ORGANISATION OF EASTERN CARIBBEAN STATES
POPULATION AND HOUSING CENSUS

SAINT LUCIA

2001
POPULATION
AND
HOUSING
CENSUS

CENSUS DAY - MAY 22ND, 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

Identification

Enumeration District Number

Household Number

Building Number

Address of Household ___________________________________________

Community _________________________________________________

Town/Village _______________________________________________

District/Parish _______________________________________________
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

<table>
<thead>
<tr>
<th>Interviewer Calls:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</thead>
<tbody>
<tr>
<td>Date</td>
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<td>Time Started</td>
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<td>Duration</td>
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<td>Results*</td>
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</tbody>
</table>

*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.

<table>
<thead>
<tr>
<th></th>
<th>SURNAME</th>
<th>FIRST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
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<td>20</td>
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</tbody>
</table>
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? [ ]

<table>
<thead>
<tr>
<th>Person Number</th>
<th>Year moved 1991 - 2001</th>
<th>Educational states when moved</th>
<th>Sex M -1 F = 2</th>
<th>Age when moved</th>
<th>Occupation when moved</th>
<th>Name of Country of Migration</th>
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<tbody>
<tr>
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<td>Year moved</td>
<td>Educational status when moved</td>
<td>Sex</td>
<td>Age when moved</td>
<td>Occupation when moved</td>
<td>Name of Country of Migration</td>
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<td>1991-2001</td>
<td>Write year properly inside the boxes provided</td>
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<td></td>
<td>Write in the space provided</td>
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<td>[Options: None, Primary, Secondary, Tertiary, University, Other, Not stated]</td>
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</tbody>
</table>
### 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

**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. **Is this dwelling insured?**
   - [ ] 1 Yes
   - [ ] 2 No
   - [ ] 3 Don't Know
   - [ ] 4 Not Stated

12. **Are the contents of this dwelling insured?**
   - [ ] 1 Yes, all
   - [ ] 2 No, none
   - [ ] 3 Partially
   - [ ] 4 Don't Know
   - [ ] 5 Not Stated

13. **Does this household own, rent or lease this dwelling?**
   - [ ] 1 Owned (Go to Q.17)
   - [ ] 2 Squatted (Go to Q.17)
   - [ ] 3 Rented-Private
   - [ ] 4 Rented-Govt
   - [ ] 5 Leased
   - [ ] 6 Rent-free (Go to Q.17)
   - [ ] 7 Other (Go to Q.17)
   - [ ] 8 Don't Know/Not Stated (Go to Q.17)

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

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

<table>
<thead>
<tr>
<th>16. <strong>How much rent are you now paying?</strong> (Go to Q.18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To nearest dollar</td>
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<tr>
<td>$</td>
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<tr>
<td>[ ] 2 Don't Know</td>
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<tr>
<td>[ ] 3 Not Paying</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>17. <strong>How much mortgage are you now paying?</strong></th>
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<tbody>
<tr>
<td>To nearest dollar</td>
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<tr>
<td>$</td>
</tr>
<tr>
<td>[ ] 2 Don't Know</td>
</tr>
<tr>
<td>[ ] 3 Not Paying</td>
</tr>
</tbody>
</table>

18. **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 Sharecropping
   - [ ] 6 Squatted
   - [ ] 7 Other
   - [ ] 8 Don't Know/Not Stated

19. **What is the construction material of the outer walls?**
   - [ ] 1 Wood
   - [ ] 2 Concrete/Concrete Blocks
   - [ ] 3 Wood & Concrete
   - [ ] 4 Stone
   - [ ] 5 Brick
   - [ ] 6 Adobe
   - [ ] 7 Makeshift (Specify..................................)
   - [ ] 8 Other/Don't Know

20. **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 Makeshift/thatched
   - [ ] 8 Other (Specify..................................)
   - [ ] 9 Don't know
21. In which year was this dwelling built?
- 1 Before 1970
- 2 1970 - 1979
- 3 1980 - 1989
- 4 1990 - 1995
- 5 1996
- 6 1997
- 7 1998
- 8 1999
- 9 2000
- 10 2001
- 11 Don't Know

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

23. 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-latrine/VIP
- 4 Other (please specify)
- 5 None (Go to Q.25)

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

25. Are your bathroom facilities indoors or outdoors?
- 1 Indoors
- 2 Outdoors (private)
- 3 None (Go to Q.27)
- 4 Other (please specify)

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

27. What type of lighting does this household use most?
- 1 Gas
- 2 Kerosene
- 3 Electricity - Public
- 4 Electricity - Private Generator
- 5 Other (please specify)

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

29. Is your kitchen indoors or outdoors?
- 1 Indoors
- 2 Outdoors (private)
- 3 None
- 4 Other (please specify)

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?
- 1 Dumping on land
- 2 Compost
- 3 Burning
- 4 Dumping in river/sea/pond
- 5 Burying
- 6 Garbage truck/Skip
- 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>
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<tr>
<td>Yes</td>
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<thead>
<tr>
<th>Stove</th>
<th>Telephone</th>
<th>Cellular Telephone</th>
<th>Washing Machine</th>
<th>Water Pump</th>
<th>Computer</th>
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</table>

34. Does this household have an Internet connection?  
O 1 Yes  O 2 No  O 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)?

