TURKS & CAICOS ISLANDS DEPARTMENT OF ECONOMIC PLANNING AND STATISTICS

Commonwealth Caribbean Population and Housing Census May 2001

			Island No.	Locality	E.D. I	Vo.	
Name of Respondent:		Telephone	e Number:				
Address of Household:							
Building Number: Dwelling Unit Number: Household Number: Number of persons in household: Total Number of questionnaires: Questionnaire number:							
	RECOR	D OF VISITS					
INTERVIEWER CALLS	1	2		3	4		
DATE							
TIME STARTED/VISITED							
TIME ENDED							
DURATION							
RESULT*							
*Result Codes: 1 = Completed 2 = Incomplete - Call back 3 = Incomplete - Interview Terminated 4 = Refused 5 = No Contact 6 = Closed Dwelling 7 = Vacant Dwelling 9 = Other (Please Specify)							
Enumerator's Name: Field Editor's Name: Supervisor's Name:	Signature/Init	ials:		Date:			
Coder's Name:	Signature/Init						

LIST OF HOUSEHOLD MEMBERS

INTER	VIEWER	CAV

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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				

	Head of Household	2 nd Person	3 rd Person		
First Name					
SECTION 1. CHARACTERISTICS OF THE HOUSEHOLD FOR ALL PERSONS					
1.1. What is relationship to the head of the household?	 Head Spouse/partner Child Son/ Daughter-in-law Grandchild Parent/ Parent-in-law Other relative Non-relative 	 Head Spouse/partner Child Son/ Daughter-in-law Grandchild Parent/ Parent-in-law Other relative Non-relative 	 Head Spouse/partner Child Son/ Daughter-in-law Grandchild Parent/ Parent-in-law Other relative Non-relative 		
1.2. What issex?	 1.	1.	 □ Male □ Female 		
1.3. What isdate of birth? If not known ask, "How old was on his/her last birthday?"	1. Date of Birth day month year 2. Age in years	1. Date of Birth day month year 2. Age in years	1. Date of Birth day month year 2. Age in years		
1.4. To what ethnic or racial group does belong?	1. African/Negro/Black 2. White 3. East Indian 4. Mixed (state 2 main ethnic types) 4.1 4.2 5. Other	1. African/Negro/Black 2. White 3. East Indian 4. Mixed (state 2 main ethnic types) 4.1 4.2 5. Other(Specify)	1. □ African/Negro/Black 2. □ White 3. □ East Indian 4. □ Mixed (state 2 main ethnic types) 4.1 4.2 5. □ Other (Specify)		
1.5. To which religious denomination does belong?	 Baptist Methodist Anglican Church of God Seventh Day Adventist Roman Catholic Jehovah's Witness Other	1. Baptist 2. Methodist 3. Anglican 4. Church of God 5. Seventh Day Adventist 6. Roman Catholic 7. Jehovah's Witness 8. Other	 Baptist Methodist Anglican Church of God Seventh Day Adventist Roman Catholic Jehovah's Witness Other		

