ORGANISATION OF EASTERN CARIBBEAN STATES
POPULATION AND HOUSING CENSUS

GRENADA\CARRIACOU & PETIT MARTINIQUE

2001 POPULATION AND HOUSING CENSUS

CENSUS DAY - MAY 25th, 2001

INSTRUCTIONS

1) Use No.2 Pencil Only, DO NOT use a pen.
2) COMPLETELY fill in the oval response.
3) ERASE CLEANLY any changes you make.
4) MAKE NO STRAY MARKS ON THIS FORM.

INCORRECT MARKS  CORRECT MARK

5) When Completing Box Entries, Please write ONLY AND COMPLETELY inside the boxes provided.

Example: 0100

Parish Number

Village Number

Community/Constituency Code

Enumeration District Number

Household Number

Urban/Rural

Address of Household

Community

town/Village

District/Parish

CONFIDENTIAL WHEN COMPLETE
**INTERVIEWER SAY:**

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

**RECORD OF VISITS**

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<th>Interviewer Calls:</th>
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*Results: 1 = Completed  2 = Partially completed, call back  3 = Dwelling Closed  4 = Dwelling Vacant  5 = No Contact  6 = Refusal  7 = No suitable respondent at home  8 = Other (please specify)*

**AREA SUPERVISOR**

NAME  

DATE  

**FIELD SUPERVISOR**

NAME  

DATE  

**INTERVIEWER**

NAME  

DATE  

**EDITOR/CODER**

NAME  

DATE  

**EDITOR/CODER**

NAME  

DATE
**INTERVIEWER SAY:**

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

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2. (a) Did any member of this household move to **live abroad** during the last ten years (1991 - 2001)?

- O 1 Yes  (if Yes, continue)
- O 2 No  (Go to Section 2)

(b) How many persons moved? [Blank Box]

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<tr>
<th>Person Number</th>
<th>Year moved 1991-2001</th>
<th>Educational status when moved</th>
<th>Sex M=1 F=2</th>
<th>Age when moved</th>
<th>Occupation when moved</th>
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INTERVIEWER: Ask this question only if the answer is not obvious. Else, shade the appropriate oval.

10. What type of dwelling does this household occupy?
- 1 Undivided private house
- 2 Part of a private house
- 3 Flat, apartment, condominium
- 4 Townhouse
- 5 Double house/Duplex
- 6 Combined business & dwelling
- 7 Barracks
- 8 Other

11. (a) Is this dwelling insured?
- 1 Yes
- 2 No
- 3 Don't Know
- 4 Not Stated

11. (b) Are the contents of this dwelling insured?
- 1 Yes, all
- 2 No, none
- 3 Partially
- 4 Don't Know
- 5 Not Stated

12. Does this household own, rent or lease this dwelling?
- 1 Owned
- 2 Squatted
- 3 Rented-Private
- 4 Rented-Govt
- 5 Leased
- 6 Rent-free
- 7 Other
- 8 Don't Know/Not Stated

13. What is the rental period for this dwelling?
- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Half-yearly
- 6 Annually
- 7 Not Stated

14. Is this dwelling rented as fully furnished, semi-furnished or unfurnished?
- 1 Fully furnished
- 2 Semi-furnished
- 3 Unfurnished
- 4 Not Stated

15. How much rent are you now paying? (Go to Q.17)
To nearest dollar

16. How much mortgage are you now paying? (Go to Q.17)
To nearest dollar

17. What about the land - is it freehold, leasehold, or some other type of occupancy?
- 1 Owned/Freehold
- 2 Leaschold
- 3 Rented
- 4 Permission to work land
- 5 Sharecroppping
- 6 Squated
- 7 Other
- 8 Don't Know/Not Stated

18. What is the construction material of the outer walls?
- 1 Wood
- 2 Concrete
- 3 Wood & Concrete
- 4 Stone
- 5 Brick
- 6 Adobe
- 7 Make-shift (Specify)
- 8 Other/Don't Know

