COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION AND HOUSING 2000

CENSUS
2000

CENSUS QUESTIONNAIRE
MAY 1, 2000

INSTITUTIONAL

CENSUS OFFICE
DEPARTMENT OF STATISTICS
P. O. BOX N-3904  PHONE 325-6511/20
NASSAU, BAHAMAS
COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION AND HOUSING
MAY 1, 2000

THE STATISTICS ACT 1973
This Census is being taken in exercise of the powers conferred by Section 9, subsection (1) of the Statistics Act 1973. "Any person required to furnish information, estimates, or returns, or to supply particulars under this Act who fails so to do shall be guilty of an offence."

<table>
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<th>IDENTIFYING NUMBER</th>
<th>IS.</th>
<th>E.D.</th>
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</thead>
<tbody>
<tr>
<td>NAME OF HEAD OF HOUSEHOLD</td>
<td></td>
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<tr>
<td>ADDRESS OF HOUSEHOLD</td>
<td></td>
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</tr>
<tr>
<td>Street No.</td>
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<td>ENUMERATION DISTRICT NUMBER</td>
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<td>HOUSEHOLD NUMBER</td>
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<tr>
<td>NUMBER OF PERSONS IN HOUSEHOLD</td>
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<td>RESULTS CODES</td>
<td>1 COMPLETED</td>
<td>3 REFUSED</td>
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</tr>
<tr>
<td>2 NOT AT HOME</td>
<td>4 OTHER (Specify)</td>
<td></td>
<td></td>
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<tr>
<td>SUPERVISOR</td>
<td>NAME</td>
<td>DATE</td>
<td></td>
</tr>
<tr>
<td>ENUMERATOR</td>
<td>NAME</td>
<td>DATE</td>
<td></td>
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<td>EDITOR</td>
<td>NAME</td>
<td>DATE</td>
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<td>NAME</td>
<td>DATE</td>
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</tbody>
</table>
PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT

SURNAME

FIRST NAME

INITIAL

P1. INDIVIDUAL'S NUMBER

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?
02 SPouse or partner 07 GRANDCHILD
03 SON 08 PARENT OR PARENT-IN-LAW
04 DAUGHTER 09 OTHER RELATIVE
05 SON-IN-LAW 10 NON-RELATIVE
06 DAUGHTER-IN-LAW

P3. WHICH FAMILY ARE YOU A MEMBER OF?
1 FIRST 4 FOURTH 7 SEVENTH
2 SECOND 5 FIFTH 8 EIGHTH
3 THIRD 6 SIXTH 9 NONE (SKIP TO P5)

P4. FAMILY MEMBERSHIP STATUS
1 SPouse WITH CHILDREN 5 CHILD WITH MOTHER ONLY
2 SPouse WITHOUT CHILDREN 6 CHILD WITH FATHER ONLY
3 LONE PARENT 7 OTHER
4 CHILD WITH BOTH PARENTS

P5. SEX OF RESIDENT
1 MALE 2 FEMALE

P6. WHAT IS YOUR DATE OF BIRTH? HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?

DATE OF BIRTH

DAY

MONTH

AGE

P7. WHAT IS YOUR MARITAL STATUS?
1 NEVER MARRIED 4 DIVORCED 9 NOT STATED
2 MARRIED 5 SEPARATED
3 WIDOWED 6 COMMON-LAW

P8. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?
01 YES DISABILITY 02 YES ILLNESS 03 NO (SKIP TO P24)

P9. WHERE WERE YOU BORN?
01 BAHAMAS 02 ABROAD (SKIP TO P12)

P10. WHICH ISLAND WAS THIS?

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?
01 YES 02 NO (SKIP TO P14)

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?
01 YES 02 NO (SKIP TO P17)

P15. IN WHICH ISLAND WAS THIS?

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?

(IF NOT BAHAMAS SKIP TO P19)

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?
01 BORN TO BAHAMIAN PARENTS 04 MARRIED TO A
02 BORN IN THE BAHAMAS 05 OTHER
03 ADOPTED BY BAHAMANS 06 NATURALIZATION

SECTION 4: DISABILITY (ALL PERSONS)

P19. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)
01 SEEING (EVEN WITH GLASSES, IF WORN)
02 HEARING (EVEN WITH HEARING AIDS, IF WORN)
03 SPEAKING (TALKING)
04 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB)
05 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRUPLEGIC PARALYSIS)
06 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)
07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)
08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)
10 OTHER (Specify)
11 NONE

P20. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
01 SELF CARE
02 MOVING/MOBILITY (WITHIN THE HOME)
03 MOVING/MOBILITY (OUTSIDE THE HOME)
04 COMMUNICATION
05 SCHOOLING/EDUCATION
06 EMPLOYMENT
07 SOCIAL EVENTS
08 OTHER (Specify)
09 NONE

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?
01 YES 02 NO (SKIP TO P23)

SECTION 5: EDUCATION (ALL PERSONS)

P22. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE YOU HAVE ACHIEVED?

Qualification

P23. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)
01 NONE 04 HIGH SCHOOL 4
02 KINDERGARTEN 05 COLLEGE/UNIVERSITY 1-3
03 ELEMENTARY 06 COLLEGE/UNIVERSITY 3
04 HIGH SCHOOL 1-3 07 COLLEGE/UNIVERSITY 4
08 OTHER (Specify)

P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?
01 YES FULL TIME 02 YES PART TIME 03 NO

P25. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

Number of subjects passed

P26. DEGREE/DEGREE ONLY

Majors/Disciplines

SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?
01 YES 02 NO (SKIP TO P30)

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?

