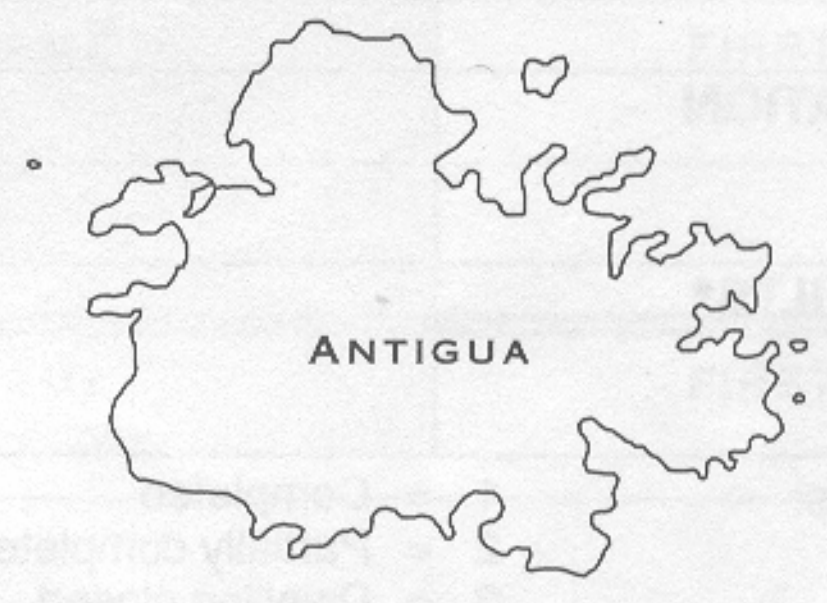
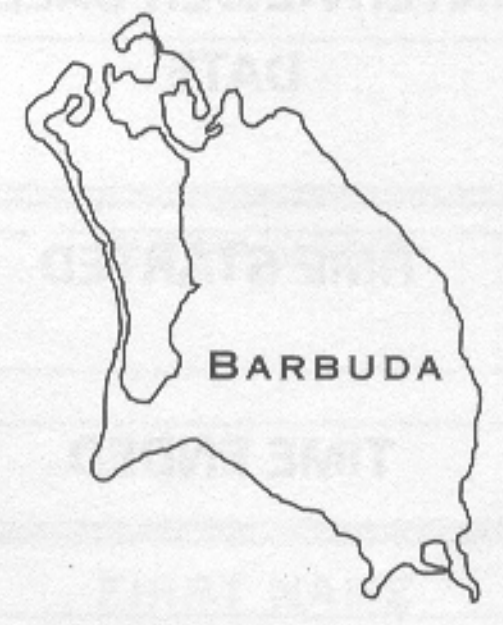


ORGANISATION OF EASTERN CARIBBEAN STATES
POPULATION AND HOUSING CENSUS

ANTIGUA & BARBUDA
2001
POPULATION
AND
HOUSING
CENSUS



CENSUS DAY - MAY 28, 2001

INSTRUCTIONS

- Use number 2 pencil only. (Do not use ink or ballpoint pen.)
- Make dark marks that fill the oval completely.
- Erase cleanly any mark you wish to change.
- Make no stray marks.

Incorrect Marks	Correct Mark

AREA NUMBER

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

ED NUMBER

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

HOUSEHOLD NUMBER

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

Address of Household

Community

Town/Village

District/Parish

PLEASE DO NOT WRITE IN THIS AREA

07219

INTERVIEWER SAY

I am the Census Interviewer assigned to this area and I would like to get some information about the household and its members. Here is my identification card. (Show card)

RECORD OF VISITS

INTERVIEWER CALLS	1	2	3	4
DATE				
TIME STARTED				
TIME ENDED				
DURATION				
RESULTS*				

*Results Codes:

- 1 = Completed
- 2 = Partially completed, call back
- 3 = Dwelling closed
- 4 = Address vacant
- 5 = No contact

- 6 = Refusal
- 7 = No suitable respondent at home
- 8 = Other
(Please specify)

AREA SUPERVISOR

NAME	DATE
------	------

FIELD SUPERVISOR

NAME	DATE
------	------

INTERVIEWER

NAME	DATE
------	------

EDITOR

NAME	DATE
------	------

CODER

NAME	DATE
------	------

INTERVIEWER SAY

Please give me the names of all the persons who usually live in and share at least one daily meal with your household.