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

TELEPHONE NUMBER

[Blank space for telephone number]

Email Address

[Blank space for email address]
36. Please fill in this person's assigned number  

37. 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

38. INTERVIEWER: Fill the appropriate oval.  
FOR PERSONS NOT SEEN ASK: Is.....male or female?  
- 1 Male  
- 2 Female

39. What is.......'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

40. 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/Caucasian  
- 8 Mixed  
- 9 Other (please specify..........................)  
- 10 Don't know/Not Stated

41. 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..........................)
### SECTION 4: DISABILITY

#### LONG STANDING DISABILITY

42. Does...suffer from any long-standing illness, disability or infirmity?
- 1 Yes
- 2 No (Go to Q.49)

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

44. At what age did this disability begin?
- [ ] Age

#### TYPE OF DISABILITY

45. 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

### FOR ALL PERSONS

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

47. 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

### SECTION 5: HEALTH

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

49. 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

50. Has...utilised a medical facility (Hospital, health center, private doctor, pharmacy) in the past month?
- 1 Yes
- 2 No (Go to Q.52)
- 3 Not Stated (Go to Q.52)
51. What medical facility(ies) has.......utilised in the past month? (more than one oval may be filled)
   ○ 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

52. Is.........covered by an insurance (health, life etc.) Employee Medical Plan and/or NIS (National Insurance Scheme)?
   ○ 1 Yes       ○ 2 No (Go to Q.54)       ○ 3 Don't Know

53. Which of the following insurances do you have [READ THE LIST TO RESPONDENT AND FILL IN ALL OVALS WHICH APPLY]?
   ○ 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 School Accident Insurance
   ○ 9 Other (Please Specify)                    ○ 10 Other (Please Specify)

54. Where was.............born?
   ○ 1 In this country
   ○ 2 Abroad (Go to Q.57)
   ○ 3 Not Stated (Go to Q.56)
   ○ 4 Don't Know (Go to Q.56)

55. In what part of the country is that?
   Community

____________________________________________________________
   District/Parish

____________________________________________________________
   District/Parish

56. Have you/has.......ever lived in another country?
   ○ 1 Yes (Go to Q.58)
   ○ 2 No/Don't know (Go to Q.61)

57. In what country was that?

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

59. In what country did.......last live?

60. Why did you return/come to.......St. Lucia?
   ○ 1 Regard it as home/Homesick
   ○ 2 Family is here
   ○ 3 Deported
   ○ 4 Retired
   ○ 5 To start a business
   ○ 6 Other

61. In what town, village or district in St. Lucia did.....he/she last live?
   Community

____________________________________________________________
   District/Parish

____________________________________________________________
   District/Parish

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

63. Where do(es).............usually live?
   ○ 1 At this address (Go to Q.65)
   ○ 2 Elsewhere in this country
   ○ 3 Abroad (Go to Q.65)
   ○ 4 Don't Know (Go to Q.65)

64. In what part of the country is that?
   Community

____________________________________________________________
   District/Parish

____________________________________________________________
   District/Parish
65. 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.69)
○ 4 Don't Know (Go to Q.69)

66. What type of school or institution are you/she/he 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

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

Name

Address

68. 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

69. What is the highest formal level of education that you have 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

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

71. INTERVIEWER: Fill the appropriate oval (see Q.39)
○ 1 Under 15 (Go to Q.108)
○ 2 15 years and over
72a. Were you ever trained/are you being trained for a **specific** occupation or profession?  
(Training can be formal or nonformal)  
○ 1 Yes  ○ 2 No (Go to Q.75)  ○ 3 Not Stated (Go to Q.75)  

72b. Which is the main occupation/profession for which you have received this training?  

