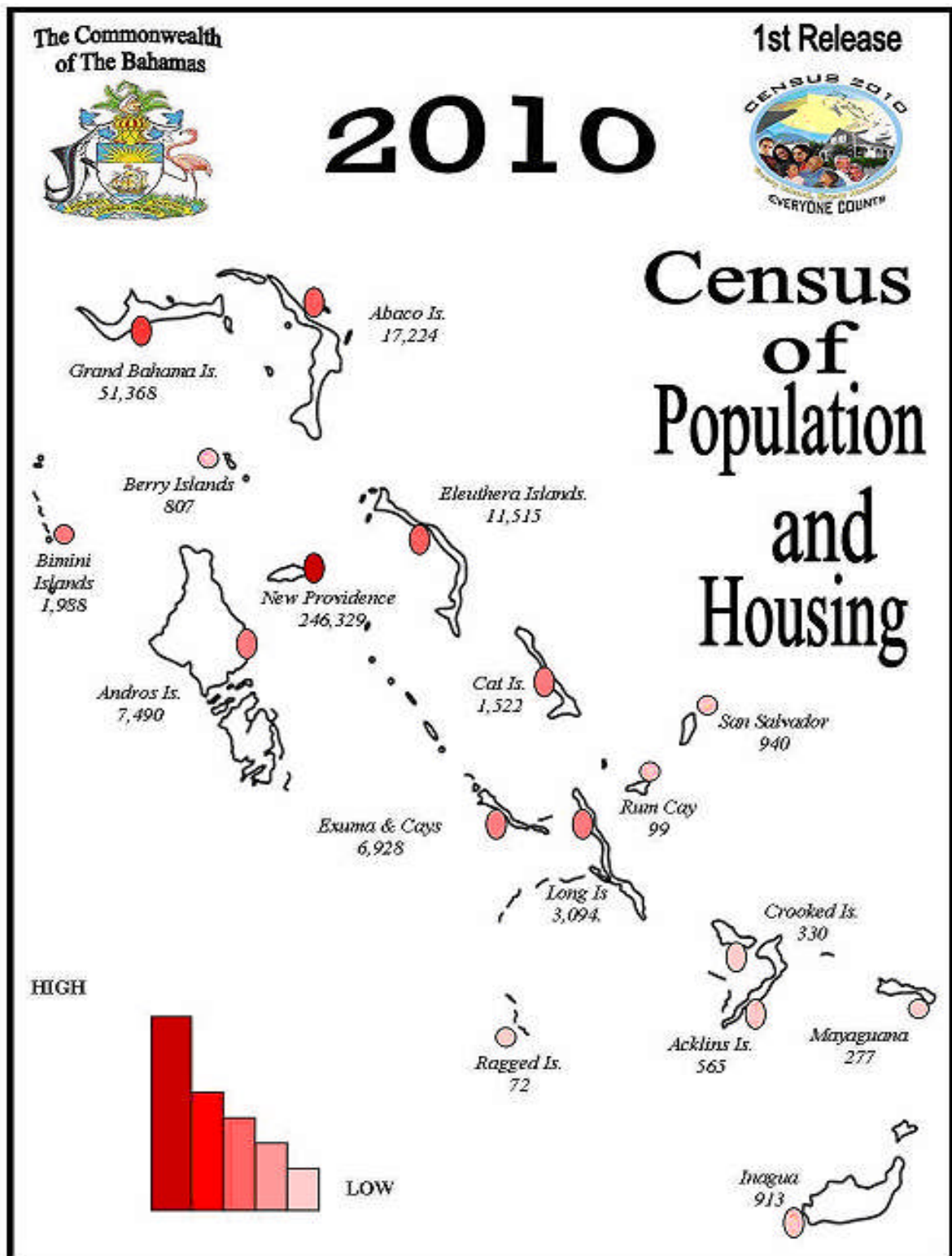


INAGUA



Your Census Team



**CORALEE
MACKEY**
*Chief Census Officer
Andros I.*



KELSIE DORSETT
Director & Census Coordinator



CLARA LOWE
*Census Officer—Northern
Region*



KIM SAUNDERS
*Census Officer—Family
Islands*



INSA FRITH
Census GIS Manager



LYNN WILLIAMS
Census IT Manager



LILLIAN NEWBOLD
Census Administrative Officer



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Mrs. Kelsie Dorsett – Director of Statistics, Census Coordinator
Mrs. Leona Wilson – Deputy Director of Statistics, Census IT Consultant
Ms. Nerissa Gibson – Assistant Director, Statistics
Mrs. Clara Lowe – Assistant Director, Statistics, Census Officer Northern Region
Ms. Coralee Mackey – Senior Statistician, Statistics, Chief Census Officer
Mrs. Kim Saunders – Statistician I, Statistics, Census Officer Family Islands
Mr. Simon Wilson – Director, Economic & Planning Unit, Ministry of Finance
Mrs. Carmen Gomez – Under Secretary, Ministry of Culture
Ms. Mellany Zonicle – Director of Social Services
Ms. Iris Adderley – Consultant, Disability Affairs
Mr. Revis Rolle – Family Island Administrator, Department of Lands & Local Government
Mr. Dwayne Miller – Bahamas National Geographic Information System
Mr. William Fielding – Planning Department, College of the Bahamas
Bishop Dr. John N. Humes – Bahamas Christian Council
Mr. Stephen Miller – Bahamas Public Services Union
Mr. Samuel Moss – Deputy Director Immigration
Mr. Marcellus Taylor – Director of Planning & Research, Ministry of Education
Captain Stephen Russell – National Emergency Management Agency (NEMA)
Sgt. Chaswell Hanna – The Royal Bahamas Police Force

Sub-Census Advisory Committee

Mrs. Theresa Moxey-Ingraham – Executive Director, Sojourner-Douglas College

Mr. Stephen Plakaris – Success Training College

Ms. Raquel Bethel – Bahamas Technical and Vocational Institute

Ms. Beverley Saunders – Director of Training, Atlantis

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Kelsie Dorsett

Census Coordinator /Director

Coralee Mackey

Chief Census Officer

Clara Lowe

Census Officer, Northern Region

Kim Saunders

Census Officer, Family Island

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INAGUA

Inagua is known for its natural wonders. It is located in the southernmost area of the Bahamas archipelago and is the third largest island of the Bahamas. Great Inagua some 40 miles long and 20 miles wide is home to 913 persons. This island is much closer to Haiti than Nassau and is actually two separate islands, Great Inagua and Little Inagua, which together are referred to as the Inaguas. Nearly a million pounds of salt is produced from the Salinas of Inagua by the Morton Salt Company. There are 80 salt ponds, covering over 12,000 acres. Inagua is an anagram for the herbivorous animal common to its shores, the iguana.

KEY DEMOGRAPHIC AND SOCIAL INDICATORS CENSUS 2000 AND 2010

INAGUA		
INDICATORS	2000	2010
<u>Population</u>		
Total	969	913
Male	476	465
Female	493	448
<u>Total and Percent Distribution of Population</u>		
Under 15 Years No:	315	226
15-64 Years No:	585	620
65+ Years No:	69	65
%	32.5	24.8
%	60.4	67.9
%	7.1	7.1
Sex Ratio	96.55	103.79
Median Age	27.7	34.1
<u>Dependency Ratios</u>		
Young	53.85	36.45
Old	11.79	10.48
Total	65.64	46.94
<u>Population Density</u>		
Area (square miles)	599	599
Population Density per sq. mile	1.6	1.5
<u>Households</u>		
Total Number of Households	308	319
Average Household Size	3.1	2.8

Please Note: Age-Not Stated is not included in the calculations of the following indicators:-
Percent Distribution of the Population, Median Age and Dependency Ratios.

TOTAL POPULATION BY ISLAND AND SEX FOR CENSUS YEARS: 1901 - 2010

TABLE 1.0

ISLAND	POPULATION 1901		POPULATION 1911		POPULATION 1921		POPULATION 1931		POPULATION 1943		POPULATION 1953		POPULATION 1963	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
ALL BAHAMAS	25,000	28,735	24,975	30,696	23,790	29,241	27,847	31,981	32,124	36,722	39,338	45,503	63,485	66,735
NEW PROVIDENCE	5,492	7,042	5,899	7,655	5,676	7,299	8,876	10,880	13,488	15,903	21,365	24,760	38,941	41,966
GRAND BAHAMA	869	911	784	1,040	731	964	1,099	1,142	1,117	1,216	2,186	1,909	4,484	3,746
ABACO	1,568	1,746	2,234	2,229	1,912	2,081	2,105	2,128	1,697	1,764	1,656	1,751	3,531	2,959
ACKLINS	704	861	725	1,008	762	1,049	753	1,012	763	981	451	822	510	707
ANDROS	3,192	3,155	3,875	3,670	3,431	3,545	3,577	3,494	3,156	3,562	3,327	3,809	3,565	3,896
BERRY ISLANDS	210	172	279	208	148	180	95	127	196	207	183	144	158	108
BIMINI	272	291	235	270	361	277	402	354	374	351	703	627	833	825
CAT ISLAND	2,090	2,568	2,090	2,982	1,771	2,502	1,808	2,151	1,782	2,088	1,341	1,860	1,400	1,731
CROOKED ISLAND	731	866	596	945	547	934	506	823	406	672	263	573	320	466
ELEUTHERA	4,159	4,574	2,852	3,681	2,783	3,265	2,997	3,171	3,151	3,279	2,942	3,128	3,631	3,616
EXUMA & CAYS	1,373	1,713	1,406	2,059	1,600	2,130	1,677	2,097	1,777	2,007	1,153	1,766	1,609	1,831
HARBOUR ISLAND & SPANISH WELLS	844	922	761	825	721	778	629	730	671	763	721	805	892	954
INAGUA	748	705	589	754	468	469	334	333	454	436	498	501	606	634
LONG CAY	257	242	140	236	68	98	60	84	31	70	29	51	10	12
LONG ISLAND	1,610	1,952	1,765	2,394	2,023	2,636	2,085	2,430	2,199	2,365	1,689	2,066	2,037	2,139
MAYAGUANA	161	174	148	210	173	259	233	285	273	318	283	332	316	391
RAGGED ISLAND	192	173	165	188	173	193	209	215	191	226	157	163	173	198
SAN SALVADOR & RUM CAY	528	668	432	615	442	582	402	525	398	514	391	436	469	576

TOTAL POPULATION BY ISLAND AND SEX FOR CENSUS YEARS: 1901 - 2010

TABLE 1.0 (CONT'D)

ISLAND	POPULATION 1970		POPULATION 1980		POPULATION 1990		POPULATION 2000		POPULATION 2010	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
ALL BAHAMAS	83,661	85,151	101,774	107,731	124,958	130,091	147,715	155,896	170,257	181,204
NEW PROVIDENCE	49,602	51,901	64,861	70,576	83,515	88,681	101,558	109,274	117,909	128,420
GRAND BAHAMA	13,598	12,261	16,694	16,408	20,060	20,838	23,024	23,970	24,996	26,372
ABACO	3,397	3,104	3,746	3,525	5,201	4,802	6,711	6,459	8,902	8,322
ACKLINS	394	542	281	337	186	219	227	201	320	245
ANDROS	4,311	4,534	3,981	4,326	4,109	4,068	3,780	3,906	3,769	3,721
BERRY ISLANDS	300	143	298	211	349	279	416	293	461	346
BIMINI	797	706	751	660	850	789	886	831	1,063	925
CAT ISLAND	1,225	1,432	1,075	1,140	875	823	854	793	808	714
CROOKED ISLAND	305	384	246	272	204	208	172	178	168	162
ELEUTHERA	3,769	3,767	4,199	4,132	4,019	3,974	3,933	4,066	4,058	4,144
EXUMA & CAYS	1,837	1,930	1,786	1,884	1,836	1,720	1,875	1,696	3,468	3,460
HARBOUR ISLAND & SPANISH WELLS	931	1,001	1,079	1,221						
HARBOUR ISLAND					610	609	799	840	873	889
INAGUA	554	555	462	462	518	467	476	493	465	448
LONG CAY	12	14	19	16						
LONG ISLAND	1,895	1,966	1,641	1,763	1,503	1,446	1,533	1,459	1,535	1,559
MAYAGUANA	249	332	220	244	145	167	129	130	143	134
RAGGED ISLAND	103	105	82	82	52	37	44	28	44	28
RUM CAY					26	27	45	35	52	47
SAN SALVADOR & RUM CAY	382	474	353	472						
SAN SALVADOR					224	241	497	473	469	471
SPANISH WELLS					676	696	756	771	754	797

NOTE:- 1. Data for Long Cay have been added to Crooked Island for the years 1990-2010
2. Data for Harbour Island and Spanish Wells and San Salvador and Rum Cay have been disaggregated for the years 1990 - 2010

**PERCENT DISTRIBUTION
OF TOTAL POPULATION BY ISLAND FOR CENSUS YEARS: 1953 - 2010**

TABLE 1.1

ISLAND	1953	1963	1970	1980	1990	2000	2010
ALL BAHAMAS	100.0	100.0	100.0	100.0	100.0	100.0	100.0
NEW PROVIDENCE	54.37	62.13	60.13	64.65	67.51	69.44	70.09
GRAND BAHAMA	4.83	6.32	15.32	15.80	16.03	15.48	14.62
ABACO	4.02	4.98	3.85	3.47	3.92	4.34	4.90
ACKLINS	1.50	0.93	0.56	0.30	0.16	0.14	0.16
ANDROS	8.41	5.73	5.24	3.97	3.21	2.53	2.13
BERRY ISLANDS	0.39	0.20	0.26	0.24	0.25	0.23	0.23
BIMINI	1.57	1.27	0.89	0.67	0.64	0.57	0.57
CAT ISLAND	3.77	2.40	1.57	1.06	0.67	0.54	0.43
CROOKED ISLAND	1.09	0.61	0.42	0.26	0.17	0.11	0.09
ELEUTHERA	7.13	5.59	3.70	3.98	3.13	2.63	2.33
EXUMA & CAYS	3.44	2.64	2.23	1.75	1.39	1.18	1.97
HARBOUR ISLAND & SPANISH WELLS	1.80	1.42	1.91	1.10			
HARBOUR ISLAND					0.48	0.54	0.50
INAGUA	1.18	0.95	0.66	0.44	0.39	0.32	0.26
LONG ISLAND	4.43	3.21	2.29	1.62	1.16	0.99	0.88
MAYAGUANA	0.72	0.54	0.34	0.22	0.12	0.09	0.08
RAGGED ISLAND	0.38	0.28	0.12	0.08	0.03	0.02	0.02
SAN SALVADOR & RUM CAY	0.97	0.80	0.51	0.39			
RUM CAY					0.02	0.03	0.03
SAN SALVADOR					0.18	0.32	0.27
SPANISH WELLS					0.54	0.50	0.44

NOTE:- Data for Harbour Island and Spanish Wells and San Salvador and Rum Cay have been disaggregated for the years 1990 - 2010

TOTAL POPULATION BY AGE AND SEX FOR CENSUS YEARS: 1931 - 2010

TABLE 1.2

ALL BAHAMAS

AGE GROUP	1931		1943		1953		1963		1970		1980		1990		2000		2010	
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
TOTAL	27,847	31,981	32,124	36,722	39,338	45,503	63,485	66,735	83,661	85,151	101,774	101,774	124,958	130,091	147,715	155,896	170,257	181,204
UNDER 1 YEAR	748	762	965	947	1,578	1,505			2,447	2,340			2,899	2,783	2,929	2,979	3,171	3,002
1 - 4	3,557	3,607	3,979	3,912	4,941	5,230	12,294	12,148	11,189	10,875	13,052	12,985	10,576	10,367	11,737	11,475	12,205	12,352
5 - 9	3,710	3,758	4,377	4,359	5,339	5,251	9,706	9,758	13,325	12,847	13,856	13,916	12,779	12,337	16,014	15,634	15,704	15,827
10 - 14	3,788	3,887	3,761	3,782	4,881	4,814	6,800	6,746	10,233	10,345	13,179	13,297	12,083	11,863	14,149	14,412	15,942	15,916
15 - 19	3,254	3,672	3,014	3,617	3,559	4,365	5,226	5,388	7,107	7,509	13,038	13,037	12,432	12,463	13,355	13,084	15,686	15,496
20 - 24	2,533	3,276	2,909	3,695	3,019	3,888	5,272	5,632	6,205	6,462	10,064	10,775	11,667	11,845	12,140	12,632	13,140	13,359
25 - 29	1,685	2,467	2,850	3,192	2,649	3,377	4,797	5,023	6,847	6,854	7,644	8,301	11,840	12,166	13,110	13,794	12,627	13,839
30 - 34	1,212	1,650	2,202	2,585	2,328	3,085	3,846	3,984	5,898	5,577	6,116	6,723	9,533	10,342	12,601	13,516	13,102	14,081
35 - 39	1,342	1,942	1,718	2,198	2,600	3,018			4,664	4,596	5,573	6,156	7,143	7,766	12,438	13,449	13,935	15,120
40 - 44	1,107	1,331	1,291	1,758	2,169	2,611	6,056	6,700	3,749	3,848	4,643	5,046	5,646	5,939	9,971	11,043	12,629	13,609
45 - 49	1,183	1,523	1,020	1,518	1,649	2,009			3,015	3,193	3,695	3,965	4,955	5,309	7,617	8,210	12,038	12,950
50 - 54	946	979	958	1,343	1,184	1,672	5,010	5,323	2,852	3,023	2,927	3,299	3,904	4,350	5,749	6,229	9,025	10,241
55 - 59	839	959	922	1,068	873	1,207			2,282	2,256	2,193	2,564	3,012	3,300	4,768	5,374	6,502	7,226
60 - 64	602	667	723	880	763	1,024	2,434	3,054	1,494	1,923	2,041	2,408	2,210	2,637	3,750	4,261	4,747	5,392
65 - 69	362	488	555	635	618	867			1,092	1,453	1,627	2,000	1,612	2,072	2,651	3,155	3,702	4,472
70 - 74					458	628			548	852	997	1,425	1,405	1,890	1,689	2,383	2,610	3,279
75 - 79	517	792	743	1,111	293	411	1,829	2,821	332	536	560	872	865	1,269	1,039	1,576	1,545	2,110
80 - 84					119	210			216	382	258	477	461	776	714	1,205	885	1,324
85 AND OVER					60	89			166	280	169	357	246	532	430	935	550	1,152
NOT STATED	462	221	137	122	258	242	215	158			142	128	9,690	10,085	864	550	512	457