HOUSEHOLD MEMBERS

1

SURNAME

FIRST NAME

2

SURNAME

FIRST NAME

3

SURNAME

FIRST NAME

4

SURNAME

FIRST NAME

5

SURNAME

FIRST NAME

6

SURNAME

FIRST NAME

7

SURNAME

FIRST NAME

8

SURNAME

FIRST NAME

9

SURNAME

FIRST NAME

10

SURNAME

FIRST NAME

11

SURNAME

FIRST NAME

12

SURNAME

FIRST NAME

13

SURNAME

FIRST NAME

14

SURNAME

FIRST NAME

15

SURNAME

FIRST NAME

16

SURNAME

FIRST NAME

17

SURNAME

FIRST NAME

18

SURNAME

FIRST NAME

Lined area for writing comments.

2. (b) How many persons moved?

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

2. (a) Did any member of this household move to live abroad during the last ten years? (1991-2001)
 ① Yes (if Yes continue)
 ② No (Go to Section 2)

3.

PERSON 1

4. Year Moved 1991-2001

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

5. Educational Level when moved

① None
 ② Primary
 ③ Secondary
 ④ Tertiary (non-university/College)
 ⑤ University
 ⑥ Other
 ⑦ Not Stated

6. Sex

① Male
 ② Female

7. Age when Moved

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

8. Occupation when Moved

9. Name of Country of Migration

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

PERSON 2

4. Year Moved 1991-2001

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

5. Educational Level when moved

① None
 ② Primary
 ③ Secondary
 ④ Tertiary (non-university/College)
 ⑤ University
 ⑥ Other
 ⑦ Not Stated

6. Sex

① Male
 ② Female

7. Age when Moved

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

8. Occupation when Moved

9. Name of Country of Migration

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

PERSON 3

4. Year Moved 1991-2001

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

5. Educational Level when moved

① None
 ② Primary
 ③ Secondary
 ④ Tertiary (non-university/College)
 ⑤ University
 ⑥ Other
 ⑦ Not Stated

6. Sex

① Male
 ② Female

7. Age when Moved

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

8. Occupation when Moved

9. Name of Country of Migration

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

PERSON 4

4. Year Moved 1991-2001

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

5. Educational Level when moved

① None
 ② Primary
 ③ Secondary
 ④ Tertiary (non-university/College)
 ⑤ University
 ⑥ Other
 ⑦ Not Stated

6. Sex

① Male
 ② Female

7. Age when Moved

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

8. Occupation when Moved

9. Name of Country of Migration

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

PERSON 5

4. Year Moved 1991-2001

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

5. Educational Level when moved

① None
 ② Primary
 ③ Secondary
 ④ Tertiary (non-university/College)
 ⑤ University
 ⑥ Other
 ⑦ Not Stated

6. Sex

① Male
 ② Female

7. Age when Moved

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

8. Occupation when Moved

9. Name of Country of Migration

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

INTERVIEWER

10. What type of dwelling does this household occupy? Ask this question only if the answer is not obvious. Else, shade the appropriate oval.

- ① Undivided private house
- ② Part of a private house
- ③ Flat/apartment/condominium
- ④ Townhouse
- ⑤ Double house/duplex
- ⑥ Combined business & dwelling
- ⑦ Barracks
- ⑧ Other

11. (a) Is this dwelling insured?

- ① Yes
- ② No
- ③ Don't know
- ④ Not Stated

11. (b) Are the contents of this dwelling insured?

