

PERSON NO 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". Fill the appropriate oval. Please do not write over the responses:

SECTION 3 CHARACTERISTICS FOR ALL PERSONS

36. Please fill in this person's assigned number

37. What is 's relationship to the head of household?

- 1 Head
- 2 Spouse/partner
- 3 Child
- 4 Son/daughter-in-law
- 5 Grandchild
- 6 Parent/parent-in-law
- 7 Other relative
- 8 Non-relative

38. INTERVIEWER: Fill the appropriate oval.
FOR PERSONS NOT SEEN ASK: Is.....male or female?

- 1 Male
- 2 Female

39. What is.....'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

40. To what ethnic, racial or national group do you think.....belongs?

- 1 African Descent/Negro/Black
- 2 Indigenous People (Amerindian/Carib)
- 3 East Indian
- 4 Chinese
- 5 Portuguese
- 6 Syrian/Lebanese
- 7 White/Caucasion
- 8 Mixed
- 9 Other (please specify.....)
- 10 Don't know/Not Stated

41. What is.....'s religion/denomination?

- 1 Anglican
- 2 Baptist
- 3 Bahai
- 4 Bretheren
- 5 Church of God
- 6 Evangelical
- 7 Hindu
- 8 Jehovah Witnesses
- 9 Methodist
- 10 Moravian
- 11 Muslim
- 12 Pentecostal
- 13 Presbyterian
- 14 Rastafarian
- 15 Roman Catholic
- 16 Salvation Army
- 17 Seventh Day Adventist
- 18 None
- 19 Not Stated
- 20 Other (please specify.....)





SECTION 4 DISABILITY

FOR ALL PERSONS

LONG STANDING DISABILITY

42. Does.....suffer from any long-standing illness, disability or infirmity?

- 1 Yes 2 No (Go to Q.49)

43. What was the origin of the disability?

- 1 Illness
- 2 From Birth
- 3 Accident
- 4 Other

44. At what age did this disability begin?

Age

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TYPE OF DISABILITY

45. What type of disability or impairment doeshave? (More than one oval may be filled)

- 1 Sight (Even with glasses if worn)
- 2 Hearing (even with hearing aid if used)
- 3 Speech (Talking)
- 4 Upper Limb (arm)
- 5 Lower Limb (Legs)
- 6 Neck and spine
- 7 Slowness at learning or understanding
- 8 Behavioural (Mental Retardation)
- 9 Other Please specify.....)
- 10 Not Stated

46. Was.....disability/major impairment ever diagnosed by a medical doctor?

- 1 Yes
- 2 No
- 3 Not Stated

47. Because of a physical, mental or emotional condition lasting 6 months or more, does this person have any difficulty in doing any of the following activities?

a. learning, remembering, or concentrating?

- 1 Yes 2 No

b. Dressing, bathing, or getting around inside the home?

- 1 Yes 2 No

c. Going outside the home alone to shop or visit a Doctor's office?

- 1 Yes 2 No

d. (Answer if person is 15 YEARS OLD OR OVER Working at a job or business?)

- 1 Yes 2 No

48. Are you required to use any of the following aids (more than one oval may be filled)?

- 1 Wheelchair 6 Cane
- 2 Walker 7 Prosthesis/artificial body part
- 3 Crutches 8 Orthopedic Shoes
- 4 Braille 9 Other specify.....)
- 5 Adapted Car 10 None

SECTION 5 HEALTH

FOR ALL PERSONS

49. Does.....suffer from any of the following illness? (More than one oval may be filled)

- 1 Sickle Cell Anaemia 9 Cancer
- 2 Arthritis 10 HIV
- 3 Asthma 11 AIDS
- 4 Diabetes 12 Lupus
- 5 Hypertension/High Blood Pressure 13 Carpal Tunnel Syndrome
- 6 Heart Disease 14 None
- 7 Stroke 15 Other(please specify.....)
- 8 Kidney Disease 16 Not Stated

50. Has.....utilised a medical facility (Hospital, health center, private doctor, pharmacy) in the past month?

- 1 Yes 2 No (Go to Q.52) 3 Not Stated (Go to Q.52)





51. What medical facility(ies) has.....utilised in the past month? (more than one oval may be filled)

- 1 Public hospital
- 2 Public Health Centre/Medical Visiting Stations
- 3 Private Doctor's Office
- 4 Pharmacy
- 5 Family Planning Clinic
- 6 Private Clinic/Hospital
- 7 Other(please specify)_____
- 8 Not Stated

52. Is.....covered by an insurance (health, life etc.) Employee Medical Plan and/or NIS (National Insurance Scheme)?

- 1 Yes
- 2 No (Go to Q.54)
- 3 Don't Know

53. Which of the following insurances do you have [READ THE LIST TO RESPONDENT AND FILL IN ALL OVALS WHICH APPLY]?

- 1 NIS (National Insurance Scheme)
- 2 Group Health Insurance
- 3 Individual Health
- 4 Life with health
- 5 Endowment with health
- 6 Life only
- 7 Endowment only
- 8 School Accident Insurance
- 9 Other (Please Specify.....)

