

CENSUS DISTRICT

HOUSEHOLD
NUMBER**CONFIDENTIAL**

Under the Authority of the Statistics Act 2002

BERMUDA
2010 CENSUS OF POPULATION AND HOUSING
MAY 20, 2010

RECORD OF VISITS

INTERVIEWER CALLS	1	2	3	4	5
DATE					
TIME STARTED					
TIME ENDED					
DURATION					
RESULTS*					

*Results Codes:

1 = Completed

2 = Partially completed

3 = Appointment made

4 = Vacant dwelling

5 = Derelict dwelling

6 = Refused

7 = Other (Specify) _____

INTERVIEWER

NAME

FIELD SUPERVISOR

NAME

EDITOR

NAME

CODER

NAME

SCANTRON Mark Reflex® EM-281476-2:654321

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PLEASE DO NOT WRITE IN THIS AREA

**SERIAL #**

INSTRUCTIONS

- Use number 2 pencil only
- Erase cleanly any mark you wish to change

- Fill the oval completely using a dark mark
- Make no stray marks

Incorrect Marks



Correct Mark



ID1. RECORD TYPE	ID2. CENSUS DISTRICT	ID3. CONSTITUENCY	ID4. COMMERCIAL ZONE	ID5. HOUSEHOLD NUMBER	ID6. ASSESSMENT NUMBER						
0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

COMMENTS

USUALLY LIVES IN THIS HOUSEHOLD—CONTINUED

PERSON NUMBER	NAME (SURNAME FIRST)	RELATIONSHIP TO HOUSEHOLD REFERENCE PERSON	AGE	MARITAL STATUS
16				
17				
18				
19				
20				

OFFICE USE ONLY

HL2b. Household Type

	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
	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

HL3. USUALLY LIVES ELSEWHERE IN BERMUDA OR OVERSEAS

E = Elsewhere (If "E", go to HL4) O = Overseas (If "O", end interview)

NAME (SURNAME FIRST)	Elsewhere/ Overseas

HL4. FOR PERSONS WHO USUALLY LIVE ELSEWHERE IN BERMUDA

Is there anyone at the home you usually reside in to answer the Census questions on your behalf?

- Yes (End interview for this person.)
- No (Enter name and address below and complete a separate questionnaire.)

Name	
Address	
Phone # Home	
Phone # Work	

Name	
Address	
Phone # Home	
Phone # Work	

FAMILY LISTING

FL4a. How many persons make up family #4?

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

Family #4

PERSON NUMBER	NAME (SURNAME FIRST)	AGE	RELATIONSHIP TO HOUSEHOLD REFERENCE PERSON
			Family Reference Person

OFFICE USE ONLY

FL4b. Family Type

	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
	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

FL5a. How many persons make up family #5?

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

Family #5

PERSON NUMBER	NAME (SURNAME FIRST)	AGE	RELATIONSHIP TO FAMILY REFERENCE PERSON
			Family Reference Person

OFFICE USE ONLY

FL5b. Family Type

	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
	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

FL6a. How many persons make up family #6?

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

Family #6

PERSON NUMBER	NAME (SURNAME FIRST)	AGE	RELATIONSHIP TO FAMILY REFERENCE PERSON
			Family Reference Person

OFFICE USE ONLY

FL6b. Family Type

	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
	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

OFFICE USE ONLY

FL7. How many families make up this household?

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

FL8. Usual household size?

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

H13. What is the monthly mortgage payment for this dwelling unit?

\$.00
	0	0	0	0	0	0				
	1	1	1	1	1	1				
	2	2	2	2	2	2				
	3	3	3	3	3	3				
	4	4	4	4	4	4				
	5	5	5	5	5	5				
	6	6	6	6	6	6				
	7	7	7	7	7	7				
	8	8	8	8	8	8				
	9	9	9	9	9	9				

(Not stated
code as 99999)

H14. Are you a first time home owner, that is, is this the first house you have owned?

- ① Yes ② No ③ Not stated

H15. If this house were for sale now, how much do you think it would sell for?

\$.00
	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			

(Not stated
code as
99999999)

H16. Including yourself, how many members of your household own a house or other kind of dwelling unit elsewhere in Bermuda?

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

(Not stated
code as 99)

H17. How many "Lap-top" computers does this dwelling unit contain?

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

(Not stated
code as 99)

H18. How many "Desk-top" computers does this dwelling unit contain?

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

(Not stated
code as 99)

H19. What type of internet connection does this dwelling unit use? (Mark all that apply)

- ① Dial-Up
② DSL
③ Wireless
④ Broad band link (cable internet)
⑤ No internet at dwelling
⑥ Not stated

H20. Apart from the electricity supplied to this dwelling by BELCO, does this dwelling use any other sources of energy i.e. solar panels/wind turbine? (Do not include generators for emergency power)

- ① None
② Solar Panels
③ Wind Turbines
④ Other (Specify) _____
⑤ Not stated

H21. Apart from stored tank water, what other sources of water does this dwelling utilize? (Mark all that apply)

- ① None
② Piped Water (Bermuda/Watlington Waterworks)
③ Fresh water well
④ Salt water well
⑤ Brackish water well
⑥ Reverse Osmosis
⑦ Other (Specify) _____
⑧ Not stated

H22. Does this dwelling unit recycle tin, glass or aluminum on a regular basis?

- ① Yes ② No ③ Not stated

SECTION 4 - EMIGRATION

H23. How many former members of this household have moved abroad between May 21st 2000 and May 20th 2010, and are currently living abroad?

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

(Not stated
code as 99)

(If any member of this household has moved abroad to live, ENSURE to fill out the Emigration Supplementary.)

POPULATION (FOR ALL PERSONS)

Person #1

P1. Record Type 0 1 2 3 4 5	P4. Commercial Zone 0 1 2 3 4 5	P7. Family Number 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
P2. Census District 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	P5. Household Number 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	OFFICE USE ONLY
P3. Constituency 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9	P6. Person Number 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9	
		P8. Family reference person's Person #. 0 1 2 0 1 2 3 4 5 6 7 8 9
		P9. Family Relationship Code 0 1 2 0 1 2 3 4 5 6 7 8 9

Name: (Surname first)

SECTION 1 - CHARACTERISTICS

SHOW FLASH CARD #1

P10. How are you related to the household reference person?

① Household reference person

Relative

- ② Husband or wife
- ③ Child
- ④ Stepchild
- ⑤ Grandchild
- ⑥ Father/mother
- ⑦ Grandparent
- ⑧ Parent-in-law
- ⑨ Son-/daughter-in-law
- ⑩ Brother/sister
- ⑪ Other relative

Non-Relative

- ⑫ Live-in partner
- ⑬ House/roommate
- ⑭ Foster child
- ⑮ Roomer or boarder
- ⑯ Domestic employee
- ⑰ Other non-relative
- ⑱ Not stated

P11. (For persons not seen ask) Is...male or female?

- ① Male
- ② Female

P12. What is your date of birth?

MONTH 0 1 2 8 9 (Not stated code as 99)
 0 1 2 3 4 5 6 7 8 9

DAY 0 1 2 3 8 9 (Not stated code as 99)
 0 1 2 3 4 5 6 7 8 9

YEAR 0 1 2 8 9 (Not stated code as 9999)
 0 1
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

P13. What is your age?

YEARS 0 1 8 9 (Not stated=999)
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

P14. To which racial group do you belong?

- ① Black
- ② White
- ③ Asian
- ④ Black & White
- ⑤ Black & Other
- ⑥ White & Other
- ⑦ Other races
- ⑧ Not stated

P15. In your opinion, which of the following best describes your ancestry? Select no more than two.

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
(Not stated=99)

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
(Not stated=99)

P16. What is your religious affiliation?

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
(Not stated=99)

SECTION 2 - MARITAL STATUS

(FOR PERSONS 15 YEARS AND OLDER, OTHERWISE GO TO SECTION 3)

P17. What was your marital status as of Census Day, May 20, 2010?

- ① Never married (Go to Section 3)
- ② Married first time
- ③ Re-married
- ④ Widowed
- ⑤ Divorced
- ⑥ Legally separated
- ⑦ Not stated

P18. How old were you when you got married the first time?

0 1 2 3 4 5 6 7 8 9 (Not stated=99)
 0 1 2 3 4 5 6 7 8 9

P19 & P20 FOR PERSONS ANSWERING "MARRIED", "RE-MARRIED" OR "LEGALLY SEPARATED" IN P17, OTHERWISE GO TO SECTION 3

P19. How long have you been married to your present husband/wife as of Census Day, May 20, 2010?

