



35288

Remember to mark all choice boxes like this

INDIVIDUAL QUESTIONNAIRE



ED No.:

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1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
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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"/>

Building No.:

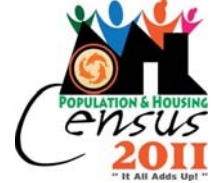
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1	<input type="text"/>	<input type="text"/>	<input type="text"/>
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5	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	<input type="text"/>	<input type="text"/>	<input type="text"/>

Household No.:

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

Person No.:

	<input type="text"/>	<input type="text"/>
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: When asking questions, replace dotted line with "you or your" unless the respondent is answering on behalf of a minor or incapacitated person.

SECTION 6 CHARACTERISTICS - FOR ALL PERSONS

P.45 Write person's assigned number taken from page 3 of household questionnaire.

<input type="text"/>	<input type="text"/>
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P.46 What is ('s) relationship to the reference person/household head? (Use Section 2 of Household Questionnaire)

- | | |
|--|---|
| <input type="checkbox"/> 1 Head | <input type="checkbox"/> 5 Grandchild |
| <input type="checkbox"/> 2 Spouse/partner | <input type="checkbox"/> 6 Parent/parent-in-law |
| <input type="checkbox"/> 3 Son/daughter | <input type="checkbox"/> 7 Other relative |
| <input type="checkbox"/> 4 Son/daughter-in-law | <input type="checkbox"/> 8 Non-relative |

P.47 Are(is) male or female?

- 1 Male 2 Female

P.48 a. What is date of birth?

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

b. If not known, how old were (was) on last birthday?

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

P.49 To which ethnic/racial group do(es) belong?

- | | |
|--|--|
| <input type="checkbox"/> 1 African/Negro/Black | <input type="checkbox"/> 6 Hispanic |
| <input type="checkbox"/> 2 Amerindian/Carib | <input type="checkbox"/> 7 Syrian/Lebanese |
| <input type="checkbox"/> 3 East Indian/Indian | <input type="checkbox"/> 8 Mixed |
| <input type="checkbox"/> 4 Caucasian/White | <input type="checkbox"/> 9 Other - specify _____ |
| <input type="checkbox"/> 5 Chinese/Oriental | <input type="checkbox"/> 10 NS |

P.50 What is ... ('s) first language (mother tongue)?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> 1 English | <input type="checkbox"/> 5 Italian |
| <input type="checkbox"/> 2 Spanish | <input type="checkbox"/> 6 German |
| <input type="checkbox"/> 3 French | <input type="checkbox"/> 7 Dutch |
| <input type="checkbox"/> 4 Chinese | <input type="checkbox"/> 8 Other - specify _____ |

P.51 Which language(s) cancarry on a conversation?

- | | | |
|------------------------------------|--|---------------------------|
| <input type="checkbox"/> 1 English | <input type="checkbox"/> 5 Italian | (Indicate all that apply) |
| <input type="checkbox"/> 2 Spanish | <input type="checkbox"/> 6 German | |
| <input type="checkbox"/> 3 French | <input type="checkbox"/> 7 Dutch | |
| <input type="checkbox"/> 4 Chinese | <input type="checkbox"/> 8 Other - specify _____ | |

P.52 What is(are)('s) country(ries) of citizenship? (Indicate all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 1 BOTC (Anguilla) (Go to P.53) | <input type="checkbox"/> 7 Dominican Republic |
| <input type="checkbox"/> 2 United States | <input type="checkbox"/> 8 Guyana |
| <input type="checkbox"/> 3 Jamaica | <input type="checkbox"/> 9 Other Caribbean - specify _____ |
| <input type="checkbox"/> 4 St. Kitts & Nevis | <input type="checkbox"/> 10 Other European - specify _____ |
| <input type="checkbox"/> 5 United Kingdom | <input type="checkbox"/> 11 Other - specify _____ |
| <input type="checkbox"/> 6 St. Martin/St. Maarten | <input type="checkbox"/> 12 NS |

Answer next question if checked "BOTC (Anguilla)", otherwise go to P.54.

P.53 How did.... acquire BOTC (Anguilla) status?