SECTION 2. BIRTH PLACE AND RESIDENCE					
2.1. Where wasborn?	1. Turks & Caicos Islands	1.□ Turks & Caicos Islands	1. Turks & Caicos Islands		
	2. Abroad (Skip to 2.4)	2. Abroad (Skip to 2.4)	2. Abroad (Skip to 2.4)		
2.2. Which Island was this?	1. 🗌 Grand Turk	1. 🗌 Grand Turk	1. Grand Turk		
	2. Providenciales	2. Providenciales	2. Providenciales		
	3. South Caicos	3. South Caicos	3. South Caicos		
	4. North Caicos	4. North Caicos	4. North Caicos		
	5. Middle Caicos	5. Middle Caicos	5. Middle Caicos		
	6. 🗌 Salt Cay	6. 🗆 Salt Cay	6. 🗆 Salt Cay		
2.3 Has ever lived abroad (In another country)?	1. ☐ Yes 2. ☐ No (Skip to 2.6)	1. ☐ Yes 2. ☐ No (Skip to 2.6)	1. ☐ Yes 2. ☐ No (Skip to 2.6)		
	, ,	,	, , ,		
2.4. In which country did last reside?	1. Bahamas	1. Bahamas	1. Bahamas		
	2. USA	2. USA	2. 🗆 USA		
	3. Canada	3. 🗆 Canada	3. 🗆 Canada		
	4. 🗌 England	4. 🗌 England	4. England		
	5. 🗌 Haiti	5. 🗌 Haiti	5. 🗆 Haiti		
	6. Dominican Republic	6. Dominican Republic	6. Dominican Republic		
	7. Other	7. Other(Specify)	7. Other		
2.5. In what year did leave that country to come to the Turks & Caicos Islands to live?	1. Year	1. Year	1. Year		
2.6. Did live in another Turks & Caicos	1. ☐ Yes	1. ☐ Yes	1. 🗆 Yes		
Island before this one?	2. 🗆 No (Skip to 2.9)	2. No (Skip to 2.9)	2. No (Skip to 2.9)		
2.7. In which island was this?	1. ☐ Grand Turk	1. 🗌 Grand Turk	1. 🗌 Grand Turk		
	2. Providenciales	2. Providenciales	2. Providenciales		
	3. South Caicos	3. South Caicos	3. South Caicos		
	4. North Caicos	4. North Caicos	4. North Caicos		
	5. Middle Caicos	5. Middle Caicos	5. Middle Caicos		
	6. Salt Cay	6. Salt Cay	6. Salt Cay		

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

SECTION 3. MARITAL STATUS/UNION STATUS FOR PERSONS 15 YEARS AND OVER				
3.1. What islegal marital status?	1. Married 2. Widowed 3. Legally Separated 4. Divorced 5. Never Married (Interviewer: if 2, 3, 4, or 5 is ticked skip to 3.3)	 Married Widowed Legally Separated Divorced Never Married (Interviewer: if 2, 3, 4, or 5 is ticked skip to 3.3) 	1.	
currently living with his/her wife/husband? 3.3. Is currently living with a common - law partner?	1. □ Yes 2. □ No 1. □Yes 2. □ No	1. ☐ Yes 2. ☐ No 1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No 1. ☐ Yes 2. ☐ No	
3.4. How old was when he/she was first married or lived with a common law partner?	Age in years	Age in years	Age in years	
	SECTION 4. EDUCA	ATION AND TRAINING		
4.1. Is attending any school or educational institution now?			 4. ☐ Yes 5. ☐ No (Skip to 5.6) 	
4.2 Is attending full-time or part-time?			1. ☐ Full-time 2. ☐ Part-time	
4.4. Please give the name and address of the school or institution.	Kindergarten/Preschool 2. Primary 3. Secondary 4. Community College 5. Other (Specify)	Kindergarten/Preschool 2. Primary 3. Secondary 4. Community College 5. Other (Specify)	1. Nursery/Infant/ Kindergarten/Preschool 2. Primary 3. Secondary 4. Community College 5. Other (Specify) Name Address	

