



18298

IMPORTANT!!!

The ED Number and the Household Number, MUST be inserted from the household questionnaire

ED Number

Household Number

INTERVIEWER:

Whenever a dotted line (...) appears in a question, call the name of the person to whom the information relates. If it is N (the respondent himself/herself) say "You"/"Your". X the appropriate box. Please do not write over the responses.

SECTION 5 CHARACTERISTICS FOR ALL PERSONS

IMPORTANT!!

Please fill in this person's name and assigned number.

40. What is your/(N)'s relationship to the head of the household?

- 1 Head
- 2 Spouse
- 3 Partner
- 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
- 8 Grandchild
- 9 Parent/Father/Mother
- 10 Other Relative
- 11 Domestic Employee
- 12 Other Non-Relative

41. INTERVIEWER: X the appropriate box. FOR PERSONS NOT SEEN ASK:

Is ...male or female?

- 1 Male
- 2 Female

42. What is your/(N)'s date of birth?

Day Month Year

/ /

If not known, ask: How old were you/(N).... 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 the age is not known use code 999.

If estimated, please put an x in the box

43. To which ethnic group do you/does (N) belong?

- 1 African/Black/Negro
- 2 Indigenous People (Amerindian/Carib)
- 3 White/Caucasian
- 4 Chinese
- 5 East Indian/Indian
- 6 Hispanic/Spanish
- 7 Japanese
- 8 Mixed
- 9 Portuguese
- 10 Syrian/Lebanese
- 11 Taiwanese
- 12 Other (Specify) _____
- 13 Not Stated

44. What is your/(N)'s religion/denomination?

- 1 Anglican
- 2 Evangelical
- 3 Methodist
- 4 Pentecostal/Full Gospel
- 5 Presbyterian/Congregational
- 6 Roman Catholic
- 7 Salvation Army
- 8 Seventh Day Adventist
- 9 Jehovah's Witnesses
- 10 Baptist (Specify) _____
- 11 Baha'i
- 12 Hindu
- 13 Mormon
- 14 Muslim/Islam
- 15 Rastafarian
- 16 Traditional
- 17 None/No Religion
- 18 Other (Specify) _____
- 19 Not Stated

SECTION 6 DISABILITY FOR ALL PERSONS

For persons whose disability has been continuous for 6 months or more.

45. Do you/does (N) have difficulty with any of the following?

Rate responses as follows:

- 1 No - No difficulty
 - 2 Yes - Some difficulty
 - 3 Yes - Lots of difficulties
 - 4 Cannot do (it) at all
- 1 Seeing, even with glasses?** 1 2 3 4
- 2 Hearing, even using a 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
- 8 Slowness at learning or understanding** 1 2 3 4

If no difficulty for all options, Go to Q. 48

IMPORTANT!!

Please be reminded that boxes should be filled like this

Where required, boxes should be filled like this



Where required, boxes should be filled like this



SECTION 6 DISABILITY FOR ALL PERSONS

46. What is the origin of your/(N)'s disability?

Rate responses as follows:

- | | |
|---------------------|-------------------|
| 1 From birth | 3 Accident |
| 2 Illness | 4 Other |
- 1 Seeing, even with glasses 1 2 3 4
 - 2 Hearing, even using a 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
 - 8 Slowness at learning or understanding 1 2 3 4

47. Are you/is (N) required to use any of the following aids? (Multiple responses are possible)

- | | |
|--|---|
| <input type="checkbox"/> 1 Wheelchair | <input type="checkbox"/> 7 Braille |
| <input type="checkbox"/> 2 Walker | <input type="checkbox"/> 8 Adapted Car |
| <input type="checkbox"/> 3 Cane | <input type="checkbox"/> 9 Hearing Aid |
| <input type="checkbox"/> 4 Crutches | <input type="checkbox"/> 10 None |
| <input type="checkbox"/> 5 Prosthesis/artificial body part | <input type="checkbox"/> 11 Other (Specify) |
| <input type="checkbox"/> 6 Orthopedic shoes | |

