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 IMPORTANT!!! Shade the circle where applicable. Like This-> • Not Like This-> • USE ONLY 2B PENCIL IMPORTANT!!! Shade the circle where applicable. Like This-> • Not Like This-> • USE ONLY 2B PENCIL Important the circle where applicable. Like This-> • Important the circle where applicable. Like This-> • Important the circle where applicable. Important the circle where applicable. Like This-> • Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable. Important the circle where applicable to find address O 1 Decontact O 1 D		CAYMAN IS opulation and Ho October 10	ousing Cens	US 2010 Everyone Counts!
				3 4 5 6 7 8 9 0
District EA Number Biock Building Number Dwelling Unit Advessehold Number Address of Household:	IMPORTANT !!! Shade the	••	/	USE ONLY 2B PENCIL
District EA Number Parcel Building Number Dwelling Unit Number Address of Household:	CONF	IDENTIA	L Admi	n. No.
Address of Household:	District EA Number		Building Number	
Is this Household on your assigned list? 0 1 Yes 0 2 10 Number of Persons in this Household: Image: Completed to the persons in thousehold: Image: Completed t	Address of Household:		FOR O	Telephone number
ENUMERATOR'S SIGN TURE: Enumerator No. FIELNOUPERVISOR'S SIGNATURE: Field Supervisor No. FIELNOUPERVISOR'S SIGNATURE: Field Supervisor No. EDITOR/CODER'S NAME: Editor/Coder No. RESULT CODES 0 1 Fully completed 0 4 Unable to find address 0 7 Demolished 0 10 No contact 0 2 Partially completed 0 5 Vacant - not occupied 0 8 Temporary second home 0 11 Out of scope		Yes 0 2 10		in Male Female Total
FELLSUPERVISOR'S SIGNATURE:	I hereby certify that the information c	ownined on this form has been hone	stly completed to the best	of my ability.
EDITOR/CODER'S NAME: Editor/Coder No. RESULT CODES 0 1 Fully completed 0 4 Unable to find address 0 7 Demolished 0 10 No contact 0 2 Partially completed 0 5 Vacant - not occupied 0 8 Temporary second home 0 11 Out of scope	ENUMERATOR'S SIGN TURE:			Enumerator No.
RESULT CODES O 1 Fully completed O 4 Unable to find address O 7 Demolished O 10 No contact O 2 Partially completed O 5 Vacant - not occupied O 8 Temporary second home O 11 Out of scope	ELL SUPERVISOR'S SIGNATURE:			Field Supervisor No.
O 1 Fully completed O 4 Unable to find address O 7 Demolished O 10 No contact O 2 Partially completed O 5 Vacant - not occupied O 8 Temporary second home O 11 Out of scope	DITOR/CODER'S NAME:			Editor/Coder No.
O 2 Partially completed O 5 Vacant - not occupied O 8 Temporary second home O 11 Out of scope	RESULT CODES			
	O 2 Partially completed	O 5 Vacant - not occupied	O 8 Temporary second	home O 11 Out of scope



RECORD OF VISITS

Date of Visit	Start Time	End Time	Comments
D D M M Y Y	12 Hours	12 Hours	
			, St
			. N
			E CIT

List of Household Mend

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

- All Caymanians and Non-Caymanians staying or interving to stay in the Cayman Islands for at least six (6) months Newborn babies. If baby has not been named write BABY of Person..... INCLUDE:

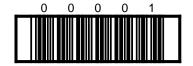
 - Elderly persons
 - Resident students abroad
 - than six months - Persons at hospital or other institution for - Seamen

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	NPL		09		
B			10		
04			11		
05			12		
06			13		
07			14		

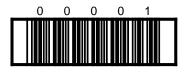
PLEASE USE THE COMMENT SHEET AT THE END OF THE QUESTIONNAIRE FOR ADDITIONAL PERSONS.



