



IMPORTANT!!!

Transfer Parish, ED and Household Numbers to the top of EACH individual questionnaire From Household Questionnaire

Parish

ED No

Household No

INTERVIEWER:

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

Remember to mark multiple choice boxes like this

SECTION 4 PERSONAL CHARACTERISTICS FOR ALL PERSONS

34. Please fill in this person's name and assigned number.

- 35. What is your/'s relationship to the head of household?
 1 Head
 2 Spouse of Head (Husband/Wife)
 3 Partner of Head
 4 Child of head and Spouse/Partner
 5 Child of head only
 6 Child of Spouse/Partner only
 7 Spouse/Partner of child of head/Spouse/Partner
 8 Grandchild of Head/Spouse/Partner
 9 Parents of Head/Spouse/Partner
 10 Other relative of Head/Spouse/Partner(Specify)
 11 Domestic Employee
 12 Other Non-Relative

36. INTERVIEWER: X the appropriate box. FOR PERSONS NOT SEEN ASK:

Is....male or female?

- 1 Male 2 Female

37. What is your/.....'s date of birth?

Day / Month / Year

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. If age is not known use code 999.

If estimated please put an X in the box.

38. To which ethnic, racial or national group do you/does..... belong?

- 1 African Descent/Negro/Black
 2 Indigenous People (Amerindian/Carib)
 3 East Indian
 4 Chinese
 5 Portuguese
 6 Syrian/Lebanese
 7 White/Caucasian
 8 Mixed
 9. Hispanic
 10 Other (Specify)

39. What is your/....'s religious affiliation/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 Lutheran
 19 None
 20 Other (Specify)

SECTION 5 MIGRATION (BIRTH PLACE AND RESIDENCE) FOR ALL PERSONS

40. Where do you/does.....usually live?

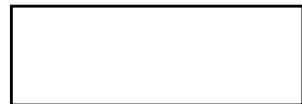
- 1 At this address
Parish Community
 2 Elsewhere in this Parish
Parish Community
 3 In another Parish
Parish Community
 4 Abroad
Name of Country

Remember to mark multiple choice boxes like this



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Remember to mark multiple choice boxes like this ☒



41. Where were you/was.....born?
INTERVIEWER: For persons born in Grenada what is required is the mother's usual residence at the time of birth.

1 In this country
 Parish _____
 Community _____
(Go to Q.43)

2 Abroad
 Name of Country _____

42. In what year did you/..... last come to live in Grenada?

Year

43. In which Parish did you/..... last live?

1 Never Moved (Go to Q.45)
 2 Parish _____ Community _____

44. In what year did you/..... last come to live in this Parish?

Year Foreign Born Go to Q49

Q45 to Q48 are for local borns only

45. Have you/hasever lived in another country?

1 Yes 2 No (Go to Q.49)

46. In which country did you/.....last live?

Name of Country _____

Questions 47 and 48 are for local borns who answered yes in Q45

47. In what year did you/..... return to live in Grenada?

Year

48. What is the main reason why you/.....returned to live in Grenada?

1 Regard it as home 6 Homesick
 2 Family is here 7 Other (Specify) _____
 3 Involuntary Return/Deported
 4 To start a business/Employment
 5 Retired

Q49 to Q50 for Population five years and over

49. Did you/.....live at this address five years ago?

1 Yes (Go to Q.51) 2 No

50. If 'NO' in which country or Parish and community did you/..... live five years ago?

Parish _____ Community _____
 Country _____

Q51 and Q52 for Population Ten years and over

51. Did you/.....live at this address in 2001?

1 Yes (Go to Q.53) 2 No

52. If 'NO' in which country or Parish and community did you/..... live in 2001?

Parish _____ Community _____ *Go to 54*
 Country _____ *Go to 53a*

53.a Of which country (ies) are you a citizen? (List up to two countries).
 1. _____ 2. _____

53.b What is the main reason for your present residence in this country?

1 Skilled National 6 Dependent
 2 Service Provider 7 Other (Specify) _____
 3 Rights of Establishment
 4 Employee of Non-wage earner
 5 Other Economic Activity 9 DK/NS

SECTION 6 DISABILITY FOR ALL PERSONS

DISABILITY STATUS : Respond only if you have a permanent disability or where the disability has been continuous for six months or more.

54. Do you/does..... have difficulty with any of the following?
Rate responses as follows:

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

1. Seeing (even with glasses)? 1 2 3 4

2. Hearing (even using hearing aid)? 1 2 3 4

3. Walking or climbing stairs? 1 2 3 4

4. Remembering or concentrating? 1 2 3 4

5. Self care? 1 2 3 4

6. Upper body function? 1 2 3 4

7. Communicating and speaking? 1 2 3 4

If No Difficulty for all options, Skip to Q57.

