

**TURKS & CAICOS ISLANDS
DEPARTMENT OF ECONOMIC PLANNING AND STATISTICS**

**Commonwealth Caribbean Population and Housing Census
May 2001**

| Island No. | | Locality | | E.D. No. | | | |
|------------|--|----------|--|----------|--|--|--|
| | | | | | | | |

Name of Respondent: _____

Telephone Number:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Address of Household: _____

Building Number:

| | | |
|--|--|--|
| | | |
|--|--|--|

Dwelling Unit Number:

| | | |
|--|--|--|
| | | |
|--|--|--|

Household Number:

| | | |
|--|--|--|
| | | |
|--|--|--|

Number of persons in household:

| | | |
|--|--|--|
| | | |
|--|--|--|

Total Number of questionnaires:

| | | |
|--|--|--|
| | | |
|--|--|--|

Questionnaire number:

| | | |
|--|--|--|
| | | |
|--|--|--|

RECORD 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: _____

Signature/Initials: _____

Date: _____

Field Editor's Name: _____

Signature/Initials: _____

Date: _____

Supervisor's Name: _____

Signature/Initials: _____

Date: _____

Editor's Name: _____

Signature/Initials: _____

Date: _____

Coder's Name: _____

Signature/Initials: _____

Date: _____

LIST OF HOUSEHOLD MEMBERS

INTERVIEWER SAY:

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

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

| | 1 st Person | 2 nd Person | 3 rd Person |
|--|---|---|---|
| First Name | | | |
| SECTION 1. CHARACTERISTICS OF THE HOUSEHOLD FOR ALL PERSONS | | | |
| 1.1. What is _____ sex? | 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female | 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female | 1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female |
| 1.2. What is _____ date 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 □□ |
| 1.3. To what ethnic or racial group does _____ belong? | 1. <input type="checkbox"/> African/Negro/Black 2. <input type="checkbox"/> White 3. <input type="checkbox"/> East Indian 4. <input type="checkbox"/> Mixed (state 2 main ethnic types) 4.1 _____ 4.2 _____ 5. <input type="checkbox"/> Other _____ (Specify) | 1. <input type="checkbox"/> African/Negro/Black 2. <input type="checkbox"/> White 3. <input type="checkbox"/> East Indian 4. <input type="checkbox"/> Mixed (state 2 main ethnic types) 4.1 _____ 4.2 _____ 5. <input type="checkbox"/> Other _____ (Specify) | 1. <input type="checkbox"/> African/Negro/Black 2. <input type="checkbox"/> White 3. <input type="checkbox"/> East Indian 4. <input type="checkbox"/> Mixed (state 2 main ethnic types) 4.1 _____ 4.2 _____ 5. <input type="checkbox"/> Other _____ (Specify) |
| 1.4. To which religious denomination does _____ belong? | 1. <input type="checkbox"/> Baptist 2. <input type="checkbox"/> Methodist 3. <input type="checkbox"/> Anglican 4. <input type="checkbox"/> Church of God 5. <input type="checkbox"/> Seventh Day Adventist 6. <input type="checkbox"/> Roman Catholic 7. <input type="checkbox"/> Jehovah's Witness 8. <input type="checkbox"/> Other _____ (Specify) 9. <input type="checkbox"/> None | 1. <input type="checkbox"/> Baptist 2. <input type="checkbox"/> Methodist 3. <input type="checkbox"/> Anglican 4. <input type="checkbox"/> Church of God 5. <input type="checkbox"/> Seventh Day Adventist 6. <input type="checkbox"/> Roman Catholic 7. <input type="checkbox"/> Jehovah's Witness 8. <input type="checkbox"/> Other _____ (Specify) 9. <input type="checkbox"/> None | 1. <input type="checkbox"/> Baptist 2. <input type="checkbox"/> Methodist 3. <input type="checkbox"/> Anglican 4. <input type="checkbox"/> Church of God 5. <input type="checkbox"/> Seventh Day Adventist 6. <input type="checkbox"/> Roman Catholic 7. <input type="checkbox"/> Jehovah's Witness 8. <input type="checkbox"/> Other _____ (Specify) 9. <input type="checkbox"/> None |