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

	I		
4.8. HIGHEST EXAMINATION EVER	1.□ None	$1.\square$ None	1.☐ None
PASSED	2. School Leaving	2. School Leaving	2. School Leaving
What is the highest exam	3.☐ CXC Basic	3.☐ CXC Basic	3.☐ CXC Basic
has ever passed?	4.□ G.C.E. 'O'/CXC	4.☐ G.C.E. 'O'/CXC	4. G.C.E. 'O'/CXC
ever passeur	General Prof. 1 or 2 subjects	General Prof. 1 or 2 subjects	General Prof. 1 or 2 subjects
	5. G.C.E. 'O'/CXC General Prof. 3 or 4 subjects;	5. ☐ G.C.E. 'O'/CXC General Prof. 3 or 4 subjects;	5. G.C.E. 'O'/CXC General Prof. 3 or 4 subjects;
	6. G.C.E. 'O'/CXC General Prof. 5 subjects and over	6. G.C.E. 'O'/CXC General Prof. 5 subjects and over	6. G.C.E. 'O'/CXC General Prof. 5 subjects and over
	7. G.C.E. 'A' 1 or 2 subjects	7.□ G.C.E. 'A' 1 or 2 subjects	7. G.C.E. 'A' 1 or 2 subjects
	8. G.C.E. 'A'/3 subjects and over	8. G.C.E. 'A'/3 subjects and over	8. G.C.E. 'A'/3 subjects and over
	9. Diploma or Equivalent Certificate of Achievement	9. Diploma or Equivalent Certificate of Achievement	9. Diploma or Equivalent Certificate of Achievement
	10.☐ Associate Degree	10. Associate Degree	10.☐ Associate Degree
	11.☐ First Degree	11. ☐ First Degree	11. ☐ First Degree
	12.☐ Higher Degree	12.☐ Higher Degree	12.☐ Higher Degree
	11. Other(Specify)	12. Other	13. Other
	INTERVIEWER: Exclude Common Entrance and 14+ Exams	INTERVIEWER: Exclude Common Entrance and 14+ Exams	INTERVIEWER: Exclude Common Entrance and 14+ Exams
		AINING 15 YEARS & OVER	
4.9. Has	1 🗆 👽	1	1
pursued any course of formal training for at	1. Yes	1. Yes	1. Yes
least 3 months?	2. U No	2. □ No	2. U No
4.10. How was this training received?	1. Correspondence Course	1. Correspondence Course	1. Correspondence Course
	2. Distance Learning	2. Distance Learning	2. Distance Learning
	3.□ On the job	$3.\square$ On the job	$3.\square$ On the job
	4. Apprenticeship	4. Apprenticeship	4. Apprenticeship
	5. At an Institution	5. \square At an Institution	5. At an Institution
	6. Other	6. □Other	6. Other
4.11 . For what occupation does this training prepare?			
	Ì	1	

SECTION 5. ECONOMIC ACTIVITY FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER 5.1. ECONOMIC ☐ 1. Had a job, worked ACTIVITY PAST WEEK 1. Had a job, worked ☐ 1. Had a job, worked (Go to 6.4) (Go to 6.4) (Go to 6.4) Which of the following \square 2. Had a job, did not ☐ 2. Had a job, did not best describes your work \square 2. Had a job, did not work (Go to 6.4) work (Go to 6.4) status during the past work (Go to 6.4) ☐ 3. Seeking first job week? ☐ 3. Seeking first job ☐ 3. Seeking first job (Go to Section 6) (Go to Section 6) (Go to Section 6) 4. Actively looked for a 4. Actively looked for a 4. Actively looked for a job (not first job) job (not first job) job (not first job) ☐ 5. Did not look for a \Box 5. Did not look for a □ 5. Did not look for a iob but wanted work job but wanted work job but wanted work was available was available was available 6. Did not look and ☐ 6. Did not look and 6. Did not look and was not available was not available was not available 5.2. REASON FOR NOT ☐ 1. At school/student ☐ 1. At school/student ☐ 1. At school/student SEEKING WORK PAST WEEK 2. Home duties 2. Home duties 2. Home duties 3. Retired 3. Retired 3. Retired Why did not look for work during 4. Disabled 4. Disabled 4. Disabled the past week? ☐ 5. Did not want to ☐ 5. Did not want to ☐ 5. Did not want to work work work \Box 6. Awaiting a job \Box 6. Awaiting a job \Box 6. Awaiting a job 7. Knew of no vacancy 7. Knew of no vacancy ☐ 7. Knew of no vacancy ☐ 8. Discouraged ☐ 8. Discouraged ☐ 8. Discouraged 9. Temporary illness 9. Temporary illness ☐ 9. Temporary illness □10.Other_ \square 10.Other $_$ \square 10.Other $_$ (Specify) (Specify) (Specify) 5.3. LAST LOOKED FOR ☐ 1. Under 1 month ☐ 1. Under 1 month WORK ☐ 1. Under 1 month \square 2. 1-3 months ago \square 2. 1-3 months ago \square 2. 1-3 months ago When did \square 3. 4-6 months ago \square 3. 4-6 months ago last \Box 3. 4-6 months ago look for work? ☐ 4. 7-11 months ago \Box 4. 7-11 months ago \Box 4. 7-11 months ago \Box 5. 1-4 years ago ☐ 5. 1-4 years ago ☐ 5. 1-4 years ago \Box 6. 5 years ago and \Box 6. 5 years ago and \Box 6. 5 years ago and over over 7. Never looked for 7. Never looked for 7. Never looked for work work work 5.4 Was this ☐ 1. Yes ☐ 1. Yes ☐ 1. Yes first job? ☐ 2. No ☐ 2. No ☐ 2. No 5.5. During that week, ☐ 1. One ☐ 1. One ☐ 1. One how many paid jobs did work at? 2. Two 2. Two 2. Two ☐ 3. Three or more ☐ 3. Three or more 3. Three or more 4. None 4. None 4. None

