MONTSERRAT

2011 POPULATION AND HOUSING CENSUS

QUESTIONNAIRE

All Information Collected Will Be Held Strictly Confidential
Statistics Act No 2 of 1973

COUNTRY No			**3**	**5**	**0**	**0**			
VILLAGE No									
ENUMERATION AREA No									
BUILDING No									
DWELLING No									
HOUSEHOLD No									
BLOCK & PARCEL No									
No. of Visitors									
No. of Household Members									
No. of Household Members 15 years and older									

Organisation of Eastern Caribbean States

0001

Address_____

RECORD OF VISITS

CALLS	DATE dd/mm/yyyy	TIME STARTED	TIME ENDED	DURATION (mins)	RESULT
1					
2					
3					
4					

RESULTS: 1 Completed 4 Refusal 7 Dwelling closed
2 Partially completed 5 No suitable respondent at home 8 Address vacant
3 Call back 6 No contact 9 Other_____

Total No. of Calls ☐ 1 ☐ 2 ☐ 3 ☐ 4

FOR REFUSALS ☐ PERSON REFUSAL ☐ ENTIRE HOUSEHOLD

Reason For Refusal
☐ 1 Doesn't believe in surveys
☐ 2 Anti-Government
☐ 3 Not interested
☐ 4 Can't be bothered
☐ 5 Previous bad experience
☐ 6 Avoided interview
☐ 7 Other .....

FIELD WORK – Signature & Date	DATA PROCESSING – Signature & Date
Interviewer	Editor
Supervisor	Coder
Area Supervisor	Batch No.
Census Manager/Admin Clerk	Data Entry Clerk

LISTING OF HOUSEHOLD MEMBERS

Please tell me the names of ALL persons who usually live here, that is, sleep most nights of the week here and share at least one daily meal. By live I mean residing here for more than six months or intend to live more than six months. START with the head of the household and remember to include babies born before **May 12, 2011**, small children or anyone who lives here but is away temporarily at the moment.

	SURNAME FIRST NAME		SURNAME FIRST NAME
01		11	
02		12	
03		13	
04		14	
05		15	
06		16	
07		17	
08		18	
09		19	
10		20	

I have listed (*read out the names of all the household members*). Is there anyone else who normally lives here that I have missed?

LISTING OF VISITORS

Were there any visitors in this household **on May 12, 2011** who usually live at another address in Montserrat or from overseas who are expected to stay for less than one month or do not intend to live here? Please tell me the names of those who usually live overseas.

	NAME	SEX	DATE OF BIRTH	ETHNICITY	USUAL RESIDENCE
01					
02					
03					
04					
05					

For those persons who usually live elsewhere in Montserrat, find out if there is anyone at home to answer the Questionnaire on his/her behalf. **If No**, complete a separate questionnaire for the household as if the household were at home and give the questionnaire to your Supervisor.

COMMENTS

SECTION 1 HOUSING

1. What type of dwelling does this household occupy?

[ ] 1 Undivided private house
[ ] 2 Part of a private house (e.g. room)
[ ] 3 Flat/Apartment/Condominium
[ ] 4 Townhouse
[ ] 5 Double house/duplex
[ ] 6 Combined business & dwelling
[ ] 7 Barracks
[ ] 8 Improvised housing unit
[ ] 9 Other (specify) _____
[ ] 98 Don't Know
[ ] 99 Not Stated

2. Is this dwelling insured?

[ ] 1 Yes
[ ] 2 No
[ ] 98 Don't Know
[ ] 99 Not Stated

3. Are the contents of this dwelling insured?

[ ] 1 Yes
[ ] 2 No
[ ] 98 Don't Know
[ ] 99 Not Stated

4. Does any member of this household pay a mortgage for a dwelling in the Exclusion zone?

[ ] 1 Yes
[ ] 2 No
[ ] 98 Don't Know
[ ] 99 Not Stated

5. Does this household own, rent or lease this dwelling?

[ ] 1 Rented - Private
[ ] 2 Rented - Govt
[ ] 3 Leased
[ ] 4 Owned (with mortgage) **Go to Q7.1**
[ ] 5 Owned outright **Go to Q8**
[ ] 6 Rent-free **Go to Q8**
[ ] 7 Squatted **Go to Q8**
[ ] 8 Other (specify)_____ **Go to Q8**
[ ] 98 Don't Know
[ ] 99 Not Stated

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

[ ] 1 Furnished
[ ] 2 Semi-furnished
[ ] 3 Unfurnished
[ ] 98 Don't Know
[ ] 99 Not Stated

7. What is the rental/lease period for this dwelling?

[ ] 1 Weekly
[ ] 2 Fortnightly
[ ] 3 Monthly
[ ] 4 Quarterly
[ ] 5 Half-yearly
[ ] 6 Annually
[ ] 98 Don't Know
[ ] 99 Not Stated

