

ANGUILLA

ORGANISATION OF EASTERN CARIBBEAN STATES POPULATION AND HOUSING CENSUS 2001



CENSUS DAY - MAY 9, 2001

VERY IMPORTANT INSTRUCTIONS QUESTIONNAIRE IS BEING SCANNED

- 1) Only use a No 2 pencil. Do not use a pen
- 2) Completely fill in ovals but do not go outside the ovals
- 3) Do not use check marks
- 3) If you need to make changes completely erase wrong answer
- 4) Make no stray marks on the form.
- 5) Box entry answers must be written completely within the boxes.

The Statistics Act of Anguilla provides the legal requirement that your information will be kept strictly confidential. This Act also makes the completion of this form with accurate information a legal requirement.

ADDRESS OF HOUSEHOLD _____

VILLAGE _____

ED No.	Building No.	Household No.
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
0 <input type="radio"/> <input type="radio"/>	0 <input type="radio"/> <input type="radio"/> <input type="radio"/>	0 <input type="radio"/>
1 <input type="radio"/> <input type="radio"/>	1 <input type="radio"/> <input type="radio"/> <input type="radio"/>	1 <input type="radio"/>
2 <input type="radio"/> <input type="radio"/>	2 <input type="radio"/> <input type="radio"/> <input type="radio"/>	2 <input type="radio"/>
3 <input type="radio"/> <input type="radio"/>	3 <input type="radio"/> <input type="radio"/> <input type="radio"/>	3 <input type="radio"/>
4 <input type="radio"/> <input type="radio"/>	4 <input type="radio"/> <input type="radio"/> <input type="radio"/>	4 <input type="radio"/>
5 <input type="radio"/> <input type="radio"/>	5 <input type="radio"/> <input type="radio"/> <input type="radio"/>	5 <input type="radio"/>
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9 <input type="radio"/> <input type="radio"/>	9 <input type="radio"/> <input type="radio"/> <input type="radio"/>	9 <input type="radio"/>

INTERVIEWER SAYS:

I am the census interviewer assigned to your area and I would like to get some information about your household and the people living here. 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 codes: 1 = Completed 5 = No contact
 2 = Partial, call back 6 = Refusal
 3 = Dwelling closed 7 = No suitable respondent eg: child
 4 = Dwelling vacant 8 = Other - Specify _____

VERIFICATION OF QUESTIONNAIRE

CENSUS OFFICER:	DATE:
FIELD SUPERVISOR:	DATE:
INTERVIEWER:	DATE:
EDITOR:	DATE:
CODER:	DATE:

INTERVIEWER SAYS:

Please give me the names of all persons who usually live in this household and share at least one of the daily meals. Include those who usually live in Anguilla for 6 months of the year. Person number 1 is identified as the head of the household and is the major economic provider. (You may use initials if names are not available).

Number	SURNAME	FIRST NAME
1	SURNAME	FIRST NAME
2	SURNAME	FIRST NAME
3	SURNAME	FIRST NAME
4	SURNAME	FIRST NAME
5	SURNAME	FIRST NAME
6	SURNAME	FIRST NAME
7	SURNAME	FIRST NAME
8	SURNAME	FIRST NAME
9	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

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[illegible]

INTERVIEWER: I would like to ask you a few questions about the dwelling that your household occupies

SECTION 1 HOUSING

1. What type of building does this household occupy?

- ☐ 1 Undivided private house
- ☐ 2 Part of private house
- ☐ 3 Duplex apartment
- ☐ 4 Flat/apartment
- ☐ 5 Combined dwelling & business
- ☐ 6 Barracks
- ☐ 7 Other (specify _____)
- ☐ NS

2. Is this dwelling insured?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 NS

3. Are the contents of this dwelling insured?

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 NS

4. Does this household own/rent/lease this dwelling?

- ☐ 1 Owned (Go to Q 8)
- ☐ 2 Rented
- ☐ 3 Leased
- ☐ 4 Rent free (Go to Q. 9)
- ☐ 5 Other - specify _____ (Go to Q. 9)
- ☐ 6 NS