19. What is the material used for roofing?
- 1 Sheet metal (zinc, aluminum, galvanise, galvalume)
- 2 Shingle (asphalt)
- 3 Shingle (wood)
- 4 Shingle (other)
- 5 Tile
- 6 Concrete
- 7 Make-shift/thatched
- 8 Other (Specify)
- 9 Don't know
20. In which year was this dwelling built?
- O 1 Before 1970
- O 2 1970 - 1979
- O 3 1980 - 1989
- O 4 1990 - 1995
- O 5 1996
- O 6 1997

21. What is the main source of your water supply?
- O 1 Private piped into dwelling
- O 2 Private catchment not piped
- O 3 Private catchment piped
- O 4 Public, piped into dwelling
- O 5 Public, piped into yard
- O 6 Public standpipe
- O 7 Public well or tank
- O 8 Other (please specify)

22. What type of toilet facilities does this household have?
- O 1 W.C. (flush toilet) linked to sewer
- O 2 W.C. (flush toilet) linked to Septic tank/Soak-away
- O 3 Pit-latrine/VIP
- O 4 Other (please specify)
- O 5 None

23. Are these toilet facilities shared with another person(s) of this household?
- O 1 Yes, Shared
- O 2 Not shared

24. Are your bathroom facilities indoors or outdoors?
- O 1 Indoors
- O 2 Outdoors (private)
- O 3 None
- O 4 Other (please specify)

25. Are these bathing facilities shared with another person(s) of this household?
- O 1 Yes, Shared
- O 2 Not shared

26. What type of lighting does this household use most?
- O 1 Gas
- O 2 Kerosene
- O 3 Electricity - Public
- O 4 Electricity - Private Generator
- O 5 Other (please specify)
- O 6 None

27. What type of fuel does this household use most for cooking?
- O 1 Coal
- O 2 Wood
- O 3 Gas/LPG/Cooking gas
- O 4 Kerosene
- O 5 Electricity
- O 6 Other (please specify)

28. Is your kitchen indoors or outdoors?
- O 1 Indoors
- O 2 Outdoors (private)
- O 3 None (Go to Q.30)
- O 4 Other (please specify)

29. Is the kitchen shared with another person(s) of this household?
- O 1 Yes, Shared
- O 2 Not shared

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

Number of Rooms

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

Number of Bedrooms

32. What is your main method of garbage disposal?
- O 1 Dumping on land
- O 2 Compost
- O 3 Burning
- O 4 Dumping in river/sea/pond
- O 5 Burying
- O 6 Garbage truck/Skip
- O 7 Other (please specify)
33. Which of these appliances/household equipment does your household have (read categories)

<table>
<thead>
<tr>
<th>Water Heater</th>
<th>TV</th>
<th>Cable TV/Satellite</th>
<th>VCR</th>
<th>Radio/Stereo</th>
<th>Refrigerator/Freezer</th>
<th>Microwave Oven</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0 1</td>
<td>0 1</td>
<td>0 1</td>
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<tr>
<td>Not Stated</td>
<td>0 9</td>
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<td>0 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stove</th>
<th>Telephone</th>
<th>Cellular Telephone</th>
<th>Washing Machine</th>
<th>Water Pump</th>
<th>Computer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>0 1</td>
<td>0 1</td>
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<td>0 1</td>
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<tr>
<td>Not Stated</td>
<td>0 9</td>
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</tbody>
</table>

34. Does this household have an Internet connection? 〇 1 Yes 〇 2 No 〇 3 Not Stated

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

〇 1 None
〇 2 One
〇 3 Two
〇 4 Three
〇 5 Four or more
〇 9 Not Stated

TELEPHONE NUMBER

Email Address
36. Has any member of your household been a victim of crime during

(a) the last five years (1996 - 2001)

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

(b) the last twelve months? (May 2000 - May 2001)

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

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

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

☐ 1 Crime against person (please state numbers) →

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>Both</td>
<td></td>
</tr>
</tbody>
</table>

☐ 2 Crime against property

☐ 3 Other (Please specify) ......................................................