SECTION 2. BIRTH PLACE AND RESIDENCE

| | 1st Person | 2nd Person | 3rd Person |
|---|--|--|--|
| 2.1. Where was _____ born? | 1. <input type="checkbox"/> Turks & Caicos Islands 2. <input type="checkbox"/> Abroad (Skip to 2.4) | 1. <input type="checkbox"/> Turks & Caicos Islands 2. <input type="checkbox"/> Abroad (Skip to 2.4) | 1. <input type="checkbox"/> Turks & Caicos Islands 2. <input type="checkbox"/> Abroad (Skip to 2.4) |
| 2.2. Which Island was this? | 1. <input type="checkbox"/> Grand Turk 2. <input type="checkbox"/> Providenciales 3. <input type="checkbox"/> South Caicos 4. <input type="checkbox"/> North Caicos 5. <input type="checkbox"/> Middle Caicos 6. <input type="checkbox"/> Salt Cay | 1. <input type="checkbox"/> Grand Turk 2. <input type="checkbox"/> Providenciales 3. <input type="checkbox"/> South Caicos 4. <input type="checkbox"/> North Caicos 5. <input type="checkbox"/> Middle Caicos 6. <input type="checkbox"/> Salt Cay | 1. <input type="checkbox"/> Grand Turk 2. <input type="checkbox"/> Providenciales 3. <input type="checkbox"/> South Caicos 4. <input type="checkbox"/> North Caicos 5. <input type="checkbox"/> Middle Caicos 6. <input type="checkbox"/> Salt Cay |
| 2.3. In which country did _____ last reside? | 1. <input type="checkbox"/> Bahamas 2. <input type="checkbox"/> USA 3. <input type="checkbox"/> Canada 4. <input type="checkbox"/> England 5. <input type="checkbox"/> Haiti 6. <input type="checkbox"/> Dominican Republic 7. <input type="checkbox"/> Other. _____ <small>(Specify)</small> | 1. <input type="checkbox"/> Bahamas 2. <input type="checkbox"/> USA 3. <input type="checkbox"/> Canada 4. <input type="checkbox"/> England 5. <input type="checkbox"/> Haiti 6. <input type="checkbox"/> Dominican Republic 7. <input type="checkbox"/> Other. _____ <small>(Specify)</small> | 1. <input type="checkbox"/> Bahamas 2. <input type="checkbox"/> USA 3. <input type="checkbox"/> Canada 4. <input type="checkbox"/> England 5. <input type="checkbox"/> Haiti 6. <input type="checkbox"/> Dominican Republic 7. <input type="checkbox"/> Other. _____ <small>(Specify)</small> |
| 2.4. In what year did _____ move/come to live in this island? | 1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 1. Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 2.5 Where was _____ living: | Address _____ | Address _____ | Address _____ |
| 2.5.1 Ten (10) years ago. | Address _____ | Address _____ | Address _____ |
| 2.5.2 Five (5) years ago. | Address _____ | Address _____ | Address _____ |
| 2.5.3 One (1) one year ago | Address _____ | Address _____ | Address _____ |

| | | | |
|---|---|---|---|
| <p>2.6 Of what country is _____ a citizen?</p> | <p>1. <input type="checkbox"/> Turks & Caicos Islands</p> <p>2. <input type="checkbox"/> Bahamas</p> <p>3. <input type="checkbox"/> USA</p> <p>4. <input type="checkbox"/> Canada</p> <p>5. <input type="checkbox"/> England</p> <p>6. <input type="checkbox"/> Haiti</p> <p>7. <input type="checkbox"/> Dominican Republic</p> <p>8. <input type="checkbox"/> Other. _____ (Specify)</p> <p>If not citizen of Turks & Caicos Islands (Go to Section 3)</p> | <p>1. <input type="checkbox"/> Turks & Caicos Islands</p> <p>2. <input type="checkbox"/> Bahamas</p> <p>3. <input type="checkbox"/> USA</p> <p>4. <input type="checkbox"/> Canada</p> <p>5. <input type="checkbox"/> England</p> <p>6. <input type="checkbox"/> Haiti</p> <p>7. <input type="checkbox"/> Dominican Republic</p> <p>8. <input type="checkbox"/> Other. _____ (Specify)</p> <p>If not citizen of Turks & Caicos Islands (Go to Section 3)</p> | <p>1. <input type="checkbox"/> Turks & Caicos Islands</p> <p>2. <input type="checkbox"/> Bahamas</p> <p>3. <input type="checkbox"/> USA</p> <p>4. <input type="checkbox"/> Canada</p> <p>5. <input type="checkbox"/> England</p> <p>6. <input type="checkbox"/> Haiti</p> <p>7. <input type="checkbox"/> Dominican Republic</p> <p>8. <input type="checkbox"/> Other. _____ (Specify)</p> <p>If not citizen of Turks & Caicos Islands (Go to Section 3)</p> |
| <p>2.7 If _____ is a Turks & Caicos Island citizen, by what method did _____ acquire citizenship?</p> | <p>1. <input type="checkbox"/> Born to Turks & Caicos Islands parents.</p> <p>2. <input type="checkbox"/> Born in Turks & Caicos to Non-Turks & Caicos Islander parents.</p> <p>3. <input type="checkbox"/> Adopted by Turks & Caicos Islanders</p> <p>4. <input type="checkbox"/> Married to a Turks & Caicos Islander husband</p> <p>5. <input type="checkbox"/> Married to Turks & Caicos Islander Wife.</p> <p>6. <input type="checkbox"/> Other Naturalization _____ (Specify)</p> | <p>1. <input type="checkbox"/> Born to Turks & Caicos Islands parents.</p> <p>2. <input type="checkbox"/> Born in Turks & Caicos to Non-Turks & Caicos Islander parents.</p> <p>3. <input type="checkbox"/> Adopted by Turks & Caicos Islanders</p> <p>4. <input type="checkbox"/> Married to a Turks & Caicos Islander husband</p> <p>5. <input type="checkbox"/> Married to Turks & Caicos Islander Wife.</p> <p>6. <input type="checkbox"/> Other Naturalization _____ (Specify)</p> | <p>1. <input type="checkbox"/> Born to Turks & Caicos Islands parents.</p> <p>2. <input type="checkbox"/> Born in Turks & Caicos to Non-Turks & Caicos Islander parents.</p> <p>3. <input type="checkbox"/> Adopted by Turks & Caicos Islanders</p> <p>4. <input type="checkbox"/> Married to a Turks & Caicos Islander husband</p> <p>5. <input type="checkbox"/> Married to Turks & Caicos Islander Wife.</p> <p>6. <input type="checkbox"/> Other Naturalization _____ (Specify)</p> |