0 1 2 3 4 5 6 7 8 9 (Not stated=99)
 0 1 2 3 4 5 6 7 8 9

P20. Are you married to a Bermudian?

- ① Yes
- ② No
- ③ Not stated

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SERIAL #

SECTION 3 - BIRTHPLACE

P21. In which country were you born?

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

(Not stated=999)

IF COUNTRY OF BIRTH IS BERMUDA, GO TO SECTION 4B

SECTION 4A - INTERNATIONAL MIGRATION

P22. When did you last come to Bermuda to live?

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

(NS=9999)

AFTER ANSWERING P22, GO TO SECTION 5

SECTION 4B

(P23 & P24 FOR PERSONS 1 YEAR AND OVER WHO WERE BORN IN BERMUDA, OTHERWISE GO TO SECTION 5)

P23. Have you ever lived abroad for 1 year or more continuously, other than for educational or health purposes?

- ① Yes ② No (Go to Section 5) ③ Not stated

P24. When did you last return to Bermuda to live?

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

(NS=9999)

SECTION 5 - INTERNAL MIGRATION

P25. In the past 5 years, how many times have you moved residence within Bermuda?

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

(NS=99)

If 00 go to Section 6

P26. What was the primary reason for your last move?

- | | |
|------------------------------|------------------------|
| ① Asked to leave | ⑨ Moved from homestead |
| ② Evicted by landlord | ⑩ Purchased new home |
| ③ Lease expired | ⑪ Affordability |
| ④ Residence was sold | ⑫ Fire/disaster |
| ⑤ House condemned | ⑬ Cohabitate/roommate |
| ⑥ Needed less space | ⑭ Other (Specify) |
| ⑦ Needed more space | |
| ⑧ Married/divorced/separated | ⑮ Not stated |

P27. What was your last parish of residence?

- ① St Geo. ② Town ③ Ham. ④ Smiths ⑤ Dev.
 ⑥ Pem. ⑦ City ⑧ Paget ⑨ War. ⑩ South
 ⑪ Sand ⑫ Not stated

P28. In the past 12 months, how many times have you moved residence within Bermuda?

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

(NS=99)

If 00 go to Section 6

P29. What was the primary reason for your last move?

- | | |
|------------------------------|------------------------|
| ① Asked to leave | ⑨ Moved from homestead |
| ② Evicted by landlord | ⑩ Purchased new home |
| ③ Lease expired | ⑪ Affordability |
| ④ Residence was sold | ⑫ Fire/disaster |
| ⑤ House condemned | ⑬ Cohabitate/roommate |
| ⑥ Needed less space | ⑭ Other (Specify) |
| ⑦ Needed more space | |
| ⑧ Married/divorced/separated | ⑮ Not stated |

P30. What was your last parish of residence?

- ① St Geo. ② Town ③ Ham. ④ Smiths ⑤ Dev.
 ⑥ Pem. ⑦ City ⑧ Paget ⑨ War. ⑩ South
 ⑪ Sand ⑫ Not stated

SECTION 6 - BERMUDIAN STATUS

P31. What is your current status? Are you . . .

Bermudian

- ① Bermudian?

Non-Bermudian

- ② Permanent Resident Certificate Holder?
 ③ Non-Bermudian-Spouse of Bermudian?
 ④ Other Non-Bermudian?
 ⑤ Not stated

Go to
Section
7

P32. How did you acquire this status?

- ① Birth (Go to Section 7) ④ Grant of status
 ② Marriage ⑤ Not stated
 ③ Domicile under 1937 Act

P33. When did you acquire this status?

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

(NS=9999)

SECTION 7 - CHILD CARE

(FOR CHILDREN 0 - 5 YEARS WHO ARE NOT IN PRIMARY SCHOOL, OTHERWISE GO TO SECTION 8A)

P34. How is ... cared for during working hours?

- ① By you or your spouse/partner in your home
 ② By a child care provider in your home
 ③ In another home with no more than 2 other children
 ④ In another home with no more than 3 or 4 other children
 ⑤ In another home with 5 or more other children
 ⑥ In a public nursery, daycare centre or preschool
 ⑦ In a private nursery, daycare centre or preschool
 ⑧ Not stated

P35. How much do you spend on ...'s child care per week?

\$, .00

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

(NS=9999)

SECTION 8A - FERTILITY

(FOR PERSONS 15 YEARS AND OLDER, OTHERWISE GO TO SECTION 9)

P36. How many liveborn children have you had/fathered?

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

(NS=99)

(If 0, enter 00 and Go to Section 9)

P37. How old were you at the birth of your first live-born child?

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

(NS=99)

P38. How old were you at the birth of your last live-born child?

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

(NS=99)

SECTION 8B

(P39 IS FOR WOMEN 15–49 YEARS OLD, OTHERWISE GO TO SECTION 9)

P39. How many babies were born alive to you during the past 12 months ending May 20th 2010?

- 1 None 3 Twins 5 Three or more
 2 One 4 Two separate births 6 Not stated

SECTION 9 – HEALTH

SHOW FLASH CARD #2

P40. Please look at this card and tell me which of the following health conditions, if any lasted more than six months.
(Please mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> 1 No conditions present
(Go to P44) | <input type="checkbox"/> 19 Learning difficulties |
| <input type="checkbox"/> 2 Arthritis/rheumatism | <input type="checkbox"/> 20 Hearing difficulties |
| <input type="checkbox"/> 3 Heart condition | <input type="checkbox"/> 21 Complete deafness |
| <input type="checkbox"/> 4 HBP/hypertension | <input type="checkbox"/> 22 Speaking difficulties |
| <input type="checkbox"/> 5 Diabetes Type I | <input type="checkbox"/> 23 Gripping/holding difficulty |
| <input type="checkbox"/> 6 Diabetes Type II | <input type="checkbox"/> 24 Seeing difficulties |
| <input type="checkbox"/> 7 No/limited use of legs | <input type="checkbox"/> 25 Seeing diffs. with lenses |
| <input type="checkbox"/> 8 Back/spine problem | <input type="checkbox"/> 26 Complete blindness |
| <input type="checkbox"/> 9 Asthma | <input type="checkbox"/> 27 Behavioural difficulty |
| <input type="checkbox"/> 10 Other resp/lung problem | <input type="checkbox"/> 28 Moving/mobility difficulty |
| <input type="checkbox"/> 11 Mental/emotional disorder | <input type="checkbox"/> 29 Body movement difficulty |
| <input type="checkbox"/> 12 No/limited use of arms | <input type="checkbox"/> 30 Drug dependency |
| <input type="checkbox"/> 13 Cancer | <input type="checkbox"/> 31 Alcohol dependency |
| <input type="checkbox"/> 14 Stomach, kidney, liver | <input type="checkbox"/> 32 Autism/PD |
| <input type="checkbox"/> 15 Senility/Alzheimer's | <input type="checkbox"/> 33 Sickle-Cell Anaemia |
| <input type="checkbox"/> 16 Muscular disease | <input type="checkbox"/> 34 Lupus |
| <input type="checkbox"/> 17 Learning disabled | <input type="checkbox"/> 35 Other condition
(Specify) |
| <input type="checkbox"/> 18 Epilepsy | _____ |
| | <input type="checkbox"/> 36 Not stated |

P41. Does your condition(s) . . .

a) Limit or prevent any of your everyday life activities; for example, work, recreation, mobility, schooling?

- 1 Yes 2 No (**Go to P42**) 3 Not stated

b) Limit the kind/amount of activity at home/school?

- 1 Yes 2 No 3 Not stated

c) Prevent you from leaving home alone?

- 1 Yes 2 No 3 Not stated

d) Prevent you from taking care of your own personal needs such as bathing, dressing or getting around inside the home?

- 1 Yes 2 No 3 Not stated

e) Generally confine you to getting around in a wheel chair?

- 1 Yes 2 No 3 Not stated

P41 f & g ARE FOR PERSONS 12 YEARS & OLDER, OTHERWISE GO TO P42

f) Prevent you from working?

- 1 Yes (**Go to P42**) 2 No 3 Not stated

g) Limit the kind or amount of work that you can do?

- 1 Yes 2 No 3 Not stated

P42. Do you receive any hired nursing care for your condition(s)?

- 1 Yes - public care 4 None
 2 Yes - private care 5 Not stated
 3 Yes - public & private care

P43. Do you receive any hired rehabilitation services for your condition(s)?

- 1 Yes - public care 4 None
 2 Yes - private care 5 Not stated
 3 Yes - public & private care

P44. Do you regularly take doctor prescribed medications on a daily, weekly or monthly basis?

