnings last week from all jobs/enterprises?

Under \$100

 \$100 - \$199

 \$200 - \$299

 \$300 - \$399

 \$400 - \$499

 \$500 - \$599

 \$600 - \$699

\$700 - \$799

 \$800 - 1099

 1100 - 1599

 More

 Not Stated

(b). What are your usual gross earnings per week?

Under \$100

 \$100 - \$199

 \$200 - \$299

 \$300 - \$399

 \$400 - \$499

 \$500 - \$599

 \$600 - \$699

\$700 - \$799

 \$800 - 1099

 1100 - 1599

 1600 +

 Not Stated