



# GRENADA, CARRIACOU & PETITE MARTINIQUE



## POPULATION AND HOUSING CENSUS CENSUS DAY - MAY 12TH, 2011

### 1) USE ONLY 2B PENCILS

2) For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

7	8	5
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3) IMPORTANT!!! Place an X in the box for multiple choice options

4) Erase cleanly and make no stray marks on this form



CONFIDENTIAL WHEN COMPLETE

### IDENTIFICATION

### IMPORTANT!!!

Transfer the PARISH, ED and Household NO to the top of EACH individual questionnaire

Parish

--	--

ED No

--	--	--	--	--

Building No

--	--	--

Household No

--	--	--

Address of Household \_\_\_\_\_

Community \_\_\_\_\_

Town \_\_\_\_\_

Phone Number

Parish \_\_\_\_\_

				-					
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### INTERVIEWER RECORD OF VISITS

Visit Number	Date (DD/MM/YY)	Time Started	Time Ended	Duration (in minutes)	*Results												
1	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/					<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td></tr></table>	
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3	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/					<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td></tr></table>	
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4	<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/					<table border="1"><tr><td></td><td></td><td></td></tr></table>				<table border="1"><tr><td></td></tr></table>	
		/			/												

\*RESULTS CODES: 1 = Completed 2 = Partially Completed, call back 3 = Dwelling Closed  
4 = No Suitable respondent at home 5 = Refusal 6 = Vacant 7=Other



8168



	<u>First Name</u>	<u>Surname</u>	<u>Signature</u>	<u>Code</u>
AREA SUPERVISOR				<input type="text"/>
FIELD SUPERVISOR				<input type="text"/>
INTERVIEWER				<input type="text"/>
EDITOR/CODER				<input type="text"/>

### COMMENTS


**INTERVIEWER SAY:** Please give me the names of all the persons who usually live and share one daily meal with your household starting with the head.

**REMEMBER** to probe for infants, elderly, new born babies, disabled and persons who died but were members of the household at midnight on the 12th May 2011.

### 1: LISTING OF HOUSEHOLD MEMBERS

Mark multiple choice boxes like this

	Surname	First	Sex
01			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
02			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
03			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
04			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
05			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
06			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
07			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
08			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
09			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
10			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
11			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
12			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
13			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
14			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
15			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
16			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
17			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
18			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
19			<input type="checkbox"/> 1M <input type="checkbox"/> 2F

**Confidential**

Total Number of Persons

--	--



8168

**INTERVIEWER SAY: Now I would like to ask a few questions about the dwelling which your household occupies and the facilities that you have.**



## SECTION 2 HOUSING

*Remember to mark multiple choice boxes like this*

**INTERVIEWER: Ask this question only if the answer is not obvious. Else, X the appropriate box.**

### 2. What type of dwelling does this household occupy?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Separate house/detached                              | <input type="checkbox"/> 7 Barracks       |
| <input type="checkbox"/> 2 Part of a private house/attached                     | <input type="checkbox"/> 8 Outhouse       |
| <input type="checkbox"/> 3 Flat, apartment, condominium                         | <input type="checkbox"/> 9 Group Dwelling |
| <input type="checkbox"/> 4 Townhouse  |   |
| <input type="checkbox"/> 5 Double house/Duplex                                  |   |
| <input type="checkbox"/> 6 Combined business & dwelling                         |   |
| <input type="checkbox"/> 10 Improvised Housing Unit (Earth/Leaves/Branches etc) |   |
| <input type="checkbox"/> 11 Other (Specify) _____                               |   |

### 3a. Is this dwelling insured?

- 1 Yes     2 No     3 Don't Know     9 Not Stated

### 3b. Are the content of the dwelling insured?

- 1 Yes     2 No     3 Don't Know     9 Not Stated

### 4a. Does this household own, rent or lease this dwelling?

- 1 Owned Fully *Go to Q5*  
 2 Owned With Mortgage *Go to Q4d*  
 3 Rented-Private  
 4 Rented-Govt  
 5 Rent-free *Go to Q5*  
 6 Leased *Go to Q5*  
 8 Other *Go to Q5*  
 7 Squatted *Go to Q5*

### 4b. What is the rental period for this dwelling?

- 1 Weekly     2 Fortnightly     3 Monthly     4 Quarterly  
 5 Other(Specify) \_\_\_\_\_

### 4c. How much are you paying for RENT?

\$ 

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- 1 Dont Know  
 2 Not Paying rent

