

12555

CONFIDENTIAL
CENSUS & STATISTICS ACT
No. 24 of 1983

St. Vincent and the Grenadines



2012 POPULATION AND HOUSING CENSUS

CENSUS DAY - JUNE 12TH, 2012

INSTRUCTIONS

- 1) USE 2B PENCIL ONLY
- 2) When completing box entries, please write only and completely inside the boxes provided.
Example:

0	1	0	0
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- 3) Place an X in the box where appropriate.
Example:
- 4) Erase cleanly any changes you make.
- 5) Make **NO** stray marks on this form.

IDENTIFICATION

Enumeration District Number

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Building Number

--	--	--

Dwelling Unit Number

--	--	--

Household Number

--	--	--

Address of Household: _____

Community/Village: _____

Census Division: _____

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	<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></tr></table> / <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></tr></table>				<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>	
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4	<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></tr></table> / <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></tr></table>				<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>	

Result Codes

1 = Completed

2 = Partially completed

3 = Dwelling vacant

4 = No suitable respondent at home

5 = Refused

6 = Other (Specify).....



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First Name

Surname

Signature

Area Supervisor _____

Field Supervisor _____

Interviewer _____

Editor/Coder _____

1. INTERVIEWER SAY: Please give me the names of all the persons who usually live and share one daily meal with your household starting with the head.

HOUSEHOLD MEMBERS

Where required, boxes should be filled like this

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

Total Number of Persons in the household

CONTACT NUMBER

-

EMAIL ADDRESS

Where required, boxes should be filled like this

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SECTION 1 HOUSING

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

2. What is the MAIN material of the outer walls?

- 1 Stone
 2 Stone and brick
 3 Concrete
 4 Concrete and Blocks
 5 Wood and Brick
 6 Wood and Concrete
 7 Wood and galvanize
 8 Wood
 9 Wattle/Adobe/Tapia
 10 Other (Specify) _____

3. What is the MAIN material used for roofing?

- 1 Sheet metal* 5 Tile
 2 Shingle (asphalt) 6 Concrete
 3 Shingle (wood) 7 Asbestos
 4 Shingle (other) 8 Thatch/Makeshift
 9 Other (specify) _____

* (Including Zinc, aluminum, galvanize, galvalume)

4. In which year/period was this building built?

- 1 Before 1980 5 2006 9 2010
 2 1980 – 1989 6 2007 10 2011
 3 1990 – 1999 7 2008 11 2012
 4 2000 – 2005 8 2009 12 Don't Know

5. How would you describe the type of dwelling unit that your household occupies?

- 1 Separate house/Detached/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 Barrack
 8 Group dwelling
 9 Improvised Housing Unit (Earth/Leaves /Branched etc)
 10 Other (Specify) _____

6. Is this dwelling unit owned, rented or leased by a member of this household?

- 1 Owner (Including with a mortgage) (Go to Q.8)
 2 Rented Private (paying)
 3 Rented Govt. (paying)
 4 Rent free (Go to Q.8)
 5 Leased
 6 Squatted (Go to Q.8)
 7 Other (Specify) _____
 8 Don't Know (Go to Q.8)

7(a) What is the rental/lease period for this dwelling?

- 1 Weekly 4 Quarterly
 2 Fortnightly 5 Half-Yearly
 3 Monthly 6 Annually

7(b) What is the rental/lease amount for this dwelling?

EC\$

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8. Is this dwelling insured?

- 1 Yes 2 No 3 Don't Know

9. Are the contents of this dwelling insured?

- 1 Yes, all 3 Partially
 2 No, none 4 Don't Know

10. Under what type of arrangement is the land occupied?

- 1 Owned/freehold
 2 Lease-hold
 3 Rented (Paying)
 4 Rent-free
 5 Permission to work land
 6 Squatted
 7 Share cropping
 8 Other (Specify) _____
 9 Don't Know

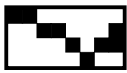
11. What type of fuel does this household use MOST for cooking?

- 1 Wood
 2 Charcoal
 3 Kerosene
 4 Electricity
 5 Cooking Gas/Liquefied Petroleum Gas (LPG)
 6 None
 7 Other (Specify) _____

12. How does this household USUALLY dispose of its garbage?

- 1 Dumping (land)
 2 Dumping/throwing into river/sea/pond
 3 Compost
 4 Burning
 5 Burying
 6 Garbage truck/skip/bin – Public
 7 Garbage truck - Private
 8 Other (Specify) _____

Where required, boxes should be filled like this



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Where required, boxes should be filled like this **13. What is your MAIN source of water supply?**

- 1 Public piped into dwelling
 2 Public standpipe
 3 Public piped into yard
 4 Private piped into dwelling
 5 Public well/tank
 6 Private catchments, not piped
 7 Spring/River
 8 Other (Specify) _____

14. What is your MAIN source of drinking water?

- 1 Public piped into dwelling
 2 Public standpipe
 3 Private piped into yard
 4 Private piped into dwelling
 5 Public well/tank
 6 Private catchments, not piped
 7 Spring/River
 8 Bottled water
 9 Other (Specify) _____

