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". X the appropriate box. Please do not write over the responses:

<table>
<thead>
<tr>
<th>SECTION 5: GENERAL CHARACTERISTICS</th>
<th>For All Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>43: Please fill in this person's name and assigned number.</td>
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<tr>
<td></td>
<td>□ 1 Head</td>
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<td></td>
<td>□ 2 Spouse/Partner of Head</td>
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<td></td>
<td>□ 3 Child of Head and Spouse/Partner</td>
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<td></td>
<td>□ 4 Child of Head only</td>
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<td></td>
<td>□ 5 Child of Spouse/Partner only</td>
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<td></td>
<td>□ 6 Spouse/Partner of Child of Head</td>
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<td></td>
<td>□ 7 Grandchild of Head/Spouse/Partner</td>
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<td></td>
<td>□ 8 Parents of Head/Spouse/Partner</td>
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<td></td>
<td>□ 9 Other Relative of Head/Spouse/Partner</td>
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<td></td>
<td>□ 10 Non-Relative</td>
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<td></td>
<td>□ 99 Don't know/Not Stated</td>
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<tr>
<td>45: What is your/......'s sex?</td>
<td>□ 1 Male</td>
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<td></td>
<td>□ 2 Female</td>
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<td></td>
<td>□ 9 Don't know/Not stated</td>
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<tr>
<td>46: What is your/.....'s date of birth?</td>
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<tr>
<td>Day</td>
<td>Month</td>
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<tr>
<td>□ 9 Don't know/Not stated</td>
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</tbody>
</table>
SECTION 6: DISABILITY AND HEALTH

50. Do you/does...... have difficulty .......

INTERVIEWER: READ OPTIONS BELOW. MULTIPLE RESPONSES ALLOWED.

Rate responses as follows:

1  No - No Difficulty  3  Yes - Lots of Difficulty  9  DK/NS
2  Yes - Some Difficulty  4  Cannot do (it) at all

1. Seeing (even with glasses)?
   [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 9
2. Hearing  (even using hearing aid)?
   [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 9
3. Walking, standing, or climbing stairs?
   [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 9
4. Remembering or concentrating?
   [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 9
5. Self care?
   [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 9
6. Upper body function?
   [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 9
7. Communicating because of a physical, mental or emotional health condition
   [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 9

If No Difficulty for all options, Skip to Q52.

51: What is the origin of your/......’s disability?

INTERVIEWER: READ OPTIONS SELECTED BY RESPONDENTS IN Q50. MULTIPLE REPONSES ALLOWED.

1. From Birth  2. Illness  3. Accident  4. Old age  8. Other (Specify)  9. DK/NS

1. Seeing, even with glasses?
   [ ]
2. Hearing, even using a hearing aid?
   [ ]
3. Walking or climbing stairs?
   [ ]
4. With upper body functions?
   [ ]
5. With self-care
   [ ]
6. Remembering or concentrating?
   [ ]
7. Communicating because of a physical, mental, or emotional health condition
   [ ]

SECTION 7: INTERNET USE

52: Do/does you/....have any of the following illnesses?

INTERVIEWER: READ OPTIONS BELOW. MULTIPLE RESPONSES ALLOWED.

[ ] 1 AIDS  [ ] 11 HIV
[ ] 2 Allergies  [ ] 12 Hypertension
[ ] 3 Anemia  [ ] 13 Kidney diseases
[ ] 4 Arthritis  [ ] 14 Lupus
[ ] 5 Asthma  [ ] 15 Mental illness
[ ] 6 Cancer  [ ] 16 Sickle cell
[ ] 7 Carpal Tunnel Syndrome  [ ] 17 Stroke
[ ] 8 Diabetes  [ ] 88 Other (Specify)________
[ ] 9 Glaucoma  [ ] 99 DK/NS
[ ] 10 Heart disease

53: Are you/ is....covered by insurance (health, life, national, other)?

[ ] 1 Yes  [ ] 2 No  [ ] 9 DK/NS

(SKIP TO SECTION 7)

54: Which of the following insurance plan(s) do you/does.....have? (MULTIPLE REPONSES ALLOWED)

[ ] 1 Social Security  [ ] 6 Endowment with Health
[ ] 2 Life Only  [ ] 7 Endowment
[ ] 3 Life and Health  [ ] 8 Other (Specify)________
[ ] 4 Group Health  [ ] 9 DK/NS
[ ] 5 Individual Health

SECTION 7: INTERNET USE

55: Have you /has.......used the internet within the past 3 months?