SECTION 6 BIRTHPLACE AND RESIDENCE FOR ALL PERSONS

54. Where was.....born?

- 1 In this country
- 2 Abroad (Go to Q.57)
- 3 Not Stated (Go to Q.56)
- 4 Don't Know (Go to Q.56)

INTERVIEWER:
Remember what is required is the mother's normal residence at the time of birth, and not the hospital or place where the birth took place.

55. In what part of the country is that?

Community

District/Parish

56. Have you/has.....ever lived in another country?

- 1 Yes (Go to Q.58)
- 2 No/Don't know (Go to Q.61)

57. In what country was that?

58. In what year did.....last come to live in this country?

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59. In what country did.....last live?

60. Why did you return/come to.....St. Lucia?

- 1 Regard it as home/Homesick
- 2 Family is here
- 3 Deported
- 4 Retired
- 5 To start a business
- 6 Other

61. In what town, village or district in St. Lucia did..... he/she last live ?

Community

District/Parish

Never Moved (Go to Q.65)

62. In what year did.....you last come to live in this town, village or district?

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63. Where do(es).....usually live?

- 1 At this address (Go to Q.65)
- 2 Elsewhere in this country
- 3 Abroad (Go to Q.65)
- 4 Don't Know (Go to Q.65)

64. In what part of the country is that?

Community

District/Parish





SECTION 7 EDUCATION AND TRAINING FOR ALL PERSONS

65. 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 Q.69)
- 4 Don't Know (Go to Q.69)

66. What type of school or institution are you/is he/is she attending?

- 1 Day care/Nursery
- 2 Pre-school
- 3 Infant/Kindergarden
- 4 Special Education
- 5 Primary
- 6 Senior Primary/Junior Secondary/Post Primary
- 7 Secondary
- 8 Sixth Form ('A' Level)
- 9 Professional/Technical/Vocational School
- 10 University
- 11 Adult Education
- 12 Other (please specify.....)
- 13 Not Stated

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

Name _____

Address _____

68. What is your/his/her main mode of travel to the school or institution?

- 1 Walk
- 2 Bicycle
- 3 Motor Cycle
- 4 Private car or vehicle
- 5 Government School Bus
- 6 Public transport (minibus)
- 7 Hired Transport (taxi)
- 8 Don't Know/Not Stated

69. What is the highest formal level of education that.....has attained?

- 1 Daycare/Nursery
- 2 Pre-school
- 3 Infant
- 4 Primary Grade/Standard (1 - 3 years)
- 5 Primary Grade/Standard (4 - 7 years)
- 6 Secondary
- 7 Pre-University/Post Secondary/College
- 8 University
- 9 Other(please specify.....)
- 10 None
- 11 Not Stated

70. What is the highest certificate, diploma or degree that you/he/she have earned?

- 1 School leaving (e.g. Standard Six or Seven School Leaving exam)
- 2 Cambridge School Certificate
- 3 GCE 'O' Levels or CXC

Number of Subjects									
1	2	3	4	5	6	7	8	9	Not Stated
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
- 4 High School Diploma/Certificate

Number of Subjects									
1	2	3	4						Not Stated
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						<input type="radio"/>
- 5 GCE 'A' Levels

1	2	3	4						Not Stated
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						<input type="radio"/>
- 6 Under-graduate Diploma

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						<input type="radio"/>
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- 7 Other Diploma
- 8 Associate Degree
- 9 Professional Certificate
- 10 Bachelor's Degree
- 11 Post Graduate Diploma (Bachelors & Half Content for a Masters)
- 12 Higher Degree (Master's or Doctoral)
- 13 Other(pleasespecify.....)
- 14 None
- 15 Not Stated

71. INTERVIEWER: Fill the appropriate oval (see Q.39)

- 1 Under 15 (Go to Q.108)
- 2 15 years and over





SECTION 7 CONT'D PROFESSIONAL, TECHNICAL AND VOCATIONAL TRAINING

**72a. Were you ever trained/are you being trained for a specific occupation or profession?
(Training can be formal or nonformal)**

- 1 Yes 2 No (Go to Q.75) 3 Not Stated (Go to Q.75)

72b. Which is the main occupation/profession for which you have received this training?

