



APPENDIX 1: CENSUS QUESTIONNAIRE



CAYMAN ISLANDS

Population and Housing Census

October 10, 2010



For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

1	2	3	4	5	6	7	8	9	0
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IMPORTANT!!! Shade the circle where applicable. Like This → Not Like This → USE ONLY 2B PENCIL

CONFIDENTIAL

Admin. No.

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District <table border="1" style="width: 100%; height: 20px;"></table>	EA Number <table border="1" style="width: 100%; height: 20px;"></table>	Block <table border="1" style="width: 100%; height: 20px;"></table> Parcel <table border="1" style="width: 100%; height: 20px;"></table>	Building Number <table border="1" style="width: 100%; height: 20px;"></table>	Dwelling Unit Number <table border="1" style="width: 100%; height: 20px;"></table>	Household Number <table border="1" style="width: 100%; height: 20px;"></table>
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Address of Household: _____ Telephone number:

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Is this Household on your assigned list? <input type="radio"/> 1 Yes <input type="radio"/> 2 No	Number of Persons in this Household: <table border="1" style="display: inline-table; border-collapse: collapse; margin-right: 10px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-right: 10px;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>						

I hereby certify that the information contained on this form has been honestly completed to the best of my ability.

ENUMERATOR'S SIGNATURE: _____	Enumerator No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
FIELD SUPERVISOR'S SIGNATURE: _____	Field Supervisor No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
EDITOR/CODER'S NAME: _____	Editor/Coder No. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			

<input type="radio"/> 1 Fully completed	<input type="radio"/> 4 Unable to find address	<input type="radio"/> 7 Demolished	<input type="radio"/> 10 No contact
<input type="radio"/> 2 Partially completed	<input type="radio"/> 5 Vacant - not occupied	<input type="radio"/> 8 Temporary second home	<input type="radio"/> 11 Out of scope
<input type="radio"/> 3 Refusal	<input type="radio"/> 6 Under construction/Default	<input type="radio"/> 9 Temporary short-term rental	

RECORD OF VISITS

Date of Visit			Start Time	End Time	Comments
D	D	M M	Y Y	12 Hours	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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List of Household Members

1.0 Please give the names of all members of this household.

- INCLUDE:**
- All Caymanians and Non-Caymanians staying or intending to stay in the Cayman Islands for at least six (6) months
 - Newborn babies. If baby has not been named write BABY of Person...
 - Elderly persons
 - Resident students abroad
 - Persons at hospital or other institution for less than six months
 - Seaman

Probe for anyone who might be away but who usually lives in this household.

DO NOT INCLUDE - Visitors who reside elsewhere in the Cayman Islands or abroad.

	First Name	Surname (optional)		First Name	Surname (optional)
01			08		
02			09		
03			10		
04			11		
05			12		
06			13		
07			14		

PLEASE USE THE COMMENT SHEET AT THE END OF THE QUESTIONNAIRE FOR ADDITIONAL PERSONS.



SECTION 1: DEMOGRAPHY

To be answered for ALL.

PERSON	1.1 Has ... been in the Cayman Islands for at least six (6) months or intends to stay for at least six (6) months? 1... Yes 2... No 99...DK/NS	1.2 Where did ... spend census night, Sunday October 10, 2010? 1...At this household 2...Elsewhere in the country 3...Abroad 4...Institution 5...Other 99...DK/NS	1.3 What is ...'s Relationship to Head? 1... Head 2... Spouse/partner 3... Child 4... Son/daughter in law 5... Grand-child 6... Parent/parent-in-law 7... Grand parent 8... Brother/sister 9... Other relative 10... Live in domestic 11... Non-relative	1.4 What is ...'s sex? 1... Male 2... Female
	If response is 2 or 99, END INTERVIEW.		The first person listed in the household should always be 'Head'.	
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 3 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9	<input type="radio"/> 1 <input type="radio"/> 2
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SECTION 1: DEMOGRAPHY (cont'd)

To be answered for ALL.