PERCENT DISTRIBUTION OF TOTAL POPULATION BY AGE AND SEX FOR CENSUS YEARS 1953 - 2010

TABLE 1.3

ALL BAHAMAS

Age	1953			1963			1970			1980			1990			2000			2010		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
All Ages	100.00	46.37	53.63	100.00	48.75	51.25	100.00	49.56	50.44	100.00	48.58	51.42	100.00	49.00	51.00	100.00	48.65	51.35	100.00	48.44	51.56
0 - 4	15.62	7.86	7.94	18.77	9.44	9.33	15.91	8.08	7.83	12.43	6.23	6.20	10.44	5.28	5.16	9.59	4.83	4.76	8.74	4.37	4.37
5 - 9	12.48	6.29	6.19	14.95	7.46	7.49	15.50	7.89	7.61	13.26	6.62	6.64	9.85	5.01	4.84	10.42	5.27	5.15	8.97	4.47	4.50
10 - 14	11.43	5.75	5.67	10.40	5.22	5.18	12.19	6.06	6.13	12.64	6.29	6.35	9.39	4.74	4.65	9.41	4.66	4.75	9.06	4.54	4.53
15 - 19	9.43	4.19	5.14	8.15	4.01	4.14	8.66	4.21	4.45	12.44	6.22	6.22	9.76	4.87	4.89	8.71	4.40	4.31	8.87	4.46	4.41
20 - 24	8.14	3.56	4.58	8.37	4.05	4.32	7.50	3.68	3.83	9.95	4.80	5.14	9.21	4.57	4.64	8.16	4.00	4.16	7.54	3.74	3.80
25 - 29	7.10	3.12	3.98	7.54	3.68	3.86	8.12	4.06	4.06	7.61	3.65	3.96	9.41	4.64	4.77	8.86	4.32	4.54	7.53	3.59	3.94
30 - 34	6.38	2.74	3.64	6.01	2.95	3.06	6.80	3.49	3.30	6.13	2.92	3.21	7.79	3.74	4.05	8.60	4.15	4.45	7.73	3.73	4.01
35 - 39	6.62	3.06	3.56	9.08	4.65	5.15	5.49	2.76	2.72	5.60	2.66	2.94	5.84	2.80	3.04	8.53	4.10	4.43	8.27	3.96	4.30
40 - 44	5.63	2.56	3.08				4.50	2.22	2.28	4.62	2.21	2.41	4.54	2.21	2.33	6.92	3.28	3.64	7.47	3.59	3.87
45 - 49	4.31	1.94	2.37	7.94	3.85	4.09	3.68	1.79	1.89	3.66	1.77	1.89	4.02	1.94	2.08	5.21	2.51	2.70	7.11	3.43	3.68
50 - 54	3.37	1.40	1.97				3.48	1.69	1.79	2.97	1.40	1.57	3.24	1.53	1.71	3.95	1.89	2.06	5.48	2.57	2.91
55 - 59	2.45	1.03	1.42	4.21	1.87	2.34	2.69	1.35	1.34	2.12	1.05	1.22	2.47	1.18	1.29	3.34	1.57	1.77	3.91	1.85	2.06
60 - 64	2.11	0.90	1.21				2.02	0.89	1.14	1.73	0.97	1.15	1.90	0.86	1.03	2.64	1.24	1.40	2.88	1.35	1.53
65 - 69	1.75	0.73	1.02	3.57	1.40	2.17	1.51	0.65	0.86	1.16	0.78	0.95	1.44	0.63	0.81	1.91	0.87	1.04	2.33	1.05	1.27
70 - 74	1.28	0.54	0.74				0.83	0.32	0.50	0.68	0.48	0.68	1.29	0.55	0.74	1.34	0.56	0.78	1.68	0.74	0.93
75 - 79	0.83	0.35	0.48				0.51	0.20	0.32	0.35	0.27	0.41	0.84	0.33	0.50	0.86	0.34	0.52	1.04	0.44	0.60
80 - 84	0.39	0.14	0.25	0.29	0.17	0.12	0.35	0.13	0.23	0.25	0.12	0.23	0.48	0.18	0.30	0.63	0.23	0.40	0.63	0.25	0.38
85 And Over	0.18	0.07	0.10				0.26	0.10	0.16	0.25	0.08	0.17	0.31	0.10	0.21	0.45	0.15	0.30	0.48	0.15	0.33
Not Stated	0.59	0.30								0.13	0.07	0.06	7.75	3.80	3.95	0.47	0.28	0.19	0.28	0.15	0.13

SEX RATIO BY ISLAND FOR CENSUS YEARS: 1953 - 2010

TABLE 1.4

ISLAND	SEX RATIO, MALES PER 100 FEMALES						
	1953	1963	1970	1980	1990	2000	2010
ALL BAHAMAS	86.45	95.13	98.25	94.47	96.05	94.75	93.96
NEW PROVIDENCE	86.29	92.79	95.57	91.90	94.17	92.94	91.82
GRAND BAHAMA	114.51	119.70	110.90	101.74	96.27	96.05	94.78
ABACO	94.57	119.33	109.44	106.27	108.31	103.90	106.97
ACKLINS	54.87	72.14	72.69	83.38	84.93	112.94	130.61
ANDROS	87.35	91.50	95.08	92.02	101.01	96.77	101.29
BERRY ISLANDS	127.08	146.30	209.79	141.23	125.09	141.98	133.24
BIMINI	112.12	100.97	112.89	113.79	107.73	106.62	114.92
CAT ISLAND	72.10	80.88	85.54	94.30	106.32	107.69	113.17
CROOKED ISLAND	45.90	68.67	79.43	90.44	98.08	96.63	103.70
ELEUTHERA	94.05	100.41	100.05	101.62	101.13	96.73	97.92
EXUMA & CAYS	65.29	87.88	95.18	94.80	106.74	110.55	100.23
HARBOUR ISLAND & SPANISH WELLS	89.57	93.50	93.01	88.37			
HARBOUR ISLAND					100.16	95.12	98.20
INAGUA	99.40	95.58	99.82	100.00	110.92	96.55	103.79
LONG CAY	56.86	83.33	85.71	118.75			
LONG ISLAND	81.75	95.23	96.39	93.08	103.94	105.07	98.46
MAYAGUANA	85.24	80.82	75.00	90.16	86.83	99.23	106.72
RAGGED ISLAND	96.32	87.37	98.10	100.00	140.54	157.14	157.14
SAN SALVADOR & RUM CAY	89.68	81.42	80.59	74.79			
RUM CAY					96.30	128.57	110.64
SAN SALVADOR					92.95	105.07	99.58
SPANISH WELLS					97.13	98.05	94.60

NOTE:- 1. Data for Long Cay have been added to Crooked Island for the years 1990-2010
 2. Data for Harbour Island and Spanish Wells and San Salvador and Rum Cay have been disaggregated for the years 1990 - 2010

SEX RATIO BY 5 YEAR AGE - GROUPS FOR CENSUS YEARS: 1953 - 2010

TABLE 1.5

ALL BAHAMAS

AGE GROUP	Sex Ratio Males per 100 Females						
	1953	1963	1970	1980	1990	2000	2010
TOTAL	86.45	95.13	98.25	94.47	96.05	94.75	93.69
0 - 4	96.79	101.2	103.19	100.52	102.47	101.47	100.14
5 - 9	101.68	99.47	103.72	99.57	103.58	102.43	99.22
10 - 14	101.39	100.8	98.92	99.11	101.85	98.18	100.16
15 - 19	81.53	96.99	94.65	100.01	99.75	102.07	101.23
20 - 24	77.65	93.61	96.02	93.4	98.5	96.11	98.36
25 - 29	78.44	95.5	99.9	92.09	97.32	95.04	91.24
30 - 34	75.46	96.54	105.06	90.97	92.18	93.23	93.05
35 - 39	86.15		101.48	90.53	92	92.48	92.16
40 - 44	83.07	90.39	97.43	92.01	95.07	90.29	92.8
45 - 49	82.08		94.43	93.19	93.33	92.78	92.96
50 - 54	70.81	94.12	94.34	88.72	89.75	92.29	88.13
55 - 59	72.33		101.15	85.53	91.27	88.72	89.98
60 - 64	74.51	79.70	77.69	84.73	83.8	88.01	88.04
65 - 69	71.28		75.15	81.35	77.8	84.03	82.78
70 - 74	72.93		64.32	69.96	74.34	70.88	79.6
75 - 79	71.29		61.94	64.22	68.16	65.93	73.22
80 - 84	56.67		56.54	54.09	59.41	59.25	66.84
85 AND OVER	67.42	64.84	59.29	47.34	46.24	45.99	47.74

LAND AREA AND DENSITY OF POPULATION BY ISLAND, CENSUS YEARS 1901 - 2010

TABLE 1.6

ALL BAHAMAS

ISLAND	LAND AREA (SQUARE MILES)	POPULATION 1901		POPULATION 1911		POPULATION 1921		POPULATION 1931		POPULATION 1943		POPULATION 1953		POPULATION 1963		POPULATION 1970		POPULATION 1980		POPULATION 1990	
		TOTAL	POP. PER SQ. MILE	TOTAL	POP. PER SQ. MILE	TOTAL	POP. PER SQ. MILE	TOTAL	POP. PER SQ. MILE	TOTAL	POP. PER SQ. MILE	TOTAL	POP. PER SQ. MILE	TOTAL	POP. PER SQ. MILE	TOTAL	POP. PER SQ. MILE	TOTAL	POP. PER SQ. MILE	TOTAL	POP. PER SQ. MILE
TOTAL WITH OTHER CAYS ADDED	5,382	53,735	10.0	55,944	10.4	53,031	9.9	59,828	11.1	68,846	12.8	84,841	15.8	130,220	24.2	169,534	31.5	209,505	38.9	255,049	47.4
NEW PROVIDENCE	80	12,534	156.7	13,554	169.4	12,975	162.2	19,756	247.0	29,391	367.4	46,125	576.4	80,907	1011.3	102,005	1,257.1	135,437	1,692.9	172,196	2152.2
GRAND BAHAMA	530	1,780	3.4	1,824	3.2	1,695	3.2	2,241	4.2	2,333	4.4	4,095	7.7	8,230	15.5	25,943	49.0	33,102	62.5	40,898	77.2
ABACO	649	3,314	5.1	4,463	6.9	3,993	6.2	4,233	6.5	3,461	5.3	3,407	5.2	6,490	10.0	6,507	10.0	7,271	11.2	10,003	15.4
ACKLINS	192	1,565	8.2	1,733	9.0	1,811	9.4	1,765	9.2	1,744	9.1	1,273	6.6	1,217	6.3	936	4.9	618	3.2	405	2.1
ANDROS	2,300	6,347	2.8	7,545	3.3	6,976	3.0	7,071	3.1	6,718	2.9	7,136	3.1	7,461	3.2	8,889	3.9	8,307	3.6	8,177	3.6
BERRY ISLANDS	12	384	31.8	487	40.6	328	27.3	222	18.5	403	33.6	327	27.3	266	22.2	443	36.9	509	42.4	628	52.3
BIMINI, CAY LOBOS & CAY SAL	11	563	51.2	505	45.9	638	58.0	756	68.7	725	65.9	1,330	120.9	1,658	150.7	1,533	139.4	1,411	128.3	1,639	149.0
CAT ISLAND	150	4,658	31.1	5,072	33.8	4,273	28.5	3,959	36.4	3,870	25.8	3,201	21.3	3,131	20.9	2,658	17.7	2,215	14.8	1,698	11.3
CROOKED ISLAND	84	1,597	19.0	1,541	18.0	1,481	17.6	1,329	15.8	1,078	12.8	836	9.9	766	9.1	689	8.2	518	6.2	412	4.4
ELEUTHERA HARBOUR ISLAND & SPANISH WELLS	200	10,499	52.5	8,119	40.6	7,547	37.7	7,527	36.6	7,864	39.3	7,596	38.0	9,093	45.5	9,501	47.5	10,631	53.2	10,584	52.9
EXUMA & CAYS	112	3,086	27.6	3,465	30.9	3,730	33.3	3,774	33.7	3,784	33.8	2,919	26.1	3,440	30.7	3,777	33.7	3,670	32.8	3,556	31.8
INAGUA	599	1,453	6.0	1,343	2.2	937	1.6	667	1.1	890	1.5	999	1.7	1,240	2.1	1,109	1.9	924	1.5	985	1.6
LONG CAY	9	499	55.4	376	41.8	166	18.4	144	16.0	101	11.2	80	8.9	22	2.4	26	2.9	35	3.9		
LONG ISLAND	230	3,562	15.5	4,159	18.1	4,659	20.3	4,515	19.6	4,564	19.8	3,755	16.3	4,176	18.2	3,869	16.8	3,404	14.8	2,949	12.8
MAYAGUANA	110	335	3.0	358	3.3	432	3.9	518	4.7	591	5.4	615	5.6	707	6.4	584	5.3	464	4.2	312	2.8
RAGGED ISLAND	14	365	28.1	353	25.2	366	26.1	424	30.3	417	29.8	320	22.9	371	26.5	208	14.9	164	11.7	89	6.4
SAN SALVADOR & RUM CAY	90	1,196	13.3	1,047	11.6	1,024	11.4	927	10.3	912	10.1	827	9.2	1,045	11.6	857	9.5	825	9.2	518	5.8
SQ. - SQUARE																					

**LAND AREA AND DENSITY OF POPULATION
BY ISLAND, CENSUS YEARS 1901 - 2010**

TABLE 1.6 (CONT'D)

ALL BAHAMAS

ISLAND	LAND AREA (SQUARE MILES)	POPULATION 2000		POPULATION 2010	
		TOTAL	POP. PER SQ. MILE	TOTAL	POP. PER SQ. MILE
TOTAL WITH OTHER CAYS ADDED	5,382	303,611	56.4	351,461	65.3
NEW PROVIDENCE	80	210,832	2,635.4	246,329	3079.1
GRAND BAHAMA	530	46,994	88.7	51,368	96.9
ABACO	649	13,170	20.3	17,224	26.5
ACKLINS	192	428	2.2	565	2.9
ANDROS	2,300	7,686	3.3	7,490	3.3
BERRY ISLANDS	12	709	59.1	807	67.3
BIMINI, CAY LOBOS & CAY SAL	11	1,717	156.1	1,988	180.7
CAT ISLAND	150	1,647	11.0	1,522	10.1
CROOKED ISLAND	84	350	4.2	330	3.9
ELEUTHERA HARBOUR ISLAND & SPANISH WELLS	200	11,165	55.8	11,515	57.6
EXUMA & CAYS	112	3,571	31.9	6,928	61.9
INAGUA	599	969	1.6	913	1.5
LONG CAY	9		0.0		0.0
LONG ISLAND	230	2,992	13.0	3,094	13.5
MAYAGUANA	110	259	2.4	277	2.5
RAGGED ISLAND	14	72	5.1	72	5.1
SAN SALVADOR & RUM CAY	90	1,050	11.7	1,039	11.5

SQ. - SQUARE

POPULATION TRENDS FOR CENSUS YEARS 1838 - 2010

TABLE 1.7

CENSUS YEAR AND DATE	POPULATION	INTERCENSAL INCREASE			
		ABSOLUTE INCREASE/ DECREASE	%	AVERAGE ANNUAL INCREASE/DECREASE	AVERAGE ANNUAL GROWTH
1838	21,794	-	-	-	-
1845	26,491	4,697	21.55	671.0	3.1
1851	27,519	1,028	3.88	171.3	0.6
1861	35,487	7,968	28.95	796.8	2.9
1871	39,162	3,675	10.36	367.5	1.0
1881	43,521	4,359	11.13	435.9	1.1
1891	47,565	4,044	9.29	404.4	0.9
1901 - 14th April	53,735	6,170	12.97	617.0	1.3
1911 - 2nd April	55,944	2,209	4.11	220.9	0.4
1921 - 24th April	53,031	-2,913	-5.21	-291.3	-0.6
1931 - 26th April	59,828	6,797	12.82	679.7	1.2
1943 - 25th April	68,846	9,018	15.07	751.5	1.2
1953 - 6th December	84,841	15,995	23.23	1,599.5	2.0
1963 - 15th November	130,220	45,379	53.49	4,537.9	4.4
1970 - 7th April	168,812	38,592	29.64	5,513.1	3.8
1980 - 12th May	209,505	40,693	24.11	4,069.3	2.2
1990 - 1st May	255,049	45,544	21.74	4,554.4	2.0
2000 - 1st May	303,611	48,562	19.04	4,856.2	1.8
2010 - 1st May	351,461	47,850	15.8	4,785.0	1.6

TOTAL POPULATION BY SEX, ISLAND AND NUMBER OF HOUSEHOLDS

TABLE 2.0

ISLAND/ SUPERVISORY DISTRICT	TOTAL POPULATION	MALE	FEMALE	TOTAL NUMBER OF HOUSEHOLDS
ALL BAHAMAS	351,461	170,257	181,204	102,862
NEW PROVIDENCE	246,329	117,909	128,420	70,222
YAMACRAW	7,716	3,573	4,143	2,305
ELIZABETH	13,233	7,082	6,151	3,451
ST. ANNE'S	8,741	4,286	4,455	2,484
FOX HILL	9,603	4,667	4,936	2,542
MONTAGU	9,897	4,689	5,208	3,234
SEA BREEZE	10,671	4,906	5,765	3,025
MARATHON	8,531	3,970	4,561	2,485
ST. THOMAS MOORE	10,450	5,143	5,307	3,166
FARM ROAD AND CENTREVILLE	9,967	4,868	5,099	2,989
ENGLERSTON	11,076	5,314	5,762	2,994
GARDEN HILLS	11,257	5,423	5,834	3,288
KENNEDY	9,179	4,330	4,849	2,428
SOUTH BEACH	9,744	4,483	5,261	2,624
BAIN AND GRANTS TOWN	8,743	4,264	4,479	2,493
ST. CECILIA	9,494	4,546	4,948	2,614
GOLDEN GATES	7,682	3,570	4,112	2,077
BAMBOO TOWN	10,380	4,869	5,511	2,838
PINEWOOD	8,715	3,987	4,728	2,152
BLUE HILLS	13,062	6,140	6,922	3,608
CARMICHAEL	8,489	3,968	4,521	2,243
GOLDEN ISLES	13,762	6,739	7,023	4,028
FORT CHARLOTTE	8,292	4,049	4,243	2,639
MOUNT MORIAH	8,345	3,799	4,546	2,307
CLIFTON	9,323	4,561	4,762	2,868
KILLARNEY	9,977	4,683	5,294	3,340

