

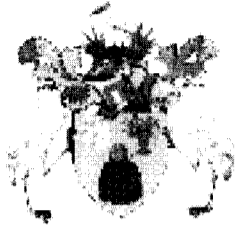


6868

TURKS AND CAICOS ISLANDS
DEPARTMENT OF ECONOMIC PLANNING AND STATISTICS

Commonwealth Caribbean Population and Housing Census
August 2001

CONFIDENTIAL WHEN COMPLETE



IDENTIFICATION

Island Number

Questionnaire Number

Enumeration District Number

Household Number

Building Number

Telephone Number

Name of Head

Address of household

CG1103

INTERVIEWER

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)

RECORD OF VISITS

Interviewer Calls:	1	2	3	4
Date				
Time Started				
Time Ended				
Duration				
Results*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Results: 1 = Completed

2 = Partially completed, call back

3 = Dwelling Closed

4 = Dwelling Vacant

5 = No Contact

6 = Refusal

7 = No suitable respondent at home

8 = Other (please specify)

ENUMERATOR

NAME AND SIGNATURE

DATE

FIELD EDITOR

NAME AND SIGNATURE

DATE

SUPERVISOR

NAME AND SIGNATURE

DATE

EDITOR/CODER

NAME AND SIGNATURE

DATE

CONFIDENTIAL WHEN COMPLETE

LIST OF HOUSEHOLD MEMBERS

INTERVIEWER SAY:**Please give me the names of all the persons who usually live here and share one daily meal.**

01	SURNAME	FIRST NAME
02	SURNAME	FIRST NAME
03	SURNAME	FIRST NAME
04	SURNAME	FIRST NAME
05	SURNAME	FIRST NAME
06	SURNAME	FIRST NAME
07	SURNAME	FIRST NAME
08	SURNAME	FIRST NAME
09	SURNAME	FIRST NAME
10	SURNAME	FIRST NAME
11	SURNAME	FIRST NAME
12	SURNAME	FIRST NAME
13	SURNAME	FIRST NAME
14	SURNAME	FIRST NAME
15	SURNAME	FIRST NAME
16	SURNAME	FIRST NAME
17	SURNAME	FIRST NAME
18	SURNAME	FIRST NAME
19	SURNAME	FIRST NAME
20	SURNAME	FIRST NAME
21	SURNAME	FIRST NAME
22	SURNAME	FIRST NAME
23	SURNAME	FIRST NAME
24	SURNAME	FIRST NAME
25	SURNAME	FIRST NAME
26	SURNAME	FIRST NAME

	Head of Household	2nd Person	3rd Person
First Name			
SECTION 1. CHARACTERISTICS OF THE HOUSEHOLD FOR ALL PERSONS			
1.1 What is _____ relationship to the head of household?	<input checked="" type="radio"/> 1. Head	<input type="radio"/> 2. Spouse/partner <input type="radio"/> 3. Child <input type="radio"/> 4. Son/Daughter-in-law <input type="radio"/> 5. Grandchild <input type="radio"/> 6. Parent/Parent-in-law <input type="radio"/> 7. Other relative <input type="radio"/> 8. Non-relative	<input type="radio"/> 2. Spouse/partner <input type="radio"/> 3. Child <input type="radio"/> 4. Son/Daughter-in-law <input type="radio"/> 5. Grandchild <input type="radio"/> 6. Parent/Parent-in-law <input type="radio"/> 7. Other relative <input type="radio"/> 8. Non-relative
1.2 What is _____ sex?	<input type="radio"/> 1. Male <input checked="" type="radio"/> 2. Female	<input type="radio"/> 1. Male <input type="radio"/> 2. Female	<input type="radio"/> 1. Male <input type="radio"/> 2. Female
1.3 What is _____ date of birth?	1. Date of Birth <div style="display: flex; justify-content: space-between; width: 100%;"> Day Month Year </div>	1. Date of Birth <div style="display: flex; justify-content: space-between; width: 100%;"> Day Month Year </div>	1. Date of Birth <div style="display: flex; justify-content: space-between; width: 100%;"> Day Month Year </div>
If not known ask, "How old was _____ on his/her last birthday?"	2. Age in years <input type="text"/>	2. Age in years <input type="text"/>	2. Age in years <input type="text"/>
1.4 To what ethnic or racial group does _____ belong?	<input type="radio"/> 1. African/Negro/Black <input type="radio"/> 2. White <input type="radio"/> 3. East Indian <input checked="" type="radio"/> 4. Mixed (state two main ethnic) groups <input checked="" type="radio"/> 4.1 _____ <input checked="" type="radio"/> 4.2 _____ <input type="radio"/> 5. Other	<input type="radio"/> 1. African/Negro/Black <input type="radio"/> 2. White <input type="radio"/> 3. East Indian <input type="radio"/> 4. Mixed (state two main ethnic) groups <input type="radio"/> 4.1 _____ <input type="radio"/> 4.2 _____ <input type="radio"/> 5. Other	<input type="radio"/> 1. African/Negro/Black <input type="radio"/> 2. White <input type="radio"/> 3. East Indian <input type="radio"/> 4. Mixed (state two main ethnic) groups <input type="radio"/> 4.1 _____ <input type="radio"/> 4.2 _____ <input type="radio"/> 5. Other
1.5 To which religious denomination does _____ belong?	<input type="radio"/> 1. Baptist <input type="radio"/> 2. Methodist <input type="radio"/> 3. Anglican <input checked="" type="radio"/> 4. Church of God <input type="radio"/> 5. Seventh Day Adventist <input type="radio"/> 6. Roman Catholic <input type="radio"/> 7. Jehovah's Witness <input type="radio"/> 8. Other _____ <div style="text-align: center;">Specify</div> <input type="radio"/> 9. None	<input type="radio"/> 1. Baptist <input type="radio"/> 2. Methodist <input type="radio"/> 3. Anglican <input type="radio"/> 4. Church of God <input type="radio"/> 5. Seventh Day Adventist <input type="radio"/> 6. Roman Catholic <input type="radio"/> 7. Jehovah's Witness <input type="radio"/> 8. Other _____ <div style="text-align: center;">Specify</div> <input type="radio"/> 9. None	<input type="radio"/> 1. Baptist <input type="radio"/> 2. Methodist <input type="radio"/> 3. Anglican <input type="radio"/> 4. Church of God <input type="radio"/> 5. Seventh Day Adventist <input type="radio"/> 6. Roman Catholic <input type="radio"/> 7. Jehovah's Witness <input type="radio"/> 8. Other _____ <div style="text-align: center;">Specify</div> <input type="radio"/> 9. None