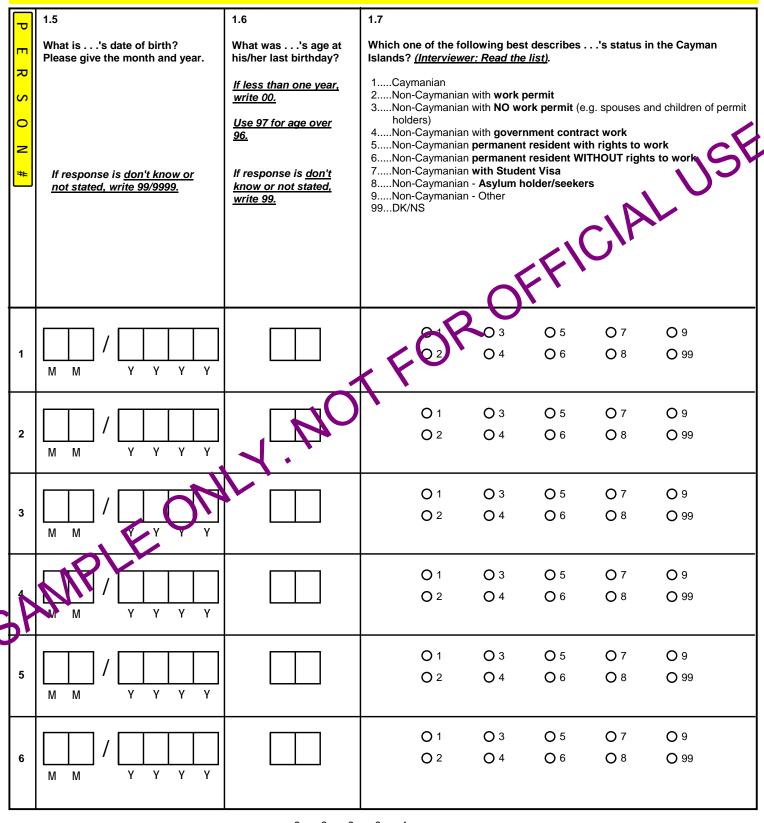


SECTION 1: DEMOGRAPHY

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? 1Yes 2No 99DK/NS	As been in the ayman Islands for t least six (6) bonths or intends to tay for at least six b) months? 1Yes 2No 99DK/NS Where did spend census night, Sunday October 10, 2010? 1At this household 2Elsewhere in the country 3Abroad 4Institution 5Other 99DK/NS				What is's Relationship to Head? 1Head 2Spouse/partner 3Child 4Son/daughter in law 5Grand-child 6Parent/parent-in-law 7Grand parent 8Brother/sister 9Other relative 10Live in domestic 11Non-relative The <u>first</u> person listed in the household should always be ' <u>Hear</u> .					
1	O 1 O 2 O 99	O 1 O 2 O 3	○ 4○ 5○ 99	01 22	D 4 O 5 O 6	07 08 09	O 10 O 11	O 1 O 2			
2	O 1 O 2 O 99	O 1 O 2 O 3	O 4 Q 3 Q 99	O 1 O 2 O 3	O 4 O 5 O 6	O 7 O 8 O 9	O 10 O 11	O 1 O 2			
3	O 1 O 2 O 99		O 4 O 5 O 99	O 1 O 2 O 3	O 4 O 5 O 6	O 7 O 8 O 9	O 10 O 11	O 1 O 2			
4	0 99	O 1 O 2 O 3	○ 4○ 5○ 99	O 1 O 2 O 3	O 4 O 5 O 6	O 7 O 8 O 9	O 10 O 11	O 1 O 2			
5	O 1 O 2 O 99	O 1 O 2 O 3	○ 4○ 5○ 99	O 1 O 2 O 3	O 4 O 5 O 6	O 7 O 8 O 9	O 10 O 11	O 1 O 2			
6	O 1 O 2 O 99	O 1 O 2 O 3	O 4 O 5 O 99	O 1 O 2 O 3	O 4 O 5 O 6	O 7 O 8 O 9	O 10 O 11	O 1 O 2			

