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ANGUILLA

ORGANISATION OF EASTERN CARIBBEAN STATES POPULATION AND HOUSING CENSUS 2011 CENSUS DAY - MAY 11, 2011



CONFIDENTIAL WHEN COMPLETED

About the Census

The Census takes place every ten (10) years and is the total process of collecting, compiling and publishing demographic, economic and social data pertaining to all persons in a country at a specific time.

Participation is mandated

The Census is conducted under the Anguilla Statistics Act R. S. A. c S60 and the Census Order and Regulations. You are required by law to complete this questionnaire with accurate information.

Confidentiality is guaranteed

The Statistics Act guarantees the confidentiality of your answers to the census questions.

Census Enumerator

The enumerator will assist you in the completion of this questionnaire.

Thank you for your cooperation.

VERY IMPORTANT

INSTRUCTIONS ON HOW TO COMPLETE THIS QUESTIONNAIRE

1. Only use **2B** pencils as provided. Do **not** use pen.
2. Place an **X** in the boxes.
3. Do **not** use check marks or shade outside the boxes.
4. Box entry answers **must** be written neatly inside the boxes provided.
5. Do **not** make stray marks on the questionnaire.
6. If you need to make changes, **completely** erase the wrong answer.

7. Where you are required to write in an answer in boxes, please print carefully using **BLOCK CAPITAL LETTERS**, avoiding contact with the edges of the box and leaving one space between each **word**.

EXAMPLE:

Where were (was) born? **A N G U I L L A**

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

SECTION A - HOUSEHOLD LOCATION

PHYSICAL ADDRESS OF HOUSEHOLD: _____

VILLAGE OF HOUSEHOLD: _____

District No:

--	--

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

ED No:

--	--

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

Building No:

--	--	--

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

Household No:

--	--	--	--

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

District Name: _____

Electoral District:

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ENUMERATOR SAYS:

Good day/evening. My name is _____ and I am the census enumerator assigned to your area. I would appreciate it if you would allow me to interview you to get some information about your household and its members. Here is my identification card (Show card)

SECTION B - RECORD OF VISITS

INTERVIEWER CALLS	1	2	3	4	5
DATE (DD/MM/YY)					
TIME STARTED (eg. 07:19)					
TIME ENDED (eg. 23:11)					
DURATION					
RESULTS					

Results Codes:

- | | |
|------------------------------------|---|
| 1. Fully Completed | 6. No Contact |
| 2. Partially Completed - Call Back | 7. Refusal (complete appropriate form) |
| 3. Appointment Made | 8. No Suitable Respondent Available eg: Child |
| 4. Dwelling Closed | 9. Other - Specify _____ |
| 5. Dwelling Vacant | |

SECTION C - VERIFICATION OF QUESTIONNAIRE

ENUMERATOR:

ID No.:

Last Name:

First Name:

Date: / / **2011**
D D / M M / Y Y Y Y

SUPERVISOR:

ID No.:

Last Name:

First Name:

Date: / / **2011**
D D / M M / Y Y Y Y

EDITOR:

ID No.:

Last Name:

First Name:

Date: / / **2011**
D D / M M / Y Y Y Y

CODER:

ID No.:

Last Name:

First Name:

Date: / / **2011**
D D / M M / Y Y Y Y



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Remember to mark all choice boxes like this

SECTION 1 - LISTING OF HOUSEHOLD MEMBERS

ENUMERATOR ASKS:

H.1 Including yourself, how many persons usually live here?

A. Males:

B. Females:

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

H.2 Including yourself, how many persons who usually live here were at this residence on Census Night - May 11, 2011?

(18:00hrs May 11th - 06:00hrs May 12th, 2011)

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

H.3 Including yourself, how many persons who usually live here were abroad on Census Day - May 11, 2011?

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

ENUMERATOR SAYS:

Please tell me the names of all persons who usually live in this household and share at least one of the daily meals. Include those who usually live in Anguilla for at least six (6) months of the year. Person number 1 is identified as the reference person/ head of the household. (You may use initials if names are not available). Place an X in the box provided, if the person is under five years old.