[ ] 1 Yes  [ ] 2 No  [ ] 9 DK/NS

(SKIP TO SECTION 8)

56: Where did you/has....used the Internet within the past 3 months? (MULTIPLE REPONSES ALLOWED)

[ ] 1 Home  [ ] 6 Other mobile access device
[ ] 2 Work  [ ] 7 Family/friends house (fixed line)
[ ] 3 School  [ ] 8 Other (specify)________
[ ] 4 Internet Cafe  [ ] 9 DK/NS
[ ] 5 Cellular phone

Remember to mark multiple choice boxes like this ☒
### SECTION 8: BIRTHPLACE AND RESIDENCE

**57: Where do you/does... usually live?**

- [ ] 1 At this address
  Parish ____________ Village ____________
- [ ] 2 Elsewhere
  Parish ____________ Village ____________
- [ ] 3 In another village
  Parish ____________ Village ____________
- [ ] 4 Abroad
  Name of country ____________________

**INTERVIEWER:** For persons born in Antigua & Barbuda what is required at Q58 is the mother’s usual residence at the time of birth.

**58: Where were you/was... born?**

- [ ] 1 In this country  (SKIP TO Q61)
  Parish ____________ Village ____________
- [ ] 2 Abroad
  Name of country ____________________

**59: In what year did you /... first come to live in Antigua and Barbuda?**

Year ____________

**60: What is the main reason for your present residence in Antigua and Barbuda?**

- [ ] 1 Economic Activity under Free Movement
  - [ ] 1.1 Skilled CARICOM national ____________
  - [ ] 1.2 Service Provider
  - [ ] 1.3 Rights of Establishment/Commercial presence
  - [ ] 1.4 Employee of non-wage earner
- [ ] 2 Other Economic Activity
- [ ] 3 Dependent
- [ ] 8 Other (Specify) ____________

**Q61 TO Q64 ARE FOR LOCAL BORN ONLY**

**61: Have you/has... ever lived in another country?**

- [ ] 1 Yes  (SKIP TO Q65)
- [ ] 2 No  (SKIP TO Q65)
- [ ] 9 DK/NS  (SKIP TO Q65)

**62: In which country did you/... last live?**

Name of country ____________________

**Q63 and Q64 are for local born who answered yes to Q61**

**63: In what year did you/... return to live in Antigua & Barbuda?**

Year ____________

**64: What is the main reason for you/... to return to live in Antigua & Barbuda?**

- [ ] 1 Regard it as home
- [ ] 2 Family is here
- [ ] 3 Involuntary return
- [ ] 4 To start a business
- [ ] 5 Employment/work
- [ ] 6 Education
- [ ] 7 Retired
- [ ] 8 Homesick
- [ ] 88 Other (Specify) ____________

**65: In what year did you/...last come to live in this Parish?**

Year ____________  (SKIP TO Q67)

**66: In which Parish and Village did you/... last live?**

Parish ____________ Village ____________

**Q67 to Q71 are for 5 years old and over**

**67: Did you/... live at this address five years ago?**

- [ ] 1 Yes  (SKIP TO Q71)
- [ ] 2 No

**68: In which country or parish and village did you/...live five years ago?**

- [ ] 1 In another Parish and village
  Parish ____________ Village ____________
- [ ] 2 Abroad
  Name of country ____________________
SECTION 8: BIRTHPLACE AND RESIDENCE

Q69 to Q73 are for 10 years and over

69: Did you/... live at this address ten years ago?

☐ 1 Yes (SKIP TO Q71) ☐ 2 No

70: In which country or parish and village did you/... live ten years ago?

☐ 1 In another Parish and village
   Parish__________________ Village__________________

☐ 2 Abroad
   Name of country ___________________________

SECTION 9: EDUCATION

71. Which country or countries are you/... a citizen of? (List up to two countries).

1. __________________________ 2. __________________________

SECTION 10: TRAINING

77: Have you/has... ever received or attempted any skills training or are you/... currently receiving any skills training to equip you/... for employment, occupation/profession?

☐ 1 Yes

☐ 2 No (SKIP TO SECTION 11)

☐ 9 DK/NS (SKIP TO SECTION 11)

78: Which category of training status applies to you/...?

☐ 1 Completed training

☐ 2 Undergoing training currently

☐ 3 Attempted training but not completed

☐ 9 DK/NS

79: What is the field(s) for which the highest level of training was completed, attempted or is undergoing by you/...?

