



21868

SAINT LUCIA



2010 POPULATION AND HOUSING CENSUS

CENSUS DAY - MAY 10TH, 2010



CONFIDENTIAL WHEN COMPLETE

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

Phone Number

				-				
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IMPORTANT!!!

IDENTIFICATION

Transfer the ED and Household Nos to the top of EACH individual questionnaire

ED No

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Building No

--	--	--

Dwelling No

--	--	--

Household No

--	--	--

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)

INTERVIEWER RECORD OF VISITS

Visit Number	Date (DD/MM/YY)			Time Started	Time Ended	Duration (in minutes)	*Results
1		/		/	1 0		
2		/		/	1 0		
3		/		/	1 0		
4		/		/	1 0		

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



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First Name

Surname

Signature

AREA SUPERVISOR _____

FIELD SUPERVISOR _____

INTERVIEWER _____

EDITOR/CODER _____

INTERVIEWER SAY: 1.(a) 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 10th May 2010.

LISTING OF HOUSEHOLD MEMBERS

Mark multiple choice boxes like this

Confidential

	<i>Surname</i>	<i>First Name</i>	<i>Sex</i>		<i>Surname</i>	<i>First Name</i>	<i>Sex</i>
01			<input type="checkbox"/> 1M <input type="checkbox"/> 2F	11			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
02			<input type="checkbox"/> 1M <input type="checkbox"/> 2F	12			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
03			<input type="checkbox"/> 1M <input type="checkbox"/> 2F	13			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
04			<input type="checkbox"/> 1M <input type="checkbox"/> 2F	14			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
05			<input type="checkbox"/> 1M <input type="checkbox"/> 2F	15			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
06			<input type="checkbox"/> 1M <input type="checkbox"/> 2F	16			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
07			<input type="checkbox"/> 1M <input type="checkbox"/> 2F	17			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
08			<input type="checkbox"/> 1M <input type="checkbox"/> 2F	18			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
09			<input type="checkbox"/> 1M <input type="checkbox"/> 2F	19			<input type="checkbox"/> 1M <input type="checkbox"/> 2F
10			<input type="checkbox"/> 1M <input type="checkbox"/> 2F	20			<input type="checkbox"/> 1M <input type="checkbox"/> 2F

Total Number of Persons

COMMENTS

Mark multiple choice boxes like this



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1.(b) NATIONAL ARCHIVES

Does each person in this household agree to have his/her name and address and other information transferred to the National Archives Authority of Saint Lucia for preservation and then made available to the public after seventy-five (75) years?

Answering this question is **OPTIONAL**.

PLEASE CHECK WITH EACH PERSON OVER 15 YEARS BEFORE ANSWERING - LEAVE BLANK FOR THOSE PERSONS WHOSE VIEWS ARE NOT KNOWN TO YOU.

Person No	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
Yes, Agrees	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No, does not Agree	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mark multiple choice boxes like this

SECTION 1 INTERNATIONAL MIGRATION

2. (a) Did anyone from this household move to live abroad since May 2001 and is still living abroad?

1 Yes (if Yes, continue)

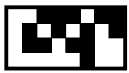
2 No (Go to Section 2)

(b) How many persons?

Remember to mark multiple choice boxes like this

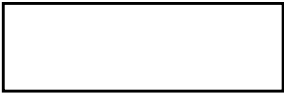
(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Person Number	Year moved 2001 - 2010 <i>Write year properly inside the boxes provided</i>	Highest Education attained when moved 1 None 2 Primary 3 Secondary 4 Tertiary (non-university College) 5 University 6 Other	Sex M = 1 F = 2	Age when moved 0 if less than 1, 98 and over	Occupation when moved Describe as clearly as possible the person(s) occupation when he/she moved. [For persons 15 years and over when moved]	Name of Country of Migration <u>Boxes provided are for official use</u>	Main Reason for Migration 1 More Income 2 Employment 3 Study 4 Medical 5 Marriage 6 Other Family reason 7 Crime Rate 8 Other Specify _____
	1.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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="text"/> <input type="text"/>		<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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="text"/> <input type="text"/>		<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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="text"/> <input type="text"/>		<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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="text"/> <input type="text"/>		<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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="text"/> <input type="text"/>		<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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="text"/> <input type="text"/>		<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="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<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="text"/> <input type="text"/>		<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



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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.

11. What type of dwelling does this household occupy?

- 1 Separate house/detached
- 2 Part of a private house/attached
- 3 Flat, apartment, condominium
- 4 Townhouse
- 5 Double house/Duplex
- 6 Combined business & dwelling
- 7 Barracks
- 8 Outroom
- 9 Group Dwelling
- 10 Improvised Housing Unit (Earth/Leaves/Branches etc)
- 11 Other (Specify.....)

12. Is this dwelling insured?

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

13. Does this household own, rent or lease this dwelling?

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

14. Under what arrangement is the land occupied? Is it.....

- 1 Owned/Freehold
- 2 Leasehold
- 3 Rented
- 4 Rented Free
- 5 Permission to work land
- 6 Sharecropping
- 7 Squatted
- 8 Other (Specify.....)
- 9 Don't Know/Not Stated

15. What is the main material of the outer walls?

- 1 Wood
- 2 Concrete/Concrete Blocks
- 3 Wood & Concrete
- 4 Stone
- 5 Brick
- 6 Adobe (Mud House)
- 7 Makeshift (Specify.....)
- 8 Plywood
- 9 Plywood & Concrete
- 10 Other

16. What is the main material used for roofing?

- 1 Sheet metal**
- 2 Shingle (asphalt)
- 3 Shingle (wood)
- 4 Shingle (other)
- 5 Tile
- 6 Concrete
- 7 Makeshift/thatched
- 8 Other (Specify.....)

** (zinc, aluminum, galvanise, galvalume)

17. 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 Don't Know

18. 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.....)

19. 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.....)

20. 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 (Specify.....)
- 5 None

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

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

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

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

23. 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

	5
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Remember to mark multiple choice boxes like this



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Mark multiple choice boxes like this

24. 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

	3
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25. 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.....)

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

1

 use 9 for 9 or more

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

0

 use 9 for 9 or more

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

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

29. 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

Yes No

(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

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

0

 use 9 for 9 or more

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

1 No (skip to Question 32)

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 checked="" type="checkbox"/>
(g) Larceny - Auto theft	<input type="checkbox"/>
(h) Larceny - Other	<input type="checkbox"/>
(i) Other (specify)	<input type="checkbox"/>

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

1 Yes 2 No (Go to Person Questionnaire)

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

Age

3	5
---	---

1 Male 2 Female

--	--

1 Male 2 Female

--	--

1 Male 2 Female

--	--

1 Male 2 Female