Person No.	SURNAME (LAST NAME)	CHRISTIAN NAME (FIRST NAME)	INITIAL	SEX (M/F) M = 1 F = 2	<5 years old
1	CARTY	MONROE	C		
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>
	SURNAME	CHRISTIAN NAME		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/>



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SECTION 2 - RELATIONSHIP OF HOUSEHOLD MEMBERS

ENUMERATOR: KINDLY FILL IN THE PERSON NUMBER OF THE PROVIDER OF THE HOUSEHOLD QUESTIONNAIRE DATA

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

The listing of household members section focuses on the listed person and their relationship to the other household member(s). E.g., below there are three persons in a household, only showing Persons 1 and 3, Person 1 is the head of household. Person 3 relationship to Person 1 & 2 is the natural born daughter to Person 1 and step-daughter to Person 2. If Person 2 was included, the relationship to person 1 would be wife.

PERSON 1 Reference Person/Head of Household
Enter Name of person 1 here as in the Household Listing on page 3

Last Name: CARTY
First Name: MONROE
MI: C

PERSON 2 How is person 2 related to person 1

Last Name: CARTY
First Name: LINDA
MI: T

1 Husband/wife
 2 Natural born son/daughter
 11 Other relative (specify _____)
 3 Adopted son/daughter
 4 Step son/daughter
 5 Brother/sister
 6 Father/mother
 12 Unrelated
 7 Grandchild
 8 Parent-in-law
 9 Son-in-law/daughter-in-law
 10 Partner

PERSON 3 How is person 3 related to persons 1 & 2

Last Name: CARTY
First Name: SANDRA
MI: D

1 Husband/wife
 2 Natural born son/daughter
 11 Other relative (specify _____)
 3 Adopted son/daughter
 4 Step son/daughter
 5 Brother/sister
 6 Father/mother
 12 Unrelated
 7 Grandchild
 8 Parent-in-law
 9 Son-in-law/daughter-in-law
 10 Partner

1 Husband/wife
 2 Natural born son/daughter
 11 Other relative (specify _____)
 4 Step son/daughter
 5 Brother/sister
 6 Father/mother
 12 Unrelated
 7 Grandchild
 8 Parent-in-law
 9 Son-in-law/daughter-in-law
 10 Partner

- If there are more than eight (8) persons in this household, fill out an additional Household questionnaire for the remaining person(s) using the listing.
- If there is only one household member skip to Section 2, H. 6.

PERSON 1 Reference Person/Head of Household
Enter Name of person 1 here as in the Household Listing on page 3

Last Name:
First Name:
MI:

PERSON 2 How is person 2 related to person 1

Last Name:
First Name:
MI:

1 Husband/wife
 2 Natural born son/daughter
 11 Other relative (specify _____)
 3 Adopted son/daughter
 4 Step son/daughter
 5 Brother/sister
 6 Father/mother
 12 Unrelated
 7 Grandchild
 8 Parent-in-law
 9 Son-in-law/daughter-in-law
 10 Partner

PERSON 3 How is person 3 related to persons 1 & 2

Last Name:
First Name:
MI:

1 Husband/wife
 2 Natural born son/daughter
 11 Other relative (specify _____)
 3 Adopted son/daughter
 4 Step son/daughter
 5 Brother/sister
 6 Father/mother
 12 Unrelated
 7 Grandchild
 8 Parent-in-law
 9 Son-in-law/daughter-in-law
 10 Partner

1 Husband/wife
 2 Natural born son/daughter
 11 Other relative (specify _____)
 3 Adopted son/daughter
 4 Step son/daughter
 5 Brother/sister
 6 Father/mother
 12 Unrelated
 7 Grandchild
 8 Parent-in-law
 9 Son-in-law/daughter-in-law
 10 Partner



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Remember to mark all choice boxes like this

SECTION 2 - RELATIONSHIP OF HOUSEHOLD MEMBERS

PERSON 4

Last Name

First Name

MI

How is person 4 related to persons



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated

PERSON 5

Last Name

First Name

MI

How is person 5 related to persons



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated

PERSON 6

Last Name

First Name

MI

How is person 6 related to persons



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated



- 1 Husband/wife
- 2 Natural born son/daughter
- 3 Adopted son/daughter
- 4 Step son/daughter
- 5 Brother/sister
- 6 Father/mother
- 7 Grandchild
- 8 Parent-in-law
- 9 Son-in-law/daughter-in-law
- 10 Partner
- 11 Other relative (specify _____)
- 12 Unrelated