38. Was the crime reported to the police?

1. Crime against person  ☐ 1 Yes (Go to Section 4)  ☐ 2 No  ☐ 3 NA (Go to Section 4)

2. Crime against property  ☐ 1 Yes (Go to Section 4)  ☐ 2 No  ☐ 3 NA (Go to Section 4)

3. Other  ☐ 1 Yes (Go to Section 4)  ☐ 2 No  ☐ 3 NA (Go to Section 4)

39. Why was the crime not reported to the police?

1. Crime against person  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7

2. Crime against property  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7

3. Other  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7

Note:  
1 No confidence in the administration of justice
2 Afraid of the perpetrator
3 Perpetrator household member/relative
4 Not serious enough
5 Other .
6 Not applicable
7 Not stated
**Parish No 01**

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

### 40. Please fill in this person’s assigned number

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
</table>

### 41. What is ‘...’s relationship to the head of household?

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

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

- ○ 1 Male
- ○ 2 Female

### 43. What is ‘...’s date of birth?

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

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

**AGE**

If age is not stated please estimate age if you see the person. Otherwise ask the respondent to estimate the person’s age

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

- ○ 1 African Descent/Negro/Black
- ○ 2 Indigenous People (Amerindian/Carib)
- ○ 3 East Indian
- ○ 4 Chinese
- ○ 5 Portuguese
- ○ 6 Syrian/Lebanese
- ○ 7 White/Caucasion
- ○ 8 Mixed
- ○ 9 Other (please specify.........................................)
- ○ 10 Don’t know/Not Stated

### 45. What is..........’s religion/denomination?

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

..........................................................)
LONG STANDING DISABILITY
46. Does......suffer from any long-standing illness, disability or infirmity?
○ 1 Yes ○ 2 No (Go to Q.53)

47. What was the origin of the disability?
○ 1 Illness
○ 2 From Birth
○ 3 Accident
○ 4 Other

48. At what age did this disability begin?
Age

TYPE OF DISABILITY
49. What type of disability or impairment does ......have? (More than one oval may be filled)
○ 1 Sight (Even with glasses if worn)
○ 2 Hearing (even with hearing aid if used)
○ 3 Speech (Talking)
○ 4 Upper Limb (arm)
○ 5 Lower Limb (Legs)
○ 6 Neck and spine
○ 7 Slowness at learning or understanding
○ 8 Behavioural (Mental Retardation)
○ 9 Other Please specify..........................
○ 10 Not Stated

50. Was......disability/major impairment ever diagnosed by a medical doctor?
○ 1 Yes
○ 2 No
○ 3 Not Stated

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

a. Learning, remembering, or concentrating?
○ 1 Yes ○ 2 No

b. Dressing, bathing, or getting around inside the home?
○ 1 Yes ○ 2 No

c. Going outside the home alone to shop or visit a Doctor's office?
○ 1 Yes ○ 2 No

d. (Answer if person is 15 YEARS OLD OR OVER)
Working at a job or business?
○ 1 Yes ○ 2 No

52. Are you required to use any of the following aids (more than one oval may be filled)?
○ 1 Wheelchair ○ 2 Walker ○ 3 Crutches ○ 4 Brailler ○ 5 Adapted Car
○ 6 Cane ○ 7 Prosthesis/artificial body part ○ 8 Orthopedic Shoes ○ 9 Other specify..........................
○ 10 None

53. Does......suffer from any of the following illness? (More than one oval may be filled)
○ 1 Sickle Cell Anaemia ○ 2 Arthritis ○ 3 Asthma ○ 4 Diabetes ○ 5 Hypertension/High Blood Pressure
○ 6 Heart Disease ○ 7 Stroke ○ 8 Kidney Disease ○ 9 Cancer ○ 10 HIV ○ 11 AIDS ○ 12 Lupus
○ 13 Carpal Tunnel Syndrome ○ 14 None ○ 15 Other(please specify..........................)
○ 16 Not Stated

54. Has......utilised a medical facility (Hospital, health center, private doctor, pharmacy) in the past month?
○ 1 Yes ○ 2 No (Go to Q.56) ○ 3 Not Stated (Go to Q.56)
55. What main medical facility has been utilised in the past month?
- 1 Public hospital
- 2 Public Health Centre/Medical Visiting Stations
- 3 Private Doctor's Office
- 4 Pharmacy
- 5 Family Planning Clinic
- 6 Private Clinic/Hospital
- 7 Other (please specify)
- 8 Not Stated