55. What is the origin of your/..... disability?
Rate responses as follows:

1. From Birth	2. Illness	3. Accident
4. Other (Specify)	<input type="checkbox"/>	Specify

1. Seeing (even with glasses)?

2. Hearing (even using hearing aid)?

3. Walking or climbing stairs?

4. Remembering or concentrating?

5. Self care?

6. Upper body function?

7. Communicating and speaking?

Remember to mark multiple choice boxes like this ☒

56. Are you/..... using any of the following aids?*(X all that apply).*

- | | |
|--|---|
| <input type="checkbox"/> 1 Wheelchair | <input type="checkbox"/> 8 Orthopedic Shoes |
| <input type="checkbox"/> 2 Walker | <input type="checkbox"/> 9 Hearing Aid |
| <input type="checkbox"/> 3 Crutches | <input type="checkbox"/> 10 Other (Specify) |
| <input type="checkbox"/> 4 Braille | |
| <input type="checkbox"/> 5 Adapted Car | <input type="checkbox"/> 11 None |
| <input type="checkbox"/> 6 Cane | |
| <input type="checkbox"/> 7 Prosthesis/artificial body part | |

SECTION 7 HEALTH FOR ALL PERSONS

57. Do you/doeshave any of the following illnesses?*(X all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> 1 Arthritis | <input type="checkbox"/> 9 Glaucoma |
| <input type="checkbox"/> 2 Kidney Disease (Renal) | <input type="checkbox"/> 10 Sickle Cell |
| <input type="checkbox"/> 3 Asthma | <input type="checkbox"/> 11 Anemia |
| <input type="checkbox"/> 4 Diabetes | <input type="checkbox"/> 12 Lupus |
| <input type="checkbox"/> 5 Hypertension/High Blood Pressure | <input type="checkbox"/> 13 HIV/AIDS |
| <input type="checkbox"/> 6 Carpal Tunnel Syndrome | <input type="checkbox"/> 14 Other _____ |
| <input type="checkbox"/> 7 Cancer | <input type="checkbox"/> 15 None |
| <input type="checkbox"/> 8 Heart Disease | |

58. Which of the following insurance do you/does..... have?*(X all that apply)*

- | |
|--|
| <input type="checkbox"/> 1 NIS (National Insurance Scheme) |
| <input type="checkbox"/> 2 Group Health Insurance |
| <input type="checkbox"/> 3 Individual Health |
| <input type="checkbox"/> 4 Life with health |
| <input type="checkbox"/> 5 Endowment with health |
| <input type="checkbox"/> 6 School Accident Insurance |
| <input type="checkbox"/> 7 Other (Specify) _____ |
| <input type="checkbox"/> 8 None |

SECTION 8 EDUCATION AND INTERNET ACCESS FOR ALL PERSONS

59. Are you / is _____ currently attending an Educational Institution?

- | | |
|--|--|
| <input type="checkbox"/> 1 Yes (Full Time) | <input type="checkbox"/> 2 Yes (Part Time) |
| <input type="checkbox"/> 3 No (Go to Q62) | |

60. What type of school or institution are you/is..... attending?

- | | |
|---|--|
| <input type="checkbox"/> 1 Daycare/Nursery | <input type="checkbox"/> 8 Home Schooling |
| <input type="checkbox"/> 2 Preschool | <input type="checkbox"/> 9 Post Secondary - A Level |
| <input type="checkbox"/> 3 Infant/Kindergarden | <input type="checkbox"/> 10 Post Secondary - Professional Tech/Voc |
| <input type="checkbox"/> 4 Primary | <input type="checkbox"/> 11 Post Secondary Tertiary - UWI Other |
| <input type="checkbox"/> 5 Special Education | <input type="checkbox"/> 12 Adult Education |
| <input type="checkbox"/> 6 Post Primary (NonSecondary Tech/Voc) | <input type="checkbox"/> 13 Other |
| <input type="checkbox"/> 7 Secondary (General) | |

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

Name _____

Address _____

62. What is the highest level of education that you have/.....has completed?

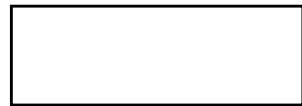
- | |
|---|
| <input type="checkbox"/> 1 Daycare/Nursery |
| <input type="checkbox"/> 2 Pre-school |
| <input type="checkbox"/> 3 Pre-primary (Infant) or Primary |
| <input type="checkbox"/> 4 Lower / Junior Secondary (Forms 1-3) / Senior Primary |
| <input type="checkbox"/> 5 Upper Secondary (Forms 4 & 5) |
| <input type="checkbox"/> 6 Post Secondary, non-tertiary (diploma or associate degree) |
| <input type="checkbox"/> 7 Tertiary level - Bachelor Degree |
| <input type="checkbox"/> 8 Tertiary level - Masters Degree |
| <input type="checkbox"/> 9 Doctorate level programmes |
| <input type="checkbox"/> 10 Other (Specify) _____ |
| <input type="checkbox"/> 11 None |

