

IMPORTANT!!!
Transfer Parish, ED and Household Numbers to the top of **EACH** individual questionnaire **From Household questionnaire**

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 box. Please do not write over the responses: Remember to mark multiple choice boxes like this

SECTION 4 - CHARACTERISTICS - FOR ALL PERSONS

PLEASE FILL IN THIS PERSON'S ASSIGNED NUMBER

39. 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

40. INTERVIEWER: Put an 'X' in the appropriate box. FOR PERSONS NOT SEEN ASK:

Is....male or female? 1 Male 2 Female

41. What is your/.....'s date of birth?

DAY	MONTH	YEAR
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

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.

42. To which ethnic, racial or national group do you/does (N) belong?

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

43. What is your/....'s religious affiliation/denomination?

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

SECTION 5 - MIGRATION (BIRTH PLACE AND RESIDENCE) - FOR ALL PERSONS

44. Where do you/does (N) usually live?

- 1 At this address
Village _____ Parish _____
- 2 In another village
Village _____ Parish _____
- 3 Abroad
Name of Country _____

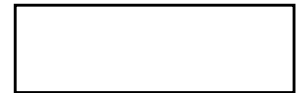
45. Where were you/was (N) born?

- 1 In St Kitts and Nevis
Village _____
Parish _____
- 2 Foreign/Abroad
Name of Country _____

INTERVIEWER: For persons born in St. Kitts and Nevis what is required is the mother's usual residence at the time of birth.

46. In what year did you/(N) last come to live in St. Kitts and Nevis? For foreign born persons only.

Year



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2 Parish _____ Village _____

48. In what year did you/(N) last come to live in this Parish?

Year Foreign Born Go to Q53

Q49 to Q52 are for local born only

49. Have you/has (N) ever lived in another country?

1 Yes 2 No (GO TO Q.53)

50. In which country did you/ (N) last live? For local born only.

Name of Country _____

Questions 51 and 52 are for local born who answered YES in Q49

51. In what year did you/ (N) return to live in St. Kitts and Nevis?

Year

52. What is the **MAIN** reason for your return to St. Kitts and Nevis? (SINGLE RESPONSE)

- 1 Regard it as home 5 Employment/Work
 2 Family is here 6 Involuntary return/deported
 3 Retired 7 To start a business
 4 Homesick 8 Other (specify.....)

Q53 to Q56 are for persons five years and over

53. Did you/ (N) live at this address five years ago?

1 Yes (GO TO Q.55) 2 No

54. If 'NO' Where did you/ (N) live five years ago?

Village _____ Parish _____

Country _____

For Ten years and over

55. Did you/ (N) live at this address in 2001?

1 Yes (Go to Q.57) 2 No

56. If 'NO' where did you/ (N) live in 2001?

Village _____ Parish _____

Country _____

SECTION 6 - 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.

57. Do you/does (N) 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 (washing, dressing, feeding)? 1 2 3 4

6. Upper body function? 1 2 3 4

7. Lower body function (legs, etc)? 1 2 3 4

8. Communicating and speaking? 1 2 3 4

9. Behavioral (psychological, emotional)? 1 2 3 4

If No Difficulty for all options, SKIP TO Q60.

58. What is the origin of 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 (washing, dressing, feeding)?

6. Upper body function (arms, neck)?

7. Lower body function (legs, etc)?

8. Communicating and speaking?

9. Behavioral (psychological, emotional)?

Remember to mark multiple choice boxes like this



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- 2 Walker
- 3 Crutches
- 4 Brailier
- 5 Adapted Car
- 6 Cane
- 8 Orthopedic Shoes
- 9 Hearing Aid
- 10 Other (specify.....)
- 11 None

SECTION 7 - HEALTH - FOR ALL PERSONS

60. Do you have any of the following illnesses?

(SELECT ALL THAT APPLY)

- 1 Aids
- 2 Allergies
- 3 Anaemia
- 4 Arthritis
- 5 Asthma
- 6 Cancer
- 7 Carpal Tunnel Syndrome
- 8 Diabetes
- 9 Glaucoma
- 10 HIV
- 11 Heart Disease
- 12 Hypertension/High blood press.
- 13 Kidney Disease
- 14 Lupus
- 15 Sickle Cell
- 16 Stroke
- 17 None
- 18 Other (specify.....)