15. What type of toilet facility does this household have?

- 1 Water Closet (WC) (Flush toilet) Linked to sewer
 2 Water Closet (WC) (Flush toilet) linked to septic tank/soak-away
 3 Pit latrine ventilated and elevated/VIP
 4 Pit latrine ventilated and not elevated
 5 Pit latrine not ventilated
 6 Other (Specify) _____
 7 None (Go to Q.17)

16. Is the toilet shared with any other household?

- 1 Yes, shared 2 Not shared

17. Are your bathing facilities indoors or outdoors?

- 1 Indoors
 2 Outdoors (private)
 3 None (Go to Q.19)
 4 Other (Specify) _____

18. Are your bathing facilities shared with another household?

- 1 Yes, shared 2 Not shared

19. What is the MAIN source of lighting for this household?

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

20. How many bedrooms are there in this dwelling unit?

Bedrooms are rooms used mainly for sleeping and exclude any makeshift and temporary sleeping quarters - count all bedrooms including spare not occupied.

Number of Bedrooms

21. Is your kitchen indoors or outdoors?

- 1 Indoors 3 None (Go to Q.23)
 2 Outdoors (private)

22. Is the kitchen shared with another person/other person(s) not of this household?

- 1 Yes, shared 2 Not shared

23. Which of these appliances, household equipment or service does this household have in use? (Indicate all that apply).

	Yes	No
(a) Electrical Generator	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(b) Radio	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(c) Stereo	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(d) Cable	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(e) Water Heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(f) Water Pump	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(g) Washing Machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(h) Dish Washer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(i) Stove (gas/electric/solar)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(j) Microwave Oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(k) Freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(l) Refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(m) Air Conditioner	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(n) Television	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(o) Fixed Line Telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(p) Mobile/Cellular Phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(q) DVD Player	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(r) MP3/4 Player	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(s) Computer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(t) Internet Connection	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(u) Internet Access	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Where required, boxes should be filled like this



Where required, boxes should be filled like this

SECTION 2 INTERNATIONAL MIGRATION

24 (a) Did any member of this household move to live abroad between 2001 and 2012 and is still living abroad?

Yes (Continue) No (Go to Q.33)

24 (b) How many persons moved?

25	26	27	28	29	30	31	32
Person Number	Sex M= 1 F = 2	Age when moved? If emigrant was less than 15yrs at time of departure (Go to Q.29)	Occupation when moved Describe as clearly as possible the person (s) occupation when he/she moved.	Highest education attained when moved 1 None/No schooling 2 Pre-primary education 3 Primary 4 Secondary 5 Pre University 6 University/Tertiary 7 Other 8 Don't Know	Which country did this person migrate to?	In which year did this person migrate?	Main reason for migration 1. Family Reunification 2. Employment 3. Study 4. Crime Rate 5. Medical 6. Other 7. Don't Know
1	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Specify: <input type="checkbox"/> 8		<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 6 Specify
2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Specify: <input type="checkbox"/> 8		<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 6 Specify
3	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Specify: <input type="checkbox"/> 8		<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 6 Specify
4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Specify: <input type="checkbox"/> 8		<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 6 Specify
5	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Specify: <input type="checkbox"/> 8		<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 6 Specify
6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Specify: <input type="checkbox"/> 8		<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 6 Specify
7	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 Specify: <input type="checkbox"/> 8		<input style="width: 30px; height: 20px;" type="text"/> <input type="checkbox"/> DK	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 6 Specify

Where required, boxes should be filled like this



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Where required, boxes should be filled like this **SECTION 3 CRIME**

	Crime		Type of Crime	
	33 Has any member of the household been a victim of the following crime during the past 12 months? 1 Yes 2 No (Go to Q.37) 3 Don't know (Go to Q.37)	34 Was the crime reported? 1 Yes (Go to Q.36) 2 No 3 Don't Know (Go to Q.37)	35 Why was/were the crime(s) not reported? 1 No confidence in the administration of justice 2 Afraid of perpetrator 3 Not serious enough 4 Other 5 Don't Know <i>(For all options, Go to Q.37)</i>	36 What was the result? 1 Pending 2 Convicted 3 Dismissed 4 No action taken
(a) Murder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Rape/Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Robbery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Wounding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Larceny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 MORTALITY**37. Did any member of this household die during the past 12 months?**

- 1 Yes 2 No (Go to Section 5 of the Person Questionnaire)

38. Please provide the age and sex of the person(s) who died during the past twelve months.

Age

-
- 1 Male
-
- 2 Female

-
- 1 Male
-
- 2 Female

-
- 1 Male
-
- 2 Female

-
- 1 Male
-
- 2 Female

39. If female aged 15 - 49 years, did the death occur:

- 1 During pregnancy 3 Six weeks after the end of the pregnancy 5 Don't Know
 2 During child birth 4 Other

Where required, boxes should be filled like this