SECTION 7 HEALTH FOR ALL PERSONS

48. Do you/does (N) suffer from any of the following illness? (X all that apply)

- | | |
|---|--|
| <input type="checkbox"/> 1 Sickle Cell Anemia | <input type="checkbox"/> 8 Kidney Disease |
| <input type="checkbox"/> 2 Arthritis | <input type="checkbox"/> 9 Cancer |
| <input type="checkbox"/> 3 Asthma | <input type="checkbox"/> 10 Lupus |
| <input type="checkbox"/> 4 Diabetes | <input type="checkbox"/> 11 Carpal Tunnel Syndrome |
| <input type="checkbox"/> 5 Hypertension/High Blood Pressure | <input type="checkbox"/> 12 Glaucoma |
| <input type="checkbox"/> 6 Heart Disease | <input type="checkbox"/> 13 None |
| <input type="checkbox"/> 7 Stroke | <input type="checkbox"/> 14 Other (Specify) |

49. Are you/is (N) covered by insurance (for example health, life, employee medical plan, NIS)?

- 1 Yes 2 No (Go to Q.51) 3 Don't know (Go to Q.51)

50. Which of the following insurance do you/does (N) have? (Indicate ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> 1 NIS | <input type="checkbox"/> 6 Endowment with Health |
| <input type="checkbox"/> 2 Group Health | <input type="checkbox"/> 7 Endowment only |
| <input type="checkbox"/> 3 Individual Health | <input type="checkbox"/> 8. Don't know |
| <input type="checkbox"/> 4 Life with Health | <input type="checkbox"/> 9 Other (Specify) |
| <input type="checkbox"/> 5 Life only | |

51. Have you/has (N) utilized a medical facility (Hospital, health center, private doctor) in the past month?

- 1 Yes 4 Don't Know
 2 No (Go to Q.53) 3 Not stated (Go to Q.53)

52. What MAIN facility have you/has (N) utilized in the past month?

- | | |
|---|--|
| <input type="checkbox"/> 1 Public Hospital | <input type="checkbox"/> 5 Family Planning Clinic |
| <input type="checkbox"/> 2 District Health Centres/ Health Clinic | <input type="checkbox"/> 6 Private Clinic/Hospital |
| <input type="checkbox"/> 3 Private Doctor's Office | <input type="checkbox"/> 7 Not Stated |
| <input type="checkbox"/> 4 Pharmacy | <input type="checkbox"/> 8 Don't Know |

SECTION 8 INTERNAL MIGRATION (BIRTHPLACE AND RESIDENCE) FOR ALL PERSONS

53. Where do you/does (N) usually live?

- 1 At this address 3 Abroad
 2 Elsewhere in this country 4 Don't know

54. Where were you/was (N) born?

INTERVIEWER: Remember what is required is the mother's normal residence at the time of birth, and not the hospital or place where the birth took place.

- 1 In this country 3 Not Stated (Go to Q.58)
 2 Abroad (Go to Q.58) 4 Don't know (Go to Q.58)
What country was that?

55. In what part of the village/community is that?

Community/Village _____

Census Division _____

56. Have you/has (N) ever lived in another country? (For local born only)

- 1 Yes 3 Don't know (Go to Q.58)
 2 No (Go to Q.58) 4 Not Stated (Go to Q.58)

Where required, boxes should be filled like this



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SECTION 8 INTERNAL MIGRATION (BIRTHPLACE AND RESIDENCE) FOR ALL PERSONS

57. In what country did you/N last live?

Country _____

58. Did you/(N) live at this address five years ago?

- 1 Yes (Go to Q.60) 3 Don't Know (Go to Q.60)
 2 No 4 Not Stated (Go to Q.60)

59. In which country/village/community did you/(N) live five years ago?

Country _____

Community _____

Village _____

SECTION 9 EDUCATION AND TRAINING

60. Are you/is (N) currently attending an educational institution whether full time or part time?

- 1 Yes – full time 3 No (Go to Q.63)
 2 Yes – part time 4 Don't know (Go to Q.63)

61 (a) What type of educational institution are you/is (N) attending?

