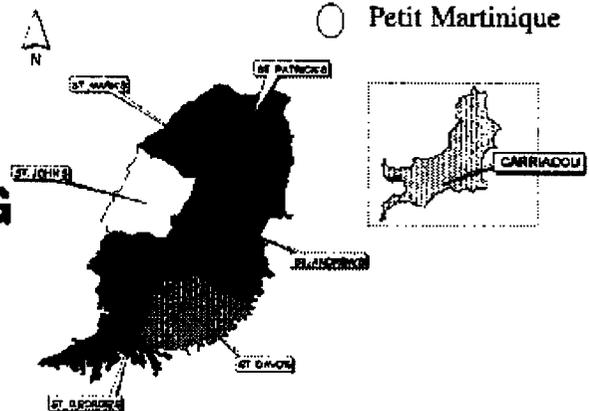


ORGANISATION OF EASTERN CARIBBEAN STATES
POPULATION AND HOUSING CENSUS

GRENADA/CARRIACOU & PETIT MARTINIQUE



**2001
POPULATION
AND HOUSING
CENSUS**



CENSUS DAY - MAY 25th, 2001

INSTRUCTIONS

- 1) USE NO.2 PENCIL ONLY. DO NOT USE A PEN.
- 2) COMPLETELY FILL IN THE OVAL RESPONSE.
- 3) ERASE CLEANLY ANY CHANGES YOU MAKE.
- 4) MAKE NO STRAY MARKS ON THIS FORM.

INCORRECT MARKS



CORRECT MARK



- 5) WHEN COMPLETING BOX ENTRIES, PLEASE WRITE ONLY AND COMPLETELY INSIDE THE BOXES PROVIDED.

EXAMPLE:

0 1 0 0

Parish Number

Village Number

Community/Constituency Code

Enumeration District Number

Household Number

Urban/Rural

IDENTIFICATION

Address of Household _____

Community _____

Town/Village _____

District/Parish _____



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

01	SURNAME	FIRST NAME
02	SURNAME	FIRST NAME
03	SURNAME	FIRST NAME
04	SURNAME	FIRST NAME
05	SURNAME	FIRST NAME
06	SURNAME	FIRST NAME
07	SURNAME	FIRST NAME
08	SURNAME	FIRST NAME
09	SURNAME	FIRST NAME
10	SURNAME	FIRST NAME
11	SURNAME	FIRST NAME
12	SURNAME	FIRST NAME
13	SURNAME	FIRST NAME
14	SURNAME	FIRST NAME
15	SURNAME	FIRST NAME
16	SURNAME	FIRST NAME
17	SURNAME	FIRST NAME
18	SURNAME	FIRST NAME
19	SURNAME	FIRST NAME
20	SURNAME	FIRST NAME



2. (a) Did any member of this household move to live abroad during the last ten years (1991 - 2001)?

1 Yes (if Yes, continue)

2 No (Go to Section 2)

(b) How many persons moved?

Person Number	Year moved 1991 - 2001 <i>Write year properly inside the boxes provided</i>	Educational status when moved 1 None 2 Primary 3 Secondary 4 Tertiary (non-university College) 5 University 6 Other 7 Not stated (5)	Sex M = 1 F = 2	Age when moved	Occupation when moved Describe as clearly as possible the person(s) occupation when he/she moved. <i>Boxes provided are for official use</i>	Name of Country of Migration
(3)	(4)	(5)	(6)	(7)	(8)	(9)
01	<input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 2 Primary <input type="radio"/> 3 Sec. <input type="radio"/> 4 Tert. <input type="radio"/> 5 Univ. <input type="radio"/> 6 Other <input type="radio"/> 7 N/S	<input type="radio"/> 1 M <input type="radio"/> 2 F	<input type="text"/>	<input type="text"/>	Name of Country
02	<input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 2 Primary <input type="radio"/> 3 Sec. <input type="radio"/> 4 Tert. <input type="radio"/> 5 Univ. <input type="radio"/> 6 Other <input type="radio"/> 7 N/S	<input type="radio"/> 1 M <input type="radio"/> 2 F	<input type="text"/>	<input type="text"/>	Name of Country
03	<input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 2 Primary <input type="radio"/> 3 Sec. <input type="radio"/> 4 Tert. <input type="radio"/> 5 Univ. <input type="radio"/> 6 Other <input type="radio"/> 7 N/S	<input type="radio"/> 1 M <input type="radio"/> 2 F	<input type="text"/>	<input type="text"/>	Name of Country
04	<input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 2 Primary <input type="radio"/> 3 Sec. <input type="radio"/> 4 Tert. <input type="radio"/> 5 Univ. <input type="radio"/> 6 Other <input type="radio"/> 7 N/S	<input type="radio"/> 1 M <input type="radio"/> 2 F	<input type="text"/>	<input type="text"/>	Name of Country
05	<input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 2 Primary <input type="radio"/> 3 Sec. <input type="radio"/> 4 Tert. <input type="radio"/> 5 Univ. <input type="radio"/> 6 Other <input type="radio"/> 7 N/S	<input type="radio"/> 1 M <input type="radio"/> 2 F	<input type="text"/>	<input type="text"/>	Name of Country