- | | |
|---|--|
| <input type="checkbox"/> 1 Birth | <input type="checkbox"/> 4 Adoption |
| <input type="checkbox"/> 2 Descent | <input type="checkbox"/> 5 Naturalisation/registration |
| <input type="checkbox"/> 3 Marriage/determination | <input type="checkbox"/> 6 Grant of status |

P.54 What is('s) religion/denomination?

- | | |
|--|---|
| <input type="checkbox"/> 1 Anglican | <input type="checkbox"/> 11 Methodist |
| <input type="checkbox"/> 2 Baptist | <input type="checkbox"/> 12 Muslim/Islam |
| <input type="checkbox"/> 3 Baha'i | <input type="checkbox"/> 13 Pentecostal |
| <input type="checkbox"/> 4 Brethren | <input type="checkbox"/> 14 Presbyterian |
| <input type="checkbox"/> 5 Christianity | <input type="checkbox"/> 15 Rastafarian |
| <input type="checkbox"/> 6 Church of God | <input type="checkbox"/> 16 Roman Catholic |
| <input type="checkbox"/> 7 Evangelical | <input type="checkbox"/> 17 Salvation Army |
| <input type="checkbox"/> 8 Hindu | <input type="checkbox"/> 18 Seventh Day Adventist |
| <input type="checkbox"/> 9 Jehovah Witness | <input type="checkbox"/> 19 None |
| <input type="checkbox"/> 10 Jewish | <input type="checkbox"/> 20 Other - specify _____ |
| <input type="checkbox"/> 21 NS | |



35288

Confidential when completed

Remember to mark all choice boxes like this **SECTION 7 HEALTH - FOR ALL PERSONS**

P.55 Do(es) suffer from any long-standing illness(es) that is either physical or mental? Indicate also whether diagnosed by a doctor, the origins and age at which the illness began. (Indicate all that apply)

Illness, or infirmity	Rate responses as follows				Indicate origin							Age at which it began NS = 999 DK = 998
	1.Yes	2.Yes(not diagnosed)	3.No	4.NS	1.Illness	2.Accident	3.Birth	4.Old age	5.Other	6.DK	7.NS	
1. Sickle cell	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
2. Arthritis/rheumatism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
3. Asthma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
4. Diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
5. Hypertension	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
6. Heart Disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
7. Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
8. Kidney Disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
9. Cancer	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
10.HIV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
11.AIDS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
12.Lupus	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
13.Mental Illness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
14.Allergies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
15.Epilepsy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
16.Complete blindness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
17.Drug dependency	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
18.Alcohol dependency	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
19.Back/spine problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
20.Other res/lung problem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
21.Other- specify _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
22.Not stated	<input type="checkbox"/> 1 Not stated											
23.No condition	<input type="checkbox"/> 1 No Condition											

P.56 When was the last time that used a medical facility (hospital, doctor, clinic, etc.)?

- 1 Less than a month ago
- 2 1 to 6 months
- 3 7 months to a year
- 4 More than a year ago
- 5 Never (Go to P.58)
- 6 NS

P.57 What is the main medical facility that have (has) used in the 12 months?

- 1 Hospital in Anguilla
- 2 Private doctor in Anguilla
- 3 Doctor overseas
- 4 Public Health Centre, Anguilla
- 5 Drug store for medical services
- 6 Clinic/hospital, St. Martin
- 7 Clinic/hospital overseas not in St.Martin
- 8 Other - specify _____
- 9 NS

P.58 Are (is) covered by health/life insurance (include S.S.)?