SECTION 2. BIRTHPLACE AND RESIDENCE

	Head of Household	2nd Person	3rd Person
2.1 Where was _____ born?	<input type="radio"/> 1. Turks and Caicos Islands <input checked="" type="radio"/> 2. Abroad (Skip to 2.5)	<input type="radio"/> 1. Turks and Caicos Islands <input type="radio"/> 2. Abroad (Skip to 2.5)	<input type="radio"/> 1. Turks and Caicos Islands <input type="radio"/> 2. Abroad (Skip to 2.5)
2.2 Which Island was this?	<input type="radio"/> 1. Grand Turk <input type="radio"/> 2. Providenciales <input type="radio"/> 3. South Caicos <input type="radio"/> 4. North Caicos <input type="radio"/> 5. Middle Caicos <input type="radio"/> 6. Salt Cay	<input type="radio"/> 1. Grand Turk <input type="radio"/> 2. Providenciales <input type="radio"/> 3. South Caicos <input type="radio"/> 4. North Caicos <input type="radio"/> 5. Middle Caicos <input type="radio"/> 6. Salt Cay	<input type="radio"/> 1. Grand Turk <input type="radio"/> 2. Providenciales <input type="radio"/> 3. South Caicos <input type="radio"/> 4. North Caicos <input type="radio"/> 5. Middle Caicos <input type="radio"/> 6. Salt Cay
2.3 Has _____ ever lived abroad (In another country)?	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (Skip to 2.7)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (Skip to 2.7)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (Skip to 2.7)
2.4 In which country was that?	<input type="radio"/> 1. Bahamas <input type="radio"/> 2. USA <input type="radio"/> 3. Canada <input type="radio"/> 4. England <input type="radio"/> 5. Haiti <input type="radio"/> 6. Dominican Republic <input type="radio"/> 7. Other _____ Specify	<input type="radio"/> 1. Bahamas <input type="radio"/> 2. USA <input type="radio"/> 3. Canada <input type="radio"/> 4. England <input type="radio"/> 5. Haiti <input type="radio"/> 6. Dominican Republic <input type="radio"/> 7. Other _____ Specify	<input type="radio"/> 1. Bahamas <input type="radio"/> 2. USA <input type="radio"/> 3. Canada <input type="radio"/> 4. England <input type="radio"/> 5. Haiti <input type="radio"/> 6. Dominican Republic <input type="radio"/> 7. Other _____ Specify
2.5 In which country did _____ last reside?	<input type="radio"/> 1. Bahamas <input type="radio"/> 2. USA <input type="radio"/> 3. Canada <input type="radio"/> 4. England <input type="radio"/> 5. Haiti <input checked="" type="radio"/> 6. Dominican Republic <input type="radio"/> 7. Other _____ Specify	<input type="radio"/> 1. Bahamas <input type="radio"/> 2. USA <input type="radio"/> 3. Canada <input type="radio"/> 4. England <input type="radio"/> 5. Haiti <input type="radio"/> 6. Dominican Republic <input type="radio"/> 7. Other _____ Specify	<input type="radio"/> 1. Bahamas <input type="radio"/> 2. USA <input type="radio"/> 3. Canada <input type="radio"/> 4. England <input type="radio"/> 5. Haiti <input type="radio"/> 6. Dominican Republic <input type="radio"/> 7. Other _____ Specify
2.6 In what year did _____ leave that country to come to the Turks and Caicos Islands to live?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.7 Did _____ live in another Turks and Caicos Island before this one?	<input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No (Skip to 2.10)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (Skip to 2.10)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (Skip to 2.10)
2.8 In which island was this?	<input type="radio"/> 1. Grand Turk <input type="radio"/> 2. Providenciales <input type="radio"/> 3. South Caicos <input type="radio"/> 4. North Caicos <input type="radio"/> 5. Middle Caicos <input type="radio"/> 6. Salt Cay	<input type="radio"/> 1. Grand Turk <input type="radio"/> 2. Providenciales <input type="radio"/> 3. South Caicos <input type="radio"/> 4. North Caicos <input type="radio"/> 5. Middle Caicos <input type="radio"/> 6. Salt Cay	<input type="radio"/> 1. Grand Turk <input type="radio"/> 2. Providenciales <input type="radio"/> 3. South Caicos <input type="radio"/> 4. North Caicos <input type="radio"/> 5. Middle Caicos <input type="radio"/> 6. Salt Cay
2.9 In what year did _____ move/come to live in this island?	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

	Head of Household	2nd Person	3rd Person
2.10 Where was living? 2.10.1 Ten (10) years ago (from 1991 to 2001)? 2.10.2 Five (5) years ago (from 1996 to 2001)? 2.10.3 One (1) year ago (from 2000 to 2001)?	Address _____ _____	Address _____ _____	Address _____ _____
	Address _____ _____	Address _____ _____	Address _____ _____
	Address _____ _____	Address _____ _____	Address _____ _____
2.11 Of what country is _____ a citizen?	<input type="radio"/> 1. Turk & Caicos <input type="radio"/> 2. Bahamas <input type="radio"/> 3. USA <input type="radio"/> 4. Canada <input type="radio"/> 5. England <input type="radio"/> 6. Haiti <input checked="" type="radio"/> 7. Dominican Republic <input type="radio"/> 8. Other _____ <div style="text-align: center;">Specify</div>	<input type="radio"/> 1. Turk & Caicos <input type="radio"/> 2. Bahamas <input type="radio"/> 3. USA <input type="radio"/> 4. Canada <input type="radio"/> 5. England <input type="radio"/> 6. Haiti <input type="radio"/> 7. Dominican Republic <input type="radio"/> 8. Other _____ <div style="text-align: center;">Specify</div>	<input type="radio"/> 1. Turk & Caicos <input type="radio"/> 2. Bahamas <input type="radio"/> 3. USA <input type="radio"/> 4. Canada <input type="radio"/> 5. England <input type="radio"/> 6. Haiti <input type="radio"/> 7. Dominican Republic <input type="radio"/> 8. Other _____ <div style="text-align: center;">Specify</div>
2.12 If _____ is a Turks & Caicos Island citizen, by what method did _____ acquire citizenship?	<input type="radio"/> 1. Born to TCI parents <input type="radio"/> 2. Born in TCI to Non-TCI Parent <input type="radio"/> 3. Adopted by TC Islanders <input type="radio"/> 4. Married to a TCI Husband <input type="radio"/> 5. Married to a TC Islander Wife <input type="radio"/> 6. Other Naturalisation	<input type="radio"/> 1. Born to TCI parents <input type="radio"/> 2. Born in TCI to Non-TCI Parent <input type="radio"/> 3. Adopted by TC Islanders <input type="radio"/> 4. Married to a TCI Husband <input type="radio"/> 5. Married to a TC Islander Wife <input type="radio"/> 6. Other Naturalisation	<input type="radio"/> 1. Born to TCI parents <input type="radio"/> 2. Born in TCI to Non-TCI Parent <input type="radio"/> 3. Adopted by TC Islanders <input type="radio"/> 4. Married to a TCI Husband <input type="radio"/> 5. Married to a TC Islander Wife <input type="radio"/> 6. Other Naturalisation