P E R S O N	1.8	<p>What is ...'s country of citizenship? You can indicate up to two countries where applicable.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1...Cayman Islands</td> <td style="width: 50%;">11...Guyana</td> </tr> <tr> <td>2...Jamaica</td> <td>12...Costa Rica</td> </tr> <tr> <td>3...USA</td> <td>13...Ireland</td> </tr> <tr> <td>4...UK</td> <td>14...Colombia</td> </tr> <tr> <td>5...Honduras</td> <td>15...Philippines</td> </tr> <tr> <td>6...Canada</td> <td>16...India</td> </tr> <tr> <td>7...Nicaragua</td> <td>17...Australia</td> </tr> <tr> <td>8...Barbados</td> <td>18...Other (please specify)</td> </tr> <tr> <td>9...Cuba</td> <td>99...DK/NS</td> </tr> <tr> <td>10...Trinidad & Tobago</td> <td></td> </tr> </table>	1...Cayman Islands	11...Guyana	2...Jamaica	12...Costa Rica	3...USA	13...Ireland	4...UK	14...Colombia	5...Honduras	15...Philippines	6...Canada	16...India	7...Nicaragua	17...Australia	8...Barbados	18...Other (please specify)	9...Cuba	99...DK/NS	10...Trinidad & Tobago		1.9	<p>In what country was ... born?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1...Cayman Islands</td> <td style="width: 50%;">11...Guyana</td> </tr> <tr> <td>2...Jamaica</td> <td>12...Costa Rica</td> </tr> <tr> <td>3...USA</td> <td>13...Ireland</td> </tr> <tr> <td>4...UK</td> <td>14...Colombia</td> </tr> <tr> <td>5...Honduras</td> <td>15...Philippines</td> </tr> <tr> <td>6...Canada</td> <td>16...India</td> </tr> <tr> <td>7...Nicaragua</td> <td>17...Australia</td> </tr> <tr> <td>8...Barbados</td> <td>18...Other (please specify)</td> </tr> <tr> <td>9...Cuba</td> <td>99...DK/NS</td> </tr> <tr> <td>10...Trinidad & Tobago</td> <td></td> </tr> </table> <p style="text-align: center; background-color: yellow; font-weight: bold;">If response is 1, GO TO Q1.11.</p>	1...Cayman Islands	11...Guyana	2...Jamaica	12...Costa Rica	3...USA	13...Ireland	4...UK	14...Colombia	5...Honduras	15...Philippines	6...Canada	16...India	7...Nicaragua	17...Australia	8...Barbados	18...Other (please specify)	9...Cuba	99...DK/NS	10...Trinidad & Tobago	
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SECTION 1: DEMOGRAPHY (cont'd)

To be answered for ALL.

C O M M U N I T Y	<p>1.10</p> <p>When did ... last come <u>TO LIVE</u> in the Cayman Islands?</p> <p>If response is <u>don't know</u> or <u>not stated</u>, <u>WRITE 9999</u>.</p>	<p>1.11</p> <p>At the time ... was born, what was the country of usual residence of ...'s mother?</p> <p>1...Cayman Islands 11...Guyana 2...Jamaica 12...Costa Rica 3...USA 13...Ireland 4...UK 14...Colombia 5...Honduras 15...Philippines 6...Canada 16...India 7...Nicaragua 17...Australia 8...Barbados 18...Other (please specify) 9...Cuba 99...DK/NS 10...Trinidad & Tobago</p> <p>If response is 1, continue; OTHERWISE GO TO Q1.13.</p>	<p>1.12</p> <p>At the time ... was born, in which district did his/her mother live?</p> <p>1...George Town 2...West Bay 3...Bodden Town 4...North Side 5...East End 6...Cayman Brac 7...Little Cayman 99...DK/NS</p>
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SECTION 1: DEMOGRAPHY (cont'd)

To be answered for ALL.

P E R S O N	1.13	1.14	1.15
	<p>What was ...'s usual place of residence one year ago?</p> <p>1... Child under 1 year 2... George Town 3... West Bay 4... Bodden Town 5... North Side 6... East End 7... Cayman Brac 8... Little Cayman 9... Abroad (please specify) 99... DK/NS</p>	<p>What language does ... speak most often at home?</p> <p>1... English 6... Portuguese 2... Spanish 7... Filipino 3... French 8... Sign Language 4... German 9... Other 5... Italian</p> <p><i>For children who have not started speaking, shade the language that is spoken to them most often.</i></p>	<p>To which religious denomination does ... belong?</p> <p>1... Anglican 9... Muslim 2... Baptist 10... Rastafarian 3... Church of God 11... Hindu 4... Jehovah Witness 12... Wesleyan Holiness 5... Pentecostal 13... Non-denominational 6... Presbyterian/United Church 14... None 7... Roman Catholic 15... Other 8... Seventh Day Adventist 99... DK/NS</p>
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SECTION 2: DISABILITY & ILLNESS

To be answered for ALL.

