

ORGANISATION OF EASTERN CARIBBEAN STATES  
POPULATION AND HOUSING CENSUS

SAINT LUCIA



2001  
POPULATION  
AND  
HOUSING  
CENSUS



CENSUS DAY - MAY 22ND, 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
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IDENTIFICATION

**Enumeration District Number**

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**Household Number**

--	--

**Building Number**

--	--

Address of Household \_\_\_\_\_

Community \_\_\_\_\_

Town/Village \_\_\_\_\_

District/Parish \_\_\_\_\_



CONFIDENTIAL WHEN COMPLETE





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







# SECTION 1 MIGRATION

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.	Name of Country of Migration  <i><u>Boxes provided are for official use</u></i>
(3)	(4)		(6)	(7)	(8)	(9)
01	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		Name of Country
02	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		Name of Country
03	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		Name of Country
04	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		Name of Country
05	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" 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 style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		Name of Country





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.  <b><u>Write in the space provided</u></b>	Name of Country of Migration  <b><u>Write in the space Provided</u></b>
(3)	(4)	(5)	(6)	(7)	(8)	(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"/>		<hr/> 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"/>		<hr/> 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"/>		<hr/> 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"/>		<hr/> 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"/>		<hr/> 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"/>		<hr/> 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.

**SECTION 2 HOUSING**

**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. Is this dwelling insured?**

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

**12. Are the contents of this dwelling insured?**

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

**13. Does this household own, rent or lease this dwelling?**

- 1 Owned (Go to Q.17)
- 2 Squatted (Go to Q.18)
- 3 Rented-Private
- 4 Rented-Govt
- 5 Leased
- 6 Rent-free (Go to Q.18)
- 7 Other (Go to Q.18)
- 8 Don't Know/Not Stated (Go to Q.18)

**14. What is the rental period for this dwelling?**

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

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

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

**16. How much rent are you now paying?(Go to Q.18)**

To nearest dollar

\$        2 Don't Know  
 3 Not Paying

**17. How much mortgage are you now paying?**

To nearest dollar

\$        2 Don't Know  
 3 Not Paying

**18. 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

**19. 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

**20. 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





**21. 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

**22. 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.....)

**23. 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.25)

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

- 1 Yes, Shared
- 2 Not shared

**25. Are your bathroom facilities indoors or outdoors?**

- 1 Indoors
- 2 Outdoors (private)
- 3 None                (Go to Q.27)
- 4 Other (please specify.....)

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

- 1 Yes, Shared
- 2 Not shared

**27. 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

**28. 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.....)

**29. Is your kitchen indoors or outdoors?**

- 1 Indoors
- 2 Outdoors (private)
- 3 None
- 4 Other (please specify.....)

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

**Number of Rooms**

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**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.....)





PERSON NO

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

**SECTION 3 CHARACTERISTICS FOR ALL PERSONS**

36. Please fill in this person's assigned number

37. 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

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

- 1 Male
- 2 Female

39. What is.....'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*

40. 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/Caucasion
- 8 Mixed
- 9 Other (please specify.....)
- 10 Don't know/Not Stated

41. 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.....)





**SECTION 4 DISABILITY FOR ALL PERSONS**

**LONG STANDING DISABILITY**

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

- 1 Yes  2 No (Go to Q.49)

**43. What was the origin of the disability?**

- 1 Illness
- 2 From Birth
- 3 Accident
- 4 Other

**44. At what age did this disability begin?**

Age 

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**TYPE OF DISABILITY**

**45. What type of disability or impairment does .....have? (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

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

- 1 Yes
- 2 No
- 3 Not Stated

**47. 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

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

- 1 Wheelchair  6 Cane
- 2 Walker  7 Prosthesis/artificial body part
- 3 Crutches  8 Orthopedic Shoes
- 4 Braille  9 Other specify.....)
- 5 Adapted Car  10 None

**SECTION 5 HEALTH FOR ALL PERSONS**

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

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

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

- 1 Yes  2 No (Go to Q.52)  3 Not Stated (Go to Q.52)





**51. What medical facility(ies) has.....utilised in the past month? (more than one oval may be filled)**

- 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

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

- 1 Yes
- 2 No (Go to Q.54)
- 3 Don't Know

**53. Which of the following insurances do you have [READ THE LIST TO RESPONDENT AND FILL IN ALL OVALS WHICH APPLY]?**

- 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 School Accident Insurance
- 9 Other (Please Specify.....)

**SECTION 6 BIRTHPLACE AND RESIDENCE FOR ALL PERSONS**

**54. Where was.....born?**

- 1 In this country
- 2 Abroad (Go to Q.57)
- 3 Not Stated (Go to Q.56)
- 4 Don't Know (Go to Q.56)

**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.

**55. In what part of the country is that?**

Community

District/Parish

**56. Have you/has.....ever lived in another country?**

- 1 Yes (Go to Q.58)
- 2 No/Don't know (Go to Q.61)

**57. In what country was that?**

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

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**59. In what country did.....last live?**

**60. Why did you return/come to.....St. Lucia?**

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

**61. In what town, village or district in St. Lucia did..... he/she last live ?**

Community

District/Parish

Never Moved (Go to Q.65)

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

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**63. Where do(es).....usually live?**

- 1 At this address (Go to Q.65)
- 2 Elsewhere in this country
- 3 Abroad (Go to Q.65)
- 4 Don't Know (Go to Q.65)

**64. In what part of the country is that?**

Community

District/Parish





**SECTION 7 EDUCATION AND TRAINING FOR ALL PERSONS**

**65. 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.69)
- 4 Don't Know (Go to Q.69)

**66. What type of school or institution are you/is he/is she attending?**

- 1 Day care/Nursery
- 2 Pre-school
- 3 Infant/Kindergarden
- 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

