For optimum accuracy, please print carefully and completely inside the boxes provided. Avoid contact with the edges of the box. The following will serve as an example:

IMPORTANT!!!
1) USE ONLY 2B PENCIL. DO NOT USE A PEN
2) Place an X in the box for multiple choice options ☒
3) ERASE CLEANLY ANY CHANGES YOU MAKE
4) MAKE NO STRAY MARKS ON QUESTIONNAIRES

IDENTIFICATION

Transfer these codes to the top of EACH individual questionnaire

ADDRESS OF HOUSEHOLD: _______________________________________________________

COMMUNITY: ________________________________________________________________

TOWN/VILLAGE: ______________________________________________________________

DISTRICT/PARISH: ____________________________________________________________
INTERVIEWER RECORD OF VISITS

<table>
<thead>
<tr>
<th>Visit Number</th>
<th>Date (DD/MM/YY)</th>
<th>Time Started</th>
<th>Time Ended</th>
<th>Duration (in minutes)</th>
<th>*Results</th>
</tr>
</thead>
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</table>

*RESULTS CODES:  1 = Completed    2 = Partially Completed    3 = Refused    4 = No Suitable respondent at home   5 = No Contact   6= Vacant

Statistical Department, Bladen Commercial Development, St. Kitts:   Tel: 869-465-2521  and  Charlestown, Nevis    Tel: 869-469-5521
<table>
<thead>
<tr>
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<th>Sex</th>
<th>Under 5 Years</th>
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</table>
2. (a) Did any member of this household move to live abroad during the last ten years (2001 - 2011)?

- [ ] 1 Yes (continue)
- [ ] 2 No (go to section 2)

(b) How many persons moved? 

<table>
<thead>
<tr>
<th>Person Number</th>
<th>Year moved 2001 - 2010</th>
<th>Highest education attained when moved</th>
<th>Sex</th>
<th>Age when moved</th>
<th>Occupation when moved</th>
<th>Name of Country of Migration</th>
<th>Main reason for Migration</th>
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<td>0 if less than 1, 98 for 99 and over</td>
<td>Describe as clearly as possible the person(s) occupation when he/she moved.</td>
<td>Name of Country</td>
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</table>
### SECTION 2 - HOUSING

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

11. What type of dwelling does this household occupy?
- [ ] 1. Undivided private house
- [ ] 2. Part of a private house/attached
- [ ] 3. Flat, apartment, condominium
- [ ] 4. Townhouse
- [ ] 5. Double house/duplex
- [ ] 6. Combined business and dwelling
- [ ] 7. Barracks
- [ ] 8. Other (Specify....................)

12. Is this dwelling insured?
- [ ] 1. Yes
- [ ] 2. No
- [ ] 3. Don't know

13. Are the contents of this dwelling insured?
- [ ] 1. Yes, all
- [ ] 2. No
- [ ] 3. Partially
- [ ] 4. Don't know

14. Is this dwelling unit owned, rented, or leased by any member of the household?
- [ ] 1. Owned with mortgage  (Go to Q. 18)
- [ ] 2. Owned without mortgage  (Go to Q. 19)
- [ ] 3. Rented
- [ ] 4. Rent free  (Go to Q. 16)
- [ ] 5. Leased
- [ ] 6. Squatted  (Go to Q. 19)
- [ ] 7. Other (specify............... )  (Go to Q. 19)

15. What is the rental/leased period for this dwelling?
- [ ] 1. Weekly
- [ ] 2. Fortnightly
- [ ] 3. Monthly
- [ ] 4. Quarterly
- [ ] 5. Half Yearly
- [ ] 6. Annually
- [ ] 7. Not Applicable

16. Is this dwelling rented/leased as fully furnished, semi-furnished or unfurnished?
- [ ] 1. Fully Furnished
- [ ] 2. Semi-furnished
- [ ] 3. Unfurnished

17. How much rent are you now paying per month?  
To nearest dollar
- [ ] 1. $  
- [ ] 2. Don't know
- [ ] 3. Not paying  

18. How much Mortgage are you now paying per month?  
To nearest dollar
- [ ] 1. $  
- [ ] 2. Don't know
- [ ] 3. Not paying  

19. What about the land - Is it freehold, leased, or some other type of occupancy?
- [ ] 1. Owned/freehold
- [ ] 2. Lease-hold
- [ ] 3. Rented
- [ ] 4. Rent-free
- [ ] 5. Permission to work land
- [ ] 6. Squatted
- [ ] 7. Share cropping
- [ ] 8. Other (specify...............)