72c. Is your/his/her present job related to your/his/her training?

- 1 Yes 2 No

73. In what year or period did you/he/she complete that training or are you still being trained?

- 1 2001 7 1980 - 1989
 2 2000 8 Before 1980
 3 1999 9 Did not complete training
 4 1998 10 Still being trained
 5 1994 - 1997 11 Not Stated
 6 1990 - 93

74. In.....'s field of highest level of training, what was the main educational method/type of training used?

- 1 On the job 9 Other institutional training
 2 Apprenticeship 10 University (on campus)
 3 Correspondence course 11 Distance learning
 4 Secondary School 12 Virtual/Internet Learning
 5 Vocational Trade School 13 Private Study
 6 Commercial/Secretarial School 14 Other
 7 Business/Computer School 15 Not Stated
 8 Technical Institution





SECTION 8 MARITAL STATUS, UNION STATUS FOR PERSON 15 YEARS AND OVER

- 75. What is your/...s present union status?**
- 1 Legally married (Go to Q.77)
 - 2 Common Law union (Go to Q.76 then Q.78)
 - 3 Visiting partner
 - 4 Married but not in union (Go to Q.77)
 - 5 Legally separated and not in a union (Go to Q.77)
 - 6 Widowed and not in union (Go to Q.77)
 - 7 Divorced and not in union (Go to Q.77)
 - 8 Not in a union
 - 9 Don't know/Not stated

- 76. Have you ever been married?**
- 1 Yes
 - 2 No
 - 9 Don't know/Not stated

- 77. Have you/has...ever lived together with a partner in a common law relationship?**
- 1 Yes
 - 2 No (Go to Q.79)
 - 9 Don't know/Not stated

78. How old were you/he/she when you/he/she were/was first married or lived with a partner?

SECTION 9 FERTILITY ALL PERSONS 15 YEARS AND OVER

79. How many live births/children has....ever had? (If ZERO, enter 00 & Go to Q.86)

80. How old were you/he/she when you/he/she had the first live born child?

81. How old were you/he/she at the birth of your/her/his last live born child?

Q. 82 TO Q.85 APPLY ONLY TO FEMALES UNDER 50. ALL OTHERS GO TO Q.86

82. How many living babies/live births did you/she have in the last 12 months?

- 1 None (Go to Q.86)
- 2 One
- 3 Two separate births
- 4 Twins
- 5 Three or more
- 6 Not Applicable

83. What is/are the sex(es) of this child/these children? (Born within the last 12 months)

Number of Boys	Number of Girls
<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5

84. Did any of these babies die?

- 1 Yes
- 2 No (Go to Q.86)

85. How many died?

Within the first month of life

 0 1 2 3 4 5

After one month but before one year

 0 1 2 3 4 5

SECTION 10 ECONOMIC ACTIVITY

FOR PERSONS 15 YEARS AND OVER

86. What did....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 (Go to Q.89)
- 2 Had a job but did not work (Go to Q.89)
- 3 Looked for work
- 4 Wanted work and available
- 5 Home Duties
- 6 Attended School
- 7 Retired
- 8 Disabled, unable to work
- 9 Other(please specify.....)
- 10 Not Stated

87. Did you/he/she do any work at all in the past 12 months? Include work at home, for example, piece work, decorative stitching, handicraft, sewing, etc.

- 1 Yes (Go to Q.89)
- 2 No
- 3 Don't Know

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

- 1 Yes (Go to Q.90)
- 2 No (Go to Q.90)

89. How many months did you/he/she work in the past 12 months?

Number of months

- | | | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

90. What did....do most during the past week - for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- 1 Worked (Go to Q.94)
- 2 Had a job but did not work (Go to Q.94)
- 3 Looked for work
- 4 Wanted work and available
- 5 Home Duties
- 6 Attended School
- 7 Retired
- 8 Disabled, unable to work
- 9 Other(please specify.....)
- 10 Not Stated

91. Did you take any steps during the past two months to look for work?

- 1 No/Did Nothing
- 2 Direct Application (Sent out letters) (Go to Q.93)
- 3 Checking at work sites, factory gates etc. (Go to Q.93)
- 4 Seeking assistance from friends (Go to Q.93)
- 5 Register at public/private employment exchange(Go to Q.93)
- 6 Other (Go to Q.93)
- 7 Not Stated (Go to Q.93)

92. Why did....not seek work during the past two months?

- 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(please specify.....)
- 16 Not stated

93. Did you/he/she do any other kind of work at all last week for any length of time, including helping in a family business/farm, street vending or work at home?