______________________________
### SECTION 10: TRAINING
For Persons 15 years and over concluded

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>80: What was the MAIN method used by you...to train in this field?</td>
<td>1 On the job, 2 Apprenticeship, 3 Correspondence/distance learning/on-line, 4 Secondary School, 5 Vocational/Trade school/Technical Institution, 6 Commercial/Secretarial School, 7 Business/Computer School, 8 University (on campus), 9 Private Study, 88 Other (Specify) 99 DK/NS</td>
</tr>
<tr>
<td>81: How long was the period of your/....'s HIGHEST level of training?</td>
<td>1 Under 3 months, 2 3 months and less than 6 months, 3 6 months and less than 1 year, 4 1 year and less than 1.5 years, 5 1.5 years and less than 2 years, 6 2 years and less than 3 years, 7 3 years and less than 4 years, 8 4 years and over, 9 DK/NS</td>
</tr>
<tr>
<td>82: What type of qualification or certification did you/...receive on completion of the training at the HIGHEST level?</td>
<td>1 None, 2 Certificate with exam, 3 Certificate without exam, 4 Diploma, 5 Advanced Diploma, 6 Associate Degree, 7 First Degree, 8 Post Grad. Degree, 9 Professional Qualification, 88 Other (Specify), 99 DK/NS</td>
</tr>
<tr>
<td>83: Is your/... recent training related to your/...present job?</td>
<td>1 Yes, 2 No, 9 DK/NS</td>
</tr>
</tbody>
</table>

### SECTION 11: ECONOMIC ACTIVITY
For Persons 15 years and over

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>84: What did you/... do during the past 12 months?</td>
<td>1 Had a job and worked, 2 Had a job, but did not work, 3 Seeking first job, 4 Seeking a job which was not the first, 5 Did not seek but wanted work and was available, 6 Attended school/Student, 7 Did home duties, 8 Retired, did not work, 9 Disabled, unable to work, 88 Other (Specify), 99 DK/NS</td>
</tr>
<tr>
<td>85: For how many months did you/...... work during the past 12 months?</td>
<td>0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12</td>
</tr>
<tr>
<td>86: Did you/..... work for pay, profit or family gain, during the past week?</td>
<td>This includes helping in a family business or farm, street vending or any work. Note: Exclude Domestic Work at home</td>
</tr>
<tr>
<td>87: Why were you/...temporarily absent from your/ his/her job?</td>
<td>1 On vacation leave, 2 Maternity/sick leave, 3 Personal responsibility, 4 Study/training leave, 5 Strike/lock out, 6 Temporary lay off, 7 Currently in the off season, 8 Sent on unpaid leave, 88 Other reason (Specify)</td>
</tr>
</tbody>
</table>

Remember to mark multiple choice boxes like this ✗
### SECTION 11: ECONOMIC ACTIVITY

**88. What type of worker status applies to you /..... in your job?**

- [ ] 1 Paid employee, / Government/Local and Central Gov.
- [ ] 2 Paid employee, State Owned Company/Statutory Body
- [ ] 3 Paid employee, Private Business
- [ ] 4 Paid employee, Private Home
- [ ] 5 Own business with paid employees
- [ ] 6 Own business without paid employee
- [ ] 7 Apprentice/Learner
- [ ] 8 Contributing family worker
- [ ] 9 Volunteer worker
- [ ] 88 Other (Specify) ______________________
- [ ] 99 DK/NS

**95: Where is your/....place of work?**

- [ ] 1 At a fixed place of work outside the home
- [ ] 2 Work at home  **(SKIP TO SECTION 12)**
- [ ] 3 No fixed place of work  **(SKIP TO SECTION 12)**
- [ ] 9 DK/NS

**96: What is the name and address of your/his/her workplace?**

- [ ] Name ________________________________
- [ ] Address ______________________________

**97: Did you/... seek work during the past four weeks?**

- [ ] 1 Yes  **(GO TO Q98)**
- [ ] 2 No  **(SKIP TO Q99)**

**98: What did you... actually do to find work or establish your/his/her own business?**

- [ ] 1 Did nothing/Undertook no (active) steps  **(GO TO Q99)**
- [ ] 2 Registered at a public employment exchange
- [ ] 3 Registered at a private employment agency
- [ ] 4 Checked at work-site, farms, factories
- [ ] 5 Looked up and responded to advertisements
- [ ] 6 Asked for assistance from friends, relatives
- [ ] 7 Tried to establish my/(his/her own business
- [ ] 8 Tried to work on a family farm or business
- [ ] 88 Other (Specify) ______________________
- [ ] 99 DK/NS