- ① Yes
- ② No
- ③ Don't know
- ④ Not Stated

12. Does this household own, rent or lease this dwelling?

- ① Owned (Go to Q.16)
- ② Squatted (Go to Q.17)
- ③ Rented-Private (Go to Q.13)
- ④ Rented-Govt. (Go to Q.13)
- ⑤ Leased (Go to Q.13)
- ⑥ Rent-free (Go to Q.17)
- ⑦ Other (Go to Q.17)
- ⑧ Don't know/Not Stated (Go to Q.17)

13. What is the rental/lease period for this dwelling?

- ① Weekly
- ② Fortnightly
- ③ Monthly
- ④ Quarterly
- ⑤ Half-yearly
- ⑥ Annually
- ⑦ Don't know
- ⑧ Not Stated

14. Is this dwelling rented/leased as fully furnished, semi-furnished or unfurnished?

- ① Fully furnished
- ② Semi-furnished
- ③ Unfurnished
- ④ Not stated

15. How much rent/lease are you now paying? (Go to Q.18)

- ② Not Paying
- ③ Not Stated

\$

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

16. How much mortgage are you now paying monthly?

\$

- ② Not Paying
- ③ Don't Know

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

17. What about the land - is it freehold, leasehold, or some other type of occupancy?

- ① Owned/Freehold
- ② Leasehold
- ③ Rented
- ④ Permission to work land
- ⑤ Sharecropping
- ⑥ Squatted
- ⑦ Other
- ⑧ Don't know/Not stated

18. What is the construction material of the outer walls?

- ① Wood
- ② Concrete/Concrete Blocks
- ③ Wood & Concrete
- ④ Stone
- ⑤ Brick
- ⑥ Adobe
- ⑦ Makeshift (Specify _____)
- ⑧ Other/Don't know

19. What is the material used for roofing?

- ① Sheet metal (zinc, aluminum, galvanize, galvalume)
- ② Shingle (asphalt)
- ③ Shingle (wood)
- ④ Shingle (other)
- ⑤ Tile
- ⑥ Concrete
- ⑦ Makeshift/thatched
- ⑧ Other (Specify _____)
- ⑨ Don't know

20. In which year was this dwelling built?

- ① Before 1970
- ② 1970 - 1979
- ③ 1980 - 1989
- ④ 1990 - 1995
- ⑤ 1996
- ⑥ 1997
- ⑦ 1998
- ⑧ 1999
- ⑨ 2000
- ⑩ 2001
- ⑪ Don't know

21. What is the main source of your water supply?

- ① Private, piped into dwelling
- ② Private catchment not piped
- ③ Private catchment piped
- ④ Public, piped into dwelling
- ⑤ Public, piped into yard
- ⑥ Public standpipe
- ⑦ Public well or tank
- ⑧ Other (please specify) _____

SECTION 2 HOUSING

CONTINUED

22. What is the most used type of toilet facilities in this household?

- ① W.C. (flush toilet) linked to sewer
- ② W.C. (flush toilet) linked to Cesspit or septic tank/Soak-away
- ③ Pit-latrines/VIP
- ④ Other (please specify) _____
- ⑤ None (Go to Q.24)

23. Are these toilet facilities shared with a/other person(s) not of this household?

- ① Yes, Shared
- ② Not shared

24. Are your bathing facilities indoors or outdoors?

- ① Indoors
- ② Outdoors (private)
- ③ None (Go to Q.26)
- ④ Other (Specify _____)

25. Are these bathing facilities shared with a/other person(s) not of this household?

- ① Yes, Shared
- ② Not shared

26. What type of lighting does this household use most?

- ① Gas
- ② Kerosene
- ③ Electricity - Public
- ④ Electricity - Private Generator
- ⑤ Other (Specify _____)
- ⑥ None

27. What type of fuel does this household use most for cooking?

- ① Coal
- ② Wood
- ③ Gas/LPG/Cooking gas
- ④ Kerosene
- ⑤ Electricity
- ⑥ Other (Specify _____)

28. Is your kitchen indoors or outdoors?

- ① Indoors
- ② Outdoors (private)
- ③ None (Go to Q.30)
- ④ Other (Specify _____)

29. Is the kitchen shared with a/other person(s) not of this household?

- ① Yes, Shared
- ② Not shared

30. How many rooms does your household occupy? Do not count bathrooms, porches, kitchens, etc.?

Rooms

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

31. How many bedrooms are there in this dwelling unit? - Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters - Count all bedrooms including spares not occupied.