P E R S O N	2.1	2.2	2.3
	<p>Does . . . have any of the following disabilities or impairment that limits his/her activities compared with most people of the same age?</p> <p style="text-align: center;">READ CHOICES</p> <p>1. Sight 2. Hearing 3. Speech 4. Upper limb (arm) 5. Lower limb (legs) 6. Neck and spine 7. Learning disability 8. Mental illness 9. Other 10. None 99. DK/NS</p> <p style="text-align: center;"><i>Multiple responses accepted.</i></p>	<p>Was . . . medically diagnosed with any of the following?</p> <p style="text-align: center;">READ CHOICES</p> <p>1. Diabetes 2. High Blood Pressure 3. Heart Condition 4. Cancer 5. HIV/AIDS 6. Asthma 7. Other 8. None 99. DK/NS</p> <p style="text-align: center;"><i>Multiple responses accepted.</i></p>	<p>Is . . . covered by Health Insurance?</p> <p>1. Yes, by a provider in the Cayman Islands 2. Yes, covered by C.I. Government (e.g. Govt. employees & dependents, seamen, veterans, indigent, etc) 3. Yes, by some other provider 4. Uninsurable 5. No 99. DK/NS</p> <p style="text-align: center; background-color: yellow;">IF LESS THAN 5 YEARS, END INTERVIEW.</p>
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SECTION 3: SCHOOL ATTENDANCE

To be answered for those 5 years and over.

SECTION 3: SCHOOL ATTENDANCE				
To be answered for those 5 years and over.				
PERSON	3.1	3.2	3.3	3.4
	<p>Is ... attending school or institution part or full time?</p> <p>1... Yes, fulltime 2... Yes, part time 3... Home schooled 4... Not attending school 99... DK/NS</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">If response is 3, 4 or 99 GO TO Q4.1.</p>	<p>What type of school or institution is ... attending?</p> <p>1... Nursery/Preschool 2... Primary School 3... Middle/High/Secondary School 4... Vocational Institution 5... Community College 6... University/College 7... Special Education (e.g. Lighthouse School, Sunrise Adult Training Centre) 8... Other (please specify) 99... DK/NS</p>	<p>Where is the school/ institution situated?</p> <p>1... George Town 2... West Bay 3... Bodden Town 4... North Side 5... East End 6... Cayman Brac 7... Little Cayman 8... Online 9... Abroad (please specify) 99... DK/NS</p> <p style="border: 1px solid black; padding: 2px; display: inline-block;">If response is 8, 9 or 99 GO TO Q4.1.</p>	<p>What is ...'s MAIN mode of transport to the school or institution?</p> <p>1... Private vehicle 2... School bus 3... Public bus 4... Walking 5... Bicycle 6... Taxi 7... Motorcycle/Moped 8... Other 99... DK/NS</p>
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SECTION 4: HIGHEST GRADE COMPLETED AND EXAMINATION PASSED

To be answered for those 5 years and over.

To be answered for those 15 years and over.