7.1 How much mortgage/rent/lease are you/any member of the household now paying for this dwelling?

[ ] 00000 Not paying
[ ] 99998 Don't Know
[ ] 99999 Not Stated

8. What about the land – Is it freehold, leasehold, or some other type of occupancy?

[ ] 1 Owned/Freehold
[ ] 2 Leasehold
[ ] 3 Rented
[ ] 4 Squatted
[ ] 5 Other (specify) _____
[ ] 98 Don't Know
[ ] 99 Not Stated

9. What is the construction material of the outer walls?

[ ] 1 Wood
[ ] 2 Wood & Concrete
[ ] 3 Wood & Galvanize
[ ] 4 Concrete/Concrete Blocks
[ ] 5 Stone
[ ] 6 Brick
[ ] 7 Sheet Metal (Galvanize or Galvalume)
[ ] 8 Makeshift (specify) _____
[ ] 9 Other (specify) _____
[ ] 98 Don't Know
[ ] 99 Not Stated

10. What is the <u>main</u> material used for roofing?

[ ] 1 Sheet metal (zinc, aluminum, galvanize, galvalume)
[ ] 2 Shingle (asphalt)
[ ] 3 Shingle (wood)
[ ] 4 Shingle (other)
[ ] 5 Tile
[ ] 6 Concrete
[ ] 7 Makeshift/thatched
[ ] 8 Other (specify) _____
[ ] 98 Don't Know
[ ] 99 Not Stated

11. In which year/period was this dwelling built?

[ ] 1 Before 1980
[ ] 2 1980 - 1989
[ ] 3 1990 - 1999
[ ] 4 2000 - 2005
[ ] 5 2006
[ ] 6 2007
[ ] 7 2008
[ ] 8 2009
[ ] 9 2010
[ ] 10 2011
[ ] 98 Don't Know
[ ] 99 Not Stated

12. What is the main source of your water supply?

[ ] 1 Public, piped into dwelling
[ ] 2 Public, piped into yard
[ ] 3 Public standpipe
[ ] 4 Public tank
[ ] 5 Private, piped into dwelling
[ ] 6 Private catchment not piped
[ ] 7 Private catchment piped
[ ] 8 Other (specify) _____
[ ] 98 Don't Know
[ ] 99 Not Stated

13. What is the main source of drinking water?

[ ] 1 Public, piped into dwelling
[ ] 2 Public, piped into yard
[ ] 3 Public standpipe
[ ] 4 Public tank
[ ] 5 Private, piped into dwelling
[ ] 6 Private catchment not piped
[ ] 7 Private catchment piped
[ ] 8 Other (specify) _____
[ ] 98 Don't Know
[ ] 99 Not Stated

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

[ ] 1 WC (Flush toilet) linked to sewer
[ ] 2 WC (Flush toilet) linked to septic/Soak
[ ] 3 Pit-latrine/Ventilated Improved Pit
[ ] 4 Other (specify) _____
[ ] 5 None **Go to Q16**
[ ] 98 Don't Know
[ ] 99 Not Stated

15. Are the toilet facilities shared with another person or persons not of this household?

[ ] 1 Yes, shared
[ ] 2 Not shared
[ ] 98 Don't Know
[ ] 99 Not Stated

16. Are the household's bathing facilities indoors or outdoors?

[ ] 1 Indoors
[ ] 2 Outdoors (private)
[ ] 3 Other (specify) _____
[ ] 4 None **Go to Q18**
[ ] 98 Don't Know
[ ] 99 Not Stated

17. Are these bathing facilities shared with another person or persons not of this household?

[ ] 1 Yes, shared
[ ] 2 Not shared
[ ] 98 Don't Know
[ ] 99 Not Stated

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

[ ] 1 Electricity – Public
[ ] 2 Electricity – Private Generator
[ ] 3 Gas
[ ] 4 Kerosene
[ ] 5 Other (specify) _____
[ ] 6 None
[ ] 98 Don't Know
[ ] 99 Not Stated

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

[ ] 1 Wood
[ ] 2 Charcoal
[ ] 3 Kerosene
[ ] 4 LPG/Cooking gas
[ ] 5 Electricity
[ ] 6 Other (specify) _____
[ ] 7 None
[ ] 98 Don't Know
[ ] 99 Not Stated

20. Is your kitchen indoors or outdoors?

[ ] 1 Indoors
[ ] 2 Outdoors (private)
[ ] 3 Other (specify) _____
[ ] 4 None **Go to Q22**
[ ] 98 Don't Know
[ ] 99 Not Stated

21. Is the kitchen shared with another person or persons not of this household?

[ ] 1 Yes, shared
[ ] 2 Not shared
[ ] 98 Don't Know
[ ] 99 Not Stated

22. How many rooms does this dwelling unit have?
Do not count bathrooms, porches, kitchens etc.

23. How many bedrooms are there in this dwelling unit?

ENUMERATOR: Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters. Count all bedrooms including spares not occupied.