Bedrooms

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

32. What is your main method of garbage disposal?

- ① Dumping land
- ② Compost
- ③ Burning
- ④ Dumping river/sea/pond
- ⑤ Burying
- ⑥ Garbage truck/Skip/bin
- ⑦ Other (Specify _____)

33. Which of these appliances/household equipment does your household have? (read categories)
1 = Yes 2 = No 9 = No response to question

Water Heater	TV	Cable TV/Satellite	VCR	Radio/Stereo
①	①	①	①	①
②	②	②	②	②
⑨	⑨	⑨	⑨	⑨
Refrigerator	Freezer	Microwave Oven	Stove	Telephone
①	①	①	①	①
②	②	②	②	②
⑨	⑨	⑨	⑨	⑨
Cellular Telephone	Washing Machine	Water Pump	Computer	
①	①	①	①	
②	②	②	②	
⑨	⑨	⑨	⑨	

34. Does this household have an internet connection?

- ① Yes
- ② No
- ③ Not Stated

35. How many motor vehicles (motor cars, station wagons, jeeps, and vans) are kept at home for private use by this household?

- ① None
- ② One
- ③ Two
- ④ Three
- ⑤ Four or more
- ⑨ Not Stated

36. (a) Has any member of your household been a victim of crime during the last five years (1996-2001)?

- ① Yes
- ② No (Go to Section 4)
- ③ Not Stated (Go to Section 4)

(b) Has any member of your household been a victim of crime during the last 12 months (May 2000 - May 2001)?

- ① Yes
- ② No (Go to Section 4)
- ③ Not Stated (Go to Section 4)

Ask the following questions (Q.37 – Q.39) only of households reporting crime within the last twelve months.

37. What was the nature of the crime? (More than one response can be marked)

- ① Crime against person (please state numbers)
 - Male 0 1 2 3 4 5 6 7 8 9 10 11 12
 - Female 0 1 2 3 4 5 6 7 8 9 10 11 12
 - Both 0 1 2 3 4 5 6 7 8 9 10 11 12
- ② Crime against property
- ③ Other (please specify _____)

38. Was the crime reported to the police?

- 1. Crime against person**
 - ① Yes (Go to Section 4)
 - ② No
 - ③ NA (Go to Section 4)
 - ④ NS (Go to Section 4)
- 2. Crime against property**
 - ① Yes (Go to Section 4)
 - ② No
 - ③ NA (Go to Section 4)
 - ④ NS (Go to Section 4)
- 3. Other**
 - ① Yes (Go to Section 4)
 - ② No
 - ③ NA (Go to Section 4)
 - ④ NS (Go to Section 4)

39. Why was the crime not reported to the police (mark all that apply)?

- 1. Crime against person** 1 2 3 4 5 6 7
 - 2. Crime against property** 1 2 3 4 5 6 7
 - 3. Other** 1 2 3 4 5 6 7
- 1 No confidence in the administration of justice
 - 2 Afraid of perpetrator
 - 3 Perpetrator household member/relative
 - 4 Not serious enough
 - 5 Other
 - 6 Not applicable
 - 7 Not stated

INTERVIEWER

Whenever a dotted line (...) appears in a question, call the name of the person to whom the information relates, if it is not the respondent himself/herself. Else say "You"/"Your." Mark the appropriate oval. Please do not write over the responses.

40. Please fill in the person's assigned number.

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

41. What is ...'s relationship to the head of household?

- ① Head
- ② Spouse/partner
- ③ Child
- ④ Son/daughter-in-law
- ⑤ Grandchild
- ⑥ Parent/parent-in-law
- ⑦ Other relative
- ⑧ Non-relative

42. INTERVIEWER: Mark the appropriate oval, FOR PERSONS NOT SEEN ASK: Is ... male or female?

- ① Male
- ② Female

43. What is ...'s date of birth?

day		mo		year			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

INTERVIEWER

If not known, ask:
How old was ... on his/her last birthday?

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

44. To what ethnic, racial or national group do you think ... belongs?

- ① African/Negro/Black
- ② Amerindian/Carib
- ③ East Indian
- ④ Chinese
- ⑤ Portuguese
- ⑥ Syrian/Lebanese
- ⑦ Caucasian/White
- ⑧ Mixed
- ⑨ Other (please specify) _____
- ⑩ Don't know/Not stated