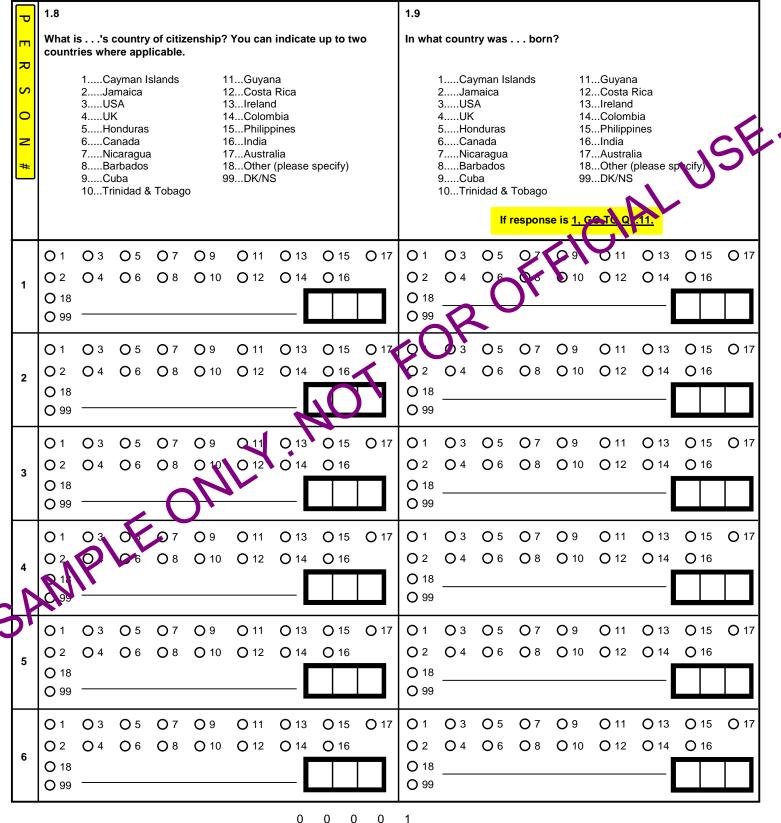






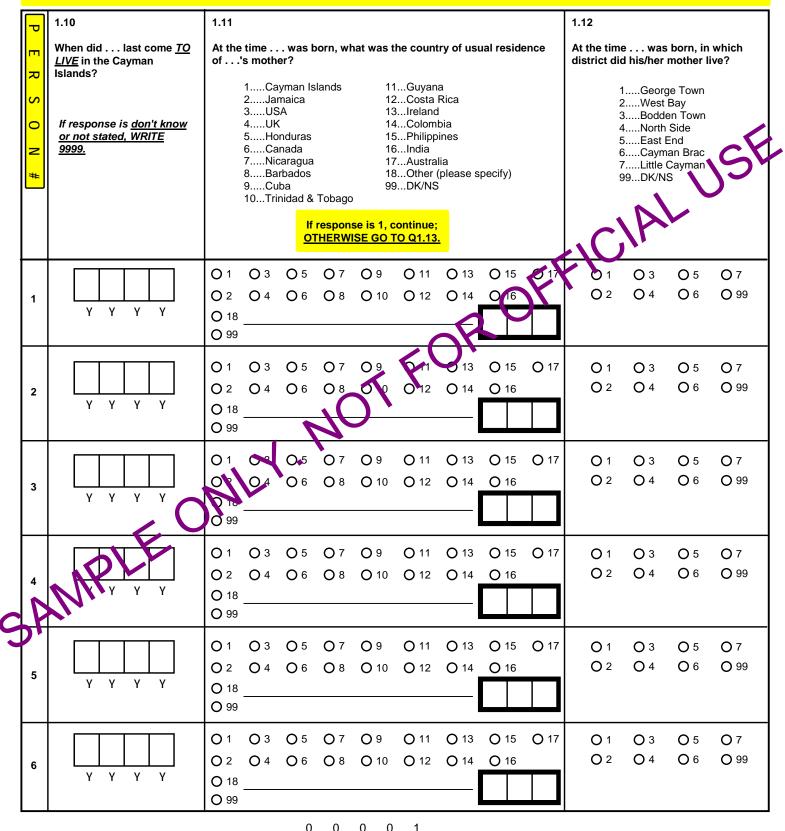








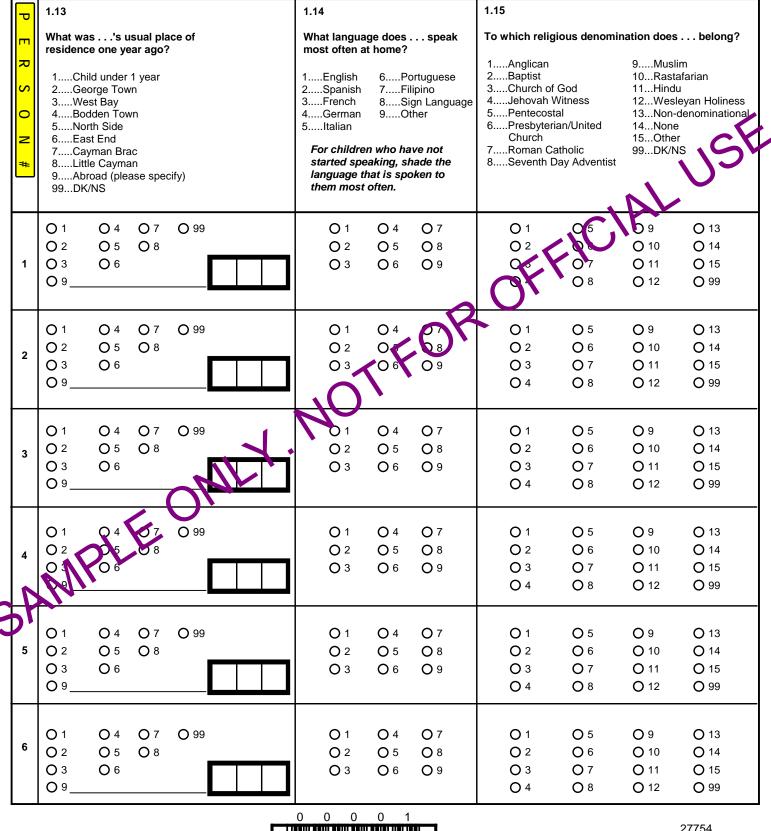








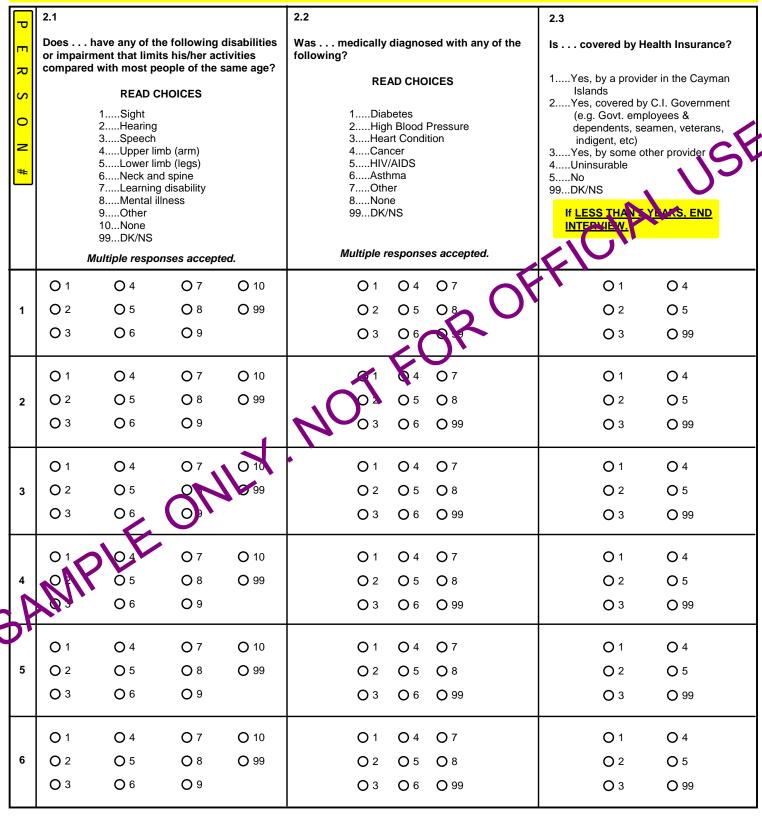


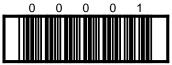






SECTION 2: DISABILITY & ILLNESS







SECTION 3: SCHOOL ATTENDANCE

	Þ	3.1	3.2		3.3				3.4			
	ERSON#	Is attending school or institution part or full time? 1Yes, fulltime 2Yes, part time 3Home schooled 4Not attending school 99DK/NS	1Nursery/Pres 2Primary Scho 3Middle/High/S 4Vocational In 5Community C 6University/Cc 7Special Educ	ol Secondary School sitution College illege ation (e.g. Lighthouse se Adult Training Centre)	situate 1G 2W 3B 4N 5E 6C 8O 9A 99D	d? eorge Tc /est Bay odden Tc orth Side ast End ayman B ttle Cayn nline broad (pl K/NS	own rac nan ease spe	ecify) 9 <u>GO TO Q4.1.</u>	What is's <u>MAIN</u> mode of transport to the school or institution? 1Private vehicle 2School bus 3Public bus 4Walking 5Bicycle 6Taxi 7Motoro.cle/ Moped 8Other 99OK/MS			