20. What is the MAIN material of the outer walls?
- [ ] 1. Wood
- [ ] 2. Wood & Brick
- [ ] 3. Wood & Concrete
- [ ] 4. Wood & Galvanise
- [ ] 5. Concrete
- [ ] 6. Concrete & Blocks
- [ ] 7. Stone
- [ ] 8. Bricks
- [ ] 9. Plywood
- [ ] 10. Plywood & Concrete
- [ ] 11. Makeshift (specify....................)
- [ ] 12. Other (specify.....................)

21. What is the MAIN material used for roofing?
- [ ] 1. Sheet metal (zinc, aluminum, galvanise, galvalume)
- [ ] 2. Shingle (asphalt)
- [ ] 3. Shingle (wood)
- [ ] 4. Concrete
- [ ] 5. Tile
- [ ] 6. Thatch/makeshift
- [ ] 7. Other(specify.........................)

22. In which year/period was this building built?
- [ ] 1. Before 1980
- [ ] 2. 1980 - 1989
- [ ] 3. 1990 - 1999
- [ ] 4. 2000 - 2006
- [ ] 5. 2007
- [ ] 6. 2008
- [ ] 7. 2009
- [ ] 8. 2010
- [ ] 9. 2011
- [ ] 10. Don't know

23. What is your MAIN source of water supply?
- [ ] 1. Public piped into dwelling
- [ ] 2. Public piped into yard
- [ ] 3. Public standpipe
- [ ] 4. Public well or tank
- [ ] 5. Private catchment, not piped
- [ ] 6. Private catchment, piped into dwelling
- [ ] 7. Other(specify.........................)

*Remember to mark multiple choice boxes like this* ☑
24. What is your MAIN source of drinking water?
- Bottled water
- Private catchment, not piped
- Private catchment, piped into dwelling
- Public piped into yard
- Public standpipe
- Public piped into dwelling
- Other (specify ................................)

25. What type of toilet facility does this household have?
- W.C. (flush toilet) Link to sewer
- W.C. (flush toilet) Linked to septic tank/soak away
- Pit latrine
- Other (specify……………………………..)
- None

26. What is the MAIN source of lighting for this household?
- Electricity - Public
- Electricity - Private generator
- Gas lantern
- Kerosene
- Solar
- None
- Other (specify……………………………..)

27. What type of fuel does this household use MOST for cooking?
- Biogas
- Electricity
- Kerosene
- LPG (cooking gas)
- Solar energy
- Wood charcoal
- None
- Other (specify……………………………..)

28. How many rooms does this household occupy: (do not include bathrooms and porches)

29. How many bedrooms are there in this dwelling unit?
(Bedrooms are rooms mainly used for sleeping and excludes temporary sleeping quarters. Count all bedrooms including spares not occupied)

30. What is your MAIN method of garbage disposal?
- Dumping (land)
- Compost
- Burning
- Dumping/throwing into river/sea/pond
- Burying
- Garbage truck/skip/bin - Public
- Garbage truck - Private
- Other (specify……………………………..)

31. How many desktop computers does this household have in use?

32. How many laptop computers does this household have in use?

33. What type of internet connection does this household use? (SELECT ALL THAT APPLY)
- DSL/ASL
- Dial up
- Cable
- Wireless
- Cellular wireless/mobile band
- No internet connection

34. Which of the following does your household have in use? SELECT ALL THAT APPLY
- Solar water heater
- Electrical water heater
- Television
- VCR
- Radio/stereo
- Refrigerator
- Freezer
- Microwave
- Stove
- Landline phone
- Cellular phone
- Washing machine
- Water pump
- Air conditioner
- Generator
- Dishwasher
- 17 DVD/MP3 player
- Clothes Dryer
- Water tank
- Satellite dish

35. How many vehicles are kept at home for private use by this household? (Excluding motor cycles)
36. Has any member of your household been a victim of crime during the last twelve (12) months?

☐ 1 Yes ☐ 2 No (Go to Section 4)

37. What was the nature of the crime?

☐ 1 Murder ☐ 6 Larceny (house breaking)
☐ 2 Kidnapping ☐ 7 Larceny (auto theft)
☐ 3 Wounding by firearm ☐ 8 Larceny other
☐ 4 Other wounding ☐ 9 Burglary
☐ 5 Rape/abuse ☐ 10 Other (specify..........................)

38. Did any member of this household die within the past twelve (12) months?

☐ 1 Yes ☐ 2 No (Go to Section 4)

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<th>Sex</th>
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</table>

Remember to mark multiple choice boxes like this ☑

TELEPHONE NUMBER

- ☐ ☐ ☐ ☐ ☐