5.6 How many hours did work on his/her main job during that week?	 □ 1. 1-8 □ 2. 9-15 □ 3. 16-32 □ 4. 33-44 □ 5. 45 and over □ 6. None 	 □ 1. 1-8 □ 2. 9-15 □ 3. 16-32 □ 4. 33-44 □ 5. 45 and over □ 6. None 	 □ 1. 1-8 □ 2. 9-15 □ 3. 16-32 □ 4. 33-44 □ 5. 45 and over □ 6. None
5.7 What is the name of the company/ business where works or for which last worked? (This and following questions refer to main job)	1.Business Name	1.Business Name	1.Business Name
5.8 What kind of business or activity takes place there? (Describe the kind of business e.g. retail store, primary school, law firm, brewery, etc.)	1.Activity	1.Activity	1.Activity
5.9 What type of work does/did you do there? (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.)			
5.10 Which best applies to?.	 □ 1. Has own business with no paid helper □ 2. Has own business with paid helper □ 3. Worked for a wage or salary as private employee □ 4. Government Employee 	 □ 1. Has own business with no paid helper □ 2. Has own business with paid helper □ 3. Worked for a wage or salary as private employee □ 4. Government Employee 	 □ 1. Has own business with no paid helper □ 2. Has own business with paid helper □ 3. Worked for a wage or salary as private employee □ 4. Government Employee
	Employee 5. Learner/Apprentice 6. Unpaid worker in family business	Employee 5. Learner/Apprentice 6. Unpaid worker in family business	Employee 5. Learner/Apprentice 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 had the first live birth?				
6.3. How old was when had the last live birth?				
6.4. How many livebirth(s) didhave in the last twelve (12) months?				
6.5. Please state the	☐ 1. Male	☐ 1. Male	☐ 1. Male	
sex(es) of this/these live births?	2. Female	2. Female	2. Female	
6.6. Did any of these live-births die?	☐ 1. Yes	☐ 1. Yes	☐ 1. Yes	
iive-bii dis dier	☐ 2. No (skip to Q	\square 2. No (skip to Q	☐ 2. No (skip to Q 6.9)	
6.7	6.9)	6.9)		
6.7. How many?				
6.8. What was the sex(es) of the live-births?	☐ 1. Male	☐ 1. Male	☐ 1. Male	
· ,	☐ 2. Female	☐ 2. Female	☐ 2. Female	
6.9 How many still-birth(s) didhave in the last twelve (12) months?				
	SECTION 7. DISABILIT	Y, HEALTH, AND NUTRITION		
7.1. Doessuffer from any of the	1. Blindness	1. Blindness	1. Blindness	
following long lasting conditions?	2. Severe Vision Impairment	2. Severe Vision Impairment	2. Severe Vision Impairment	
	3. Deafness	3. Deafness	3. Deafness	
	4. Severe Hearing Impairment	4. Severe Hearing Impairment	4. Severe Hearing Impairment	
	5. Dumbness	5. Dumbness	5. Dumbness	
	6. Speech Impedimer	nt 6. Speech Impediment	6. Speech Impediment	
	INTERVIEWER: Multiple responses can be ticked		INTERVIEWER: Multiple responses can be ticked.	