*If Rent, Go to Q5*

### 4d. What is your monthly MORTGAGE payments?

\$ 

--	--	--	--	--

- 1 Dont Know  
 2 Not Paying

### 5. Under what arrangement is the land occupied? Is it.....

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Owned/Freehold          | <input type="checkbox"/> 6 Sharecropping         |
| <input type="checkbox"/> 2 Leasehold               | <input type="checkbox"/> 7 Squatted              |
| <input type="checkbox"/> 3 Rented                  | <input type="checkbox"/> 8 Other (Specify) _____ |
| <input type="checkbox"/> 4 Rented Free             | <input type="checkbox"/> 9 Don't Know/Not Stated |
| <input type="checkbox"/> 5 Permission to work land |  |

### 6a. What is the main material of the outer walls?

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Wood                     | <input type="checkbox"/> 6 Adobe (Mud House)      |
| <input type="checkbox"/> 2 Concrete/Concrete Blocks | <input type="checkbox"/> 7 Makeshift              |
| <input type="checkbox"/> 3 Wood & Concrete          | <input type="checkbox"/> 8 Plywood                |
| <input type="checkbox"/> 4 Stone                    | <input type="checkbox"/> 9 Plywood & Concrete     |
| <input type="checkbox"/> 5 Brick                    | <input type="checkbox"/> 10 Other (Specify) _____ |

### 6b. What is the main material used for roofing?

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Sheet metal **    | <input type="checkbox"/> 6 Concrete              |
| <input type="checkbox"/> 2 Shingle (asphalt) | <input type="checkbox"/> 7 Makeshift/thatched    |
| <input type="checkbox"/> 3 Shingle (wood)    | <input type="checkbox"/> 8 Other (Specify) _____ |
| <input type="checkbox"/> 4 Shingle (other)   |  |
| <input type="checkbox"/> 5 Tile              |  |

*\*\* (zinc, aluminum, galvanise, galvalume)*

### 6c. In which year/period was this building built?

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> 1 Before 1980 | <input type="checkbox"/> 4 2000 - 2006 | <input type="checkbox"/> 7 2009 |
| <input type="checkbox"/> 2 1980 - 1989 | <input type="checkbox"/> 5 2007        | <input type="checkbox"/> 8 2010 |
| <input type="checkbox"/> 3 1990 - 1999 | <input type="checkbox"/> 6 2008        | <input type="checkbox"/> 9 2011 |
| <input type="checkbox"/> 10 Don't Know |  |                                 |

### 7a. What is your main source of water supply?

- 1 Public, piped into dwelling  
 2 Public Piped into yard  
 3 Public standpipe outside the dwelling unit  
 4 Private catchment not piped  
 5 Private piped into dwelling  
 6 Truck borne  
 7 Spring, River  
 8 Other (Specify) \_\_\_\_\_

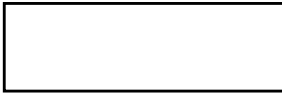
### 7b. What is your main source of drinking water?

- 1 Public Piped into dwelling  
 2 Public standpipe outside the dwelling unit  
 3 Private Piped into dwelling  
 4 Private Catchment, not piped  
 5 Public dug well  
 6 Private dug well  
 7 Spring/River  
 8 Bottled Water  
 9 Other (Specify) \_\_\_\_\_



8168

INTERVIEWER SAY: Now I would like to ask a few questions about the dwelling which your household occupies and the facilities that you have.



SECTION 2 HOUSING Con't

Remember to mark multiple choice boxes like this ☒

8a. What type of toilet facilities does this household have?

- 1 W.C. (flush toilet) linked to sewer
2 W.C. (flush toilet) linked to Septic tank/Soak-away
3 Pit-latrines/Ventilated and elevated
4 Pit-latrines not ventilated
5 Pit latrine ventilated and not elevated
6 None (Go to 9a)
7 Other (Specify)
8 Don't Know
9 Not Stated

8b. Is the toilet shared with any other household?

- 1 Yes 2 No 3 Don't Know 9 Not Stated

9a. Are your bathing facilities indoors or outdoors?

- 1 Indoors 2 Outdoors(Private) 3 None 4 Don't Know
9 Not Stated

If No, Go 10a

9b. Are your bathing facilities shared with another household?

- 1 Yes 2 No 3 Don't Know 9 Not Stated

10a. Is your main kitchen inside the dwelling unit or outside?

- 1 Inside 2 Outside 3 None 4 Don't Know
9 Not Stated

If None, Go 11

10b. Is your main kitchen shared with another person not of this house?