Person Number (3)	Year moved 1991 - 2001 <i>Write year properly inside the boxes provided</i> (4)	Educational status when moved 1 None 2 Primary 3 Secondary 4 Tertiary (non-university College) 5 University 6 Other 7 Not stated (5) (5)	Sex M = 1 F = 2 (6)	Age when moved (7)	Occupation when moved Describe as clearly as possible the person(s) occupation when he/she moved. <i>Boxes provided are for official use</i> (8)	Name of Country of Migration <i>Write in the space Provided</i> (9)
06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 2 Primary <input type="radio"/> 3 Sec. <input type="radio"/> 4 Tert. <input type="radio"/> 5 Univ. <input type="radio"/> 6 Other <input type="radio"/> 7 N/S	<input type="radio"/> 1 M <input type="radio"/> 2 F	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name of Country
07	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 2 Primary <input type="radio"/> 3 Sec. <input type="radio"/> 4 Tert. <input type="radio"/> 5 Univ. <input type="radio"/> 6 Other <input type="radio"/> 7 N/S	<input type="radio"/> 1 M <input type="radio"/> 2 F	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name of Country
08	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 2 Primary <input type="radio"/> 3 Sec. <input type="radio"/> 4 Tert. <input type="radio"/> 5 Univ. <input type="radio"/> 6 Other <input type="radio"/> 7 N/S	<input type="radio"/> 1 M <input type="radio"/> 2 F	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name of Country
09	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 2 Primary <input type="radio"/> 3 Sec. <input type="radio"/> 4 Tert. <input type="radio"/> 5 Univ. <input type="radio"/> 6 Other <input type="radio"/> 7 N/S	<input type="radio"/> 1 M <input type="radio"/> 2 F	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name of Country
10	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 2 Primary <input type="radio"/> 3 Sec. <input type="radio"/> 4 Tert. <input type="radio"/> 5 Univ. <input type="radio"/> 6 Other <input type="radio"/> 7 N/S	<input type="radio"/> 1 M <input type="radio"/> 2 F	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name of Country
11	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 2 Primary <input type="radio"/> 3 Sec. <input type="radio"/> 4 Tert. <input type="radio"/> 5 Univ. <input type="radio"/> 6 Other <input type="radio"/> 7 N/S	<input type="radio"/> 1 M <input type="radio"/> 2 F	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name of Country



INTERVIEWER SAY: Now I would like to ask a few questions about the dwelling which your household occupies and the facilities that you have.

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

10. What type of dwelling does this household occupy?

- 1 Undivided private house
- 2 Part of a private house
- 3 Flat, apartment, condominium
- 4 Townhouse
- 5 Double house/Duplex
- 6 Combined business & dwelling
- 7 Barracks
- 8 Other

11. (a) Is this dwelling insured?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Not Stated

11. (b) Are the contents of this dwelling insured?

