



**POPULATION &  
HOUSING CENSUS**  
Our Nation | Our Future | Be Counted

August 1, 2021

Barbados Statistical Service  
5<sup>th</sup> Floor Baobab Tower  
Warrens, St. Michael  
Telephone: 535-2600  
Website: [stats.gov.bb](https://stats.gov.bb)  
E-mail: [director@barstats.gov.bb](mailto:director@barstats.gov.bb)  
Version: 5.5

Please complete all the relevant information before continuing the questionnaire

**To be filled by the enumerator**

Enumerator Name: \_\_\_\_\_ Enumerator ID:

Parish: \_\_\_\_\_  Enumeration District:  Block:

Building ID:

Dwelling Unit:  Household Number:

Start Date (DD/MM/YY):  /  /  Time (24hr):  :

**To be filled by the enumerator after completing the interview**

End Date (DD/MM/YYYY):  /  /

End Time (24hr):  :  Interview Status:

1 – Completed	5 – Partially Refused
2 – Partially Completed	6 – No Suitable Respondent
3 – No Contact	7 – Vacant
4 - Refused	

Interviewer Remarks: \_\_\_\_\_

**To be filled by the supervisor**

Suervisor Name: \_\_\_\_\_ Supervisor ID:

End Date (DD/MM/YYYY):  /  /  Interview Status:

Supervisor Remarks: \_\_\_\_\_

# Individual Listing

1. Building ID <input style="width: 100%; height: 20px;" type="text"/>	2. Parish <input style="width: 40px; height: 20px;" type="text"/>	3. ED Number <input style="width: 40px; height: 20px;" type="text"/>
4. Building Number <input style="width: 40px; height: 20px;" type="text"/>	5. Dwelling Unit Number <input style="width: 40px; height: 20px;" type="text"/>	6. Household Number <input style="width: 40px; height: 20px;" type="text"/>

I D N O	Surname, First Name, Middle Initial  (1)	Usual Residence  (2)	Sex  (3)	Date of Birth DD MM YYYY  (4)	Age  (5)	Relationship to Head  (6)
01		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
02		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
03		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
04		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
05		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
06		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
07		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
08		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
09		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
10		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>

I D N O	Surname, First Name, Middle Initial  (1)	Usual Residence  (2)	Sex  (3)	Date of Birth DD MM YYYY  (4)	Age  (5)	Relationship to Head  (6)
11		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
12		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
13		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
14		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
15		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
16		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
17		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
18		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
19		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>
20		<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>

# Part A: Housing & Household Information

1. Building ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	2. Parish <input type="text"/> <input type="text"/>	3. ED Number <input type="text"/> <input type="text"/> <input type="text"/>
4. Building ID <input type="text"/> <input type="text"/> <input type="text"/>	5. Dwelling Unit Number <input type="text"/> <input type="text"/> <input type="text"/>	6. Household Number <input type="text"/> <input type="text"/> <input type="text"/>

H7(a) – What is the district?

\_\_\_\_\_

H7(b) – What is the street address?

\_\_\_\_\_

H7(c) – What is the best phone number for follow up contact?

\_\_\_\_\_

H7(d) – What is your email address?

\_\_\_\_\_

H8 – What type of dwelling unit is this?

- 1) Separate house\Detached\Undivided
- 2) Rented room in a separate\Detached house
- 3) Government terrace unit\Apartment
- 4) Private apartment
- 5) Townhouse\Condominium
- 6) Duplex\Double house
- 7) Part of a commercial building
- 8) Group Dwelling
- 9) Other (Please Specify):

***If RENTED ROOM, observe outer walls, roof, floor and foundation. Fill in H9 – H12 accordingly. Then skip to H16***

H9 – Of what materials are the outer walls made?

- 1) Concrete
- 2) Concrete Board
- 3) Concrete Block
- 4) Makeshift Materials
- 5) Plywood
- 6) Stone
- 7) Wood & Concrete
- 8) Wood\Timber
- 9) Wood\Timber & Concrete Block
- 10) Other (Please Specify):

H10(a) – What type of roof is this?