S E R I A L	<p>4.1</p> <p>What is the highest <u>GRADE</u> that ... <u>COMPLETED?</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1...None</td> <td style="width: 50%;">11...Middle Yr 6</td> </tr> <tr> <td>2...Nursery/Pre-School</td> <td>12...Middle Yr 9</td> </tr> <tr> <td>3...Special Education</td> <td>13...High School Yr 10</td> </tr> <tr> <td>4...Primary Yr 1</td> <td>14...High School Yr 11</td> </tr> <tr> <td>5...Primary Yr 2</td> <td>15...High School Yr 12</td> </tr> <tr> <td>6...Primary Yr 3</td> <td>16...Vocational</td> </tr> <tr> <td>7...Primary Yr 4</td> <td>17...Community College</td> </tr> <tr> <td>8...Primary Yr 5</td> <td>18...University/College</td> </tr> <tr> <td>9...Primary Yr 6</td> <td>19...Other (please specify)</td> </tr> <tr> <td>10...Middle Yr 7</td> <td>99...DK/NS</td> </tr> </table> <div style="border: 1px solid black; padding: 2px; text-align: center; width: fit-content; margin: 10px auto;"> <p>IF LESS THAN 15 years, END INTERVIEW.</p> </div>	1...None	11...Middle Yr 6	2...Nursery/Pre-School	12...Middle Yr 9	3...Special Education	13...High School Yr 10	4...Primary Yr 1	14...High School Yr 11	5...Primary Yr 2	15...High School Yr 12	6...Primary Yr 3	16...Vocational	7...Primary Yr 4	17...Community College	8...Primary Yr 5	18...University/College	9...Primary Yr 6	19...Other (please specify)	10...Middle Yr 7	99...DK/NS	<p>4.2</p> <p>What is the HIGHEST EXAMINATION that ... ever passed?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1...None</td> <td style="width: 50%;">2...COEA, Entry Level/Common Entrance</td> </tr> <tr> <td>3...CSE, CXC Basic</td> <td>4...GCE/GCSE/IGCSE 'O' Level/CXC General (1 to 4 subjects)</td> </tr> <tr> <td>5...GCE/GCSE/IGCSE 'O' Level/CXC General (5 or more subjects)</td> <td>6...High School Diploma or Equivalent Certificate</td> </tr> <tr> <td>7...GCE 'A' Level/CAPE/HSC/HND (1 or 2 subjects)</td> <td>8...GCE 'A' Level/CAPE/HSC/HND (3 or more subjects)</td> </tr> <tr> <td>9...Vocational/Trade Certificate or Diploma</td> <td>10...Associate Degree</td> </tr> <tr> <td>11...Bachelors Degree</td> <td>12...Postgraduate Certificate or Diploma</td> </tr> <tr> <td>13...Masters Degree (e.g. Medicine, Dentistry, Veterinary, Law)</td> <td>14...Earned Doctorate (Ph.D.)</td> </tr> <tr> <td>15...Professional Qualifications (e.g. Computer, Law, Accounting)</td> <td>16...Other (please specify)</td> </tr> <tr> <td>99...DK/NS</td> <td></td> </tr> </table>	1...None	2...COEA, Entry Level/Common Entrance	3...CSE, CXC Basic	4...GCE/GCSE/IGCSE 'O' Level/CXC General (1 to 4 subjects)	5...GCE/GCSE/IGCSE 'O' Level/CXC General (5 or more subjects)	6...High School Diploma or Equivalent Certificate	7...GCE 'A' Level/CAPE/HSC/HND (1 or 2 subjects)	8...GCE 'A' Level/CAPE/HSC/HND (3 or more subjects)	9...Vocational/Trade Certificate or Diploma	10...Associate Degree	11...Bachelors Degree	12...Postgraduate Certificate or Diploma	13...Masters Degree (e.g. Medicine, Dentistry, Veterinary, Law)	14...Earned Doctorate (Ph.D.)	15...Professional Qualifications (e.g. Computer, Law, Accounting)	16...Other (please specify)	99...DK/NS	
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SECTION 5: UNION STATUS	
To be answered for those 15 years and over.	
P E R S O N	<p>5.1</p> <p>What is ...'s present marital status?</p> <p>1... Legally married 2... Legally separated 3... Divorced 4... Widowed 5... Never married 99... DK/NS</p>
	<p>5.2</p> <p>What is ...'s present union status?</p> <p>1... Married and living with spouse 2... Married with spouse living elsewhere 3... Common-law partner 4... Visiting partner 5... Not in union 99... DK/NS</p> <div style="border: 1px solid black; background-color: #ffff00; padding: 5px; margin: 10px auto; width: 80%; text-align: center;"> <p>IF FEMALE 50 years or older, GO TO Q7.1.</p> <p>IF MALE GO TO Q7.1.</p> </div>
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 99	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 99
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 99	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 99
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 99	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 99
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 99	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 99
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 99	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 99
○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 99	○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 99

SECTION 6: BIRTHS

To be answered for FEMALES 15 to 49 years.