| SECTION 4. EDUCATION AND TRAINING | | | |
|--|--|--|--|
| | 1 st Person | 2 nd Person | 3 rd Person |
| <p>4.1. What is the highest level of education that _____ has reached?</p> | <p>1. <input type="checkbox"/> Nursery/ Kindergarten</p> <p>2. <input type="checkbox"/> Primary</p> <p>3. <input type="checkbox"/> Secondary</p> <p>4. <input type="checkbox"/> Pre-University/Post Secondary</p> <p>5. <input type="checkbox"/> University</p> <p>6. <input type="checkbox"/> Other _____ (Specify)</p> <p>7. <input type="checkbox"/> None</p> | <p>1. <input type="checkbox"/> Nursery/ Kindergarten</p> <p>2. <input type="checkbox"/> Primary</p> <p>3. <input type="checkbox"/> Secondary</p> <p>4. <input type="checkbox"/> Pre-University/Post Secondary</p> <p>5. <input type="checkbox"/> University</p> <p>6. <input type="checkbox"/> Other _____ (Specify)</p> <p>7. <input type="checkbox"/> None</p> | <p>1. <input type="checkbox"/> Nursery/ Kindergarten</p> <p>2. <input type="checkbox"/> Primary</p> <p>3. <input type="checkbox"/> Secondary</p> <p>4. <input type="checkbox"/> Pre-University/Post Secondary</p> <p>5. <input type="checkbox"/> University</p> <p>6. <input type="checkbox"/> Other _____ (Specify)</p> <p>7. <input type="checkbox"/> None</p> |

| | | | |
|--|---|---|---|
| <p>4.2. YEARS OF SCHOOLING AT HIGHEST LEVEL</p> <p>How many years of schooling at the highest level of education did _____ attain?</p> | <p>1. <input type="checkbox"/> Less than a year</p> <p>2. <input type="checkbox"/> One Year or less</p> <p>3. <input type="checkbox"/> Two Years or less</p> <p>4. <input type="checkbox"/> Three Years or less</p> <p>5. <input type="checkbox"/> Four Years or less</p> <p>6. <input type="checkbox"/> Five Years or less</p> <p>7. <input type="checkbox"/> Six Years or less</p> <p>8. <input type="checkbox"/> Seven Years or More</p> | <p>1. <input type="checkbox"/> Less than a year</p> <p>2. <input type="checkbox"/> One Year or less</p> <p>3. <input type="checkbox"/> Two Years or less</p> <p>4. <input type="checkbox"/> Three Years or less</p> <p>5. <input type="checkbox"/> Four Years or less</p> <p>6. <input type="checkbox"/> Five Years or less</p> <p>7. <input type="checkbox"/> Six Years or less</p> <p>8. <input type="checkbox"/> Seven Years or More</p> | <p>1. <input type="checkbox"/> Less than a year</p> <p>2. <input type="checkbox"/> One Year or less</p> <p>3. <input type="checkbox"/> Two Years or less</p> <p>4. <input type="checkbox"/> Three Years or less</p> <p>5. <input type="checkbox"/> Four Years or less</p> <p>6. <input type="checkbox"/> Five Years or less</p> <p>7. <input type="checkbox"/> Six Years or less</p> <p>8. <input type="checkbox"/> Seven Years or More</p> |
|--|---|---|---|

**TRAINING
FOR PERSONS 15 YEARS & OVER**

| | | | |
|--|---|---|--|
| <p>4.3. Has _____ pursued any course of formal training for at least 3 months?</p> | <p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No (Skip to Section 5.)</p> | <p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No (Skip to Section 5.)</p> | <p>1. <input type="checkbox"/> Yes</p> <p>2. <input type="checkbox"/> No (Skip to Section 5)</p> |
|--|---|---|--|

| | | | |
|---|--|--|--|
| <p>4.11 . For what occupation does this training prepare _____?</p> | | | |
|---|--|--|--|