- 1) Low gable
- 2) High gable
- 3) Flat\split
- 4) Hip
- 5) Combination
- 6) Other (Please Specify):

H10(b) – Of what material is the roof covering made?

- 1) Wooden shingles
- 2) Asphalt shingles
- 3) Roofing tiles
- 4) Corrugated metal sheets (Galvanised or Permaclad)
- 5) Concrete
- 6) Rubberoid
- 7) Asbestos
- 8) Makeshift\Thatch
- 9) Other (Please Specify):

H11 – Of what material is the floor made?

- 1) Masonry (Concrete)
- 2) Wood
- 3) Cement Board
- 4) Combination of Cement Board, Wood, and\or Masonry
- 5) Makeshift Materials
- 6) Other (Please Specify):

H12 – How is the foundation of the house constructed?

- 1) Fully enclosed foundation
- 2) Pillars or columns with groundsill
- 3) Pillars or columns without groundsill
- 4) Loose rock

5) Other (Please Specify):

patios, verandas,  
laundry rooms)

**If DWELLING UNIT is a RENTED ROOM,  
Skip to H16**

H13 – In what year was the dwelling built?

- 1) 2018 – 2021
- 2) 2014 – 2017
- 3) 2010 – 2013
- 4) 2001 – 2009
- 5) 1991 – 2000
- 6) 1981 – 1990
- 7) 1980 or before
- 8) Don't know

H14 – Occupancy Status

- 1) Occupied
- 2) Unoccupied

**If OCCUPIED, go to Question h14(c)**

H14(b) – If unoccupied, is unit

- 1) For rent
- 2) For sale
- 3) For rent\sale
- 4) Other arrangements
- 5) Arrangement unknown

H14(c) – What is the state of construction?

- 1) Completed
- 2) Under active construction
- 3) Under inactive construction
- 4) Derelict

**If Unit is UNOCCUPIED end interview here**

**If Unit is OCCUPIED by only NON-RESIDENTS,  
go to questions H15, H16 & H20 – H22**

**If Unit is OCCUPIED by any RESIDENTS,  
continue from H15**

H15(a) – How many bedrooms  
does this dwelling have?

--	--

H15(b) – How many Bathrooms  
does this dwelling have?

--	--

H15(c)– What is the total  
number of rooms in this  
dwelling? (Exclude  
kitchen, toilets,  
bathroom, garages,

--	--

H16 – Do you share a bathroom with any other  
household?

- 1) Yes
- 2) No

H17(a) – Under what type of tenure is this dwelling  
occupied?

- 1) Owned
- 2) Private Rented\Leased
- 3) Gov't Rented\Leased
- 4) Rent free
- 5) Other (Please Specify):

**If RENTED OR LEASED, go to H17(d)**

H17(b) – If OWNED, by how many males/females?

Males:

--	--

Females:

--	--

H17(c) – If OWNED, was it acquired through

- 1) Government Project
- 2) Private Sector
- 3) Inheritance
- 4) Self-constructed
- 5) Other (Please Specify):

**If NOT RENTED\LEASED go to Question  
H19(a)**

H17(d) – What is the rental period for this  
dwelling?

- 1) Weekly
- 2) Fortnightly
- 3) Monthly
- 4) Quarterly
- 5) Half-Yearly
- 6) Annually

H17(e) – What is the rental amount?

\$

--	--	--	--	--

H18 – Is this dwelling rented fully furnished, semi-furnished or unfurnished?

- 1) Fully furnished
- 2) Semi-furnished
- 3) Unfurnished

**Go to Question H20**

H19(a) – Under what type of tenure is this land occupied?

- 1) Owned
  - 2) Private Rented\Leased
  - 3) Gov't Rented\Leased
  - 4) Rent Free
  - 5) Squatted
  - 6) Other (Please Specify):
- 

H19(b) – If OWNED, by how many males/females?

Males:

--	--

Females:

--	--

H19(c) – Does the land form part of an approved subdivision? (Tenantry or otherwise)

- 1) Yes
- 2) No

H19(d) – If owned, how was the land acquired?

