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ST. KITTS AND NEVIS REPUBLIC OF THE EASTERN CARIBBEAN STATES

POPULATION AND HOUSING CENSUS 2011

CENSUS DAY - MAY 15th, 2011

For optimum accuracy, please print carefully and completely inside the boxes provided. Avoid contact with the edges of the box. The following will serve as an example:

0	1	2	3	4	5	6	7	8	9
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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

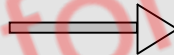
IMPORTANT!!!

- 1) USE ONLY 2B PENCIL. DO NOT USE A PEN
- 2) Place an X in the box for multiple choice options
- 3) ERASE CLEANLY ANY CHANGES YOU MAKE
- 4) MAKE NO STRAY MARKS ON QUESTIONNAIRES

IDENTIFICATION

IMPORTANT!!!

Transfer these codes to the top of EACH individual questionnaire



PARISH

--	--

ED NUMBER

--	--	--

HOUSEHOLD NO

--	--	--

BUILDING NUMBER

--	--	--

DWELLING NUMBER

--	--	--

VILLAGE NUMBER

--	--	--	--

ADDRESS OF HOUSEHOLD: _____

COMMUNITY: _____

TOWN/VILLAGE: _____

DISTRICT/PARISH: _____

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and I would like to get some information about this household and its members. Here is my identification card. (Please show card)

INTERVIEWER RECORD OF VISITS

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Visit Number	Date (DD/MM/YY)	Time Started	Time Ended	Duration (in minutes)	*Results
1	<input type="text"/> / <input type="text"/> / <input type="text"/>			<input type="text"/>	<input type="text"/>
2	<input type="text"/> / <input type="text"/> / <input type="text"/>			<input type="text"/>	<input type="text"/>
3	<input type="text"/> / <input type="text"/> / <input type="text"/>			<input type="text"/>	<input type="text"/>
4	<input type="text"/> / <input type="text"/> / <input type="text"/>			<input type="text"/>	<input type="text"/>

*RESULTS CODES: 1 = Completed 2 = Partially Completed 3 = Refused 4 = No Suitable respondent at home 5 = No Contact 6= Vacant

Statistical Department, Bladen Commercial Development, St. Kitts: Tel: 869-465-2521 and Charlestown, Nevis Tel: 869-469-5521

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AREA SUPERVISOR	
NAME	DATE

FIELD SUPERVISOR	
NAME	DATE

INTERVIEWER	
NAME	DATE

EDITOR/CODER	
NAME	DATE

EDITOR/CODER	
NAME	DATE

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Remember to mark multiple choice boxes like this

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

	Surname	First Name	Sex	Under 5 Years
01			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
02			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
03			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
04			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
05			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
06			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
07			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
08			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
09			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
10			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
11			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
12			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
13			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
14			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
15			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
16			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
17			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
18			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
19			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
20			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>
21			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="checkbox"/>

Place X in box if person is under 5

Place X in box if person is under 5

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Remember to mark multiple choice boxes like this

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COMMENTS

For Information only





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2. (a) Did any member of this household move to live abroad during the last ten years (2001 - 2011)?

- 1 Yes (continue)
 2 No (go to section 2)

(b) How many persons moved?

Remember to mark multiple choice boxes like this

(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Person Number	Year moved 2001 - 2010 Write year properly inside the boxes provided	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 99 and over	Occupation when moved Describe as clearly as possible the person(s) occupation when he/she moved. <u>Boxes in this column are for official use</u>	Name of Country of Migration <u>Write in the space Provided</u>	Main reason for Migration 1 Higher income 2 Employment 3 Study 4 Medical 5 Marriage 6 Family reasons 7 Crime rate 8 Other
	01	<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"/> <input type="text"/>	<hr/> <hr/> <hr/>	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
	02	<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"/> <input type="text"/>	<hr/> <hr/> <hr/>	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
	03	<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"/> <input type="text"/>	<hr/> <hr/> <hr/>	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
	04	<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"/> <input type="text"/>	<hr/> <hr/> <hr/>	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
	05	<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"/> <input type="text"/>	<hr/> <hr/> <hr/>	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
	06	<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"/> <input type="text"/>	<hr/> <hr/> <hr/>	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



like to ask a few questions about the dwelling the facilities that you have.

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SECTION 2 - HOUSING

INTERVIEWER: Ask this question only if the answer is not obvious. Else, put X in the appropriate box.

11. What type of dwelling does this household occupy?

- 1. Undivided private house
- 2. Part of a private house/attached
- 3. Flat, apartment, condominium
- 4. Townhouse
- 5. Double house/duplex
- 6. Combined business and dwelling
- 7. Barracks
- 8. Other (Specify.....)

12. Is this dwelling insured?

- 1. Yes
- 2. No
- 3. Don't know

13. Are the contents of this dwelling insured?

- 1. Yes, all
- 2. No
- 3. Partially
- 4. Don't know

14. Is this dwelling unit owned, rented, or leased by any member of the household?

- 1. Owned with mortgage (Go to Q. 18)
- 2. Owned without mortgage (Go to Q. 19)
- 3. Rented
- 4. Rent free (Go to Q. 16)
- 5. Leased
- 6. Squatted (Go to Q. 19)
- 7. Other (specify.....) (Go to Q. 19)

15. What is the rental/leased period for this dwelling?

- 1. Weekly
- 2. Fortnightly
- 3. Monthly
- 4. Quarterly
- 5. Half Yearly
- 6. Annually
- 7. Not Applicable