P E R S O N	<p>E.1</p> <p>How many live births has ... ever had?</p> <p><i>A live birth includes even those births where the child lives for only a short time; but does not include stillbirths.</i></p> <p><i>Twins count as two live births.</i></p> <p>0...None 5...Five 1...One 6...Six 2...Two 7...Seven 3...Three 8...Eight or more 4...Four 99...DK/NS</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">If response is 0, GO TO Q7.1</p>	<p>E.2</p> <p>What is the date of birth of ...'s last child born alive?</p>	<p>E.3</p> <p>Is the last child born to ... still alive?</p> <p>1...Yes 2...No 99...DK/NS</p>	<p>E.4</p> <p>How many live births did ... have in the last 12 months (since October 9, 2009)?</p> <p>0...None 1...One birth 2...Two separate births 3...Twins 4...Three or more 99...DK/NS</p>
	<p><input type="radio"/> 0 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99</p> <p><input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7</p> <p><input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8</p>	<p><input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p style="text-align: center; font-size: 0.8em;">D D M M Y Y Y Y</p>	<p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 99</p>	<p><input type="radio"/> 0 <input type="radio"/> 3</p> <p><input type="radio"/> 1 <input type="radio"/> 4</p> <p><input type="radio"/> 2 <input type="radio"/> 99</p>
	<p><input type="radio"/> 0 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99</p> <p><input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7</p> <p><input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8</p>	<p><input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p style="text-align: center; font-size: 0.8em;">D D M M Y Y Y Y</p>	<p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 99</p>	<p><input type="radio"/> 0 <input type="radio"/> 3</p> <p><input type="radio"/> 1 <input type="radio"/> 4</p> <p><input type="radio"/> 2 <input type="radio"/> 99</p>
	<p><input type="radio"/> 0 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99</p> <p><input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7</p> <p><input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8</p>	<p><input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p style="text-align: center; font-size: 0.8em;">D D M M Y Y Y Y</p>	<p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 99</p>	<p><input type="radio"/> 0 <input type="radio"/> 3</p> <p><input type="radio"/> 1 <input type="radio"/> 4</p> <p><input type="radio"/> 2 <input type="radio"/> 99</p>
	<p><input type="radio"/> 0 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99</p> <p><input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7</p> <p><input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8</p>	<p><input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p style="text-align: center; font-size: 0.8em;">D D M M Y Y Y Y</p>	<p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 99</p>	<p><input type="radio"/> 0 <input type="radio"/> 3</p> <p><input type="radio"/> 1 <input type="radio"/> 4</p> <p><input type="radio"/> 2 <input type="radio"/> 99</p>
	<p><input type="radio"/> 0 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 99</p> <p><input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7</p> <p><input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8</p>	<p><input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> / <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p> <p style="text-align: center; font-size: 0.8em;">D D M M Y Y Y Y</p>	<p><input type="radio"/> 1</p> <p><input type="radio"/> 2</p> <p><input type="radio"/> 99</p>	<p><input type="radio"/> 0 <input type="radio"/> 3</p> <p><input type="radio"/> 1 <input type="radio"/> 4</p> <p><input type="radio"/> 2 <input type="radio"/> 99</p>
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SECTION 7: EMPLOYMENT

To be answered for those 15 years and over.

