

POPULATION AND HOUSING CENSUS 2011 – JAMAICA

PARISH	CONSTITUENCY	ENUM.DIST.	HOUSING UNIT	DWELLING	HOUSEHOLD
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 1 IDENTIFICATION *(For all persons)*
ASK ONLY OF THE HEAD OF HOUSEHOLD OR ANY OTHER RESPONSIBLE ADULT

Please give me the names of all the persons who are usual residents of this household. By that I mean the persons who reside here all or most of the time even if they are temporarily away. Please remember to include yourself. Please give me the name of the head of the household first.

Person 1	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>
Person 2	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>
Person 3	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>
Person 4	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>
Person 5	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>
Person 6	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>
Person 7	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>
Person 8	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>
Person 9	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>
Person 10	FIRST NAME	LAST NAME
	<input type="text"/>	<input type="text"/>

Number of Persons Enumerated

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Male

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Female

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18 Years & Over

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SECTION 2 CHARACTERISTICS OF HOUSING UNIT

2.1 What type of housing unit is this?

- Separate House-Detached
- Apartment Building
- Townhouse
- Quad
- Other Attached
- Part of Commercial Building
- Improvised Housing Unit
- Other (Specify) _____
- Not Stated

2.2 What is the main type of material used in constructing the outer walls?

- Concrete and Blocks
- Stone and Brick
- Nog
- Wood
- Wood and Concrete
- Wood and Brick
- Other (Specify) _____
- Not Stated

2.3 What is the main type of material used in constructing the roof?

- Metal Sheetting
- Concrete
- Shingle - Fibreglass
- Shingle - Other
- Tile - Clay
- Tile - Other
- Other (Specify) _____
- Not Stated

SECTION 3 CHARACTERISTICS OF HOUSEHOLD

3.1 Does any member of this household own, rent or lease this dwelling?

- Owned
- Leased
- Rented
- Rent Free
- Squatted
- Other (Specify) _____
- Not Stated

ASK Q3.2 ONLY IF SEPARATE HOUSE – DETACHED

3.2 What about the land – is it owned or leased etc. by any member of this household?

- Owned
- Leased
- Rented
- Rent Free
- Squatted
- Other (Specify) _____
- Not Stated

3.3 How many rooms does this household occupy?

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Not Stated

3.4 How many rooms are used mainly for sleeping?

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Not Stated

3.5 Does this household have the use of a kitchen or kitchenette?

- Yes for use only by this household
- Yes shared with another household
- No (**Go to Q 3.7**)
- Not Stated

3.6 Does it (the kitchen or kitchenette) have a sink permanently connected to a water supply and waste pipe?

- Yes
- No
- Not Stated

3.7 Does this household have the use of a bathroom?

- Yes for use only by this household
- Yes shared with another household
- No (**Go to Q 3.9**)
- Not Stated

3.8 Does it (the bathroom) have a fixed bath or shower?

- Yes
- No
- Not Stated

3.9 What type of toilet facilities does this household have?

- WC Linked to Sewer
- WC not Linked to Sewer
- Pit
- Other (Specify) _____
- None (**Go to Q 3.11**)
- Not Stated

3.10 Are the facilities shared with another household?

- Shared
- Not Shared
- Not Stated

3.11 What does this household use most for lighting?

- Electricity
- Kerosene
- Other (Specify) _____
- Not Stated

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

- LPG
- Electric
- Wood
- Charcoal
- Kerosene
- Biogas
- Solar Energy
- No Cooking Done
- Other (Specify) _____
- Not Stated

3.13 How does this household obtain water for domestic purposes? (Score the main one)

- Public piped into dwelling
- Public piped into yard
- Private piped into dwelling
- Private Catchment, not piped
- Public Standpipe
- Public Catchment
- Spring or River
- Trucked water/water truck
- Other (Specify) _____
- Not Stated

3.14 What 'type' of water is used for drinking in this household? (Score the main one)

- Bottled
- Piped – Treated
- Piped – Not Treated
- Other – Treated
- Other – Not Treated
- Not Stated

3.15 What is the main method of garbage disposal for this household?

- Regular Public Collection System
- Irregular Public Collection System
- Private Collection System
- Burn
- Bury
- Dumping in Sea/River/Pond/Gully
- Dumping in Own Yard
- Dumping in Municipal Site
- Other Dumping
- Other Method of Disposal
- Not Stated

3.16 Is there a telephone in this household? (One answer only)

- Fixed Cellular or Landline only
- Mobile Cellular only
- Both Fixed & Mobile
- None
- Not Stated

3.17 Are there any of the following communication devices in this household?

- | | Yes | No | Not Stated |
|--------------------------|-----------------------|-----------------------|-----------------------|
| Radio | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Television | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Personal Computer/Laptop | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

ASK Q3.18 ONLY IF PERSONAL COMPUTER/LAPTOP IS SCORED YES

3.18 Is there an internet connection to this computer?

- Yes – Dial up
- Yes – Broadband
- Other (Specify) _____
- No
- Not Stated

SECTION 4 MIGRATION & MORTALITY

4.1 Did any one from this household go to live abroad since January 1, 2010?

- Yes No (Go to Q4.3) Not Stated

4.2 Please give me the number of persons from this household who went to live abroad permanently since January 1, 2010 and the sex and age of each.

Number of Persons

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Person No.	Sex			Age			
	M	F	Not Stated				
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
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If Age Not Stated Record '9's

4.3 Has any member of this household died since January 1, 2010?

- Yes No (End Interview) Not Stated

4.4 Please give me the number of persons from this household who have died since January 1, 2010 and the sex, age and date of death of each.

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 Total

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 Male

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 Female

Person No.	Sex			Date of Death		Age at Death	Cause of Death*											
	M	F	Not Stated	Month	Year													
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>	
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* Codes for Cause of Death: 1 -Violence, 2 - Accident, 3- Suicide, 4- Natural Causes, 5-Other

If Date of Death, Age at Death and Cause of Death Not Stated, Record '9's