- 1 Yes 2 No 3 Not stated

P45. What type of health insurance coverage, if any, do you have?

- 1 Major medical 4 H.I.P.
 2 Basic 5 None
 3 Future Care 6 Not stated

SECTION 10A - EDUCATION & TRAINING

(FOR PERSONS 5 YEARS AND OLDER WHO ARE NOT ATTENDING PRESCHOOL, OTHERWISE GO TO SECTION 11)

P46. Are you attending, or registered in, a school or any educational institution now? (Exclude courses taken at the Community Centres and any recreational courses.)

- 1 Yes 2 No (**Go to Section 10B**) 3 Not stated

P47. Are these classes taught . . .

- 1 In class? 3 Combination of in class and online
 2 Online? 4 Not stated

P48. Do you attend full time or part time?

- 1 Full time 2 Part time 3 Not stated

P49. Is this school or educational institution public or private?

- 1 Public 2 Private 3 Not stated

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

P50. Is this school or educational institution in . . .

- ① Bermuda?
- ② United States?
- ③ United Kingdom?
- ④ Canada?
- ⑤ Caribbean?
- ⑥ Other (Specify)? _____
- ⑦ Not stated

P51. What type of school or educational institution are you attending or registered in?

- ① Primary (years 1-6)
 - ② Middle school (years 7-9)
 - ③ Senior school (years 10-13)
 - ④ Technical/vocational college
 - ⑤ College (2 year)
 - ⑥ University/College (4 year)
 - ⑦ Other (Specify) _____
- Go to P53**
- ⑧ Not stated (**Go to Section 10B**)

P52. What is the name of this school?

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

(NS=99)

AFTER ANSWERING P52, GO TO SECTION 10B

P53. What is your programme of study?

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

(NS=99)

SECTION 10B

(P54 FOR PERSONS 16 YEARS AND OLDER, OTHERWISE GO TO SECTION 11)

P54. What is the highest level of schooling that you have received up to the present time?

- ① None
- ② Primary (years 1-6)
Level ① ② ③ ④ ⑤ ⑥ ns
- ③ Middle school (years 7-9)
Level ① ② ③ ns
- ④ Senior school (years 10-13)
Level ① ② ③ ④ ns
- ⑤ Technical/vocational college
- ⑥ College (2 year)
- ⑦ University/College (4 year)
- ⑧ Other (Specify) _____
- ⑨ Not stated

P55. What is the highest academic qualification that you have obtained up to the present time?

- ① None (**Go to Section 10D**)
- ② School Leaving Certificate, R.S.A stage 1
- ③ B.S.S.C./B.S.C. with GPA less than 2.0
- ④ B.S.S.C./B.S.C. with GPA above 2.0 but below 3.0
- ⑤ B.S.S.C./B.S.C. with GPA above 3.0
- ⑥ Cambridge School Certificate, 3rd class/C.X.C., G.C.S.E., I.G.C.S.E. 'O' level passes in 1-4 subjects, R.S.A. stages 2 & 3
- ⑦ Cambridge School Certificate, 1st or 2nd class/C.X.E., G.C.S.E., I.G.C.S.E., or G.C.E. 'O' level passes in 5 or more subjects/High School Graduation Diploma (Grade 12) (Canada)/Honour High School Graduation Diploma (Grade 13) (Canada)/Junior Matriculation (Canada)/High School Diploma (USA)/G.C.E. 'A' level pass in 1 subject

P55. continued,

- ⑧ IB/AP, Sr. Matriculation (Canadian high-school) or High-School Diploma (USA) or G.C.E. "A" Level pass in 1 subject.
- ⑨ Technical/Vocational College Certificate
- ⑩ Bermuda College Diploma
- ⑪ Associate Degree
- ⑫ Bachelors degree e.g. BA, BSc, LLB
- ⑬ Masters degree e.g. MA, MSc, MEd, MBA
- ⑭ Doctorate degree e.g. PhD, EdD, DSc, DMin
- ⑮ Professional degree e.g. MD, DDS
- ⑯ Other (Specify) _____
- ⑰ Not Stated

P56. In what month and year did you receive your highest academic qualifications?

MONTH

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

(Not stated code as 99)

YEAR

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

(Not stated code as 9999)

SECTION 10C

(P57 FOR PERSONS WHO ANSWERED "ASSOCIATES, BACHELORS, MASTERS, DOCTORATE OR PROFESSIONAL DEGREE" IN P55, OTHERWISE GO TO SECTION 10D)

P57. What is the title of your degree?

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

(Not stated=999)

SECTION 10D

(P58 FOR PERSONS 16 YEARS AND OLDER NOT ATTENDING SENIOR SECONDARY SCHOOL, OTHERWISE GO TO SECTION 11)

P58. Were you ever trained formally, i.e. in a certified training programme, or are you being trained formally for a particular occupation, profession or trade?

- ① Yes
- ② No (**Go to Section 11**)
- ③ Not stated

P59. What is the occupation, profession or trade for which you were/are being trained? (Do not write vague answers. List duties where helpful.)

Not stated=9999

OFFICE USE ONLY

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

P72. continued,

Worked for someone else

- ④ Bermuda Government
- ⑤ Quango
- ⑥ Foreign Government
- ⑦ Private company/person
- ⑧ Owner/manager (incorporated)
- ⑨ Not stated

P73. What is the name of the company or business in which you are employed in your main job? (If respondent is self employed, write the trading name of the enterprise)

Name of company: _____

P74. What kind of business or activity is mainly carried on at your (main) place of work? (Do not write vague answers.)

Not stated=9999

OFFICE USE ONLY				
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

P75. What is your occupation, profession or trade in your main job? (Do not write vague answers. List duties where helpful.)

Not stated=9999

OFFICE USE ONLY				
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

SECTION 13A - INCOME

(FOR PERSONS 12 YEARS AND OLDER, OTHERWISE GO TO SECTION 14)

P76. During the 12 months ending May 20th 2010, did you receive income from wages, salaries, tips or self employment?

- ① Yes
- ② No (Go to Section 13B)
- ③ Not stated

P77. Please look at this card and tell me which of these letter codes best describes your GROSS income range from your main job. Be sure to include tips, bonuses and commissions before deductions. If self employed report NET earnings from operations.

LETTER CODE	<table style="width: 100%; text-align: center;"> <tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td></tr> <tr><td>N</td><td>O</td><td>P</td><td>Q</td><td>NS</td><td colspan="8"></td></tr> </table>	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	NS								
A	B	C	D	E	F	G	H	I	J	K	L	M															
N	O	P	Q	NS																							

P78. During the 12 months ending May 20th 2010, did you receive income from other jobs?

- ① Yes
- ② No (Go to Section 13B)
- ③ Not stated

P79. (SHOW FLASH CARD #4) Please tell me which letter code describes the typical GROSS income range you received from other jobs in the last 12 months ending May 20th 2010.

LETTER CODE	<table style="width: 100%; text-align: center;"> <tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td></tr> <tr><td>N</td><td>O</td><td>P</td><td>Q</td><td>NS</td><td colspan="8"></td></tr> </table>	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	NS								
A	B	C	D	E	F	G	H	I	J	K	L	M															
N	O	P	Q	NS																							

SECTION 13B

(P80 FOR PERSONS 55 YEARS AND OLDER, OTHERWISE GO TO P82)

P80. During the 12 months ending May 20th 2010, did you receive any income from pensions?

- ① Yes
- ② No (Go to P82)
- ③ Not stated

P81. Please look carefully at this card and tell me the letter code that describes your pension income for the 12 months ending May 20th, 2010. Please include pension income from all sources.

LETTER CODE	<table style="width: 100%; text-align: center;"> <tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td></tr> <tr><td>N</td><td>O</td><td>P</td><td>Q</td><td>NS</td><td colspan="8"></td></tr> </table>	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	NS								
A	B	C	D	E	F	G	H	I	J	K	L	M															
N	O	P	Q	NS																							

P82. During the past 12 months ending May 20th 2010, did you receive any income in the form of rents from owned property?

- ① Yes
- ② No (Go to P84)
- ③ Not stated

P83. Please look carefully at this card and tell me the letter code that best describes the GROSS earnings you received from the renting of owned property. Also include any receipts from subletting.

LETTER CODE	<table style="width: 100%; text-align: center;"> <tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td></tr> <tr><td>N</td><td>O</td><td>P</td><td>Q</td><td>NS</td><td colspan="8"></td></tr> </table>	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	NS								
A	B	C	D	E	F	G	H	I	J	K	L	M															
N	O	P	Q	NS																							

P84. During the past 12 months ending May 20th 2010, did you receive regular social or financial assistance payments from government or private sources?