- 1) Tenantries Program
  - 2) Government
  - 3) Private Sector
  - 4) Inheritance
  - 5) Other (Please Specify):
- 

**If NOT RENTED\LEASED go to Question H20**

H19(e) – What is the rental period for this land?

- 1) Weekly
- 2) Fortnightly
- 3) Monthly
- 4) Quarterly
- 5) Half-Yearly

- 6) Annually

H19(f) – What is the rental amount?

\$ 

--	--	--	--	--

H20 – How is your main water supply obtained?

- 1) Piped into Dwelling
  - 2) Piped into yard
  - 3) Neighbour\Friend\relatives pipe
  - 4) Public stand pipe\Public Tank
  - 5) Stream\spring\well
  - 6) Other (Please Specify):
- 

H21(a) – What type of toilet facilities does this dwelling unit have?

- 1) Toilet linked to sewer
  - 2) Toilet linked to suck well\soak-away
  - 3) Toilet linked to private sewerage treatment facility\Septic Tank
  - 4) Pit toilet
  - 5) Other (Please Specify):
- 

- 6) None

**If NONE, go to H22(a)**

H21(b) – Are the toilet facilities shared with any other household?

- 1) Yes
- 2) No

H22(a) – Does your household generate renewable energy for your own use? (Score as many as applicable)

- 1) Yes, solar water panels
  - 2) Yes, photovoltaic (pv) panels
  - 3) Yes, wind power (e.g. wind turbine, windmill)
  - 4) Yes, bioenergy
  - 5) Yes, other sources (Specify):
- 

- 6) No

H22(b) – What source of lighting is mainly used by this household?

- 1) Electricity
- 2) Kerosene
- 3) Gas

- 4) Battery operated devices
  - 5) Renewable energy
  - 6) Other (Please Specify):
- 
- 22) Home Security Equipment

H22(c) – What source of energy is mainly used for cooking?

- 1) Natural gas
  - 2) Liquefied Petroleum Gas (LPG)
  - 3) Electricity
  - 4) Wood\Charcoal
  - 5) Kerosene
  - 6) Renewable energy
  - 7) Biogas
  - 8) Other (Specify):
- 

*If unit is OCCUPIED by only NON-RESIDENTS, end interview here*

H23(a) – Does this dwelling unit have fixed internet access?

- 1) Yes
- 2) No

H23(b)i – Which of these appliances\household equipment does your household have? (Score as many as are applicable)

- 1) Stove
- 2) Refrigerator
- 3) TV
- 4) Radio\Stereo System
- 5) Fixed Line Telephone
- 6) Microwave
- 7) Washing Machine
- 8) DVD Player\VCR
- 9) Computer (Laptop, Desktop)
- 10) Toaster Oven
- 11) Cable TV\Satellite
- 12) Deep freeze
- 13) Non-Solar Water Heater
- 14) Water Tank
- 15) Clothes Dryer
- 16) Dish Washer
- 17) Android TV Device
- 18) Game Consoles (e.g. Xbox, Playstation, Nintendo, etc)
- 19) Smoke Alarm
- 20) Air conditioner
- 21) Generator

**For households in RENTED ROOMS in SEPARATE HOUSE\APT ONLY**

H23(b)ii – Which of these appliances\household equipment does your household share? (Score as many as are applicable)

- 1) Stove
- 2) Refrigerator
- 3) TV
- 4) Radio\Stereo System
- 5) Fixed Line Telephone
- 6) Microwave
- 7) Washing Machine
- 8) DVD Player\VCR
- 9) Computer (Laptop, Desktop)
- 10) Toaster Oven
- 11) Cable TV\satellite
- 12) Deep freeze
- 13) Non-Solar Water Heater
- 14) Water Tank
- 15) Clothes Dryer
- 16) Dish Washer
- 17) Android TV Device
- 18) Game Consoles (e.g. Xbox, Playstation, Nintendo, etc)
- 19) Smoke Alarm
- 20) Air conditioner
- 21) Generator
- 22) Home Security Equipment

H24 – How many vehicles does this household have for private use?