61. When was the last time that you used a medical facility? (hospital, clinic, doctor, etc)

- 1 Less than a month
- 2 1-6 months
- 3 7-12 months
- 4 Over one year
- 5 Never

62. What was the **MAIN** medical facility used in the past 12 months? **(SINGLE RESPONSE)**

- 1 Local Hospital
- 2 Private Local Doctor
- 3 Public Health Center
- 4 Overseas Hospital or Clinic
- 5 Overseas Doctor
- 6 Other (specify.....)

63. Are you covered by health/life insurance?

- 1 Yes
- 2 NO
- 3 Don't Know

(IF NO GO TO Q.65)

64. Which of the following insurance do you have? **(SELECT ALL THAT APPLY)**

- 1 Social Security
- 2 Life with Health
- 3 Life only
- 4 Group Health
- 5 Individual Health
- 6 Endowment only
- 7 Endowment with Health
- 8 Other (specify.....)
- 9 None

SECTION 8 - EDUCATION - FOR ALL PERSONS

65. Are you / (N) currently attending an Educational Institution?

- 1 Yes (Full time)
- 2 Yes (Part time)
- 3 No **(GO TO Q.68)**

66. What type of school or institution are you/ (N) attending?

- 1 Daycare/Nursery
- 2 Preschool
- 3 Infant/Kindergarten
- 4 Primary (grade 1-6)
- 5 Special Education
- 6 Secondary
- 7 Sixth Form
- 8 Prof/Tech/Voc
- 9 Tertiary (Univ/college)
- 10 Adult continuing Edu.
- 11 Other (specify.....)

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

Name _____

Address _____

68. What is the **HIGHEST** level of education that you have/ has completed? **(SINGLE RESPONSE)**

- 1 Daycare/Nursery
- 2 Pre-school
- 3 Infant/Kindergarten
- 4 Primary (grade 1-3)
- 5 Primary (4-6)
- 6 Standard 7
- 7 Secondary (1-3)
- 8 Secondary (4-5)
- 9 Sixth Form
- 10 12th Grade (US)
- 11 Post secondary/college
- 12 University
- 13 Other (Specify.....)
- 14 None



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- 2 Cambridge School Certificate
- 3 CCSLC
- 4 High School Certificate (HSC)
- 5 High School Diploma
- 6 GCE 'O' Levels or CXC
- 7 GCE 'A' Level
- 8 CAPE
- 9 College Certificate
- 10 College Diploma
- 11 Associate Degree
- 12 Professional Certificate eg RSA, City and Guilds etc.
- 13 Bachelor's Degree
- 14 Post Graduate Certificate
- 15 Post Graduate Diploma
- 16 Higher Degree (Master's)
- 17 Higher Degree (Doctoral)
- 18 Other (Specify.....)
- 19 None

SECTION 9 - INTERNET ACCESS - FOR ALL PERSONS

70. Have you/ has /had access to the Internet within the past 3 months?

- 1 Yes 2 No (GO TO Q.72)

71. Where did you/ (N) use the Internet in the past 3 months?

SELECT ALL THAT APPLY

- 1 Home 6 Family or Friend's House
- 2 Work 7 Community Facility
- 3 School 8 Did not use
- 4 Internet Cafe 9 Other (specify.....)
- 5 Any Place using a Cellular Phone / PDA

SECTION 10 - TRAINING - FOR PERSONS 15 YEARS AND OVER

72. Have you/has.....ever received/attempted any skills training to equip you/ (N) for employment or occupation/profession?

- 1 Yes 2 No (GO TO Q.77)

73. What is the field for which the **HIGHEST** level of training was completed/attempted or is undergoing by you/ (N)?

Field Trained _____

74. What was the **MAIN** method used by you/ (N) to train in this field? (**SINGLE RESPONSE**)

- | | |
|--|--|
| <input type="checkbox"/> 1 On the job | <input type="checkbox"/> 8 Business/Computer School |
| <input type="checkbox"/> 2 Private Study | <input type="checkbox"/> 9 University (on campus) |
| <input type="checkbox"/> 3 Apprenticeship | <input type="checkbox"/> 10 Distance Learning |
| <input type="checkbox"/> 4 Correspondence Course | <input type="checkbox"/> 11 On-line/Virtual Learning |
| <input type="checkbox"/> 5 Secondary School | <input type="checkbox"/> 12 Private |
| <input type="checkbox"/> 6 Vocational/Technical Inst | <input type="checkbox"/> 13 Other (specify) |
| <input type="checkbox"/> 7 Commercial/Secretarial School | <input type="checkbox"/> 14 Not Stated |

75. How long was the period of your / (N) **HIGHEST** level of training?

Months

76. What type of qualification /certification did you/ (N) receive on completion of the training at the **HIGHEST** level?