- ① Yes
- ② No (Go to P86)
- ③ Not stated

P85. Please look at this card and provide me with the letter code that best describes the income range of your regular financial assistance payments.

LETTER CODE	<table style="width: 100%; text-align: center;"> <tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td></tr> <tr><td>N</td><td>O</td><td>P</td><td>Q</td><td>NS</td><td colspan="8"></td></tr> </table>	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	NS								
A	B	C	D	E	F	G	H	I	J	K	L	M															
N	O	P	Q	NS																							

P86. During the past 12 months ending May 20th 2010, did you receive regular income from any other sources, such as alimony or child support?

- ① Yes
- ② No (Go to Section 14)
- ③ Not stated

P87. Please provide me with the letter code that best describes the total income you received from these other sources.

LETTER CODE	<table style="width: 100%; text-align: center;"> <tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td></tr> <tr><td>N</td><td>O</td><td>P</td><td>Q</td><td>NS</td><td colspan="8"></td></tr> </table>	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	NS								
A	B	C	D	E	F	G	H	I	J	K	L	M															
N	O	P	Q	NS																							

SECTION 14 - WHERE SPENT CENSUS NIGHT

P88. Were you in Bermuda or abroad on Census Night (May 20, 2010)?

- ① Bermuda
 - ② Abroad
 - ③ Not stated
- (Go to next person)**

POPULATION (FOR ALL PERSONS)

Person #2

P1. Record Type 0 1 2 3 4 5	P4. Commercial Zone 0 1 2 3 4 5	P7. Family Number 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9
P2. Census District 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	P5. Household Number 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	OFFICE USE ONLY P8. Family reference person's Person #. 0 1 2 0 1 2 3 4 5 6 7 8 9 P9. Family Relationship Code 0 1 2 0 1 2 3 4 5 6 7 8 9
P3. Constituency 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9	P6. Person Number 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9	

Name: (Surname first)

SECTION 1 - CHARACTERISTICS

SHOW FLASH CARD #1

P10. How are you related to the household reference person?

① Household reference person

Relative

- ② Husband or wife
- ③ Child
- ④ Stepchild
- ⑤ Grandchild
- ⑥ Father/mother
- ⑦ Grandparent
- ⑧ Parent-in-law
- ⑨ Son-/daughter-in-law
- ⑩ Brother/sister
- ⑪ Other relative

Non-Relative

- ⑫ Live-in partner
- ⑬ House/roommate
- ⑭ Foster child
- ⑮ Roomer or boarder
- ⑯ Domestic employee
- ⑰ Other non-relative
- ⑱ Not stated

P11. (For persons not seen ask) Is...male or female?

- ① Male
- ② Female

P12. What is your date of birth?

MONTH 0 1 2 8 9 (Not stated code as 99)
 0 1 2 3 4 5 6 7 8 9

DAY 0 1 2 3 8 9 (Not stated code as 99)
 0 1 2 3 4 5 6 7 8 9

YEAR 0 1 2 8 9 (Not stated code as 9999)
 0 1
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

P13. What is your age?

YEARS 0 1 8 9 (Not stated=99)
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

P14. To which racial group do you belong?

- ① Black
- ② White
- ③ Asian
- ④ Black & White
- ⑤ Black & Other
- ⑥ White & Other
- ⑦ Other races
- ⑧ Not stated

P15. In your opinion, which of the following best describes your ancestry? Select no more than two.

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
(Not stated=99)

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
(Not stated=99)

P16. What is your religious affiliation?

0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9
(Not stated=99)

SECTION 2 - MARITAL STATUS

(FOR PERSONS 15 YEARS AND OLDER, OTHERWISE GO TO SECTION 3)

P17. What was your marital status as of Census Day, May 20, 2010?

- ① Never married (Go to Section 3)
- ② Married first time
- ③ Re-married
- ④ Widowed
- ⑤ Divorced
- ⑥ Legally separated
- ⑦ Not stated

P18. How old were you when you got married the first time?

0 1 2 3 4 5 6 7 8 9 (Not stated=99)
 0 1 2 3 4 5 6 7 8 9

P19 & P20 FOR PERSONS ANSWERING "MARRIED", "RE-MARRIED" OR "LEGALLY SEPARATED" IN P17, OTHERWISE GO TO SECTION 3

P19. How long have you been married to your present husband/wife as of Census Day, May 20, 2010?

0 1 2 3 4 5 6 7 8 9 (Not stated=99)
 0 1 2 3 4 5 6 7 8 9

P20. Are you married to a Bermudian?

- ① Yes
- ② No
- ③ Not stated

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

SECTION 3 - BIRTHPLACE

P21. In which country were you born?

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

(Not stated=999)

IF COUNTRY OF BIRTH IS BERMUDA, GO TO SECTION 4B

SECTION 4A - INTERNATIONAL MIGRATION

P22. When did you last come to Bermuda to live?

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

(NS=9999)

AFTER ANSWERING P22, GO TO SECTION 5

SECTION 4B

(P23 & P24 FOR PERSONS 1 YEAR AND OVER WHO WERE BORN IN BERMUDA, OTHERWISE GO TO SECTION 5)

P23. Have you ever lived abroad for 1 year or more continuously, other than for educational or health purposes?

- ① Yes ② No (Go to Section 5) ③ Not stated

P24. When did you last return to Bermuda to live?

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

(NS=9999)

SECTION 5 - INTERNAL MIGRATION

P25. In the past 5 years, how many times have you moved residence within Bermuda?

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

(NS=99)

If 00 go to Section 6

P26. What was the primary reason for your last move?

- | | |
|------------------------------|------------------------|
| ① Asked to leave | ⑨ Moved from homestead |
| ② Evicted by landlord | ⑩ Purchased new home |
| ③ Lease expired | ⑪ Affordability |
| ④ Residence was sold | ⑫ Fire/disaster |
| ⑤ House condemned | ⑬ Cohabitate/roommate |
| ⑥ Needed less space | ⑭ Other (Specify) |
| ⑦ Needed more space | |
| ⑧ Married/divorced/separated | ⑮ Not stated |

P27. What was your last parish of residence?

- ① St Geo. ② Town ③ Ham. ④ Smiths ⑤ Dev.
 ⑥ Pem. ⑦ City ⑧ Paget ⑨ War. ⑩ South
 ⑪ Sand ⑫ Not stated

P28. In the past 12 months, how many times have you moved residence within Bermuda?

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

(NS=99)

If 00 go to Section 6

P29. What was the primary reason for your last move?

- | | |
|------------------------------|------------------------|
| ① Asked to leave | ⑨ Moved from homestead |
| ② Evicted by landlord | ⑩ Purchased new home |
| ③ Lease expired | ⑪ Affordability |
| ④ Residence was sold | ⑫ Fire/disaster |
| ⑤ House condemned | ⑬ Cohabitate/roommate |
| ⑥ Needed less space | ⑭ Other (Specify) |
| ⑦ Needed more space | |
| ⑧ Married/divorced/separated | ⑮ Not stated |

P30. What was your last parish of residence?

- ① St Geo. ② Town ③ Ham. ④ Smiths ⑤ Dev.
 ⑥ Pem. ⑦ City ⑧ Paget ⑨ War. ⑩ South
 ⑪ Sand ⑫ Not stated

SECTION 6 - BERMUDIAN STATUS

P31. What is your current status? Are you . . .

Bermudian

- ① Bermudian?

Non-Bermudian

- ② Permanent Resident Certificate Holder?
 ③ Non-Bermudian-Spouse of Bermudian?
 ④ Other Non-Bermudian?
 ⑤ Not stated

Go to
Section
7

P32. How did you acquire this status?

- ① Birth (Go to Section 7) ④ Grant of status
 ② Marriage ⑤ Not stated
 ③ Domicile under 1937 Act

P33. When did you acquire this status?

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

(NS=9999)

SECTION 7 - CHILD CARE

(FOR CHILDREN 0 - 5 YEARS WHO ARE NOT IN PRIMARY SCHOOL, OTHERWISE GO TO SECTION 8A)

P34. How is ... cared for during working hours?

- ① By you or your spouse/partner in your home
 ② By a child care provider in your home
 ③ In another home with no more than 2 other children
 ④ In another home with no more than 3 or 4 other children
 ⑤ In another home with 5 or more other children
 ⑥ In a public nursery, daycare centre or preschool
 ⑦ In a private nursery, daycare centre or preschool
 ⑧ Not stated

P35. How much do you spend on ...'s child care per week?