SECTION 3. MARITAL STATUS/UNION STATUS FOR PERSONS 15 YEARS AND OVER

	Head of Household	2nd Person	3rd Person
3.1 What is legal marital status?	<input type="radio"/> 1. Married <input type="radio"/> 2. Widowed <input type="radio"/> 3. Legally Separated <input checked="" type="radio"/> 4. Divorced <input type="radio"/> 5. Never Married (Interviewer: if 2,3,4 or 5 is ticked skip to 3.3)	<input type="radio"/> 1. Married <input type="radio"/> 2. Widowed <input type="radio"/> 3. Legally Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Never Married (Interviewer: if 2,3,4 or 5 is ticked skip to 3.3)	<input type="radio"/> 1. Married <input type="radio"/> 2. Widowed <input type="radio"/> 3. Legally Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Never Married (Interviewer: if 2,3,4 or 5 is ticked skip to 3.3)
3.2 Is currently living with his/her wife/husband?	<input type="radio"/> 1. Yes (Skip to 3.4) <input type="radio"/> 2. No	<input type="radio"/> 1. Yes (Skip to 3.4) <input type="radio"/> 2. No	<input type="radio"/> 1. Yes (Skip to 3.4) <input type="radio"/> 2. No
3.3 Is currently living with a common-law partner?	<input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No <input type="radio"/> 3. No-Never lived with a common-law partner (Skip to Section 4)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. No-Never lived with a common-law partner (Skip to Section 4)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. No Never Lived with a common-law partner (Skip to Section 4)
3.4 How old was when he/she was first married or lived with a common law partner?	Age <input type="text"/> <input type="text"/>	Age <input type="text"/> <input type="text"/>	Age <input type="text"/> <input type="text"/>

SECTION 4. EDUCATION AND TRAINING - FOR ALL PERSONS

4.1 Is attending any school or educational institution now?	<input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No (Skip to 4.6)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (Skip to 4.6)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (Skip to 4.6)
4.2 Is attending full time or part-time?	<input type="radio"/> 1. Full-time <input type="radio"/> 2. Part-time	<input type="radio"/> 1. Full-time <input type="radio"/> 2. Part-time	<input type="radio"/> 1. Full-time <input type="radio"/> 2. Part-time
4.3 What type of institution is person attending?	<input type="radio"/> 1. Nursery/infant/pre-school <input type="radio"/> 2. Primary <input type="radio"/> 3. Secondary <input type="radio"/> 4. Community College <input type="radio"/> 5. Other _____ Specify	<input type="radio"/> 1. Nursery/infant/pre-school <input type="radio"/> 2. Primary <input type="radio"/> 3. Secondary <input type="radio"/> 4. Community College <input type="radio"/> 5. Other _____ Specify	<input type="radio"/> 1. Nursery/infant/pre-school <input type="radio"/> 2. Primary <input type="radio"/> 3. Secondary <input type="radio"/> 4. Community College <input type="radio"/> 5. Other _____ Specify
4.4 Please give name and address of school or institution.	Name _____ Address _____	Name _____ Address _____	Name _____ Address _____
4.5 What is main mode of travel to the school or institution?	<input type="radio"/> 1. walk <input type="radio"/> 2. Bicycle <input type="radio"/> 3. Private Car or Vehicle <input type="radio"/> 4. Public Vehicle (Bus etc) <input type="radio"/> 5. Hire Transport <input type="radio"/> 6. Other _____ Specify	<input type="radio"/> 1. walk <input type="radio"/> 2. Bicycle <input type="radio"/> 3. Private Car or Vehicle <input type="radio"/> 4. Public Vehicle (Bus etc) <input type="radio"/> 5. Hire Transport <input type="radio"/> 6. Other _____ Specify	<input type="radio"/> 1. walk <input type="radio"/> 2. Bicycle <input type="radio"/> 3. Private Car or Vehicle <input type="radio"/> 4. Public Vehicle (Bus etc) <input type="radio"/> 5. Hire Transport <input type="radio"/> 6. Other _____ Specify

SECTION 4 cont'd. EDUCATION AND TRAINING FOR PERSONS 15 YEARS AND OVER

	Head of Household	2nd Person	3rd Person
4.6 What is the highest level of education that _____ has reached?	<input type="radio"/> 1. Nursery <input checked="" type="radio"/> 2. Primary <input type="radio"/> 3. Secondary <input type="radio"/> 4. Pre-University <input type="radio"/> 5. University <input type="radio"/> 6. Other _____ <input type="radio"/> 7. None (Skip to 4.9)	<input type="radio"/> 1. Nursery <input type="radio"/> 2. Primary <input type="radio"/> 3. Secondary <input type="radio"/> 4. Pre-University <input type="radio"/> 5. University <input type="radio"/> 6. Other _____ <input type="radio"/> 7. None (Skip to 4.9)	<input type="radio"/> 1. Nursery <input type="radio"/> 2. Primary <input type="radio"/> 3. Secondary <input type="radio"/> 4. Pre-University <input type="radio"/> 5. University <input type="radio"/> 6. Other _____ <input type="radio"/> 7. None (Skip to 4.9)
4.7 YEARS OF SCHOOLING AT THE HIGHEST LEVEL How many years of schooling at the highest level of education did _____ attain?	<input type="radio"/> 1. Less than a year <input type="radio"/> 2. 1 Year but less than 2 years <input type="radio"/> 3. 2 Years but less than 3 years <input type="radio"/> 4. 3 years but less than 4 years <input type="radio"/> 5. 4 Years but less than 5 years <input type="radio"/> 6. 5 Years but less than 6 years <input type="radio"/> 7. 6 Years but less than 7 years <input checked="" type="radio"/> 8. Seven years or more	<input type="radio"/> 1. Less than a year <input type="radio"/> 2. 1 Year but less than 2 years <input type="radio"/> 3. 2 Years but less than 3 years <input type="radio"/> 4. 3 years but less than 4 years <input type="radio"/> 5. 4 Years but less than 5 years <input type="radio"/> 6. 5 Years but less than 6 years <input type="radio"/> 7. 6 Years but less than 7 years <input type="radio"/> 8. Seven years or more	<input type="radio"/> 1. Less than a year <input type="radio"/> 2. 1 Year but less than 2 years <input type="radio"/> 3. 2 Years but less than 3 years <input type="radio"/> 4. 3 years but less than 4 years <input type="radio"/> 5. 4 Years but less than 5 years <input type="radio"/> 6. 5 Years but less than 6 years <input type="radio"/> 7. 6 Years but less than 7 years <input type="radio"/> 8. Seven years or more
4.8 HIGHEST EXAMINATION EVER PASSED What is the highest exam _____ has passed?	<input checked="" type="radio"/> 1. None <input type="radio"/> 2. High School Diploma <input type="radio"/> 3. CXC Basic <input type="radio"/> 4. G.C.E. 'O'/CXC general Prof. 1 or 2 subjects <input type="radio"/> 5. G.C.E. 'O'/CXC general Prof. 3 or 4 subjects <input type="radio"/> 6. G.C.E. 'O'/CXC general Prof. 5 subjects and over <input type="radio"/> 7. G.C.E. 'A' 1 or 2 subjects <input type="radio"/> 8. G.C.E. 'A' /3 subjects and over <input type="radio"/> 9. Other Diploma or Equivalent Certificate of Achievement <input type="radio"/> 10. Associate Degree <input type="radio"/> 11. First Degree <input type="radio"/> 12. Higher Degree <input type="radio"/> 13. Other _____	<input type="radio"/> 1. None <input type="radio"/> 2. High School Diploma <input type="radio"/> 3. CXC Basic <input type="radio"/> 4. G.C.E. 'O'/CXC general Prof. 1 or 2 subjects <input type="radio"/> 5. G.C.E. 'O'/CXC general Prof. 3 or 4 subjects <input type="radio"/> 6. G.C.E. 'O'/CXC general Prof. 5 subjects and over <input type="radio"/> 7. G.C.E. 'A' 1 or 2 subjects <input type="radio"/> 8. G.C.E. 'A' /3 subjects and over <input type="radio"/> 9. Diploma or equivalent Equivalent Certificate of Achievement <input type="radio"/> 10. Associate Degree <input type="radio"/> 11. First Degree <input type="radio"/> 12. Higher Degree <input type="radio"/> 13. Other _____	<input type="radio"/> 1. None <input type="radio"/> 2. High School Diploma <input type="radio"/> 3. CXC Basic <input type="radio"/> 4. G.C.E. 'O'/CXC general Prof. 1 or 2 subjects <input type="radio"/> 5. G.C.E. 'O'/CXC general Prof. 3 or 4 subjects <input type="radio"/> 6. G.C.E. 'O'/CXC general Prof. 5 subjects and over <input type="radio"/> 7. G.C.E. 'A' 1 or 2 subjects <input type="radio"/> 8. G.C.E. 'A' /3 subjects and over <input type="radio"/> 9. Diploma or equivalent Equivalent Certificate of Achievement <input type="radio"/> 10. Associate Degree <input type="radio"/> 11. First Degree <input type="radio"/> 12. Higher Degree <input type="radio"/> 13. Other _____
	INTERVIEWER: Exclude Common Entrance and 14+ Exams	INTERVIEWER: Exclude Common Entrance and 14+ Exams	INTERVIEWER: Exclude Common Entrance and 14+ Exams