- 1 Yes, all 4 Don't Know
- 2 No, none 5 Not Stated
- 3 Partially

12. Does this household own, rent or lease this dwelling?

- 1 Owned (Go to Q.16)
- 2 Squatted (Go to Q.17)
- 3 Rented-Private
- 4 Rented-Govt
- 5 Leased
- 6 Rent-free (Go to Q.17)
- 7 Other (Go to Q.17)
- 8 Don't Know/Not Stated (Go to Q.17)

13. What is the rental period for this dwelling?

- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Half-yearly
- 6 Annually
- 7 Not Stated

14. Is this dwelling rented as fully furnished, semi-furnished or unfurnished?

- 1 Fully furnished
- 2 Semi-furnished
- 3 Unfurnished
- 4 Not Stated

15. How much rent are you now paying?(Go to Q.17)

To nearest dollar

- \$ 2 Don't Know
 3 Not Paying

16. How much mortgage are you now paying?

To nearest dollar

- \$ 2 Don't Know
 3 Not Paying

17. What about the land - Is it freehold, leasehold, or some other type of occupancy?

- 1 Owned/Freehold
- 2 Leasehold
- 3 Rented
- 4 Permission to work land
- 5 Sharecropping
- 6 Squatted
- 7 Other
- 8 Don't Know/Not Stated

18. What is the construction material of the outer walls?

- 1 Wood
- 2 Concrete/Concrete Blocks
- 3 Wood & Concrete
- 4 Stone
- 5 Brick
- 6 Adobe
- 7 Makeshift (Specify.....)
- 8 Other/Don't Know

19. What is the material used for roofing?

- 1 Sheet metal (zinc, aluminum, galvanise, galvalume)
- 2 Shingle (asphalt)
- 3 Shingle (wood)
- 4 Shingle (other)
- 5 Tile
- 6 Concrete
- 7 Makeshift/thatched
- 8 Other (Specify.....)
- 9 Don't know



20. In which year was this dwelling built?

- 1 Before 1970 7 1998
 2 1970 - 1979 8 1999
 3 1980 - 1989 9 2000
 4 1990 - 1995 10 2001
 5 1996 11 Don't Know
 6 1997

21. What is the main source of your water supply?

- 1 Private piped into dwelling
 2 Private catchment not piped
 3 Private catchment piped
 4 Public, piped into dwelling
 5 Public, piped into yard
 6 Public standpipe
 7 Public well or tank
 8 Other (please specify.....)

22. 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-latrine/VIP
 4 Other (please specify.....)
 5 None (Go to Q.24)

23. Are these toilet facilities shared with a/other person(s) not of this household?

- 1 Yes, Shared
 2 Not shared

24. Are your bathroom facilities indoors or outdoors?

- 1 Indoors
 2 Outdoors (private)
 3 None (Go to Q.26)
 4 Other (please specify.....)

25. Are these bathing facilities shared with a/other person(s) not of this household?

- 1 Yes, Shared
 2 Not shared

26. What type of lighting does this household use most?

- 1 Gas
 2 Kerosene
 3 Electricity - Public
 4 Electricity - Private Generator
 5 Other (please specify.....)
 6 None

27. What type of fuel does this household use most for cooking?

- 1 Coal
 2 Wood
 3 Gas/LPG/Cooking gas
 4 Kerosene
 5 Electricity
 6 Other (please specify.....)

28. Is your kitchen indoors or outdoors?

- 1 Indoors
 2 Outdoors (private)
 3 None (Go to Q.30)
 4 Other (please specify.....)

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

- 1 Yes, Shared
 2 Not shared

30. How many rooms does your household occupy? (Do not count bathrooms, porches, kitchens, laundry rooms etc.)

Number of Rooms

--	--

31. How many bedrooms are there in this dwelling unit? - Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters- Count all bedrooms including spares not occupied.

Number of Bedrooms

--	--

32. What is your main method of garbage disposal?

- 1 Dumping on land
 2 Compost
 3 Burning
 4 Dumping in river/sea/pond
 5 Burying
 6 Garbage truck/Skip
 7 Other (please specify.....)



36. Has any member of your household been a victim of crime during

(a) the last five years (1996 - 2001)

- 1 Yes 2 No (Go to Section 4) 3 Not Stated (Go to Section 4)

(b) the last twelve months? (May 2000 - May 2001)

- 1 Yes 2 No (Go to Section 4) 3 Not Stated (Go to Section 4)

Ask the following questions (Q.37 - Q.39) only of households reporting crime within the last twelve months

37. What was the nature of the crime? (More than one response can be ticked)

- 1 Crime against person (please state numbers) 
- 2 Crime against property
- 3 Other (Please specify).....