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

7.5 CHRONIC ILLNESS Does suffer from any of the following diseases:	1. Arthritis 2. Asthma 3. Diabetes 4. Hypertension 5. Heart Disease 6. Kidney Disease 7. Cancer 8. HIV/AIDS 9. Lupus 10. Sickle Cell Anemia 11. Obesity	 Arthritis Asthma Diabetes Hypertension Heart Disease Kidney Disease Cancer HIV/AIDS Lupus Sickle Cell Anemia Obesity 	1. Arthritis 2. Asthma 3. Diabetes 4. Hypertension 5. Heart Disease 6. Kidney Disease 7. Cancer 8. HIV/AIDS 9. Lupus 10. Sickle Cell Anemia 11. Obesity
	12. Other(Specify) INTERVIEWER: Multiple responses can be ticked	12. Other	12. Other(Specify) INTERVIEWER: Multiple responses can be ticked
7.6 UTILISATION OF MEDICAL FACILITY Has visited a medical facility in the past month?	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No	1. ☐ Yes 2. ☐ No
7.7. TYPE OF MEDICAL FACILITY What type of medical facility has visited in the past 6 months?	1. Public Hospital (local) 2. Public Health Center (local) 3. Public Maternity Unit (local) 4. Public Hospital (abroad) 5. Public Health Center (abroad) 6. Public Maternity Unit (abroad) 7. Private Doctor's Office (local) 8. Private Doctor's Office (abroad) 9. Pharmacy (local) 10. Pharmacy (abroad) 11. Other	1. Public Hospital (local) 2. Public Health Center (local) 3. Public Maternity Unit (local) 4. Public Hospital (abroad) 5. Public Health Center (abroad) 6. Public Maternity Unit (abroad) 7. Private Doctor's Office (local) 8. Private Doctor's Office (abroad) 9. Pharmacy (local) 10. Pharmacy (abroad) 11. Other	1. Public Hospital (local) 2. Public Health Center (local) 3. Public Maternity Unit (local) 4. Public Hospital (abroad) 5. Public Health Center (abroad) 6. Public Maternity Unit (abroad) 7. Private Doctor's Office (local) 8. Private Doctor's Office (abroad) 9. Pharmacy (local) 10. Pharmacy (abroad) 11. Other
7.8. HEALTH INSURANCE Is covered by health insurance and/or	☐ 1. Yes ☐ 2. No	☐ 1. Yes ☐ 2. No	☐ 1. Yes ☐ 2. No
Employee Medical Plan?	☐ 3. Don't Know	☐ 3. Don't Know	☐ 3. Don't Know

		ORTATION AND TRAVEL 15) YEARS OF AGE AND O	VER
8.1. What is main form of	☐ 1. Walk	☐ 1. Walk	☐ 1. Walk
transportation?	☐ 2. Bicycle	☐ 2. Bicycle	☐ 2. Bicycle
	☐ 3. Motorcycle	☐ 3. Motorcycle	☐ 3. Motorcycle
	☐ 4. Jitney	☐ 4. Jitney	4. Jitney
	☐ 5. Private Vehicle	☐ 5. Private Vehicle	5. Private Vehicle
	☐ 6. Taxi	☐ 6. Taxi	☐ 6. Taxi
	☐ 7. Boat	☐ 7. Boat	☐ 7. Boat
	☐ 8. Ferry	☐ 8. Ferry	8. Ferry
	☐ 9. Airplane	☐ 9. Airplane	☐ 9. Airplane
	☐ 10. Other(Specify)	☐ 10. Other(Specify)	☐ 10. Other(Specify)
8.2. In the past year which countries did visit for the following purposes?	1.Vacation	1.Vacation	1.Vacation
For each Country reported please indicate the <u>number of times</u> <u>visited</u> in the past six months	2. Shopping	2. Shopping	2. Shopping
	3. Business/Conference	3. Business/Conference	3. Business/Conference
	4. Medical	4. Medical	4. Medical
	5. Study	5. Study	5. Study
	6. Other (Specify)	6. Other (Specify)	6. Other (Specify)
	7 Didn't Travel	7 Didn't Travel	7 Didn't Travel

SECTION 9. INCOME (PERSONS FIFTEEN (15) YEARS OF AGE AND OVER)