- 1 Yes
- 2 No (Go to P.60)
- 3 DK
- 4 NS

P.59 Which insurance plan(s) do(es) have? (Indicate all that apply)

- 1 Social Security
- 2 Group Health
- 3 Individual Health
- 4 Life with Health
- 5 Group Life
- 6 Endowment with Health
- 7 Life only
- 8 Endowment only
- 9 National Health Fund
- 10 Other - specify _____
- 11 NS



35288

Confidential when completed

Remember to mark all choice boxes like this **SECTION 8 DISABILITY - FOR ALL PERSONS**

P.60 Do(es) suffer from any long-standing impairment(s)/disability(ies) that is (are) either physical or mental? Indicate also whether diagnosed by a doctor, the origins and age at which the disability began. (Indicate all that apply)

Disability	Rate responses as follows				Indicate origin							Age at which it began NS = 999 DK = 998
	1.Yes	2.Yes(not diagnosed)	3.No	4.NS	1.Illness	2.Accident	3.Birth	4.Old age	5.Other	6.DK	7.NS	
1.Partial or total loss of sight even with glasses/contacts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
2.Partial or total loss of hearing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
3.Incomplete use of leg, feet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
4.Incomplete use of arms/fingers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
5.Slow development/learning difficulties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
6.Partial or total loss of speech	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
7.Behavioural problems/mental impairment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
8.Other - specify	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<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="text"/>
9.Not stated	<input type="checkbox"/> 1 Not stated											
10.No condition	<input type="checkbox"/> 1 No condition If no difficulty for all the options, go to Section 9											

P.61 Due to a physical, mental or emotional condition lasting 6 months or more, do(es) have any difficulty doing any of the following activities?

Rate responses as follows:

1. No - no difficulty 3. Yes - a lot of difficulty
2. Yes - some difficulty 4. Cannot do at all

1. Seeing, even if wearing glasses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Hearing, even if using a hearing aid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Walking or climbing steps	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. Body movement (reaching, crouching, kneeling)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. Gripping/holding (using fingers to grip/hold)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. Self care (washing all over or dressing, feeding)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. Remembering or concentrating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. Communicating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. Behavioural (psychological, emotional problem)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

P.62 Do(es) require any of the following aids?

(Indicate all that apply)

- 1 Wheelchair 8 Prosthesis/artificial body part
 2 Walker 7 Hearing aid
 3 Crutches 9 Orthopedic shoes
 4 Braille 10 Other - specify _____
 5 Adapted car 11 None
 6 Cane 12 NS

P.63 Do(es) receive assistance due to the disability?

- 1 Yes, financial assistance
 2 Yes, assistance in kind
 3 Yes, both financial and assistance in kind
 4 No assistance
 5 NS



Remember to mark all choice boxes like this

SECTION 9 BIRTH PLACE AND RESIDENCE - FOR ALL PERSONS

P.64 Where were (was) born?

- 1 Anguilla (Go to P.67) _____ ED
- 2 Overseas _____ Country
- 3 DK
- 4 NS

P.65 Did come to Anguilla before the age of one?

- 1 Yes
- 2 No (Go to P.67)
- 3 NS (Go to P.67)

P.66 On coming to Anguilla, where did reside?

_____ ED

P.67 How many times have (has) moved house within Anguilla in the last year?

<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

NS = 99
DK = 98
If 00 skip to P.70

P.68 How long were (was) living at the previous address?

<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

NS = 999
DK = 998

Months

P.69 How long have (has) been living at this present address?

<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

NS = 99
DK = 98

Months

SECTION 10 INTERNATIONAL MIGRATION - FOR ALL PERSONS

P.70 Other than for educational or health purposes, have (has)... ever lived abroad for 1 year or more continuously?

- 1 Yes
- 2 No (Go to P.76)
- 3 NS

P.71 Which country did reside in?

- 1 St. Martin
- 2 St. Maarten
- 3 Dominican Republic
- 4 US Virgin Islands
- 5 B.V.I
- 6 Other Caribbean - specify _____
- 7 China
- 8 United States
- 9 Canada
- 10 United Kingdom
- 11 Other - specify _____
- 12 NS

P.72 In what year did come/return to live in Anguilla?

Year

P.73 What is ('s) MAIN reason for coming/returning to Anguilla?

- 1 Home
- 2 Family here
- 3 Involuntary Return/Deported
- 4 Retired
- 5 Build a house
- 6 Start a business
- 7 Completed studies
- 8 Work
- 9 Other - specify _____
- 10 NS

P.74 In what village did live before leaving Anguilla?

_____ ED

P.75 What is ... ('s) status in Anguilla?