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SECTION 2 - RELATIONSHIP OF HOUSEHOLD MEMBERS

PERSON 7

Last Name _____ First Name _____ MI _____

How is person 7 related to persons → _____

<input type="checkbox"/> 1 Husband/wife	<input type="checkbox"/> 3 Adopted son/daughter	<input type="checkbox"/> 5 Brother/sister	<input type="checkbox"/> 7 Grandchild	<input type="checkbox"/> 9 Son-in-law/daughter-in-law
<input type="checkbox"/> 2 Natural born son/daughter	<input type="checkbox"/> 4 Step son/daughter	<input type="checkbox"/> 6 Father/mother	<input type="checkbox"/> 8 Parent-in-law	<input type="checkbox"/> 10 Partner
<input type="checkbox"/> 11 Other relative (specify _____)		<input type="checkbox"/> 12 Unrelated		

<input type="checkbox"/> 1 Husband/wife	<input type="checkbox"/> 3 Adopted son/daughter	<input type="checkbox"/> 5 Brother/sister	<input type="checkbox"/> 7 Grandchild	<input type="checkbox"/> 9 Son-in-law/daughter-in-law
<input type="checkbox"/> 2 Natural born son/daughter	<input type="checkbox"/> 4 Step son/daughter	<input type="checkbox"/> 6 Father/mother	<input type="checkbox"/> 8 Parent-in-law	<input type="checkbox"/> 10 Partner
<input type="checkbox"/> 11 Other relative (specify _____)		<input type="checkbox"/> 12 Unrelated		

<input type="checkbox"/> 1 Husband/wife	<input type="checkbox"/> 3 Adopted son/daughter	<input type="checkbox"/> 5 Brother/sister	<input type="checkbox"/> 7 Grandchild	<input type="checkbox"/> 9 Son-in-law/daughter-in-law
<input type="checkbox"/> 2 Natural born son/daughter	<input type="checkbox"/> 4 Step son/daughter	<input type="checkbox"/> 6 Father/mother	<input type="checkbox"/> 8 Parent-in-law	<input type="checkbox"/> 10 Partner
<input type="checkbox"/> 11 Other relative (specify _____)		<input type="checkbox"/> 12 Unrelated		

<input type="checkbox"/> 1 Husband/wife	<input type="checkbox"/> 3 Adopted son/daughter	<input type="checkbox"/> 5 Brother/sister	<input type="checkbox"/> 7 Grandchild	<input type="checkbox"/> 9 Son-in-law/daughter-in-law
<input type="checkbox"/> 2 Natural born son/daughter	<input type="checkbox"/> 4 Step son/daughter	<input type="checkbox"/> 6 Father/mother	<input type="checkbox"/> 8 Parent-in-law	<input type="checkbox"/> 10 Partner
<input type="checkbox"/> 11 Other relative (specify _____)		<input type="checkbox"/> 12 Unrelated		

<input type="checkbox"/> 1 Husband/wife	<input type="checkbox"/> 3 Adopted son/daughter	<input type="checkbox"/> 5 Brother/sister	<input type="checkbox"/> 7 Grandchild	<input type="checkbox"/> 9 Son-in-law/daughter-in-law
<input type="checkbox"/> 2 Natural born son/daughter	<input type="checkbox"/> 4 Step son/daughter	<input type="checkbox"/> 6 Father/mother	<input type="checkbox"/> 8 Parent-in-law	<input type="checkbox"/> 10 Partner
<input type="checkbox"/> 11 Other relative (specify _____)		<input type="checkbox"/> 12 Unrelated		

<input type="checkbox"/> 1 Husband/wife	<input type="checkbox"/> 3 Adopted son/daughter	<input type="checkbox"/> 5 Brother/sister	<input type="checkbox"/> 7 Grandchild	<input type="checkbox"/> 9 Son-in-law/daughter-in-law
<input type="checkbox"/> 2 Natural born son/daughter	<input type="checkbox"/> 4 Step son/daughter	<input type="checkbox"/> 6 Father/mother	<input type="checkbox"/> 8 Parent-in-law	<input type="checkbox"/> 10 Partner
<input type="checkbox"/> 11 Other relative (specify _____)		<input type="checkbox"/> 12 Unrelated		

