

Draft

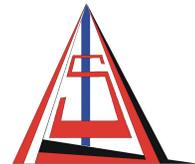
Confidential

POPULATION CENSUS 2001

POPULATION AND HOUSING CENSUS 2001 - JAMAICA



| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| PARISH | CONSTITUENCY | ENUM. DIST. | HOUSING UNIT | DWELLING | HOUSEHOLD |
| <input type="text"/> |



SECTION 1

IDENTIFICATION

(for all persons)

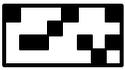
ASK ONLY OF THE HEAD OF HOUSEHOLD OR ANY OTHER RESPONSIBLE ADULT

Please give me the names of all the persons who are usual residents of this household. By that I mean the persons who reside here all or most of the time even if they are temporarily away. Please remember to include yourself. Please give me the name of the head of the household first.

| | | | | |
|------------------|------------------|----------------------|-------------------|----------------------|
| Person 1 | LAST NAME | <input type="text"/> | FIRST NAME | <input type="text"/> |
| Person 2 | LAST NAME | <input type="text"/> | FIRST NAME | <input type="text"/> |
| Person 3 | LAST NAME | <input type="text"/> | FIRST NAME | <input type="text"/> |
| Person 4 | LAST NAME | <input type="text"/> | FIRST NAME | <input type="text"/> |
| Person 5 | LAST NAME | <input type="text"/> | FIRST NAME | <input type="text"/> |
| Person 6 | LAST NAME | <input type="text"/> | FIRST NAME | <input type="text"/> |
| Person 7 | LAST NAME | <input type="text"/> | FIRST NAME | <input type="text"/> |
| Person 8 | LAST NAME | <input type="text"/> | FIRST NAME | <input type="text"/> |
| Person 9 | LAST NAME | <input type="text"/> | FIRST NAME | <input type="text"/> |
| Person 10 | LAST NAME | <input type="text"/> | FIRST NAME | <input type="text"/> |

Sample

| | | | | | | | |
|-------------------------------------|----------------------|-------------|----------------------|---------------|----------------------|----------------------------|----------------------|
| Number of Persons Enumerated | <input type="text"/> | Male | <input type="text"/> | Female | <input type="text"/> | 18 Years & Over | <input type="text"/> |
|-------------------------------------|----------------------|-------------|----------------------|---------------|----------------------|----------------------------|----------------------|



SECTION 2

CHARACTERISTICS OF HOUSING UNIT

2.1 What type of housing unit is this ?

- SeparateHouse-Detached
- Attached
- Part of Commercial Building
- ImprovisedHousingUnit
- Other
- Not Stated

2.2 What is the main type of material used in constructing the outer walls ?

- ConcreteandBlocks
- Stone and Brick
- Nog
- Wattle/Adobe
- Wood
- Wood and Concrete
- Wood and Brick
- Other
- Not Stated

2.3 What is the main type of material used in constructing the roof ?

- Metal Sheeting
- Shingle-Wood
- Shingle-Other
- Tile
- Concrete
- Other
- Not Stated

SECTION 3

CHARACTERISTICS OF HOUSEHOLD

3.1 Does any member of this household own, rent or lease this dwelling ?

- Owned
- Leased
- Rented
- Rent Free
- Squatted
- Other
- Not Stated

(ASK ONLY IF SEPARATE - DETACHED)

3.2 What about the land - is it owned or leased etc. by any member of this household ?

- Owned
- Leased
- Rented
- Rent Free
- Squatted
- Other
- Not Stated

3.3 How many rooms does this household occupy ?

□ □

Not Stated

3.4 How many rooms are used mainly for sleeping

□ □

Not Stated

3.5 Does this household have the use of a kitchen or kitchenette ?

- Yes for the use only by this household
- Yes shared with another household
- No (Go to Q 3.7)
- Not Stated