Sex	Number	
Male		
Female		
Both		

38. Was the crime reported to the police?

- 1. Crime against person 1 Yes (Go to Section 4) 2 No 3 NA (Go to Section 4)
- 2. Crime against property 1 Yes (Go to Section 4) 2 No 3 NA (Go to Section 4)
- 3. Other 1 Yes (Go to Section 4) 2 No 3 NA (Go to Section 4)

39. Why was the crime not reported to the police?

- 1. Crime against person 1 2 3 4 5 6 7
- 2. Crime against property 1 2 3 4 5 6 7
- 3. Other 1 2 3 4 5 6 7

Note: 1 No confidence in the administration of justice
2 Afraid of the perpetrator
3 Perpetrator household member/relative
4 Not serious enough
5 Other
6 Not applicable
7 Not stated



Parish No 01



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". Fill the appropriate oval. Please do not write over the responses:

40. Please fill in this person's assigned number

Two empty boxes for assigned number

41. What is 's relationship to the head of household?

- 1 Head
- 2 Spouse/partner
- 3 Child
- 4 Son/daughter-in-law
- 5 Grandchild
- 6 Parent/parent-in-law
- 7 Other relative
- 8 Non-relative

42. INTERVIEWER: Fill the appropriate oval. FOR PERSONS NOT SEEN ASK: Is.....male or female?

- 1 Male
- 2 Female

43. What is.....'s date of birth?

Day Month Year

[][] / [][] / [][][][]

If not known, ask: How old was.....on his/her last birthday?

AGE

Two empty boxes for age

If age is not stated please estimate age if you see the person. Otherwise ask the respondent to estimate the person's age

44. To what ethnic, racial or national group do you think.....belongs?

- 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 Other (please specify.....)
- 10 Don't know/Not Stated

45. What is.....'s religion/denomination?

- 1 Anglican
- 2 Baptist
- 3 Bahai
- 4 Bretheren
- 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 None
- 19 Not Stated
- 20 Other (please specify.....)



LONG STANDING DISABILITY

46. Does.....suffer from any long-standing illness, disability or infirmity?

- 1 Yes 2 No (Go to Q.53)

47. What was the origin of the disability?

- 1 Illness
 2 From Birth
 3 Accident
 4 Other

48. At what age did this disability begin?

Age

--	--

TYPE OF DISABILITY

49. What type of disability or impairment doeshave? (More than one oval may be filled)

- 1 Sight (Even with glasses if worn)
 2 Hearing (even with hearing aid if used)
 3 Speech (Talking)
 4 Upper Limb (arm)
 5 Lower Limb (Legs)
 6 Neck and spine
 7 Slowness at learning or understanding
 8 Behavioural (Mental Retardation)
 9 Other Please specify.....)
 10 Not Stated

50. Was.....disability/major impairment ever diagnosed by a medical doctor?

- 1 Yes
 2 No
 3 Not Stated

51. Because of a physical, mental or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities?

a. Learning, remembering, or concentrating?

- 1 Yes 2 No

b. Dressing, bathing, or getting around inside the home?

- 1 Yes 2 No

c. Going outside the home alone to shop or visit a Doctor's office?

- 1 Yes 2 No

d. (Answer if person is **15 YEARS OLD OR OVER** Working at a job or business?)

- 1 Yes 2 No

52. Are you required to use any of the following aids (more than one oval may be filled)?

- | | |
|-------------------------------------|---|
| <input type="radio"/> 1 Wheelchair | <input type="radio"/> 6 Cane |
| <input type="radio"/> 2 Walker | <input type="radio"/> 7 Prosthesis/artificial body part |
| <input type="radio"/> 3 Crutches | <input type="radio"/> 8 Orthopedic Shoes |
| <input type="radio"/> 4 Braille | <input type="radio"/> 9 Other specify.....) |
| <input type="radio"/> 5 Adapted Car | <input type="radio"/> 10 None |

53. Does.....suffer from any of the following illness? (More than one oval may be filled)

- | | |
|--|---|
| <input type="radio"/> 1 Sickle Cell Anaemia | <input type="radio"/> 9 Cancer |
| <input type="radio"/> 2 Arthritis | <input type="radio"/> 10 HIV |
| <input type="radio"/> 3 Asthma | <input type="radio"/> 11 AIDS |
| <input type="radio"/> 4 Diabetes | <input type="radio"/> 12 Lupus |
| <input type="radio"/> 5 Hypertension/High Blood Pressure | <input type="radio"/> 13 Carpal Tunnel Syndrome |
| <input type="radio"/> 6 Heart Disease | <input type="radio"/> 14 None |
| <input type="radio"/> 7 Stroke | <input type="radio"/> 15 Other(please specify.....) |
| <input type="radio"/> 8 Kidney Disease | <input type="radio"/> 16 Not Stated |