P E R S O N	7.1	7.2	7.3
	<p>Which of the following best describes ...'s employment status during the week preceding October 10, 2010?</p> <p style="text-align: center;">Read choices.</p> <p>1. Employed fulltime 2. Employed part-time 3. Seeking and available for work 4. NOT seeking, but available for work 5. Permanently sick or disabled 6. At school or a student, without a job 7. Wholly retired from paid work 8. Home duties 9. Other (please specify) 99. DK/NS</p> <p style="background-color: yellow; text-align: center; font-weight: bold;">If response is 3, 8 or 99, GO TO Q7.3.</p>	<p>What category of worker is ... in his / her <u>MAIN</u> job?</p> <p style="text-align: center;">Read choices.</p> <p>1. Employee, Government 2. Employee Statutory Authority 3. Employee, Government Corporation 4. Employee private 5. Self employed, WITH NO employees 6. Self employed, WITH employees 7. Unpaid family business worker 99. DK/NS</p>	<p>How many hours per week does ... usually work in his/her <u>MAIN</u> job?</p> <p style="text-align: center;">Use whole numbers, counting 30 minutes or more as a whole hour. For example 37.5 should be recorded as 38 hours.</p> <p style="text-align: center;">If response is don't know or not stated, WRITE 999.</p>
	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 9 _____ <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 99	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
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SECTION 7: EMPLOYMENT (cont'd)															
To be answered for those 15 years and over.															
P E R S O N #	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>7.4 What is ...'s occupation in his/her MAIN job?</p> <p style="text-align: center;"><i>Probe . get details.</i></p> </td> <td style="width: 50%; padding: 5px;"> <p>7.5 What is the name of the business where ...'s MAIN work is carried out?</p> <p style="text-align: center;"><i>Write the name of the business or government department. If not obvious from the name, add the main activity of the business/department.</i></p> </td> </tr> <tr> <td style="text-align: center; height: 30px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </td> <td style="text-align: center; height: 30px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </td> </tr> <tr> <td style="text-align: center; height: 30px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </td> <td style="text-align: center; height: 30px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </td> </tr> <tr> <td style="text-align: center; height: 30px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </td> <td style="text-align: center; height: 30px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </td> </tr> <tr> <td style="text-align: center; height: 30px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </td> <td style="text-align: center; height: 30px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </td> </tr> <tr> <td style="text-align: center; height: 30px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </td> <td style="text-align: center; height: 30px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </td> </tr> <tr> <td style="text-align: center; height: 30px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </td> <td style="text-align: center; height: 30px;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> </td> </tr> </table>	<p>7.4 What is ...'s occupation in his/her MAIN job?</p> <p style="text-align: center;"><i>Probe . get details.</i></p>	<p>7.5 What is the name of the business where ...'s MAIN work is carried out?</p> <p style="text-align: center;"><i>Write the name of the business or government department. If not obvious from the name, add the main activity of the business/department.</i></p>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
<p>7.4 What is ...'s occupation in his/her MAIN job?</p> <p style="text-align: center;"><i>Probe . get details.</i></p>	<p>7.5 What is the name of the business where ...'s MAIN work is carried out?</p> <p style="text-align: center;"><i>Write the name of the business or government department. If not obvious from the name, add the main activity of the business/department.</i></p>														
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SECTION 7: EMPLOYMENT (cont'd)				
To be answered for those 15 years and over.				
7 6 5 4 3 2 1	7.6 In what district is this business situated? 1...George Town 2...West Bay 3...Bodden Town 4...North Side 5...East End 6...Cayman Brac 7...Little Cayman 8...Abroad	7.7 What mode of transport does ... mostly use to get to the <u>MAIN</u> workplace? 1...Private vehicle 2...Public bus 3...Taxi 4...Motorcycle/moped 5...Bicycle 6...Walking 7...Works mainly from home 8...Other	7.8 How much was ...% savings from <u>MAIN</u> job he/she was doing in the week preceding Oct. 10, 2010? <i>Refer to <u>FLASH CARD</u> for earnings range.</i> If the respondent is the KEY INFORMANT, GO TO Q8.1. If the respondent is NOT the KEY INFORMANT, END INTERVIEW.	7.9 What was ...% <u>MAIN</u> means of financial support during the week preceding Oct. 10, 2010? 1...Parent/s 2...Spouse/Partner 3...Other relative or friends 4...Savings/Investments 5...Social Services 6...Pension/Veteran/Seaman 7...Other 99...DK/NS If the respondent is the KEY INFORMANT, GO TO Q8.1. If the respondent is NOT the KEY INFORMANT, END INTERVIEW.
	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 8	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 8	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 99	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 99
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SECTION 8: HOUSING

To be answered by the Head of the household or a responsible adult.

8.1 Which of the following best describes the ownership of this dwelling?

- | | |
|--|--|
| <input type="radio"/> 1 Owned without mortgage by you or someone in this household | <input type="radio"/> 5 Rent-free provided by employer, relative or friend |
| <input type="radio"/> 2 Owned with mortgage | <input type="radio"/> 6 Subsidized rent provided by employer, relative or friend |
| <input type="radio"/> 3 Rent - furnished | <input type="radio"/> 7 Other (please specify) _____ |
| <input type="radio"/> 4 Rent - unfurnished | <input type="radio"/> 99 DK/NS |

