



21868

SAINT LUCIA



## 2010 POPULATION AND HOUSING CENSUS

CENSUS DAY - MAY 10TH, 2010

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

CONFIDENTIAL WHEN COMPLETE



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 ☒

## 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 for 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="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"/>		  Name of Country	<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
2.	<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"/>		  Name of Country	<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
3.	<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"/>		  Name of Country	<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
4.	<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"/>		  Name of Country	<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
5.	<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"/>		  Name of Country	<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
6.	<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"/>		  Name of Country	<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
7.	<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"/>		  Name of Country	<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

Remember to mark multiple choice boxes like this ☒



21868

**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    ☐ 4 Rented-Govt    ☐ 7 Squatted  
☐ 2 Owned With Mortgage    ☐ 5 Rent-free    ☐ 8 Other  
☐ 3 Rented-Private    ☐ 6 Leased

### 14. Under what arrangment is the land occupied? Is it.....

- ☐ 1 Owned/Freehold    ☐ 6 Sharecropping  
☐ 2 Leasehold    ☐ 7 Squatted  
☐ 3 Rented    ☐ 8 Other (Specify.....)  
☐ 4 Rented Free    ☐ 9 Don't Know/Not Stated  
☐ 5 Permission to work land

### 15. What is the main material of the outer walls?

- ☐ 1 Wood    ☐ 6 Adobe (Mud House)  
☐ 2 Concrete/Concrete Blocks    ☐ 7 Makeshift (Specify.....)  
☐ 3 Wood & Concrete    ☐ 8 Plywood  
☐ 4 Stone    ☐ 9 Plywood & Concrete  
☐ 5 Brick    ☐ 10 Other

### 16. What is the main material used for roofing?

- ☐ 1 Sheet metal\*\*  
☐ 2 Shingle (asphalt)    ☐ 6 Concrete  
☐ 3 Shingle (wood)    ☐ 7 Makeshift/thatched  
☐ 4 Shingle (other)    ☐ 8 Other (Specify.....)  
☐ 5 Tile

*\*\*(zinc, aluminum, galvanise, galvalume)*

### 17. In which year/period was this building built?

- ☐ 1 Before 1980    ☐ 4 2000 - 2006    ☐ 7 2009  
☐ 2 1980 - 1989    ☐ 5 2007    ☐ 8 2010  
☐ 3 1990 - 1999    ☐ 6 2008    ☐ 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-latrine/VIP  
☐ 4 Other (Specify.....)  
☐ 5 None

### 21. What is the main source of lighting for this household?

- ☐ 1 Electricity - Public    ☐ 4 Kerosene  
☐ 2 Electricity - Private Generator    ☐ 5 Solar  
☐ 3 Gas Lantern    ☐ 6 None  
☐ 7 Other (Specify.....)

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

- ☐ 1 Coal    ☐ 6 Biogas  
☐ 2 Wood    ☐ 7 Solar Energy  
☐ 3 Gas/LPG/Cooking gas    ☐ 8 None  
☐ 4 Kerosene  
☐ 5 Electricity  
☐ 9 Other (Specify.....)

**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 ☒

- 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)**

	Yes	No
(a) Solar Water Heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(b) Electrical Water Heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(c) TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(d) Cable TV/Satellite	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(e) Refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(f) Freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(g) Microwave Oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(h) Stove	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(i) Washing Machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(j) Land-Line Telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(k) Cellular Phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Yes

No

(l) Air Conditioning Unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(m) Water Pump	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(n) Water Tank	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(o) Dishwasher	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(p) Clothes Dryer	<input type="checkbox"/> 1	<input type="checkbox"/> 2

- 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	<input type="checkbox"/>
(b) Kidnapping	<input type="checkbox"/>
(c) Shooting	<input type="checkbox"/>
(d) Rape/Abuse	<input type="checkbox"/>
(e) Wounding	<input type="checkbox"/>
(f) Larceny - Housebreaking	<input checked="" type="checkbox"/>
(g) Larceny - Auto theft	<input type="checkbox"/>
(h) Larceny - Other	<input type="checkbox"/>
(i) Other (specify)	<input type="checkbox"/>