24. How does this household usually dispose of its garbage?

[ ] 1 Dumping (land/ghaut)
[ ] 2 Dumping (sea)
[ ] 3 Burying
[ ] 4 Compost
[ ] 5 Burning
[ ] 6 Garbage truck/skip/bin – public
[ ] 7 Garbage truck – private
[ ] 8 Other (specify) _____
[ ] 98 Don't Know
[ ] 99 Not Stated

25. Which of these appliances or household equipment does this household have in use at this dwelling? (Indicate ALL that apply).

ENUMERATOR: Read options below.

	1 – Yes	2 - No	99- Not stated
1 Radio/Stereo	[ ]	[ ]	[ ]
2 Television	[ ]	[ ]	[ ]
3 Fixed line telephone	[ ]	[ ]	[ ]
4 Mobile/Cellular phone	[ ]	[ ]	[ ]
5 Personal Computer	[ ]	[ ]	[ ]
6 Internet Connection (Dial-up/Broadband)	[ ]	[ ]	[ ]
7 VCR	[ ]	[ ]	[ ]
8 DVD/MP3 Player	[ ]	[ ]	[ ]
9 Stove (Gas/Electric)	[ ]	[ ]	[ ]
10 Microwave	[ ]	[ ]	[ ]
11 Refrigerator	[ ]	[ ]	[ ]
12 Freezer	[ ]	[ ]	[ ]
13 Cable	[ ]	[ ]	[ ]
14 Satellite Dish	[ ]	[ ]	[ ]
15 Water Heater (Solar/Gas/Electric)	[ ]	[ ]	[ ]
16 Washing Machine	[ ]	[ ]	[ ]
17 Clothes Dryer	[ ]	[ ]	[ ]
18 Dishwasher	[ ]	[ ]	[ ]
19 Air Conditioner	[ ]	[ ]	[ ]
20 Generator (Gas/Electric)	[ ]	[ ]	[ ]
21 Motor Vehicle(s)	[ ]	[ ]	[ ]

26. Is there anyone living with you who needs to move to alternative accommodation now or within the next five years?

[ ] 1 Yes
[ ] 2 No
[ ] 98 Don't Know
[ ] 99 Not Stated

27. A household may have different sources of income and resources and more than one household member may make contributions to its resources.

Thinking of your household's total monthly or weekly income is your household able to make ends meet, that is, pay your usual expenses.
Rate your ability on a scale of difficulty from 1 to 6, where 1 is very easily.....

ENUMERATOR: Do not read options

[ ] 1 Very easily
[ ] 2 Easily
[ ] 3 Fairly easily
[ ] 4 With some difficulty
[ ] 5 With difficulty
[ ] 6 With great difficulty
[ ] 98 Don't Know
[ ] 99 Not Stated

SECTION 2: ENVIRONMENTAL ISSUES

28. What environmental issues affect your household in your community/area? (Indicate ALL that apply).

	1 - Yes	2 - No	98- Don't Know	99- Not stated
1 Waste disposal	[ ]	[ ]	[ ]	[ ]
2 Dump site	[ ]	[ ]	[ ]	[ ]
3 Drainage	[ ]	[ ]	[ ]	[ ]
4 Soil erosion	[ ]	[ ]	[ ]	[ ]
5 Deforestation	[ ]	[ ]	[ ]	[ ]
6 Destruction of mangroves	[ ]	[ ]	[ ]	[ ]
7 Flooding	[ ]	[ ]	[ ]	[ ]
8 Cell Phone tower	[ ]	[ ]	[ ]	[ ]
9 Noise (Specify) _____	[ ]	[ ]	[ ]	[ ]
10 Other (Specify) _____	[ ]	[ ]	[ ]	[ ]

SECTION 3: CRIME

29. Has any member of your household been a victim of crime during the last 12 months: (May 2010 – May 2011)?

[ ] 1 Yes
[ ] 2 No **Go to Section 4**
[ ] 98 Don't Know **Go to Section 4**
[ ] 99 Not Stated **Go to Section 4**

30. What was the nature of the crime? (Indicate ALL that apply).

	1 - Yes	2 - No	98- Don't Know	99- Not stated
1 Larceny	[ ]	[ ]	[ ]	[ ]
2 Wounding	[ ]	[ ]	[ ]	[ ]
3 Robbery	[ ]	[ ]	[ ]	[ ]
4 Rape/Abuse	[ ]	[ ]	[ ]	[ ]
5 Shooting	[ ]	[ ]	[ ]	[ ]
6 Kidnapping	[ ]	[ ]	[ ]	[ ]
7 Murder	[ ]	[ ]	[ ]	[ ]
8 Other (Specify) _____	[ ]	[ ]	[ ]	[ ]

GO TO SECTION 4

SECTION 4: INTERNATIONAL MIGRATION

31. Did anyone in this household move abroad to live between 2001 and 2011 and is still living abroad?

[ ] 1 Yes **Go to Q32**
[ ] 2 No **Go to Section 5**
[ ] 98 Don't Know **Go to Section 5**
[ ] 99 Not Stated **Go to Section 5**