5. What is the frequency of rent for this dwelling?

- ☐ 1 Weekly
- ☐ 2 Fortnightly
- ☐ 3 Monthly
- ☐ 4 Quarterly
- ☐ 5 Twice a year
- ☐ 6 Annually
- ☐ 7 NS

6. Is this dwelling rented fully, semi or unfurnished?

- ☐ 1 Fully furnished
- ☐ 2 Semi-furnished
- ☐ 3 Unfurnished
- ☐ 4 NS

7. How much monthly rent is beng paid in EC\$?

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(Go to Q. 9)

8. What are the monthly mortgage payments in EC\$?

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9. What is your land tenure status?

- ☐ 1 Owned/freehold
- ☐ 2 Leasehold
- ☐ 3 Rented
- ☐ 4 Other - Specify _____
- ☐ 5 NS

10. What is the main materials of the outer walls?

- ☐ 1 Wood only
- ☐ 2 Concrete or concrete blocks
- ☐ 3 Wood & Concrete
- ☐ 4 Stone & Concrete
- ☐ 5 Brick
- ☐ 6 Makeshift - specify _____
- ☐ 7 Other - specify _____
- ☐ 8 NS

11a. What is the roof material?

- ☐ 1 Concrete
- ☐ 2 Sheet metal
- ☐ 3 Asphalt shingle
- ☐ 4 Wood shingles
- ☐ 5 Other shingles
- ☐ 6 Tiles
- ☐ 7 Makeshift/thatched - specify _____
- ☐ 8 Other - specify _____
- ☐ 9 NS

11b. Is the roof pitched or flat?

- ☐ 1 Pitched
- ☐ 2 Flat
- ☐ 3 NS

SECTION 1 HOUSING (contd.)

12. In which year was the dwelling built/completed?

- ☐ 1 Before 1970 ☐ 7 1998
☐ 2 1970-79 ☐ 8 1999
☐ 3 1980 - 89 ☐ 9 2000
☐ 4 1990 - 95 ☐ 10 2001
☐ 5 1996 ☐ 11 NS
☐ 6 1997

13. What is the main source of water?

- ☐ 1 Cistern not piped
☐ 2 Private catchment piped
☐ 3 Public, piped into dwelling
☐ 4 Public, piped into yard
☐ 5 Public standpipe
☐ 6 Public well/tank
☐ 7 Other - specify _____
☐ 8 NS

14. What is the most used type of toilet facilities?

- ☐ 1 WC flush toilet inside home
☐ 2 Pit latrine inside home
☐ 3 Pit latrine outside home
☐ 4 WC flush outside home
☐ 5 Other - specify _____
☐ 6 None
☐ 7 NS

15. Are these toilet facilities shared with another household?

- ☐ 1 Yes shared
☐ 2 No, not shared
☐ 3 NS

16. Are your bathing facilities indoors or outdoors?

- ☐ 1 Indoors
☐ 2 Outdoors (private)
☐ 3 None (Go to Q.18)
☐ 4 NS

17. Are the bathing facilities shared with another household?

- ☐ 1 Yes, shared
☐ 2 No, not shared
☐ 3 NS

18. What type of lighting do you use most?

- ☐ 1 Electricity - Public
☐ 2 Kerosene
☐ 3 Gas
☐ 4 Electricity - private generator
☐ 5 Other - specify _____
☐ 6 None
☐ 7 NS

19. What type of cooking fuel is used most?

- ☐ 1 Gas/LPG
☐ 2 Coal/wood
☐ 3 Kerosene
☐ 4 Electricity
☐ 5 Other - specify _____
☐ 6 NS

20. Is your kitchen indoors or outdoors?

- ☐ 1 Indoors
☐ 2 Outdoors (private)
☐ 3 None
☐ 4 NS

21. How many bedrooms are there?

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No. of
bedrooms

Bedrooms are rooms used **mainly** for sleeping and exclude makeshift and temporary sleeping areas - count includes those not occupied

22. How many rooms are there in total?

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No. of
rooms

Include in your count bedrooms, living rooms etc. exclude bathrooms, porches, kitchens etc.