TRAINING FOR PERSONS 15 YEARS AND OVER

	Head of Household	2nd Person	3rd Person
4.9 Has _____ pursued any course of formal training for at least 3 months?	<input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No (Skip to Section 5.)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (Skip to Section 5.)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (Skip to Section 5.)
4.10 How was this training received?	<input type="radio"/> 1. Correspondence Course <input type="radio"/> 2. Distance Learning <input type="radio"/> 3. On the job <input type="radio"/> 4. Apprenticeship <input type="radio"/> 5. At an Institution <input type="radio"/> 6. Other _____ Specify	<input type="radio"/> 1. Correspondence Course <input type="radio"/> 2. Distance Learning <input type="radio"/> 3. On the job <input type="radio"/> 4. Apprenticeship <input type="radio"/> 5. At an Institution <input type="radio"/> 6. Other _____ Specify	<input type="radio"/> 1. Correspondence Course <input type="radio"/> 2. Distance Learning <input type="radio"/> 3. On the job <input type="radio"/> 4. Apprenticeship <input type="radio"/> 5. At an Institution <input type="radio"/> 6. Other _____ Specify
4.11 For what occupation does this training prepare _____?			

**SECTION 5. ECONOMIC ACTIVITY
FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER**

	Head of Household	2nd Person	3rd Person
5.1 ECONOMIC ACTIVITY PAST WEEK	<input checked="" type="radio"/> 1. Had a job, worked (Go to 5.4) <input type="radio"/> 2. Had a job, did not work (Go to 5.4) <input type="radio"/> 3. Seeking first job (Go to Section 6) <input type="radio"/> 4. Actively looked for a job (not first job) (Skip to 5.3) <input type="radio"/> 5. Did not look for a job but wanted work and was available <input type="radio"/> 6. Did not look and was not available	<input type="radio"/> 1. Had a job, worked (Go to 5.4) <input type="radio"/> 2. Had a job, did not work (Go to 5.4) <input type="radio"/> 3. Seeking first job (Go to Section 6) <input type="radio"/> 4. Actively looked for a job (not first job) (Skip to 5.3) <input type="radio"/> 5. Did not look for a job but wanted work and was available <input type="radio"/> 6. Did not look and was not available	<input type="radio"/> 1. Had a job, worked (Go to 5.4) <input type="radio"/> 2. Had a job, did not work (Go to 5.4) <input type="radio"/> 3. Seeking first job (Go to Section 6) <input type="radio"/> 4. Actively looked for a job (not first job) (Skip to 5.3) <input type="radio"/> 5. Did not look for a job but wanted work and was available <input type="radio"/> 6. Did not look and was not available
Which of the following best describes your work status during the past week _____ (insert week in question)?			
5.2 REASON FOR NOT SEEKING WORK PAST WEEK	<input type="radio"/> 1. At School/student <input type="radio"/> 2. Home Duties <input type="radio"/> 3. Retired <input type="radio"/> 4. Disabled _____ <input type="radio"/> 5. Did not want to work <input type="radio"/> 6. Awaiting a job <input type="radio"/> 7. Knew of no vacancy <input type="radio"/> 8. Discouraged <input type="radio"/> 9. Temporary Illness <input type="radio"/> 10. Other _____ Specify	<input type="radio"/> 1. At School/student <input type="radio"/> 2. Home Duties <input type="radio"/> 3. Retired <input type="radio"/> 4. Disabled _____ <input type="radio"/> 5. Did not want to work <input type="radio"/> 6. Awaiting a job <input type="radio"/> 7. Knew of no vacancy <input type="radio"/> 8. Discouraged <input type="radio"/> 9. Temporary Illness <input type="radio"/> 10. Other _____ Specify	<input type="radio"/> 1. At School/student <input type="radio"/> 2. Home Duties <input type="radio"/> 3. Retired <input type="radio"/> 4. Disabled _____ <input type="radio"/> 5. Did not want to work <input type="radio"/> 6. Awaiting a job <input type="radio"/> 7. Knew of no vacancy <input type="radio"/> 8. Discouraged <input type="radio"/> 9. Temporary Illness <input type="radio"/> 10. Other _____ Specify
Why did _____ not look for work last week?	Skip to Section 6	Skip to Section 6	Skip to Section 6

	Head of Household	2nd Person	3rd Person
5.10 Which best applies to _____ ?	<input type="radio"/> 1. Has own business with no paid helper <input type="radio"/> 2. Has own business with paid helper <input checked="" type="radio"/> 3. Worked for a wage or salary as private employee <input type="radio"/> 4. Government Employee <input type="radio"/> 5. Learner/Apprentice <input type="radio"/> 6. Unpaid worker in family business <input type="radio"/> 7. Other	<input type="radio"/> 1. Has own business with no paid helper <input type="radio"/> 2. Has own business with paid helper <input type="radio"/> 3. Worked for a wage or salary as private employee <input type="radio"/> 4. Government Employee <input type="radio"/> 5. Learner/Apprentice <input type="radio"/> 6. Unpaid worker in family business <input type="radio"/> 7. Other	<input type="radio"/> 1. Has own business with no paid helper <input type="radio"/> 2. Has own business with paid helper <input type="radio"/> 3. Worked for a wage or salary as private employee <input type="radio"/> 4. Government Employee <input type="radio"/> 5. Learner/Apprentice <input type="radio"/> 6. Unpaid worker in family business <input type="radio"/> 7. Other