3.6 Does it (the kitchen or kitchenette) have a sink permanently connected to a water supply and waste pipe ?

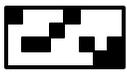
- Yes
- No
- Not Stated

3.7 Does this household have the use of a bathroom ?

- Yes for the use only by this household
- Yes shared with another household
- No (Go to Q 3.9)
- Not Stated

3.8 Does it (the bathroom) have a fixed bath or shower ?

- Yes
- No
- Not Stated



Draft

PC01A

Confidential

3.9 What is the main method of garbage disposal for this household ?

- Regular Public Collection System
- Irregular Public Collection System
- Private Collection System
- Burn
- Bury
- Dumping in Sea/River/Pond/Gully
- Dumping in Own Yard
- Dumping at Municipal Site
- Other Dumping
- Other Method of Disposal
- Not Stated

3.10 What type of toilet facilities does this household have ?

- WC Linked to Sewer
- WC not Linked to Sewer
- Pit
- None (Go to Q 3.12)
- Not Stated

3.11 Are the facilities shared with another household ?

- Shared
- Not Shared
- Not Stated

3.12 What does this household use most for lighting ?

- Electricity
- Other
- Kerosene
- Not Stated

3.13 What type of fuel does the household use most for cooking ?

- Gas
- Biogas
- Electric
- Solar Energy
- Wood
- Other
- Charcoal
- No Cooking Done
- Kerosene
- Not Stated

3.14 What is the main source of domestic water supply for the household ?

- Public piped into dwelling
- Public piped into yard
- Private piped into dwelling
- Private Catchment, not piped
- Public Standpipe
- Public Catchment
- Spring or River
- Other
- Not Stated

3.15 Is there a personal computer in this household ?

- Yes
- No (Go to Q3.17)
- Not Stated

3.16 Is there an internet connection to this computer ?

- Yes
- No
- Not Stated

3.17 Does this household have access to a telephone ? (One answer only)

- Yes in dwelling (not cellular)
- No
- Yes Cellular
- Not Stated
- Yes Neighbour's Facility

SECTION 4

CRIME & VIOLENCE

4.1 Has any member of this household been the victim of any of the following crimes during the last 12 months ? (READ CATEGORIES)

| | Yes | No | Don't Know | Not Stated |
|------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Murder | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Shooting | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Rape & Abuse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Robbery | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Wounding | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Praedial Larceny | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**If 'No' or 'Don't know' To All Go to Q5.1
If 'Yes' To Any Continue**



4.2 Was/Were the crime (s) reported to the police ?

- Yes (Go to Q5.1)
- No (Go to Q5.1)
- Don't Know (Go to Q5.1)
- Not Stated

4.3 Why was/were the crime (s) not reported ?

- No Confidence in the administration of justice
- Afraid of perpetrator
- Perpetrator was household member/relative/friend
- Not serious enough
- Other
- Not Stated

SECTION 5 MIGRATION & MORTALITY

5.1 Did any one from this household go to live abroad during the year 2000 ?

- Yes
- No (Go to Q5.3)
- Not Stated

5.2 Please give me the number of persons from this household who went to live abroad during the year 2000 and the sex and age of each.

| Person Number | Sex | | | Age |
|---------------|-----------------------|-----------------------|-----------------------|----------------------|
| | M | F | Not Stated | |
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

If Not Stated Record 99

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

- Yes
- No (Go to Q6.1)
- Not Stated

5.4 Please give me the number of persons who died during the last 12 months and the sex and age of each.

| Person Number | Sex | | | Age |
|---------------|-----------------------|-----------------------|-----------------------|----------------------|
| | M | F | Not Stated | |
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |
| 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="text"/> |

If Not Stated Record 99

SECTION 6 BUSINESS ACTIVITY

6.1 Is there a business being operated within this household ?

- Yes
- No (Go to Individual Questionnaire)
- Not Stated

6.2 What is the type of business activity ?

- Not Stated