32. How many persons moved? [ ]

33 Person No	**34** In which year did this person migrate?	**35** What is this person's sex? 1. Male 2. Female	**36** What was this person's age at time of departure? 998 Don't Know 999 Not stated	**37** What was the highest level of education reached by this person at time of departure? 1. None/No Schooling 2. Pre-primary 3. Primary 4. Secondary 5. Univ/Tertiary 6. Other 98. Don't Know 99. Not stated	**38** To which country did this person migrate? **N.B** Write country	**39** What was the main reason for migrating at time of departure? 1. Family Reunification 2. Employment 3. Study 4. Medical 5. Other (Specify)___ 98. Don't Know 99. Not stated	**40** What was this person's occupation at time of departure? Only for persons 15 years and older at the time of departure Please specify in details. 9998. Don't Know 9999. Not stated
01							
02							
03							
04							
05							
06							

SECTION 5 PERSON CHARACTERISTICS (APPLIES TO ALL PERSONS)

ENUMERATOR: Wherever the dotted line appears, call the name of the person to whom the information relates. If it is not the person to whom you are interviewing say his/her as required.

41. Please fill in the person's assigned number from pg. 3

0	*1*

42. What is your/(….'s) relationship to the head of household?

[ ] 1 Head
[ ] 2 Spouse/Partner
[ ] 3 Son/daughter (child)
[ ] 4 Step son/daughter (child)
[ ] 5 Son/Daughter in-law
[ ] 6 Parent/Parent-in law
[ ] 7 Grandchild
[ ] 8 Other Relative
[ ] 9 Non-Relative
[ ] 98 Don't Know
[ ] 99 Not Stated

43. What is your/(….'s) sex?

[ ] 1 Male
[ ] 2 Female

44. What is your/(….'s) date of birth?

d	d	m	m	y	y	y	y

If date of birth not known, ask:
How old were you/was (….)'s at his/her last birthday?

ENUMERATOR: If the age is Not Stated, please estimate the age if you see the person. Otherwise ask the respondent to estimate the person's age.

45. To which ethnic group do you/does (….) belong?

[ ] 1 African/Black
[ ] 2 Amerindian/Carib
[ ] 3 East Indian/Indian
[ ] 4 Chinese/Oriental
[ ] 5 Portuguese
[ ] 6 Syrian/Lebanese
[ ] 7 Caucasian/White
[ ] 8 Mixed
[ ] 9 Hispanic/Spanish
[ ] 10 Other, (specify)_____

46. What is your/(….'s) religious affiliation/ denomination?

[ ] 1 Anglican
[ ] 2 Baptist (Specify) _____
[ ] 3 Baha'i
[ ] 4 Brethren
[ ] 5 Church of God
[ ] 6 Church of Christ
[ ] 7 Evangelical
[ ] 8 Hindu (Specify) _____
[ ] 9 Jehovah Witness
[ ] 10 Methodist
[ ] 11 Moravian
[ ] 12 Muslim/Islam (Specify) _____
[ ] 13 Pentecostal/Full Gospel
[ ] 14 Presbyterian
[ ] 15 Rastafarian
[ ] 16 Roman Catholic
[ ] 17 Salvation Army
[ ] 18 Seventh Day Adventist
[ ] 19 Other
[ ] 20 None/No Religion
[ ] 98 Don't Know
[ ] 99 Not Stated

SECTION 6 BIRTHPLACE, RESIDENCE & CITIZENSHIP (APPLIES TO ALL PERSONS)

47. Where were you/was (….) born?

[ ] In this country (Village) _____
[ ] Abroad (Country) _____
[ ] 9998 Don't Know
[ ] 9999 Not Stated

48. Where was your/(….) mother's usual place of residence at the time of your/(….'s)birth?

[ ] In this country (Village) _____
[ ] Abroad (Country) _____
[ ] 9998 Don't Know
[ ] 9999 Not Stated

49. Have you/Has (….) lived in another country? *By live,* I mean *residing in a usual place of residence or intending to reside for a continuous period of six months or more.*

[ ] 1 Yes
[ ] 2 No **Go to Q53**
[ ] 98 Don't Know **Go to Q53**
[ ] 99 Not Stated **Go to Q53**

50. In which country did you /(….) last live?

[ ] Country_____
[ ] 9998 Don't Know
[ ] 9999 Not Stated

51. In what year did you/(....) last come to live in Montserrat?

[ ] Year_____
[ ] 9998 Don't Know
[ ] 9999 Not Stated

52. What is/was the main reason your/(.....'s) present residence in Montserrat?

[ ] 1 Homesick
[ ] 2 Regard it as home
[ ] 3 Deported/Involuntary return
[ ] 4 Family is here
[ ] 5 Education
[ ] 6 To work/To seek employment
[ ] 7 To start a business
[ ] 8 Retired
[ ] 9 Other (specify)_____
[ ] 98 Don't Know
[ ] 99 Not Stated

53. In what village on Montserrat did you/ (....) last live before this current residence?

[ ] 0000 Never moved **Go to Q56**
[ ] In Montserrat (Village) _____
[ ] 9998 Don't Know
[ ] 9999 Not Stated