**SECTION 6. FERTILITY
FOR FEMALES BETWEEN FIFTEEN (15) YEARS AND FORTY-NINE(49) YEARS OLD**

	Head of Household	2nd Person	3rd Person
6.1 How many live births did _____ ever have? (If none skip to 6.10)	[][]	[][]	[][]
6.2 Please state the sex(es) of this/these live births?	<input checked="" type="radio"/> 1. Male [] <input checked="" type="radio"/> 2. Female []	<input type="radio"/> 1. Male [] <input type="radio"/> 2. Female []	<input type="radio"/> 1. Male [] <input type="radio"/> 2. Female []
6.3 Did any of these live-births die?	<input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No (skip to Q 6.9)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (skip to Q 6.9)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (skip to Q 6.9)
6.4 How many?	[]	[]	[]
6.5 What was/were the sex(es)?	<input type="radio"/> 1. Male [] <input type="radio"/> 2. Female []	<input type="radio"/> 1. Male [] <input type="radio"/> 2. Female []	<input type="radio"/> 1. Male [] <input type="radio"/> 2. Female []
6.6 How old was _____ when had the first live birth?	[][]	[][]	[][]
6.7 How old was _____ when _____ had the last live birth?	[][]	[][]	[][]
6.8 How many live-birth(s) did _____ have in the last twelve months?	[] (if "0" skip to 6.10)	[] (if "0" skip to 6.10)	[] (if "0" skip to 6.10)
6.9 Please state sex(es) of this/these live birth(s).	<input type="radio"/> 1. Male [] <input type="radio"/> 2. Female []	<input type="radio"/> 1. Male [] <input type="radio"/> 2. Female []	<input type="radio"/> 1. Male [] <input type="radio"/> 2. Female []
6.10 How many still-birth(s) did _____ have in the last twelve (12) months?	[]	[]	[]

SECTION 7. DISABILITY, HEALTH AND NUTRITION - FOR ALL PERSONS

	Head of Household	2nd Person	3rd Person
<p>7.1 Has _____ been diagnosed as suffering from any of the following long lasting conditions or diseases?</p>	<p><input type="radio"/> 1. Blindness/Severe Vision Impairment</p> <p><input type="radio"/> 2. Deafness/Severe Hearing Impairment</p> <p><input type="radio"/> 3. Dumbness/Speech Impediment</p> <p><input type="radio"/> 4. Paralysis/Limb Impairment/Loss of limb</p> <p><input type="radio"/> 5. Mental Retardation</p> <p><input checked="" type="radio"/> 6. Other _____</p> <p><input type="radio"/> 7. None (skip to 7.4)</p> <p>INTERVIEWER: Multiple responses can be ticked</p>	<p><input type="radio"/> 1. Blindness</p> <p><input type="radio"/> 2. Severe Vision Impairment</p> <p><input type="radio"/> 3. Deafness</p> <p><input type="radio"/> 4. Severe Hearing Impairment</p> <p><input type="radio"/> 5. Dumbness</p> <p><input type="radio"/> 6. Speech Impediment</p> <p><input type="radio"/> 7. None (skip to 7.4)</p> <p>INTERVIEWER: Multiple responses can be ticked</p>	<p><input type="radio"/> 1. Blindness</p> <p><input type="radio"/> 2. Severe Vision Impairment</p> <p><input type="radio"/> 3. Deafness</p> <p><input type="radio"/> 4. Severe Hearing Impairment</p> <p><input type="radio"/> 5. Dumbness</p> <p><input type="radio"/> 6. Speech Impediment</p> <p><input type="radio"/> 7. None (skip to 7.4)</p> <p>INTERVIEWER: Multiple responses can be ticked</p>
<p>7.2 Which of the following basic activities are affected by any long lasting condition that you may have?</p>	<p><input type="radio"/> 1. Walking, Standing, Climbing Stairs</p> <p><input type="radio"/> 2. Reaching, Lifting, Kneeling, Carrying</p> <p><input type="radio"/> 3. Gripping</p> <p><input type="radio"/> 4. Seeing</p> <p><input type="radio"/> 5. Hearing</p> <p><input type="radio"/> 6. Speaking/Talking</p> <p><input type="radio"/> 7. Learning, remembering concentrating</p> <p><input type="radio"/> 8. Behavioural</p> <p><input type="radio"/> 9. None</p> <p>Multiple Responses can be ticked</p>	<p><input type="radio"/> 1. Walking, Standing, Climbing Stairs</p> <p><input type="radio"/> 2. Reaching, Lifting, Kneeling, Carrying</p> <p><input type="radio"/> 3. Gripping</p> <p><input type="radio"/> 4. Seeing</p> <p><input type="radio"/> 5. Hearing</p> <p><input type="radio"/> 6. Speaking/Talking</p> <p><input type="radio"/> 7. Learning, remembering concentrating</p> <p><input type="radio"/> 8. Behavioural</p> <p><input type="radio"/> 9. None</p>	<p><input type="radio"/> 1. Walking, Standing, Climbing Stairs</p> <p><input type="radio"/> 2. Reaching, Lifting, Kneeling, Carrying</p> <p><input type="radio"/> 3. Gripping</p> <p><input type="radio"/> 4. Seeing</p> <p><input type="radio"/> 5. Hearing</p> <p><input type="radio"/> 6. Speaking/Talking</p> <p><input type="radio"/> 7. Learning, remembering concentrating</p> <p><input type="radio"/> 8. Behavioural</p> <p><input type="radio"/> 9. None</p>
<p>7.3 Does _____ disability or condition affect _____ from performing any of the following activities?</p>	<p><input type="radio"/> 1. Taking care of yourself</p> <p><input type="radio"/> 2. Getting around within the Home</p> <p><input type="radio"/> 3. Going outside the Home</p> <p><input type="radio"/> 4. Working at a job or Business</p> <p><input type="radio"/> 5. Undertaking Educational Activities</p> <p><input type="radio"/> 6. Communicating</p> <p><input type="radio"/> 7. None</p> <p>Multiple Responses can be ticked</p>	<p><input type="radio"/> 1. Taking care of yourself</p> <p><input type="radio"/> 2. Getting around within the Home</p> <p><input type="radio"/> 3. Going outside the Home</p> <p><input type="radio"/> 4. Working at a job or Business</p> <p><input type="radio"/> 5. Undertaking Educational Activities</p> <p><input type="radio"/> 6. Communicating</p> <p><input type="radio"/> 7. None</p>	<p><input type="radio"/> 1. Taking care of yourself</p> <p><input type="radio"/> 2. Getting around within the Home</p> <p><input type="radio"/> 3. Going outside the Home</p> <p><input type="radio"/> 4. Working at a job or Business</p> <p><input type="radio"/> 5. Undertaking Educational Activities</p> <p><input type="radio"/> 6. Communicating</p> <p><input type="radio"/> 7. None</p>