TOTAL POPULATION BY SEX, ISLAND AND NUMBER OF HOUSEHOLDS

TABLE 2.0 CONT'D

ISLAND/ SUPERVISORY DISTRICT	TOTAL POPULATION	MALE	FEMALE	TOTAL NUMBER OF HOUSEHOLDS
GRAND BAHAMA	51,368	24,996	26,372	15,140
WEST END	4,574	2,255	2,319	1,264
EIGHT MILE ROCK	9,640	4,741	4,899	2,704
PINERIDGE	8,419	4,116	4,303	2,329
LUCAYA	10,172	4,915	5,257	3,327
MARCO CITY	8,436	3,923	4,513	2,349
HIGH ROCK	10,127	5,046	5,081	3,167
ABACO	17,224	8,902	8,322	5,197
NORTH ABACO	9,578	4,870	4,708	2,681
SOUTH ABACO	7,646	4,032	3,614	2,516
ACKLINS	565	320	245	209
ANDROS	7,490	3,769	3,721	2,373
NORTH ANDROS	3898	1943	1955	1189
SOUTH ANDROS	3,592	1,826	1,766	1,184
BERRY ISLANDS	807	461	346	342
BIMINIS	1,988	1,063	925	751
CAT ISLAND	1,522	808	714	608
CROOKED ISLAND	330	168	162	124
ELEUTHERA	8,202	4,058	4,144	2,718
NORTH ELEUTHERA	3247	1633	1614	1071
SOUTH ELEUTHERA	4,955	2,425	2,530	1,647
EXUMA AND CAYS	6928	3468	3460	2028
HARBOUR ISLAND	1762	873	889	597
INAGUA	913	465	448	319
LONG ISLAND	3,094	1,535	1,559	1,119
MAYAGUANA	277	143	134	107
RAGGED ISLAND	72	44	28	26
RUM CAY	99	52	47	40
SAN SALVADOR	940	469	471	342
SPANISH WELLS	1551	754	797	600

2010 CENSUS BUILDING AND HOUSING STOCK

TABLE 3.0

ISLAND/ SUPERVISORY DISTRICT	NUMBER OF BUILDING UNITS	NUMBER OF DWELLING UNITS	NUMBER OF OCCUPIED DWELLING UNITS	NUMBER OF VACANT DWELLING UNITS
ALL BAHAMAS	96,863	126,493	102,862	23,631
NEW PROVIDENCE	57,642	79,311	70,222	9,089
YAMACRAW	1,925	2,537	2,305	232
ELIZABETH	2,123	3,859	3,451	408
ST. ANNE'S	2,365	2,801	2,484	317
FOX HILL	2,182	2,876	2,542	334
MONTAGU	2,834	3,954	3,234	720
SEA BREEZE	2,424	3,295	3,025	270
MARATHON	2,101	2,718	2,485	233
ST. THOMAS MOORE	3,215	3,532	3,166	366
FARM ROAD AND CENTREVILLE	2,837	3,277	2,989	288
ENGLERSTON	2,630	3,301	2,994	307
GARDEN HILLS	2,256	3,585	3,288	297
KENNEDY	1,819	2,691	2,428	263
SOUTH BEACH	1,992	2,920	2,624	296
BAIN AND GRANTS TOWN	2,469	2,728	2,493	235
ST. CECILIA	2,360	2,863	2,614	249
GOLDEN GATES	1,690	2,250	2,077	173
BAMBOO TOWN	2,071	3,138	2,838	300
PINEWOOD	1,818	2,290	2,152	138
BLUE HILLS	2,432	4,039	3,608	431
CARMICHAEL	1,808	2,440	2,243	197
GOLDEN ISLES	2,820	4,587	4,028	559
FORT CHARLOTTE	1,977	3,106	2,639	467
MOUNT MORIAH	1,799	2,509	2,307	202
CLIFTON	3,026	4,048	2,868	1,180
KILLARNEY	2,669	3,967	3,340	627
GRAND BAHAMA	13,697	20,337	15,140	5,197
WEST END	1,472	1,618	1,264	354
EIGHT MILE ROCK	2,774	3,354	2,704	650
PINERIDGE	2,249	2,851	2,329	522
LUCAYA	2,267	5,223	3,327	1,896
MARCO CITY	1,962	2,654	2,349	305
HIGH ROCK	2,973	4,637	3,167	1,470

2010 CENSUS BUILDING AND HOUSING STOCK

TABLE 3.0 CONT'D

ISLAND/ SUPERVISORY DISTRICT	NUMBER OF BUILDING UNITS	NUMBER OF DWELLING UNITS	NUMBER OF OCCUPIED DWELLING UNITS	NUMBER OF VACANT DWELLING UNITS
ABACO	6,786	8,113	5,197	2,916
NORTH ABACO	3,388	4,193	2,681	1,512
SOUTH ABACO	3,398	3,920	2,516	1,404
ACKLINS	416	328	209	119
ANDROS	3,482	3,280	2,373	907
NORTH ANDROS	1,614	1,525	1,189	336
SOUTH ANDROS	1,868	1,755	1,184	571
BERRY ISLANDS	645	758	342	416
BIMINIS	1,186	1,385	751	634
CAT ISLAND	608	990	608	382
CROOKED ISLAND	291	228	124	104
ELEUTHERA	4,371	4,267	2,718	1,549
NORTH ELEUTHUTHERA	1,571	1,693	1,071	622
SOUTH ELEUTHERA	2,800	2,574	1,647	927
EXUMA AND CAYS	2,901	2,875	2,028	847
HARBOUR ISLAND	876	966	597	369
INAGUA	443	383	319	64
LONG ISLAND	1,981	1,769	1,119	650
MAYAGUANA	180	160	107	53
RAGGED ISLAND	64	51	26	25
RUM CAY	100	83	40	43
SAN SALVADOR	523	469	342	127
SPANISH WELLS	671	740	600	140

TOTAL POPULATION BY SEX AND AGE IN YEARS LAST BIRTHDAY

TABLE 4.13

INAGUA

AGE IN YEARS LAST BIRTHDAY	TOTAL	SEX	
		MALE	FEMALE
ALL AGES	913	465	448
0 - 4	65	35	30
UNDER ONE YEAR	10	8	2
1	9	6	3
2	9	5	4
3	22	11	11
4	15	5	10
5 - 9 YEARS	68	38	30
5	14	6	8
6	16	8	8
7	11	8	3
8	15	8	7
9	12	8	4
10 - 14 YEARS	93	44	49
10	16	8	8
11	26	16	10
12	17	10	7
13	15	7	8
14	19	3	16
15 - 19 YEARS	86	50	36
15	23	11	12
16	13	8	5
17	18	12	6
18	20	12	8
19	12	7	5
20 - 24 YEARS	48	24	24
20	15	5	10
21	12	7	5
22	5	5	0
23	7	4	3
24	9	3	6
25 - 29 YEARS	50	30	20
25	8	4	4
26	11	7	4
27	6	3	3
28	13	9	4
29	12	7	5
30 - 34 YEARS	56	24	32
30	10	5	5
31	10	4	6
32	10	4	6
33	18	8	10
34	8	3	5
35 - 39 YEARS	67	36	31
35	12	6	6
36	13	6	7
37	21	10	11
38	11	7	4
39	10	7	3
40 - 44 YEARS	84	43	41
40	19	12	7
41	11	6	5
42	19	4	15
43	20	10	10
44	15	11	4

TOTAL POPULATION BY SEX AND AGE IN YEARS LAST BIRTHDAY

TABLE 4.13 CONT'D

INAGUA

AGE IN YEARS LAST BIRTHDAY	TOTAL	SEX	
		MALE	FEMALE
45 - 49 YEARS	87	41	46
45	19	8	11
46	24	11	13
47	10	4	6
48	22	11	11
49	12	7	5
50 - 54 YEARS	75	39	36
50	22	11	11
51	11	3	8
52	14	8	6
53	19	11	8
54	9	6	3
55 - 59 YEARS	40	21	19
55	4	0	4
56	9	6	3
57	8	5	3
58	8	2	6
59	11	8	3
60 - 64 YEARS	27	13	14
60	6	3	3
61	8	2	6
62	4	2	2
63	3	2	1
64	6	4	2
65 - 69 YEARS	18	6	12
65	1	0	1
66	3	0	3
67	5	1	4
68	4	1	3
69	5	4	1
70 - 74 YEARS	20	8	12
70	2	1	1
71	4	2	2
72	6	2	4
73	3	1	2
74	5	2	3
75 - 79 YEARS	18	8	10
75	3	0	3
76	5	3	2
77	4	2	2
78	3	1	2
79	3	2	1
80 - 84 YEARS	5	0	5
80	3	0	3
81	1	0	1
82	0	0	0
83	0	0	0
84	1	0	1
85 - 89 YEARS	3	2	1
85	2	1	1
86	0	0	0
87	1	1	0
88	0	0	0
89	0	0	0
90 YEARS AND OVER	1	1	0
NOT STATED	2	2	0

TOTAL POPULATION BY SEX, AGE-GROUP AND MARITAL STATUS

TABLE 5.0

INAGUA

AGE GROUP AND SEX	TOTAL	MARITAL STATUS					NOT STATED
		NEVER MARRIED	MARRIED	WIDOWED	DIVORCED	LEGALLY SEPARATED	
TOTAL	913	526	308	36	27	13	3
MALE	465	283	149	9	14	8	2
FEMALE	448	243	159	27	13	5	1
0 - 14 YEARS	226	226	0	0	0	0	0
MALE	117	117	0	0	0	0	0
FEMALE	109	109	0	0	0	0	0
15 - 34 YEARS	240	194	44	1	0	1	0
MALE	128	113	14	0	0	1	0
FEMALE	112	81	30	1	0	0	0
35 - 49 YEARS	238	73	141	3	13	8	0
MALE	120	38	70	2	6	4	0
FEMALE	118	35	71	1	7	4	0
50 - 64 YEARS	142	22	91	11	12	4	2
MALE	73	12	48	2	7	3	1
FEMALE	69	10	43	9	5	1	1
65 - 74 YEARS	38	6	22	8	2	0	0
MALE	14	2	10	1	1	0	0
FEMALE	24	4	12	7	1	0	0
75 YEARS AND OVER	27	5	9	13	0	0	0
MALE	11	1	6	4	0	0	0
FEMALE	16	4	3	9	0	0	0
NOT STATED	2	0	1	0	0	0	1
MALE	2	0	1	0	0	0	1
FEMALE	0	0	0	0	0	0	0

NOTE: "Marital Status" is the legal status of each individual in relation to the Marital Laws or Customs of The Bahamas

POPULATION 15 YEARS AND OVER BY SEX, AGE-GROUP AND UNION STATUS

TABLE 6.0

INAGUA

AGE-GROUP AND SEX	TOTAL	UNION STATUS								NOT STATED
		NOT IN A UNION	LEGALLY MARRIED	COMMON- LAW-UNION	VISITING PARTNER	MARRIED BUT NOT IN A UNION	LEGALLY SEPARATED AND NOT IN A UNION	WIDOWED AND NOT IN A UNION	DIVORCED AND NOT IN A UNION	
TOTAL	687	247	278	49	20	24	11	34	21	3
MALE	348	136	139	23	15	7	7	8	11	2
FEMALE	339	111	139	26	5	17	4	26	10	1
15 - 34 YEARS	240	162	36	17	16	7	1	1	0	0
MALE	128	94	13	6	13	1	1	0	0	0
FEMALE	112	68	23	11	3	6	0	1	0	0
35 - 49 YEARS	238	55	127	24	3	12	6	2	9	0
MALE	120	28	64	12	2	5	3	1	5	0
FEMALE	118	27	63	12	1	7	3	1	4	0
50 - 64 YEARS	142	19	85	7	1	3	4	10	11	2
MALE	73	11	45	4	0	1	3	2	6	1
FEMALE	69	8	40	3	1	2	1	8	5	1
65 - 74 YEARS	38	6	21	1	0	1	0	8	1	0
MALE	14	2	10	1	0	0	0	1	0	0
FEMALE	24	4	11	0	0	1	0	7	1	0
75 YEARS AND OVER	27	5	8	0	0	1	0	13	0	0
MALE	11	1	6	0	0	0	0	4	0	0
FEMALE	16	4	2	0	0	1	0	9	0	0
NOT STATED	2	0	1	0	0	0	0	0	0	1
MALE	2	0	1	0	0	0	0	0	0	1
FEMALE	0	0	0	0	0	0	0	0	0	0

NOTE: "Union Status" identifies the type of relationship that a man or a woman was engaged in at the time of the census.

TOTAL POPULATION BY SEX, AGE GROUP AND RELIGION

TABLE 7.0

INAGUA

RELIGION AND SEX	TOTAL	AGE-GROUP							NOT STATED
		0 - 4	5 -14	15 - 24	25 - 34	35 - 44	45 - 64	65 AND OVER	
TOTAL	913	65	161	134	106	151	229	65	2
MALE	465	35	82	74	54	79	114	25	2
FEMALE	448	30	79	60	52	72	115	40	0
ANGLICAN	313	24	54	48	37	49	82	19	0
MALE	165	14	27	28	18	26	45	7	0
FEMALE	148	10	27	20	19	23	37	12	0
BAPTIST	214	9	26	27	26	39	61	26	0
MALE	107	4	12	13	16	21	30	11	0
FEMALE	107	5	14	14	10	18	31	15	0
BRETHREN	10	0	2	1	1	0	5	1	0
MALE	3	0	1	0	1	0	1	0	0
FEMALE	7	0	1	1	0	0	4	1	0
CHURCH OF GOD	11	0	1	1	1	6	2	0	0
MALE	5	0	0	0	1	4	0	0	0
FEMALE	6	0	1	1	0	2	2	0	0
METHODIST	102	12	20	19	7	17	21	6	0
MALE	50	5	9	11	2	9	11	3	0
FEMALE	52	7	11	8	5	8	10	3	0
PENTECOSTAL	72	6	11	12	10	8	21	4	0
MALE	36	4	7	7	4	3	10	1	0
FEMALE	36	2	4	5	6	5	11	3	0
ROMAN CATHOLIC	20	0	7	4	2	3	4	0	0
MALE	9	0	3	3	1	1	1	0	0
FEMALE	11	0	4	1	1	2	3	0	0

TOTAL POPULATION BY SEX, AGE GROUP AND RELIGION

TABLE 7.0 CONT'D

INAGUA

RELIGION AND SEX	TOTAL	AGE-GROUP							NOT STATED
		0 - 4	5 -14	15 - 24	25 - 34	35 - 44	45 - 64	65 AND OVER	
SEVENTH DAY ADVENTIST	17	0	4	1	2	5	5	0	0
MALE	7	0	1	0	0	2	4	0	0
FEMALE	10	0	3	1	2	3	1	0	0
OTHER CHRISTIAN DENOMINATION	33	2	4	4	2	11	7	2	1
MALE	20	1	4	3	1	6	3	1	1
FEMALE	13	1	0	1	1	5	4	1	0
OTHER	14	1	7	0	3	0	2	1	0
MALE	5	0	3	0	1	0	1	0	0
FEMALE	9	1	4	0	2	0	1	1	0
NONE	9	0	3	2	0	4	0	0	0
MALE	5	0	2	1	0	2	0	0	0
FEMALE	4	0	1	1	0	2	0	0	0
NOT STATED	98	11	22	15	15	9	19	6	1
MALE	53	7	13	8	9	5	8	2	1
FEMALE	45	4	9	7	6	4	11	4	0

NOTE: The category "Other" includes the following religions: Assemblies of God, Jehovah's Witnesses, Hindu, Judaism and other Non-Christian Denominations.