54. Where do you/does (....) usually live? *By live, I mean residing in a usual place of residence or intending to reside for a continuous period of 6 months or more.*

[ ] 1 At this address
[ ] 2 Elsewhere in Montserrat **NEW QUES**
[ ] 3 Abroad **END INTERV**
[ ] 98 Don't Know **Go to Q56**
[ ] 99 Not Stated **Go to Q56**

55. How long have you/has (....) lived at this address?

[ ] 1 less than 12 months
[ ] 2 12 months and less than 2 years
[ ] 3 2 years and less than 5 years
[ ] 4 5 years and less than 10 years
[ ] 5 10 years and more
[ ] 98 Don't Know
[ ] 99 Not Stated

56. Of which country/countries are you/is (...) a citizen? List up to three (3) countries, if applicable.

[ ] Country 1 _____
[ ] Country 2 _____
[ ] Country 3 _____
[ ] 9998 Don't Know
[ ] 9999 Not Stated

SECTION 7 GENERAL HEALTH & DISABILITY (APPLIES TO ALL PERSONS)

57. Over the last 12 months, would you say that your/(....'s) health has on the whole been: good, fairly good, or not good?

[ ] 1 Good
[ ] 2 Fairly good
[ ] 3 Not good
[ ] 98 Don't Know
[ ] 99 Not Stated

58. Do you/does (....) have any of the following illnesses? (Indicate ALL that apply).

ENUMERATOR: Read all options below.

	1 - Yes	2 – No	98- Don't Know	99- Not Stated
1 Diabetes	[ ]	[ ]	[ ]	[ ]
2 Hypertension	[ ]	[ ]	[ ]	[ ]
3 Arthritis	[ ]	[ ]	[ ]	[ ]
4 Kidney disease	[ ]	[ ]	[ ]	[ ]
5 Asthma	[ ]	[ ]	[ ]	[ ]
6 Sickle Cell Anaemia	[ ]	[ ]	[ ]	[ ]
7 Glaucoma	[ ]	[ ]	[ ]	[ ]
8 Cancer	[ ]	[ ]	[ ]	[ ]
9 Heart disease	[ ]	[ ]	[ ]	[ ]
10 Lupus	[ ]	[ ]	[ ]	[ ]
11 HIV/AIDS	[ ]	[ ]	[ ]	[ ]
12 Carpal Tunnel	[ ]	[ ]	[ ]	[ ]
13 Stroke	[ ]	[ ]	[ ]	[ ]
14 Other (specify) _____	[ ]	[ ]	[ ]	[ ]

59. Are you/ Is (....) covered by any insurance plan?

[ ] 1 Yes
[ ] 2 No **Go to Q61**
[ ] 98 Don't Know **Go to Q61**
[ ] 99 Not Stated **Go to Q61**

60. Which of the following insurance plan(s) do you/does (...) have? (Indicate ALL that apply).

ENUMERATOR: Read all options below.

	1 - Yes	2 – No	98- Don't Know	99- Not Stated
1 Social Security	[ ]	[ ]	[ ]	[ ]
2 Individual Health	[ ]	[ ]	[ ]	[ ]
3 Endowment with Health	[ ]	[ ]	[ ]	[ ]
4 Group Health	[ ]	[ ]	[ ]	[ ]
5 Individual Life	[ ]	[ ]	[ ]	[ ]
6 Individual Life with Health	[ ]	[ ]	[ ]	[ ]

61. Do you/does (....) have a longstanding illness or disability or infirmity that limits you/him/her from carrying out normal day-to-day activities? *By long-standing I mean anything that has troubled you/him/her over a period of time (six months or more), or that is likely to affect you/him/her over a period of time?*

[ ] 1 Yes
[ ] 2 No **Go to Q63**
[ ] 98 Don't Know **Go to Q63**
[ ] 99 Not Stated **Go to Q63**

62. *For this section, I need to know the type of disability, whether it was diagnosed by a doctor and the origin of the disability.*

ENUMERATOR: Read the options below and WRITE the appropriate codes in the columns 1=Yes, 2=No and 99 = Not stated. (Indicate ALL that apply)

For the origin column use the following codes:
1 From birth
2 Illness/Disease
3 Accident/Injury
4 Old Age
98 Don't Know
99 Not Stated

	Disability	Diagnosed by Doctor	Origin of Disability
1 Eyesight (even with glasses/contact lenses)	[ ]	[ ]	[ ]
2 Hearing (even with hearing aid)	[ ]	[ ]	[ ]
3 Walking or climbing stairs	[ ]	[ ]	[ ]
4 Upper body functions	[ ]	[ ]	[ ]
5 Remembering or learning	[ ]	[ ]	[ ]
6 Communicating or Speaking	[ ]	[ ]	[ ]
7 Thinking or mood or Behaviour	[ ]	[ ]	[ ]
8 Other (specify) _____	[ ]	[ ]	[ ]

SECTION 8 EDUCATION
(APPLIES TO ALL PERSONS)

63. Are you/ 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 Q65**
[ ] 98 Don't Know **Go to Q65**
[ ] 99 Not Stated **Go to Q65**