	1	O 1 O 2 O 3 O 4 O 99	O 1 O 5 O 2 O 6 O 3 O 7 O 4 O 8	O 99	O 1 O 2 O 9 _ O 99	03 04	05 06		0 1 0 2 0 3 0 4	O 5 O 6 O 7 O 8	O 99	
Ĩ	2	O 1 O 2 O 3 O 4 O 99	O 1 O 5 O 2 O 6 O 3 O 7 O 4 O 8	0 99	O 1 O 2 O 9 _ O 99	0 4	05 06	O 7 O 8	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 99	
	3	O 1 O 2 O 3 O 4 O 99	01 05 02 06 03 07 07 08	O 99	O 1 O 2 O 9 _ O 99	O 3 O 4	05 06	O 7 O 8	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 99	
	4	Q 1 92 0 3 0 4 0 99	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	O 99	O 1 O 2 O 9 O 99	O 3 O 4	05 06	O 7 O 8	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 99	
S	5	O 1 O 2 O 3 O 4 O 99	$ \begin{array}{ccccc} O & 1 & O & 5 \\ O & 2 & O & 6 \\ O & 3 & O & 7 \\ O & 4 & O & 8 \end{array} $	O 99	O 1 O 2 O 9 O 99	O 3 O 4			O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 99	
	6	O 1 O 2 O 3 O 4 O 99	O 1 O 5 O 2 O 6 O 3 O 7 O 4 O 8	O 99		O 3 O 4		O 7 O 8	O 1 O 2 O 3 O 4	O 5 O 6 O 7 O 8	O 99	