Profession/Craft/Trade

P29. WHAT METHOD OF TRAINING IS/WAS THIS?
01 APPRENTICESHIP OR ON-THE-JOB TRAINING
02 TECHNICAL INSTITUTION
03 COLLEGE/UNIVERSITY
04 OTHER (Specify)

P30. IS THIS TRAINING COMPLETED OR ON GOING?
01 COMPLETED 02 ON-GOING

P31. WHAT QUALIFICATION DID YOU RECEIVE OR ARE YOU RECEIVING ON COMPLETION OF THIS TRAINING?
01 CERTIFICATE WITH EXAMINATION
02 CERTIFICATE WITHOUT EXAMINATION
03 DIPLOMA
04 DEGREE
05 NONE
06 OTHER (Specify)
### PART C: POPULATION

#### SECTION 3: CHARACTERISTICS (ALL PERSONS)

**NAME OF RESIDENT**

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Initial</th>
</tr>
</thead>
</table>

**P.1. INDIVIDUAL'S NUMBER**

**P.2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?**

<table>
<thead>
<tr>
<th>Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Spouse or partner</td>
</tr>
<tr>
<td>03</td>
<td>Son</td>
</tr>
<tr>
<td>04</td>
<td>Daughter</td>
</tr>
<tr>
<td>05</td>
<td>Son-in-law</td>
</tr>
<tr>
<td>06</td>
<td>Daughter-in-law</td>
</tr>
</tbody>
</table>

**P.3. WHICH FAMILY ARE YOU A MEMBER OF?**

<table>
<thead>
<tr>
<th>Number</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>First</td>
</tr>
<tr>
<td>02</td>
<td>Second</td>
</tr>
<tr>
<td>03</td>
<td>Third</td>
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<tr>
<td>04</td>
<td>Fourth</td>
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<td>05</td>
<td>Fifth</td>
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<tr>
<td>06</td>
<td>Sixth</td>
</tr>
<tr>
<td>07</td>
<td>Seventh</td>
</tr>
<tr>
<td>08</td>
<td>Eighth</td>
</tr>
<tr>
<td>09</td>
<td>None (skip to P5)</td>
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</table>

**P.4. FAMILY MEMBERSHIP STATUS.**

<table>
<thead>
<tr>
<th>Number</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>SPOUSE WITH CHILDREN</td>
</tr>
<tr>
<td>02</td>
<td>Child with mother only</td>
</tr>
<tr>
<td>03</td>
<td>Child with father only</td>
</tr>
<tr>
<td>04</td>
<td>Other</td>
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</table>

**P.5. SEX OF RESIDENT**

<table>
<thead>
<tr>
<th>Number</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Male</td>
</tr>
<tr>
<td>02</td>
<td>Female</td>
</tr>
</tbody>
</table>

**P.6. WHAT IS YOUR DATE OF BIRTH? HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?**

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
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</thead>
</table>

**P.7. WHAT IS YOUR MARRITAL STATUS?**

<table>
<thead>
<tr>
<th>Number</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Never married</td>
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<tr>
<td>02</td>
<td>Married</td>
</tr>
<tr>
<td>03</td>
<td>Widowed</td>
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<tr>
<td>04</td>
<td>Divorced</td>
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<tr>
<td>05</td>
<td>Separated</td>
</tr>
<tr>
<td>06</td>
<td>Not stated</td>
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**P.19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?**

<table>
<thead>
<tr>
<th>Number</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>Illness</td>
</tr>
<tr>
<td>03</td>
<td>No (skip to P24)</td>
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**P.20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number</th>
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<tr>
<td>See</td>
<td>01</td>
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<tr>
<td>Hearing</td>
<td>02</td>
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<tr>
<td>Speaking</td>
<td>03</td>
</tr>
<tr>
<td>Mobility/possible</td>
<td>04</td>
</tr>
<tr>
<td>Mobility/working/mobility/working</td>
<td>05</td>
</tr>
<tr>
<td>Mobility/working/mobility/working</td>
<td>06</td>
</tr>
<tr>
<td>Learning</td>
<td>07</td>
</tr>
<tr>
<td>Behavioral</td>
<td>08</td>
</tr>
<tr>
<td>Mental</td>
<td>09</td>
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</table>

**P.21. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY LIMIT YOUR ABILITY TO CARRY OUT ANY ACTILITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?**

<table>
<thead>
<tr>
<th>Number</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No (skip to P23)</td>
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</table>

### SECTION 4: DISABILITY (ALL PERSONS)

**P.22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
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<tbody>
<tr>
<td>Self-care</td>
<td>04</td>
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<tr>
<td>Moving/mobility (within the home)</td>
<td>05</td>
</tr>
<tr>
<td>Moving/mobility (outside the home)</td>
<td>06</td>
</tr>
<tr>
<td>Communication</td>
<td>07</td>
</tr>
<tr>
<td>Social events</td>
<td>08</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>09</td>
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### SECTION 5: EDUCATION (ALL PERSONS)

**P.24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?**

<table>
<thead>
<tr>
<th>Number</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>Part time</td>
</tr>
<tr>
<td>03</td>
<td>No</td>
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</table>