- 1 Yes 2 No 3 Don't Know 9 Not Stated

11. What is the main source of lighting for this household?

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

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

- 1 Coal 5 Electricity
2 Wood 6 Biogas
3 Gas/LPG/Cooking gas 7 Solar Energy
4 Kerosene 8 None
9 Other (Specify)

13. How many rooms does this household unit have?

(A room is enclosed by walls of at least 2m (6.5ft) high, and at least 4 square metres (43 square feet) in area. Do not count bathrooms and porches.)

Number of Rooms

Two adjacent empty boxes for room count

14. How many bedrooms does this household unit have? -

(Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters. Count all bedrooms including spares not occupied.)

Number of Bedrooms

Two adjacent empty boxes for bedroom count

15. What is your main method of garbage disposal?

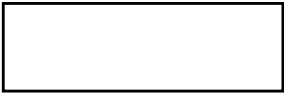
- 1 Dumping on land
2 Compost
3 Burning
4 Dumping/throwing in river/sea/pond
5 Burying
6 Garbage truck/Skip/Bin - Public
7 Garbage truck/Skip/Bin - Private
8 Other (Specify)

16. How many "Desk-top" computers does this household have in use?

Empty box with text: use 8 for 8 or more, 9 Not Stated

17. How many "Lap-top" computers does this household have in use?

Empty box with text: use 8 for 8 or more, 9 Not Stated



**18. What type of internet connection does this household use? (X all that apply)**

- 1 DSL/ADSL (Digital Subscriber Line (LIME))
- 2 Cellular Wireless Internet or Mobile Broadband (Cellphone)
- 3 Cable Internet Connection (FLOW)
- 4 Wireless (AISLECOM)
- 5 No Internet Connection at Dwelling

**19. Which of these appliances/household equipment does your household have in use (X all that apply)**

	Yes	No
(a) Solar Water Heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(b) Electrical Water Heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(c) TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(d) Cable TV/Satellite	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(e) Refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(f) Freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(g) Microwave Oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(h) Stove	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(i) Washing Machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(j) Land-Line Telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(k) Cellular Phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(l) Air Conditioning Unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(m) Water Pump	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(n) Water Tank	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(o) Dishwasher	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(p) Clothes Dryer	<input type="checkbox"/> 1	<input type="checkbox"/> 2

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

use 8 for 8 or more  
9 Not Stated

**21. Was any member of this household a victim of any crime during the past twelve months?**

1 No (skip to Question 22)

If Yes, (X all that apply)

	Yes
(a) Murder	<input type="checkbox"/>
(b) Kidnapping	<input type="checkbox"/>
(c) Shooting	<input type="checkbox"/>
(d) Rape/Abuse	<input type="checkbox"/>
(e) Wounding	<input type="checkbox"/>
(f) Larceny - Housebreaking	<input type="checkbox"/>
(g) Larceny - Auto theft	<input type="checkbox"/>
(h) Larceny - Other	<input type="checkbox"/>
(i) Other (specify)	<input type="checkbox"/>

**22. Did any member of this household die during the past 12 months?**

1 Yes     2 No    If No, Go to Section 3

**23. Please provide me with the age and sex of the person(s) who died during the past twelve months?**

Age	
<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female
<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female
<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female
<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female

# SECTION 3 MIGRATION

Mark multiple choice boxes like this ☒

24. Did anyone from this household move to live abroad since May 2001 and is still living abroad?

- 1 Yes (if Yes, continue)
- 2 No (Go to Section 4)

25. How many persons?

Remember to mark multiple choice boxes like this ☒

(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)
<b>Person Number</b>	<b>Year moved 2001 - 2011</b>  <i>Write year properly inside the boxes provided</i>	<b>Highest Education attained when moved</b> 1 None 2 Primary 3 Secondary 4 Post Secondary non-tertiary 5 University 6 Other	<b>Sex</b> M = 1 F = 2	<b>Age when moved</b>  0 if less than 1, 98 for 98 and over	<b>Occupation when moved</b>  Describe as clearly as possible the person(s) occupation when he/she moved.  <b>[For persons 15 years and over when moved]</b>	<b>Name of Country of Migration</b>   <u><i>Boxes provided are for official use</i></u>	<b>Main Reason for Migration</b>  1 More Income 2 Employment 3 Study 4 Medical 5 Marriage 6 Other Family reason 7 Crime Rate 8 Other Specify _____
1.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	
2.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	
3.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	
4.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	
5.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	
6.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	
7.		<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2				<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
						Name of Country	

Remember to mark multiple choice boxes like this ☒