23. What is your MAIN method of garbage disposal?

- ☐ 1 Dumpster/bin/garbage truck
☐ 2 Dumping on land
☐ 3 Dumping in pond/sea
☐ 4 Burning
☐ 5 Burying
☐ 6 Composting
☐ 7 Other - specify _____
☐ 8 NS

SECTION 1 HOUSING (contd.)

24a. Does your household have any of the following household appliances?

Water Heater	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Television	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Cable TV	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Video Cassette Recorder	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Radio/stereo	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Refrigerator freezer	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Microwave oven	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Standby generator	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Solar Panels	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Stove	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Regular telephone	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Cellular phone	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Washing machine	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Water Pump	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Computer	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS
Air conditioning	<input type="radio"/> yes	<input type="radio"/> no	<input type="radio"/> NS

24b. Does this household have an Internet connection?

☐ 1 yes ☐ 2 No ☐ 3 NS

25. How much damage did the last hurricane (Lenny) do to your dwelling in \$EC?

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Value of damage in \$EC

26. How many of each of the following types of motor vehicles are kept at your home for private use ?

Saloon car

Motorcycle

Pick-up truck

Jeep

Van/truck/lorry

Other - specify _____

SECTION 2 MIGRATION

27. Has this household been living together since 1991 even if not in this location?

☐ 1 Yes ☐ 2 No (Skip this section, go to Section 3) ☐ 3 NS

28. Since 1991, did any member of this household move to live abroad and not yet returned to Anguilla?

☐ 1 Yes ☐ 2 No (Skip to Section 3) ☐ 3 NS

29. How many people left Anguilla?

For each member of the household who left Anguilla please provide the following information:

Person Number (30)	Year moved (1991 -2001) (31)	Educational status when moved (32)	Sex (33)	Age when moved (34)	Country of migration (35)
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 5 University <input type="radio"/> 2 Primary <input type="radio"/> 6 Other <input type="radio"/> 3 Secondary <input type="radio"/> 7 NS <input type="radio"/> 4 College	<input type="radio"/> 1 Male <input type="radio"/> 2 Female <input type="radio"/> 3 NS	<input type="text"/> <input type="text"/>	Country: <hr/> <input type="text"/> <input type="text"/> <input type="text"/>
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 5 University <input type="radio"/> 2 Primary <input type="radio"/> 6 Other <input type="radio"/> 3 Secondary <input type="radio"/> 7 NS <input type="radio"/> 4 College	<input type="radio"/> 1 Male <input type="radio"/> 2 Female <input type="radio"/> 3 NS	<input type="text"/> <input type="text"/>	Country: <hr/> <input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 5 University <input type="radio"/> 2 Primary <input type="radio"/> 6 Other <input type="radio"/> 3 Secondary <input type="radio"/> 7 NS <input type="radio"/> 4 College	<input type="radio"/> 1 Male <input type="radio"/> 2 Female <input type="radio"/> 3 NS	<input type="text"/> <input type="text"/>	Country: <hr/> <input type="text"/> <input type="text"/> <input type="text"/>
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> 1 None <input type="radio"/> 5 University <input type="radio"/> 2 Primary <input type="radio"/> 6 Other <input type="radio"/> 3 Secondary <input type="radio"/> 7 NS <input type="radio"/> 4 College	<input type="radio"/> 1 Male <input type="radio"/> 2 Female <input type="radio"/> 3 NS	<input type="text"/> <input type="text"/>	Country: <hr/> <input type="text"/> <input type="text"/> <input type="text"/>

You have now completed the questions relating to the household as a whole. Three sets of questions/questionnaires follow, each one to be answered about the individuals living in the household. If there are more than three individuals living in the household, please ask your enumerator for additional person questionnaires. The ED number, building number and household number should be the same on the person questionnaires as the front page of the household questionnaire. Thank you.