- | | |
|--|---|
| <input type="checkbox"/> 1 None | <input type="checkbox"/> 7 First Degree |
| <input type="checkbox"/> 2 Certificate with examination | <input type="checkbox"/> 8 Post Graduate Degree |
| <input type="checkbox"/> 3 Certificate without examination | <input type="checkbox"/> 9 Professional Qualification |
| <input type="checkbox"/> 4 Diploma | <input type="checkbox"/> 10 Other Specify |
| <input type="checkbox"/> 5 Advanced Diploma | |
| <input type="checkbox"/> 6 Associate Degree | |

SECTION 11 - ECONOMIC ACTIVITY FOR PERSONS 15 YEARS AND OVER

77. What did you/ (N) do **MOST** during the past week?

(This includes work for pay, profit, or family gain during the past month but excludes house work).

- | | |
|---|---|
| <input type="checkbox"/> 1 Worked | <input type="checkbox"/> 7 Retired - did not work |
| <input type="checkbox"/> 2 Had a job but did not work | <input type="checkbox"/> 8 Disabled, unable to work |
| <input type="checkbox"/> 3 Looked for work | |
| <input type="checkbox"/> 4 Wanted work and available | |
| <input type="checkbox"/> 5 Home Duties | (ANSWER TO 3 - 9 GO TO Q85) |
| <input type="checkbox"/> 6 Attended School | |
| <input type="checkbox"/> 9 Other (Specify.....) | |

78. What category of worker are you in your **MAIN** job?

- | | |
|--|-------------|
| <input type="checkbox"/> 1 Paid employee, Government | |
| <input type="checkbox"/> 2 Paid employee, Statutory Board | |
| <input type="checkbox"/> 3 Paid employee, Private Establishment/Business | |
| <input type="checkbox"/> 4 Paid employee, Private home | |
| <input type="checkbox"/> 5 Apprentice/Learner | |
| <input type="checkbox"/> 6 Volunteer Worker | |
| <input type="checkbox"/> 7 Self-employed with paid employees | |
| <input type="checkbox"/> 8 Self-employed without employees | |
| <input type="checkbox"/> 9 Unpaid Worker/employee | (GO TO Q81) |
| <input type="checkbox"/> 10 Contributing Family Member/Worker | (GO TO Q81) |
| <input type="checkbox"/> 11 Other (specify.....) | (GO TO Q81) |

Answer to 1-6 (Go to Q.81)



Mark multiple choice boxes like this

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- 1 Complete set of records/accounts
- 2 Informal records of orders, sales, purchases
- 3 Simplified written accounts
- 4 No records are kept

80. Are you registered with Social Security as a self employed person or an employer?

- 1 Employer
- 2 Self Employed
- 3 Not registered

81. What kind of work do you do in your MAIN job?

Give a brief description of main duties.

82. What is the MAIN type of business carried out at your/ (N) place of work, industry?

Industry _____

Where is your/ (N) place of work?

- 1 Work at home
- 2 No fixed place of work
- 3 A fixed place of work outside the home

83. What is the name and address of your/ (N) workplace?

- 1 Work name and address _____
- _____
- _____
- 2 No present workplace

84. How many hours did you/ (N) work during the past week? (MAIN JOBS)

		Hours	(GO TO Q.87)
--	--	-------	--------------

85. What steps did you/ (N) take during the past MONTH to look for work?

(X all that applies to this question)

- 1 Did nothing
- 2 Direct application (sent out letters)
- 3 Checking at work sites, factory gates, etc.
- 4 Seeking assistance from friends
- 5 Registered at public/private employment exchange
- 6 Other(specify.....)

86. 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 Not ready to seek work
- 12 Do not know how or where to seek work
- 13 Discouraged
- 14 Other(Specify.....)