TOTAL POPULATION BY SEX, AGE GROUP AND RACIAL GROUP

TABLE 8.0

INAGUA

RACIAL GROUP AND SEX	TOTAL	AGE GROUP									NOT STATED
		0 - 9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 AND OVER	
TOTAL	913	133	179	98	123	171	115	45	38	9	2
BLACK	782	115	150	83	109	153	93	37	31	9	2
BLACK AND WHITE	83	11	19	10	11	14	13	3	2	0	0
OTHER RACES	41	6	10	3	2	4	7	4	5	0	0
NOT STATED	7	1	0	2	1	0	2	1	0	0	0
MALE	465	73	94	54	60	84	60	19	16	3	2
BLACK	400	62	79	47	53	75	51	14	14	3	2
BLACK AND WHITE	42	7	10	5	5	7	5	3	0	0	0
OTHER RACES	18	4	5	1	1	2	2	1	2	0	0
NOT STATED	5	0	0	1	1	0	2	1	0	0	0
FEMALE	448	60	85	44	63	87	55	26	22	6	0
BLACK	382	53	71	36	56	78	42	23	17	6	0
BLACK AND WHITE	41	4	9	5	6	7	8	0	2	0	0
OTHER RACES	23	2	5	2	1	2	5	3	3	0	0
NOT STATED	2	1	0	1	0	0	0	0	0	0	0

TOTAL POPULATION BY SEX, AGE-GROUP AND COUNTRY OF CITIZENSHIP

TABLE 9.0

INAGUA

COUNTRY OF CITIZENSHIP AND SEX	TOTAL	AGE-GROUP							NOT STATED
		0 - 4	5 - 19	20 - 29	30 - 39	40 - 49	50 - 64	65 AND OVER	
TOTAL	913	65	247	98	123	171	142	65	2
MALE	465	35	132	54	60	84	73	25	2
FEMALE	448	30	115	44	63	87	69	40	0
*** AMERICA CENTRAL ***									
TOTAL	1	0	1	0	0	0	0	0	0
MALE	1	0	1	0	0	0	0	0	0
FEMALE	0	0	0	0	0	0	0	0	0
COSTA RICA	1	0	1	0	0	0	0	0	0
MALE	1	0	1	0	0	0	0	0	0
FEMALE	0	0	0	0	0	0	0	0	0
*** AMERICA NORTH ***									
TOTAL	8	1	2	0	0	0	5	0	0
MALE	2	0	1	0	0	0	1	0	0
FEMALE	6	1	1	0	0	0	4	0	0
CANADA									
MALE	1	0	0	0	0	0	1	0	0
FEMALE	0	0	0	0	0	0	0	0	0
	1	0	0	0	0	0	1	0	0
U.S.A									
MALE	7	1	2	0	0	0	4	0	0
FEMALE	2	0	1	0	0	0	1	0	0
	5	1	1	0	0	0	3	0	0
*** AMERICA SOUTH ***									
TOTAL	22	0	6	0	5	7	4	0	0
MALE	7	0	2	0	1	2	2	0	0
FEMALE	15	0	4	0	4	5	2	0	0

TOTAL POPULATION BY SEX, AGE-GROUP AND COUNTRY OF CITIZENSHIP

TABLE 9.0 CONT'D

INAGUA

COUNTRY OF CITIZENSHIP AND SEX	TOTAL	AGE-GROUP							NOT STATED
		0 - 4	5 - 19	20 - 29	30 - 39	40 - 49	50 - 64	65 AND OVER	
GUYANA	22	0	6	0	5	7	4	0	0
MALE	7	0	2	0	1	2	2	0	0
FEMALE	15	0	4	0	4	5	2	0	0
*** CARIBBEAN ***									
TOTAL	880	64	238	98	117	164	132	65	2
MALE	454	35	128	54	58	82	70	25	2
FEMALE	426	29	110	44	59	82	62	40	0
BAHAMAS	858	62	234	97	114	157	131	61	2
MALE	447	35	125	54	57	79	70	25	2
FEMALE	411	27	109	43	57	78	61	36	0
HAITI	2	0	1	0	0	1	0	0	0
MALE	1	0	0	0	0	1	0	0	0
FEMALE	1	0	1	0	0	0	0	0	0
JAMAICA	16	2	3	1	3	6	1	0	0
MALE	6	0	3	0	1	2	0	0	0
FEMALE	10	2	0	1	2	4	1	0	0
TURKS AND CAICOS ISLANDS	4	0	0	0	0	0	0	4	0
MALE	0	0	0	0	0	0	0	0	0
FEMALE	4	0	0	0	0	0	0	4	0
*** EUROPE NORTH ***									
TOTAL	1	0	0	0	1	0	0	0	0
MALE	1	0	0	0	1	0	0	0	0
FEMALE	0	0	0	0	0	0	0	0	0

TOTAL POPULATION BY SEX, AGE-GROUP AND COUNTRY OF CITIZENSHIP

TABLE 9.0 CONT'D

INAGUA

COUNTRY OF CITIZENSHIP AND SEX	TOTAL	AGE-GROUP							NOT STATED
		0 - 4	5 - 19	20 - 29	30 - 39	40 - 49	50 - 64	65 AND OVER	
UNITED KINGDOM	1	0	0	0	1	0	0	0	0
MALE	1	0	0	0	1	0	0	0	0
FEMALE	0	0	0	0	0	0	0	0	0
NOT STATED	1	0	0	0	0	0	1	0	0
MALE	0	0	0	0	0	0	0	0	0
FEMALE	1	0	0	0	0	0	1	0	0

POPULATION 3 YEARS AND OVER BY SEX, AGE-GROUP AND SCHOOL ATTENDANCE

TABLE 10.0

INAGUA

SCHOOL ATTENDANCE AND SEX	TOTAL	AGE GROUP									NOT STATED
		3 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 34	35 - 44	45 - 64	65 AND OVER	
TOTAL	885	37	68	93	86	48	106	151	229	65	2
MALE	446	16	38	44	50	24	54	79	114	25	2
FEMALE	439	21	30	49	36	24	52	72	115	40	0
ATTENDING SCHOOL FULL-TIME	236	2	62	93	61	12	2	1	2	1	0
MALE	120	0	35	44	35	5	0	0	1	0	0
FEMALE	116	2	27	49	26	7	2	1	1	1	0
ATTENDING SCHOOL PART-TIME	8	0	0	0	0	0	1	3	4	0	0
MALE	6	0	0	0	0	0	1	1	4	0	0
FEMALE	2	0	0	0	0	0	0	2	0	0	0
NOT ATTENDING SCHOOL	641	35	6	0	25	36	103	147	223	64	2
MALE	320	16	3	0	15	19	53	78	109	25	2
FEMALE	321	19	3	0	10	17	50	69	114	39	0
NOT STATED	0	0	0	0	0	0	0	0	0	0	0
MALE	0	0	0	0	0	0	0	0	0	0	0
FEMALE	0	0	0	0	0	0	0	0	0	0	0

POPULATION 15 YEARS AND OVER BY SEX, AGE GROUP AND EDUCATIONAL ATTAINMENT

TABLE 11.0

INAGUA

EDUCATIONAL ATTAINMENT AND SEX	TOTAL	AGE GROUP							NOT STATED
		15 - 19	20 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 AND OVER	
TOTAL	687	86	48	106	151	162	67	65	2
MALE	348	50	24	54	79	80	34	25	2
FEMALE	339	36	24	52	72	82	33	40	0
NONE AND PRE-SCHOOL/ KINDERGARTEN	2	0	0	1	0	0	0	1	0
MALE	1	0	0	1	0	0	0	0	0
FEMALE	1	0	0	0	0	0	0	1	0
PRIMARY 1 - 6 YEARS	51	0	0	0	2	0	12	37	0
MALE	26	0	0	0	2	0	7	17	0
FEMALE	25	0	0	0	0	0	5	20	0
SECONDARY 7 - 13+ YEARS	491	78	33	75	110	122	46	26	1
MALE	251	46	18	41	56	57	25	7	1
FEMALE	240	32	15	34	54	65	21	19	0
POST SECONDARY TECHNICAL/VOCATIONAL	54	2	4	8	17	19	3	1	0
MALE	31	1	2	6	10	11	0	1	0
FEMALE	23	1	2	2	7	8	3	0	0
COLLEGE/UNIVERSITY (TERTIARY) 1 - 5+ YEARS	88	6	11	22	22	21	6	0	0
MALE	38	3	4	6	11	12	2	0	0
FEMALE	50	3	7	16	11	9	4	0	0
NOT STATED	1	0	0	0	0	0	0	0	1
MALE	1	0	0	0	0	0	0	0	1
FEMALE	0	0	0	0	0	0	0	0	0

**POPULATION 15 YEARS AND OVER NOT ATTENDING
SCHOOL BY SEX, AGE GROUP AND EDUCATIONAL ATTAINMENT**

TABLE 12.0

INAGUA

EDUCATIONAL ATTAINMENT AND SEX	TOTAL	AGE-GROUP							NOT STATED
		15 - 19	20 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 AND OVER	
TOTAL	600	25	36	103	147	156	67	64	2
MALE	301	15	19	53	78	75	34	25	2
FEMALE	299	10	17	50	69	81	33	39	0
NONE AND PRE-SCHOOL/ KINDERGARTEN	2	0	0	1	0	0	0	1	0
MALE	1	0	0	1	0	0	0	0	0
FEMALE	1	0	0	0	0	0	0	1	0
PRIMARY 1 - 6 YEARS	51	0	0	0	2	0	12	37	0
MALE	26	0	0	0	2	0	7	17	0
FEMALE	25	0	0	0	0	0	5	20	0
SECONDARY 7 - 13+ YEARS	429	25	28	75	109	120	46	25	1
MALE	216	15	16	41	56	55	25	7	1
FEMALE	213	10	12	34	53	65	21	18	0
POST SECONDARY TECHNICAL/VOCATIONAL	50	0	3	8	16	19	3	1	0
MALE	28	0	1	6	9	11	0	1	0
FEMALE	22	0	2	2	7	8	3	0	0
COLLEGE/UNIVERSITY (TERTIARY) 1 - 5+ YEARS	67	0	5	19	20	17	6	0	0
MALE	29	0	2	5	11	9	2	0	0
FEMALE	38	0	3	14	9	8	4	0	0
NOT STATED	1	0	0	0	0	0	0	0	1
MALE	1	0	0	0	0	0	0	0	1
FEMALE	0	0	0	0	0	0	0	0	0

**POPULATION 15 YEARS AND OVER BY SEX,
AGE-GROUP AND HIGHEST QUALIFICATION/EXAMINATION**

TABLE 13.0

INAGUA

QUALIFICATION AND SEX	TOTAL	AGE-GROUP							NOT STATED
		15 - 19	20 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 AND OVER	
TOTAL	687	86	48	106	151	162	67	65	2
MALE	348	50	24	54	79	80	34	25	2
FEMALE	339	36	24	52	72	82	33	40	0
NONE	209	30	9	11	31	44	33	51	0
MALE	122	21	5	10	23	24	18	21	0
FEMALE	87	9	4	1	8	20	15	30	0
SCHOOL LEAVING CERTIFICATE/ HIGH SCHOOL DIPLOMA	102	6	13	13	19	31	9	10	1
MALE	52	3	5	7	13	15	7	1	1
FEMALE	50	3	8	6	6	16	2	9	0
BJC'S etc.	138	34	2	13	43	32	11	3	0
MALE	62	15	2	8	14	16	5	2	0
FEMALE	76	19	0	5	29	16	6	1	0
GCE O'LEVELS etc.	121	16	17	43	24	15	6	0	0
MALE	53	11	8	19	9	4	2	0	0
FEMALE	68	5	9	24	15	11	4	0	0
TECHNICAL/VOCATIONAL CERTIFICATE	47	0	3	8	14	18	3	1	0
MALE	28	0	2	6	9	10	0	1	0
FEMALE	19	0	1	2	5	8	3	0	0
ASSOCIATE DEGREE	11	0	1	4	4	1	1	0	0
MALE	5	0	1	1	3	0	0	0	0
FEMALE	6	0	0	3	1	1	1	0	0

**POPULATION 15 YEARS AND OVER BY SEX,
AGE-GROUP AND HIGHEST QUALIFICATION/EXAMINATION**

TABLE 13.0 CONT'D

INAGUA

QUALIFICATION AND SEX	TOTAL	AGE-GROUP							NOT STATED
		15 - 19	20 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 AND OVER	
BACHELOR DEGREE	36	0	2	11	11	10	2	0	0
MALE	16	0	1	3	4	8	0	0	0
FEMALE	20	0	1	8	7	2	2	0	0
OTHER	21	0	1	2	5	11	2	0	0
MALE	9	0	0	0	4	3	2	0	0
FEMALE	12	0	1	2	1	8	0	0	0
NOT STATED	2	0	0	1	0	0	0	0	1
MALE	1	0	0	0	0	0	0	0	1
FEMALE	1	0	0	1	0	0	0	0	0

PLEASE NOTE:-

BJCs etc... -Includes Pitman 1, RSA Stage 1, CXC Basic Proficiency, CSE and Cambridge School, etc...

GCE O'LEVELS etc.. -Includes BGCSE, Pitman Stage 2 &3, RSA 2, Cambridge School and CXC General Proficiency, etc..

GCE A'LEVELS etc.. -Includes RSA 3, Cambridge Higher School Certificate and International Baccalaureate (IB) Diploma

NOTE: The category "Other" includes the following qualifications: GCE A'Levels etc., Pre-Bachelor Certificate/Diploma, Post Bachelor Certificate/Diploma, Professional Certificate/Qualification (University Based), Professional Certificate/Qualification (Non-University Based), Masters Degree and Doctorate Degree.

**TOTAL AND PERCENTAGE DISTRIBUTION OF POPULATION
3 YEARS AND OVER BY SEX, AGE-GROUP AND INTERNET ACCESS STATUS**

TABLE 14.0

INAGUA

AGE-GROUP AND SEX	TOTAL	INTERNET ACCESS STATUS					NOT STATED	
		%	YES	%	NO	%		
TOTAL	885	100	653	73.8	228	25.8	4	0.5
MALE	446	100	325	72.9	121	27.1	0	0.0
FEMALE	439	100	328	74.7	107	24.4	4	0.9
3 - 4	37	100	22	59.5	15	40.5	0	0.0
MALE	16	100	10	62.5	6	37.5	0	0.0
FEMALE	21	100	12	57.1	9	42.9	0	0.0
5 - 9	68	100	47	69.1	19	27.9	2	2.9
MALE	38	100	27	71.1	11	28.9	0	0.0
FEMALE	30	100	20	66.7	8	26.7	2	6.7
10 - 14	93	100	88	94.6	5	5.4	0	0.0
MALE	44	100	42	95.5	2	4.5	0	0.0
FEMALE	49	100	46	93.9	3	6.1	0	0.0
15 - 19	86	100	77	89.5	9	10.5	0	0.0
MALE	50	100	45	90.0	5	10.0	0	0.0
FEMALE	36	100	32	88.9	4	11.1	0	0.0
20 - 24	48	100	37	77.1	10	20.8	1	2.1
MALE	24	100	19	79.2	5	20.8	0	0.0
FEMALE	24	100	18	75.0	5	20.8	1	4.2
25 - 29	50	100	43	86.0	6	12.0	1	2.0
MALE	30	100	26	86.7	4	13.3	0	0.0
FEMALE	20	100	17	85.0	2	10.0	1	5.0

**TOTAL AND PERCENTAGE DISTRIBUTION OF POPULATION
3 YEARS AND OVER BY SEX, AGE-GROUP AND INTERNET ACCESS STATUS**

TABLE 14.0 CONT'D

INAGUA

AGE-GROUP AND SEX	TOTAL	INTERNET ACCESS STATUS					NOT STATED	%
		%	YES	%	NO	%		
30 - 34	56	100	46	82.1	10	17.9	0	0.0
MALE	24	100	17	70.8	7	29.2	0	0.0
FEMALE	32	100	29	90.6	3	9.4	0	0.0
35 - 39	67	100	54	80.6	13	19.4	0	0.0
MALE	36	100	26	72.2	10	27.8	0	0.0
FEMALE	31	100	28	90.3	3	9.7	0	0.0
40 - 44	84	100	62	73.8	22	26.2	0	0.0
MALE	43	100	31	72.1	12	27.9	0	0.0
FEMALE	41	100	31	75.6	10	24.4	0	0.0
45 - 64	229	100	153	66.8	76	33.2	0	0.0
MALE	114	100	72	63.2	42	36.8	0	0.0
FEMALE	115	100	81	70.4	34	29.6	0	0.0
65 AND OVER	65	100	23	35.4	42	64.6	0	0.0
MALE	25	100	9	36.0	16	64.0	0	0.0
FEMALE	40	100	14	35.0	26	65.0	0	0.0
NOT STATED	2	100	1	50.0	1	50.0	0	0.0
MALE	2	100	1	50.0	1	50.0	0	0.0
FEMALE	0	0	0	0.0	0	0.0	0	0.0

**POPULATION 3 YEARS AND OVER BY SEX AND AGE-GROUP,
WITH INTERNET ACCESS AND WHERE INTERNET IS ACCESSED**

TABLE 15.0

INAGUA

WHERE INTERNET IS ACCESSED	TOTAL	AGE-GROUP										NOT STATED
		3-4	5-9	10-14	15 - 19	20 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 AND OVER	
TOTAL	653	22	47	88	77	37	89	116	118	35	23	1
MALE	325	10	27	42	45	19	43	57	56	16	9	1
FEMALE	328	12	20	46	32	18	46	59	62	19	14	0
HOME	526	18	37	73	63	29	69	97	100	25	15	0
MALE	260	7	22	33	39	14	32	47	48	12	6	0
FEMALE	266	11	15	40	24	15	37	50	52	13	9	0
WORK	46	0	0	0	2	4	12	10	13	4	0	1
MALE	23	0	0	0	0	2	10	5	5	0	0	1
FEMALE	23	0	0	0	2	2	2	5	8	4	0	0
EDUCATIONAL INSTITUTION	21	0	4	7	8	2	0	0	0	0	0	0
MALE	10	0	1	4	4	1	0	0	0	0	0	0
FEMALE	11	0	3	3	4	1	0	0	0	0	0	0
OTHER	38	3	5	5	4	2	6	7	1	5	0	0
MALE	20	2	3	3	2	2	1	4	0	3	0	0
FEMALE	18	1	2	2	2	0	5	3	1	2	0	0
DO NOT USE THE INTERNET	14	0	0	0	0	0	0	1	4	1	8	0
MALE	7	0	0	0	0	0	0	0	3	1	3	0
FEMALE	7	0	0	0	0	0	0	1	1	0	5	0
NOT STATED	8	1	1	3	0	0	2	1	0	0	0	0
MALE	5	1	1	2	0	0	0	1	0	0	0	0
FEMALE	3	0	0	1	0	0	2	0	0	0	0	0

NOTE: The category "Other" includes the following: Public Library, Cellular Phone/PDA and Family or Friend's House.