PERSON 8

Last Name _____ First Name _____ MI _____

How is person 8 related to persons → _____

<input type="checkbox"/> 1 Husband/wife	<input type="checkbox"/> 3 Adopted son/daughter	<input type="checkbox"/> 5 Brother/sister	<input type="checkbox"/> 7 Grandchild	<input type="checkbox"/> 9 Son-in-law/daughter-in-law
<input type="checkbox"/> 2 Natural born son/daughter	<input type="checkbox"/> 4 Step son/daughter	<input type="checkbox"/> 6 Father/mother	<input type="checkbox"/> 8 Parent-in-law	<input type="checkbox"/> 10 Partner
<input type="checkbox"/> 11 Other relative (specify _____)		<input type="checkbox"/> 12 Unrelated		

<input type="checkbox"/> 1 Husband/wife	<input type="checkbox"/> 3 Adopted son/daughter	<input type="checkbox"/> 5 Brother/sister	<input type="checkbox"/> 7 Grandchild	<input type="checkbox"/> 9 Son-in-law/daughter-in-law
<input type="checkbox"/> 2 Natural born son/daughter	<input type="checkbox"/> 4 Step son/daughter	<input type="checkbox"/> 6 Father/mother	<input type="checkbox"/> 8 Parent-in-law	<input type="checkbox"/> 10 Partner
<input type="checkbox"/> 11 Other relative (specify _____)		<input type="checkbox"/> 12 Unrelated		

<input type="checkbox"/> 1 Husband/wife	<input type="checkbox"/> 3 Adopted son/daughter	<input type="checkbox"/> 5 Brother/sister	<input type="checkbox"/> 7 Grandchild	<input type="checkbox"/> 9 Son-in-law/daughter-in-law
<input type="checkbox"/> 2 Natural born son/daughter	<input type="checkbox"/> 4 Step son/daughter	<input type="checkbox"/> 6 Father/mother	<input type="checkbox"/> 8 Parent-in-law	<input type="checkbox"/> 10 Partner
<input type="checkbox"/> 11 Other relative (specify _____)		<input type="checkbox"/> 12 Unrelated		

<input type="checkbox"/> 1 Husband/wife	<input type="checkbox"/> 3 Adopted son/daughter	<input type="checkbox"/> 5 Brother/sister	<input type="checkbox"/> 7 Grandchild	<input type="checkbox"/> 9 Son-in-law/daughter-in-law
<input type="checkbox"/> 2 Natural born son/daughter	<input type="checkbox"/> 4 Step son/daughter	<input type="checkbox"/> 6 Father/mother	<input type="checkbox"/> 8 Parent-in-law	<input type="checkbox"/> 10 Partner
<input type="checkbox"/> 11 Other relative (specify _____)		<input type="checkbox"/> 12 Unrelated		

<input type="checkbox"/> 1 Husband/wife	<input type="checkbox"/> 3 Adopted son/daughter	<input type="checkbox"/> 5 Brother/sister	<input type="checkbox"/> 7 Grandchild	<input type="checkbox"/> 9 Son-in-law/daughter-in-law
<input type="checkbox"/> 2 Natural born son/daughter	<input type="checkbox"/> 4 Step son/daughter	<input type="checkbox"/> 6 Father/mother	<input type="checkbox"/> 8 Parent-in-law	<input type="checkbox"/> 10 Partner
<input type="checkbox"/> 11 Other relative (specify _____)		<input type="checkbox"/> 12 Unrelated		

<input type="checkbox"/> 1 Husband/wife	<input type="checkbox"/> 3 Adopted son/daughter	<input type="checkbox"/> 5 Brother/sister	<input type="checkbox"/> 7 Grandchild	<input type="checkbox"/> 9 Son-in-law/daughter-in-law
<input type="checkbox"/> 2 Natural born son/daughter	<input type="checkbox"/> 4 Step son/daughter	<input type="checkbox"/> 6 Father/mother	<input type="checkbox"/> 8 Parent-in-law	<input type="checkbox"/> 10 Partner
<input type="checkbox"/> 11 Other relative (specify _____)		<input type="checkbox"/> 12 Unrelated		

FOR OFFICIAL USE ONLY:

H. 4 Number of families in this household

H. 5 Type of Household/ Family

1 One person household 2 Nuclear household 3 Extended household 4 Composite household 5 Other/unknown



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SECTION 3 - HOUSING I

ENUMERATOR SAYS:

I would like to ask you a few questions about the dwelling that your household occupies, may I start?