\$.00

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

(NS=9999)

SECTION 8A - FERTILITY

(FOR PERSONS 15 YEARS AND OLDER, OTHERWISE GO TO SECTION 9)

P36. How many liveborn children have you had/fathered?

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

(NS=99)

(If 0, enter 00 and Go to Section 9)

P37. How old were you at the birth of your first live-born child?

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

(NS=99)

P38. How old were you at the birth of your last live-born child?

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

(NS=99)

SECTION 8B

(P39 IS FOR WOMEN 15–49 YEARS OLD, OTHERWISE GO TO SECTION 9)

P39. How many babies were born alive to you during the past 12 months ending May 20th 2010?

- 1 None 3 Twins 5 Three or more
 2 One 4 Two separate births 6 Not stated

SECTION 9 – HEALTH

SHOW FLASH CARD #2

P40. Please look at this card and tell me which of the following health conditions, if any lasted more than six months.

(Please mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 1 No conditions present
(Go to P44) | <input type="checkbox"/> 19 Learning difficulties |
| <input type="checkbox"/> 2 Arthritis/rheumatism | <input type="checkbox"/> 20 Hearing difficulties |
| <input type="checkbox"/> 3 Heart condition | <input type="checkbox"/> 21 Complete deafness |
| <input type="checkbox"/> 4 HBP/hypertension | <input type="checkbox"/> 22 Speaking difficulties |
| <input type="checkbox"/> 5 Diabetes Type I | <input type="checkbox"/> 23 Gripping/holding difficulty |
| <input type="checkbox"/> 6 Diabetes Type II | <input type="checkbox"/> 24 Seeing difficulties |
| <input type="checkbox"/> 7 No/limited use of legs | <input type="checkbox"/> 25 Seeing diffs. with lenses |
| <input type="checkbox"/> 8 Back/spine problem | <input type="checkbox"/> 26 Complete blindness |
| <input type="checkbox"/> 9 Asthma | <input type="checkbox"/> 27 Behavioural difficulty |
| <input type="checkbox"/> 10 Other resp/lung problem | <input type="checkbox"/> 28 Moving/mobility difficulty |
| <input type="checkbox"/> 11 Mental/emotional disorder | <input type="checkbox"/> 29 Body movement difficulty |
| <input type="checkbox"/> 12 No/limited use of arms | <input type="checkbox"/> 30 Drug dependency |
| <input type="checkbox"/> 13 Cancer | <input type="checkbox"/> 31 Alcohol dependency |
| <input type="checkbox"/> 14 Stomach, kidney, liver | <input type="checkbox"/> 32 Autism/PD |
| <input type="checkbox"/> 15 Senility/Alzheimer's | <input type="checkbox"/> 33 Sickle-Cell Anaemia |
| <input type="checkbox"/> 16 Muscular disease | <input type="checkbox"/> 34 Lupus |
| <input type="checkbox"/> 17 Learning disabled | <input type="checkbox"/> 35 Other condition
(Specify) |
| <input type="checkbox"/> 18 Epilepsy | <input type="checkbox"/> 36 Not stated |

P41. Does your condition(s) . . .

a) Limit or prevent any of your everyday life activities; for example, work, recreation, mobility, schooling?

- 1 Yes 2 No (Go to P42) 3 Not stated

b) Limit the kind/amount of activity at home/school?

- 1 Yes 2 No 3 Not stated

c) Prevent you from leaving home alone?

- 1 Yes 2 No 3 Not stated

d) Prevent you from taking care of your own personal needs such as bathing, dressing or getting around inside the home?

- 1 Yes 2 No 3 Not stated

e) Generally confine you to getting around in a wheel chair?

- 1 Yes 2 No 3 Not stated

P41 f & g ARE FOR PERSONS 12 YEARS & OLDER, OTHERWISE GO TO P42

f) Prevent you from working?

- 1 Yes (Go to P42) 2 No 3 Not stated

g) Limit the kind or amount of work that you can do?

- 1 Yes 2 No 3 Not stated

P42. Do you receive any hired nursing care for your condition(s)?

- 1 Yes - public care 4 None
 2 Yes - private care 5 Not stated
 3 Yes - public & private care

P43. Do you receive any hired rehabilitation services for your condition(s)?

- 1 Yes - public care 4 None
 2 Yes - private care 5 Not stated
 3 Yes - public & private care

P44. Do you regularly take doctor prescribed medications on a daily, weekly or monthly basis?

- 1 Yes 2 No 3 Not stated

P45. What type of health insurance coverage, if any, do you have?

- 1 Major medical 4 H.I.P.
 2 Basic 5 None
 3 Future Care 6 Not stated

SECTION 10A - EDUCATION & TRAINING

(FOR PERSONS 5 YEARS AND OLDER WHO ARE NOT ATTENDING PRESCHOOL, OTHERWISE GO TO SECTION 11)

P46. Are you attending, or registered in, a school or any educational institution now? (Exclude courses taken at the Community Centres and any recreational courses.)

- 1 Yes 2 No (Go to Section 10B) 3 Not stated

P47. Are these classes taught . . .

- 1 In class? 3 Combination of in class and online
 2 Online? 4 Not stated

P48. Do you attend full time or part time?

- 1 Full time 2 Part time 3 Not stated

P49. Is this school or educational institution public or private?

- 1 Public 2 Private 3 Not stated

P60. What is the present status of your training, i.e. is it complete, not complete or ongoing?

- ① Complete (Go to Section 11) ③ Not complete (Go to Section 11)
 ② Ongoing ④ Not stated

P61. What year do you expect to complete your training?

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

(NS=9999)

SECTION 11 - JOURNEY TO WORK/SCHOOL

P62. How do you usually travel to your (main) place of work or school? (If more than one form of travel is used, mark oval that covers the longest distance.)

- ① Drives alone in car ⑪ Pedal cycle
 ② Car with household member ⑫ By foot
 ③ Car w/household non-member ⑬ Private boat
 ④ Car w/household member & non-member ⑭ Ferry
 ⑤ Motorcycle ⑮ No usual method
 ⑥ Bus ⑯ Works or studies at home (Go to Section 12A)
 ⑦ Minibus ⑰ Overseas at school (Go to Section 12A)
 ⑧ Taxi ⑱ Does not work (Go to Section 12A)
 ⑨ Para-transit ⑲ Not stated
 ⑩ Van/truck/commercial vehicle

P63. Where do you usually report for work in your (main) job or school?

- ① City of Hamilton ⑨ Paget
 ② Elsewhere in Pembroke ⑩ Warwick
 ③ Town of St. George ⑪ Southampton
 ④ Southside in St. George's ⑫ Sandys
 ⑤ Elsewhere in St. George's ⑬ Dockyard
 ⑥ Hamilton Parish ⑭ No regular fixed reporting point (Go to P65)
 ⑦ Smith's ⑮ Not stated
 ⑧ Devonshire

P64. How long does it usually take to get there?

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

(NS=999)

P65. What time do you have to start work in your (main) job or school? (Use the 12 hour clock)

HR : MIN		①	①					⑧	⑨		
	...	①	①	②	③	④	⑤	⑥	⑦	⑧	⑨
AM		①	①	②	③	④	⑤		⑧	⑨	
PM		①	①	②	③	④	⑤	⑥	⑦	⑧	⑨

(NS=9999) (Shift work=8888)

SECTION 12A - ECONOMIC ACTIVITY

(FOR PERSONS 12 YEARS AND OLDER, OTHERWISE GO TO SECTION 14)

P66. Including any time off for paid holidays, sick leave and unpaid work in a family business, how many months did you work for pay in Bermuda during the past 12 months ending in May 20th 2010?

	①	①						⑨		
	①	①	②	③	④	⑤	⑥	⑦	⑧	⑨

(NS=99)

SHOW FLASH CARD #3

P67. What were you doing during the week of 13th -19th May? Were you ...

Working

- ① Working for pay, including babysitting, dressmaking, baking, etc. at home?
 ② Working for pay as an apprentice?
 ③ Full-/part-time student working for pay/tips?
 ④ Working without pay in a family business or farm, even while a full-/part-time student?
 ⑤ With a job but not at work, even while a full-/part-time student? (Go to P69)

Not Working

For persons 16 years & over

- ⑥ Seeking work for the first time?
 ⑦ Looking for work?
 ⑧ Not actively seeking work?
 ⑨ Engaged in home duties?
 ⑩ Voluntary work without pay?
 ⑪ Unable to work?
 ⑫ Retired?