- 1) 0
- 2) 1
- 3) 2
- 4) 3
- 5) 4 or more

H25 – Have any members of this household produced any agricultural products during the last year (including sugar cane, vegetables, root crops, fruit, floriculture, greenhouse products, aquaculture, hydroponics/aquaponics products, cattle, pigs, sheep, goats, chickens, bees, rabbits)? Include production for sale or home consumption.



- 1) Yes
- 2) No

**If NO, go the Section 2: Emigration**

H26 – Please indicate the agricultural products produced by members of the household in the last year. (Score as many as applicable)

- 1) Sugarcane Farming
- 2) Fruit Farming
- 3) Vegetable Farming
- 4) Horticulture
- 5) Root Crop Farming
- 6) Livestock Farming
- 7) Herbs
- 8) Poultry Farming
- 9) Cotton
- 10) Fish farming
- 11) Aquaponics\Hydroponics
- 12) Not involved
- 13) Other (Please Specify):

---

H27 – In which parishes were the agricultural products produced? (Score as many as applicable)

- 1) St. Michael
- 2) Christ Church
- 3) St. Philip
- 4) St. James
- 5) St. Thomas
- 6) St. George
- 7) St. Joseph
- 8) St. John
- 9) St. Andrew
- 10) St. Peter
- 11) St. Lucy

SAMPLE

## Section 2: Emigration

E1(a) – Since the last census (2010), has anyone left this household to live overseas and continues to reside abroad?

- Yes
- No

E1(b) – If YES, Please give the total number of persons who have gone abroad. (Complete the table below for each person who has gone abroad)

--	--

Surname, First Name	Sex	Year of Departure	Age at Departure	Country Migrated To	Main Reason for Departure						
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				<input type="checkbox"/> Employment <input type="checkbox"/> Medical <input type="checkbox"/> Study <input type="checkbox"/> Other (Specify): _____
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				<input type="checkbox"/> Employment <input type="checkbox"/> Medical <input type="checkbox"/> Study <input type="checkbox"/> Other (Specify): _____
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				<input type="checkbox"/> Employment <input type="checkbox"/> Medical <input type="checkbox"/> Study <input type="checkbox"/> Other (Specify): _____
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				<input type="checkbox"/> Employment <input type="checkbox"/> Medical <input type="checkbox"/> Study <input type="checkbox"/> Other (Specify): _____
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				<input type="checkbox"/> Employment <input type="checkbox"/> Medical <input type="checkbox"/> Study <input type="checkbox"/> Other (Specify): _____

## Part B: Population

1. Building ID <input style="width: 100%; height: 20px;" type="text"/>	2. Parish <input style="width: 100%; height: 20px;" type="text"/>	3. ED Number <input style="width: 100%; height: 20px;" type="text"/>	7. Individual Number <input style="width: 100%; height: 20px;" type="text"/>
4. Building Number <input style="width: 100%; height: 20px;" type="text"/>	5. Dwelling Unit Number <input style="width: 100%; height: 20px;" type="text"/>	6. Household Number <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

### General Characteristics

P8(a) – Is your mother living in this household?

If YES, Locate mother’s name and enter her individual number here.  
If NO, enter 99

 

P8(b) – Is your father living in this household?

If YES, Locate father’s name and enter his individual number here.  
If NO, enter 99

 

P9 – What is your present marital status?

- 1) Married
- 2) Legally Separated
- 3) Divorced
- 4) Widowed
- 5) Never Married

P10 – What is your Ethnic Origin?

- 1) Black
- 2) White
- 3) Asian
- 4) East Indian
- 5) Middle Eastern
- 6) Mixed
- 7) Other (Please Specify):

---

P11(a) – Are you affiliated with any religious denomination?

- 1) Yes
- 2) No

**If NO, go to P12(a) (Disability and Health)**

P11(b) – What is your religious affiliation\denomination?