SECTION 7. HEALTH FOR ALL PERSONS

	Head of Household	2nd Person	3rd Person
7.4 What is weight and height?	Weight <input type="text"/> <input type="text"/> Lbs Height <input type="text"/> ft - <input type="text"/> <input type="text"/> inches	Weight <input type="text"/> <input type="text"/> Lbs Height <input type="text"/> ft - <input type="text"/> <input type="text"/> inches	Weight <input type="text"/> <input type="text"/> Lbs Height <input type="text"/> ft - <input type="text"/> <input type="text"/> inches
CHRONIC ILLNESS			
7.5 Did _____ suffer from any of the following diseases during the past month (July 1st to July 31st 2001)?	<input type="radio"/> 1. Arthritis <input type="radio"/> 2. Asthma <input type="radio"/> 3. Diabetes <input type="radio"/> 4. Hypertension <input type="radio"/> 5. Heart Disease <input type="radio"/> 6. Kidney Disease <input type="radio"/> 7. Cancer <input type="radio"/> 8. HIV/AIDS <input type="radio"/> 9. Lupus <input type="radio"/> 10. Sickle Cell Anemia <input type="radio"/> 11. Obesity <input checked="" type="radio"/> 12. None <input type="radio"/> 13. Other _____ (Specify) <input type="radio"/> 14. Not Stated	<input type="radio"/> 1. Arthritis <input type="radio"/> 2. Asthma <input type="radio"/> 3. Diabetes <input type="radio"/> 4. Hypertension <input type="radio"/> 5. Heart Disease <input type="radio"/> 6. Kidney Disease <input type="radio"/> 7. Cancer <input type="radio"/> 8. HIV/AIDS <input type="radio"/> 9. Lupus <input type="radio"/> 10. Sickle Cell Anemia <input type="radio"/> 11. Obesity <input type="radio"/> 12. None <input type="radio"/> 13. Other _____ (Specify) <input type="radio"/> 14. Not Stated (Specify)	<input type="radio"/> 1. Arthritis <input type="radio"/> 2. Asthma <input type="radio"/> 3. Diabetes <input type="radio"/> 4. Hypertension <input type="radio"/> 5. Heart Disease <input type="radio"/> 6. Kidney Disease <input type="radio"/> 7. Cancer <input type="radio"/> 8. HIV/AIDS <input type="radio"/> 9. Lupus <input type="radio"/> 10. Sickle Cell Anemia <input type="radio"/> 11. Obesity <input type="radio"/> 12. None <input type="radio"/> 13. Other _____ (Specify) <input type="radio"/> 14. Not Stated (Specify)
UTILISATION OF MEDICAL FACILITY			
7.6 Has _____ visited a medical facility in the past (12) months (July 31st 2000 to July 31st 2001)?	<input checked="" type="radio"/> 1. Yes <input type="radio"/> 2. No (skip to Q.7.8)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (skip to Q.7.8)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (skip to Q.7.8)
UTILISATION OF MEDICAL FACILITY			
7.7 What type of medical facilities has _____ visited in the past twelve(12) months (July 31st 2000 to July 31st 2001) for medical assistance?	<input type="radio"/> 1. Public Hospital (Local) <input type="radio"/> 2. Public Health Center (Local) <input type="radio"/> 3. Public Maternity Unit (Local) <input type="radio"/> 4. Public Hospital (Abroad) <input type="radio"/> 5. Public Health Center (Abroad) <input type="radio"/> 6. Public Maternity Unit (Abroad) <input type="radio"/> 7. Private Doctor's Office (Local) <input checked="" type="radio"/> 8. Private Doctor's Office (Abroad) <input type="radio"/> 9. Pharmacy (Local) <input type="radio"/> 10. Pharmacy (Abroad) <input type="radio"/> 11. Other _____ Specify	<input type="radio"/> 1. Public Hospital (Local) <input type="radio"/> 2. Public Health Center (Local) <input type="radio"/> 3. Public Maternity Unit (Local) <input type="radio"/> 4. Public Hospital (Abroad) <input type="radio"/> 5. Public Health Center (Abroad) <input type="radio"/> 6. Public Maternity Unit (Abroad) <input type="radio"/> 7. Private Doctor's Office (Local) <input type="radio"/> 8. Private Doctor's Office (Abroad) <input type="radio"/> 9. Pharmacy (Local) <input type="radio"/> 10. Pharmacy (Abroad) <input type="radio"/> 11. Other _____ Specify	<input type="radio"/> 1. Public Hospital (Local) <input type="radio"/> 2. Public Health Center (Local) <input type="radio"/> 3. Public Maternity Unit (Local) <input type="radio"/> 4. Public Hospital (Abroad) <input type="radio"/> 5. Public Health Center (Abroad) <input type="radio"/> 6. Public Maternity Unit (Abroad) <input type="radio"/> 7. Private Doctor's Office (Local) <input type="radio"/> 8. Private Doctor's Office (Abroad) <input type="radio"/> 9. Pharmacy (Local) <input type="radio"/> 10. Pharmacy (Abroad) <input type="radio"/> 11. Other _____ Specify

Multiple Responses can be ticked

Multiple Responses can be ticked

SECTION 7. HEALTH FOR ALL PERSONS

	Head of Household	2nd Person	3rd Person
HEALTH INSURANCE			
7.8 Is _____ covered by health insurance and/or Employee Medical Plan?	<input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No <input type="radio"/> 3. Don't Know	<input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Don't Know	<input type="radio"/> 1. Yes <input type="radio"/> 2. No <input type="radio"/> 3. Don't Know

SECTION 8. TRANSPORTATION AND TRAVEL FOR PERSONS FIFTEEN (15) YEARS OF AGE AND OVER

	Head of Household	2nd Person	3rd Person
8.1 What is _____ main form of transportation?	<input type="radio"/> 1. Walk <input type="radio"/> 2. Bicycle <input type="radio"/> 3. Motorcycle <input checked="" type="radio"/> 4. Jitney <input type="radio"/> 5. Private Vehicle <input type="radio"/> 6. Taxi <input type="radio"/> 7. Boat <input type="radio"/> 8. Ferry <input type="radio"/> 9. Airplane <input type="radio"/> 10. Other _____ <div style="text-align: center;">(specify)</div>	<input type="radio"/> 1. Walk <input type="radio"/> 2. Bicycle <input type="radio"/> 3. Motorcycle <input type="radio"/> 4. Jitney <input type="radio"/> 5. Private Vehicle <input type="radio"/> 6. Taxi <input type="radio"/> 7. Boat <input type="radio"/> 8. Ferry <input type="radio"/> 9. Airplane <input type="radio"/> 10. Other _____ <div style="text-align: center;">(specify)</div>	<input type="radio"/> 1. Walk <input type="radio"/> 2. Bicycle <input type="radio"/> 3. Motorcycle <input type="radio"/> 4. Jitney <input type="radio"/> 5. Private Vehicle <input type="radio"/> 6. Taxi <input type="radio"/> 7. Boat <input type="radio"/> 8. Ferry <input type="radio"/> 9. Airplane <input type="radio"/> 10. Other _____ <div style="text-align: center;">(specify)</div>