	(PERSONS FIFTEEN (15) Y	EARS OF AGE AND OVER)	
9.1 During the past twelve months did receive	(PRIMARY JOB) 1. Wages, Salary, Commission, Tips, etc.	(PRIMARY JOB) 1. Wages, Salary, Commission, Tips, etc.	(PRIMARY JOB) 1. Wages, Salary, Commission, Tips, etc.
income from any of these sources?			
If so, state amount in the space provided. (US\$. to the nearest whole number e.g.	(SECONDARY JOB) 2. Wages, Salary, Commission, Tips, etc.	(SECONDARY JOB) 2. Wages, Salary, Commission, Tips, etc.	(SECONDARY JOB) 2. Wages, Salary, Commission, Tips, etc.
12565.80=12566)			
	3. Own Business	3. Own Business	3. Own Business
	4. Retirement Pension	4. Retirement Pension	4. Retirement Pension
	5. Old Age Pension	5. Old Age Pension	5. Old Age Pension
	6. Government Allowances	6. Government Allowances	6. Government Allowances
	7. Gifts and Donations	7. Gifts and Donations	7. Gifts and Donations
	8. Investments	8. Investments	8. Investments
	9. Other Sources	9. Other Sources	9. Other Sources
	10. Total Income During Last Twelve Months	10. Total Income During Last Twelve Months	10. Total Income During Last Twelve Months

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?				
10.1. Where did spend census night?	 □ 1. At this address (end interview) □ 2. Elsewhere in this country □ 3. Outside Turks and 	 □ 1. At this address (end interview) □ 2. Elsewhere in this country □ 3. Outside Turks and 	☐ 1. At this address (end interview) ☐ 2. Elsewhere in this country ☐ 3. Outside Turks and	
	Caicos Islands (end interview)	Caicos Islands (end interview)	Caicos Islands (end interview)	
10.2. What part of the country was? If known please specify. INTERVIEWER: Write as full an address as possible.				
SECTION 11: EMIGRATION AND MORTALITY ALL PERSONS				
11.1. Did anyone in this household move to live abroad between 1990 and 2001 and are still abroad?	☐ 1. YES [IF YES CONTINUE]	☐ 1. YES [IF YES CONTINUE]	☐ 1. YES [IF YES CONTINUE]	
	□ 2. NO	☐ 2. NO	□ 2. NO	
	[IF NO GO TO SECTION 5]	[IF NO GO TO SECTION 5]	[IF NO GO TO SECTION 5]	
11.2. How many persons moved?				
11.3 Sex	☐ 1. Male	☐ 1. Male	☐ 1. Male	
	2. Female	\Box 2. Female	☐ 2. Female	
11.4 Year moved?				
11.5 Age when moved?				
11.6 Marital status when moved?				
11.7 Occupation when moved?				
11.8 Country of migration?				

11.9 Did any members of this household die between 1990 and the present time?	☐ 1. Yes ☐ 2. No	☐ 1. Yes	☐ 1. Yes ☐ 2. No
11.10 How many?			
11.11 Please give me the sex of the person who died.	☐ 1. Male ☐ 2. Female	☐ 1. Male ☐ 2. Female	☐ 1. Male ☐ 2. Female
11.12 Please give me the age of the person who died.			
11.13 PLACE OF BIRTH Where was place of birth?			
	SECTION 1	2. CRIME	
12.1 Has any member of your household been a victim of a crime during the period of January	☐ 1. Yes	☐ 1. Yes	☐ 1. Yes
2001 to present?	(If "No" go to Section 13)	(If "No" go to Section 13)	(If "No" go to Section 13)
12.2 What was the nature of the crime.	1. Crime against the person	1. Crime against the person	1. Crime against the person
	a. Wounding	a. Wounding	\Box a. Wounding
	☐ b. Murder	☐ b. Murder	☐ b. Murder
	☐ c. Attempted murder	C. Attempted murder	C. Attempted murder
	d. Manslaughter	☐ d. Manslaughter	🗌 d. Manslaughter
	e. inflicting Bodily	e. inflicting Bodily Injuries	e. inflicting Bodily
	f. Administering poison so as to endanger life	f. Administering poison so as to endanger life	f. Administering poison so as to endanger life
	☐ g. Assault	☐ g. Assault	☐ g. Assault
	h. Assault occasioning actual bodily harm	h. Assault occasioning actual bodily harm	h. Assault occasioning actual bodily harm
	☐ i. Rape	i. Rape	☐ i. Rape
	☐ j. Attempted Rape	j. Attempted Rape	☐ j. Attempted Rape
	k. Carnal Knowledge	k. Carnal Knowledge	k. Carnal Knowledge
	l. Bigamy	1. Bigamy	1. Bigamy
	m. Concealment of birth	☐ m. Concealment of	☐ m. Concealment of birth
	n. Robbery	birth	n. Robbery
	\square o. Abortion	n. Robbery	o. Abortion
	p. Supplying drugs to cause abortion.	o. Abortion p. Supplying drugs to cause abortion.	p. Supplying drugs to cause abortion.