54. Has.....utilised a medical facility (Hospital, health center, private doctor, pharmacy) in the past month?

- 1 Yes 2 No (Go to Q.56) 3 Not Stated (Go to Q.56)

55. What main medical facility has.....utilised in the past month?

- 1 Public hospital
- 2 Public Health Centre/Medical Visiting Stations
- 3 Private Doctor's Office
- 4 Pharmacy
- 5 Family Planning Clinic
- 6 Private Clinic/Hospital
- 7 Other(please specify) _____
- 8 Not Stated

56. Is.....covered by an insurance (health, life etc.) Employee Medical Plan and/or NIS (National Insurance Scheme)?

- 1 Yes
- 2 No (Go to Q.58)
- 3 Don't Know (Go to Q.58)

57. What type of insurance does person..... have? (more than one oval may be filled)

- 1 NIS (National Insurance Scheme)
- 2 Group Health Insurance
- 3 Individual Health
- 4 Life with health
- 5 Endowment with health
- 6 Life only
- 7 Endowment only
- 8 Other (Please Specify.....)

58. Where was.....born?

- 1 In this country
- 2 Abroad (Go to Q.61)
- 3 Not Stated (Go to Q.60)
- 4 Don't Know (Go to Q.60)

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.

59. In what part of the country is that?

Village For Official use

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District/Parish For Official use

--	--

60. Have you/has.....ever lived in another country?

- 1 Yes (Go to Q.62)
- 2 No/Don't know (Go to Q.65)

61. In what country was that?

62. In what year did.....last come to live in this country?

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63. In what country did.....last live?

64. Why did you return/come to.....(this country)?

- 1 Regard it as home/Homesick
- 2 Family is here
- 3 Deported
- 4 Retired
- 5 To start a business
- 6 Other

65. In what town, village or district in Grenada did.... he/she last live?

Village For Official use

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District/Parish For Official use

--	--

Never Moved (Go to Q.69)

66. In what year did.....you last come to live in this town, village or district?

--	--	--	--

67. Where do(es).....usually live?

- 1 At this address (Go to Q.69)
- 2 Elsewhere in this country
- 3 Abroad (Go to Q.69)
- 4 Don't Know (Go to Q.69)

68. In what part of the country is that?

Village For Official use

--	--

District/Parish For Official use

--	--



69. Is.....attending any school or educational institution now, whether full-time or part-time?

- 1 Yes - full-time
- 2 Yes - part-time
- 3 No (Go to Q.73)
- 4 Don't Know (Go to Q.73)

70. What type of school or institution are you/he/she attending?

- 1 Day care/Nursery
- 2 Pre-school
- 3 Infant/Kindergarten
- 4 Special Education
- 5 Primary
- 6 Senior Primary/Junior Secondary/Post Primary
- 7 Secondary
- 8 Sixth Form ('A' Level)
- 9 Professional/Technical/Vocational School
- 10 University
- 11 Adult Education
- 12 Other (please specify.....)
- 13 Not Stated

71. Please give the name and address of the school or institution.

Name _____

Address _____

--	--	--	--	--

72. What is your/his/her main mode of travel to the school or institution?

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

73. What is the highest formal level of education that.....has attained?

- 1 Daycare/Nursery
- 2 Pre-school
- 3 Infant
- 4 Primary Grade/Standard (1 - 3 years)
- 5 Primary Grade/Standard (4 - 7 years)
- 6 Secondary
- 7 Pre-University/Post Secondary/College
- 8 University
- 9 Other(please specify.....)
- 10 None
- 11 Not Stated

74. What is the highest certificate, diploma or degree that you/he/she have earned?

- 1 School leaving (e.g. Standard Six or Seven School Leaving exam)
- 2 Cambridge School Certificate
- 3 GCE 'O' Levels or CXC

Number of Subjects									
1	2	3	4	5	6	7	8	9+	Not Stated
<input type="radio"/>									
- 4 High School Diploma/Certificate

Number of Subjects										
1	2	3	4+							Not Stated
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							<input type="radio"/>
- 5 GCE 'A' Levels
- 6 Under-graduate Diploma
- 7 Other Diploma
- 8 Associate Degree
- 9 Professional Certificate
- 10 Bachelor's Degree
- 11 Post Graduate Diploma (Bachelors & Half Content for a Masters)
- 12 Higher Degree (Master's or Doctoral)
- 13 Other (please specify.....)
- 14 None
- 15 Not Stated

75. INTERVIEWER: Fill the appropriate oval (see Q.43)

- 1 Under 15 (Go to Q.112)
- 2 15 years and over



76. (a) Were you ever trained/are you being trained for any occupation or profession?