56. Is the person covered by an insurance (health, life etc.) Employee Medical Plan and/or NIS (National Insurance Scheme)?
- 1 Yes
- 2 No (Go to Q.58)
- 3 Don't Know (Go to Q.58)

57. What type of insurance does person have? (more than one oval may be filled)
- 1 NIS (National Insurance Scheme)
- 2 Group Health Insurance
- 3 Individual Health
- 4 Life with health
- 5 Endowment with health
- 6 Life only
- 7 Endowment only
- 8 Other (Please Specify)

58. Where was born?
- 1 In this country
- 2 Abroad (Go to Q.61)
- 3 Not Stated (Go to Q.60)
- 4 Don't Know (Go to Q.60)

59. In what part of the country is that?

60. Have you/have you ever lived in another country?
- 1 Yes (Go to Q.62)
- 2 No/Don't know (Go to Q.65)

61. In what country was that?

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

63. In what country did last live?

64. Why did you return/came back to Grenada?
- 1 Regard it as home/Homesick
- 2 Family is here
- 3 Deported
- 4 Retired
- 5 To start a business
- 6 Other

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

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

67. Where do(es) usually live?
- 1 At this address (Go to Q.69)
- 2 Elsewhere in this country
- 3 Abroad (Go to Q.69)
- 4 Don't Know (Go to Q.69)

68. In what part of the country is that?
69. Is......attending any school or educational institution now, whether full-time or part-time?
   ○ 1 Yes - full-time
   ○ 2 Yes - part-time
   ○ 3 No (Go to Q.73)
   ○ 4 Don't Know (Go to Q.73)

70. What type of school or institution are you/is he/she attending?
   ○ 1 Day care/Nursery
   ○ 2 Pre-school
   ○ 3 Infant/Kindergarten
   ○ 4 Special Education
   ○ 5 Primary
   ○ 6 Senior Primary/Junior Secondary/Post Primary
   ○ 7 Secondary
   ○ 8 Sixth Form ('A' Level)
   ○ 9 Professional/Technical/Vocational School
   ○ 10 University
   ○ 11 Adult Education
   ○ 12 Other (please specify)..............................
   ○ 13 Not Stated

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

Name

Address

72. What is your/his/her main mode of travel to the school or institution?
   ○ 1 Walk
   ○ 2 Bicycle
   ○ 3 Motor Cycle
   ○ 4 Private car or vehicle
   ○ 5 Government School Bus
   ○ 6 Public transport (minibus)
   ○ 7 Hired Transport (taxi)
   ○ 8 Don't Know/Not Stated

73. What is the highest formal level of education that......has attained?
   ○ 1 Daycare/Nursery
   ○ 2 Pre-school
   ○ 3 Infant
   ○ 4 Primary Grade/Standard (1 - 3 years)
   ○ 5 Primary Grade/Standard (4 - 7 years)
   ○ 6 Secondary
   ○ 7 Pre-University/Post Secondary/College
   ○ 8 University
   ○ 9 Other (please specify).................................
   ○ 10 None
   ○ 11 Not Stated

74. What is the highest certificate, diploma or degree that you/be/she have earned?
   ○ 1 School leaving (e.g. Standard Six or Seven School Leaving exam)
   ○ 2 Cambridge School Certificate
      Number of Subjects
      ○ 3 GCE 'O' Levels or CXC 1 2 3 4 5 6 7 8 9+ Not Stated
         ○ ○ ○ ○ ○ ○ ○ ○ ○
      ○ 4 1 High School Diploma/Certificate
      Number of Subjects
      ○ 5 GCE 'A' Levels 1 2 3 4+ Not Stated
      ○ ○ ○ ○ ○
      ○ 6 Under-graduate Diploma
      ○ 7 Other Diploma
      ○ 8 Associate Degree
      ○ 9 Professional Certificate
      ○ 10 Bachelor's Degree
      ○ 11 Post Graduate Diploma (Bachelors & Half Content for a Masters)
      ○ 12 Higher Degree (Master's or Doctoral)
      ○ 13 Other (please specify).................................
      ○ 14 None
      ○ 15 Not Stated