45. What is ...'s religion/denomination?

- ① Anglican
- ② Baptist
- ③ Bahai
- ④ Brethren
- ⑤ Church of God
- ⑥ Evangelical
- ⑦ Hindu
- ⑧ Jehovah Witness
- ⑨ Methodist
- ⑩ Moravian
- ⑪ Muslim
- ⑫ Pentecostal
- ⑬ Presbyterian
- ⑭ Rastafarian
- ⑮ Roman Catholic
- ⑯ Salvation Army
- ⑰ Seventh Day Adventist
- ⑱ Spiritual Baptist
- ⑲ None
- ⑳ Not Stated
- ㉑ Other (Specify _____)

LONG STANDING DISABILITY

46. Does ... suffer from any long-standing disability or infirmity?

- ① Yes
- ② No (Go to Q.53)

47. What was the origin of the disability?

- ① Illness
- ② From Birth
- ③ Accident
- ④ Other _____

48. At what age did disability begin?

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

TYPE OF DISABILITY

49. What type of disability or impairment does ... have? (More than one oval may be marked)

- ① Sight (even with glasses, if worn)
- ② Hearing (even with hearing aid, if used)
- ③ Speech (talking)
- ④ Mobility (walking, standing, climbing stairs)
- ⑤ Body Movements (reaching, crouching, kneeling)
- ⑥ Gripping
- ⑦ Learning
- ⑧ Behavioural
- ⑨ Other _____
- ⑩ Not Stated

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

- ① Yes
- ② No
- ③ Not Stated

51. Because of a physical, mental, or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities:

a. Learning, remembering, or concentrating?

- ① Yes
- ② No

b. Dressing, bathing, or getting around inside the home?

- ① Yes
- ② No

c. Going outside the home alone to shop or visit a Doctor's office?

- ① Yes
- ② No

d. (Answer if person is 15 YEARS OLD OR OVER.) Working at a job or business?

- ① Yes
- ② No

52. Are you ... required to use any of the following aids? (More than one oval may be marked)

- ① Wheelchair
- ② Walker
- ③ Crutches
- ④ Braille
- ⑤ Adapted car
- ⑥ Cane
- ⑦ Prosthesis/artificial body part
- ⑧ Orthopedic Shoes
- ⑨ Other (Specify _____)
- ⑩ None

CHRONIC ILLNESS

53. Does ... suffer from any of the following illness? (More than one oval may be marked)

- ① Sickle cell Anaemia
- ② Arthritis
- ③ Asthma
- ④ Diabetes
- ⑤ Hypertension
- ⑥ Heart disease
- ⑦ Stroke
- ⑧ Kidney Disease
- ⑨ Cancer
- ⑩ HIV
- ⑪ AIDS
- ⑫ Lupus
- ⑬ Carpal Tunnel Syndrome
- ⑭ Other (please specify _____)
- ⑮ None
- ⑯ Not Stated

UTILIZATION OF MEDICAL FACILITY

54. Has ... utilised a medical facility in the past month?

- ① Yes
- ② No (Go to Q.56)
- ③ Not Stated (Go to Q.56)

55. What main medical facility has ... utilised in the past month?

- ① Public Hospital
- ② Family Planning Clinic
- ③ Public Health Centre Medical Visiting Stations
- ④ Private Clinic/Hospital
- ⑤ Private Doctor's Office
- ⑥ Pharmacy
- ⑦ Other (Specify _____)
- ⑧ Not Stated

56. Is ... covered by an Insurance (health, life, etc.) and/or Employee Medical Plan?

- ① Yes
- ② No (Go to Q.58)
- ③ Don't know (Go to Q.58)

57. What type of Insurance does ... have? (More than one oval may be marked)

- ① NIS/Social Security
- ② Group Health Ins.
- ③ Individual Health
- ④ Life with Health
- ⑤ Endowment with health
- ⑥ Life
- ⑦ Other (Specify _____)

SECTION 7 BIRTHPLACE AND RESIDENCE FOR ALL PERSONS

58. Where was ... born?

- ① In this country
- ② Abroad (Go to Q.61)
- ③ Not Stated (Go to Q.60)
- ④ Don't know (Go to Q.60)

59. In what part of the country is that?

Community

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

District/Parish

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

60. Have you/has ... ever lived in another country?

- ① Yes (Go to Q.62)
- ② No/Don't know (Go to Q.65)

