



MONTSERRAT

2011 POPULATION AND HOUSING CENSUS

QUESTIONNAIRE

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

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

Address _____

RECORD OF VISITS

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

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

Total No. of Calls 1 2 3 4

FOR REFUSALS PERSON REFUSAL ENTIRE HOUSEHOLD

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

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

LISTING OF HOUSEHOLD MEMBERS

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

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

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

LISTING OF VISITORS

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

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

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

COMMENTS

For Information Only!

SECTION 1 HOUSING

1. What type of dwelling does this household occupy?

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

2. Is this dwelling insured?

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

3. Are the contents of this dwelling insured?

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

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

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

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

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

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

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

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

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

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

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- 00000 Not paying
- 99998 Don't Know
- 99999 Not Stated

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

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

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

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

10. What is the main material used for roofing?

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

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

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

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

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

13. What is the main source of drinking water?

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

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

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

Go to Q16

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

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

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

- 1 Indoors
- 2 Outdoors (private)
- 3 Other (specify) _____
- 4 None
- 98 Don't Know
- 99 Not Stated

Go to Q18

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

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

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

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

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

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

20. Is your kitchen indoors or outdoors?

- 1 Indoors
- 2 Outdoors (private)
- 3 Other (specify) _____
- 4 None
- 98 Don't Know
- 99 Not Stated

Go to Q22

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

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

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

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

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

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

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

SECTION 5 PERSON CHARACTERISTICS

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

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

0	1
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42. What is your/(....'s) relationship to the head of household?

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

43. What is your/(....'s) sex?

- 1 Male
- 2 Female

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

d	d	m	m	y	y	y	y

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

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

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

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

(APPLIES TO ALL PERSONS)

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

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

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

47. Where were you/was (....) born?

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

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

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

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

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

Go to Q53
Go to Q53
Go to Q53

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

- Country _____
- 9998 Don't Know
- 9999 Not Stated

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

-] Year _____
-] 9998 Don't Know
-] 9999 Not Stated

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ENUMERATOR: Read all options below.

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

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

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

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

ENUMERATOR: Read all options below.

	1 - Yes	2 - No	98- Don't Know	99- Not Stated
1 Social Security	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]
2 Individual Health	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]
3 Endowment with Health	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]
4 Group Health	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]
5 Individual Life	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]
6 Individual Life with Health	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]	<input type="checkbox"/>]

SECTION 9 INTERNET USE
(APPLIES TO ALL PERSONS)

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

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

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

ENUMERATOR: Read the options below

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

SECTION 10 LITERACY (PERSONS 10+ YEARS)

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

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

INTERVIEWER INSTRUCTIONS

ENUMERATOR : Use Q44 and tick the appropriate box below:

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

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

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

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

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

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

SECTION 12 TRAINING
(ALL PERSONS 15+ YEARS)

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

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

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

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

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

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- 9998 Don't Know
- 9999 Not Stated

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Montserrat Population and Housing Census

Census Day is May 12, 2011