TOTAL POPULATION BY ISLAND, SEX AND TYPE OF HEALTH INSURANCE

TABLE 16.0

ALL BAHAMAS

ISLAND AND SEX	TOTAL	TYPE OF INSURANCE				NOT STATED
		INDIVIDUAL	GROUP	INDIVIDUAL AND GROUP	NONE	
TOTAL	351,461	73,616	79,680	9,733	185,477	2,955
MALE	170,257	34,337	38,182	4,562	91,629	1,547
FEMALE	181,204	39,279	41,498	5,171	93,848	1,408
NEW PROVIDENCE	246,329	53,650	59,058	7,518	124,227	1,876
MALE	117,909	24,955	27,702	3,444	60,834	974
FEMALE	128,420	28,695	31,356	4,074	63,393	902
GRAND BAHAMA	51,368	9,146	12,012	1,125	28,702	383
MALE	24,996	4,177	6,063	588	13,978	190
FEMALE	26,372	4,969	5,949	537	14,724	193
ABACO	17,224	2,909	3,317	266	10,586	146
MALE	8,902	1,456	1,704	131	5,551	60
FEMALE	8,322	1,453	1,613	135	5,035	86
ACKLINS	565	106	44	6	400	9
MALE	320	63	30	4	216	7
FEMALE	245	43	14	2	184	2
ANDROS	7,490	1,656	768	206	4,605	255
MALE	3,769	800	400	85	2,341	143
FEMALE	3,721	856	368	121	2,264	112
BERRY ISLANDS	807	216	105	20	460	6
MALE	461	123	61	11	262	4
FEMALE	346	93	44	9	198	2
BIMINI	1,988	208	210	31	1,528	11
MALE	1,063	104	112	14	828	5
FEMALE	925	104	98	17	700	6
CAT ISLAND	1,522	404	175	40	895	8
MALE	808	212	95	22	474	5
FEMALE	714	192	80	18	421	3
CROOKED ISLAND	330	60	103	18	148	1
MALE	168	29	42	11	85	1
FEMALE	162	31	61	7	63	0

TOTAL POPULATION BY ISLAND, SEX AND TYPE OF HEALTH INSURANCE

TABLE 16.0 CONT'D

ALL BAHAMAS

ISLAND AND SEX	TOTAL	TYPE OF INSURANCE				NOT STATED
		INDIVIDUAL	GROUP	INDIVIDUAL AND GROUP	NONE	
ELEUTHERA	8,202	1,696	1,325	188	4,852	141
MALE	4,058	737	611	105	2,521	84
FEMALE	4,144	959	714	83	2,331	57
EXUMA AND CAYS	6,928	1,629	1,160	126	3,960	53
MALE	3,468	749	641	55	1,987	36
FEMALE	3,460	880	519	71	1,973	17
HARBOUR ISLAND	1,762	425	196	32	1,094	15
MALE	873	183	95	16	568	11
FEMALE	889	242	101	16	526	4
INAGUA	913	69	414	88	340	2
MALE	465	33	220	41	171	0
FEMALE	448	36	194	47	169	2
LONG ISLAND	3,094	517	390	35	2,132	20
MALE	1,535	265	193	19	1,047	11
FEMALE	1,559	252	197	16	1,085	9
MAYAGUANA	277	25	23	6	221	2
MALE	143	14	16	3	109	1
FEMALE	134	11	7	3	112	1
RAGGED ISLAND	72	9	8	0	55	0
MALE	44	5	6	0	33	0
FEMALE	28	4	2	0	22	0
SAN SALVADOR AND RUM CAY	1,039	458	132	22	425	2
MALE	521	228	67	9	215	2
FEMALE	518	230	65	13	210	0
SPANISH WELLS	1,551	433	240	6	847	25
MALE	754	204	124	4	409	13
FEMALE	797	229	116	2	438	12

PRIVATE DWELLINGS BY ISLAND AND TYPE OF TENURE

TABLE 17.0

ISLAND	TOTAL	TYPE OF TENURE					OTHER
		OWN FULLY	OWN (MORTGAGE)	RENT	RENT FREE	LEASE	
ALL BAHAMAS	102,758	37,109	23,434	35,844	5,665	444	262
NEW PROVIDENCE	70,166	21,776	17,518	27,417	2,893	374	188
GRAND BAHAMA	15,110	5,492	4,246	4,701	605	44	22
ABACO	5,195	2,486	826	1,348	521	9	5
ACKLINS	209	144	1	27	36	0	1
ANDROS	2,372	1,650	59	329	319	3	12
BERRY ISLANDS	342	117	14	88	120	2	1
BIMINI	747	355	16	188	184	3	1
CAT ISLAND	606	461	4	68	67	0	6
CROOKED ISLAND	124	86	2	15	21	0	0
ELEUTHERA	2,717	1,648	212	602	251	1	3
EXUMA AND CAYS	2,027	977	210	464	367	3	6
HARBOUR ISLAND	595	243	86	220	43	2	1
INAGUA	314	205	5	70	33	0	1
LONG ISLAND	1,119	820	95	143	50	1	10
MAYAGUANA	107	84	1	8	14	0	0
RAGGED ISLAND	26	19	0	1	6	0	0
SAN SALVADOR AND RUM CAY	382	201	26	83	69	1	2
SPANISH WELLS	600	345	113	72	66	1	3

PRIVATE DWELLINGS BY HOUSEHOLD SIZE AND NUMBER OF BEDROOMS

TABLE 18.0

INAGUA

HOUSEHOLD SIZE	TOTAL	NUMBER OF BEDROOMS											NOT STATED
		0	1	2	3	4	5	6	7	8	9	10+	
TOTAL	314	14	14	88	123	58	14	3	0	0	0	0	0
** 1 **	90	10	9	29	30	10	2	0	0	0	0	0	0
** 2 **	71	2	4	20	31	10	3	1	0	0	0	0	0
** 3 **	47	2	1	12	18	12	2	0	0	0	0	0	0
** 4 **	53	0	0	15	22	10	4	2	0	0	0	0	0
** 5 **	28	0	0	9	11	6	2	0	0	0	0	0	0
** 6 **	10	0	0	2	4	3	1	0	0	0	0	0	0
** 7 **	6	0	0	1	3	2	0	0	0	0	0	0	0
** 8 **	9	0	0	0	4	5	0	0	0	0	0	0	0
** 9 **	0	0	0	0	0	0	0	0	0	0	0	0	0
** 10 **	0	0	0	0	0	0	0	0	0	0	0	0	0
** 11 **	0	0	0	0	0	0	0	0	0	0	0	0	0
12 OR MORE	0	0	0	0	0	0	0	0	0	0	0	0	0
NOT STATED	0	0	0	0	0	0	0	0	0	0	0	0	0

PRIVATE DWELLINGS BY SEX AND AGE-GROUP OF HEAD AND HOUSEHOLD SIZE

TABLE 19.0

INAGUA

HOUSEHOLD SIZE AND SEX OF HEAD	TOTAL	AGE-GROUP						NOT STATED
		15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 AND OVER	
TOTAL	314	1	34	90	93	49	45	2
MALE	198	1	22	59	60	31	23	2
FEMALE	116	0	12	31	33	18	22	0
** 1 **	90	1	9	27	19	15	17	2
MALE	60	1	7	20	14	10	6	2
FEMALE	30	0	2	7	5	5	11	0
** 2 **	71	0	6	17	19	17	12	0
MALE	43	0	4	9	12	11	7	0
FEMALE	28	0	2	8	7	6	5	0
** 3 **	47	0	4	7	21	7	8	0
MALE	25	0	2	5	11	3	4	0
FEMALE	22	0	2	2	10	4	4	0
** 4 **	53	0	7	24	14	5	3	0
MALE	33	0	4	13	11	3	2	0
FEMALE	20	0	3	11	3	2	1	0
** 5 **	28	0	4	8	10	4	2	0
MALE	19	0	2	6	6	3	2	0
FEMALE	9	0	2	2	4	1	0	0
** 6 **	10	0	1	3	5	0	1	0
MALE	7	0	1	3	2	0	1	0
FEMALE	3	0	0	0	3	0	0	0

PRIVATE DWELLINGS BY SEX AND AGE-GROUP OF HEAD AND HOUSEHOLD SIZE

TABLE 19.0 CONT'D

INAGUA

HOUSEHOLD SIZE AND SEX OF HEAD	TOTAL	AGE-GROUP						NOT STATED
		15 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 AND OVER	
** 7 **	6	0	0	3	3	0	0	0
MALE	5	0	0	2	3	0	0	0
FEMALE	1	0	0	1	0	0	0	0
** 8 **	9	0	3	1	2	1	2	0
MALE	6	0	2	1	1	1	1	0
FEMALE	3	0	1	0	1	0	1	0
** 9 **	0	0	0	0	0	0	0	0
** 10 **	0	0	0	0	0	0	0	0
** 11 **	0	0	0	0	0	0	0	0
12 OR MORE	0	0	0	0	0	0	0	0
NOT STATED	0	0	0	0	0	0	0	0

**PRIVATE DWELLINGS BY SEX OF HEAD,
HOUSEHOLD SIZE AND TOTAL ANNUAL HOUSEHOLD INCOME**

TABLE 20.0

INAGUA

SEX OF HEAD AND HOUSEHOLD SIZE	TOTAL	TOTAL ANNUAL HOUSEHOLD INCOME									NOT STATED
		0- 5000	5001- 10000	10001- 15000	15001- 20000	20001- 40000	40001- 60000	60001- 80000	80001- 100000	100001 AND OVER	
TOTAL	314	16	18	32	22	117	59	25	10	7	8
MALE	198	5	7	14	14	68	45	22	10	6	7
FEMALE	116	11	11	18	8	49	14	3	0	1	1
** 1 **	90	13	11	10	9	34	8	0	1	0	4
MALE	60	5	6	7	6	23	8	0	1	0	4
FEMALE	30	8	5	3	3	11	0	0	0	0	0
** 2 **	71	1	4	7	5	34	10	6	3	1	0
MALE	43	0	1	5	4	16	7	6	3	1	0
FEMALE	28	1	3	2	1	18	3	0	0	0	0
** 3 **	47	1	2	5	4	19	8	5	1	2	0
MALE	25	0	0	1	2	11	5	3	1	2	0
FEMALE	22	1	2	4	2	8	3	2	0	0	0
** 4 **	53	1	1	5	3	15	16	7	3	0	2
MALE	33	0	0	1	1	9	11	7	3	0	1
FEMALE	20	1	1	4	2	6	5	0	0	0	1
** 5 **	28	0	0	5	0	7	8	5	1	1	1
MALE	19	0	0	0	0	5	8	4	1	0	1
FEMALE	9	0	0	5	0	2	0	1	0	1	0
** 6 **	10	0	0	0	0	3	5	0	1	1	0
MALE	7	0	0	0	0	2	3	0	1	1	0
FEMALE	3	0	0	0	0	1	2	0	0	0	0

**PRIVATE DWELLINGS BY SEX OF HEAD,
HOUSEHOLD SIZE AND TOTAL ANNUAL HOUSEHOLD INCOME**

TABLE 20.0 CONT'D

INAGUA

SEX OF HEAD AND HOUSEHOLD SIZE	TOTAL	TOTAL ANNUAL HOUSEHOLD INCOME									NOT STATED
		0- 5000	5001- 10000	10001- 15000	15001- 20000	20001- 40000	40001- 60000	60001- 80000	80001- 100000	100001 AND OVER	
** 7 **	6	0	0	0	1	0	3	1	0	1	0
MALE	5	0	0	0	1	0	2	1	0	1	0
FEMALE	1	0	0	0	0	0	1	0	0	0	0
** 8 **	9	0	0	0	0	5	1	1	0	1	1
MALE	6	0	0	0	0	2	1	1	0	1	1
FEMALE	3	0	0	0	0	3	0	0	0	0	0
** 9 **	0	0	0	0	0	0	0	0	0	0	0
** 10 **	0	0	0	0	0	0	0	0	0	0	0
** 11 **	0	0	0	0	0	0	0	0	0	0	0
12 OR MORE	0	0	0	0	0	0	0	0	0	0	0
NOT STATED	0	0	0	0	0	0	0	0	0	0	0

**PRIVATE DWELLINGS BY TYPE AND USE OF
TOILET FACILITIES AND MAIN SOURCE OF WATER SUPPLY**

TABLE 21.0

INAGUA

TYPE AND USE OF TOILET FACILITIES	TOTAL	MAIN WATER SOURCE OF WATER SUPPLY							OTHER
		PUBLIC PIPED INTO DWELLING	PUBLIC PIPED INTO YARD	PRIVATE PIPED INTO DWELLING	PRIVATE NOT PIPED	PUBLIC STAND PIPE	PUBLIC WELL OR TANK	RAIN WATER SYSTEM	
TOTAL	314	296	0	2	1	0	0	10	5
SHARED	5	4	0	0	0	0	0	1	0
NOT SHARED	302	290	0	2	0	0	0	7	3
NOT STATED	7	2	0	0	1	0	0	2	2
NOT APPLICABLE	0	0	0	0	0	0	0	0	0
SEWERAGE	0	0	0	0	0	0	0	0	0
SEPTIC	309	292	0	2	1	0	0	9	5
SHARED	5	4	0	0	0	0	0	1	0
NOT SHARED	297	286	0	2	0	0	0	6	3
NOT STATED	7	2	0	0	1	0	0	2	2
PIT LATRINE	5	4	0	0	0	0	0	1	0
SHARED	0	0	0	0	0	0	0	0	0
NOT SHARED	5	4	0	0	0	0	0	1	0
NOT STATED	0	0	0	0	0	0	0	0	0
OTHER	0	0	0	0	0	0	0	0	0
NONE	0	0	0	0	0	0	0	0	0
NOT STATED	0	0	0	0	0	0	0	0	0

APPENDIX I

CENSUS DOCUMENTS



1. RECORD OF VISITS



THE COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION AND HOUSING

RECORD OF VISITS

2010 CENSUS



USE ONLY 2HB PENCIL

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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ISLAND.....
(Do Not Write On The Dotted Line)

--	--

SUPERVISORY DISTRICT NUMBER.....

--	--

ENUMERATION DISTRICT NUMBER.....

--	--	--	--

LOCALITY.....
(SETTLEMENT/SUPERVISORY DISTRICT)

ENUMERATOR.....
(SURNAME) (GIVEN NAME)



CENSUS OFFICE

DEPARTMENT OF STATISTICS

NASSAU OFFICE FREEPORT OFFICE
P. O. BOX N-3904 P.O. BOX F-42561
PHONE 302-2400 PHONE 352-7196

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IS.	SD.	ED.
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BUILDING NUMBER	HOUSEHOLD NUMBER		EXACT LOCATION OF DWELLING	HEAD OF HOUSEHOLD	NUMBER OR PERSONS IN DWELLING					
	DWELLING UNIT NUMBER	OCCUPIED HOUSEHOLD NUMBER	GIVE HOUSE NUMBER, STREET NAME AND SUB-DIVISION, GIVE A DESCRIPTION OF THE HOUSE AND LOCATION	PRINT SURNAME OF HEAD OF HOUSEHOLD OR NAME AND TYPE OF BUSINESS OR INSTITUTION	HOW MANY PERSONS WHO USUALLY LIVE HERE WERE HERE ON CENSUS DATE?			HOW MANY PERSONS WHO USUALLY LIVE HERE WERE ABSENT ELSEWHERE IN THE BAHAMAS ON CENSUS DATE?		
	COL. 2	COL. 3	COL. 4	COL. 5	COL. 6			COL. 7		
					MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
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<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>			<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
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<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>			<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>
<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>			<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>



2850



IS.		SD.		ED.	

NUMBER OR PERSONS IN DWELLING									REMARK	DATE OF FIRST VISIT	CALL BACK REQUIRED	DATE ENUMERATION COMPLETED
HOW MANY PERSONS WHO USUALLY LIVE HERE WERE ABSENT ABROAD ON CENSUS DATE?			HOW MANY PERSONS WHO HAVE A USUAL PLACE OF RESIDENCE ELSEWHERE IN THE BAHAMAS STAYED HERE ON CENSUS DATE?			HOW MANY FOREIGN VISITORS WERE HERE ON CENSUS DATE?						
COL. 8			COL. 9			COL. 10						
MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	COL. 11	COL. 12	COL. 13	COL. 14
											YES	
											NO	
											YES	
											NO	
											YES	
											NO	
											YES	
											NO	
											YES	
											NO	
											YES	
											NO	
											YES	
											NO	
											YES	
											NO	



APPENDIX I

CENSUS DOCUMENTS



2. CENSUS QUESTIONNAIRE



**COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION AND HOUSING 2010**



**CENSUS QUESTIONNAIRE
MAY 3, 2010**

**CENSUS OFFICE
DEPARTMENT OF STATISTICS**

NASSAU OFFICE
P. O. BOX N-3904
PHONE 302-2400

FREEPORT OFFICE
P.O. BOX F-42561
PHONE 352-7196



COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION AND HOUSING
MAY 3, 2010

CONFIDENTIAL

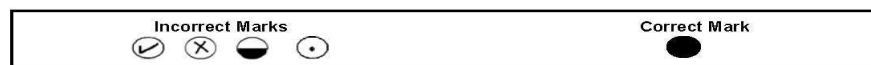
DEPARTMENT OF STATISTICS

THE STATISTICS ACT 1973

This Census is being taken in exercise of the powers conferred by Section 9, subsection (1) of the Statistics Act 1973.
"Any person required to furnish information, estimates, or returns, or to supply particulars under this Act who fails so to do shall be guilty of an offence."

INSTRUCTIONS

- o Use number 2HB pencil only. (Do not use ink or ballpoint pen.)
- o Make dark marks that fill the oval completely.
- o Erase cleanly any mark you wish to change
- o Make no stray marks.



IDENTIFYING NUMBER

IS	SD	ED	HH

NAME OF HEAD OF HOUSEHOLD

Surname

First Name

ADDRESS OF DWELLING UNIT

House No.