- 1 BOTC (Anguilla) by descent, adoption, naturalisation
- 2 Belonger by other condition
- 3 Temporary resident permit
- 4 Permanent resident permit
- 5 Work permit
- 6 Other - specify _____
- 7 NS

SECTION 11 INTERNET USAGE - FOR ALL PERSONS

P.76 Have (has) ... used the Internet from any location in the last 3 months?

- 1 Yes
- 2 No (Go to P.78)
- 3 NS

P.77 Where did ... use the internet in the last 3 months?

(Indicate all that apply)

- 1 At home
- 2 At work
- 3 At school/ place of education
- 4 Internet café/ community or commercial access facility
- 5 At the home of a family, friend or neighbour
- 6 Via a mobile cellular phone
- 7 Via other mobile access device
- 9 NS



35288

Remember to mark all choice boxes like this

SECTION 12 EDUCATION - FOR ALL PERSONS

P.78 Are (is) currently attending an educational institution/day care?

- 1 Yes, full-time (go to P.80)
- 2 Yes, part-time (go to P.80)
- 3 No
- 4 NS

P.79 For persons under sixteen (16) years of age, what is the MAIN reason..... is not currently attending school?

- 1 Too young (End questionnaire)
- 2 Financial problems
- 3 Transportation problems
- 4 Working
- 5 Illness
- 6 Home schooling
- 7 Physical/mentally challenged
- 8 No space in school
- 9 Pregnant/young mother
- 10 Baby sitting
- 11 Apprenticeship
- 12 Expelled
- 13 Not interested
- 14 Suspended

Except for "Too young", all other responses go to P.83

15 Not applicable (if person is > 15 years)

16 Other - specify _____

P.80 What type of educational institution are (is)attending?

- 1 Day care in a home (End questionnaire)
- 2 Day care not in a home (End questionnaire)
- 3 Pre-school
- 4 Primary
- 5 Secondary/high school
- 6 Community college
- 7 Sixth form
- 8 Technical/vocational school
- 9 UWI Extra Mural
- 10 US University/College
- 11 UWI/UK or equivalent university
- 12 Adult Education
- 13 Other - specify _____
- 14 NS

P.81 What is the name of the institution?

- 1 Albenia Lake Hodge Comprehensive
- 2 Valley Primary
- 3 Orealia Kelly (Stoney Ground) Primary
- 4 Adrian T. Hazell (Road) Primary
- 5 Morris Vanterpool (East End) Primary
- 6 Vivien Vanterpool (Island Harbour) Primary
- 7 Alwyn Allison (West End) Primary
- 8 Teacher Gloria Omolulu Institute
- 9 Central Christian School
- 10 Island Harbour Christian Pre-school
- 11 Maranatha Methodist Pre-school
- 12 St. Mary's Pre-school
- 13 Liz Pre-school
- 14 Bethel Pre-school
- 15 Ebenezer Pre-school
- 16 Prophecy Pre-school
- 17 Church of God (Holiness) Pre-school
- 18 Other - specify _____
- 19 NS

P.82 What is ('s) MAIN mode of transport to school?

- 1 Hitches a ride
- 2 Walks
- 3 Cycles
- 4 School bus
- 5 Drives own vehicle or with a friend
- 6 Taxi
- 7 Other - specify _____
- 8 NS

P.83 What is the highest level of education that have (has) completed?

- 1 Preschool (Go to P.85)
- 2 Primary - Years K - 2 (Go to P.85)
- 3 Primary - Years 3 - 6 (Go to P.85)
- 4 Some secondary (Go to P.85)
- 5 Completed Secondary School
- 6 Post secondary 6B
- 7 Post secondary 6A
- 8 Seventh Standard
- 9 UWI Extra Mural/College
- 10 US University/College
- 11 University W.I./UK or equivalents
- 12 Other - specify _____
- 13 None (Go to P.85)
- 14 NS

P.84 What is the highest level of certificate/examination that.... have (has) passed?