8.2 What type of dwelling does this household occupy?

- | | | | |
|---|---|--|--------------------------------|
| <input type="radio"/> 1 Detached house | <input type="radio"/> 4 Apartment | <input type="radio"/> 7 One-room | <input type="radio"/> 10 Other |
| <input type="radio"/> 2 Semi-detached house | <input type="radio"/> 5 Condominium/townhouse | <input type="radio"/> 8 Combined business/dwelling | <input type="radio"/> 99 DK/NS |
| <input type="radio"/> 3 Duplex | <input type="radio"/> 6 Studio | <input type="radio"/> 9 Boat/yacht | |

8.3 How many rooms does this household have available for its use?

8.4 Number of bedrooms

8.5 Number of bathrooms

8.6 Does this household share a bathroom with another household?

- 1 Yes 2 No 99 DK/NS

8.7 What type of sewerage system does this household have?

- | | | |
|--|--|--------------------------------|
| <input type="radio"/> 1 Mains (West Bay Rd. Sewerage Scheme) | <input type="radio"/> 4 Cesspool | <input type="radio"/> 99 DK/NS |
| <input type="radio"/> 2 Sewerage Treatment Plant | <input type="radio"/> 5 Outhouse/Pit latrine | |
| <input type="radio"/> 3 Septic tank or deep well | <input type="radio"/> 6 Other (please specify) _____ | |

8.8 What is the MAIN source of water for this household?

- | | |
|---|--|
| <input type="radio"/> 1 Mains ("City water" or "desalinated") | <input type="radio"/> 4 Other (please specify) _____ |
| <input type="radio"/> 2 Cistem (rain or truck) | <input type="radio"/> 99 DK/NS |
| <input type="radio"/> 3 Well | |

8.9 Does this household use bottled water as its MAIN source for drinking water? 1 Yes 2 No

8.10 Does this household share a kitchen with another household? 1 Yes 2 No 99 DK/NS

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

- | | | |
|-------------------------------------|---------------------------------------|--|
| <input type="radio"/> 1 Electricity | <input type="radio"/> 3 Kerosene | <input type="radio"/> 5 Other (please specify) _____ |
| <input type="radio"/> 2 Gas/propane | <input type="radio"/> 4 Wood/charcoal | <input type="radio"/> 99 DK/NS |



SECTION 8: HOUSING (cont'd)

To be answered by the Head of the household or a responsible adult.

8.12 What does this household use **MOST** for lighting?

- 1 Electricity - CUC, Brac Power 4 Kerosene lamp 99 DK/NS
 2 Electricity - private generator 5 Solar
 3 Gas/propane 8 Other (please specify) _____

8.13 Does this household use any form of renewable energy? *Multiple answers allowed.*

- 1 Yes, Solar Cells 4 Yes, Ground Source (Geothermal) Heat Pumps 99 DK/NS
 2 Yes, Wind Turbines 5 Yes, Other (please specify) _____
 3 Yes, Solar Water Heating Systems 8 No

8.14 Does this household have the following:

1. Internet at home
 1 Yes 2 No
2. Cable/Satellite
 1 Yes 2 No
3. Air-conditioning
 1 Yes 2 No
4. Housing Insurance
 1 Yes 2 No

8.15 How many of the following does this household own? (if NONE, write 0).

- | | | | |
|-------------------------|----------------------|-------------------------|----------------------|
| 1. Radio | <input type="text"/> | 5. Mobile phone | <input type="text"/> |
| 2. Television set | <input type="text"/> | 6. Computer | <input type="text"/> |
| 3. Electric Generator | <input type="text"/> | 7. Motor Vehicle | <input type="text"/> |
| 4. Fixed line telephone | <input type="text"/> | 8. Motorcycle/
Moped | <input type="text"/> |

SECTION 9: MORTALITY

To be answered by the Head of the household or a responsible adult.

9.1 Has there been any death in this household in the past 12 months? 1 Yes 2 No 99 DK/NS

If response is 2 or 99, GO TO Q. 10.1.

9.2 How many persons died in the last 12 months?	DECEASED #	9.3 What was the sex of the deceased? 1...Male 2...Female	9.4 What was the age of the deceased at time of death?	9.5 Did the deceased die in the Cayman Islands or abroad? 1...Cayman Islands 2...Abroad
<input type="text"/>	<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2	<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2
		<input type="radio"/> 1 <input type="radio"/> 2	<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2
		<input type="radio"/> 1 <input type="radio"/> 2	<input type="text"/>	<input type="radio"/> 1 <input type="radio"/> 2



SECTION 10: EMIGRATION

To be answered by the Head of the household or a responsible adult.