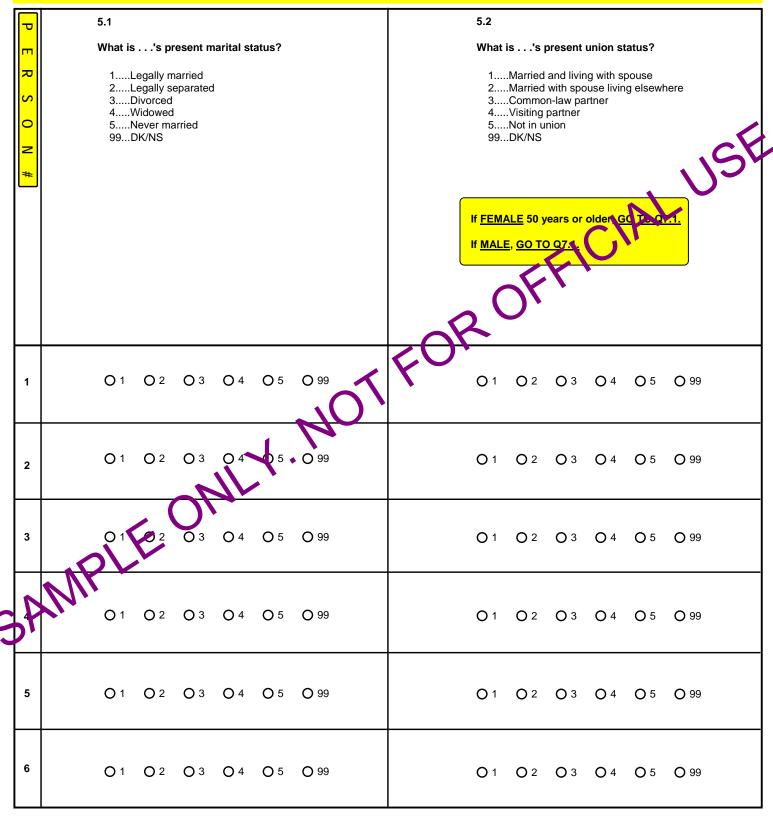
SECTION 4: HIGHEST GRADE COMPLETED AND EXAMINATION PASSED

To be answered for those 5 years and over.								To be answered for those 15 years and over.					
<mark>ع</mark> 4.1													
ERSON#	1None11Middle Yr 82Nursery/Pre-School12Middle Yr 93Special Education13High School Yr 104Primary Yr 114High School Yr 115Primary Yr 215High School Yr 126Primary Yr 316Vocational7Primary Yr 417Community College8Primary Yr 518University/College9. Primary Yr 610. Other (please apositiv)					1. 2. 3. 4. 5. 6. 7. 8. 9. 10 11 12 13 14 15	High Schoo GCE 'A' Le GCE 'A' Le Vocational Associate I Bachelors 2Postgradua 3Masters De LEarned Do	try Level/Co Basic E/IGCSE 'O E/IGCSE 'O DI Diploma o ovel/CAPE/H /Trade Certifi Degree Degree ate Certificat egree (e.g. N ctorate (Ph.I al Qualificati	mmon Entra Level/CXC C Level/CXC C r Equivalent SC/HND (1 o SC/HND (3 o icate or Dipl e or Diploma ledicine, De).)	nce General (1 to General (5 or Certificate or 2 subjects or more subj oma	4 subjects) more subjects) ;) ects)		
1	O 1 O 2 O 3 O 19	O 4 O 5 O 6	O 7 O 8 O 9		O 13 O 14 O 15	O 17	O 99	O 1 O 2 O 3 O 16	04 05 06	O 7 C 8 O 9	O 10 O 11 O 12	O 13 O 14 O 15	O 99
2	O 1 O 2 O 3 O 19	O 4 O 5 O 6	O 7 O 8 O 9				O 99	1 2 0 3 0 16	O 4 O 5 O 6	O 7 O 8 O 9	O 10 O 11 O 12	O 13 O 14 O 15	O 99
3	O 1 O 2 O 3 O 19	O 4 O 5 O 6	07 08 99		0 18 0 14 0 15	O 16 O 17 O 18	O 99	O 1 O 2 O 3 O 16	O 4 O 5 O 6	O 7 O 8 O 9	O 10 O 11 O 12	O 13 O 14 O 15	O 99
Ŗ	O 1 2 O 3 O 19	0 4 0 5 0 6	O 7 O 8 O 9	-	O 13 O 14 O 15	O 17	O 99	O 1 O 2 O 3 O 16	O 4 O 5 O 6	O 7 O 8 O 9	O 10 O 11 O 12	O 13 O 14 O 15	O 99
5	O 1 O 2 O 3 O 19	O 4 O 5 O 6	O 8	O 11	O 13 O 14 O 15	O 17	O 99	O 1 O 2 O 3 O 16	O 4 O 5 O 6	O 7 O 8 O 9	O 10 O 11 O 12	O 13 O 14 O 15	O 99
6	O 1 O 2 O 3 O 19	O 4 O 5 O 6	O 8	O 11	O 13 O 14 O 15	O 17	O 99	O 1 O 2 O 3 O 16	O 4 O 5 O 6	O 7 O 8 O 9	O 10 O 11 O 12	O 13 O 14 O 15	O 99