For persons 12 years & over

- ⑬ Full-/part-time student looking for work?
 ⑭ Full-/part-time student without a job?
 ⑮ Other
 ⑯ Not stated

(Go to Section 13A)

P68. How many paid jobs did you report to during the week of the 13th - 19th May?

JOB(S)

	①	②	③	④	NS
--	---	---	---	---	----

P69. How many paid jobs were you employed in during the week of the 13th-19th May, whether you were at work or not?

JOB(S)

	①	②	③	④	NS
--	---	---	---	---	----

P70. How many hours do you normally work in your main job in a typical week, including overtime whether you are paid for it or not?

HOURS

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

 (NS=99)

SECTION 12B

(P71 FOR PERSONS WITH 2 OR MORE JOBS, OTHERWISE GO TO P72)

P71. Excluding your main job, how many paid hours do you normally work in your other job(s) in a typical week?

HOURS

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

 (NS=99)

P72. Were you self employed or working for someone else in your main job during the week of 13th - 19th May?

Self-employed

- ① With paid help (Employer)
 ② Without paid help
 ③ As unpaid worker in a family business/farm

POPULATION (FOR ALL PERSONS)

Person #3

P1. Record Type <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"/>	P4. Commercial Zone <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"/>	P7. Family Number <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"/>
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P9. Family Relationship Code <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"/>		

Name: (Surname first)

SECTION 1 - CHARACTERISTICS

SHOW FLASH CARD #1

P10. How are you related to the household reference person?

① Household reference person

Relative

- ② Husband or wife
- ③ Child
- ④ Stepchild
- ⑤ Grandchild
- ⑥ Father/mother
- ⑦ Grandparent
- ⑧ Parent-in-law
- ⑨ Son-/daughter-in-law
- ⑩ Brother/sister
- ⑪ Other relative

Non-Relative

- ⑫ Live-in partner
- ⑬ House/roommate
- ⑭ Foster child
- ⑮ Roomer or boarder
- ⑯ Domestic employee
- ⑰ Other non-relative
- ⑱ Not stated

P11. (For persons not seen ask) Is...male or female?

- ① Male
- ② Female

P12. What is your date of birth?

MONTH

(Not stated code as 99)

DAY

(Not stated code as 99)

YEAR

(Not stated code as 9999)

P13. What is your age?

YEARS

(Not stated=999)

P14. To which racial group do you belong?

- ① Black
- ② White
- ③ Asian
- ④ Black & White
- ⑤ Black & Other
- ⑥ White & Other
- ⑦ Other races
- ⑧ Not stated

P15. In your opinion, which of the following best describes your ancestry? Select no more than two.

(Not stated=99)

(Not stated=99)

P16. What is your religious affiliation?

(Not stated=99)

SECTION 2 - MARITAL STATUS

(FOR PERSONS 15 YEARS AND OLDER, OTHERWISE GO TO SECTION 3)

P17. What was your marital status as of Census Day, May 20, 2010?

- ① Never married (Go to Section 3)
- ② Married first time
- ③ Re-married
- ④ Widowed
- ⑤ Divorced
- ⑥ Legally separated
- ⑦ Not stated

P18. How old were you when you got married the first time?

(Not stated=99)

P19 & P20 FOR PERSONS ANSWERING "MARRIED", "RE-MARRIED" OR "LEGALLY SEPARATED" IN P17, OTHERWISE GO TO SECTION 3

P19. How long have you been married to your present husband/wife as of Census Day, May 20, 2010?

(Not stated=99)

P20. Are you married to a Bermudian?

- ① Yes
- ② No
- ③ Not stated

SECTION 8A - FERTILITY

(FOR PERSONS 15 YEARS AND OLDER, OTHERWISE GO TO SECTION 9)

P36. How many liveborn children have you had/fathered?

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

(NS=99)

(If 0, enter 00 and Go to Section 9)

P37. How old were you at the birth of your first live-born child?

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

(NS=99)

P38. How old were you at the birth of your last live-born child?

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

(NS=99)

SECTION 8B

(P39 IS FOR WOMEN 15–49 YEARS OLD, OTHERWISE GO TO SECTION 9)

P39. How many babies were born alive to you during the past 12 months ending May 20th 2010?

- 1 None 3 Twins 5 Three or more
 2 One 4 Two separate births 6 Not stated

SECTION 9 – HEALTH

SHOW FLASH CARD #2

P40. Please look at this card and tell me which of the following health conditions, if any lasted more than six months.

(Please mark all that apply)

- | | |
|---|--|
| <p><input type="checkbox"/> 1 No conditions present
(Go to P44)</p> <p><input type="checkbox"/> 2 Arthritis/rheumatism</p> <p><input type="checkbox"/> 3 Heart condition</p> <p><input type="checkbox"/> 4 HBP/hypertension</p> <p><input type="checkbox"/> 5 Diabetes Type I</p> <p><input type="checkbox"/> 6 Diabetes Type II</p> <p><input type="checkbox"/> 7 No/limited use of legs</p> <p><input type="checkbox"/> 8 Back/spine problem</p> <p><input type="checkbox"/> 9 Asthma</p> <p><input type="checkbox"/> 10 Other resp/lung problem</p> <p><input type="checkbox"/> 11 Mental/emotional disorder</p> <p><input type="checkbox"/> 12 No/limited use of arms</p> <p><input type="checkbox"/> 13 Cancer</p> <p><input type="checkbox"/> 14 Stomach, kidney, liver</p> <p><input type="checkbox"/> 15 Senility/Alzheimer's</p> <p><input type="checkbox"/> 16 Muscular disease</p> <p><input type="checkbox"/> 17 Learning disabled</p> <p><input type="checkbox"/> 18 Epilepsy</p> | <p><input type="checkbox"/> 19 Learning difficulties</p> <p><input type="checkbox"/> 20 Hearing difficulties</p> <p><input type="checkbox"/> 21 Complete deafness</p> <p><input type="checkbox"/> 22 Speaking difficulties</p> <p><input type="checkbox"/> 23 Gripping/holding difficulty</p> <p><input type="checkbox"/> 24 Seeing difficulties</p> <p><input type="checkbox"/> 25 Seeing diffs. with lenses</p> <p><input type="checkbox"/> 26 Complete blindness</p> <p><input type="checkbox"/> 27 Behavioural difficulty</p> <p><input type="checkbox"/> 28 Moving/mobility difficulty</p> <p><input type="checkbox"/> 29 Body movement difficulty</p> <p><input type="checkbox"/> 30 Drug dependency</p> <p><input type="checkbox"/> 31 Alcohol dependency</p> <p><input type="checkbox"/> 32 Autism/PD</p> <p><input type="checkbox"/> 33 Sickle-Cell Anaemia</p> <p><input type="checkbox"/> 34 Lupus</p> <p><input type="checkbox"/> 35 Other condition
<i>(Specify)</i></p> <p>_____</p> <p><input type="checkbox"/> 36 Not stated</p> |
|---|--|

P41. Does your condition(s) . . .

a) Limit or prevent any of your everyday life activities; for example, work, recreation, mobility, schooling?

- 1 Yes 2 No **(Go to P42)** 3 Not stated

b) Limit the kind/amount of activity at home/school?

- 1 Yes 2 No 3 Not stated

c) Prevent you from leaving home alone?

- 1 Yes 2 No 3 Not stated

d) Prevent you from taking care of your own personal needs such as bathing, dressing or getting around inside the home?

- 1 Yes 2 No 3 Not stated

e) Generally confine you to getting around in a wheel chair?

- 1 Yes 2 No 3 Not stated

P41 f & g ARE FOR PERSONS 12 YEARS & OLDER, OTHERWISE GO TO P42

f) Prevent you from working?

- 1 Yes **(Go to P42)** 2 No 3 Not stated

g) Limit the kind or amount of work that you can do?

- 1 Yes 2 No 3 Not stated

P42. Do you receive any hired nursing care for your condition(s)?

- 1 Yes - public care 4 None
 2 Yes - private care 5 Not stated
 3 Yes - public & private care

P43. Do you receive any hired rehabilitation services for your condition(s)?

- 1 Yes - public care 4 None
 2 Yes - private care 5 Not stated
 3 Yes - public & private care

P44. Do you regularly take doctor prescribed medications on a daily, weekly or monthly basis?

- 1 Yes 2 No 3 Not stated

P45. What type of health insurance coverage, if any, do you have?