10.1 How many members of this household migrated from Cayman Islands over the past 10 years?

IF ZERO (0), END INTERVIEW AND THANK THE RESPONDENT.

M I G R A N T #	10.2 In what year did ... migrate?	10.3 To what country did ... migrate?	10.4 What was ...'s MAIN reason for migrating?
	<input style="width: 40px; height: 20px;" type="text"/>	2...Jamaica 12...Costa Rica 3...USA 13...Ireland 4...UK 14...Colombia 5...Honduras 15...Philippines 6...Canada 16...India 7...Nicaragua 17...Australia 8...Barbados 18...Dubai 9...Cuba 19...Other (please specify) 10...Trinidad & Tobago 99...DK/NS 11...Guyana	1...Education 2...Health 3...Family reunification 4...Family dissolution 5...Job opportunity 6...Contract ends 7...Work permit expires 8...Term limit (Roll over) 9...Other 99...DK/NS
	<input style="width: 40px; height: 20px;" type="text"/>	<input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 14 <input type="radio"/> 17 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 13 <input type="radio"/> 16 <input type="radio"/> 19 _____ <input style="width: 20px; height: 15px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9
	<input style="width: 40px; height: 20px;" type="text"/>	<input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 14 <input type="radio"/> 17 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 13 <input type="radio"/> 16 <input type="radio"/> 19 _____ <input style="width: 20px; height: 15px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9
	<input style="width: 40px; height: 20px;" type="text"/>	<input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 14 <input type="radio"/> 17 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 13 <input type="radio"/> 16 <input type="radio"/> 19 _____ <input style="width: 20px; height: 15px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9
	<input style="width: 40px; height: 20px;" type="text"/>	<input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 14 <input type="radio"/> 17 <input type="radio"/> 99 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 13 <input type="radio"/> 16 <input type="radio"/> 19 _____ <input style="width: 20px; height: 15px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9



SECTION 10: EMIGRATION (cont'd)				
To be answered by the Head of the household or a responsible adult.				
M I G R A N T	10.5	10.6	10.7	
	What was ...'s sex? 1... Male 2... Female	What was ...'s age at the time of migration? <i>If response is don't know or not stated, WRITE 99.</i>	What was ...'s citizenship at the time of migration? 1... Cayman Islands 11... Guyana 2... Jamaica 12... Costa Rica 3... USA 13... Ireland 4... UK 14... Colombia 5... Honduras 15... Philippines 6... Canada 16... India 7... Nicaragua 17... Australia 8... Barbados 18... Other (please specify) 9... Cuba 99... DK/NS 10... Trinidad & Tobago	10.8 What was ...'s education level at the time of migration? 1... None 2... Primary 3... Middle 4... High School 5... Vocational 6... Community College 7... University/College 8... Other 99... DK/NS
	<input type="radio"/> 1 <input type="radio"/> 2	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 13 <input type="radio"/> 16 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 14 <input type="radio"/> 17 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> 99
	<input type="radio"/> 1 <input type="radio"/> 2	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 13 <input type="radio"/> 16 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 14 <input type="radio"/> 17 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> 99
	<input type="radio"/> 1 <input type="radio"/> 2	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 13 <input type="radio"/> 16 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 14 <input type="radio"/> 17 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> 99
<input type="radio"/> 1 <input type="radio"/> 2	<input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 4 <input type="radio"/> 7 <input type="radio"/> 10 <input type="radio"/> 13 <input type="radio"/> 16 <input type="radio"/> 99 <input type="radio"/> 2 <input type="radio"/> 5 <input type="radio"/> 8 <input type="radio"/> 11 <input type="radio"/> 14 <input type="radio"/> 17 <input type="radio"/> 3 <input type="radio"/> 6 <input type="radio"/> 9 <input type="radio"/> 12 <input type="radio"/> 15 <input type="radio"/> 18 <input style="width: 30px; height: 20px;" type="text"/>	<input type="radio"/> 1 <input type="radio"/> 3 <input type="radio"/> 5 <input type="radio"/> 7 <input type="radio"/> 2 <input type="radio"/> 4 <input type="radio"/> 6 <input type="radio"/> 8 <input type="radio"/> 99	

THANK YOU FOR YOUR COOPERATION