16. Is this dwelling rented/leased as fully furnished, semi-furnished or unfurnished?

- 1. Fully Furnished
- 2. Semi-furnished
- 3. Unfurnished

17. How much rent are you now paying per month? To nearest dollar

\$, 2 Don't know 3 Not paying (Go to Q. 19)

18. How much Mortgage are you now paying per month? To nearest dollar

\$, 2 Don't know 3 Not paying

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

- 1. Owned/freehold
- 2. Lease-hold
- 3. Rented
- 4. Rent-free
- 5. Permission to work land
- 6. Squatted
- 7. Share cropping
- 8. Other (specify.....)
- 9. Don't know

20. What is the MAIN material of the outer walls?

- 1. Wood
- 2. Wood & Brick
- 3. Wood & Concrete
- 4. Wood & Galvanise
- 5. Concrete
- 6. Concrete & Blocks
- 7. Stone
- 8. Bricks
- 9. Plywood
- 10. Plywood & Concrete
- 11. Makeshift (specify.....)
- 12. Other (specify.....)

21. What is the MAIN material used for roofing?

- 1. Sheet metal (zinc, aluminum, galvanise, galvalume)
- 2. Shingle (asphalt)
- 3. Shingle (wood)
- 4. Concrete
- 5. Tile
- 6. Thatch/makeshift
- 7. Other (specify.....)

22. In which year/period was this building built?

- 1. Before 1980
- 2. 1980 - 1989
- 3. 1990 - 1999
- 4. 2000 - 2006
- 5. 2007
- 6. 2008
- 7. 2009
- 8. 2010
- 9. 2011
- 10. Don't know

23. What is your MAIN source of water supply?

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

Remember to mark multiple choice boxes like this



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- 2. Private catchment, not piped
- 3. Private catchment, piped into dwelling
- 4. Public piped into yard
- 5. Public standpipe
- 6. Public piped into dwelling
- 7. Other (specify.....)

25. What type of toilet facility does this household have?

- 1. W.C. (flush toilet) Link to sewer
- 2. W.C. (flush toilet) Linked to septic tank/soak away
- 3. Pit latrine
- 4. Other (specify.....)
- 5. None

26. What is the MAIN source of lighting for this household?

- 1. Electricity - Public
- 2. Electricity - Private generator
- 3. Gas lantern
- 4. Kerosene
- 5. Solar
- 6. None
- 7. Other (specify.....)

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

- 1. Biogas
- 2. Electricity
- 3. Kerosene
- 4. LPG (cooking gas)
- 5. Solar energy
- 6. Wood/charcoal
- 7. None
- 8. Other (specify.....)

28. How many rooms does this household occupy: (do not include bathrooms and porches)

29. How many bedrooms are there in this dwelling unit? (Bedrooms are rooms mainly used for sleeping and excludes temporary sleeping quarters. Count all bedrooms including spares not occupied)

30. What is your MAIN method of garbage disposal?

- 1. Dumping (land)
- 2. Compost
- 3. Burning
- 4. Dumping/throwing into river/sea/pond
- 5. Burying
- 6. Garbage truck/skip/bin - Public
- 7. Garbage truck - Private
- 8. Other (specify.....)

31. How many desktop computers does this household have in use?

32. How many laptop computers does this household have in use?

33. What type of internet connection does this household use? (SELECT ALL THAT APPLY)

- 1. DSL/ASL
- 2. Dial up
- 3. Cable
- 4. Wireless
- 5. Cellular wireless/mobile band
- 6. No internet connection

34. Which of the following does your household have in use? SELECT ALL THAT APPLY

- | | |
|--|---|
| <input type="checkbox"/> 1 Solar water heater | <input type="checkbox"/> 11 Cellular phone |
| <input type="checkbox"/> 2 Electrical water heater | <input type="checkbox"/> 12 Washing machine |
| <input type="checkbox"/> 3 Television | <input type="checkbox"/> 13 Water pump |
| <input type="checkbox"/> 4 VCR | <input type="checkbox"/> 14 Air conditioner |
| <input type="checkbox"/> 5 Radio/stereo | <input type="checkbox"/> 15 Generator |
| <input type="checkbox"/> 6 Refrigerator | <input type="checkbox"/> 16 Dishwasher |
| <input type="checkbox"/> 7 Freezer | <input type="checkbox"/> 17 DVD/MP3 player |
| <input type="checkbox"/> 8 Microwave | <input type="checkbox"/> 18 Clothes Dryer |
| <input type="checkbox"/> 9 Stove | <input type="checkbox"/> 19 Water tank |
| <input type="checkbox"/> 10 Landline phone | <input type="checkbox"/> 20 Satellite dish |

35. How many vehicles are kept at home for private use by this household? (Excluding motor cycles)



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36. Has any member of your household been a victim of crime during the last twelve (12) months?

- 1 Yes 2 No (Go to Section 4)

37. What was the nature of the crime?

- | | |
|--|---|
| <input type="checkbox"/> 1 Murder | <input type="checkbox"/> 6 Larceny (house breaking) |
| <input type="checkbox"/> 2 Kidnapping | <input type="checkbox"/> 7 Larceny (auto theft) |
| <input type="checkbox"/> 3 Wounding by firearm | <input type="checkbox"/> 8 Larceny other |
| <input type="checkbox"/> 4 Other wounding | <input type="checkbox"/> 9 Burglary |
| <input type="checkbox"/> 5 Rape/abuse | <input type="checkbox"/> 10 Other (specify.....) |

38. Did any member of this household die within the past twelve (12) months?

- 1 Yes 2 No (Go to Section 4)

AGE	Sex
<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F

Remember to mark multiple choice boxes like this

TELEPHONE NUMBER

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