- 1) Adventist
- 2) Anglican
- 3) Baptist
- 4) Church of God
- 5) Methodist
- 6) Moravian
- 7) Nazarene
- 8) Other Pentecostal
- 9) Roman Catholic
- 10) Salvation Army
- 11) Wesleyan
- 12) Brethren
- 13) Jehovah Witness
- 14) Mormon
- 15) Other Christian
- 16) Baha’i
- 17) Hindu
- 18) Islam
- 19) Judaism
- 20) Rastafarian
- 21) Other Non-Christian

### Disability & Health

P12(a) – Do you have difficulty seeing, even if wearing glasses?

- 1) No, no difficulty
- 2) Yes some difficulty
- 3) Yes, a lot of difficulty
- 4) Cannot see at all

P12(a)ii – Do you have difficulty hearing, even if using a hearing aid?

- 1) No, no difficulty
- 2) Yes some difficulty
- 3) Yes, a lot of difficulty
- 4) Cannot hear at all

P12(a)iii – Do you have difficulty walking or climbing steps?

- 1) No, no difficulty
- 2) Yes some difficulty
- 3) Yes, a lot of difficulty
- 4) Cannot walk/climb steps at all

P12(a)iv– Do you have difficulty remembering or concentrating?

- 1) No, no difficulty
- 2) Yes some difficulty
- 3) Yes, a lot of difficulty
- 4) Cannot remember/concentrate at all

P12(a)v – Do you have difficulty with self-care, such as washing all over or dressing?

- 1) No, no difficulty
- 2) Yes some difficulty
- 3) Yes, a lot of difficulty
- 4) Cannot care for self at all

P12(a)vi – Using your usual language, do you have difficulty communicating (for example understanding or being understood by others)?

- 1) No, no difficulty
- 2) Yes some difficulty
- 3) Yes, a lot of difficulty
- 4) Cannot communicate at all

P12(a)vii – Do you have learning and intellectual difficulties such as in reading and spelling, or difficulties understanding social situations, such as being aware of other people's emotions and feelings?

- 1) No, no difficulty
- 2) Yes, some difficulty
- 3) Yes, a lot of difficulty
- 4) Cannot function at all

**If No Disabilities (no difficulty or some difficulty ONLY), go to Question P14(a)**

P12(b) – What type of aid are you required to use because of the disability? (Score as many as are applicable)

- 1) Wheelchair

- 2) Walker
- 3) Crutches
- 4) Cane
- 5) Prosthesis
- 6) Computer assisted software\equipment
- 7) Hearing aids
- 8) Other (Please Specify):

- 
- 9) None

P13(a) – Was your disability\major impairment ever diagnosed by a medical doctor?

- 1) Yes
- 2) No

P13(b) – What was the origin of your disability?

- 1) From birth
- 2) Road traffic accident
- 3) Workplace injury\Accident
- 4) Illness
- 5) Other (Please Specify):

P14(a) – Do you have any of the following illnesses? (Score as many as are applicable)

- 1) Asthma
- 2) Diabetes
- 3) Kidney disease
- 4) Heart disease
- 5) Hypertension
- 6) Dementia\Alzheimer's
- 7) Lupus
- 8) Cancer
- 9) Mental illness
- 10) Other (Please Specify):

- 
- 11) None

P14(b)i – During the past three months, were you unable to seek medical attention due to a lack of resources?

- 1) Yes
- 2) No

**If NO, go to Question P15(a)**

P14(b)ii – How many times?

- 1) 1-2 times
- 2) 3-10 times
- 3) More than 10 times

- 3) Abroad
- 4) In another parish

**If not IN ANOTHER PARISH, go to Question P19(a)**

**Migration**

P15(a) – Were you born in Barbados?

- 1) Yes
- 2) No

**If NO, go to question P16(a)**

P15(b) – If Yes, in which parish (Where your mother was living at the time)

- 1) St. Michael
- 2) Christ Church
- 3) St. Philip
- 4) St. James
- 5) St. Thomas
- 6) St. George
- 7) St. Joseph
- 8) St. John
- 9) St. Andrew
- 10) St. Peter
- 11) St. Lucy
- 12) Don't Know

P18(b) – If IN ANOTHER PARISH, which parish?