61. In what country was that?

Country

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

Don't know

62. In what country did ... last live?

Country

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

Don't know

63. In what year did ... last come to live in this country?

Year

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

Don't know

64. Why did you return/come to ... (insert name of country here)?

- ① Regard it as home
- ② Family is here
- ③ Deported
- ④ Retired
- ⑤ Homesick
- ⑥ To start a business
- ⑦ Other (Specify _____)

65. In what town, village or district did ... he/she last live in this country?

- ① Don't know
- ② Never moved (Go to Q.69)

Community

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

District/Parish

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

CONTINUED

66. In what year did ... you come last to live in this town, village or district?

Year

[Empty box for year]

[Grid of digits 0-9 for year]

Don't know

67. Where does ... usually live?

- 1 At this address (Go to Q.69)
2 Elsewhere in this country
3 Abroad (Go to Q.69)
4 Don't know (Go to Q.69)

68. In what part of the country is that?

Community

[Empty box for community]

[Grid of digits 0-9 for community]

District/Parish

[Empty box for district/parish]

[Grid of digits 0-9 for district/parish]

Don't know

69. Is ... attending any school or educational institution now, whether full-time or part-time?

- 1 Yes - full time
2 Yes - part time
3 No (Go to Q.73)
4 Don't know (Go to Q.73)

70. What type of school or institution are you/is he/is she attending?

- 1 Day care/Nursery
2 Pre-school
3 Infant/Kindergarten
4 Special education
5 Primary
6 Senior Primary/Junior Secondary/Post Primary
7 Secondary
8 Sixth Form ('A' level)
9 Technical/Vocational School
10 University
11 Adult Education
12 Other (Please specify)
13 Not Stated

71. Please give the name and address of the school or institution.

Name

[Empty box for name]

[Grid of digits 0-9 for name]

72. What is your/his/her main mode of travel to the school or institution?

- 1 Walk
2 Bicycle
3 Private car or vehicle
4 Government School Bus
5 Public transport (minibus)
6 Hired transport (taxi)
7 Don't know/Not Stated

73. What is the highest level of formal education that ... has reached?

- 1 Day care/Nursery
2 Pre-school
3 Infant
4 Primary Grade/Standard (1-3 years)
5 Primary Grade/Standard (4-6 years)
6 Secondary
7 Pre-University/Post Secondary/College
8 University
9 Other (Specify)
10 None
11 Not Stated

74. What is the highest certificate, diploma or degree that you/he/she have earned?

- 1 School leaving (e.g. Standard Six or Seven School leaving exam)
2 Cambridge School Certificate
3 GCE 'O' Levels or CXC
Number of subjects: 0-9 or more, Not Stated
4 High School Diploma/Certificate
5 GCE 'A' Levels
Number of subjects: 1-3, 4 or more, Not Stated
6 Under-graduate Diploma
7 Other Diploma/Certificate
8 Associate Degree
9 Professional Certificate
10 Bachelors Degree
11 Post Graduate Diploma (Bachelors & half content required for a Masters)
12 Higher Degree (Masters or Doctoral Degree)
13 Other (Specify)
14 None
15 Not Stated

75. INTERVIEWER: Mark the appropriate oval (See Q.43)

- 1 Under 15 (Go to Q.112)
2 15 years and over

76. (a) Were you ever trained/are you being trained for any occupation or profession? (Training can be formal or non-formal)

- ① Yes
- ② No (Go to Q.79)
- ③ Not Stated (Go to Q.79)

(b) For which occupation(s)/profession(s) (state the most recent one first)?

(i)

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

(ii)

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

(iii)

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

(c) Is your/his/her present job related to your/his/her most recent training?

- ① Yes
- ② No
- ③ Not Applicable

(d) In what year or period did you/he/she complete that training or still being trained?

- ① 2001
- ② 2000
- ③ 1999
- ④ 1998
- ⑤ 1994-97
- ⑥ 1990-93
- ⑦ 1980-89
- ⑧ Before 1980
- ⑨ Did not complete training
- ⑩ Still being trained
- ⑪ Not Stated

77. In ...'s field of highest level of training, what was the main educational method/type of training used?

- ① On the job
- ② Apprenticeship
- ③ Private study/Correspondence
- ④ Secondary School
- ⑤ Vocational/Trade
- ⑥ Commercial/Secretariat
- ⑦ Business/Computer School
- ⑧ Technical Institution
- ⑨ Other Institutional Training
- ⑩ University (on campus)
- ⑪ Distance Learning
- ⑫ Virtual Learning
- ⑬ Other (Specify _____)
- ⑭ Not Stated

78. What is/was the duration of training programmes for the highest level of training which ... completed/attempted or is undergoing?