- 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



**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?**

- |   |  |
|---|--|
| <input type="checkbox"/> 1 African Descent/Negro/Black          | <input type="checkbox"/> 6 Syrian/Lebanese |
| <input type="checkbox"/> 2 Indigenous People (Amerindian/Carib) | <input type="checkbox"/> 7 White/Caucasian |
| <input type="checkbox"/> 3 East Indian                          | <input type="checkbox"/> 8 Mixed           |
| <input type="checkbox"/> 4 Chinese                              | <input type="checkbox"/> 9. Hispanic       |
| <input type="checkbox"/> 5 Portuguese                           |  |
| <input type="checkbox"/> 10 Other (Specify.....)                |  |

**39. What is your/.... 's religious affiliation/denomination?**

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Anglican          | <input type="checkbox"/> 12 Pentecostal           |
| <input type="checkbox"/> 2 Baptist           | <input type="checkbox"/> 13 Presbyterian          |
| <input type="checkbox"/> 3 Bahai             | <input type="checkbox"/> 14 Rastafarian           |
| <input type="checkbox"/> 4 Brethren          | <input type="checkbox"/> 15 Roman Catholic        |
| <input type="checkbox"/> 5 Church of God     | <input type="checkbox"/> 16 Salvation Army        |
| <input type="checkbox"/> 6 Evangelical       | <input type="checkbox"/> 17 Seventh Day Adventist |
| <input type="checkbox"/> 7 Hindu             | <input type="checkbox"/> 18 Lutheran              |
| <input type="checkbox"/> 8 Jehovah Witnesses | <input type="checkbox"/> 19 None                  |
| <input type="checkbox"/> 9 Methodist         | <input type="checkbox"/> 20 Other (Specify)       |
| <input type="checkbox"/> 10 Moravian         |   |
| <input type="checkbox"/> 11 Muslim           |   |

**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/has .....ever 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 ☐ 42. Hearing (even using hearing aid)? ☐ 1 ☐ 2 ☐ 3 ☐ 43. Walking or climbing stairs? ☐ 1 ☐ 2 ☐ 3 ☐ 44. Remembering or concentrating? ☐ 1 ☐ 2 ☐ 3 ☐ 45. Self care? ☐ 1 ☐ 2 ☐ 3 ☐ 46. Upper body function? ☐ 1 ☐ 2 ☐ 3 ☐ 47. 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)? ☐ Specify2. 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/does .....have 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                      ☐ 5 Cellular Phone / PDA  
☐ 2 Work                      ☐ 6 Family or Friend's House  
☐ 3 School                      ☐ 8 Did not use  
☐ 4 Internet Cafe'  
☐ 7 Other (Specify.....)

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                      ☐ 9 University (on campus)  
☐ 2 Private Study                      ☐ 10 Distance Learning  
☐ 3 Apprenticeship                      ☐ 11 On-line/Virtual Learning  
☐ 4 Correspondence Course                      ☐ 12 Other (Specify) \_\_\_\_\_  
☐ 5 Secondary School  
☐ 6 Vocational/Trade School/Technical Institution  
☐ 7 Commercial/Secretarial School  
☐ 8 Business/Computer School

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                      ☐ 7 First Degree  
☐ 2 Certificate with examination                      ☐ 8 Post Graduate Degree  
☐ 3 Certificate without examination                      ☐ 9 Professional Qualification  
☐ 4 Diploma                      ☐ 10 Other Specify \_\_\_\_\_  
☐ 5 Advanced Diploma  
☐ 6 Associate Degree

### 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                      ☐ 7 Retired - did not work  
☐ 2 Had a job but did not work                      ☐ 8 Disabled, unable to work  
☐ 3 Looked for work  
☐ 4 Wanted work and available  
☐ 5 Home Duties  
☐ 6 Attended School  
☐ 9 Other (Specify.....)

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 ☐ 5 Annually  
☐ 2 Fortnightly ☐ 6 Other Specify \_\_\_\_\_  
☐ 3 Monthly ☐ 7 Not applicable  
☐ 4 Quarterly

**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 ☐ 8 Social Security Benefits  
☐ 2 Pension (Local) ☐ 9 Other Public Assistance  
☐ 3 Pension (Overseas) ☐ 10 Local contributions from friends/relatives  
☐ 4 Money from Abroad ☐ 11 Overseas contributions from friends/relatives  
☐ 5 Investment ☐ 12 Other \_\_\_\_\_  
☐ 6 Savings/Interest on savings  
☐ 7 Disability benefits

**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
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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

Total	F	M
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

**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				
<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"/>
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