**67. Please give the name and address of the school or institution.**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**68. 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

**69. 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

**70. 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 

1	2	3	4						Not Stated
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						<input type="radio"/>
- 6 Under-graduate Diploma 

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						<input type="radio"/>
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- 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(pleasespecify.....)
- 14 None
- 15 Not Stated

**71. INTERVIEWER: Fill the appropriate oval (see Q.39)**

- 1 Under 15 (Go to Q.108)
- 2 15 years and over





**SECTION 7 CONT'D PROFESSIONAL, TECHNICAL AND VOCATIONAL TRAINING**

**72a. Were you ever trained/are you being trained for a specific occupation or profession?  
(Training can be formal or nonformal)**

- 1 Yes                       2 No (Go to Q.75)     3 Not Stated (Go to Q.75)

**72b. Which is the main occupation/profession for which you have received this training?**

**72c. Is your/his/her present job related to your/his/her training?**

- 1 Yes     2 No

**73. In what year or period did you/he/she complete that training or are you still being trained?**

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

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

- 1 On the job                       9 Other institutional training  
 2 Apprenticeship                       10 University (on campus)  
 3 Correspondence course               11 Distance learning  
 4 Secondary School                       12 Virtual/Internet Learning  
 5 Vocational Trade School               13 Private Study  
 6 Commercial/Secretarial School       14 Other  
 7 Business/Computer School               15 Not Stated  
 8 Technical Institution





**SECTION 8 MARITAL STATUS, UNION STATUS FOR PERSON 15 YEARS AND OVER**

- 75. What is your/...s present union status?**
- 1 Legally married (Go to Q.77)
  - 2 Common Law union (Go to Q.76 then Q.78)
  - 3 Visiting partner
  - 4 Married but not in union (Go to Q.77)
  - 5 Legally separated and not in a union (Go to Q.77)
  - 6 Widowed and not in union (Go to Q.77)
  - 7 Divorced and not in union (Go to Q.77)
  - 8 Not in a union
  - 9 Don't know/Not stated

**76. Have you ever been married?**

- 1 Yes
- 2 No
- 9 Don't know/Not stated

**77. Have you/has...ever lived together with a partner in a common law relationship?**

- 1 Yes
- 2 No (Go to Q.79)
- 9 Don't know/Not stated

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

**SECTION 9 FERTILITY ALL PERSONS 15 YEARS AND OVER**

**79. How many live births/children has...ever had? (If ZERO, enter 00 & Go to Q.86)**

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

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

**Q. 82 TO Q.85 APPLY ONLY TO FEMALES UNDER 50. ALL OTHERS GO TO Q.86**

**82. How many living babies/live births did you/she have in the last 12 months?**

- 1 None (Go to Q.86)
- 2 One
- 3 Two separate births
- 4 Twins
- 5 Three or more
- 6 Not Applicable

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

**Number of Boys**

 0  1  2  3  4  5

**Number of Girls**

 0  1  2  3  4  5

**84. Did any of these babies die?**

- 1 Yes
- 2 No (Go to Q.86)

**85. How many died?**

Within the first month of life

 0  1  2  3  4  5

After one month but before one year

 0  1  2  3  4  5

**SECTION 10 ECONOMIC ACTIVITY**

**FOR PERSONS 15 YEARS AND OVER**

**86. 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.89)
- 2 Had a job but did not work (Go to Q.89)
- 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

**87. 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.89)
- 2 No
- 3 Don't Know

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

- 1 Yes (Go to Q.90)
- 2 No (Go to Q.90)

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

*Number of months*

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

**90. 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.94)
- 2 Had a job but did not work (Go to Q.94)
- 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 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.93)
- 3 Checking at work sites, factory gates etc. (Go to Q.93)
- 4 Seeking assistance from friends (Go to Q.93)
- 5 Register at public/private employment exchange(Go to Q.93)
- 6 Other (Go to Q.93)
- 7 Not Stated (Go to Q.93)

**92. 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

**93. 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.105)

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

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**95. 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.105)

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

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**SECTION 10 ECONOMIC ACTIVITY CONTINUED FOR PERSONS 15 YEARS AND OVER**

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

Name \_\_\_\_\_

Address \_\_\_\_\_

No present workplace  
(Go to Q.105)

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

- 1 Work at home (Skip to Q.100)
- 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

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

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**100. 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.103)
- 2 Paid employee - Private (Go to Q.103)
- 3 Paid employee - Statutory body (Go to Q.103)
- 4 Unpaid Family Worker (Go to Q.105)
- 5 Own business with paid employee
- 6 Own business without paid employee (Go to Q.102)
- 7 Apprentice (Go to Q.103)
- 8 Don't know/Not Stated (Go to Q.103)

**101. How many people work for you/him/her?**

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**102. 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

**103. 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

**104. 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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**105. 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

**106. 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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**SECTION 10 ECONOMIC ACTIVITY CONTINUED FOR PERSONS 15 YEARS AND OVER**

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

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**SECTION 11 CRIME**

**108. In the last 12 months have you/he/she.....been a victim of crime?**

- 1 Yes
- 2 No (Go to Q.112)
- 3 Not Stated

**109. Describe the nature of the main crime?**

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**110. Was the crime reported to the police?**

- 1 Yes (Go to Q.112)
- 2 No
- 3 Not Stated (Go to Q.112)

**111. Why was the crime not reported to the police?**

- 1 No confidence in the administration of justice
- 2 Afraid of the perpetrator
- 3 Perpetrator household member/relative
- 4 Not serious enough
- 5 Other (Specify.....)



**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.**

**SECTION 12 WHERE SPENT CENSUS NIGHT**

**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**