63. What is the highest examination that you have/...passed?

- | |
|--|
| <input type="checkbox"/> 1 School leaving (e.g. Standard 6 or 7 School Leaving exam) |
| <input type="checkbox"/> 2 Cambridge School Certificate |
| <input type="checkbox"/> 3 CXC Basic |
| <input type="checkbox"/> 4 GCE 'O' Levels or CXC General |
| <input type="checkbox"/> 5 High School Certificate |
| <input type="checkbox"/> 6 GCE 'A' Levels, CAPE |
| <input type="checkbox"/> 7 Associate Degree |
| <input type="checkbox"/> 8 College Certificate |
| <input type="checkbox"/> 9 College Diploma |
| <input type="checkbox"/> 10 Professional Certificate eg RSA, City and Guilds etc. |
| <input type="checkbox"/> 11 Bachelor's Degree |
| <input type="checkbox"/> 12 Post Graduate Certificate |
| <input type="checkbox"/> 13 Post Graduate Diploma |
| <input type="checkbox"/> 14 Higher Degree (Master's) |
| <input type="checkbox"/> 15 Higher Degree (Doctoral) |
| <input type="checkbox"/> 16 Other (Specify) _____ |
| <input type="checkbox"/> 17 None |

64. Have you/ has /had access to the Internet within the past 3 months?

- | | |
|--------------------------------|--|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No (Skip to Q.66) |
|--------------------------------|--|



65. Where did you / mainly use the Internet in the past 3 months?

- 1 Home
- 2 Work
- 3 School
- 4 Internet Cafe'
- 7 Other (Specify) _____
- 5 Cellular Phone / PDA
- 6 Family or Friend's House
- 8 Did not use

66. INTERVIEWER: X the appropriate box (see Q.37)

- 1 Under 15 (GO TO Q.100)
- 2 15 years and over

SECTION 9 TRAINING FOR PERSONS 15 YEARS AND OVER

67a. Have you/has.....ever received/attempted any skills training to equip you/.....for employment or occupation/profession?

- 1 Yes
- 2 No (Go to Q71)

67.b Which category of training status applies to you/(N)?

- 1 Completed Training
- 2 Undergoing Training Currently
- 3 Attempted Training but did not complete
- 9 DK/NS

67c. What is the field for which the highest level of training was completed/attempted or is undergoing by you/.....?

Field Trained _____

68. What was the main method used by you /..... to train in this field?

- 1 On the job
- 2 Private Study
- 3 Apprenticeship
- 4 Correspondence Course
- 5 Secondary School
- 6 Vocational/Trade School/Technical Institution
- 7 Commercial/Secretarial School
- 8 Business/Computer School
- 9 University (on campus)
- 10 Distance Learning
- 11 On-line/Virtual Learning
- 12 Other (Specify) _____

69. How long was the period of your /..... highest level of training?

		Months
--	--	--------

70.a What type of qualification /certification did you/..... receive on completion of the training at the highest level?

- 1 None
- 2 Certificate with examination
- 3 Certificate without examination
- 4 Diploma
- 5 Advanced Diploma
- 6 Associate Degree
- 7 First Degree
- 8 Post Graduate Degree
- 9 Professional Qualification
- 10 Other (Specify) _____

70.b Is your recent training related to your/.... present job?

- 1 Yes
- 2 No
- 3 DK/NS

SECTION 10 ECONOMIC ACTIVITY FOR PERSONS 15 YEARS AND OVER

71. How many months did you/..... work in the past 12 months?

Number of months

- | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

72. What did you/....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
- 2 Had a job but did not work
- 3 Looked for work
- 4 Wanted work and available
- 9 Other (Specify) _____
- 5 Home Duties
- 6 Attended School
- 7 Retired - did not work
- 8 Disabled, unable to work

73. Did you/..... work for pay, profit or family gain, during the past week? Note: Exclude Domestic Work at home

If, YES, Did you?

- 1 Work
- 2 Had a job but did not work

If, No What did you do MOST in the past week?

- 3 Seeking first job _____
- 4 Seek job which was not first
- 5 Wanted work and available
- 6 Home Duties
- 7 Attended School
- 8 Retired - did not work
- 9 Disabled, unable to work
- 10 Other (Specify) _____

Go to Q82

74. What category of worker are you /..... in your job?

- 1 Paid Employee - Government _____
- 2 Paid employee - Private Establishment _____
- 3 Paid employee - Statutory body _____
- 4 Paid Employee - Private Home _____
- 5 Self-Employed with paid employees/Own business
- 6 Self Employed without paid employee/Own business
- 7 Apprentice/Learners _____
- 8 Unpaid worker/Volunteer
- 9 Unpaid family worker
- 10 Other (Specify) _____

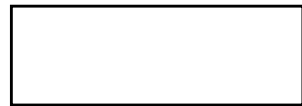
Go to Q77

Go to Q77



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Remember to mark multiple choice boxes like this



75. What kind of accounts do you keep for this activity/business?

- 1 Complete set of written accounts
- 2 Only through informal records of orders, sales, purchases
- 3 Simplified written accounts
- 4 No records are kept.