**P.25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED?**

<table>
<thead>
<tr>
<th>Number</th>
<th>Grade or Year</th>
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<tr>
<td>01</td>
<td>NONE</td>
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<tr>
<td>02</td>
<td>KINDERGARTEN</td>
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<tr>
<td>03</td>
<td>ELEMENTARY</td>
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<tr>
<td>04</td>
<td>HIGH SCHOOL 1-3</td>
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<tr>
<td>05</td>
<td>HIGH SCHOOL 4+</td>
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**P.26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?**

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<th>Qualification</th>
<th>Number</th>
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**P.26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT**

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<th>Number</th>
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**P.26B. DEGREE PERSONS ONLY**

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<tr>
<th>Major/Discipline</th>
<th>Number</th>
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### SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)

**P.27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?**

<table>
<thead>
<tr>
<th>Number</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Yes</td>
</tr>
<tr>
<td>02</td>
<td>No (skip to P33)</td>
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</table>

**P.28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?**

<table>
<thead>
<tr>
<th>Profession/Craft/Trade</th>
<th>Number</th>
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</thead>
<tbody>
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</tbody>
</table>

**P.29. WHAT METHOD OF TRAINING IS/ WAS THIS?**

<table>
<thead>
<tr>
<th>Method of Training</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Apprenticeship</td>
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<tr>
<td>Technical institution</td>
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<tr>
<td>College/university</td>
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</table>

**P.30. IS THIS TRAINING COMPLETED OR ON GOING?**

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
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<tbody>
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<td>Completed</td>
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<tr>
<td>On going</td>
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**P.31. WHAT QUALIFICATION DO/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?**

<table>
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<th>Qualification</th>
<th>Number</th>
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<td>Certificate without examination</td>
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<td>Diploma</td>
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<tr>
<td>Degree</td>
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<td>Other (specify)</td>
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### PART C: POPULATION

#### SECTION 3: CHARACTERISTICS (ALL PERSONS)

**NAME OF RESIDENT**

- **SURNAME**
- **FIRST NAME**
- **INITIAL**

**P1. INDIVIDUAL'S NUMBER**

**P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?**
- 01 SPOUSE OR PARTNER
- 02 SON
- 03 DAUGHTER
- 04 SON-IN-LAW
- 05 DAUGHTER-IN-LAW

**P3. WHICH FAMILY ARE YOU A MEMBER OF?**
- 01 FIRST
- 02 SECOND
- 03 THIRD
- 04 FOURTH
- 05 FIFTH
- 06 SIXTH
- 07 SEVENTH
- 08 EIGHTH
- 09 NONE (SKIP TO P1)

**P4. FAMILY MEMBERSHIP STATUS.**
- 01 SPOUSE WITH CHILDREN
- 02 SPOUSE WITHOUT CHILDREN
- 03 LONE PARENT
- 04 CHILD WITH BOTH PARENTS

**P5. SEX OF RESIDENT**
- 01 MALE
- 02 FEMALE

**P6. WHAT IS YOUR DATE OF BIRTH/How OLD were YOU on YOUR LAST BIRTHDAY?**
- **DATE OF BIRTH**
- **AGE**

**P7. WHAT IS YOUR MARRITAL STATUS?**
- 01 NEVER MARRIED
- 02 MARRIED
- 03 WIDOWED

**P8. WHAT IS YOUR RELIGION/DENOMINATION?**
- **WHERE WERE YOU BORN?**
- 01 BAHAMAS
- 02 ABROAD (Skip to P12)

**P10. WHICH ISLAND WAS THIS?**

**P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?**
- 01 YES
- 02 NO (Skip to P14)

**P12. IN WHICH COUNTRY DID YOU LAST RESIDE?**

**P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?**

**P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?**
- 01 YES
- 02 NO (Skip to P17)

**P15. IN WHICH ISLAND WAS THIS?**

**P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?**

**P17. OF WHAT COUNTRY ARE YOU A CITIZEN?**

**P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?**
- 01 BORN TO BAHAMIAN PARENTS
- 02 BORN IN THE BAHAMAS TO NON-BAHAMANS
- 03 ADOPTED BY BAHAMANS

### SECTION 4: DISABILITY (ALL PERSONS)

**P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?**
- 01 YES DISABILITY
- 02 YES ILLNESS
- 03 NO

**P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)**
- 01 SEEING (EVEN WITH GLASSES, IF WORN)
- 02 HEARING (EVEN WITH HEARING AID, IF WORN)
- 03 SPEAKING (TALKING)
- 04 MOBILITY/MOVING (DUE TO ABSENT OR IMPAIRED LIMB)
- 05 MOBILITY/MOVING (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)
- 06 GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)
- 07 LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)
- 08 BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
- 09 MENTAL (MILD, MODERATE, SEVERE RETARDATION)
- 10 OTHER (Specify)
- 11 NONE

**P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?**
- 01 YES
- 02 NO

### SECTION 5: EDUCATION (ALL PERSONS)

**P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)**
- 01 SELF CARE
- 02 MOVING/MOBILITY (WITHIN THE HOME)
- 03 MOVING/MOBILITY (OUTSIDE THE HOME)
- 04 COMMUNICATION
- 05 SCHOOL/EDUCATION
- 06 EMPLOYMENT
- 07 SOCIAL EVENTS
- 08 OTHER (Specify)
- 09 NONE

**P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?**
- 01 CONGENITAL/PRENATAL
- 02 DISEASE/ILLNESS CONTRACTED
- 03 ACCIDENT/NATURAL TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
- 04 OTHER (Specify)
- 05 NOT KNOWN

### SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)

**P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?**
- 01 YES FULL TIME
- 02 YES PART TIME
- 03 NO

**P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED?**
- 01 NONE
- 02 KINDERGARTEN
- 03 ELEMENTARY
- 04 HIGH SCHOOL 1-3
- 05 HIGH SCHOOL 4+ (Specify)
- 06 OTHER (Specify)

**P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?**

**P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?**
- 01 YES
- 02 NO

**P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?**

**P29. WHAT METHODS OF TRAINING/IS/WAS THIS?**
- 01 APPRENTICESHIP/ON THE JOB TRAINING
- 02 TECHNICAL INSTITUTION
- 03 COLLEGE/UNIVERSITY
- 04 OTHER (Specify)

**P30. IS THIS TRAINING COMPLETED OR ON GOING?**
- 01 COMPLETED
- 02 ON-GOING

**P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?**
- 01 CERTIFICATE WITH EXAMINATION
- 02 CERTIFICATE WITHOUT EXAMINATION
- 03 DIPLOMA
- 04 DEGREE
- 05 OTHER (Specify)
### SECTION 3: CHARACTERISTICS (ALL PERSONS)

<table>
<thead>
<tr>
<th>Name of Resident</th>
<th>Surname</th>
<th>First Name</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1. Individual's Number</td>
<td></td>
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</tr>
</tbody>
</table>

#### P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?
- 00 Spouse or Partner
- 03 Son
- 04 Daughter
- 05 Son-in-Law
- 06 Daughter-in-Law
- 07 Grandchild
- 08 Parent or Parent-In-Law
- 09 Other Relative
- 10 Non-Relative

#### P3. WHICH FAMILY ARE YOU A MEMBER OF?
- 01 First
- 02 Second
- 03 Third
- 04 Fourth
- 05 Fifth
- 06 Sixth
- 07 Seventh
- 08 Eighth
- 09 None (Skip to P9)

#### P4. FAMILY MEMBERSHIP STATUS
- 00 Spouse with Children
- 01 Spouse Without Children
- 02 Lone Parent
- 03 Child with Both Parents
- 04 Child with Neither Parent

#### P5. SEX OF RESIDENT
- 01 Male
- 02 Female

#### P6. WHAT IS YOUR DATE OF BIRTH? HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?
- Date of Birth
- Age

#### P7. WHAT IS YOUR MARRITAL STATUS?
- 00 Never Married
- 01 Married
- 02 Widowed
- 03 Divorced
- 04 Separated
- 05 Not Stated

### SECTION 4: DISABILITY (ALL PERSONS)

#### P18. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?
- 01 Yes Disability
- 02 Yes Illness
- 03 No (Skip to P24)

#### P19. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING?
- 01 Severe Hearing Impairment
- 02 Severe Speech Impairment
- 03 Severe Motor Impairment
- 04 Severe Visual Impairment
- 05 Severe Nervous Impairment
- 06 Severe Physical Impairment
- 07 Severe Mental Impairment
- 08 Severe Intellectual Impairment
- 09 Severe Emotional Impairment
- 10 Severe Other Impairment

#### P20. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED (if now in school check the grade or year you are in)?
- 01 None
- 02 Kindergarten
- 03 Elementary
- 04 High School 1-3
- 05 College/University 1-2
- 06 College/University 3
- 07 College/University 4
- 08 Other (Specify)

### SECTION 5: EDUCATION (ALL PERSONS)

#### P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (if now in school check the grade or year you are in)
- 01 None
- 02 Kindergarten
- 03 Elementary
- 04 High School 1-3
- 05 College/University 1-2
- 06 College/University 3
- 07 College/University 4
- 08 Other (Specify)

#### P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?
- Qualification

#### P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT
- Number of subjects passed

### SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)

#### P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?
- 01 Yes
- 02 No (Skip to P32)

#### P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?
- Profession/Craft/Trade

#### P29. WHAT METHOD OF TRAINING IS/CH杀害 OF THE JOB TRAINING
- 01 Apprenticeship
- 02 Technical Institution
- 03 College/University
- 04 Other (Specify)

#### P30. IS THIS TRAINING COMPLETED OR ON GOING?
- 01 Completed
- 02 On-Going

#### P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
- 01 Certificate with Examination
- 02 Certificate without Examination
- 03 Diploma
- 04 Degree
- 05 None
- 06 Other (Specify)
PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT
SURNMAE
FIRST NAME
INITIAL

P1. INDIVIDUAL'S NUMBER

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?
02 ☐ SPOUSE OR PARTNER
03 ☐ SON
04 ☐ DAUGHTER
05 ☐ SON-IN-LAW
06 ☐ DAUGHTER-IN-LAW
07 ☐ GRANDCHILD
08 ☐ PARENT OR PARENT-IN-LAW
09 ☐ OTHER RELATIVE
10 ☐ NON-RELATIVE

P3. WHICH FAMILY ARE YOU A MEMBER OF?
1 ☐ FIRST
2 ☐ SECOND
3 ☐ THIRD
4 ☐ FOURTH
5 ☐ FIFTH
6 ☐ SIXTH
7 ☐ SEVENTH
8 ☐ EIGHTH
9 ☐ NONE (SKIP TO P6)