75. INTERVIEWER: Fill the appropriate oval (see Q.43)
   ○ 1 Under 15 (Go to Q.112)
   ○ 2 15 years and over
76. (a) Were you ever trained/are you being trained for any occupation or profession? (Training can be formal or nonformal)
   O 1 Yes  O 2 No (Go to Q.79)  O 3 Not Stated (Go to Q.79)

   (b) For which occupation(s)/profession(s) (state most recent one first)?
      (i) 
      (ii) 
      (iii) 

   (c) Is your/his/her present job related to your/his/her training?
      O 1 Yes  O 2 No  O 3 Not Stated

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

77. In ..........’s field of highest level of training, what was the main educational method/type of training used?
   O 1 On the job  O 2 Apprenticeship  O 3 Private study/Correspondence course  O 4 Secondary School  O 5 Vocational Trade School  O 6 Commercial/Secretarial School  O 7 Business/Computer School  O 8 Technical Institution  O 9 Other institutional training  O 10 University (on campus)  O 11 Distance learning  O 12 Virtual/Internet Learning  O 13 Other  O 14 Not Stated

78. What is /was the duration of training programmes for the highest level of training which .......... completed/attempted or is undergoing?
   O 1 Under 3 months  O 2 3 months & less than 6 months  O 3 6 months and less than 1 year  O 4 1 year & less than 1.5 years  O 5 1.5 years and less than 2 years  O 6 2 years and less than 3 years  O 7 3 years and less than 4 years  O 8 4 years and over  O 9 Not Stated
### 79. What is your/...'s present union status?
- 1 Legally married (Go to Q.81)
- 2 Common Law union (Go to Q.80 then Q.82)
- 3 Visiting partner
- 4 Married but not in union (Go to Q.81)
- 5 Legally separated and not in a union (Go to Q.81)
- 6 Widowed and not in union (Go to Q.81)
- 7 Divorced and not in union (Go to Q.81)
- 8 Not in a union
- 9 Don't know/Not stated

### 80. Have you ever been married?
- 1 Yes
- 2 No
- 9 Don't know/Not stated

### 81. Have you/has...ever lived together with a partner in a common law relationship?
- 1 Yes
- 2 No (Go to Q.83)
- 9 Don't know/Not stated

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

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

### 84. How old were you/he/she when you/he/she had the first live born child?

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

### Q. 86 TO Q.89 APPLY ONLY TO FEMALES UNDER 59. ALL OTHERS GO TO Q.90

### 86. How many living babies/live births did you/she have in the last 12 months?
- 1 None (Go to Q.90)
- 2 One
- 3 Two separate births
- 4 Twins
- 5 Three or more
- 6 Not Applicable

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

<table>
<thead>
<tr>
<th>Number of Boys</th>
<th>Number of Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

### 88. Did any of these babies die?
- 1 Yes
- 2 No (Go to Q.90)

### 89. How many died?

- Within the first month of life
- After one month but before one year

### Q. 90 TO Q.99 APPLY ONLY TO FEMALES UNDER 59. ALL OTHERS GO TO Q.90
90. What did you/he/she do most during the **past 12 months** - for example, did you/he/she work, look for a job, keep house or carry on some other activity?

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

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

☐ 1 Yes (Go to Q.93)
☐ 2 No
☐ 3 Don't Know

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

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

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

**Number of months**

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<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</tbody>
</table>

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

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

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

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

96. Why did you/he/she not seek work during the **past two months**?

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

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

☐ 1 Yes ☐ 2 No (Go to Q.109)

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

☐Never Worked (Go to Q.109)

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

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

☐Never Worked (Go to Q.109)
101. What is the name and address of your/his/her present workplace?

Name ____________________________________________
Address __________________________________________

No present workplace (Go to Q.109)

102. What is your/his/her main mode of travel to work?

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

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


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

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

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


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

- 1 Yes (Informal)
- 2 No

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

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

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

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

Income Group □□

109. What are your/his/her sources of livelihood?

(Check as many as applicable)

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

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

To nearest dollar

$ □□□□□□
111. On average how many hours do you/he/she spend per week on housework? [Cleaning the house, Laundry, Care of children, Care of the elderly etc.]

112. Where did spend census night?
- O 1 At this address (END INTERVIEW)
- O 2 Elsewhere in this country
- O 3 Abroad (END INTERVIEW)

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

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