Street Name

Settlement/Supervisory District/Subdivision

Island

RESULT CODES

- ☐ 1. COMPLETED ☐ 2. PARTIALLY COMPLETED ☐ 3. NOT AT HOME ☐ 4. REFUSED ☐ 5. OTHER _____(Specify)

ENUMERATOR

NAME

DATE

FIELD SUPERVISOR

NAME

DATE

AREA MANAGER

NAME

DATE

EDITOR

NAME

DATE

CODER

NAME

DATE



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Page 3 of 38




O

HL8 HOUSEHOLD LISTING (PLEASE PRINT) (Record the names of the persons who usually live in this household - HL2, HL3 and HL4)					
INDIVIDUAL NUMBER	NAME (SURNAME FIRST)	RELATIONSHIP TO HOUSEHOLD HEAD/ REFERENCE PERSON OF THE HOUSEHOLD	MARITAL STATUS	AGE	SEX 1 M 2 F
001		Household Head/ Reference Person		<div><div></div><div></div><div></div></div>	
002				<div><div></div><div></div><div></div></div>	
003				<div><div></div><div></div><div></div></div>	
004				<div><div></div><div></div><div></div></div>	
005				<div><div></div><div></div><div></div></div>	
006				<div><div></div><div></div><div></div></div>	
007				<div><div></div><div></div><div></div></div>	
008				<div><div></div><div></div><div></div></div>	
009				<div><div></div><div></div><div></div></div>	
010				<div><div></div><div></div><div></div></div>	
011				<div><div></div><div></div><div></div></div>	
012				<div><div></div><div></div><div></div></div>	
013				<div><div></div><div></div><div></div></div>	
014				<div><div></div><div></div><div></div></div>	
015				<div><div></div><div></div><div></div></div>	
016				<div><div></div><div></div><div></div></div>	
017				<div><div></div><div></div><div></div></div>	
018				<div><div></div><div></div><div></div></div>	
019				<div><div></div><div></div><div></div></div>	
020				<div><div></div><div></div><div></div></div>	

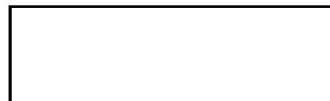
OFFICE CODERS ONLY

<p>FL1A. HOUSEHOLD NUMBER</p> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">5</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">7</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">9</div> </div> </div>	<p>FL1D. FAMILY REFERENCE PERSON'S INDIVIDUAL NUMBER</p> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">5</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">7</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">9</div> </div> </div>	<p>FL1G. FAMILY REFERENCE PERSON'S UNION STATUS</p> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">5</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">7</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">9</div> </div> </div>
<p>FL1B. FAMILY NUMBER</p> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">5</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">7</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">9</div> </div> </div>	<p>FL1E. FAMILY REFERENCE PERSON'S AGE</p> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">5</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">7</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">9</div> </div> </div>	<p>FL1H. FAMILY TYPE</p> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">5</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">6</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">7</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">8</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">9</div> </div> </div>
<p>FL1C. FAMILY SIZE</p> <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 30px; margin-right: 5px;" type="text"/> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">0</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">1</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">2</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">3</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">4</div> <div style="border: 1px solid black; border-radius: 50%; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;">5</div> </div></div>		

FAMILY LISTING

FL1 FOR HOUSEHOLDS WITH ONE OR MORE FAMILIES ONLY We now need to place each household member in his or her family grouping. (Start with the family of the household head or reference person, if he/she is a member of a defined family.) Please give me the names of’s family members and tell me how they are related to.....	OFFICE USE ONLY
	FAMILY SIZE 

FAMILY #1 (PLEASE PRINT)[illegible]



II

OFFICE CODERS ONLY		
FL2A. HOUSEHOLD NUMBER <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	FL2D. FAMILY REFERENCE PERSON'S INDIVIDUAL NUMBER <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	FL2G. FAMILY REFERENCE PERSON'S UNION STATUS <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"/> 1 2 3 4 5 6 7 8 9
FL2B. FAMILY NUMBER <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	FL2E. FAMILY REFERENCE PERSON'S AGE <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	FL2H. FAMILY TYPE <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"/> <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"/> <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"/> <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"/> <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"/> 0 1 2 3 4 5 6 7 8 9
FL2C. FAMILY SIZE <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	FL2F. FAMILY REFERENCE PERSON'S SEX <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 2 9	

FAMILY LISTING						
FL2 Now let's move on to the next family. Let us first identify the reference person or head of this family. (Note there will be a different reference person for each family) Please give me the names ofs family member (s) and tell me how they are related to.....					OFFICE USE ONLY	
					FAMILY SIZE <input type="text"/> <input type="text"/>	
FAMILY #2 (PLEASE PRINT)						
INDIVIDUAL NUMBER (Transfer from Household Listing)	NAME (SURNAME FIRST)	RELATIONSHIP TO FAMILY REFERENCE PERSON	OFFICE USE CODE	UNION STATUS	AGE	SEX 1 M 2 F
<input type="text"/> <input type="text"/> <input type="text"/>		Family Reference Person	<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"/> <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"/> <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"/>		<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"/> <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"/>	
<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/>	

II

OFFICE CODERS ONLY		
FL3A. HOUSEHOLD NUMBER <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	FL3D. FAMILY REFERENCE PERSON'S INDIVIDUAL NUMBER <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	FL3G. FAMILY REFERENCE PERSON'S UNION STATUS <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"/> 1 2 3 4 5 6 7 8 9
FL3B. FAMILY NUMBER <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	FL3E. FAMILY REFERENCE PERSON'S AGE <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	FL3H. FAMILY TYPE <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"/> <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"/> <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"/> <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"/> <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"/> 0 1 2 3 4 5 6 7 8 9
FL3C. FAMILY SIZE <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	FL3F. FAMILY REFERENCE PERSON'S SEX <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 1 2 9	

FAMILY LISTING						
FL3 Now let's move on to the next family. Let us first identify the reference person or head of this family. (Note there will be a different reference person for each family) Please give me the names of/s family member (s) and tell me how they are related to.....					OFFICE USE ONLY FAMILY SIZE <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
FAMILY #3 (PLEASE PRINT)						
INDIVIDUAL NUMBER (Transfer from Household Listing)	NAME (SURNAME FIRST)	RELATIONSHIP TO FAMILY REFERENCE PERSON	OFFICE USE CODE	UNION STATUS	AGE	SEX 1 M 2 F
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>		Family Reference Person	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	
<div style="border: 1px solid black; width: 40px; height: 20px;"></div>			<div style="border: 1px solid black; width: 20px; height: 20px;"></div>		<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	



11

OFFICE CODERS ONLY		
FL4A. HOUSEHOLD NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	FL4D. FAMILY REFERENCE PERSON'S INDIVIDUAL NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	FL4G. FAMILY REFERENCE PERSON'S UNION STATUS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
FL4B. FAMILY NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	FL4E. FAMILY REFERENCE PERSON'S AGE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	FL4H. FAMILY TYPE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
FL4C. FAMILY SIZE <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	FL4F. FAMILY REFERENCE PERSON'S SEX <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9	

FAMILY LISTING						
FL4 Now let's move on to the next family. Let us first identify the reference person or head of this family. (Note there will be a different reference person for each family) Please give me the names ofs family member (s) and tell me how they are related to.....					OFFICE USE ONLY	
					FAMILY SIZE <input type="checkbox"/> <input type="checkbox"/>	
FAMILY #4 (PLEASE PRINT)						
INDIVIDUAL NUMBER (Transfer from Household Listing)	NAME (SURNAME FIRST)	RELATIONSHIP TO FAMILY REFERENCE PERSON	OFFICE USE CODE	UNION STATUS	AGE	SEX 1 M 2 F
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Family Reference Person	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

OHM			OFFICE USE ONLY	
Now let's move on to the other household members.			TOTAL NUMBER <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
OTHER HOUSEHOLD MEMBERS (PLEASE PRINT)				
INDIVIDUAL NUMBER (Transfer from Household Listing)	NAME (SURNAME FIRST)	RELATIONSHIP TO HOUSEHOLD HEAD/ REFERENCE PERSON	AGE	SEX 1 M 2 F
<input type="text"/>			<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
<input type="text"/>			<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
<input type="text"/>			<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
<input type="text"/>			<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
<input type="text"/>			<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	
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HOUSING SECTION (PRIVATE HOUSEHOLDS) (To Be Completed By The Head Of The Household)																																																										
OFFICE CODERS ONLY																																																										
<p>H1. HOUSEHOLD TYPE</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">5</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">7</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">8</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">9</td> </tr> </table>		0	1	2	3	4	5	6	7	8	9	<p>H5. In which period was this dwelling built?</p> <p> <input type="radio"/> 1 2010 <input type="radio"/> 2 2009 <input type="radio"/> 3 2008 <input type="radio"/> 4 2005-2007 <input type="radio"/> 5 2000-2004 <input type="radio"/> 6 1990-1999 <input type="radio"/> 7 1980-1989 <input type="radio"/> 8 Before 1980 <input type="radio"/> 9 Don't Know <input type="radio"/> 10 Not Stated </p> <p>H6. How many rooms make up this dwelling? (exclude bathrooms, kitchens, hallways and garages from your count)</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td><td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td><td style="text-align: center;">10+</td><td style="text-align: center;">N/S</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td> </tr> </table> <p>H7. How many bedrooms are there? (bedrooms are used mainly for sleeping, and excludes makeshift and temporary sleeping quarters; count all bedrooms including spares not occupied)</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">0</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td><td style="text-align: center;">6</td><td style="text-align: center;">7</td><td style="text-align: center;">8</td><td style="text-align: center;">9</td><td style="text-align: center;">10+</td><td style="text-align: center;">N/S</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td><td style="text-align: center;"><input type="radio"/></td> </tr> </table> <p>H8. How many of the following sources of water do you utilize? (Shade all that apply)</p> <p> <input type="radio"/> 1 Public Piped into Dwelling <input type="radio"/> 2 Public Piped into Yard <input type="radio"/> 3 Private Piped into Dwelling <input type="radio"/> 4 Private not Piped <input type="radio"/> 5 Public Stand Pipe <input type="radio"/> 6 Public Well or Tank <input type="radio"/> 7 Rain Water System <input type="radio"/> 8 Bottled Water <input type="radio"/> 9 Other _____ (Specify) </p> <p>H9. What is the main source of your water supply? (Shade one only)</p> <p> <input type="radio"/> 1 Public Piped into Dwelling <input type="radio"/> 2 Public Piped into Yard <input type="radio"/> 3 Private Piped into Dwelling <input type="radio"/> 4 Private not Piped <input type="radio"/> 5 Public Stand Pipe <input type="radio"/> 6 Public Well or Tank <input type="radio"/> 7 Rain Water System <input type="radio"/> 8 Other _____ (Specify) </p>	1	2	3	4	5	6	7	8	9	10+	N/S	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	1	2	3	4	5	6	7	8	9	10+	N/S	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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SECTION 1 DWELLING CHARACTERISTICS																																																										
<p>H2. What type of dwelling is this?</p> <p> <input type="radio"/> 1 Single Detached <input type="radio"/> 2 Single Attached (Dwelling Units Only) <input type="radio"/> 3 Part of a Private Dwelling <input type="radio"/> 4 Apartment/Flat <input type="radio"/> 5 Townhouse <input type="radio"/> 6 Dwelling Attached to a Business <input type="radio"/> 7 Other _____ (Specify) </p> <p>H3. What is the construction material of the outer walls?</p> <p> <input type="radio"/> 1 Wood <input type="radio"/> 2 Concrete <input type="radio"/> 3 Wood and Concrete <input type="radio"/> 4 Stone <input type="radio"/> 5 Brick <input type="radio"/> 6 Slab Concrete <input type="radio"/> 7 Stucco <input type="radio"/> 8 Composite (Stucco and Styrofoam) <input type="radio"/> 9 Other _____ (Specify) </p> <p>H4. What is the main material used for roofing?</p> <p> <input type="radio"/> 1 Sheet/Tile Metal (zinc, aluminum, galvanize) <input type="radio"/> 2 Shingle (asphalt) <input type="radio"/> 3 Shingle (wood) <input type="radio"/> 4 Concrete - Decking <input type="radio"/> 5 Clay Roof Tiles/Spanish Tiles <input type="radio"/> 6 Other _____ (Specify) </p>																																																										

SECTION 2 TENURE

H10. What type of toilet facilities do you have?

- ☐ 1 Flush Toilet linked to a Public Sewerage System
☐ 2 Flush Toilet with Cesspit or Septic Tank
☐ 3 Pit Latrine
☐ 4 Other _____ (Specify)
☐ 5 None (Skip to H12)

H11. Are these toilet facilities shared by another household?

- ☐ 1 Shared ☐ 2 Not Shared

H12. What do you use to provide light?

- ☐ 1 Electricity
☐ 2 Generator (Gas)
☐ 3 Oil
☐ 4 Gas
☐ 5 Solar Power
☐ 6 Other _____ (Specify)

H13. What type of fuel do you use for cooking? (Shade one only)

- ☐ 1 Gas/ Propane
☐ 2 Electricity
☐ 3 Oil
☐ 4 Coal
☐ 5 Wood
☐ 6 Other _____ (Specify)

H14. Which of these appliances do you have at present? (Shade all that apply)

- ☐ 1 Water Heater (electric)
☐ 2 Solar Water Heater
☐ 3 Air Condition
☐ 4 Washing Machine
☐ 5 Refrigerator
☐ 6 Stove
☐ 7 Microwave
☐ 8 None

H15. How many motor vehicles are owned by members of this household?

- ☐ 1 One
☐ 2 Two
☐ 3 Three
☐ 4 Four or more
☐ 5 None

H16. What type of tenure do you hold?

- ☐ 1 Own Fully (Skip to H17)
☐ 2 Own (Mortgage) (Skip to H16b)
☐ 3 Rent
☐ 4 Rent Free (Skip to H17)
☐ 5 Lease
☐ 6 Other _____ (Specify)

H16 (a). RENTERS/ LEASEES What is your monthly rent? (round amount to the nearest dollar)

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

H16 (b). OWNERS What is your monthly mortgage payment? (round amount to the nearest dollar)

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

SECTION 3 HOUSEHOLD INCOME

H17. What was the total household income for the past twelve months? (round amount to the nearest dollar)

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

PART B: EMIGRATION (ALL PERSONS)							
M1. Did anyone in this household move abroad to live between 2000 and 2010 and are still living abroad? <input type="radio"/> 1 Yes [If Yes, Continue] <input type="radio"/> 2 No [If No, Go To Part C]						M2. How many persons moved? <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
(M3) INDIVIDUALS MOVED	(M4) Year Moved 01 2010 02 2009 03 2008 04 2007 05 2006 06 2005 07 2004 08 2003 09 2002 10 2001 11 2000	(M5) Sex 1 M 2 F	(M6) Age When Moved	(M7) Marital Status When Moved 1 Never Married 2 Married 3 Widowed 4 Divorced 5 Legally Separated 9 Not Stated	(M8) Educational Attainment 1 None 2 Pre-School/Kindergarten 3 Primary 4 Secondary 5 Post Secondary/Technical/ Vocational (non-tertiary) 6 College/University 7 Other _____ (Specify) 9 Not Stated	(M9) Occupation When Moved Please write the occupation of the person that moved on the line below.	(M10) Country of Migration Please write the name of the country migrated to on the line below.
01	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
02	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
03	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
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07	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>