H. 6 What type of building does this household occupy?

- 1 Undivided private house
- 2 Part of a private house
- 3 Duplex house/apartment
- 4 Flat/apartment
- 5 Combined dwelling & business
- 6 Barracks
- 7 Other - specify _____
- 8 NS

H. 7 Is this dwelling insured?

- 1 Yes
- 2 No
- 3 NS

H. 8 Are the contents of the dwelling insured?

- 1 Yes
- 2 No
- 3 NS

H. 9 Does this household own/rent/lease this dwelling?

- 1 Own with Mortgage
- 2 Own without Mortgage (Go to H.14)
- 3 Rent (Continue to H.11)
- 4 Rent free (Go to H.13)
- 5 Lease (Continue to H.14)
- 6 Other - specify _____ (Go to H.14)
- 7 NS

H.10 What is the monthly mortgage payment in XCD?

Monthly Mortgage Payment in XCD \$,

Category (Go to H.14)

H. 11 What is the frequency of rent for this dwelling?

- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Twice a year
- 6 Annually
- 7 NS

H. 12 Is the dwelling rented, fully furnished, semi-furnished or un-furnished?

- 1 Fully furnished
- 2 Semi-furnished
- 3 Un-furnished
- 4 NS

H.13 How much monthly rent is being paid in XCD?

Monthly Rent in XCD \$,

Category

H.14 What is the land tenure status?

- 1 Owned/freehold
- 2 Rented
- 3 Rent free
- 4 Leasehold
- 5 Other - specify _____
- 6 NS

H.15 What is the MAIN material of the outer walls of the dwelling?

- 1 Concrete or concrete blocks
- 2 Stone & Concrete
- 3 Wood only
- 4 Wood & Concrete
- 5 Brick
- 6 Makeshift - specify _____
- 7 Other - specify _____
- 8 NS

H.16 What is the MAIN outer roof material of this dwelling?

- 1 Concrete
- 2 Sheet metal
- 3 Asphalt shingles
- 4 Wood shingles
- 5 Other shingles
- 6 Tiles
- 7 Makeshift/thatched - specify _____
- 8 Other - specify _____
- 9 NS

H.17 Is the roof MAINLY pitched or flat?

- 1 Pitched
- 2 Flat
- 3 NS

H.18 In which year was this dwelling built/completed?

- | | | |
|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> 1 Before 1970 | <input type="checkbox"/> 7 2002 | <input type="checkbox"/> 13 2008 |
| <input type="checkbox"/> 2 1970 - 79 | <input type="checkbox"/> 8 2003 | <input type="checkbox"/> 14 2009 |
| <input type="checkbox"/> 3 1980 - 89 | <input type="checkbox"/> 9 2004 | <input type="checkbox"/> 15 2010 |
| <input type="checkbox"/> 4 1990 - 95 | <input type="checkbox"/> 10 2005 | <input type="checkbox"/> 16 2011 |
| <input type="checkbox"/> 5 1996 - 99 | <input type="checkbox"/> 11 2006 | <input type="checkbox"/> 17 DK |
| <input type="checkbox"/> 6 2000 - 01 | <input type="checkbox"/> 12 2007 | <input type="checkbox"/> 18 NS |

H.19 What is the MAIN source of water?

- | | |
|---|--|
| <input type="checkbox"/> 1 Cistern, piped into dwelling | <input type="checkbox"/> 6 Public well/tank |
| <input type="checkbox"/> 2 Cistern, not piped into dwelling | <input type="checkbox"/> 7 Bottled water |
| <input type="checkbox"/> 3 Public, piped into dwelling | <input type="checkbox"/> 8 Other - specify _____ |
| <input type="checkbox"/> 4 Public, piped into yard | <input type="checkbox"/> 9 NS |
| <input type="checkbox"/> 5 Public standpipe | |

H. 20 What is the MAIN source of drinking water?

- | | |
|---|--|
| <input type="checkbox"/> 1 Cistern, piped into dwelling | <input type="checkbox"/> 6 Public well/tank |
| <input type="checkbox"/> 2 Cistern, not piped into dwelling | <input type="checkbox"/> 7 Bottled water |
| <input type="checkbox"/> 3 Public, piped into dwelling | <input type="checkbox"/> 8 Other - specify _____ |
| <input type="checkbox"/> 4 Public, piped into yard | <input type="checkbox"/> 9 NS |
| <input type="checkbox"/> 5 Public standpipe | |



Remember to mark all choice boxes like this

SECTION 3 - HOUSING I CONTINUED

H.21 What is the MOST frequently used type of toilet facility?