- 1 Yes 2 No (Go to Q.105)

94. How many hours did you/he/she work last week?

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95. What sort of work did you/he/she, do in your/his/her main occupation? Please specify in detail

Never Worked (Go to Q.105)

96. What type of business is/was carried on at your/his/her workplace? Please specify in detail





SECTION 10 ECONOMIC ACTIVITY CONTINUED FOR PERSONS 15 YEARS AND OVER

97. What is the name and address of your/his/her present workplace?

Name _____

Address _____

No present workplace
(Go to Q.105)

98. What is your/his/her main mode of travel to work?

- 1 Work at home (Skip to Q.100)
- 2 Walk
- 3 Bicycle
- 4 Private Car or vehicle
- 5 Company/Government Transportation
- 6 Public Transport (minibus)
- 7 Hired transport (Taxi)
- 8 Other
- 9 Don't know/Not Stated

99. How many minutes do you/he/she take to get to work?

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100. Did you/he/she carry on your/his/her business, work for a wage or salary or as an unpaid worker in a family business?

- 1 Paid Employee - Government (Go to Q.103)
- 2 Paid employee - Private (Go to Q.103)
- 3 Paid employee - Statutory body (Go to Q.103)
- 4 Unpaid Family Worker (Go to Q.105)
- 5 Own business with paid employee
- 6 Own business without paid employee (Go to Q.102)
- 7 Apprentice (Go to Q.103)
- 8 Don't know/Not Stated (Go to Q.103)

101. How many people work for you/him/her?

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102. Do you/does he/she move all your/his/her goods every night; e.g. fruits, nuts, lottery tickets, clothing/shoes, etc.?

- 1 Yes (Informal)
- 2 No

103. What was....'s last pay/income period?

- 1 Weekly
- 2 Fortnightly
- 3 Monthly
- 4 Quarterly
- 5 Annually
- 6 Other(please specify.....)
- 7 None
- 8 Not Stated

104. What was... 's gross pay/income during the last pay period, 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

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105. What are your/his/her sources of livelihood? (Check as many as applicable)

- 1 Pension (Local)
- 2 Pension (Overseas)
- 3 Investment
- 4 Remittance (overseas)
- 5 Savings/Interest on savings
- 6 Employment
- 7 Disability benefits
- 8 Unemployment benefits
- 9 Social Security Benefits
- 10 Other Public Assistance
- 11 Local contributions from friends/relatives
- 12 Overseas contributions from friends/relatives
- 13 Spouse
- 14 Children
- 15 Parents
- 16 Guardians
- 17 Other
- 18 Not Stated

106. Approximately how much money did you/he/she receive last year (2000) from family and/or friends abroad?

To nearest dollar

\$

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SECTION 10 ECONOMIC ACTIVITY CONTINUED FOR PERSONS 15 YEARS AND OVER

107. On average how many hours do you/he/she..... spend per week on house work? [Cleaning the house, Laundry, Care of children, Care of the elderly etc.]

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SECTION 11 CRIME

108. In the last 12 months have you/he/she.....been a victim of crime?

- 1 Yes
- 2 No (Go to Q.112)
- 3 Not Stated

109. Describe the nature of the main crime?

110. Was the crime reported to the police?

- 1 Yes (Go to Q.112)
- 2 No
- 3 Not Stated (Go to Q.112)

111. Why was the crime not reported to the police?

- 1 No confidence in the administration of justice
- 2 Afraid of the perpetrator
- 3 Perpetrator household member/relative
- 4 Not serious enough
- 5 Other (Specify.....)



IMPORTANT

INTERVIEWER: If interview conducted before census day, ask on return visit immediately after census day. If interview conducted after census day, ask as part of the full interview.

SECTION 12 WHERE SPENT CENSUS NIGHT

112. Where did.....spend census night?

- 1 At this address (END INTERVIEW)
- 2 Elsewhere in this country
- 3 Abroad (END INTERVIEW)

113. What part of the country was that? if known, please specify