	2. Crime against property	2. Crime against	2. Crime against property	
	a. Arson	property .	a. Arson	
	☐ b. Malicious Damage	☐ a. Arson	☐ b. Malicious Damage	
	\square c. Theft	☐ b. Malicious Damage	\square c. Theft	
	☐ d. Burglary	c. Theft	d. Burglary	
	e. Taking Motor	d. Burglary	e. Taking Motor	
	vehicle without consent	☐ e. Taking Motor vehicle without consent	vehicle without consent	
	☐ f. Interference with vehicle	f. Interference with	☐ f. Interference with vehicle	
	g. Handling stolen	vehicle	g. Handling stolen	
	goods	g. Handling stolen goods	goods	
	h. Obtaining property by deception	h. Obtaining property	h. Obtaining property by deception	
	i. Obtaining services by deception	by deception i. Obtaining services	i. Obtaining services by deception	
	j. making off without payment	by deception j. Making off without	j. Making off without payment	
	k. False Accounting	payment	k. False Accounting	
	3. Other	☐ k. False Accounting	3. Other	
	(specify)	3. Other(specify)	(specify)	
12.3 Was the crime reported?	1. Yes	1. Yes	1. Yes	
	☐ 2. No	☐ 2. No	☐ 2. No	
12.4 What was the result?	1. Pending	1. Pending	1. Pending	
	2. Convicted	2. Convicted	2. Convicted	
	3. Dismissed	3. Dismissed	3. Dismissed	
SECTION 13.	HOUSING AND HOUSEHOI	LD ITEMS - HEAD OF HOU	SEHOLD ONLY	
CHARACTERISTICS OF OCCUPIED BUILDING				
13.1. TYPE OF BUILDING	·			
Of the type of buildings list	ed, which applies to the buil	lding, your household occup	pies?	
☐ 1. Residential ☐ 2. Residential/Commercial				
\square 3. Residential/Professional (Office) \square 4. Commercial/Industrial				
5. Community Service – Private/Gov't 6 Other specify				
13.2. MATERIAL OF OUTERWALLS				
What are the construction materials of the outer-walls?				
☐ 1. Brick/Concrete ☐ 2. Wood/brick/concrete ☐ 3. Wood				
4. Wood/Galvanise	☐ 5. Woo	d/Stucco	6. Stone	
7. Makeshift				

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 E	UILDING CONSTRUCTED?		
□ 1. 2001	□ 2. 2000	□ 3. 1999	
☐ 4. 1998	□ 5. 1997	□ 6. 1996	
□ 7. 1990-1995	☐ 8. 1989 or earlier		
CHARACTERIST	rics of dwelling unit occupie	D BY HOUSEHOLD	
13.5. TYPE OF DWELLING			
How would you describe the type	of dwelling unit that your househo	old 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			
\square 3. Desalinated, piped into dwelling \square 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			
\square 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?			
\square 1. Yes for the use only by this household			
2. Yes shared with another hou	sehold		
3. Room with no fixed bath or s	hower		
13.15.1. What type of toilet facilities	s does this household	have?	
1. Flushed Toilet with Septic Ta	ank/Soak Away		
2. CessPit/Pit-latrine			
3. Other (spec	cify)		
13.15.2. Are these toilet facilities sl	nared with another hou	asehold?	
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	s household use most f	For cooking?	
1. Electricity	☐ 2. L. P. G.	☐ 3. Kerosene	
4. Wood/Coal			
	HOUSEHOLD FACILI	TIES AVAILABLE	
13.17 Does your household have a	ny of the following item	ıs?	
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 Condition	er	
13.18 How many motor vehicles ar	e owned by members o	f this household?	
13.19(a). How many fishing boats	are owned by members	s of this household?	
,, ,			
13.19(b). How many pleasure crafts (boats for pleasure) are owned by members of this household?			