P4. FAMILY MEMBERSHIP STATUS.
1 ☐ SPouse WITH CHILDREN
2 ☐ SPOUSE WITHOUT CHILDREN
3 ☐ LONE PARENT
4 ☐ CHILD WITH BOTH PARENTS
5 ☐ CHILD WITH MOTHER ONLY
6 ☐ CHILD WITH FATHER ONLY
7 ☐ OTHER

P5. SEX OF RESIDENT
1 ☐ MALE
2 ☐ FEMALE

P6. WHAT IS YOUR DATE OF BIRTH? HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?
DATE OF BIRTH
DAY
MONTH
YEAR
AGE

P7. WHAT IS YOUR MARRITAL STATUS?
1 ☐ NEVER MARRIED
2 ☐ MARRIED
3 ☐ WIDOWED
4 ☐ DIVORCED
5 ☐ SEPARATED
9 ☐ NOT STATED

P8. WHAT IS YOUR RELIGION/DENOMINATION?

P9. WHERE WERE YOU BORN?
☑ ☐ BAHAMAS
☐ ☐ ABROAD (Skip to P13)

P10. WHICH ISLAND WAS THIS?

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?
1 ☐ YES
2 ☐ NO (Skip to P14)

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?
1 ☐ YES
2 ☐ NO (Skip to P17)

P15. IN WHICH ISLAND WAS THIS?

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?

P18. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?
1 ☐ YES DISABILITY
2 ☐ YES ILLNESS
3 ☐ NO

P19. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)
01 ☐ SEPARATION
02 ☐ HEARING (INCLUDING HEARING AIDS)
03 ☐ SPEAKING (TALKING)
04 ☐ MOVING/MOBILITY (DUE TO ABSENT OR IMPAIRED LIMB)
05 ☐ MOVING/MOBILITY (DUE TO LOCALIZED, PARAPLEGIC, QUADRUPLEGIC PARALYSIS)
06 ☐ GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)
07 ☐ LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)
08 ☐ BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
09 ☐ MENTAL (MODERATE, SEVERE RETARDATION)
10 ☐ OTHER

P20. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?
1 ☐ YES
2 ☐ NO (SKIP TO P23)

SECTION 4: DISABILITY (ALL PERSONS)

P21. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)
01 ☐ SELF CARE
02 ☐ MOVING/MOBILITY (WITHIN THE HOME)
03 ☐ MOVING/MOBILITY (OUTSIDE THE HOME)
04 ☐ COMMUNICATION
05 ☐ SCHOOLS/EDUCATION
06 ☐ EMPLOYMENT
07 ☐ SOCIAL EVENTS
08 ☐ OTHER
09 ☐ NONE

P22. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?
1 ☐ CONGENITAL/PRENATAL
2 ☐ DISEASE/ILLNESS CONTRACTED
3 ☐ ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
4 ☐ OTHER

SECTION 5: EDUCATION (ALL PERSONS)

P23. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?
1 ☐ YES FULL TIME
2 ☐ YES PART TIME
3 ☐ NO

P24. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)
01 ☐ NONE
02 ☐ KINDERGARTEN
03 ☐ ELEMENTARY
04 ☐ HIGH SCHOOL 1-3
05 ☐ COLLEGE/UNIVERSITY 1-2
06 ☐ COLLEGE/UNIVERSITY 3
07 ☐ COLLEGE/UNIVERSITY 4
08 ☐ OTHER

P25. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED? (Qualification)
01 ☐ SELF CARE
02 ☐ MOVING/MOBILITY (WITHIN THE HOME)
03 ☐ MOVING/MOBILITY (OUTSIDE THE HOME)
04 ☐ COMMUNICATION
05 ☐ SCHOOLS/EDUCATION
06 ☐ EMPLOYMENT
07 ☐ SOCIAL EVENTS
08 ☐ OTHER
09 ☐ NONE

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P26B. DEGREE PERSONS ONLY

SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?
1 ☐ YES
2 ☐ NO (SKIP TO P32)

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?

P29. WHAT METHOD OF TRAINING IS/ WAS THIS?
1 ☐ APPRENTICESHIP/HIPON THE JOB TRAINING
2 ☐ TECHNICAL INSTITUTION
3 ☐ COLLEGE/UNIVERSITY
4 ☐ OTHER

P30. IS THIS TRAINING COMPLETED OR ON GOING?
1 ☐ COMPLETED
2 ☐ ON-GOING

P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
01 ☐ CERTIFICATE WITH EXAMINATION
02 ☐ CERTIFICATE WITHOUT EXAMINATION
03 ☐ DIPLOMA
04 ☐ DEGREES
05 ☐ NONE
06 ☐ OTHER

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PART C: POPULATION
SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT
SURNAME: ____________________________ FIRST NAME: ____________________________ INITIAL: ____________________________

P1. INDIVIDUAL'S NUMBER

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?
01 SPOUSE OR PARTNER
02 SON
03 DAUGHTER
04 GRANDCHILD
05 SISTER-IN-LAW
06 BROTHER-IN-LAW

P3. WHICH FAMILY ARE YOU A MEMBER OF?
01 FIRST
02 SECOND
03 THIRD
04 FOURTH
05 FIFTH
06 SIXTH

P4. FAMILY MEMBERSHIP STATUS.
01 SPOUSE WITH CHILDREN
02 SPOUSE WITHOUT CHILDREN
03 CHILDREN
04 CHILD WITH MOTHER ONLY
05 CHILD WITH FATHER ONLY
06 OTHER (Specify)

P5. SEX OF RESIDENT
01 MALE
02 FEMALE

P6. WHAT IS YOUR DATE OF BIRTH? HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?
DATE OF BIRTH
DAY: ____________ MONTH: ____________ YEAR: ____________
AGE: ____________

P7. WHAT IS YOUR MARITAL STATUS?
01 NEVER MARRIED
02 MARRIED
03 WIDOWED
04 DIVORCED
05 SEPARATED
06 COMMON-LAW
07 NOT STATED

P8. WHAT IS YOUR RELIGION/DEMONSTRATION?