(Training can be formal or nonformal)

- 1 Yes
- 2 No (Go to Q.79)
- 3 Not Stated (Go to Q.79)

(b) For which occupation(s)/profession(s) (state most recent one first)?

(i) _____

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(ii) _____

--	--	--	--	--

(iii) _____

--	--	--	--	--

(c) Is your/his/her present job related to your/his/her training?

- 1 Yes
- 2 No
- 3 Not Stated

(d) In what year or period did you/he/she complete that training or are you still being trained?

- 1 2001
- 2 2000
- 3 1999
- 4 1998
- 5 1994 - 1997
- 6 1990 - 93
- 7 1980 - 1989
- 8 Before 1980
- 9 Did not complete training
- 10 Still being trained
- 11 Not Stated

77. In.....'s field of highest level of training, what was the main educational method/type of training used?

- 1 On the job
- 2 Apprenticeship
- 3 Private study/Correspondence course
- 4 Secondary School
- 5 Vocational Trade School
- 6 Commercial/Secretarial School
- 7 Business/Computer School
- 8 Technical Institution
- 9 Other institutional training
- 10 University (on campus)
- 11 Distance learning
- 12 Virtual/Internet Learning
- 13 Other
- 14 Not Stated

78. What is /was the duration of training programmes for the highest level of training which.....completed/attempted or is undergoing?

- 1 Under 3 months
- 2 3 months & less than 6 months
- 3 6 months and less than 1 year
- 4 1 year & less than 1.5 years
- 5 1.5 years and less than 2 years
- 6 2 years and less than 3 years
- 7 3 years and less than 4 years
- 8 4 years and over
- 9 Not Stated



79. What is your/... 's present union status?
 1 Legally married (Go to Q.81)
 2 Common Law union (Go to Q.80 then Q.82)
 3 Visiting partner
 4 Married but not in union (Go to Q.81)
 5 Legally separated and not in a union (Go to Q.81)
 6 Widowed and not in union (Go to Q.81)
 7 Divorced and not in union (Go to Q.81)
 8 Not in a union
 9 Don't know/Not stated

80. Have you ever been married?
 1 Yes
 2 No
 9 Don't know/Not stated

81. Have you/has...ever lived together with a partner in a common law relationship?
 1 Yes
 2 No (Go to Q.83)
 9 Don't know/Not stated

82. How old were you/he/she when you/he/she were/was first married or lived with a partner?

--	--

83. How many live births/children has....ever had? (If ZERO, enter 00 & Go to Q.90)

--	--

84. How old were you/he/she when you/he/she had the first live born child?

--	--

85. How old were you/he/she at the birth of your/her/his last live born child?

--	--

Q. 86 TO Q.89 APPLY ONLY TO FEMALES UNDER 50. ALL OTHERS GO TO Q.90

86. How many living babies/live births did you/she have in the last 12 months?
 1 None (Go to Q.90) 4 Twins
 2 One 5 Three or more
 3 Two separate births 6 Not Applicable

87. What is/are the sex(es) of this child/these children? (Born within the last 12 months)

Number of Boys	Number of Girls
() () () () () ()	() () () () () ()

88. Did any of these babies die?
 1 Yes
 2 No (Go to Q.90)

89. How many died?
 Within the first month of life
 () () () () () ()
 After one month but before one year
 () () () () () ()



90. What did....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 (Go to Q.93)
- 2 Had a job but did not work (Go to Q.93)
- 3 Looked for work
- 4 Wanted work and available
- 5 Home Duties
- 6 Attended School
- 7 Retired
- 8 Disabled, unable to work
- 9 Other(please specify.....)
- 10 Not Stated

91. Did you/he/she do any work at all in the past 12 months? Include work at home, for example, piece work, decorative stitching, handicraft, sewing, etc.

