## SECTION 3 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?

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

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 4 MIGRATION (BIRTH PLACE AND RESIDENCE) FOR ALL PERSONS

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

- [ ] 1 At this address
  - District ____________________ Community ____________________
- [ ] 2 Elsewhere in this district
  - District ____________________ Community ____________________
- [ ] 3 In another district
  - District ____________________ Community ____________________
- [ ] 4 Abroad
  - Name of Country ____________________

Remember to mark multiple choice boxes like this ✗
41. Where were you/was........born?
   □ 1 In this country
   □ 2 Abroad

   Community ____________________________  (Go to Q.43)

   Name of Country _______________________

   INTERVIEWER: For persons born in St. Lucia what is required is the mother’s usual residence at the time of birth.

42. In what year did you/....... last come to live in St.Lucia?
   Year ________ ________ ______

43. In which district did you/...... last live?
   □ 1 Never Moved (Go to Q.45)
   □ 2 District ____________  Community ____________

44. In what year did you/....... last come to live in this District?
   Year ________ ________ ______

45. Have you/has ......ever 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 St.Lucia?
   Year ________ ________ ______

48. What is the main reason why you/......returned to live in St.Lucia?
   □ 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

Q45  to Q48 are for local borns only

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 district and community did you/...... live five years ago?
   Country ____________________________  Community _______________________ 
   District ____________________________

Q49  to Q53 are for five 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 district and community did you/........ live in 2001?
   District ____________________________  Community ______________________

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

SECTION 5 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  4 Cannot do (it) at all
   2 Yes - Some Difficulty

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)

   1. Seeing (even with glasses)?  □ Specify
   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?
56. Are you/...... using any of the following aids? (X all that apply).
- 1 Wheelchair
- 2 Walker
- 3 Crutches
- 4 Brailler
- 5 Adapted Car
- 6 Cane
- 7 Prosthesis/artificial body part
- 8 Orthopedic Shoes
- 9 Hearing Aid
- 10 Other (Specify)
- 11 None

57. Do you/does ......have any of the following illnesses? (X all that apply)
- 1 Arthritis
- 2 Kidney Disease (Renal)
- 3 Asthma
- 4 Diabetes
- 5 Hypertension/High Blood Pressure
- 6 Carpal Tunnel Syndrome
- 7 Cancer
- 8 Heart Disease
- 9 Glaucoma
- 10 Sickle Cell
- 11 Anemia
- 12 Lupus
- 13 HIV/AIDS
- 14 Other
- 15 None

58. Which of the following insurance do you/does...... have? (X all that apply)
- 1 NIC (National Insurance Cooperation)
- 2 Group Health Insurance
- 3 Individual Health
- 4 Life with health
- 5 Endowment with health
- 6 School Accident Insurance
- 7 Other (Specify).........................................
- 8 None

59. Are you / is ___________ currently attending an Educational Institution?
- 1 Yes
- 2 No (Go to Q62)

60. What type of school or institution are you/is.......... attending?
- 1 Daycare/Nursery
- 2 Preschool
- 3 Infant/Kindergarten
- 4 Primary
- 5 Special Education
- 6 Post Primary (NonSecondary Tech/Voc)
- 7 Secondary (General)
- 8 Home Schooling
- 9 Post Secondary - A Level
- 10 Post Secondary - Professional Tech/Voc
- 11 Post Secondary Tertiary - UWI
- 12 Adult Education
- 13 Other
- 14 Other (Specify).........................................
- 15 None

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

63. What is the highest examination that you have/...passed?
- 1 School leaving (e.g. Standard Six or Seven School Leaving exam)
- 2 Cambridge School Certificate
- 3 CXC Basic
- 4 GCE 'O' Levels or CXC General
- 5 High School Certificate
- 6 GCE 'A' Levels, CAPE
- 7 Associate Degree
- 8 College Certificate
- 9 College Diploma
- 10 Professional Certificate eg RSA, City and Guilds etc.
- 11 Bachelor's Degree
- 12 Post Graduate Certificate
- 13 Post Graduate Diploma
- 14 Higher Degree (Master's)
- 15 Higher Degree (Doctoral)
- 16 Other (Specify).........................................
- 17 None

64. Have you/ has ....... /had access to the Internet within the past 3 months?
- 1 Yes
- 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'
- 5 Cellular Phone / PDA
- 6 Family or Friend's House
- 8 Did not use
- 7 Other (Specify)

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

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

SECTION 8 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)

67b. 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. 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

SECTION 9 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

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

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
- 5 Home Duties
- 6 Attended School
- 7 Retired - did not work
- 8 Disabled, unable to work
- 9 Other (Specify)

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)

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)

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 Corporation 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:..........................)

SECTION 10 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 (2009) from family and/or friends abroad in cash or in kind e.g. barrels containing food etc., clothing, electronics.

$
SECTION 11  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. What is your / ........... present union status?
☐ 1 Never had a spouse or common-law partner (Skip to Q.91)
☐ 2 Married and living with spouse
☐ 3 Married and not living with spouse
☐ 4 Common Law
☐ 5 Visiting Partner
☐ 6 Not in union

For Persons Not In A Union

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 12  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)

<table>
<thead>
<tr>
<th>Child Number</th>
<th>Sex</th>
<th>Age in Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>M</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>2.</td>
<td>M</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>3.</td>
<td>M</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Child Number</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

B. Number of Girls
☐ 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?

<table>
<thead>
<tr>
<th>Child Number</th>
<th>Sex</th>
<th>Age in Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>M</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>2.</td>
<td>M</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>3.</td>
<td>M</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>4.</td>
<td>M</td>
<td>[ ] [ ]</td>
</tr>
</tbody>
</table>

SECTION 13  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