PART C: POPULATION (ALL PERSONS) (To be completed for each member of the household)																																																																																																																																																																																																									
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<p>P1. HOUSEHOLD NUMBER</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> <td colspan="10"></td> </tr> </table> <p>P2. INDIVIDUAL NUMBER</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> <td colspan="10"></td> </tr> </table>																						0	1	2	3	4	5	6	7	8	9																															0	1	2	3	4	5	6	7	8	9																																																																																																																																		
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<p>Name of Resident</p> <p>Surname _____ First Name _____</p> <p>P3. Individual Number</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> <td colspan="10"></td> </tr> </table> <p>P4. What is your relationship to the head of the household?</p> <p style="text-align: center;"><input type="radio"/> 1 Head of Household</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Relative <input type="radio"/> 2 Spouse/ Partner <input type="radio"/> 3 Son <input type="radio"/> 4 Daughter <input type="radio"/> 5 Son-in-law <input type="radio"/> 6 Daughter-in-law <input type="radio"/> 7 Grandchild <input type="radio"/> 8 Parent <input type="radio"/> 9 Parent-in-law <input type="radio"/> 10 Brother/ Sister <input type="radio"/> 11 Other relative </td> <td style="width: 50%; vertical-align: top;"> Non-Relative <input type="radio"/> 12 Roommate <input type="radio"/> 13 Boarder <input type="radio"/> 14 Domestic employee <input type="radio"/> 15 Other non-relative <input type="radio"/> 16 Not Stated </td> </tr> </table> <p>P5. Sex of Resident <input type="radio"/> 1 Male <input type="radio"/> 2 Female</p> <p>P6. What is your date of birth/ How old were you on your last birthday?</p> <table style="width: 100%; text-align: center;"> <tr> <td colspan="2">DD</td> <td colspan="2">MM</td> <td colspan="2">YY</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">AGE</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> <td colspan="10"></td> </tr> </table> <p>P7. What is your marital status?</p> <p> <input type="radio"/> 1 Never married <input type="radio"/> 2 Married <input type="radio"/> 3 Widowed <input type="radio"/> 4 Divorced <input type="radio"/> 5 Legally Separated <input type="radio"/> 9 Not Stated </p>																						0	1	2	3	4	5	6	7	8	9											Relative <input type="radio"/> 2 Spouse/ Partner <input type="radio"/> 3 Son <input type="radio"/> 4 Daughter <input type="radio"/> 5 Son-in-law <input type="radio"/> 6 Daughter-in-law <input type="radio"/> 7 Grandchild <input type="radio"/> 8 Parent <input type="radio"/> 9 Parent-in-law <input type="radio"/> 10 Brother/ Sister <input type="radio"/> 11 Other relative	Non-Relative <input type="radio"/> 12 Roommate <input type="radio"/> 13 Boarder <input type="radio"/> 14 Domestic employee <input type="radio"/> 15 Other non-relative <input type="radio"/> 16 Not Stated	DD		MM		YY																												0	1	2	3	4	5	6	7	8	9																																																																																																																				
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<p>P8. What is your union status?</p> <p> <input type="radio"/> 1 Not in a union <input type="radio"/> 2 Legally married <input type="radio"/> 3 Common-law-union <input type="radio"/> 4 Visiting partner <input type="radio"/> 5 Married but not in a union <input type="radio"/> 6 Legally Separated and not in a union <input type="radio"/> 7 Widowed and not in a union <input type="radio"/> 8 Divorced and not in a union <input type="radio"/> 9 Not Stated </p> <p>P9. What is your religion/ denomination?</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> <td colspan="10"></td> </tr> </table> <p>P10. To which Racial Group do you belong?</p> <p> <input type="radio"/> 1 Black <input type="radio"/> 2 Black and White <input type="radio"/> 3 Black and Other <input type="radio"/> 4 White <input type="radio"/> 5 White and Other <input type="radio"/> 6 Asian <input type="radio"/> 7 East Indian <input type="radio"/> 8 Other _____ (Specify) <input type="radio"/> 9 Not Stated </p>																						0	1	2	3	4	5	6	7	8	9																																																																																																																																																																										
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<p>P11. Where were you born?</p> <p style="text-align: center;"><input type="radio"/> 1 Bahamas <input type="radio"/> 2 Abroad</p> <p>P12. Which island/country was this?</p> <p style="text-align: center;">Name of island/country</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> <td colspan="10"></td> </tr> </table> <p>P13. Have you ever lived in another country for at least six months?</p> <p style="text-align: center;"><input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P16)</p> <p>P14. In which country did you last reside?</p> <p style="text-align: center;">Name of country</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> <td colspan="10"></td> </tr> </table> <p>P15. In what year did you last come to The Bahamas to live?</p> <p style="text-align: center;">Year</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> <td colspan="10"></td> </tr> </table> <p>P16. Did you live in another Bahamian island before this one for at least six months?</p> <p style="text-align: center;"><input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P19)</p> <p>P17. In which island was this?</p> <p style="text-align: center;">Name of island</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> <td colspan="10"></td> </tr> </table> <p>P18. In which year did you move to this island on which you now live?</p> <p style="text-align: center;">Year</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> <td colspan="10"></td> </tr> </table>																						0	1	2	3	4	5	6	7	8	9																															0	1	2	3	4	5	6	7	8	9																															0	1	2	3	4	5	6	7	8	9																															0	1	2	3	4	5	6	7	8	9																															0	1	2	3	4	5	6	7	8	9										
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<p>P19. Of what country are you a citizen?</p> <p style="text-align: center;">Name of country (If not Bahamas Skip to P21)</p> <div style="display: flex; align-items: center; justify-content: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">3</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">4</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">5</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">6</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">7</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">9</div></div> <p>P20. If you are a Bahamian citizen, by what method did you acquire citizenship?</p> <p><input type="radio"/> 1 Born to Bahamian parent (s)</p> <p><input type="radio"/> 2 Born in The Bahamas to Non-Bahamians</p> <p><input type="radio"/> 3 Adopted by Bahamians</p> <p><input type="radio"/> 4 Married to a Bahamian Husband</p> <p><input type="radio"/> 5 Other Naturalization</p>	<p style="text-align: center;">SECTION 4 HEALTH INSURANCE (ALL PERSONS)</p> <p>P27. What type of health insurance coverage do you have? (Not NIB)</p> <p><input type="radio"/> 1 Individual</p> <p><input type="radio"/> 2 Group</p> <p><input type="radio"/> 3 Individual and Group</p> <p><input type="radio"/> 4 None</p>
<p style="text-align: center;">SECTION 3 DISABILITY (ALL PERSONS)</p> <p>P21. Do you have a long term disability?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P27) <input type="radio"/> 3 Not Stated (Skip to P27)</p> <p>P22. What type of disability do you have? (Shade one only; the main disability)</p> <p><input type="radio"/> 1 Sight Only (totally blind, legally blind)</p> <p><input type="radio"/> 2 Hearing Only (partially or totally deaf, use of hearing aids)</p> <p><input type="radio"/> 3 Speech/ Communication Only</p> <p><input type="radio"/> 4 Learning/ Intellectual (e.g. slowness or difficulty learning)</p> <p><input type="radio"/> 5 Autism</p> <p><input type="radio"/> 6 Mobility/ Moving (due to absent or impaired limb)</p> <p><input type="radio"/> 7 Mobility/ Moving (due to localized, paraplegic, quad, paralysis)</p> <p><input type="radio"/> 8 Gripping (unable to use fingers to grip or handle objects)</p> <p><input type="radio"/> 9 Mental Disorders</p> <p><input type="radio"/> 10 Multiple Disabilities (any combination of the above disabilities)</p> <p><input type="radio"/> 11 Other _____ (Specify)</p> <p><input type="radio"/> 12 Don't Know</p> <p><input type="radio"/> 13 Not Stated</p> <p>P23. Does this disability limit your ability to carry out any activities?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P25)</p> <p>P24. Which of your activities are affected by your disability? (Shade all that apply)</p> <p><input type="radio"/> 1 Selfcare (dressing, bathing, etc.)</p> <p><input type="radio"/> 2 Moving/ Mobility (within the home)</p> <p><input type="radio"/> 3 Moving/ Mobility (outside the home)</p> <p><input type="radio"/> 4 School/ Education</p> <p><input type="radio"/> 5 Employment</p> <p><input type="radio"/> 6 Social Events</p> <p><input type="radio"/> 7 Family/ Home life</p> <p><input type="radio"/> 8 Other _____ (Specify)</p> <p><input type="radio"/> 9 Not Stated</p> <p>P25. What was the cause of your disability?</p> <p><input type="radio"/> 1 From birth</p> <p><input type="radio"/> 2 Disease/ illness contracted</p> <p><input type="radio"/> 3 Accident (road traffic)</p> <p><input type="radio"/> 4 Accident (other)</p> <p><input type="radio"/> 5 Exposure to toxic substances (gases, chemicals, etc.)</p> <p><input type="radio"/> 6 Other _____ (Specify)</p> <p><input type="radio"/> 7 Not known</p> <p>P26. How old were you when you became disabled?</p> <p style="text-align: center;">(Age)</p> <div style="display: flex; align-items: center; justify-content: center;"><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">3</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">4</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">5</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">6</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">7</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">8</div><div style="border: 1px solid black; padding: 2px; margin-right: 5px;">9</div></div>	<p style="text-align: center;">SECTION 5 TECHNOLOGY & COMMUNICATION (ALL PERSONS)</p> <p>P28. Do you have access to the Internet?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P30)</p> <p>Please Note: Children 0-2 years are to be recorded as having no Internet access at P28.</p> <p>P29. Where did you use the Internet in the last three months? (give main form of access)</p> <p><input type="radio"/> 1 Home</p> <p><input type="radio"/> 2 Work</p> <p><input type="radio"/> 3 Educational Institution</p> <p><input type="radio"/> 4 Public Library</p> <p><input type="radio"/> 5 Internet Cafe</p> <p><input type="radio"/> 6 Cellular Phone/ PDA</p> <p><input type="radio"/> 7 Family or friend's House</p> <p><input type="radio"/> 8 Other _____ (Specify)</p> <p><input type="radio"/> 9 Do not use the Internet</p> <p><input type="radio"/> 10 Don't Know</p> <p><input type="radio"/> 11 Not Stated</p>
<p style="text-align: center;">SECTION 6 EDUCATION AND CHILDCARE (ALL PERSONS)</p> <p>P30. Are you attending a school or any educational institution now? (Home Schooling included)</p> <p><input type="radio"/> 1 Yes, Full time _____ (Skip to P32)</p> <p><input type="radio"/> 2 Yes, Part time _____</p> <p><input type="radio"/> 3 No (0 - 5 Years, Continue)</p> <p><input type="radio"/> 4 No (6 Years and over, Skip to P32)</p> <p>Children 0-2 years, shade option 3 at P30 and continue.</p> <p style="text-align: center;">CHILDCARE (Children 0 - 5 Years and not attending school)</p> <p>P31A. How is (N) cared for during regular school hours?</p> <p><input type="radio"/> 1 By you, your partner/spouse or relative in your home</p> <p><input type="radio"/> 2 By a childcare provider in your home</p> <p><input type="radio"/> 3 In another home with 4 or less children</p> <p><input type="radio"/> 4 In another home with 5 or more children</p> <p><input type="radio"/> 5 Nursery/Daycare</p> <p><input type="radio"/> 6 Other _____ (Specify)</p> <p>P31B. Do you pay for this childcare service?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p style="text-align: center;">(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)</p>	<p style="text-align: center;">EDUCATIONAL ATTAINMENT</p> <p>P32. What is the highest level of education that you have obtained up to the present time?</p> <p><input type="radio"/> 1 None</p> <p><input type="radio"/> 2 Pre-School/Kindergarten</p> <p><input type="radio"/> 3 Primary <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6</p> <p><input type="radio"/> 4 Secondary School <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13+</p> <p><input type="radio"/> 5 Post Secondary/Technical/Vocational (non-tertiary)</p> <p><input type="radio"/> 6 College/University <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+</p> <p><input type="radio"/> 7 Other _____ (Specify)</p>

EDUCATIONAL QUALIFICATION	SECTION 7 TRAINING (PERSONS 15 YEARS AND OVER)																																																																																																				
<p>P33A. What is the highest qualification that you have obtained up to the present time? (Exclude Honorary Degrees)</p> <p><input type="radio"/> 1 None Skip to P34</p> <p><input type="radio"/> 2 School Leaving Cert./High School Diploma Skip to P34</p> <p style="text-align: center;">END INTERVIEW FOR PERSONS 0 - 14 YEARS ANSWERING OPTIONS 1 OR 2</p> <p><input type="radio"/> 3</p> <p style="margin-left: 20px;"> <input type="radio"/> BJC <input type="radio"/> Pitman 1 <input type="radio"/> RSA Stage 1 <input type="radio"/> CXC Basic Proficiency <input type="radio"/> CSE <input type="radio"/> Cambridge Jr. School, etc. </p> <p style="text-align: right; margin-right: 50px;">Skip to P33B</p> <p><input type="radio"/> 4</p> <p style="margin-left: 20px;"> <input type="radio"/> G.C.E. 'O' Levels <input type="radio"/> BGCSE <input type="radio"/> Pitman Stage 2 & 3 <input type="radio"/> RSA 2 <input type="radio"/> Cambridge School <input type="radio"/> CXC General Proficiency, etc. </p> <p style="text-align: right; margin-right: 50px;">Skip to P33B</p> <p><input type="radio"/> 5</p> <p style="margin-left: 20px;"> <input type="radio"/> G.C.E. 'A' Levels <input type="radio"/> RSA 3 <input type="radio"/> Cambridge Higher School Certificate, etc. <input type="radio"/> International Baccalaureate (IB) Diploma </p> <p style="text-align: right; margin-right: 50px;">Skip to P33B</p> <p><input type="radio"/> 6 Technical/Vocational Certificate (Skip to P34)</p> <p><input type="radio"/> 7 Associate Degree</p> <p><input type="radio"/> 8 Pre-Bachelor Certificate/Diploma</p> <p><input type="radio"/> 9 Bachelor Degree</p> <p><input type="radio"/> 10 Post Bachelor Certificate/Diploma</p> <p><input type="radio"/> 11 Professional Certificate/Qualification (university based)</p> <p><input type="radio"/> 12 Professional Certificate/Qualification (non-university based)</p> <p><input type="radio"/> 13 Masters Degree</p> <p><input type="radio"/> 14 Doctorate Degree</p> <p><input type="radio"/> 15 Other _____ (Specify)</p> <p style="text-align: right; margin-right: 50px;">Skip to P33C</p> <p>P33B.</p> <p style="text-align: center;">Number of subjects passed</p> <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table> <p style="text-align: center;">(Persons answering P33B, Skip to P34)</p> <p>P33C.</p> <p>_____</p> <p style="text-align: center;">Qualification (e.g. B.A., B.Sc., etc.)</p> <p style="margin-left: 200px;"> <table style="display: inline-table;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> </p> <p>P33D. In what major/field did you earn this certificate/ diploma/degree?</p> <p>_____</p> <p style="text-align: center;">Major/Field</p> <p style="margin-left: 200px;"> <table style="display: inline-table;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> </p>																					0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	<p>P34. Are you being trained or have been trained for a profession, craft or trade? (main training)</p> <p><input type="radio"/> 1 Yes</p> <p><input type="radio"/> 2 No Skip to P39</p> <p><input type="radio"/> 3 Don't Know</p> <p>P35. What is/was this profession, craft or trade? (Be specific, do not list vague answers.)</p> <p>_____</p> <p style="margin-left: 200px;"> <table style="display: inline-table;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> </p> <p>P36. What is the status of this training?</p> <p><input type="radio"/> 1 Completed</p> <p><input type="radio"/> 2 Currently on-going</p> <p>P37. What is/was the main method used to obtain this training? (Shade one option only)</p> <p><input type="radio"/> 1 Apprenticeship</p> <p><input type="radio"/> 2 On the job training <input type="radio"/> 1 Experience <input type="radio"/> 2 Formal</p> <p><input type="radio"/> 3 High School Training Programme</p> <p><input type="radio"/> 4 Vocational/Trade School/Technical Institution</p> <p><input type="radio"/> 5 College/University</p> <p><input type="radio"/> 6 Individual Study</p> <p><input type="radio"/> 7 Self-taught (Skip to P39)</p> <p><input type="radio"/> 8 Distance Learning (on-line, virtual learning/conference streaming)</p> <p><input type="radio"/> 9 Mail Correspondence</p> <p><input type="radio"/> 10 Commercial/Secretarial/Business/Computer School</p> <p><input type="radio"/> 11 Other _____ (Specify)</p> <p>P38. What type of qualification/certification will/did you receive on completion of this training?</p> <p><input type="radio"/> 1 BGCSE/Pitman/RSA</p> <p><input type="radio"/> 2 Post High School Certificate/Diploma</p> <p><input type="radio"/> 3 Associate Degree</p> <p><input type="radio"/> 4 Bachelor Degree</p> <p><input type="radio"/> 5 Post Graduate Certificate/Diploma</p> <p><input type="radio"/> 6 Masters Degree</p> <p><input type="radio"/> 7 Doctorate Degree</p> <p><input type="radio"/> 8 Certificate with Examination</p> <p><input type="radio"/> 9 Certificate without Examination</p> <p><input type="radio"/> 10 Professional Certificate/Qualification (university based)</p> <p><input type="radio"/> 11 Professional Certificate/Qualification (non-university based)</p> <p><input type="radio"/> 12 None</p> <p><input type="radio"/> 13 Other _____ (Specify)</p>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
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SECTION 8 TRANSPORTATION (PERSONS 15 YEARS AND OVER)																																																																																																					
<p>P39. What is your main form of transportation? (If family members take turns driving the family vehicle, one must report driver and the others passengers)</p> <p><input type="radio"/> 1 Walk</p> <p><input type="radio"/> 2 Bicycle/Motor Cycle</p> <p><input type="radio"/> 3 Jitney/Bus</p> <p><input type="radio"/> 4 Golf Cart</p> <p><input type="radio"/> 5 Private Vehicle as a Passenger</p> <p><input type="radio"/> 6 Private Vehicle Driver</p> <p><input type="radio"/> 7 Boat/Ferry</p> <p><input type="radio"/> 8 Other _____ (Specify)</p>																																																																																																					
SECTION 9 ECONOMIC ACTIVITY (PERSONS 15 YEARS AND OVER)																																																																																																					
<p>P40. Did you do any work at all for any length of time during the week of April 25-May 1, 2010?</p> <p><input type="radio"/> 1 Yes Skip to P42 <input type="radio"/> 2 No</p>																																																																																																					

P41. What was your main activity during that week?

☐ 1 Had a job but did not work (Continue)
☐ 2 Looked for work during the reference week
☐ 3 Looked for work during the past 4 weeks
☐ 4 Did not look but wanted to work, was able and was available during the past 4 weeks **Skip to P44**
☐ 5 Voluntary work without pay
☐ 6 Home duties
☐ 7 Student
☐ 8 Disabled
☐ 9 Retired
☐ 10 Other _____ (Specify) **Skip to P45**

P42. How many paid jobs did you have during the week of April 25 - May 1, 2010?

☐ 1 One ☐ 2 Two ☐ 3 Three or more ☐ 4 None

P43. How many hours did you work on your main job during that week? (For Persons answering "1" at P41, shade "None" at P43 and Skip to P45)

☐ 1 None ☐ 4 16-32
☐ 2 1-8 ☐ 5 33-44
☐ 3 9-15 ☐ 6 45 & Over

(Persons answering P43, Skip to P45)

P44. Have you ever worked for at least two consecutive weeks?

☐ 1 Yes
☐ 2 No (Skip to P50)

P45. How many weeks did you work in the past twelve months?

☐ 1 None ☐ 5 27-39
☐ 2 1-4 ☐ 6 40-48
☐ 3 5-13 ☐ 7 49-52
☐ 4 14-26

P46. What is the name of the company/business where you work or for which you last worked? (This question and the following questions refer to main job)

P47. What kind of business or activity takes place there? (Describe the kind of business eg. Retail Store, Primary School, Law Firm, Brewery, etc.)

0 1 2 3 4 5 6 7 8 9

P48. What type of work do/did you do? (Describe your job as accurately as possible eg. typist, sales clerk, auto mechanic, civil engineer, taxi driver, etc. If necessary, list main tasks and duties.)

0 1 2 3 4 5 6 7 8 9

P49. Are/were you self-employed or working for someone else in your main job?