- 1 Day care/Nursery 8 Community College
 2 Pre-school 9 University
 3 Special Education 10 Adult Education
 4 Primary School 11 Other (Specify) _____
 5 Secondary
 6 Technical/Vocational 12 Not Stated
 7 Professional

61(b) Please give the name and address of the school/institution

Name _____

Address _____

62. What is the **MAIN** mode of travel to the school or institution?

- 1 Walk 5 Government School Bus
 2 Bicycle 6 Public Transport (minibus)
 3 Motor Cycle 7 Hired Transport
 4 Private car or vehicle 8 Don't know

FOR ALL OPTIONS, GO TO Q64

63. What is the highest level of education that you/(N) have (has) attained? (For persons not attending an educational institution)

- 1 Day care/Nursery 8 University
 2 Pre-school 9 Other
 3 Infant 10 Don't know
 4 Primary Grade/Standard (1 – 3 years) 11 Not stated
 5 Primary Grade/Standard (4 – 7 years)
 6 Secondary
 7 Pre-University/Post Secondary/College

Q.64 TO Q68 IS FOR PERSONS 15 YEARS AND OVER

64. What is the highest certificate, diploma or degree that you/(N) have/(has) earned?

- 1 School Leaving Certificate
 2 Cambridge School Certificate
 3 GCE O' Levels or CXC Gen
 4 High School Certificate (HSC)
 5 GCE A'Levels/CAPE
 6 College Certificate/Diploma
 7 Associate Degree
 8 Bachelor's Degree
 9 Post Graduate Diploma/Certificate
 10 Professional Certificate
 11 Higher Degree (Masters)
 12 Higher Degree (Doctoral)
 13 Other(Specify) _____
 14 None
 15 Not Stated

65. Were you ever trained/are you being trained for an occupation or profession?

- 1 Yes 3 Not Stated (Go to Q.67)
 2 No (Go to Q.67)

66. For which occupation/profession have you/has (N) received training? (This refers to the highest level of training received)

SECTION 10 INTERNET ACCESS FOR PERSONS 15 YEARS AND OVER

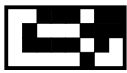
67. Have you/(N) had access to the internet in the last 3 months?

- 1 Yes 2 No

68. Where did you/(N) **MAINLY** access the internet in the past 3 months?

- 1 Home 4 Internet Café
 2 Work 5 Family or Friend's House
 3 School 6 Other (Specify) _____

Where required, boxes should be filled like this



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SECTION 11 ECONOMIC ACTIVITY FOR PERSONS 15 YEARS AND OVER

69. What did you/(N) do **MOST** during the past 12 months?

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

70. Did you/(N) work for a minimum of one hour during the past week? (This includes work for pay, profit or family gain, e.g. helping in family business or farm, street vending, etc.)

- 1 Yes (Go to Q.72)
- 2 No

71. Did you have a job from which you were temporarily absent during the past week? (If the option 1 to 9 is selected, then Go to Q.73)

- 1 Yes, on vacation leave
- 2 Yes, on maternity/sick leave
- 3 Yes, on leave for personal/family responsibility
- 4 Yes, on study leave/training
- 5 Yes, because of a strike/lock out
- 6 Yes, temporary lay off
- 7 Yes, currently in the "off season"
- 8 Yes, sent on unpaid leave
- 9 Yes, other reason (Specify) _____
- 10 No (Go to Q.79)

72. How many hours did you/(N) actually work during the past week?

Number of Hours

73. What type of worker status applies to you/(N) in your/his/her **MAIN** job?

- 1 Paid employee, Government (Local and Central Gov't) (Go to Q.75)
- 2 Paid employee, State Owned Company/Statutory Board (Go to Q.75)
- 3 Paid employee, Private Business(Go to Q.75)
- 4 Paid employee, Private Home(Go to Q.75)
- 5 Own business with paid employees
- 6 Own business without paid Employees (self-employed)
- 7 Apprentice/Learners (Go to Q.75)
- 8 Unpaid Family Worker/Employee(Go to Q.75)
- 9 Volunteer worker (Go to Q.75)
- 10 Other (Specify)(Go to Q.75) _____
- 11 Don't Know