P9. WHERE WERE YOU BORN?
01 BAHAMAS
02 ABROAD (Skip to P12)

P10. WHICH ISLAND WAS THIS?

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?
01 YES
02 NO (Skip to P14)

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?
01 YES
02 NO (Skip to P17)

P15. IN WHICH ISLAND WAS THIS?

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?
01 BORN TO BAHAMIAN PARENTS
02 BORN IN THE BAHAMAS TO NON-BAHAMIAN
03 ADOPTED BY BAHAMANS
04 OTHER (Specify)

SECTION 4: DISABILITY (ALL PERSONS)

P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?
01 YES DISABILITY
02 YES ILLNESS
03 NO (Skip to P24)

P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (Tick All That Apply)
01 SEEING (Even with glasses, if worn)
02 HEARING (Even with hearing aid, if worn)
03 SPEAKING (Talking)
04 MOBILITY (Moving, due to absence or impaired limb)
05 MOBILITY (Moving, due to localized, paraplegic, quadriplegic paralysis)
06 GRIPPING (Using fingers to grip or handle objects)
07 LEARNING (Intellectual difficulties, slowness)
08 BEHAVIORAL DIFFICULTIES (Psychological, emotional problems)
09 MENTAL (Mild, moderate, severe retardation)
10 OTHER (Specify)
11 NONE

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED TO MOST PEOPLE YOUR OWN AGE?
01 YES
02 NO (Skip to P23)

P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (Tick All That Apply)
01 SELF CARE
02 MOVING/MOBILITY (Within the home)
03 MOVING/MOBILITY (Outside the home)
04 COMMUNICATION
05 VOCATIONAL EDUCATION
06 EMPLOYMENT
07 SOCIAL EVENTS
08 OTHER (Specify)
09 NONE

P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?
01 CONGENITAL/PERNATAL
02 DISEASE/SICKNESS CONTRACTED
03 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ET C.
04 OTHER (Specify)
05 NOT KNOWN

SECTION 5: EDUCATION (ALL PERSONS)

P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?
01 YES FULL TIME
02 YES PART TIME
03 NO

P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)
01 KINDERGARTEN
02 ELEMENTARY
03 HIGH SCHOOL 1-3
04 HIGH SCHOOL 4+
05 OTHER (Specify)

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P26B. DEGREE PERSONS ONLY

SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?
01 YES
02 NO (Skip to P32)

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?

P29. WHAT METHOD OF TRAINING IS/WAS THIS?
01 APPRENTICESHIP
02 TECHNICAL INSTITUTION
03 COLLEGE/UNIVERSITY
04 OTHER (Specify)

P30. IS THIS TRAINING COMPLETED OR ON GOING?
01 COMPLETED
02 ON GOING

P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?
01 CERTIFICATE WITH EXAMINATION
02 CERTIFICATE WITHOUT EXAMINATION
03 DIPLOMA
04 DEGREE
05 NONE
06 OTHER (Specify)
PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT

SURNAME | FIRST NAME | INITIAL

P1. INDIVIDUAL’S NUMBER

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?

01 | SPOUSE OR PARTNER
02 | SON
03 | DAUGHTER
04 | SPOUSE WITHOUT CHILDREN
05 | SON-IN-LAW
06 | DAUGHTER-IN-LAW

P3. WHICH FAMILY ARE YOU A MEMBER OF?

1 | FIRST
2 | SECOND
3 | THIRD
4 | FOURTH
5 | FIFTH
6 | SIXTH
7 | SEVENTH
8 | EIGHTH
9 | NONE (SKIP TO P5)

P4. FAMILY MEMBERSHIP STATUS

1 | SPOUSE WITH CHILDREN
2 | SPOUSE WITHOUT CHILDREN
3 | LONE PARENT
4 | CHILD WITH BOTH PARENTS
5 | CHILD WITH MOTHER ONLY
6 | CHILD WITH FATHER ONLY
7 | OTHER

P5. SEX OF RESIDENT

1 | MALE
2 | FEMALE

P6. WHAT IS YOUR DATE OF BIRTH (INCLUDING OLD AGE YOU WERE ON YOUR LAST BIRTHDAY)

DAY | MONTH | YEAR

P7. WHAT IS YOUR MARITAL STATUS?

1 | NEVER MARRIED
2 | MARRIED
3 | WIDOWED
4 | DIVORCED
5 | SEPARATED
6 | COMMON LAW
7 | CHILD WITH MOTHER ONLY
8 | CHILD WITH FATHER ONLY
9 | NOT STATED

P8. WHAT IS YOUR RELIGION/DENOMINATION?

P9. WHERE WERE YOU BORN?

1 | BAHAMAS
2 | ABROAD

P10. WHICH ISLAND WAS THIS?

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?

1 | YES
2 | NO

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?

1 | YES
2 | NO

P15. IN WHICH ISLAND WAS THIS?