- 1 School leaving (Standard six or seven school leaving exam)
- 2 GCE O'Levels/CXC/Cambridge

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
- 3 High school diploma/certificate
- 4 GCE A'Levels

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

0	1	2	3	4					
0	1	2	3	4	5	6	7	8	9
- 6 Undergraduate diploma
- 7 Other diploma/certificate
- 8 Associate degree
- 9 Professional certificate
- 10 Trade certificate
- 11 Bachelors degree (BA, BSc, LLB, etc.)
- 12 Postgraduate certificate
- 13 Postgraduate degree (MA, MSc, MEd, MBA, PhD, etc.)
- 14 Professional degree (MD, DDS, etc.)
- 15 Other - specify _____
- 16 None
- 17 NS

P.85 What is ('s) age group?

- 1 Under 13 years (End questionnaire)
- 2 13 - 14 years (Go to P.97)
- 3 15 years and over

Use P.48



35288

Remember to mark all choice boxes like this

SECTION 13 PROFESSIONAL, TECHNICAL AND VOCATIONAL TRAINING

P.86 Are (is) or have (has) been (being) trained for a specific occupation or profession? (Training can be on the job or formal)

- 1 Completed training
- 2 Being trained
- 3 Attempted training but did not complete (drop out)
- 4 No specific training
- 5 NS

If " No specific training" OR "NS" go to P.94

P.87 What is the MAIN occupation/profession for which received training?

P.88 Is(s) present job related to the most recent training?

- 1 Yes
- 2 No
- 3 No job
- 4 NS

Occupation			

P.89 a. Were (was).... ever trained formally?

- 1 Yes
- 2 No
- 3 NS

b. Are (is)... being trained?

- 1 Yes
- 2 No
- 3 NS

P.90 In what year did.... complete the most recent training?

- 1 2011
- 2 2010
- 3 2009
- 4 2008
- 5 2004 - 07
- 6 2000 - 03
- 7 1990 - 1999
- 8 Before 1990
- 9 Did not complete training
- 10 Still being trained
- 11 NS

P.91 For the highest level of training, what type of qualification/certificate was received?

- 1 None
- 2 Certificate with examination
- 3 Certificate without examination
- 4 Diploma
- 5 Advanced Diploma
- 6 Associate Degree
- 7 Bachelor Degree (BA, BSc, LLB, etc.)
- 8 Postgraduate certificate
- 9 Postgraduate degree (MA, MSc, MEd, MBA, etc.)
- 10 Professional qualification (MD, DDS, etc)
- 11 NS

P.92 For(s) highest level of training, what was the main method/type of training used?

- 1 On the job
- 2 Apprenticeship
- 3 Correspondence Course
- 4 Secondary school
- 5 Vocational trade school
- 6 Commercial/secretarial school
- 7 Business/computer school
- 8 Technical college
- 9 University (On campus)
- 10 Distance learning
- 11 Virtual/Internet
- 12 Private self study
- 13 Other - specify _____
- 14 NS

P.93 What was the total time for the training? (Not elapsed time)

- 1 Under 3 months
- 2 3 to 5 months
- 3 6 to 11 months
- 4 1 to less than 2 years
- 5 2 to less than 3 years
- 6 3 years and over
- 7 NS



Remember to mark all choice boxes like this

SECTION 14 MARITAL OR UNION STATUS - FOR PERSONS 15 YEARS AND OVER

P.94 What is ... ('s) present marital/union status?

- 1 Legally married (Go to P.96)
- 2 Common law union
- 3 Visiting partner
- 4 Not in a union & married (Go to P.96)
- 5 Not in a union & legally separated (Go to P.96)
- 6 Not in a union & widowed (Go to P.96)
- 7 Not in a union & divorced (Go to P.96)
- 8 Not in a union & single (Go to P.97)
- 9 Other - specify _____
- 10 NS

Response 1 through 3 apply to those in union. 4 through 8 are for those not presently in a union.

P.95 Have (has) ever been married?

- 1 Yes
- 2 No (Go to P.97)
- 3 NS

P.96 How old were (was) when first married or living in a union?

0	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

SECTION 15 FERTILITY - FOR ALL PERSONS 13 YEARS AND OVER

P.97 How many live children have (has) ever had/fathered?

Number of children (If " 00" Go to P.105)

Number of males

Number of females

P.98 How old were (was) when the first child was born?

Age when 1st baby born

P.99 How old were (was) when the last child was born?