74. Are you/is (N) registered with the National Insurance Services as a self employed person or as an employer?

- 1 Employer
- 2 Self Employed
- 3 Not Registered

75. Describe the type of work that you do/(N) does in your/his/her **MAIN** job?

Description _____

Occupation: _____

76. Describe the **MAIN** business activities carried out at the company/establishment for which you/(N) work.

77. How often do you/does (N) get paid from your/his/her **MAIN** job?

- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Annually
- 6 Other
- 7 Not applicable

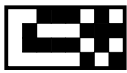
78. What was your/(N's) gross pay/income during the last pay period, that is, before income tax or other deductions? (Present Flash Card)

Interviewer: For self-employed persons obtain 'net income' i.e. receipts less business expenses. Income group: (Go to Q.81).

79. What steps did you/(N) take during the past month to look for work?

- 1 Did not take any steps
- 2 Direct application(in writing/telephone/email/in person, etc.) (Go to Q.81)
- 3 Checking newspaper/websites/worksites etc. (Go to Q.81)
- 4 Seeking assistance from friends (Go to Q.81)
- 5 Registered at public/private employment exchange (Go to Q.81)
- 6 Other (Specify) _____ (Go to Q.81)
- 7 Don't Know (Go to Q.81)

Where required, boxes should be filled like this



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Where required, boxes should be filled like this **80. Why did you/(N) 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 former employers
- 9 Awaiting busy season
- 10 Believe no work is available
- 11 Do not know how or where to seek work
- 12 Discouraged
- 13 Not yet started to seek work
- 14 Other

81. What are your/(N)'s source(s) of livelihood?

- 1 Disability benefits
- 2 Employment
- 3 Investment
- 4 Public assistance
- 5 Pension (local)
- 6 Pension (overseas)
- 7 Savings/interest on savings
- 8 Subsistence farming
- 9 Support from friends/relatives (local - cash/kind)
- 10 Support from friends/relatives (overseas - cash/kind)
- 11 Other (Specify) _____

SECTION 12 MARITAL AND UNION STATUS FOR PERSONS 15 YEARS AND OVER

82. What is your/(N)'s marital status?

- 1 Single/Never Married 4 Widowed 7 Don't Know
- 2 Married 5 Legally Separated
- 3 Divorced 6 Not stated

83. What is your/(N)'s present union status?

- 1 Never had a spouse or common-law partner (Go to Q.86)
- 2 Married and living with spouse (Go to Q.85)
- 3 Common Law Union (Go to Q.85)
- 4 Visiting partner
- 5 Not in a Union

84. Have you/has (N) ever lived together with a partner/spouse?

- 1 Yes 2 No (Go to Section 13)

85. How old were you/was(N) when you/he/she was first married or lived with a partner?Age

SECTION 13 FERTILITY FOR ALL FEMALES 15 YEARS AND OVER

86. How many live births/children have you/has (N) ever had? (If none, Go to Q.89)

Total	Male	Female
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

87. How many of your/(N)'s live born children are still alive?

Total	Male	Female
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

88. How many living babies/live births did you/(N) have in the last 12 months?

- | | |
|---|---|
| <input type="checkbox"/> 1 None | <input type="checkbox"/> 4 Twins |
| <input type="checkbox"/> 2 One | <input type="checkbox"/> 5 Three or more |
| <input type="checkbox"/> 3 Two separate birth | <input type="checkbox"/> 6 Not Applicable |

SECTION 14 CENSUS NIGHT FOR ALL PERSONS

89. Where did you/(N) spend census night?

- 1 At this address
- 2 Elsewhere in this country *Which Community?* _____
- 3 Abroad

Where required, boxes should be filled like this