76. Are you registered with the National Insurance Scheme as a self-employed person or an employer?

- 1 Employer
- 2 Self-Employed
- 3 Not Registered

77. What kind of work were you/.....doing during the past week? (Give brief description of main duties)

Occupation _____

78. What kind of business is carried out at your/.....'s workplace (Industry)?

Industry _____

79. How many hours did you/..... work during the past week ? (All jobs).

Number of hours

80. Where is your/.....'s place of work? (Main Job)

- 1 Work at home
- 2 No fixed workplace
- 3 A fixed workplace outside the home

81. What is the name and address of your/..... present workplace?

Name _____

Address _____

- 1 No Present Workplace

(All employed persons go to Q.84)

82. What steps did you/..... take during the past month to look for work?

- 1 Did Nothing
- 2 Direct Application (Sent out letters) (Go to 86)
- 3 Checking at work sites, factory gates etc. (Go to Q.86)
- 4 Seeking assistance from friends (Go to Q.86)
- 5 Register at public/private employment exchange(Go to Q.86)
- 6 Other (Go to Q.86)

83. Why did you/....not seek work during the past month?

- 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(Specify) _____

(All go to Q.86)

SECTION 11 INCOME AND LIVELIHOOD FOR PERSONS 15 YEARS AND OVER

84. How often do you/does..... get paid from your main job?

- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Annually
- 6 Other (Specify) _____
- 7 Not applicable

85. What was your/.....'s gross pay/income during the last pay period from your current job,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

86. What is your/.....'s main source of livelihood?

- 1 Employment
- 2 Pension (Local)
- 3 Pension (Overseas)
- 4 Money from Abroad
- 5 Investment
- 6 Savings/Interest on savings
- 7 Disability benefits
- 8 Social Security Benefits
- 9 Other Public Assistance
- 10 Local contributions from friends/relatives
- 11 Overseas contributions from friends/relatives
- 12 Other _____

87. Approximately how much money did you/..... receive last year (2010) from family and/or friends abroad in cash or in kind e.g. barrels containing food etc., clothing, electronics.

\$

Remember to mark multiple choice boxes like this

SECTION 12 MARITAL AND UNION STATUS FOR ALL PERSONS 15 YEARS AND OVER

88. What is your/....'s marital status?

- 1 Never Married 2 Married 3 Divorced
 4 Widowed 5 Legally Separated

89.a What is your / present union status?

- 1 Never had a spouse or common-law partner *Skip to Q91*
 2 Married and living with spouse *Skip to Q90*
 3 Married and not living with spouse *Skip to Q90*
 4 Common Law *Skip to Q90*
 5 Visiting Partner *Skip to Q90*
 6 Not in union

89b. Have you ever been in a common-law union?

- 1 Yes
 2 No *SKIP TO SECTION 12*

90. How old were you/ was when you were/..... was first married or in a union for the first time?

Age in years *ALL MALES Go to Q100*

SECTION 13 FERTILITY FOR ALL FEMALES 15 YEARS AND OVER

91. How many live born children have you/has....ever had and how many are males and females? (If ZERO, enter 00 & Go To Q.100)

Total M F

92. How many of your/.....'s live born children are still alive?

Total M F

93. How old were you/was..... when you/..... had the first live born child?

94. How old were you/was..... was when you/..... had the last live born child?

95. What is the date of birth of the last child born alive?

Day Month Year

/ /

Q. 96 TO Q. 99 APPLY ONLY TO FEMALES UNDER 50. ALL OTHERS GO TO Q.100

96. How many live births did you/..... have in the last 12 months?

- 1 None (Go to Q.100) 4 Twins
 2 One Birth 5 Three or more
 3 Two separate births

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

A. Number of Boys B. Number of Girls

0 1 2 3 4 5 0 1 2 3 4 5

98. How many of the children who were born in the last 12 months have died? If 00 Go To Q.100

Total

99. Of what sex and age, in months, were the children who died in the past 12 months?

Child Number	Sex	Age in Months
1.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>
2.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>
3.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>
4.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>

SECTION 14 WHERE SPENT CENSUS NIGHT

100. Where did you/.....spend census night?

- 1 At this address
 2 Elsewhere in this country
 3 Abroad

101. What part of the country was that? If known, Specify?