SECTION 5: UNION STATUS

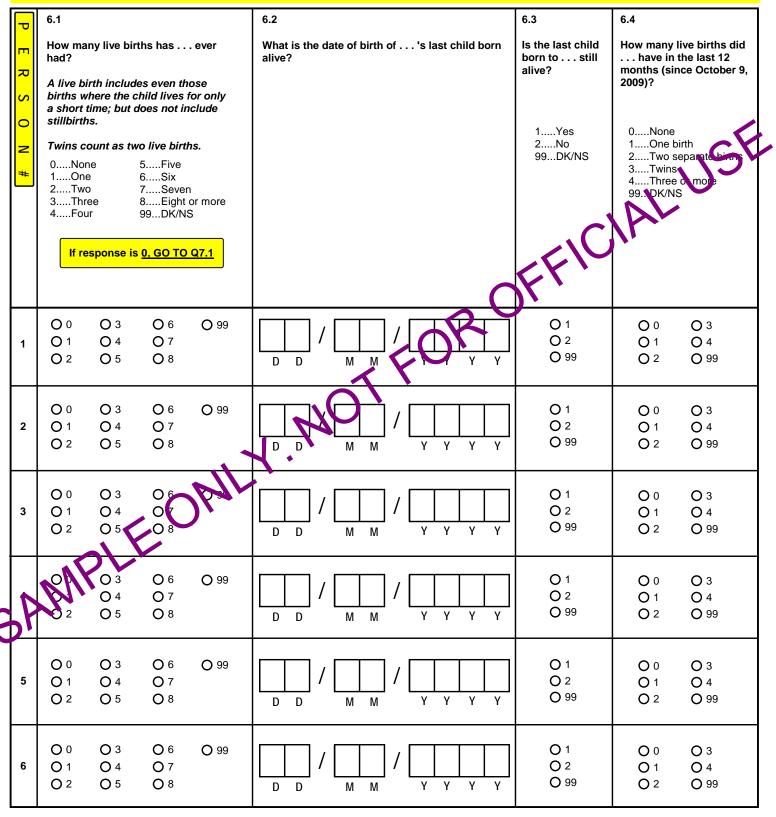






SECTION 6: BIRTHS

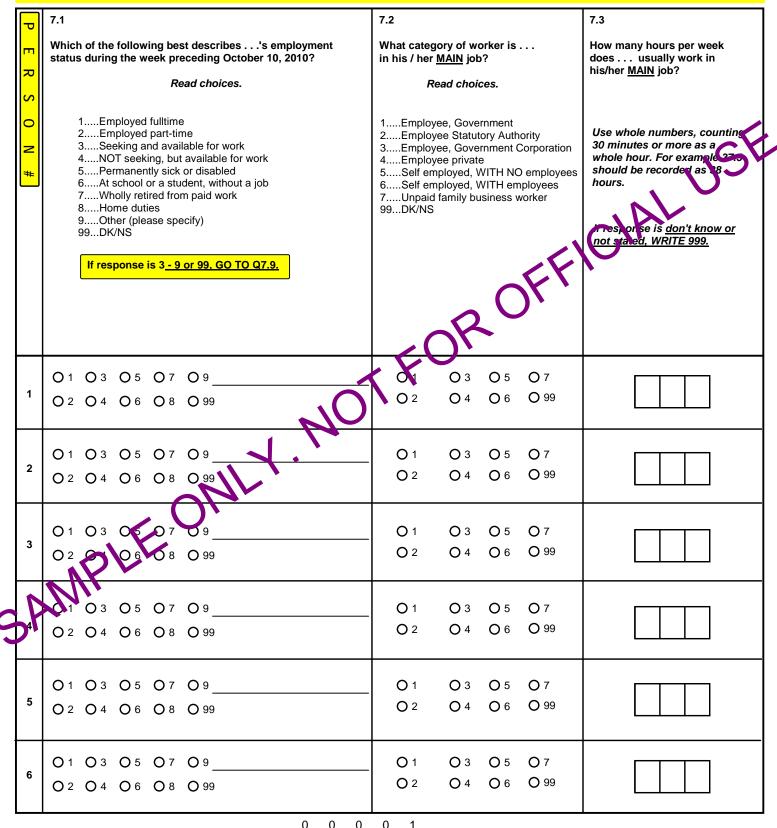
To be answered for FEMALES 15 to 49 years.

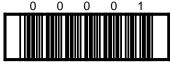






SECTION 7: EMPLOYMENT







SECTION 7: EMPLOYMENT (cont'd)

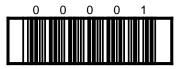
	7.4	7.5
РЕ <mark></mark>	What is's occupation in his/her <u>MAIN</u> job?	What is the name of the business where 's <u>MAIN</u> work is carried out?
# N O S	Probe , get details.	Write the name of the business or government department. If not obvious from the name, add the main activity of the business/department.
1		
2		
3		
4		
5		
6		
		1 1 27754





SECTION 7: EMPLOYMENT (cont'd)

P	7.6				7.7				7.8				7.9			
E R S	busine	In what district is this business situated? 1George Town			e to get ?	<u>MAIN</u> job l	How much was's earnings from <u>MAIN</u> job he/she was doing in the week preceding Oct. 10, 2010?					upport o	<u>N</u> means during Oct. 10,			
<mark>3 O N #</mark>	3 4 5 6 7	West Ba Bodden North Si East En Caymar Little Ca Abroad	Town ide d n Brac		2P 3T 4N 5B 6V	lotorcyck licycle Valking Vorks ma	e/mopeo		earn If the re INFORM If the re	ings ra sponde IANT, o sponde	ent is the GO TO C ent is <u>NC</u>	• KEY	2S 3C 4S 5S 6P 7C 99C 99C 100 100 100 100 100 100 100 100 100 10	avings/l ocial Se ension/ other V/N respo INFOR	ative or Investme ervices Vetaran ndent is MANT,	eaman the <u>GO TO</u>
1	O 1 O 2	O 3 O 4	O 5 O 6		O 1 O 2		O 5 O 6	O 7 O 8		03 04	05 06	O 7 O 99	0 1	O 3 O 4	O 5	O 7 O 99
2	O 1 O 2		O 5 O 6		01 02	O 3 O 4				O 3 O 4	O 5 O 6	O 7 O 99	01 02	O 3 O 4	O 5 O 6	O 7 O 99
3	O 1 O 2		O 5	Q 7 Q 8	0 1 0 2	O 3 O 4	O 5 O 6	O 7 O 8		O 3 O 4	O 5 O 6	O 7 O 99	0 1 0 2	O 3 O 4	O 5 O 6	O 7 O 99
,P	02	03 04	O 5 O 6	O 7 O 8	O 1 O 2	O 3 O 4					O 5 O 6	○ 7○ 99			O 5 O 6	O 7 O 99
5		O 3 O 4		O 7 O 8		O 3 O 4					O 5 O 6	O 7 O 99			O 5 O 6	O 7 O 99
6		O 3 O 4		O 7 O 8		O 3 O 4					O 5 O 6	○ 7○ 99			O 5 O 6	O 7 O 99