72c. Is your/his/her present job related to your/his/her training?  
○ 1 Yes  ○ 2 No  

73. In what year or period did you/he/she complete that training or are you still being trained?  
○ 1 2001  ○ 7 1980 - 1989  
○ 2 2000  ○ 8 Before 1980  
○ 3 1999  ○ 9 Did not complete training  
○ 4 1998  ○ 10 Still being trained  
○ 5 1994 - 1997  ○ 11 Not Stated  
○ 6 1990 - 93  

74. In.............'s field of highest level of training, what was the main educational method/type of training used?  
○ 1 On the job  ○ 9 Other institutional training  
○ 2 Apprenticeship  ○ 10 University (on campus)  
○ 3 Correspondence course  ○ 11 Distance learning  
○ 4 Secondary School  ○ 12 Virtual/Internet Learning  
○ 5 Vocational Trade School  ○ 13 Private Study  
○ 6 Commercial/Secretarial School  ○ 14 Other  
○ 7 Business/Computer School  ○ 15 Not Stated  
○ 8 Technical Institution
### Section 1

**75. What is your/....'s present union status?**
- 1 Legally married (Go to Q.77)
- 2 Common law union (Go to Q.76 then Q.78)
- 3 Visiting partner
- 4 Married but not in union (Go to Q.77)
- 5 Legally separated and not in a union (Go to Q.77)
- 6 Widowed and not in union (Go to Q.77)
- 7 Divorced and not in union (Go to Q.77)
- 8 Not in a union
- 9 Don't know/Not stated

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

**77. Have you/has...ever lived together with a partner in a common law relationship?**
- 1 Yes
- 2 No (Go to Q.79)
- 9 Don't know/Not stated

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

### Section 2

**79. How many live births/children has....ever had? (If ZERO, enter 00 & Go to Q.86)**

<table>
<thead>
<tr>
<th># of live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age of first live born child</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 years old</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Age of last live born child</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 years old</td>
</tr>
</tbody>
</table>

**Q. 82 TO Q.85 APPLY ONLY TO FEMALES UNDER 50. ALL OTHERS GO TO Q.86**

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

**83. 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>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**84. Did any of these babies die?**
- 1 Yes
- 2 No (Go to Q.86)

**85. How many died?**

Within the first month of life

<table>
<thead>
<tr>
<th>Number of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

After one month but before one year

<table>
<thead>
<tr>
<th>Number of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>
86. What did...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.89)
   ○ 2 Had a job but did not work  (Go to Q.89)
   ○ 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

87. Did you/he/she do any work at all in the past 12 months? Include work at home, for example, piece work, decorative stitching, handcraft, sewing, etc.
   ○ 1 Yes  (Go to Q.89)
   ○ 2 No
   ○ 3 Don't Know

88. Have you/he/she ever worked or had a job?
   ○ 1 Yes  (Go to Q.90)
   ○ 2 No  (Go to Q.90)

89. How many months did you/he/she work in the past 12 months?
   Number of months
   ○ 1 2 3 4 5 6 7 8 9 10 11 12

90. What did...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.94)
   ○ 2 Had a job but did not work  (Go to Q.94)
   ○ 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 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.93)
   ○ 3 Checking at work sites, factory gates etc.  (Go to Q.93)
   ○ 4 Seeking assistance from friends  (Go to Q.93)
   ○ 5 Register at public/private employment exchange  (Go to Q.93)
   ○ 6 Other  (Go to Q.93)
   ○ 7 Not Stated  (Go to Q.93)

92. Why did...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

93. 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.105)

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

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

Never Worked  (Go to Q.105)

96. What type of business is/was carried on at your/his/her workplace? Please specify in detail
97. What is the name and address of your/his/her present workplace?
Name ________________________________________________
Address ____________________________________________

No present workplace
(Go to Q.105)

98. What is your/his/her main mode of travel to work?
☐ 1 Work at home (Skip to Q.100)
☐ 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

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

☐☐☐

100. 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.103)
☐ 2 Paid employee - Private (Go to Q.103)
☐ 3 Paid employee - Statutory body (Go to Q.103)
☐ 4 Unpaid Family Worker (Go to Q.105)
☐ 5 Own business with paid employee (Go to Q.102)
☐ 6 Own business without paid employee (Go to Q.103)
☐ 7 Apprentice
☐ 8 Don't know/Not Stated (Go to Q.103)

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

☐☐☐

102. Do you/does he/she move all your/his/her goods every night; e.g. fruits, nuts, lottery tickets, clothing/shoes, etc.?
☐ 1 Yes (Informal)
☐ 2 No

103. 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

104. 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

105. 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

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

To nearest dollar

$ ☐☐☐☐
107. 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.]

SECTION 1T CRIME

108. In the last 12 months have you/he/she........been a victim of crime?

○ 1 Yes
○ 2 No (Go to Q.112)
○ 3 Not Stated

109. Describe the nature of the main crime?


110. Was the crime reported to the police?

○ 1 Yes (Go to Q.112)
○ 2 No
○ 3 Not Stated (Go to Q.112)

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

○ 1 No confidence in the administration of justice
○ 2 Afraid of the perpetrator
○ 3 Perpetrator household member/relative
○ 4 Not serious enough
○ 5 Other (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.

SECTION 12 WHERE DID........spend census night?

112. Where did........spend census night?

○ 1 At this address (END INTERVIEW)
○ 2 Elsewhere in this country
○ 3 Abroad (END INTERVIEW)

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