SECTION 9. INCOME (PERSONS FIFTEEN (15) YEARS OF AGE AND OVER

	Head of Household	2nd Person	3rd Person
<p>9.1 During the past 12 months did _____ receive income from any of these sources?</p> <p>If so, state amount in the space provided. (US\$ to the nearest whole number e.g. 12565.80=12566</p>	<p><i>(PRIMARY JOB)</i> 1. Wages, salary, commission, tips, etc</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p><i>(PRIMARY JOB)</i> 1. Wages, salary, commission, tips, etc</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p><i>(PRIMARY JOB)</i> 1. Wages, salary, commission, tips, etc</p> <p>\$ <input style="width: 100%;" type="text"/></p>
	<p><i>(SECONDARY JOB)</i> 2. Wages, salary, commission, tips, etc</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p><i>(SECONDARY JOB)</i> 2. Wages, salary, commission, tips, etc</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p><i>(SECONDARY JOB)</i> 2. Wages, salary, commission, tips, etc</p> <p>\$ <input style="width: 100%;" type="text"/></p>
	<p>3. Own Business</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>3. Own Business</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>3. Own Business</p> <p>\$ <input style="width: 100%;" type="text"/></p>
	<p>4. Retirement Pension</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>4. Retirement Pension</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>4. Retirement Pension</p> <p>\$ <input style="width: 100%;" type="text"/></p>
	<p>5. Old Age Pension</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>5. Old Age Pension</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>5. Old Age Pension</p> <p>\$ <input style="width: 100%;" type="text"/></p>
	<p>6. Government Allowances</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>6. Government Allowances</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>6. Government Allowances</p> <p>\$ <input style="width: 100%;" type="text"/></p>
	<p>7. Gifts and Donations</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>7. Gifts and Donations</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>7. Gifts and Donations</p> <p>\$ <input style="width: 100%;" type="text"/></p>
	<p>8. Investments</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>8. Investments</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>8. Investments</p> <p>\$ <input style="width: 100%;" type="text"/></p>
	<p>9. Other Sources</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>9. Other Sources</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>9. Other Sources</p> <p>\$ <input style="width: 100%;" type="text"/></p>
	<p>10. Total Income received during the last twelve month</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>10. Total Income received during the last twelve months</p> <p>\$ <input style="width: 100%;" type="text"/></p>	<p>10. Total Income received during the last twelve months</p> <p>\$ <input style="width: 100%;" type="text"/></p>

**SECTION 10. CRIME
FOR ALL PERSONS**

	Head of Household	2nd Person	3rd Person
10.1 Has any member of your household been a victim of a crime during the period of January 2001 to present?	<input type="radio"/> 1. Yes <input checked="" type="radio"/> 2. No (If "No" go to Section 11)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (If "No" go to Section 11)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (If "No" go to Section 11)
10.2 Describe the nature of the main crime?			
10.3 Was the crime reported?	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (If "No" go to Section 11)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (If "No" go to Section 11)	<input type="radio"/> 1. Yes <input type="radio"/> 2. No (If "No" go to Section 11)
10.4 What was the result?	<input type="radio"/> 1. Pending <input type="radio"/> 2. Convicted <input type="radio"/> 3. Dismissed <input type="radio"/> 4. Don't Know	<input type="radio"/> 1. Pending <input type="radio"/> 2. Convicted <input type="radio"/> 3. Dismissed <input type="radio"/> 4. Don't Know	<input type="radio"/> 1. Pending <input type="radio"/> 2. Convicted <input type="radio"/> 3. Dismissed <input type="radio"/> 4. Don't Know

**SECTION 11. FOR ALL PERSONS
WHERE DID YOU SPEND CENSUS NIGHT**

IMPORTANT

INTERVIEWER:

If interview was conducted before census day, ask on return visit, immediately after Census Day.

If the interview was conducted after census day, ask as part of the full interview.

WHERE DID YOU SPEND CENSUS NIGHT?

	Head of Household	2nd Person	3rd Person
11.1 Where did _____ spend census night?	<input checked="" type="radio"/> 1. At this address (Skip to Section 12) <input type="radio"/> 2. Elsewhere in this country <input type="radio"/> 3. Outside Turks and Caicos Islands (Skip to Section 12)	<input type="radio"/> 1. At this address (Skip to Section 12) <input type="radio"/> 2. Elsewhere in this country <input type="radio"/> 3. Outside Turks and Caicos Islands (Skip to Section 12)	<input type="radio"/> 1. At this address (Skip to Section 12) <input type="radio"/> 2. Elsewhere in this country <input type="radio"/> 3. Outside Turks and Caicos Islands (Skip to Section 12)

**11.2 What part of the country was _____?
If known please specify.**

**INTERVIEWER:
Write as full an address as possible.**

**SECTION 12. EMIGRATION AND MORTALITY
FOR ALL PERSONS**

**ALL QUESTIONS IN THIS SECTION SHOULD BE ANSWERED BY
THE HEAD OF HOUSEHOLD OR A RESPONSIBLE ADULT**

	Head of Household	Individual 1	Individual 2
12.1 Did anyone in this household move abroad between 1990 and 2001 and are still abroad?	<input type="radio"/> 1. Yes (if yes, continue) <input checked="" type="radio"/> 2. No (skip to 12.8)		
12.2 How many persons moved?	<input type="text"/>		
12.3 Give the sex?		<input type="radio"/> 1. Male <input type="radio"/> 2. Female	<input type="radio"/> 1. Male <input type="radio"/> 2. Female
12.4 In what year did _____ move?		<input type="text"/>	<input type="text"/>
12.5 At what age did _____ move?		<input type="text"/>	<input type="text"/>
12.6 What was _____ marital status at the time of migration?		<input type="radio"/> 1. Married <input type="radio"/> 2. Widowed <input type="radio"/> 3. Legally Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Never Married	<input type="radio"/> 1. Married <input type="radio"/> 2. Widowed <input type="radio"/> 3. Legally Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Never Married
12.7 What was/were _____ occupation(s) at the time of migration?			
12.8 What is the name of the country to which _____ migrated?			
12.9 Did any member of this household die in the last twelve (12) months?	<input type="radio"/> 1. Yes (if yes, continue) <input checked="" type="radio"/> 2. No (skip to 13.1)		
12.10 What is/are the sex(es) of the person(s) who died?		<input type="radio"/> 1. Male <input type="radio"/> 2. Female	<input type="radio"/> 1. Male <input type="radio"/> 2. Female
12.11 What is/are the age(s) of the person(s) who died?		<input type="text"/>	<input type="text"/>
12.12 PLACE OF BIRTH?			
Where was _____ place of birth?			