64. What type of school or institution are you/is (....) attending?

[ ] 1 Day care
[ ] 2 Pre-school/Nursery
[ ] 3 Special Education
[ ] 4 Government Primary
[ ] 5 Government Assisted Primary School
[ ] 6 Secondary
[ ] 7 Post Secondary School
[ ] 8 Community/State College ('A' level)
[ ] 9 Technical/Vocational School/College
[ ] 10 Distance Learning (specify)_____
[ ] 11 University
[ ] 12 Adult/Continuing Education
[ ] 13 Other (specify)_____
[ ] 98 Don't Know
[ ] 99 Not Stated

65. What is the <u>highest level</u> of education that you have/(...) has reached? TICK ONE.

[ ] 1 None /No Schooling **Go to Q67**
[ ] 2 Daycare **Go to Q67**
[ ] 3 Pre-school/nursery **Go to Q67**
[ ] 4 Infant/Kindergarten
[ ] 5 Special Education
[ ] 6 Primary Grade/(Standard 1-3)
[ ] 7 Primary Grade/(Standard 4-7)
[ ] 8 Junior Secondary
[ ] 9 Secondary (Form 1-3)
[ ] 10 Secondary (Form 4-5)
[ ] 11 Sixth Form (A' level)
[ ] 12 Pre-University/ Post Secondary/College
[ ] 13 University
[ ] 14 Other (specify)_____
[ ] 98 Don't Know
[ ] 99 Not Stated

66. What is the <u>highest</u> certificate, diploma or degree that you have/(....) has earned? TICK ONE

[ ] 1 No qualifications
[ ] 2 School Leaving Certificate e.g. Standard 6/7 School Leaving Exam, CCSLC
[ ] 3 Cambridge School Certificate
[ ] 4 O' Level – Basic (CXC)
[ ] 5 O' Level – Gen/Techn (GCE, CXC, CSEC)
[ ] 6 High School Certificate
[ ] 7 A' Level
[ ] 8 CAPE
[ ] 9 College Certificate/Diploma
[ ] 10 Associate's Degree/HNDs/HNCs
[ ] 11 Bachelor's Degree
[ ] 12 Post graduate Dip/Certificate
[ ] 13 Professional Certificate (ACCA)
[ ] 14 Higher Degree (PhD, MBA, MSc)
[ ] 15 Other (specify)_____
[ ] 98 Don't Know
[ ] 99 Not Stated

SECTION 9 INTERNET USE
(APPLIES TO ALL PERSONS)

67. Have you/has (.....) used the Internet (from any location) in the last 12 months (May 2010 – May 2011)?

[ ] 1 Yes
[ ] 2 No **Go to Q69**
[ ] 97 Not Applicable **Go to Q69**
[ ] 98 Don't Know **Go to Q69**
[ ] 99 Not Stated **Go to Q69**

68. Where did you/(...) use the Internet in the last 12 months? (Indicate ALL that apply)

ENUMERATOR: Read the options below

	1 - Yes	2 - No	99- Not Stated
1 Home	[ ]	[ ]	[ ]
2 Work	[ ]	[ ]	[ ]
3 Place of education	[ ]	[ ]	[ ]
4 Another person's home	[ ]	[ ]	[ ]
5 Community/public facility	[ ]	[ ]	[ ]
6 Internet café	[ ]	[ ]	[ ]
7 Any place via a mobile cellular phone	[ ]	[ ]	[ ]
8 Any place via other mobile access device	[ ]	[ ]	[ ]
9 Other (specify) _____	[ ]	[ ]	[ ]

SECTION 10 LITERACY (PERSONS 10+ YEARS)

69. Are you/Is (....) able to read and write with understanding a simple statement, in English or another language, about your/his/her daily life?

[ ] 1 Yes
[ ] 2 No
[ ] 97 Not Applicable (under 10 years old)
[ ] 98 Don't Know
[ ] 99 Not Stated

INTERVIEWER INSTRUCTIONS

ENUMERATOR : Use Q44 and tick the appropriate box below:

[ ] 1 Under 15 **Go to Q100**
[ ] 2 15 years and over **Continue**

SECTION 11 MARITAL STATUS & UNION STATUS
(ALL PERSONS 15+ YEARS)

70. What is your/(...)'s marital status?

[ ] 1 Single/Never Married
[ ] 2 Married
[ ] 3 Civil Partnership
[ ] 4 Legally Separated
[ ] 5 Divorced
[ ] 6 Widowed
[ ] 98 Don't Know
[ ] 99 Not Stated

71. What is your/(...)'s present union status?

[ ] 1 Never had a spouse/partner
[ ] 2 Married and living with your/his/her spouse
[ ] 3 Living with a partner
[ ] 4 Visiting partner
[ ] 5 Not in Union
[ ] 98 Don't Know
[ ] 99 Not Stated

SECTION 12 TRAINING
(ALL PERSONS 15+ YEARS)

72. Have you/has (....) ever taken part in any training connected with an occupation/profession? (Training can be formal or non-formal)

[ ] 1 Yes
[ ] 2 No **Go to Q78**
[ ] 98 Don't Know
[ ] 99 Not Stated

73. Which category of training status applies to you/(....)?

[ ] 1 Completed training
[ ] 2 Undergoing training currently
[ ] 3 Attempted training but did not complete **Go to Q78**
[ ] 98 Don't Know
[ ] 99 Not Stated

74. For which occupation did you/(...) receive your/his/her highest level of training? Brief description of occupation required.