- ① Under 3 months
- ② 3 months & less than 6 months
- ③ 6 months & less than 1 year
- ④ 1 year & less than 1.5 years
- ⑤ 1.5 years & less than 2 years
- ⑥ 2 years & less than 3 years
- ⑦ 3 years & less than 4 years
- ⑧ 4 years and over
- ⑨ Not Stated

79. What is your/... 's present union status?

- ① Legally married (Go to Q.81)
- ② Common-law union (Go to Q.80 and Q.82)
- ③ Visiting partner
- ④ Married but not in a union (Go to Q.81)
- ⑤ Legally separated and not in a union (Go to Q.81)
- ⑥ Widowed and not in union (Go to Q.81)
- ⑦ Divorced and not in union (Go to Q.81)
- ⑧ Not in a union
- ⑨ Don't know/Not stated

80. Have you ever been married?

- ① Yes
- ② No
- ③ Don't know/Not stated

81. Have you/has ... ever lived together with a partner in a common law relationship?

- ① Yes
- ② No
- ③ Don't know/Not stated

82. How old were you/he/she when you/he/she were/was first married or lived with a partner?

Age

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

Not Applicable

83. How many livebirths/children has ... ever had/fathered? (If ZERO, enter 00 & Go to Q.90)

Live Births

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

84. How old were you/he/she when you/he/she fathered/had the first liveborn child?

Age

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

CONTINUED

85. How old were you/she/he at the birth of your/her/his last liveborn child?

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

Q.86 TO Q.89 APPLY TO FEMALES UNDER AGE 50. OTHERS GO TO Q.90

86. How many living babies/livebirths did you/she have in the last 12 months?

- ① None (Go to Q.90)
- ② One
- ③ Two separate births
- ④ Twins
- ⑤ Three or more

87. What is/are the sex(es) of this child/these children? (Born within the last 12 months)

Number of Boys	0	1	2	3	4	5
Number of Girls	0	1	2	3	4	5

88. Have any of these babies died?

- ① Yes
- ② No (Go to Q.90)

89. How many died?

Within the first month of life	0	1	2	3	4	5
After 1 month but before one year	0	1	2	3	4	5

90. What did ... do most during the past 12 months - for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- ① Worked (Go to Q.93)
- ② Had a job but did not work (Go to Q.93)
- ③ Looked for work
- ④ Wanted work and available
- ⑤ Home Duties
- ⑥ Attended School
- ⑦ Retired
- ⑧ Disabled, unable to work
- ⑨ Other (please specify) _____
- ⑩ Not Stated

91. Did you/he/she do any work at all in the past 12 months? Include work at home, for example, piece work, decorative stitching, smocking, etc.

- ① Yes (Go to Q.93)
- ② No

92. Have you/he/she ever worked or had a job?

- ① Yes (Go to Q.94)
- ② No (Go to Q.94)

93. How many months did you/he/she work in the past 12 months?

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

94. What did ... do most during the past week - for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- ① Worked (Go to Q.98)
- ② Had a job but did not work (Go to Q.98)
- ③ Looked for work
- ④ Wanted work and available
- ⑤ Home Duties
- ⑥ Attended School
- ⑦ Retired
- ⑧ Disabled, unable to work
- ⑨ Other (Please specify) _____
- ⑩ Not Stated

95. Did you take any steps during the past two months to look for work?

- ① No/Did Nothing
- ② Direct Application (Sent out letters) (Go to Q.97)
- ③ Checking at work sites, factory gates, etc. (Go to Q.97)
- ④ Seeking assistance from friends (Go to Q.97)
- ⑤ Register at public/private employment exchange (Go to Q.97)
- ⑥ Other (Go to Q.97)
- ⑦ Not Stated (Go to Q.97)

96. Why did ... not seek work during the past two months?

- ① Own illness, disability, injury, pregnancy
- ② Personal, family responsibilities
- ③ In school, training
- ④ Retirement/old age
- ⑤ Already found work to start later
- ⑥ Already made arrangements for self-employment
- ⑦ Awaiting recall to former job
- ⑧ Awaiting replies from employers
- ⑨ Awaiting busy season
- ⑩ Believe no suitable work available
- ⑪ Could not find suitable work
- ⑫ Not yet started to seek work
- ⑬ Do not know how or where to seek work
- ⑭ Discouraged
- ⑮ Other (Specify _____)
- ⑯ Not Stated

97. Did you/he/she do any other kind of work at all last week for any length of time, including helping in a family business/farm, street vending or work at home?