- 1) St. Michael
- 2) Christ Church
- 3) St. Philip
- 4) St. James
- 5) St. Thomas
- 6) St. George
- 7) St. Joseph
- 8) St. John
- 9) St. Andrew
- 10) St. Peter
- 11) St. Lucy

P19(a) – Did you ever leave Barbados for a continuous period of 5 years or more to reside abroad?

- 1) Yes
- 2) No

**If Born after August 1, 2020 (If under 1 year old), Go to final Question. Otherwise, go to question P17**

**If NO, go to question 20(a)**

P16(a) – In which country were you born?

\_\_\_\_\_ 

--	--	--

P19(b) – If YES. In which country?

--	--	--

P16(b) – In which year did you first arrive in Barbados to live?

--	--	--	--

P19(c) – In what year did you return to Barbados to live?

--	--	--	--

**If UNDER 3 YEARS OLD, go to Final Question**

P17 – Where were you living one (1) year ago?

- 1) At present address
- 2) Elsewhere in same parish
- 3) In another parish
- 4) Abroad

**Education (3 years & over)**

P20(a) Are you currently being home-schooled, attending school or any other educational institution?

- 1) Yes
- 2) No

**If born after August 1, 2016, go to Question P20(a) (Education)**

**If NO and (i) If under 3 years, go to P42 (final question). (ii) Person aged 3 – 16 years, go to question P21(a). (iii) Person is over 16 years, go to question P22**

P18(a) – Where were you living on August 1, 2016 (five years ago)?

- 1) At present address
- 2) Elsewhere in same parish

P20(b) – Please indicate whether full-time or part-time

- 1) Full-time
- 2) Part-time

P20(c) – What level of school, home-schooling or educational institution are you attending?

- 1) Preprimary
- 2) Primary
- 3) Secondary
- 4) Post-secondary
- 5) Tertiary
- 6) Other (Please Specify):  
\_\_\_\_\_

P21(a) – During the past three months, were you ever unable to go to school due to lack of resources?

- 1) Never
- 2) 1 – 2 times
- 3) 3 – 10 times
- 4) More than 10

*If CURRENTLY ATTENDING SCHOOL, go to P23*

P21(b) – What is the reason for not attending?

- 1) Lack of finance
- 2) Incapacitated
- 3) Religious
- 4) Drop out
- 5) Working
- 6) Other (Please Specify):  
\_\_\_\_\_

P22 – What is the highest level of educational institution ever attended by you?

- 1) Preprimary
- 2) Primary
- 3) Secondary
- 4) Senior\Composite
- 5) Post-secondary
- 6) Tertiary
- 7) Other (Please Specify):  
\_\_\_\_\_

- 8) None

P23 – How many years of schooling have you completed?

- 1) None
- 2) 1 – 2
- 3) 3 – 5
- 4) 6 – 9
- 5) 10 – 12
- 6) 13 – 15
- 7) 16+

P24(a)i – What examinations have you passed (score as many as are applicable)

- 1) Not taken any exam
- 2) None
- 3) BSSC\school leaving
- 4) CXC Basic (1 – 3 passes)
- 5) CXC Basic (4+ passes)
- 6) CXC CSEC General\GCE O Level (1 – 4 passes)
- 7) CXC CSEC General\GCE O Level (5+ passes)
- 8) CXC CAPE\GCE A Level (1 – 2 passes)\Higher Cambridge
- 9) CXC CAPE\GCE A Level (3+ passes)
- 10) City & Guilds
- 11) CVQ Level 1-2
- 12) CVQ Level 3
- 13) CVQ Level 4
- 14) Undergraduate Diploma\Cert
- 15) Postgraduate Diploma\Cert
- 16) Professional Diploma\Cert
- 17) Associate Degree
- 18) Bachelor Degree
- 19) Master Degree
- 20) Doctoral Degree
- 21) Other (Please Specify):  
\_\_\_\_\_

P24(b) – Was the highest-level qualification achieved through the attendance at an institution or private study?