_____

[ ] 9998 Don't Know
[ ] 9999 Not Stated

75. For which occupation did you/(...) receive the most recent training*? By recent I mean within the past five years.*

_____

[ ] 9997 Not Applicable **Go to Q78**
[ ] 9998 Don't Know
[ ] 9999 Not Stated

76. In the most recent job-related training in which you/(....) participated, what was the main educational method used?

[ ] 1 On the job
[ ] 2 Apprenticeship
[ ] 3 Private Study
[ ] 4 Correspondence Course/Distance Learning
[ ] 5 Secondary School
[ ] 6 Vocational/Trade/Technical Institution
[ ] 7 Commercial/Secretarial School
[ ] 8 Business/Computer School
[ ] 9 University (on campus)
[ ] 10 Online/Virtual learning
[ ] 11 Other (specify)_____
[ ] 98 Don't Know
[ ] 99 Not Stated

77. How long was the period of your/(...)'s most recent job-related training?

[ ] 1 Less than 1 month
[ ] 2 1 and less than 3 months
[ ] 3 3 and less than 6 months
[ ] 4 6 and less than 12 months
[ ] 5 1 and less than 1½ years
[ ] 6 1½ and less than 2 years
[ ] 7 2 and less than 3 years
[ ] 8 3 and less than 4 years
[ ] 9 4 years and over
[ ] 98 Don't Know
[ ] 99 Not Stated

SECTION 13 ECONOMIC ACTIVITY & INCOME
(ALL PERSONS 15+ YEARS)

78. What did you/(....) do most during the past 12 months for example, did you/(...) work, look for a job, keep house or carry on some other activity?

[ ] 1 Had a job and worked **Go to Q81**
[ ] 2 Had a job, but did not work **Go to Q81**
[ ] 3 Seeking a job – first **Go to Q82**
[ ] 4 Seeking a job – not first **Go to Q82**
[ ] 5 Did not seek, wanted work and was available
[ ] 6 Attended school/Student
[ ] 7 Did home duties
[ ] 8 Retired, did not work
[ ] 9 Disabled, unable to work
[ ] 10 Other (specify)_____
[ ] 98 Don't Know
[ ] 99 Not Stated

79. Did you/(...) do any work in the past 12 months?

[ ] 1 Yes **Go to Q81**
[ ] 2 No
[ ] 98 Don't Know
[ ] 99 Not Stated

80. Have you/Has (...) ever worked or had a job?

[ ] 1 Yes **Go to Q82**
[ ] 2 No **Go to Q82**
[ ] 98 Don't Know **Go to Q82**
[ ] 99 Not Stated **Go to Q82**

81. For how many months did you/(...) work during the past 12 months?

[ ] 98 Don't Know
[ ] 99 Not Stated

82. Did you/(...) actually do any form of work for pay, profit or family gain (for at least one hour) during the past week?

[ ] 1 Yes, worked
[ ] 2 No
[ ] 98 Don't Know
[ ] 99 Not Stated

83. What did you/(....) do mostly during the past week?

[ ] 1 Had a job and worked **Go to Q86**

[ ] 2 Had a job, but did not work **Go to Q87**
[ ] 3 Seeking job - first **Go to Q85**
[ ] 4 Seeking job - not first job **Go to Q85**
[ ] 5 Did not seek, wanted work and was available
[ ] 6 Attended school/Student **Go to Q94**

[ ] 7 Did home duties **Go to Q94**
[ ] 8 Retired, did not work **Go to Q94**
[ ] 9 Disabled, unable to work **Go to Q94**
[ ] 98 Don't Know
[ ] 99 Not Stated

84. Did you/(....) take any steps during the past two months to look for work?

[ ] 1 Yes
[ ] 2 No/Did nothing **Go to Q87**
[ ] 98 Don't Know **Go to Q87**
[ ] 99 Not Stated **Go to Q87**

85. What steps did you/(....)take? (Indicate ALL that apply).

	1 - Yes	2 - No	99- Not Stated
1 Looked up and responded to advertisements	[ ]	[ ]	[ ]
2 Checked at work sites, etc	[ ]	[ ]	[ ]
3 Sought assistance from friends/relatives	[ ]	[ ]	[ ]
4 Register at public/private employment exchange	[ ]	[ ]	[ ]
5 Register at public/private employment agency	[ ]	[ ]	[ ]
6 Tried to establish own business	[ ]	[ ]	[ ]
7 Tried to work at family business	[ ]	[ ]	[ ]
8 Other (specify) _____	[ ]	[ ]	[ ]