- 1 W.C. flush toilet inside dwelling
- 2 W.C. flush toilet outside dwelling
- 3 Pit latrine ventilated/elevated
- 4 Pit latrine not ventilated/elevated
- 5 Other - specify _____
- 6 None (Go to H.23)
- 7 NS

H.22 Are these toilet facilities shared with another household?

- 1 Yes (shared)
- 2 No (not shared)
- 3 NS

H.23 Are bathing facilities shared with another household?

- 1 Yes (shared)
- 2 No (not shared)
- 3 NS

H.24 Are your bathing facilities indoors or outdoors?

- 1 Indoors
- 2 Outdoors
- 3 NS

H.25 What type of lighting do you use MOST?

- 1 Electricity - ANGLEC
- 2 Electricity - Generator
- 3 Gas
- 4 Kerosene
- 5 Other - specify _____
- 6 NS

H.26 What type of cooking fuel is used MOST?

- 1 Gas/LPG
- 2 Coal/Wood
- 3 Kerosene
- 4 Electricity
- 5 Other - specify _____
- 6 NS

H.27 Is your kitchen indoors or outdoors?

- 1 Indoors
- 2 Outdoors
- 3 NS

H.28 Is your kitchen shared with another household?

- 1 Yes (shared)
- 2 No (not shared)
- 3 NS

H.29 How many bedrooms are there in this dwelling?

Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping areas. Count includes spare bedrooms not occupied.

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

H.30 How many rooms are there in this dwelling?

0 1 2 3 4 5 6 7 8 9

Include in your count of bedrooms, living rooms etc. exclude bathroom, porches, passageways etc.

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

H.31 What is the household's MAIN method of garbage disposal?

- 1 Dumpster/bin/garbage collection
- 2 Dumping on land
- 3 Dumping in pond
- 4 Burning
- 5 Burying
- 6 Composting
- 7 Other - specify _____
- 8 NS

H.32 Does your household have any of the following household appliances/items/services? (Indicate all that apply)

Stereo/Radio	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Television CRT	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Flat Panel/Screen TV	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Landline Telephone	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Cellular Telephone	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Desktop Computer	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Laptop Computer	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Air-Conditioning Unit	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Clothes Dryer	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Dishwasher	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
DVD Player	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Freezer	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Generator	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Game Console	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Refrigerator	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Microwave	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Satellite Dish	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Solar Panels	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Stove	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Washing Machine	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Water Pump	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Water Heater	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Video Cassette Recorder	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>
Cable Services	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<input type="checkbox"/> 3 NS	Qty: <input type="text"/>

H.33 How many of each of the following types of motor vehicles are kept and used privately by this household?

- 1 Saloon Car Qty:
 - 2 Motorcycle Qty:
 - 3 Van/truck/lorry Qty:
 - 4 Pick-up truck Qty:
 - 5 SUV/Jeep Qty:
 - 6 Other Qty:
- Specify _____

H.34 Does this household have access to an Internet Connection?

- 1 Yes
- 2 No
- 3 NS



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Remember to mark all choice boxes like this

SECTION 4 - MIGRATION

H.35 Has this household been living together since 2001, even at another location?

- 1 Yes
- 2 No
- 3 NS

If "No", end Household questionnaire; go to P.45

H.36 How many people left Anguilla to live abroad and are yet to return?

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

Not stated = 99

If "00", end Household questionnaire; go to P.45

H.37 Since 2001, did any member of this household move to live abroad permanently?