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?

1 | BORN TO BAHAMIAN PARENTS
2 | MARRIED TO A BAHAMIAN
3 | ADOPTED BY BAHAMANS

SECTION 4: DISABILITY (ALL PERSONS)

P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?

1 | YES
2 | NO

P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)

01 | SELF CARE
02 | MOVING/MOBILITY (WITHIN THE HOME)
03 | MOVING/MOBILITY (OUTSIDE THE HOME)
04 | COMMUNICATION
05 | SCHOOLS/EDUCATION
06 | EMPLOYMENT
07 | SOCIAL EVENTS
08 | OTHER (Specify)
09 | NOT STATED

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?

1 | YES
2 | NO

SECTION 5: EDUCATION (ALL PERSONS)

P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)

01 | MENTAL, MODERATE, SEVERE RETARDATION
02 | BEHAVIORAL DIFFICULTIES (PSYCHOLOGICAL, EMOTIONAL PROBLEMS)
03 | LEARNING (INTELLECTUAL DIFFICULTIES, SLOWNESS)
04 | MOBILITY (DUE TO ABSENT OR IMPAIRED limb)
05 | MOBILITY (DUE TO LOCALIZED, PARAPLEGIC, QUADRIPLEGIC PARALYSIS)
06 | INJURY
07 | GRIPPING (USING FINGERS TO GRIP OR HANDLE OBJECTS)

P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?

1 | CONGENITAL/PRENATAL
2 | DISEASE/ILLNESS CONTRACTED
3 | ACCIDENT/ INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
4 | OTHER (Specify)
5 | NOT STATED

P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?

1 | YES
2 | NO

P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)

01 | NONE
02 | KINDERGARTEN
03 | ELEMENTARY
04 | HIGH SCHOOL 1-3
05 | COLLEGE/UNIVERSITY 1-2
06 | COLLEGE/UNIVERSITY 3
07 | COLLEGE/UNIVERSITY 4
08 | OTHER

P26. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P26A. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P26B. DEGREED PERSONS ONLY

SECTION 6: VOCATIONAL TRAINING (PEOPLE 15 YEARS AND OVER)

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?

1 | YES
2 | NO

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?

P29. WHAT METHOD OF TRAINING IS/ WAS THIS?

1 | APPRENTICESHIP/ ON THE JOB TRAINING
2 | TECHNICAL INSTITUTION
3 | COLLEGE/UNIVERSITY
4 | OTHER

P30. IS THIS TRAINING COMPLETED OR ON GOING?

1 | COMPLETED
2 | ON-GOING

P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?

1 | CERTIFICATE WITH EXAMINATION
2 | CERTIFICATE WITHOUT EXAMINATION
3 | DIPLOMA
4 | DEGREE
5 | OTHER

9
PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT

SUFFIX
FIRST NAME
INITIAL

P1. INDIVIDUAL'S NUMBER

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?
02 03 04 05 06
07 08 09 10 11
02 03 04 05 06

P3. WHICH FAMILY ARE YOU A MEMBER OF?
1 2 3
FIRST 4 5 6
FOURTH 7 8 9
SEVENTH

P4. FAMILY MEMBERSHIP STATUS.

P5. SEX OF RESIDENT

P6. WHAT IS YOUR DATE OF BIRTH? HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?
DAY MONTH YEAR

P7. WHAT IS YOUR MARRITAL STATUS?

P8. WHAT IS YOUR RELIGION/DENO minATION?

P9. WHERE WERE YOU BORN?

P10. WHICH ISLAND WAS THIS?

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

P13. IN WHICH YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?

P15. IN WHICH ISLAND WAS THIS?

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?

SECTION 4: DISABILITY (ALL PERSONS)

P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?

P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?

SECTION 5: EDUCATION (ALL PERSONS)

P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)

P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?

SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, TRADE OR JOB?

P28. WHAT IS THIS PROFESSION, TRADE OR JOB?

P29. WHAT METHOD OF TRAINING IS/ WAS THIS?

P30. IS THIS TRAINING COMPLETED OR ON-GOING?

P31. WHAT QUALIFICATION DID YOU RECEIVE ON COMPLETION OF THIS TRAINING?

10
PART C: POPULATION

SECTION 3: CHARACTERISTICS (ALL PERSONS)

NAME OF RESIDENT

SURNAME ______________ FIRST NAME __________ INITIAL __________

P1. INDIVIDUAL'S NUMBER __________

P2. WHAT IS YOUR RELATIONSHIP TO THE HEAD OF THE HOUSEHOLD?
   02 SPOUSE OR PARTNER 03 GRANDCHILD
   04 DAUGHTER 05 SON-IN-LAW
   06 SISTER 07 MOTHER
   08 DAUGHTER-IN-LAW 09 OTHER RELATIVE
   10 NON-RELATIVE

P3. WHICH FAMILY ARE YOU A MEMBER OF?
   01 FIRST 02 SECOND
   03 THIRD 04 FOURTH
   05 FIFTH 06 SIXTH
   07 SEVENTH 08 EIGHTH
   09 NONE (SKIP TO P5)

P4. FAMILY MEMBERSHIP STATUS.
   01 SPOUSE WITH CHILDREN
   02 SPOUSE WITHOUT CHILDREN
   03 LONE PARENT
   04 CHILD WITH BOTH PARENTS
   05 CHILD WITH MOTHER ONLY
   06 CHILD WITH FATHER ONLY
   07 OTHER

P5. SEX OF RESIDENT
   01 MALE 02 FEMALE

P6. WHAT IS YOUR DATE OF BIRTH? HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?
   DATE OF BIRTH __________
   AGE __________
   DAY __________ MONTH __________ YEAR __________

P7. WHAT IS YOUR MARITAL STATUS?
   01 NEVER MARRIED 02 MARRIED
   03 WIDOWED 04 DIVORCED
   05 SEPARATED 06 NOT STATED

P8. WHAT IS YOUR RELIGION/DENOMINATION?