ALL OPTIONS SKIP TO Q87

86. How many hours did you/(…) actually work in your/(...) main job during the past week?

[ ] 998 Don't Know
[ ] 999 Not Stated

87. Give a brief description of your/(….'s) main duties in your/his/her main occupation (last job).

Occupation _____
_____

[ ] 9997 Not Applicable **Go to Q94**
[ ] 9998 Don't Know
[ ] 9999 Not Stated

88. What main business is (was) carried out at your/(....'s) work place?

Industry _____
_____
_____

[ ] 9998 Don't Know
[ ] 9999 Not Stated

89. Where is (was) your/(....'s) place of work?

[ ] 1 Fixed place of work outside the home
[ ] 2 Work at home **Go to Q91**
[ ] 3 No fixed place of work **Go to Q91**
[ ] 97 Not applicable **Go to Q91**
[ ] 98 Don't Know **Go to Q91**
[ ] 99 Not Stated **Go to Q91**

90. What is (was) the name and address of your/(...'s) workplace?

Name _____
Address _____
_____

[ ] 9998 Don't Know
[ ] 9999 Not Stated

91. What type of worker or employment status applies (applied) to you/(...)?

[ ] 1 Paid employee, Government
[ ] 2 Paid employee, Statutory Board
[ ] 3 Paid employee, Private Business
[ ] 4 Paid employee, Private Home
[ ] 5 Contributing family worker **Go to Q94**
[ ] 6 Apprentice/Trainees
[ ] 7 Unpaid Worker/Employee **Go to Q94**
[ ] 8 Own Business with paid employees
[ ] 9 Own Business without paid employees
[ ] 10 Other (specify)_____
[ ] 98 Don't Know
[ ] 99 Not Stated

92. How <u>often</u> do you/does (...) get paid from your/his/her main job?

[ ] 1 Weekly
[ ] 2 Fortnightly
[ ] 3 Monthly
[ ] 4 Quarterly
[ ] 5 Annually
[ ] 6 Other (specify)_____
[ ] 97 Not applicable **Go to Q94**
[ ] 98 Don't Know
[ ] 99 Not Stated

93. What was your/(...'s) gross pay/income, that is your/(...'s) pay before any deductions, during the last pay period from your/(...'s) main job?
PRESENT FLASH CARD.

ENUMERATOR: For self-employed persons obtain 'net income', that is receipts less business expenses.

Income Group		

[ ] 98 Don't Know
[ ] 99 Not Stated

94. What are your/(...'s) sources of livelihood? (Indicate ALL that apply).

		1 - Yes	2 - No	98- Don't Know	99- Not Stated
1	Employment	[ ]	[ ]	[ ]	[ ]
2	Pension (local)	[ ]	[ ]	[ ]	[ ]
3	Pension (overseas)	[ ]	[ ]	[ ]	[ ]
4	Investment	[ ]	[ ]	[ ]	[ ]
5	Savings/Interest on savings	[ ]	[ ]	[ ]	[ ]
6	Benefits(disability, employment)	[ ]	[ ]	[ ]	[ ]
7	Social Security benefits	[ ]	[ ]	[ ]	[ ]
8	Other public assistance	[ ]	[ ]	[ ]	[ ]
9	Remittances (overseas)	[ ]	[ ]	[ ]	[ ]
10	Support from Friends/relatives /parents	[ ]	[ ]	[ ]	[ ]
11	Subsistence farming/fishing	[ ]	[ ]	[ ]	[ ]
12	Other (specify) _____	[ ]	[ ]	[ ]	[ ]

The NEXT SECTION applies only to females aged 15 years and older. **ALL Males, go to Q100**

SECTION 14 FERTILITY (FEMALES 15+YEARS)

95. How many live births have you/(...) ever had? How many were male and how many were female?

Total		Males		Females	

If None, write 00 00 00 **Go to Q100**

96. How old were you/(...) when you/she had the first liveborn child?

[ ] 98 Don't Know
[ ] 99 Not Stated

97. How old were you/(...) when you/she had the last liveborn child?

[ ] 98 Don't Know
[ ] 99 Not Stated

Females 15–49 Years Only

98. How many live births did you/(...) have in the past 12 months?

[ ] 1 None **Go to Q100**
[ ] 2 One live birth
[ ] 3 Two live births
[ ] 4 Three or more
[ ] 98 Don't Know **Go to Q100**
[ ] 99 Not Stated **Go to Q100**

99. What is/are the sex(es) of this child/these children ? Did any of them die?

Sex	Number	Died within 1 month	Died after 1 month but before 1 year
Male			
Female			
Total			

SECTION 15 WHERE SPENT CENSUS NIGHT
(ALL PERSONS)

100. Did you \(....) spend May 12, 2011 at this address, elsewhere in this country or abroad?

[ ] 1 At this address
[ ] 2 Elsewhere in this country_____
[ ] 3 Abroad

MOVE TO NEXT PERSON IN HOUSEHOLD WHERE APPLICABLE

Montserrat Population and Housing Census

Census Day is May 12, 2011