



36218



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

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** **3 Yes - Lots of Difficulty**
2 Yes - Some 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).

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

SECTION 6 HEALTH FOR ALL PERSONS

57. Do you/doeshave any of the following illnesses?
(X all that apply)

- | | |
|---|---|
| <input type="checkbox"/> 1 Arthritis | <input type="checkbox"/> 9 Glaucoma |
| <input type="checkbox"/> 2 Kidney Disease (Renal) | <input type="checkbox"/> 10 Sickle Cell |
| <input type="checkbox"/> 3 Asthma | <input type="checkbox"/> 11 Anemia |
| <input type="checkbox"/> 4 Diabetes | <input type="checkbox"/> 12 Lupus |
| <input type="checkbox"/> 5 Hypertension/High Blood Pressure | <input type="checkbox"/> 13 HIV/AIDS |
| <input type="checkbox"/> 6 Carpal Tunnel Syndrome | <input type="checkbox"/> 14 Other |
| <input type="checkbox"/> 7 Cancer | <input type="checkbox"/> 15 None |
| <input type="checkbox"/> 8 Heart Disease | |

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?

- | | |
|---|--|
| <input type="checkbox"/> 1 Daycare/Nursery | <input type="checkbox"/> 8 Home Schooling |
| <input type="checkbox"/> 2 Preschool | <input type="checkbox"/> 9 Post Secondary - A Level |
| <input type="checkbox"/> 3 Infant/Kindergarden | <input type="checkbox"/> 10 Post Secondary - Professional Tech/Voc |
| <input type="checkbox"/> 4 Primary | <input type="checkbox"/> 11 Post Secondary Tertiary - UWI Other |
| <input type="checkbox"/> 5 Special Education | <input type="checkbox"/> 12 Adult Education |
| <input type="checkbox"/> 6 Post Primary (NonSecondary Tech/Voc) | <input type="checkbox"/> 13 Other |
| <input type="checkbox"/> 7 Secondary (General) | |

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?

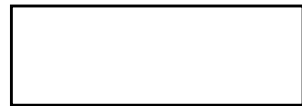
- 1 Daycare/Nursery
- 2 Pre-school
- 3 Pre-primary (Infant) or Primary
- 4 Lower / Junior Secondary (Forms 1-3) / Senior Primary
- 5 Upper Secondary (Forms 4 & 5)
- 6 Post Secondary, non-tertiary (diploma or associate degree)
- 7 Tertiary level - Bachelor Degree
- 8 Tertiary level - Masters Degree
- 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

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.....)

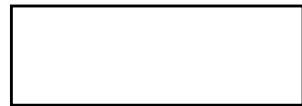
Go to Q82

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

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.

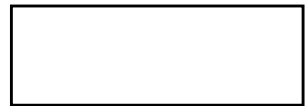
Income Group

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.

\$



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