- 1 Major medical 4 H.I.P.
 2 Basic 5 None
 3 Future Care 6 Not stated

SECTION 10A - EDUCATION & TRAINING

(FOR PERSONS 5 YEARS AND OLDER WHO ARE NOT ATTENDING PRESCHOOL, OTHERWISE GO TO SECTION 11)

P46. Are you attending, or registered in, a school or any educational institution now? (Exclude courses taken at the Community Centres and any recreational courses.)

- 1 Yes 2 No **(Go to Section 10B)** 3 Not stated

P47. Are these classes taught . . .

- 1 In class? 3 Combination of in class and online
 2 Online? 4 Not stated

P48. Do you attend full time or part time?

- 1 Full time 2 Part time 3 Not stated

P49. Is this school or educational institution public or private?

- 1 Public 2 Private 3 Not stated

P60. What is the present status of your training, i.e. is it complete, not complete or ongoing?

- ① Complete ③ Not complete
- (Go to Section 11)** **(Go to Section 11)**
- ② Ongoing ④ Not stated

P61. What year do you expect to complete your training?

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

(NS=9999)

SECTION 11 - JOURNEY TO WORK/SCHOOL

P62. How do you usually travel to your (main) place of work or school? (If more than one form of travel is used, mark oval that covers the longest distance.)

- ① Drives alone in car ⑪ Pedal cycle
- ② Car with household member ⑫ By foot
- ③ Car w/household non-member ⑬ Private boat
- ④ Car w/household member & non-member ⑭ Ferry
- ⑤ Motorcycle ⑮ No usual method
- ⑥ Bus ⑯ Works or studies at home **(Go to Section 12A)**
- ⑦ Minibus ⑰ Overseas at school **(Go to Section 12A)**
- ⑧ Taxi ⑱ Does not work **(Go to Section 12A)**
- ⑨ Para-transit ⑲ Not stated
- ⑩ Van/truck/commercial vehicle

P63. Where do you usually report for work in your (main) job or school?

- ① City of Hamilton ⑨ Paget
- ② Elsewhere in Pembroke ⑩ Warwick
- ③ Town of St. George ⑪ Southampton
- ④ Southside in St. George's ⑫ Sandys
- ⑤ Elsewhere in St. George's ⑬ Dockyard
- ⑥ Hamilton Parish ⑭ No regular fixed reporting point **(Go to P65)**
- ⑦ Smith's
- ⑧ Devonshire ⑮ Not stated

P64. How long does it usually take to get there?

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

(NS=999)

P65. What time do you have to start work in your (main) job or school? (Use the 12 hour clock)

HR : MIN		①	①					⑧	⑨
		①	②	③	④	⑤	⑥	⑦	⑧ ⑨
AM	...	①	②	③	④	⑤	⑥	⑦	⑧ ⑨
PM		①	②	③	④	⑤	⑥	⑦	⑧ ⑨

(NS=9999)
(Shift work=8888)

SECTION 12A- ECONOMIC ACTIVITY

(FOR PERSONS 12 YEARS AND OLDER, OTHERWISE GO TO SECTION 14)

P66. Including any time off for paid holidays, sick leave and unpaid work in a family business, how many months did you work for pay in Bermuda during the past 12 months ending in May 20th 2010?

	①	①							⑨
	①	②	③	④	⑤	⑥	⑦	⑧	⑨

(NS=99)

SHOW FLASH CARD #3

P67. What were you doing during the week of 13th -19th May? Were you ...

Working

- ① Working for pay, including babysitting, dressmaking, baking, etc. at home?
- ② Working for pay as an apprentice?
- ③ Full-/part-time student working for pay/tips?
- ④ Working without pay in a family business or farm, even while a full-/part-time student?
- ⑤ With a job but not at work, even while a full-/part-time student? **(Go to P69)**

Not Working

For persons 16 years & over

- ⑥ Seeking work for the first time?
- ⑦ Looking for work?
- ⑧ Not actively seeking work?
- ⑨ Engaged in home duties?
- ⑩ Voluntary work without pay?
- ⑪ Unable to work?
- ⑫ Retired?

For persons 12 years & over

- ⑬ Full-/part-time student looking for work?
- ⑭ Full-/part-time student without a job?
- ⑮ Other
- ⑯ Not stated

}

(Go to Section 13A)

P68. How many paid jobs did you report to during the week of the 13th - 19th May?

JOB(S)

	①	②	③	④	NS
--	---	---	---	---	----

P69. How many paid jobs were you employed in during the week of the 13th-19th May, whether you were at work or not?

JOB(S)

	①	②	③	④	NS
--	---	---	---	---	----

P70. How many hours do you normally work in your main job in a typical week, including overtime whether you are paid for it or not?

HOURS

	①	②	③	④	⑤	⑥	⑦	⑧	⑨
	①	②	③	④	⑤	⑥	⑦	⑧	⑨

 (NS=99)

SECTION 12B

(P71 FOR PERSONS WITH 2 OR MORE JOBS, OTHERWISE GO TO P72)

P71. Excluding your main job, how many paid hours do you normally work in your other job(s) in a typical week?

HOURS

	①	②	③	④	⑤	⑥	⑦	⑧	⑨
	①	②	③	④	⑤	⑥	⑦	⑧	⑨

 (NS=99)

P72. Were you self employed or working for someone else in your main job during the week of 13th - 19th May?

Self-employed

- ① With paid help (Employer)
- ② Without paid help
- ③ As unpaid worker in a family business/farm

POPULATION (FOR ALL PERSONS)

Person #4

P1. Record Type <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"/>	P4. Commercial Zone <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"/>	P7. Family Number <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"/>	
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P9. Family Relationship Code <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"/>			P8. Family reference person's Person #. <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"/>

Name: (Surname first)

SECTION 1 - CHARACTERISTICS

SHOW FLASH CARD #1

P10. How are you related to the household reference person?

Household reference person

Relative

- Husband or wife
- Child
- Stepchild
- Grandchild
- Father/mother
- Grandparent
- Parent-in-law
- Son-/daughter-in-law
- Brother/sister
- Other relative

Non-Relative

- Live-in partner
- House/roommate
- Foster child
- Roomer or boarder
- Domestic employee
- Other non-relative
- Not stated

P11. (For persons not seen ask) Is...male or female?

Male Female

P12. What is your date of birth?

MONTH (Not stated code as 99)

DAY (Not stated code as 99)

YEAR (Not stated code as 9999)

P13. What is your age?

YEARS (Not stated=999)

P14. To which racial group do you belong?

- Black
- White
- Asian
- Black & White
- Black & Other
- White & Other
- Other races
- Not stated

P15. In your opinion, which of the following best describes your ancestry? Select no more than two.

(Not stated=99)

(Not stated=99)

P16. What is your religious affiliation?

(Not stated=99)

SECTION 2 - MARITAL STATUS

(FOR PERSONS 15 YEARS AND OLDER, OTHERWISE GO TO SECTION 3)

P17. What was your marital status as of Census Day, May 20, 2010?

- Never married (**Go to Section 3**)
- Married first time
- Re-married
- Widowed
- Divorced
- Legally separated
- Not stated

P18. How old were you when you got married the first time?

(Not stated=99)

P19 & P20 FOR PERSONS ANSWERING "MARRIED", "RE-MARRIED" OR "LEGALLY SEPARATED" IN P17, OTHERWISE GO TO SECTION 3

P19. How long have you been married to your present husband/wife as of Census Day, May 20, 2010?

(Not stated=99)

P20. Are you married to a Bermudian?

- Yes
- No
- Not stated

SECTION 8A - FERTILITY

(FOR PERSONS 15 YEARS AND OLDER, OTHERWISE GO TO SECTION 9)

P36. How many liveborn children have you had/fathered?

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

(NS=99)

(If 0, enter 00 and Go to Section 9)

P37. How old were you at the birth of your first live-born child?

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

(NS=99)

P38. How old were you at the birth of your last live-born child?

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

(NS=99)

SECTION 8B

(P39 IS FOR WOMEN 15-49 YEARS OLD, OTHERWISE GO TO SECTION 9)

P39. How many babies were born alive to you during the past 12 months ending May 20th 2010?

- 1 None 3 Twins 5 Three or more
 2 One 4 Two separate births 6 Not stated

SECTION 9 - HEALTH

SHOW FLASH CARD #2

P40. Please look at this card and tell me which of the following health conditions, if any lasted more than six months.