- ① Yes
- ② No (Go to Q.109)

98. How many hours did you/he/she work last week?

Hours _____

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

② Don't know

99. What sort of work did you/he/she, do in your/his/her main occupation? Please specify in detail.

Type of work _____

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

② Never Worked (Go to Q.109)

100. What type of business is/was carried on at your/his/her workplace? Please specify in detail.

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

CONTINUED

101. What is the name and address of your/his/her present workplace?

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

② No present workplace
(Go to Q.109)

102. How do you/does he/she travel to work?

- ① Work at home (Go to Q.104)
- ② Walk
- ③ Bicycle
- ④ Private Car or vehicle
- ⑤ Company/government Transportation
- ⑥ Public transport (minibus)
- ⑦ Hired transport (taxi)
- ⑧ Other
- ⑨ Don't know/Not Stated

103. How many minutes do you/he/she take to get to work?

Minutes

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

104. Did you/he/she carry on your/his/her business, work for a wage or salary or as an unpaid worker in a family business?

- ① Paid employee - Government (Go to Q.107)
- ② Paid employee - Private (Go to Q.107)
- ③ Paid employee - Statutory Body (Go to Q.107)
- ④ Unpaid worker (Go to Q.109)
- ⑤ Own business with paid help
- ⑥ Own business without paid help (Go to Q.106)
- ⑦ Apprentice (Go to Q.107)
- ⑧ Don't Know/Not Stated (Go to Q.107)

105. How many people work for you/him/her?

Number _____

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

106. Do you/does he/she move all your/his/her goods every night; e.g. fruits, nuts, lottery tickets, clothing/shoes, etc.?

- ① Yes (Informal trader)
- ② No

107. What was ...'s last pay/income period?

- ① Weekly
- ② Fortnightly
- ③ Monthly
- ④ Quarterly
- ⑤ Annually
- ⑥ Other (please specify) _____
- ⑦ None
- ⑧ Not stated

108. What was ...'s gross pay/income during the last pay period, that is before income tax or other deductions? (PRESENT FLASH CARD)

INTERVIEW: For self-employed persons obtain "net income," i.e., receipts less business expenses.

Income Group

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

② Don't know

109. What are your/his/her sources of livelihood? (Mark as many as applicable)

- ① Pension (local)
- ② Pension (overseas)
- ③ Investment
- ④ Remittance (overseas)
- ⑤ Savings/Interest on savings
- ⑥ Employment
- ⑦ Disability benefits
- ⑧ Unemployment benefits
- ⑨ Social Security Payments
- ⑩ Other Public Assistance
- ⑪ Local contributions from friends/relatives
- ⑫ Overseas contributions from friends/relatives
- ⑬ Spouse
- ⑭ Children
- ⑮ Parents
- ⑯ Guardians
- ⑰ Other
- ⑱ Not Stated

110. Approximately how much money did you/he/she receive last year (2000) from family and/or friends abroad? (PRESENT FLASH CARD)

Income Group

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

② Don't know

111. On average, how many hours did ... spend per week on housework (cleaning the house, laundry, care of children, care of elderly, etc.), the following activities in the past week?

Number of Hours

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

IMPORTANT - INTERVIEWER

If interview conducted before census day, ask on return visit immediately after census day:
If interview conducted after census day, ask as part of the full interview:

SECTION 13 WHERE SPENT CENSUS NIGHT

PERSON 1

112. Where did ... spend census night?

- ① At this address (End Interview)
- ② Elsewhere in this country
- ③ Abroad (End Interview)

113. What part of the country was that? If known, please specify.

INTERVIEWER: Write as full an address as possible.