- 1) Attendance at an institution
- 2) Private study

P25(a) – Do you have access to the internet?

- 1) Yes
- 2) No

**If NO, go to question 26(a)**

P25(b) – Where do you use the internet? (Score as many as applicable)

- 1) At home
- 2) At school
- 3) At work
- 4) At Community Centre
- 5) At library
- 6) Family\Friends
- 7) Public Hotspot
- 8) Other (Please Specify):

\_\_\_\_\_

P25(c) – Do you have a cell phone?

- 1) Yes
- 2) No

**For persons under 15 years go to final question**

### Technical & Vocational Training (Persons 15 years and over)

P26a)i – Were you ever trained\are you being trained for any occupation or profession?

- 1) Yes
- 2) No

**If NO and (i) FEMALE go to question P29(a) (ii) MALE go to question P33**

P26(a)ii – If yes for which occupation\profession?

--	--	--	--	--

P26(b) – Have you completed training or are you still being trained?

- 1) Completed Training
- 2) Did not complete training
- 3) Still being Trained

**If did not complete training or still being trained, go to question 27**

P26(c) – If completed training, what year did you complete training?

--	--	--	--	--

P27 – Where were you trained\are you being trained?

- 1) Agriculture College
- 2) Barbados Community College
- 3) BIMAP
- 4) Erdiston Teacher’s Training College
- 5) Hospitality Institute
- 6) Barbados Vocational Training Board
- 7) Samuel Jackman Prescod Technical Institute
- 8) Teaching School of Nursing
- 9) University
- 10) Community Centre
- 11) Other Institution
- 12) On the job
- 13) Private Study
- 14) Other non-Institutional training

P28 – How many years of training have you completed?

- 1) Under ½ year
- 2) ½ - 1 year
- 3) 1 – 1 ½ years
- 4) 1 ½ - 2 years
- 5) 2 – 2 ½ years
- 6) 2 ½ - 3 years
- 7) 3 – 4 years
- 8) 4 – 5 years
- 9) 5 years & over

**If FEMALE over 65 years or MALE, go to question P33**

### Fertility & Union Status

P29(a) – Have you ever had any children?

- 1) Yes
- 2) No

**If NO, go to question 32(a)**

P29(b) – How many liveborn children did you have in all?

i. Total = 

--	--

ii. Male = 

--	--

iii. Female = 

--	--

P29(c) – How many of your liveborn children are still alive?

--	--

i. Total =

ii. Male =

iii. Female =

P30(a) – What is the date of birth of your first liveborn child? (DD/MM/YY)

P30(b) – How old were you at the birth of your first liveborn child?

P30(c) – What is the date of birth of your last liveborn child? (DD/MM/YY)

P30(d) – How old were you at the birth of your last liveborn child?

**If over 49 years, go to question P32(a)**

P31 – How many live births did you have during the 12 months ending 31<sup>st</sup> July 2021?

- 1) One
- 2) Two separate births
- 3) Twins
- 4) Three or more
- 5) None

P32(a) – Are you currently living with a partner?

- 1) Yes
- 2) No

**If NO, go to question P32(e)**

**If YES and NOT MARRIED, go to P32(c)**

P32(b) – If yes and MARRIED, are you living with your husband or with a common law partner?

- 1) With husband
- 2) With common law partner

P32(c) – If With husband or with common law partner, score his individual

number. Otherwise, score 00 and Go to question P33 (Economic Activity)

P32(d) – If with husband or Common law partner, how many years have you and your current partner been living together?

**If CURRENTLY LIVING WITH A PARTNER, go to P33 (Economic Activity)**

P32(e) – Have you ever lived with a husband\Common law partner?

- 1) No longer living with or not with husband\Common law partner
- 2) Never had a husband\Common law partner

**Economic Activity (Persons 15 years and over)**

P33 – What was your main activity during the 12 months ending 31<sup>st</sup> July 2021?