**SECTION 12. EMIGRATION AND MORTALITY
FOR ALL PERSONS**

**ALL QUESTIONS IN THIS SECTION SHOULD BE ANSWERED BY
THE HEAD OF HOUSEHOLD OR A RESPONSIBLE ADULT**

	Individual 3	Individual 4	Individual 5												
12.3 Give the sex?	<input type="radio"/> 1. Male <input type="radio"/> 2. Female	<input type="radio"/> 1. Male <input type="radio"/> 2. Female	<input type="radio"/> 1. Male <input type="radio"/> 2. Female												
12.4 In what year did _____ move?	<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>					<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>					<table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>				
12.5 At what age did _____ move?	<table border="1" style="width: 50px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>			<table border="1" style="width: 50px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>			<table border="1" style="width: 50px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>								
12.6 What was _____ marital status at the time of migration?	<input type="radio"/> 1. Married <input type="radio"/> 2. Widowed <input type="radio"/> 3. Legally Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Never Married	<input type="radio"/> 1. Married <input type="radio"/> 2. Widowed <input type="radio"/> 3. Legally Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Never Married	<input type="radio"/> 1. Married <input type="radio"/> 2. Widowed <input type="radio"/> 3. Legally Separated <input type="radio"/> 4. Divorced <input type="radio"/> 5. Never Married												
12.7 What was _____ occupation at the time of migration?															
12.8 What is the name of the country which _____ migrated to?															
12.10 What are the sex(es) of the person(s) who died?	<input type="radio"/> 1. Male <input type="radio"/> 2. Female	<input type="radio"/> 1. Male <input type="radio"/> 2. Female	<input type="radio"/> 1. Male <input type="radio"/> 2. Female												
12.11 What are the age(es) of the person(s) who died?	<table border="1" style="width: 50px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>			<table border="1" style="width: 50px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>			<table border="1" style="width: 50px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 25px;"></td> <td style="width: 25px;"></td> </tr> </table>								
12.12 PLACE OF BIRTH? Where was _____ place of birth?															

SECTION 13. HOUSING AND HOUSEHOLD ITEMS - HEAD OF HOUSEHOLD ONLY**CHARACTERISTICS OF OCCUPIED BUILDING****13.1 TYPE OF BUILDING**

Of the type of buildings listed, which applies to the building your household occupies?

1. Residential 4. Residential/Industrial
 2. Residential/Commercial 5. Community Service - Private/Gov't
 3. Residential/Professional (Office) 6. Other _____ specify

13.2 MATERIAL OF OUTERWALLS

What are the construction materials of the outer walls?

1. Brick/Concrete 5. Wood/Stucco
 2. Wood/brick/concrete 6. Stone
 3. Wood 7. Makeshift
 4. Wood/Galvanise 8. Other/Don't Know

13.3 WHAT IS THE MATERIAL USED FOR ROOFING?

1. Sheet Metal 5. Tile
 2. Shingle (asphalt) 6. Concrete
 3. Shingle (wood) 7. Makeshift
 4. Shingle (other)

13.4 IN WHAT YEAR WAS THIS BUILDING CONSTRUCTED?

1. 2001 6. 1996
 2. 2000 7. 1990 - 1995
 3. 1999 8. 1989 or earlier
 4. 1998 9. Don't Know
 5. 1997

CHARACTERISTICS OF DWELLING UNIT OCCUPIED BY HOUSEHOLD

13.5 TYPE OF DWELLING (A dwelling unit must have a separate entrance and NOT BE ACCESSED OR ENTERED through someone else's living arrangements.)?

How would you describe the type of dwelling unit that your household occupies?

1. Separate House 6. Barracks
 2. Apartment 7. Out-room
 3. Townhouse/Condominium 8. Other Private dwelling
 4. Double House/Duplex 9. Group dwelling
 5. Part of Com./Ind. Building 10. Other _____ Specify

13.6 TENANCY?

Is the dwelling unit -

1. Owned 5. Leased Government
 2. Rented Private 6. Rent Free
 3. Rented Government 7. Squatted
 4. Leased Private 8. Other _____ Specify

SECTION 13 con't. HOUSING AND HOUSEHOLD ITEMS - HEAD OF HOUSEHOLD ONLY

13.7 Is the land on which the dwelling stands freehold, leasehold, or some other type of occupancy?

- 1. Freehold
- 4. Squatted
- 2. Leasehold
- 5. Other _____
specify
- 3. Rented

13.8.1 FOR RENTERS ONLY: What is the monthly rent paid for this dwelling unit?

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13.8.2 FOR OWNER OCCUPIERS ONLY: If you were to rent this dwelling unfurnished; how much will you rent it for monthly?

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SINGLE OR MULTIPLE OCCUPANCY OF A DWELLING

13.9.1 Is any part of the dwelling in which you live occupied by other households?

- 1. Yes
- 2. No (skip to 13.10.1)

13.9.2 How many other households occupy this dwelling unit, apart from your household?

--

13.10.1 How many bedrooms are there in this dwelling unit? (count all bedrooms including spare bedrooms not occupied). Bedrooms are used mainly for sleeping and exclude makeshift and temporary sleeping quarters)

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TO INTERVIEWER:

Question 13.10.2 applies only to heads of households living in dwelling unit occupied by more than one household.

13.10.2 How many bedrooms are occupied/available for use by your household?

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13.11 How many rooms are there in your dwelling unit? (Do not count bathrooms, porches, kitchens, etc.)

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13.12 What is the main source of your water supply?

- 1. Rainwater in cistern or tank
- 5. Drums
- 2. Public piped into dwelling
- 6. Other _____ Specify
- 3. Desalinated, piped into dwelling
- 4. Well/Tank

13.13 Does this household have the use of a kitchen or kitchenette with sink permanently connected to a water supply and a waste pipe?

- 1. Yes for the use only by this household
- 2. Yes shared with another household
- 3. Kitchen without sink permanently connected
- 4. No Kitchen

13.14 Does this household have the use of a room with fixed bath or shower?

- 1. Yes for the use of only this household
- 3. Room with no fixed bath or shower
- 2. Yes shared with another household
- 4. No Bathroom

SECTION 13 con't. HOUSING AND HOUSEHOLD ITEMS - HEAD OF HOUSEHOLD ONLY

13.15.1 What type of toilet facilities does this household have?

- 1. Flushed Toilet with Septic tank/Soak Away
- 2. Cesspit/Pit-latrine
- 3. No toilet facilities
- 4. Other _____ specify

13.15.2 Are these toilet facilities shared with another household?

- 1. Yes
- 2. No

13.16.1 What type of lighting does this household use most?

- 1. Electricity
- 2. Kerosene
- 3. Gas
- 4. Other _____
Specify

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

- 1. Electricity
- 2. Kerosene
- 3. L.P.G.
- 4. Wood/Coal

HOUSEHOLD FACILITIES AVAILABLE

13.17 Does your household have any of the following item?

- 1. Refrigerator
- 2. Stove
- 3. Washing Machine
- 4. Microwave
- 5. Telephone
- 6. Computer
- 7. Internet Access
- 8. Radio
- 9. Television
- 10. Video
- 11. Stereo
- 12. Cable T.V./Dish
- 13. Water Heater
- 14. Air Conditioner

13.18 How many motor vehicles are owned by members of this household?

13.19(a) How many fishing boats are owned by members of this household?

13.19(b) How many pleasure crafts (boats for pleasure) are owned by members of this household?