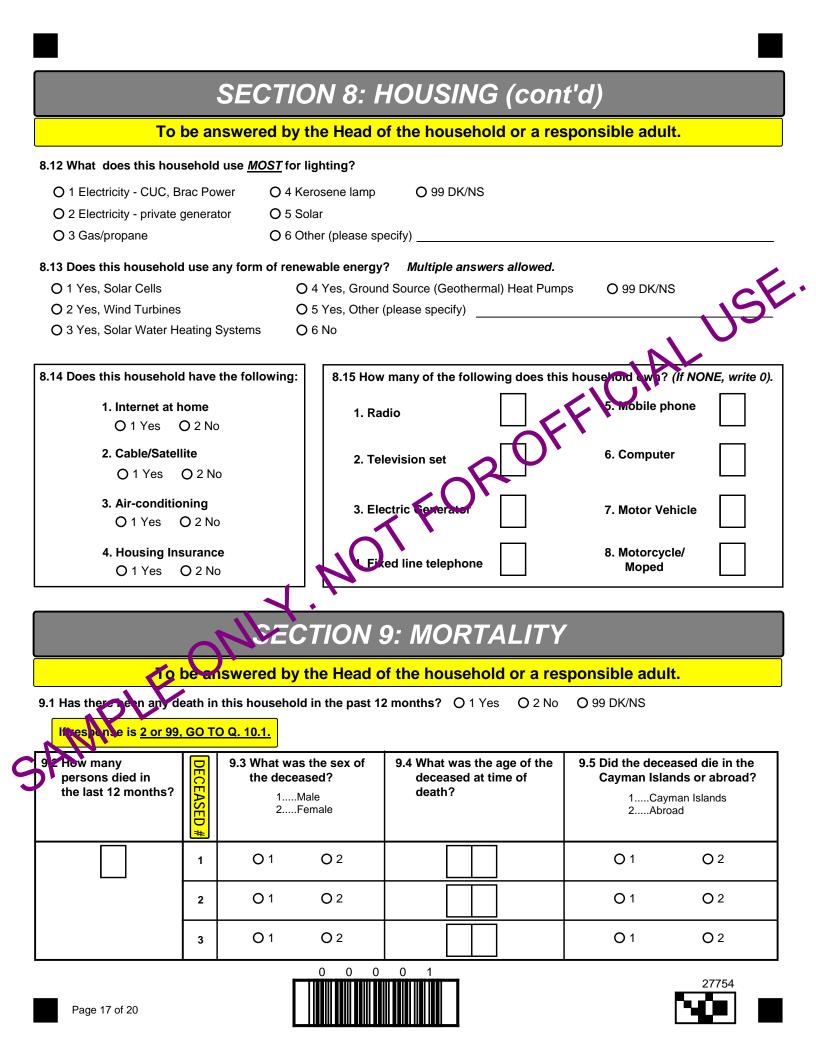




	SECTION 8	B: HOUSING	
To be a	nswered by the Head of th	he household or a responsi	ble adult.
.1 Which of the following bes	t describes the ownership of this	dwelling?	
O 1 Owned without mortgage	by you or someone in this household	O 5 Rent-free provided by emplo	yer, relative or friend
O 2 Owned with mortgage		O 6 Subsidized rent provided by	employer, relative or friend
O 3 Rent - furnished		O 7 Other (please specify)	
O 4 Rent - unfurnished		O 99 DK/NS	
3.2 What type of dwelling does	this household occupy?		O 10 Other
O 1 Detached house	O 4 Apartment	O 7 One-room	O 10 Other
O 2 Semi-detached house	O 5 Condominium/townhouse	O 8 Combined business/dwelling	
O 3 Duplex	O 6 Studio	O 8 Combined business/dwelling O 9 Boat/yacht use?	-11-
6 Does this household share O 1 Yes O 2 No O 99 DK	a bathroom with another househ	0112	
 6.7 What type of sewerage sys O 1 Mains (West Bay Rd. Sew O 2 Sewerage Treatment Plan O 3 Septic tank or deep well 	nt O 5 Outhou	ool O 99 DK/NS use/Pit latrine (please specify)	
O 1 Mains (West Bay Rd. Sew O 2 Sewerage Treatment Plan	verage Scheme) O 4 Cesspont O 5 Outhou O 6 Other (f water for this household?	use/Pit latrine (please specify)	
 O 1 Mains (West Bay Rd. Sew O 2 Sewerage Treatment Plan O 3 Septic tank or deep well 8.8 What is the <u>MAII toource of</u> O 1 Mains ("tritty water" or "dee O 4 Cistorn (rain or truck) O 3 Well .9 Does this household use be 	verage Scheme) O 4 Cesspont O 5 Outhou O 6 Other (f water for this household? salinated") O 4 Other (play O 99 DK/NS ottled water as its <u>MAIN</u> source for	use/Pit latrine (please specify) ease specify) r drinking water?	
 1 Mains (West Bay Rd. Sew 2 Sewerage Treatment Plan 3 Septic tank or deep well 8 What is the <u>MAIN</u> source of 1 Mains ("Oilt, water" or "des 0 Cistorn (rain or truck) 3 West 9 Does this household use be 10 Does this household shar 	verage Scheme) O 4 Cesspont O 5 Outhou O 6 Other (of water for this household? salinated") O 4 Other (pla O 99 DK/NS ottled water as its <u>MAIN</u> source for re a kitchen with another househo	use/Pit latrine (please specify) ease specify) r drinking water? O 1 Yes O 2 Id? O 1 Yes O 2 No O 99 DK/	
 1 Mains (West Bay Rd. Sew 2 Sewerage Treatment Plan 3 Septic tank or deep well 8 What is the <u>MAIN</u> cource of 1 Mains ("Oit, water" or "des Cistern (rain or truck) 3 Well 9 Does this household use be 10 Does this household shar 	verage Scheme) O 4 Cesspont O 5 Outhou O 6 Other (f water for this household? salinated") O 4 Other (play O 99 DK/NS ottled water as its <u>MAIN</u> source for	use/Pit latrine (please specify) ease specify) r drinking water? O 1 Yes O 2 Id? O 1 Yes O 2 No O 99 DK/	NS