P9. WHERE WERE YOU BORN?
   01 BAHAMAS 02 ABROAD (SKIP TO P12)

P10. WHICH ISLAND WAS THIS?

P11. HAVE YOU EVER LIVED ABROAD (ANOTHER COUNTRY)?
   01 YES 02 NO (SKIP TO P14)

P12. IN WHICH COUNTRY DID YOU LAST RESIDE?

P13. IN WHAT YEAR DID YOU LAST COME TO THE BAHAMAS TO LIVE?

P14. DID YOU LIVE IN ANOTHER BAHAMIAN ISLAND BEFORE THIS ONE?
   01 YES 02 NO (SKIP TO P17)

P15. IN WHICH ISLAND WAS THIS?

P16. IN WHICH YEAR DID YOU MOVE TO THIS ISLAND?

P17. OF WHAT COUNTRY ARE YOU A CITIZEN?
   (IF NOT BAHAMAS SKIP TO P19)

P18. IF YOU ARE A BAHAMIAN CITIZEN, BY WHAT METHOD DID YOU ACQUIRE CITIZENSHIP?
   01 BORN TO BAHAMIAN PARENTS 02 MARRIED TO A BAHAMIAN HUSBAND
   03 BORN IN THE BAHAMAS TO NON-BAHAMANS 04 OTHER
   05 NATURALIZATION

SECTION 4: DISABILITY (ALL PERSONS)

P19. DO YOU HAVE ANY LONG-TERM ILLNESS OR DISABILITY?
   01 YES DISABILITY 02 YES ILLNESS 03 NO (SKIP TO P24)

P20. DOES THIS DISABILITY OR ILLNESS AFFECT YOU IN ANY OF THE FOLLOWING? (TICK ALL THAT APPLY)

P21. DOES THIS DISABILITY OR ILLNESS LIMIT YOUR ABILITY TO CARRY OUT ANY ACTIVITIES COMPARED WITH MOST PEOPLE YOUR OWN AGE?
   01 YES 02 NO (SKIP TO P23)

SECTION 5: EDUCATION (ALL PERSONS)

P22. WHICH OF YOUR ACTIVITIES ARE AFFECTED BY YOUR DISABILITY OR ILLNESS? (TICK ALL THAT APPLY)

P23. WHAT WAS THE CAUSE OF YOUR DISABILITY OR ILLNESS?
   01 CONGENITAL/PRENATAL
   02 DISEASE/IllNESS Contracted
   03 ACCIDENT/INJURY/TRAUMA, INCLUDING EXPOSURE TO GASES, CHEMICALS, ETC.
   04 OTHER
   05 NOT KNOWN

SECTION 6: VOCATIONAL TRAINING (PERSONS 15 YEARS AND OVER)

P24. SINCE LAST SEPTEMBER HAVE YOU ATTENDED SCHOOL OR UNIVERSITY?
   01 YES FULL TIME 02 YES PART TIME
   03 NO

P25. WHAT IS THE HIGHEST GRADE OR YEAR OF REGULAR SCHOOL ATTENDED? (If now in school check the grade or year you are now in)
   01 NONE 02 KINDERGARTEN
   03 ELEMENTARY 04 HIGH SCHOOL 1-3

P26. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P27. HAVE YOU BEEN TRAINED OR ARE YOU BEING TRAINED FOR A SPECIFIC PROFESSION, CRAFT OR TRADE?
   01 YES 02 NO (SKIP TO P32)

P28. WHAT IS THIS PROFESSION, CRAFT OR TRADE?

P29. WHAT METHOD OF TRAINING IS/WAS THIS?
   01 APPRENTICESHIP ON THE JOB TRAINING
   02 TECHNICAL INSTITUTION
   03 COLLEGE/UNIVERSITY

P30. IS THIS TRAINING COMPLETED OR ON GOING?
   01 COMPLETED 02 ON-GOING

P31. WHAT QUALIFICATION DID/WILL YOU RECEIVE ON COMPLETION OF THIS TRAINING?

P32. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P33. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P34. DEGREE PERSONS ONLY

P35. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P36. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P37. DEGREE PERSONS ONLY

P38. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P39. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P40. DEGREE PERSONS ONLY

P41. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P42. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P43. DEGREE PERSONS ONLY

P44. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P45. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P46. DEGREE PERSONS ONLY

P47. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P48. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P49. DEGREE PERSONS ONLY

P50. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P51. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P52. DEGREE PERSONS ONLY

P53. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P54. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P55. DEGREE PERSONS ONLY

P56. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P57. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P58. DEGREE PERSONS ONLY

P59. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P60. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P61. DEGREE PERSONS ONLY

P62. WHAT IS THE HIGHEST CERTIFICATE, DIPLOMA OR DEGREE EARNED?

P63. STATE NUMBER OF SUBJECTS PASSED WHERE RELEVANT

P64. DEGREE PERSONS ONLY