Age when had last baby born

P.100 Was ('s) last child born in Anguilla?

- 1 Yes, in Anguilla
- 2 No, overseas
- 3 NS

Questions P.101 to P.104 apply only to females under 50 years of age. If male or female and > 50 years go to question P.105.

P.101 How many live births did.... have during the past 12 months?

- 1 None (Go to P.105)
- 2 One
- 3 Twin/multiple births
- 4 Two separate births
- 5 Three or more separate births
- 6 NS

P.102 What were the sexes & number of these babies?

	1	2	3	4	5	6
Males	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6
Females	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

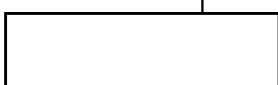
P.103 Did any of these babies die?

- 1 Yes
- 2 No (Go to P.105)
- 3 NS

P.104 How many died?

Within the first month of life

After 1st month and before 1 year





35288

Remember to mark all choice boxes like this

SECTION 16 ECONOMIC ACTIVITY - FOR ALL PERSONS 15 YEARS AND OVER

P.105 Have (has) ever worked or had a job?

- 1 Yes
- 2 No (Go to P.110)
- 3 NS

P.106 Where is ('s) usual workplace?

- 1 Own home
- 2 Government
- 3 No Fixed Workplace
- 4 Private Sector- specify _____
- 5 Other - specify _____
- 6 NS

P.107 What category worker are (is) ... in your (his/her) MAIN job?

- 1 Paid employee, government
- 2 Paid employee, statutory body
- 3 Paid employee, private establishment/business
- 4 Paid employee, private home
- 5 Apprentice/learner
- 6 Volunteer worker
- 7 Self-employed with paid employees
- 8 Self-employed without employees
- 9 Unpaid worker/employee
- 10 Contributing family member/worker
- 11 NS

P.108 How do(es) usually travel to work?

- 1 Hitches a ride
- 2 Walks
- 3 Cycles
- 4 Business transportation
- 5 Drives own vehicle or with a friend
- 6 Taxi
- 7 Motor bike
- 8 Other - specify _____
- 9 NS

P.109 How many minutes does it take to get to work?

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Minutes

P.110 What did do MOST during the week May 4 - 11, 2011?

- 1 Worked (Go to P.112)
- 2 Had a job but did not work
- 3 Looked for work, was available and wanted work
- 4 Home duties
- 5 Attended school
- 6 Retired
- 7 Disabled and unable to work (Go to P.121)
- 8 Nothing
- 9 Other - specify _____
- 10 NS

P.111 Did do any work at all for pay or profit during the week May 4 - 11, 2011 for any length of time, including helping in a family business, fishing or work for profit at home?

- 1 Yes
- 2 No (Go to P.121)
- 3 NS

P.112 How many hours did work during the week May 4 - 11, 2011 at MAIN job?

Number of hours worked

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P.113 What kind of work do(es)... do in your (his/her) MAIN job?

Give a brief description of main duties.

P.114 What was ('s) MAIN occupation?

Occupation code				
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P.115 What kind of business did work at eg: hotel, restaurant, supermarket, gas station?

Industry code				
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P.116 Was the work that did during the week May 4 -11, 2011 for an employer, self or family business?

- 1 Paid employee-government (Go to P.119)
 - 2 Paid employee-private (Go to P.119)
 - 3 Paid employee-statutory body (Go to P.119)
 - 4 Unpaid worker (Go to P.121)
 - 5 Own business with paid help (self-employed)
 - 6 Own business without paid help (self-employed)
 - 7 NS
- (Indicate all that apply)

P.117 How many people work for?

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P.118 What kind of accounts do(es) ... keep for this activity/business?

- 1 Complete set of records/accounts
- 2 Informal records of order, sales, purchases
- 3 Simplified written accounts
- 4 No records are kept
- 5 NS

P.119 How often do(es)... get paid?

- 1 Daily
- 2 Weekly
- 3 Fortnightly
- 4 Monthly
- 5 Annually
- 6 Other - specify _____
- 7 NS

P.120 What was('s) monthly gross pay or self employment income ie: before deductions, from all sources during the last pay period?