- 1) Worked
- 2) With Job Not Working
- 3) Looked for work
- 4) Student
- 5) Retired
- 6) Incapacitated
- 7) Home Duties
- 8) Other (Please Specify):

\_\_\_\_\_

P34 – During the 12 months ending 31<sup>st</sup> July 2021, did you work for an employer or for yourself?

Worked for employer

- 1) Government
- 2) Private enterprise
- 3) Private household
- 4) Other (Please Specify):

\_\_\_\_\_

5) Unpaid worker

Worked for self

- 6) With Paid Help



- 7) With unpaid help\Alone
- 8) Other (Please Specify):

- 
- 9) Did not work

**If DID NOT WORK, go to question P38**

**P35 – How many months did you work during the 12 months ending 31<sup>st</sup> July 2021?**

- 1) 1 or less
- 2) 2 – 3
- 3) 4 – 5
- 4) 6 – 7
- 5) 8 – 9
- 6) 10 – 11
- 7) 12

**P36 – What was your main type of job or occupation during the 12 months ending 31<sup>st</sup> July 2021?**

--	--	--	--

**P37(a) – In which industry or type of business did you work during the 12 months ending July 2021?**

--	--	--	--

**P37(b) – Where is your work located?**

---



---



---

**P37(c) – What is your main mode of travel to work?**

- 1) Walking
- 2) Bicycle
- 3) Private motor vehicle
- 4) Bus
- 5) Minibus/ZR van
- 6) Taxi
- 7) None (for working at home)

**P38 – What are your sources of livelihood other than from employment? (Score as many as applicable)**

- 1) Pension (local)
- 2) Pension (overseas)
- 3) Remittances (Overseas)
- 4) Local contribution from friends\relatives
- 5) Investments
- 6) Savings
- 7) Unemployment
- 8) Disability\Inactiveness
- 9) Other public assistance (Please Specify):

---

10) Other (Please Specify):

---

11) None

**P39 – During the past three months, were you unable to go to work due to lack of money or transportation?**

- 1) Yes
- 2) No

**If DID NOT WORK, go to question P40(c)**

**P40(a) – What is the normal pay period from your main occupation\job?**

- 1) Weekly
- 2) Fortnightly
- 3) Monthly
- 4) Other (Please Specify):

**P40(b) – What was your gross pay or income from your main occupation during the last pay period? (Before tax or deduction to the nearest \$)**

\$ 

--	--	--	--

**If NONE at question P38, go to question P41(a)**

**P40(c) – What was your monthly income from sources of livelihood other than employment?**

- 1) None

- 2) Under \$900
- 3) \$900 - \$1999
- 4) \$2000 - \$2999
- 5) \$3000 - \$3999
- 6) \$4000 - \$4999
- 7) \$5000 - \$5999
- 8) \$6000 - \$6999
- 9) \$7000 - \$7999
- 10) \$8000 - \$8999
- 11) \$9000 - \$9999
- 12) Over \$10,000

P42 – Where did you spend the night of August 1, 2021?

- 1) In this household
  - 2) Elsewhere in the country
  - 3) Institution
  - 4) Abroad
  - 5) Other (Please Specify):
- 

## Crime

P41(a) – Have you been a victim of crime during the past 12 months ending July 31, 2021?

- 1) Yes
- 2) No
- 3) Don't know

**If NO, skip to P42**

P41(b) – If Yes, Please specify the type of crime (Score as many as applicable)

- 1) Attempted Murder
  - 2) Robbery
  - 3) Kidnapping
  - 4) Wounding
  - 5) Shooting
  - 6) Larceny
  - 7) Physical Abuse
  - 8) Rape\Sexual Abuse
  - 9) Other (Please Specify):
- 

P41(c) – Out of the crimes indicated, which crimes were reported? (Score as many as applicable)

- 1) Attempted Murder
  - 2) Robbery
  - 3) Kidnapping
  - 4) Wounding
  - 5) Shooting
  - 6) Larceny
  - 7) Physical Abuse
  - 8) Rape\Sexual Abuse
  - 9) Other (Please Specify):
- 

- 10) None