- 1 Yes (Continue to H.38)
- 2 No
- 3 NS

If "No" or "NS", end Household questionnaire; go to P.45

SECTION 4 - CHARACTERISTICS OF HOUSEHOLD MEMBER WHO MOVED PERMANENTLY

Person No.	H.38 Sex 0 Male 1 Female	H.39 Age at Departure	H.40 Highest Educational Level reached when moved	H.41 What was occupation at time of departure	H.42 Year of move (2001 - 2010).	H.43 Country migrated to	H.44 Main Reason for Migration
#1	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Preschool <input type="checkbox"/> 3 Primary <input type="checkbox"/> 4 Secondary <input type="checkbox"/> 5 College <input type="checkbox"/> 6 University <input type="checkbox"/> 7 Other <input type="checkbox"/> 8 NS	Occupation: <input type="text"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 U.S.A. <input type="checkbox"/> 2 U.S.V.I <input type="checkbox"/> 3 U.K. <input type="checkbox"/> 4 Canada <input type="checkbox"/> 5 St. Martin/St. Maarten <input type="checkbox"/> 6 Other - specify _____ <input type="checkbox"/> 7 NS	<input type="checkbox"/> 1 Higher Income <input type="checkbox"/> 2 Employment <input type="checkbox"/> 3 Study <input type="checkbox"/> 4 Medical <input type="checkbox"/> 5 Marriage <input type="checkbox"/> 6 Family Reasons <input type="checkbox"/> 7 Crime Rate <input type="checkbox"/> 8 Other - specify _____
#2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Preschool <input type="checkbox"/> 3 Primary <input type="checkbox"/> 4 Secondary <input type="checkbox"/> 5 College <input type="checkbox"/> 6 University <input type="checkbox"/> 7 Other <input type="checkbox"/> 8 NS	Occupation: <input type="text"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 U.S.A. <input type="checkbox"/> 2 U.S.V.I <input type="checkbox"/> 3 U.K. <input type="checkbox"/> 4 Canada <input type="checkbox"/> 5 St. Martin/St. Maarten <input type="checkbox"/> 6 Other - specify _____ <input type="checkbox"/> 7 NS	<input type="checkbox"/> 1 Higher Income <input type="checkbox"/> 2 Employment <input type="checkbox"/> 3 Study <input type="checkbox"/> 4 Medical <input type="checkbox"/> 5 Marriage <input type="checkbox"/> 6 Family Reasons <input type="checkbox"/> 7 Crime Rate <input type="checkbox"/> 8 Other - specify _____
#3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Preschool <input type="checkbox"/> 3 Primary <input type="checkbox"/> 4 Secondary <input type="checkbox"/> 5 College <input type="checkbox"/> 6 University <input type="checkbox"/> 7 Other <input type="checkbox"/> 8 NS	Occupation: <input type="text"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 U.S.A. <input type="checkbox"/> 2 U.S.V.I <input type="checkbox"/> 3 U.K. <input type="checkbox"/> 4 Canada <input type="checkbox"/> 5 St. Martin/St. Maarten <input type="checkbox"/> 6 Other - specify _____ <input type="checkbox"/> 7 NS	<input type="checkbox"/> 1 Higher Income <input type="checkbox"/> 2 Employment <input type="checkbox"/> 3 Study <input type="checkbox"/> 4 Medical <input type="checkbox"/> 5 Marriage <input type="checkbox"/> 6 Family Reasons <input type="checkbox"/> 7 Crime Rate <input type="checkbox"/> 8 Other - specify _____
#4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Preschool <input type="checkbox"/> 3 Primary <input type="checkbox"/> 4 Secondary <input type="checkbox"/> 5 College <input type="checkbox"/> 6 University <input type="checkbox"/> 7 Other <input type="checkbox"/> 8 NS	Occupation: <input type="text"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 1 U.S.A. <input type="checkbox"/> 2 U.S.V.I <input type="checkbox"/> 3 U.K. <input type="checkbox"/> 4 Canada <input type="checkbox"/> 5 St. Martin/St. Maarten <input type="checkbox"/> 6 Other - specify _____ <input type="checkbox"/> 7 NS	<input type="checkbox"/> 1 Higher Income <input type="checkbox"/> 2 Employment <input type="checkbox"/> 3 Study <input type="checkbox"/> 4 Medical <input type="checkbox"/> 5 Marriage <input type="checkbox"/> 6 Family Reasons <input type="checkbox"/> 7 Crime Rate <input type="checkbox"/> 8 Other - specify _____

ENUMERATOR: You have now completed the Household questionnaire. Please continue to the Individual questionnaire, which is to be completed for each person listed. Thank you.