Monthly income in XCD \$

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 ,

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Category

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35288

Remember to mark all choice boxes like this

SECTION 16 ECONOMIC ACTIVITY (CONTINUED)- FOR ALL PERSONS 15 YEARS AND OVER

P.121 What did do MOST during the past 12 months?

- 1 Worked for pay or profit
- 2 Had a job but did not work
- 3 Looked for work (Go to P.123)
- 4 Home duties
- 5 Attended school
- 6 Retired
- 7 Disabled and unable to work
- 8 Nothing (Go to P.122)
- 9 Other - specify _____
- 10 NS

Except for "Looked for Work" OR "Nothing", all other responses go to P.124

P.122 Did do any of the following activities to try to find work during the past 12 months? (Indicate all that apply)

- 1 No/nothing
- 2 Applied for jobs/wrote letters
- 3 Checked work places for vacancies
- 4 Sought assistance from friends for work
- 5 Registered with Labour Office
- 6 Other - specify _____
- 7 NS

If answer to P.122 is "No/nothing" then go to P.123 otherwise go to P.124

P.123 Why did not seek work in the past 12 months?

- 1 Own illness, disability, pregnancy
- 2 Personal or family responsibilities
- 3 In school or training
- 4 Retired or elderly
- 5 Waiting to start a job already found
- 6 Made arrangements to start self-employment
- 7 Awaiting recall to former job
- 8 Awaiting busy season
- 9 Waiting for replies from employers
- 10 Believe no suitable work available
- 11 Discouraged
- 12 Other - specify _____
- 13 NS

P.124 How many months did.... work at all for pay or profit during the past 12 months?

Number of Months 0 1 2 3 4 5 6 7 8 9 10 11 12

Work includes fishing, cooking, sewing etc for sale.

P.125 What were('s) other sources of income in the past 12 months? (Indicate all that apply)

- 1 Pension (Anguilla)
- 2 Pension (Overseas)
- 3 Investments/dividends (Anguilla)
- 4 Investments/dividends (Overseas)
- 5 Friends/family (Anguilla)
- 6 Friends/family (Overseas)
- 14 Other - specify _____
- 15 NS
- 7 Rental income (Anguilla)
- 8 Rental income (Overseas)
- 9 Savings/interest
- 10 Disability benefits
- 11 Unemployment benefits
- 12 Social Security
- 13 Other Public Assistance

Answer next question if checked "Friends/family (Overseas)" in question P.125 otherwise go to question P.127.

P.126 How much money did receive in the past 12 months from family or friends living abroad in XCD?

Remittances in 12 months in XCD \$,

P.127 How much money did send in the past 12 months to family or friends living abroad in XCD?

Remittances out 12 months in XCD \$,

P.128 Do(es).... have any other job(s) besides your (his/her) MAIN job? If yes, how many?

- 1 Yes 1 2 3 4 5 6
- 2 No (Go to P.136)
- 3 NS

P.129 What are ... ('s) MAIN reason for other job(s)?

- 1 Meet expenses
- 2 Earn extra money
- 3 Gain new experience
- 4 Other - specify _____
- 5 NS

P.130 Where is (are) ('s) other workplace(s)?

- 1 Own home
- 2 Government
- 3 Other - specify _____
- 4 NS

P.131 How many hours do(es) work at the other job(s)?

Number of hours worked

P.132 What was ('s) other occupation?

Occupation code

P.133 What kind of business did work at other job eg: hotel, restaurant, supermarket, gas station?

Industry code

P.134 How often do(es)... get paid for other job(s)?

- 1 Daily
- 2 Weekly
- 3 Fortnightly
- 4 Monthly
- 5 Annually
- 6 Other - specify _____
- 7 NS

P.135 On average, how many hours do(es) spend each week on housework eg: cleaning, laundry, care of family?

Weekly hours of unpaid work

P.136 In the past 12 months have (has) been a victim of a crime?

- 1 Yes
- 2 No
- 3 NS

If "No" End Questionnaire

P.137 Was the crime reported to the police?

- 1 Yes
- 2 No
- 3 NS

Thank you for your assistance in completing the questionnaire.