87. What did you/ (N) do MOST during the past 12 months?

- 1 Had a job and worked (GO TO Q.90)
- 2 Had a job, but did not work (GO TO Q.90)
- 3 Looked for work
- 4 Wanted work and was available
- 5 Did home duties
- 6 Attended school
- 7 Retired, did not work
- 8 Disabled, unable to work
- 9 Other(specify.....)

88. Did you do any work at all in the past 12 months?

(This includes work for pay, profit, or family gain during the past month but excludes house work)

- 1 Yes (Go to Q.90)
- 2 No
- 3 Don't know

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

- 1 Yes
- 2 No (GO TO Q.95)

90. How many months did you/ (N) work in the past 12 months?

Number of months

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

91. Have you/ has (N) ever been laid off permanently or made redundant during the past 2 years?

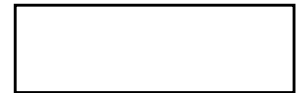
- 1 Yes
- 2 No
- 3 Not Stated

92. In which Industry were you working at the time of layoff or redundancy?

Industry _____

- 1 Not Stated

Remember to mark multiple choice boxes like this



rk multiple choice boxes like this

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93. How often do you/ does (N) get paid from your MAIN job?

- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Annually
- 6 Other Specify _____
- 7 Not applicable

94. What was your/ (N) gross pay/income during the last pay period, from your current job, that is before income tax or other deductions? (PRESENT FLASH CARD)

Income group

95. What are your/ (N's) sources of livelihood? (indicate as many)

- 1 Paid Employment
- 2 Self Employment
- 3 Pension (local)
- 4 Pension (overseas)
- 5 Investment
- 6 Dividends/Savings/interest on savings
- 7 Disability benefits
- 8 Social Security benefits
- 9 Other public assistance
- 10 Local contributions from friends/ relatives (cash/kind)
- 11 Overseas contributions from friends/relatives (cash/kind)
- 12 Other money income, (specify.....)

96. Approximately how much money did you/ (N) receive last year (2010) from family and/or friends abroad in cash or in kind e.g. barrels containing food, clothing, electronics.

\$

SECTION 13 - MARITAL AND UNION STATUS FOR ALL PERSONS 15 YEARS AND OVER

97. What is your/ (N) marital status?

- 1 Never Married
- 2 Married
- 3 Divorced (and not remarried)
- 4 Widowed (and not remarried)
- 5 Legally Separated
- 6 Not Stated

98. What is your / (N) current union status?

- 1 Never had a spouse or common-law partner (Skip to Q.100)
- 2 Married and living with spouse
- 3 Married and not living with spouse
- 4 Common Law
- 5 Visiting Partner
- 6 Not in union

99. How old were you/ was (N) when you were/ (N) was first married or in a union for the first time?

Age in years

ALL MALES Go to Q107

SECTION 14 - FERTILITY - WOMEN 15 YEARS AND OVER

100. (a) How many live born children have you/ has (N) ever had and how many are males and females?

	Total	Male	Female
Number	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

(b) How many of your live born children are still a live?

	Total	Male	Female
Number	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

101. How old were you/was (N) when you/ (N) had your/ her first live born child?

Age

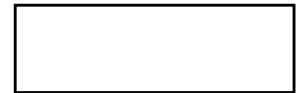
102. How old were you/ (N) when you/ (N) had your/ (N) last live born child?

Age

103. What is the date of birth of the last child born alive?

DD / MM / YYYY / /

Remember to mark multiple choice boxes like this



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Number (IF ZERO GO TO Q.107)

What was the sex of the babies born in the last 12 months?

A. Number of Boys

1 2 3 4 5

B. Number of Girls

1 2 3 4 5

QUESTION 104 TO 106 APPLY TO FEMALES UNDER 50 YEARS. OTHERWISE GO TO Q.107

105. How many of the children who were born in the past 12 months have died?

Total Number

106. Of what sex and age in months were the children (in months) 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 14 - CENSUS NIGHT

107. Where did you spend census night?

- 1 At this Address
- 2 Elsewhere in the country (Specify.....)
- 3 Institution
- 4 Abroad

Remember to mark multiple choice boxes like this

END OF QUESTIONNAIRE