- 1 Yes (Go to Q.93)
- 2 No
- 3 Don't Know

92. Have you/he/she ever worked or had a job?

- 1 Yes (Go to Q.94)
- 2 No (Go to Q.94)

93. How many months did you/he/she work in the past 12 months?

Number of months

0	1	2	3	4	5	6	7	8	9	10	11	12
<input type="radio"/>												

94. What did....do most during the past week - for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- 1 Worked (Go to Q.98)
- 2 Had a job but did not work (Go to Q.98)
- 3 Looked for work
- 4 Wanted work and available
- 5 Home Duties
- 6 Attended School
- 7 Retired
- 8 Disabled, unable to work
- 9 Other(please specify.....)
- 10 Not Stated

95. Did you take any steps during the past two months to look for work?

- 1 No/Did Nothing
- 2 Direct Application (Sent out letters) (Go to Q.97)
- 3 Checking at work sites, factory gates etc. (Go to Q.97)
- 4 Seeking assistance from friends (Go to Q.97)
- 5 Register at public/private employment exchange(Go to Q.97)
- 6 Other (Go to Q.97)
- 7 Not Stated (Go to Q.97)

96. Why did....not seek work during the past two months?

- 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(please specify.....)
- 16 Not stated

97. Did you/he/she do any other kind of work at all last week for any length of time, including helping in a family business/farm, street vending or work at home?

- 1 Yes
- 2 No (Go to Q.109)

98. How many hours did you/he/she work last week?

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99. What sort of work did you/he/she, do in your/his/her main occupation? Please specify in detail

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Never Worked (Go to Q.109)

100. What type of business is/was carried on at your/his/her workplace? Please specify in detail

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101. What is the name and address of your/his/her present workplace?

Name _____

Address _____

No present workplace
(Go to Q.109)

102. What is your/his/her main mode of travel to work?

- 1 Work at home (Skip to Q.104)
- 2 Walk
- 3 Bicycle
- 4 Private Car or vehicle
- 5 Company/Government Transportation
- 6 Public Transport (minibus)
- 7 Hired transport (Taxi)
- 8 Other
- 9 Don't know/Not Stated

103. How many minutes do you/he/she take to get to work?

____|____|____

104. Did you/he/she carry on your/his/her business, work for a wage or salary or as an unpaid worker in a family business?

- 1 Paid Employee - Government (Go to Q.107)
- 2 Paid employee - Private (Go to Q.107)
- 3 Paid employee - Statutory body (Go to Q.107)
- 4 Unpaid Family Worker (Go to Q.109)
- 5 Own business with paid employee
- 6 Own business without paid employee (Go to Q.106)
- 7 Apprentice (Go to Q.107)
- 8 Don't know/Not Stated (Go to Q.107)

105. How many people work for you/him/her?

____|____|____

106. Do you/does he/she move all your/his/her goods every night; e.g. fruits, nuts, lottery tickets, clothing/shoes, etc.?

- 1 Yes (Informal)
- 2 No

107. What was....'s last pay/income period?

- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Annually
- 6 Other (please specify.....)
- 7 None
- 8 Not Stated

108. What was... '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

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109. What are your/his/her sources of livelihood? (Check as many as applicable)

- 1 Pension (Local)
- 2 Pension (Overseas)
- 3 Investment
- 4 Remittance (overseas)
- 5 Savings/Interest on savings
- 6 Employment
- 7 Disability benefits
- 8 Unemployment benefits
- 9 Social Security Benefits
- 10 Other Public Assistance
- 11 Local contributions from friends/relatives
- 12 Overseas contributions from friends/relatives
- 13 Spouse
- 14 Children
- 15 Parents
- 16 Guardians
- 17 Other
- 18 Not Stated

110. Approximately how much money did you/he/she receive last year (2000) from family and/or friends abroad?

To nearest dollar

\$

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111. On average how many hours do you/he/she..... spend per week on housework? [Cleaning the house, Laundry, Care of children, Care of the elderly etc.]

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**IMPORTANT**

INTERVIEWER: If interview conducted before census day, ask on return visit immediately after census day. If interview conducted after census day, ask as part of the full interview.

112. Where did.....spend census night?

- 1 At this address (END INTERVIEW)
 2 Elsewhere in this country
 3 Abroad (END INTERVIEW)

113. What part of the country was that? if known, please specify

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