



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
---	---	---

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

				-				
--	--	--	--	---	--	--	--	--

IMPORTANT!!!

IDENTIFICATION

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

ED No

--	--	--	--	--

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

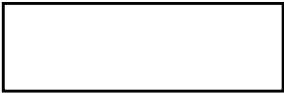
(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Person Number	Year moved 2001 - 2010 <i>Write year properly inside the boxes provided</i>	Highest Education attained when moved 1 None 2 Primary 3 Secondary 4 Tertiary (non-university College) 5 University 6 Other	Sex M = 1 F = 2	Age when moved 0 if less than 1, 98 and 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-latrines/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
--	---

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

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)

Table with 3 columns: Appliance, Yes, No. Rows include Solar Water Heater, Electrical Water Heater, TV, Cable TV/Satellite, Refrigerator, Freezer, Microwave Oven, Stove, Washing Machine, Land-Line Telephone, Cellular Phone.

Yes No

Table with 3 columns: Appliance, Yes, No. Rows include Air Conditioning Unit, Water Pump, Water Tank, Dishwasher, Clothes Dryer.

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
(b) Kidnapping
(c) Shooting
(d) Rape/Abuse
(e) Wounding
(f) Larceny - Housebreaking
(g) Larceny - Auto theft
(h) Larceny - Other
(i) Other (specify)

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



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IMPORTANT!!!

Transfer ED and Household Numbers to the top of EACH individual questionnaire From 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 not the respondent himself/herself. Else say "You"/"Your". X the appropriate box. Please do not write over the responses:

Remember to mark multiple choice boxes like this

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?

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. 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
- 10 Other (Specify.....)
- 6 Syrian/Lebanese
- 7 White/Caucasian
- 8 Mixed
- 9. Hispanic

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
District _____
Community _____
(Go to Q.43)
- 2 Abroad
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 Foreign Born Go to Q49

Q45 to Q48 are for local borns only

45. Have you/hasever 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
- 2 Family is here
- 3 Involuntary Return/Deported
- 4 To start a business/Employment
- 5 Retired
- 6 Homesick
- 7 Other (Specify) _____

Q49 to Q53 are for five years and over

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 _____ For Ten 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 _____

Country _____

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
- 2 Yes - Some Difficulty
- 3 Yes - Lots of Difficulty
- 4 Cannot do (it) at all

- 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

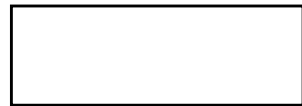
If No Difficulty for all options, Skip to Q57.

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 Braille
- 5 Adapted Car
- 6 Cane
- 7 Prosthesis/artificial body part
- 8 Orthopedic Shoes
- 9 Hearing Aid
- 10 Other (Specify)
- 11 None

SECTION 6 HEALTH FOR ALL PERSONS

57. Do you/doeshave 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

SECTION 7 EDUCATION AND INTERNET ACCESS FOR ALL PERSONS

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/Kindergarden
- 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 Other
- 12 Adult Education
- 13 Other

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?

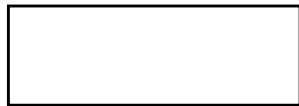
- 1 Daycare/Nursery
- 2 Pre-school
- 3 Pre-primary (Infant) or Primary
- 4 Lower / Junior Secondary (Forms 1-3) / Senior Primary
- 5 Upper Secondary (Forms 4 & 5)
- 6 Post Secondary, non-tertiary (diploma or associate degree)
- 7 Tertiary level - Bachelor Degree
- 8 Tertiary level - Masters Degree
- 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'
- 7 Other (Specify.....)
- 5 Cellular Phone / PDA
- 6 Family or Friend's House
- 8 Did not use

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 |
| <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"/> |

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
- 9 Other (Specify.....)
- 7 Retired - did not work
- 8 Disabled, unable to work

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.....)

Go to Q82

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.....)

Go to Q77

Go to Q77



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

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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.....)

(ALL go to Q.86)

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

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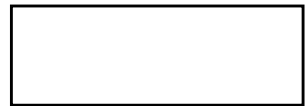
86. What is your/.....'s main source of livelihood?

- 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.

\$

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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)

Total **M** **F**

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

Total **F** **M**

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 **B. Number of Girls**

1 2 3 4 5 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?

Child Number	Sex	Age in Months
1.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>
2.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>
3.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>
4.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>

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