**99: Why did you/... not seek work in the past four weeks?**  **(SINGLE RESPONSE)**

- [ ] 1 Already found job/made arrangements to start own business
- [ ] 2 Already found job/made arrangements to start own business
- [ ] 3 Cannot find work, lack of business opportunities
- [ ] 4 Lack of finance, raw materials to start own business
- [ ] 5 Awaiting busy/high season
- [ ] 6 Awaiting recall from previous job
- [ ] 7 Thinks he/she lacks skills
- [ ] 8 Discrimination
- [ ] 9 Don't know where/how to seek
- [ ] 10 Other (Specify) ______________________
- [ ] 11 Household duties
- [ ] 12 Student
- [ ] 13 Illness/Disability
- [ ] 14 Family reason, pregnant, other personal reason

**94: How many hours did you/...work during the past week?**

- [ ] _____ Hours  [ ] 99 DK/NS

---

Remember to mark multiple choice boxes like this ☒
**SECTION 11: ECONOMIC ACTIVITY**
For Persons 15 years and over concluded

100: If you would have been offered an opportunity to work during the last week would you have been able to start?

- [ ] 1 Yes
- [ ] 2 No
- [ ] 2.1 In school, training
- [ ] 2.2 Retirement/Old age
- [ ] 2.3 Illness/Disability
- [ ] 2.4 Family duties
- [ ] 2.5 Other (Specify) ____________

**SECTION 12: MARITAL AND UNION STATUS**
For Persons 15 years and over

101: What is your/...’s legal marital status?

- [ ] 1 Single/Never married
- [ ] 2 Married
- [ ] 3 Divorced
- [ ] 4 Widowed
- [ ] 5 Legally separated
- [ ] 9 DK/NS

102: What is your/....’s present union status?

- [ ] 1 Married and living with spouse (SKIP TO Q104)
- [ ] 2 Common law/de facto marriage (GO TO Q103)
- [ ] 3 Visiting partner
- [ ] 4 Not in union presently
- [ ] 9 DK/NS

103: Have you ever been in a common-law union?

- [ ] 1 Yes (SKIP TO SECTION 13)
- [ ] 2 No (SKIP TO SECTION 13)
- [ ] 9 DK/NS

104: How old were/was you/he/she when you/he/she was first married or in a union for the first time?

Age __________

**SECTION 13: FERTILITY**
For women 15 years and over

105: How many live born children have you/has....ever had and how many are males and females?

(IF ZERO, enter 00 & Go to Section 14)

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<th>Total</th>
<th>M</th>
<th>F</th>
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106: How many of your /...’s live born children are still alive?

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107: How old were you/was...when you/she had your/her first live born child?

Age __________

108: How old were you/was... when you/she had your/her last live born child?

Age __________

109: What was the date of birth of the last child born alive to you?

Day __________ / Month __________ / Year __________
SECTION 13: FERTILITY
For women 15 years and over concluded

110: How many live births did you...have in the past 12 months?
☐ 1 None (GO TO SECTION 14)
☐ 2 One birth with one baby
☐ 3 Two separate births
☐ 4 Twins
☐ 5 Three or more
☐ 9 DK/NS

SECTION 14: INCOME AND LIVELIHOOD
For Persons 15 Years and Over

114: Do you /does ...normally receive your wage/salary from your main job at the end of every....? (PAID EMPLOYEES ONLY)
☐ 1 Day
☐ 2 Week
☐ 3 Fortnight
☐ 4 Month
☐ 8 Other Specify

115: In which category on this flashcard did your/...pay/income fall during the last pay period from your main job?

Income Group

116: What are your/...sources of livelihood? (Indicate as many sources as supply)
☐ 1 Disability benefits
☐ 2 Employment
☐ 3 Investment
☐ 4 Other public assistance
☐ 5 Pension (local)
☐ 6 Pension (overseas)
☐ 7 Remittances (overseas)
☐ 8 Savings/Interest on savings
☐ 9 Social security benefits
☐ 10 Subsistence farming
☐ 11 Support from friends/relatives (overseas - cash/kind)
☐ 12 Support from friends/relatives (local cash/kind)
☐ 13 Unemployment benefit
☐ 88 Other (Specify)
☐ 99 DK/NS

117: Approximately how much money did you/...receive last year from family and or friends abroad?

$ 

SECTION 15: WHERE SPENT CENSUS NIGHT

118: Where did you/......spend census night?
☐ 1 At this address
☐ 2 Elsewhere in this country
☐ 3 Abroad (END INTERVIEW)

119: What part of the country was that? Please specify.

Remember to mark multiple choice boxes like this ☒