(Please mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 1 No conditions present
(Go to P44) | <input type="checkbox"/> 19 Learning difficulties |
| <input type="checkbox"/> 2 Arthritis/rheumatism | <input type="checkbox"/> 20 Hearing difficulties |
| <input type="checkbox"/> 3 Heart condition | <input type="checkbox"/> 21 Complete deafness |
| <input type="checkbox"/> 4 HBP/hypertension | <input type="checkbox"/> 22 Speaking difficulties |
| <input type="checkbox"/> 5 Diabetes Type I | <input type="checkbox"/> 23 Gripping/holding difficulty |
| <input type="checkbox"/> 6 Diabetes Type II | <input type="checkbox"/> 24 Seeing difficulties |
| <input type="checkbox"/> 7 No/limited use of legs | <input type="checkbox"/> 25 Seeing diffs. with lenses |
| <input type="checkbox"/> 8 Back/spine problem | <input type="checkbox"/> 26 Complete blindness |
| <input type="checkbox"/> 9 Asthma | <input type="checkbox"/> 27 Behavioural difficulty |
| <input type="checkbox"/> 10 Other resp/lung problem | <input type="checkbox"/> 28 Moving/mobility difficulty |
| <input type="checkbox"/> 11 Mental/emotional disorder | <input type="checkbox"/> 29 Body movement difficulty |
| <input type="checkbox"/> 12 No/limited use of arms | <input type="checkbox"/> 30 Drug dependency |
| <input type="checkbox"/> 13 Cancer | <input type="checkbox"/> 31 Alcohol dependency |
| <input type="checkbox"/> 14 Stomach, kidney, liver | <input type="checkbox"/> 32 Autism/PD |
| <input type="checkbox"/> 15 Senility/Alzheimer's | <input type="checkbox"/> 33 Sickle-Cell Anaemia |
| <input type="checkbox"/> 16 Muscular disease | <input type="checkbox"/> 34 Lupus |
| <input type="checkbox"/> 17 Learning disabled | <input type="checkbox"/> 35 Other condition
(Specify) |
| <input type="checkbox"/> 18 Epilepsy | <input type="checkbox"/> 36 Not stated |

P41. Does your condition(s) . . .

a) Limit or prevent any of your everyday life activities; for example, work, recreation, mobility, schooling?

- 1 Yes 2 No (Go to P42) 3 Not stated

b) Limit the kind/amount of activity at home/school?

- 1 Yes 2 No 3 Not stated

c) Prevent you from leaving home alone?

- 1 Yes 2 No 3 Not stated

d) Prevent you from taking care of your own personal needs such as bathing, dressing or getting around inside the home?

- 1 Yes 2 No 3 Not stated

e) Generally confine you to getting around in a wheel chair?

- 1 Yes 2 No 3 Not stated

P41 f & g ARE FOR PERSONS 12 YEARS & OLDER, OTHERWISE GO TO P42

f) Prevent you from working?

- 1 Yes (Go to P42) 2 No 3 Not stated

g) Limit the kind or amount of work that you can do?

- 1 Yes 2 No 3 Not stated

P42. Do you receive any hired nursing care for your condition(s)?

- 1 Yes - public care 4 None
 2 Yes - private care 5 Not stated
 3 Yes - public & private care

P43. Do you receive any hired rehabilitation services for your condition(s)?

- 1 Yes - public care 4 None
 2 Yes - private care 5 Not stated
 3 Yes - public & private care

P44. Do you regularly take doctor prescribed medications on a daily, weekly or monthly basis?

- 1 Yes 2 No 3 Not stated

P45. What type of health insurance coverage, if any, do you have?

- 1 Major medical 4 H.I.P.
 2 Basic 5 None
 3 Future Care 6 Not stated

SECTION 10A - EDUCATION & TRAINING

(FOR PERSONS 5 YEARS AND OLDER WHO ARE NOT ATTENDING PRESCHOOL, OTHERWISE GO TO SECTION 11)

P46. Are you attending, or registered in, a school or any educational institution now? (Exclude courses taken at the Community Centres and any recreational courses.)

- 1 Yes 2 No (Go to Section 10B) 3 Not stated

P47. Are these classes taught . . .

- 1 In class? 3 Combination of in class and online
 2 Online? 4 Not stated

P48. Do you attend full time or part time?

- 1 Full time 2 Part time 3 Not stated

P49. Is this school or educational institution public or private?

- 1 Public 2 Private 3 Not stated

P60. What is the present status of your training, i.e. is it complete, not complete or ongoing?

- ① Complete ③ Not complete
- (Go to Section 11) (Go to Section 11)
- ② Ongoing ④ Not stated

P61. What year do you expect to complete your training?

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

(NS=9999)

SECTION 11 - JOURNEY TO WORK/SCHOOL

P62. How do you usually travel to your (main) place of work or school? (If more than one form of travel is used, mark oval that covers the longest distance.)

- ① Drives alone in car
- ② Car with household member
- ③ Car w/household non-member
- ④ Car w/household member & non-member
- ⑤ Motorcycle
- ⑥ Bus
- ⑦ Minibus
- ⑧ Taxi
- ⑨ Para-transit
- ⑩ Van/truck/commercial vehicle
- ⑪ Pedal cycle
- ⑫ By foot
- ⑬ Private boat
- ⑭ Ferry
- ⑮ No usual method
- ⑯ Works or studies at home (Go to Section 12A)
- ⑰ Overseas at school (Go to Section 12A)
- ⑱ Does not work (Go to Section 12A)
- ⑲ Not stated

P63. Where do you usually report for work in your (main) job or school?

- ① City of Hamilton
- ② Elsewhere in Pembroke
- ③ Town of St. George
- ④ Southside in St. George's
- ⑤ Elsewhere in St. George's
- ⑥ Hamilton Parish
- ⑦ Smith's
- ⑧ Devonshire
- ⑨ Paget
- ⑩ Warwick
- ⑪ Southampton
- ⑫ Sandys
- ⑬ Dockyard
- ⑭ No regular fixed reporting point (Go to P65)
- ⑮ Not stated

P64. How long does it usually take to get there?

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

(NS=999)

P65. What time do you have to start work in your (main) job or school? (Use the 12 hour clock)

		①	①					⑧	⑨
HR : MIN		①	①	②	③	④	⑤	⑥	⑦ ⑧ ⑨
	...	①	①	②	③	④	⑤	⑥	⑦ ⑧ ⑨
	AM	①	①	②	③	④	⑤	⑥	⑦ ⑧ ⑨
	PM	①	①	②	③	④	⑤	⑥	⑦ ⑧ ⑨

(NS=9999)
(Shift work=8888)

SECTION 12A- ECONOMIC ACTIVITY

(FOR PERSONS 12 YEARS AND OLDER, OTHERWISE GO TO SECTION 14)

P66. Including any time off for paid holidays, sick leave and unpaid work in a family business, how many months did you work for pay in Bermuda during the past 12 months ending in May 20th 2010?

		①	①						⑨
		①	①	②	③	④	⑤	⑥	⑦ ⑧ ⑨

(NS=99)

SHOW FLASH CARD #3

P67. What were you doing during the week of 13th -19th May? Were you ...

Working

- ① Working for pay, including babysitting, dressmaking, baking, etc. at home?
- ② Working for pay as an apprentice?
- ③ Full-/part-time student working for pay/tips?
- ④ Working without pay in a family business or farm, even while a full-/part-time student?
- ⑤ With a job but not at work, even while a full-/part-time student? (Go to P69)

Not Working

For persons 16 years & over

- ⑥ Seeking work for the first time?
- ⑦ Looking for work?
- ⑧ Not actively seeking work?
- ⑨ Engaged in home duties?
- ⑩ Voluntary work without pay?
- ⑪ Unable to work?
- ⑫ Retired?

For persons 12 years & over

- ⑬ Full-/part-time student looking for work?
- ⑭ Full-/part-time student without a job?
- ⑮ Other
- ⑯ Not stated

(Go to Section 13A)

P68. How many paid jobs did you report to during the week of the 13th - 19th May?

JOB(S) ① ② ③ ④ NS

P69. How many paid jobs were you employed in during the week of the 13th-19th May, whether you were at work or not?

JOB(S) ① ② ③ ④ NS

P70. How many hours do you normally work in your main job in a typical week, including overtime whether you are paid for it or not?

HOURS ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
 ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ (NS=99)

SECTION 12B

(P71 FOR PERSONS WITH 2 OR MORE JOBS, OTHERWISE GO TO P72)

P71. Excluding your main job, how many paid hours do you normally work in your other job(s) in a typical week?

HOURS ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
 ① ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ (NS=99)

P72. Were you self employed or working for someone else in your main job during the week of 13th - 19th May?

Self-employed

- ① With paid help (Employer)
- ② Without paid help
- ③ As unpaid worker in a family business/farm

COMMENTS