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.

z	10.2	10.3	10.4						
<mark>н</mark> С	In what year did migrate?								
RANT#		2Jamaica12Costa Rica3USA13Ireland4UK14Colombia5Honduras15Philippines6Canada16India7Nicaragua17Australia8Barbados18Dubai9Cuba19Other (please specify))10Trinidad & Tobago99DK/NS11Guyana12Costa Rica	1Education 2Health 3Fanily reunification 4Fanily reunification 4Job opportunity 6Contract ends 7Work permit expires 8Term limit (Roll over) 9Other 99DK/NS						
		O 2 O 5 O 8 O 11 O 14 O 17 O 99	O 1 O 4 O 7 O 99						
1		O 3 O 6 O 9 O 12 O 17 O 18	O 2 O 5 O 8						
		O 4 O 7 O 10 O 13 O 16 O 19	O3 O6 O9						
		O 2 O 5 O 11 O 14 O 17 O 99	O 1 O 4 O 7 O 99						
		O 3 O 9 O 12 O 15 O 18	O 2 O 5 O 8						
2	aF	4 0 7 0 10 0 13 0 16 0 19	O3 O6 O9						
		O 2 O 5 O 8 O 11 O 14 O 17 O 99	O 1 O 4 O 7 O 99						
0		O 3 O 6 O 9 O 12 O 15 O 18	O 2 O 5 O 8						
⊅ ⁴		O 4 O 7 O 10 O 13 O 16 O 19	O3 O6 O9						
		O 2 O 5 O 8 O 11 O 14 O 17 O 99	O1 O4 O7 O99						
		O 3 O 6 O 9 O 12 O 15 O 18	O 2 O 5 O 8						
4		O 4 O 7 O 10 O 13 O 16 O 19	O3 O6 O9						

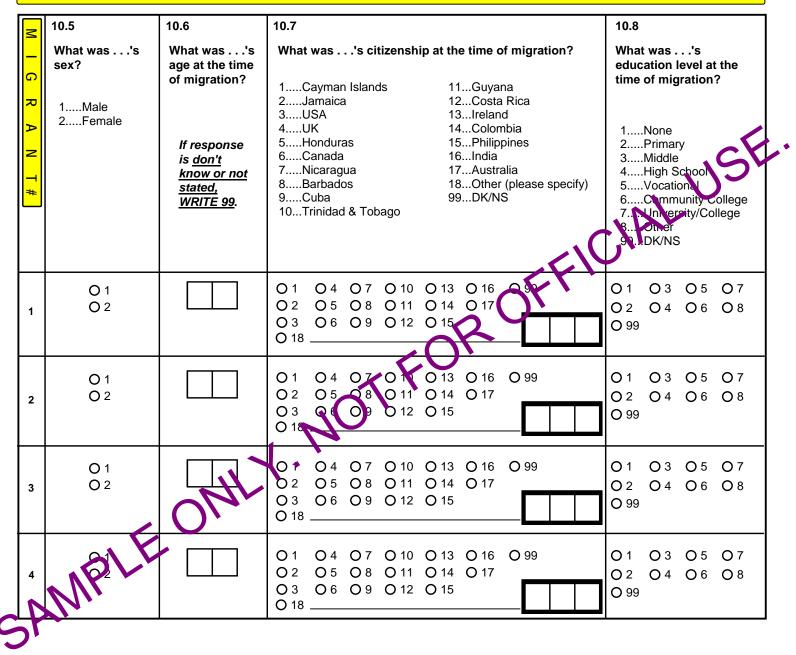




C

SECTION 10: EMIGRATION (cont'd)

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



THANK YOU FOR YOUR COOPERATION





RECORD OF VISITS (cont'd)