☐ 1 Government Employee
☐ 2 Quasi-Government (BTC, BEC, Water and Sewerage Corp etc.)
☐ 3 Private Employee
☐ 4 Self-Employed with employee/s
☐ 5 Self-Employed without employee/s
☐ 6 Unpaid Family Worker
☐ 7 Other _____ (Specify)

SECTION 10 INCOME (PERSONS 15 YEARS AND OVER)

P50. During the past twelve (12) months, did you receive income from any of these sources? If so, state the amount in the space provided (B\$ to the nearest whole number eg. 12565.80 = 12566)

(Primary Job)

1. Wages, Salary, Commission, Tips, etc.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

(Secondary Job)

2. Wages, Salary, Commission, Tips, etc.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
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0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

3. Own Business

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

4. Retirement Pension

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

5. Old Age Pension

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

SECTION 10 INCOME (PERSONS 15 YEARS AND OVER) Cont'd	SECTION 11 FERTILITY (FEMALES 15 - 49 YEARS)
<p>6. Government Benefits</p> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 40px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- 10x10 grid of ovals for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>	<p>P51. How many live born children have you ever had?</p> <p>No Children = '0' Shade the appropriate oval below. (END INTERVIEW)</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 012345678910+ </div> <div style="display: flex; justify-content: space-around;"> <!-- 10 ovals for digits 0-9 --> </div> <p>(One (1) or more children, Shade the appropriate oval)</p>
<p>7. Gifts and Donations</p> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 40px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- 10x10 grid of ovals for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>	<p>P52. How old were you when you had your first live born child?</p> <p style="text-align: center; margin-top: 10px;">(Age in Years)</p> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 40px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- 10x10 grid of ovals for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>
<p>8. Remittances from Abroad</p> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 40px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- 10x10 grid of ovals for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>	<p>P53. How old were you when you had your last live born child?</p> <p style="text-align: center; margin-top: 10px;">(Age in Years)</p> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 40px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- 10x10 grid of ovals for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>
<p>9. Investments</p> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 40px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- 10x10 grid of ovals for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>	<p>P54. Did you have any livebirths in the past twelve months?</p> <div style="margin-top: 10px;"> <input type="radio"/> 1 No (End Interview) <input type="radio"/> 2 Yes </div> <div style="margin-top: 10px;"> <input type="radio"/> 1 One birth <input type="radio"/> 2 Two separate births <input type="radio"/> 3 Twins <input type="radio"/> 4 Three or more <input type="radio"/> 5 Not Stated </div>
<p>10. Other Sources</p> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 40px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- 10x10 grid of ovals for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>	<p>P55. Have any of the babies died?</p> <div style="margin-top: 10px;"> <input type="radio"/> 1 No (End Interview) <input type="radio"/> 2 Yes </div> <div style="margin-top: 10px;"> <input type="radio"/> 1 One <input type="radio"/> 2 Two <input type="radio"/> 3 Three or more <input type="radio"/> 4 Not Stated </div>
<p>11. Total Income during the past Twelve Months</p> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 40px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- 10x10 grid of ovals for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>	

APPENDIX I

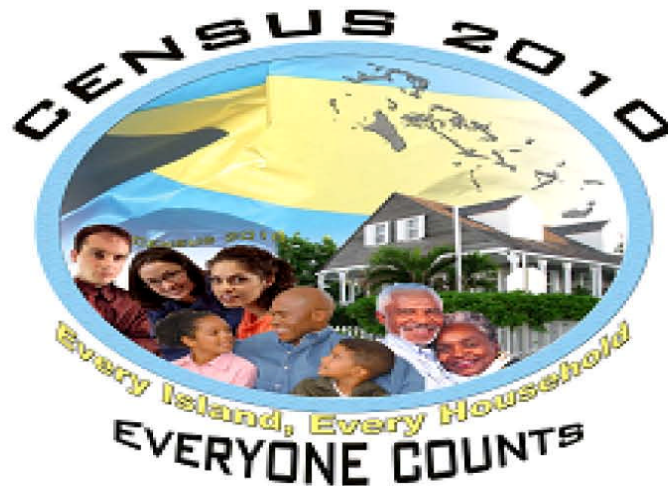
CENSUS DOCUMENTS



3. SUPPLEMENTARY QUESTIONNAIRE



**COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION AND HOUSING 2010**



**SUPPLEMENTARY QUESTIONNAIRE
MAY 3, 2010**

**CENSUS OFFICE
DEPARTMENT OF STATISTICS**

NASSAU OFFICE
P. O. BOX N-3904
PHONE 302-2400

FREEPORT OFFICE
P.O. BOX F-42561
PHONE 352-7196

45145



**COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION AND HOUSING
MAY 3, 2010**

CONFIDENTIAL

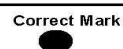
DEPARTMENT OF STATISTICS

THE STATISTICS ACT 1973

This Census is being taken in exercise of the powers conferred by Section 9, subsection (1) of the Statistics Act 1973.
"Any person required to furnish information, estimates, or returns, or to supply particulars under this Act who fails so to do shall be guilty of an offence."

INSTRUCTIONS

- o Use number 2HB pencil only. (Do not use ink or ballpoint pen.)
- o Erase cleanly any mark you wish to change
- o Make dark marks that fill the oval completely.
- o Make no stray marks.



IDENTIFYING NUMBER

IS	SD	ED	HH

NAME OF HEAD OF HOUSEHOLD

Surname

First Name

ADDRESS OF HOUSEHOLD

House No.

Street Name

Town or Settlement

Island

RESULT CODES

- ☐ 1. COMPLETED ☐ 2. PARTIALLY COMPLETED ☐ 3. NOT AT HOME ☐ 4. REFUSED ☐ 5. OTHER _____ (Specify)

ENUMERATOR

NAME _____

DATE _____

FIELD SUPERVISOR

NAME _____

DATE _____

AREA MANAGER

NAME _____

DATE _____

EDITOR

NAME _____

DATE _____

CODER

NAME _____

DATE _____



IS	SD	ED	HH

**4**

PART C:
POPULATION (ALL PERSONS)
(To be completed for each member of the household)

OFFICE CODERS ONLY

P1. HOUSEHOLD NUMBER

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

P2. INDIVIDUAL NUMBER

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

SECTION 1
DEMOGRAPHIC &
SOCIAL CHARACTERISTICS

Name of Resident**Surname****First Name****P3. Individual Number**

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

P4. What is your relationship to the head of the household?☐ 1 Head of Household**Relative**

- ☐ 2 Spouse/ Partner
- ☐ 3 Son
- ☐ 4 Daughter
- ☐ 5 Son-in-law
- ☐ 6 Daughter-in-law
- ☐ 7 Grandchild
- ☐ 8 Parent
- ☐ 9 Parent-in-law
- ☐ 10 Brother/ Sister
- ☐ 11 Other relative

Non-Relative

- ☐ 12 Roommate
- ☐ 13 Boarder
- ☐ 14 Domestic employee
- ☐ 15 Other non-relative
- ☐ 16 Not Stated

P5. Sex of Resident ☐ 1 Male ☐ 2 Female**P6. What is your date of birth/ How old were you on your last birthday?**

DD	MM	YY

AGE

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

P7. What is your marital status?

- ☐ 1 Never married
- ☐ 2 Married
- ☐ 3 Widowed
- ☐ 4 Divorced
- ☐ 5 Legally Separated
- ☐ 9 Not Stated

P8. What is your union status?

- ☐ 1 Not in a union
- ☐ 2 Legally married
- ☐ 3 Common-law-union
- ☐ 4 Visiting partner
- ☐ 5 Married but not in a union
- ☐ 6 Legally Separated and not in a union
- ☐ 7 Widowed and not in a union
- ☐ 8 Divorced and not in a union
- ☐ 9 Not Stated

P9. What is your religion/ denomination?

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

P10. To which Racial Group do you belong?

- ☐ 1 Black
- ☐ 2 Black and White
- ☐ 3 Black and Other
- ☐ 4 White
- ☐ 5 White and Other
- ☐ 6 Asian
- ☐ 7 East Indian
- ☐ 8 Other _____ (Specify)
- ☐ 9 Not Stated

SECTION 2
MIGRATION (ALL PERSONS)

P11. Where were you born?☐ 1 Bahamas ☐ 2 Abroad**P12. Which island/country was this?****Name of island/country**

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

P13. Have you ever lived in another country for at least six months?☐ 1 Yes ☐ 2 No (Skip to P16)**P14. In which country did you last reside?****Name of country**

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

P15. In what year did you last come to The Bahamas to live?**Year**

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

P16. Did you live in another Bahamian island before this one for at least six months?☐ 1 Yes ☐ 2 No (Skip to P19)**P17. In which island was this?****Name of island**

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

P18. In which year did you move to this island on which you now live?**Year**

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9



<p>P19. Of what country are you a citizen?</p> <p style="text-align: center;">Name of country (If not Bahamas Skip to P21)</p> <table border="1" style="margin: auto; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> <p>P20. If you are a Bahamian citizen, by what method did you acquire citizenship?</p> <p><input type="radio"/> 1 Born to Bahamian parent (s)</p> <p><input type="radio"/> 2 Born in The Bahamas to Non-Bahamians</p> <p><input type="radio"/> 3 Adopted by Bahamians</p> <p><input type="radio"/> 4 Married to a Bahamian Husband</p> <p><input type="radio"/> 5 Other Naturalization</p>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	<p style="text-align: center;">SECTION 4 HEALTH INSURANCE (ALL PERSONS)</p> <p>P27. What type of health insurance coverage do you have? (Not NIB)</p> <p><input type="radio"/> 1 Individual</p> <p><input type="radio"/> 2 Group</p> <p><input type="radio"/> 3 Individual and Group</p> <p><input type="radio"/> 4 None</p>
0	1	2	3	4	5	6	7	8	9																						
0	1	2	3	4	5	6	7	8	9																						
0	1	2	3	4	5	6	7	8	9																						
<p style="text-align: center;">SECTION 3 DISABILITY (ALL PERSONS)</p> <p>P21. Do you have a long term disability?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P27) <input type="radio"/> 3 Not Stated (Skip to P27)</p> <p>P22. What type of disability do you have? (Shade one only; the main disability)</p> <p><input type="radio"/> 1 Sight Only (totally blind, legally blind)</p> <p><input type="radio"/> 2 Hearing Only (partially or totally deaf, use of hearing aids)</p> <p><input type="radio"/> 3 Speech/ Communication Only</p> <p><input type="radio"/> 4 Learning/ Intellectual (e.g. slowness or difficulty learning)</p> <p><input type="radio"/> 5 Autism</p> <p><input type="radio"/> 6 Mobility/ Moving (due to absent or impaired limb)</p> <p><input type="radio"/> 7 Mobility/ Moving (due to localized, paraplegic, quad. paralysis)</p> <p><input type="radio"/> 8 Gripping (unable to use fingers to grip or handle objects)</p> <p><input type="radio"/> 9 Mental Disorders</p> <p><input type="radio"/> 10 Multiple Disabilities (any combination of the above disabilities)</p> <p><input type="radio"/> 11 Other _____ (Specify)</p> <p><input type="radio"/> 12 Don't Know</p> <p><input type="radio"/> 13 Not Stated</p> <p>P23. Does this disability limit your ability to carry out any activities?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P25)</p> <p>P24. Which of your activities are affected by your disability? (Shade all that apply)</p> <p><input type="radio"/> 1 Selfcare (dressing, bathing, etc.)</p> <p><input type="radio"/> 2 Moving/ Mobility (within the home)</p> <p><input type="radio"/> 3 Moving/ Mobility (outside the home)</p> <p><input type="radio"/> 4 School/ Education</p> <p><input type="radio"/> 5 Employment</p> <p><input type="radio"/> 6 Social Events</p> <p><input type="radio"/> 7 Family/ Home life</p> <p><input type="radio"/> 8 Other _____ (Specify)</p> <p><input type="radio"/> 9 Not Stated</p> <p>P25. What was the cause of your disability?</p> <p><input type="radio"/> 1 From birth</p> <p><input type="radio"/> 2 Disease/ illness contracted</p> <p><input type="radio"/> 3 Accident (road traffic)</p> <p><input type="radio"/> 4 Accident (other)</p> <p><input type="radio"/> 5 Exposure to toxic substances (gases, chemicals, etc.)</p> <p><input type="radio"/> 6 Other _____ (Specify)</p> <p><input type="radio"/> 7 Not known</p> <p>P26. How old were you when you became disabled?</p> <p style="text-align: center;">(Age)</p> <table border="1" style="margin: auto; text-align: center;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	<p style="text-align: center;">SECTION 5 TECHNOLOGY & COMMUNICATION (ALL PERSONS)</p> <p>P28. Do you have access to the Internet?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P30)</p> <p>Please Note: Children 0-2 years are to be recorded as having no Internet access at P28.</p> <p>P29. Where did you use the Internet in the last three months? (give main form of access)</p> <p><input type="radio"/> 1 Home</p> <p><input type="radio"/> 2 Work</p> <p><input type="radio"/> 3 Educational Institution</p> <p><input type="radio"/> 4 Public Library</p> <p><input type="radio"/> 5 Internet Cafe</p> <p><input type="radio"/> 6 Cellular Phone/ PDA</p> <p><input type="radio"/> 7 Family or friend's House</p> <p><input type="radio"/> 8 Other _____ (Specify)</p> <p><input type="radio"/> 9 Do not use the Internet</p> <p><input type="radio"/> 10 Don't Know</p> <p><input type="radio"/> 11 Not Stated</p>
0	1	2	3	4	5	6	7	8	9																						
0	1	2	3	4	5	6	7	8	9																						
0	1	2	3	4	5	6	7	8	9																						
<p style="text-align: center;">SECTION 6 EDUCATION AND CHILDCARE (ALL PERSONS)</p> <p>P30. Are you attending a school or any educational institution now? (Home Schooling included)</p> <p><input type="radio"/> 1 Yes, Full time _____ (Skip to P32)</p> <p><input type="radio"/> 2 Yes, Part time _____</p> <p><input type="radio"/> 3 No (0 - 5 Years, Continue)</p> <p><input type="radio"/> 4 No (6 Years and over, Skip to P32)</p> <p>Children 0-2 years, shade option 3 at P30 and continue.</p>																															
<p style="text-align: center;">CHILDCARE (Children 0 - 5 Years and not attending school)</p> <p>P31A. How is (N) cared for during regular school hours?</p> <p><input type="radio"/> 1 By you, your partner/spouse or relative in your home</p> <p><input type="radio"/> 2 By a childcare provider in your home</p> <p><input type="radio"/> 3 In another home with 4 or less children</p> <p><input type="radio"/> 4 In another home with 5 or more children</p> <p><input type="radio"/> 5 Nursery/Daycare</p> <p><input type="radio"/> 6 Other _____ (Specify)</p> <p>P31B. Do you pay for this childcare service?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p style="text-align: center;">(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)</p>																															
<p style="text-align: center;">EDUCATIONAL ATTAINMENT</p> <p>P32. What is the highest level of education that you have obtained up to the present time?</p> <p><input type="radio"/> 1 None</p> <p><input type="radio"/> 2 Pre-School/Kindergarten</p> <p><input type="radio"/> 3 Primary <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6</p> <p><input type="radio"/> 4 Secondary School <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13+</p> <p><input type="radio"/> 5 Post Secondary/Technical/Vocational (non-tertiary)</p> <p><input type="radio"/> 6 College/University <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+</p> <p><input type="radio"/> 7 Other _____ (Specify)</p>																															

SECTION 7
TRAINING (PERSONS 15 YEARS AND OVER)

**END INTERVIEW FOR PERSONS 0 - 14 YEARS
ANSWERING OPTIONS 1 OR 2**

- ☐ 6 Technical/Vocational Certificate (Skip to P34)
☐ 7 Associate Degree
☐ 8 Pre-Bachelor Certificate/Diploma
☐ 9 Bachelor Degree
☐ 10 Post Bachelor Certificate/Diploma
☐ 11 Professional Certificate/Qualification (university based)
☐ 12 Professional Certificate/Qualification (non-university based)
☐ 13 Masters Degree
☐ 14 Doctorate Degree
☐ 15 Other _____ (Specify)
- } Skip to P33C

(Persons answering P33B, Skip to P34)

	0	1	2	3	4	5	6	7	8	9
Qualification (e.g. B.A., B.Sc., etc.)	0	1	2	3	4	5	6	7	8	9

Major/Field	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

☐ 1 Apprenticeship ☐ 1 Experience ☐ 2 Formal
☐ 2 On the job training
☐ 3 High School Training Programme
☐ 4 Vocational/Trade School/Technical Institution
☐ 5 College/University
☐ 6 Individual Study
☐ 7 Self-taught (Skip to P39)
☐ 8 Distance Learning (on-line, virtual learning/conference streaming)
☐ 9 Mail Correspondence
☐ 10 Commercial/Secretarial/Business/Computer School
☐ 11 Other _____ (Specify)

☐ 1 BGCSE/Pitman/RSA
☐ 2 Post High School Certificate/Diploma
☐ 3 Associate Degree
☐ 4 Bachelor Degree
☐ 5 Post Graduate Certificate/Diploma
☐ 6 Masters Degree
☐ 7 Doctorate Degree
☐ 8 Certificate with Examination
☐ 9 Certificate without Examination
☐ 10 Professional Certificate/Qualification (university based)
☐ 11 Professional Certificate/Qualification (non-university based)
☐ 12 None
☐ 13 Other _____ (Specify)

SECTION 8
TRANSPORTATION (PERSONS 15 YEARS AND OVER)

☐ 1 Walk
☐ 2 Bicycle/Motor Cycle
☐ 3 Jitney/Bus
☐ 4 Golf Cart
☐ 5 Private Vehicle as a Passenger
☐ 6 Private Vehicle Driver
☐ 7 Boat/Ferry
☐ 8 Other _____ (Specify)

SECTION 9
ECONOMIC ACTIVITY
(PERSONS 15 YEARS AND OVER)

☐ 1 Yes Skip to P42 ☐ 2 No


P41. What was your main activity during that week?

- ☐ 1 Had a job but did not work (Continue)
☐ 2 Looked for work during the reference week
☐ 3 Looked for work during the past 4 weeks
☐ 4 Did not look but wanted to work, was able and was available during the past 4 weeks **Skip to P44**
☐ 5 Voluntary work without pay
☐ 6 Home duties
☐ 7 Student
☐ 8 Disabled
☐ 9 Retired
☐ 10 Other _____ (Specify) **Skip to P45**

P42. How many paid jobs did you have during the week of April 25 - May 1, 2010?

- ☐ 1 One ☐ 2 Two ☐ 3 Three or more ☐ 4 None

P43. How many hours did you work on your main job during that week? (For Persons answering "1" at P41, shade "None" at P43 and Skip to P45)

- ☐ 1 None ☐ 4 16-32
☐ 2 1-8 ☐ 5 33-44
☐ 3 9-15 ☐ 6 45 & Over

(Persons answering P43, Skip to P45)

P44. Have you ever worked for at least two consecutive weeks?

- ☐ 1 Yes
☐ 2 No (Skip to P50)

P45. How many weeks did you work in the past twelve months?

- ☐ 1 None ☐ 5 27-39
☐ 2 1-4 ☐ 6 40-48
☐ 3 5-13 ☐ 7 49-52
☐ 4 14-26

P46. What is the name of the company/business where you work or for which you last worked? (This question and the following questions refer to main job)

P47. What kind of business or activity takes place there? (Describe the kind of business eg. Retail Store, Primary School, Law Firm, Brewery, etc.)

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

P48. What type of work do/did you do? (Describe your job as accurately as possible eg. typist, sales clerk, auto mechanic, civil engineer, taxi driver, etc. If necessary, list main tasks and duties.)

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

P49. Are/were you self-employed or working for someone else in your main job?

- ☐ 1 Government Employee
☐ 2 Quasi-Government (BTC, BEC, Water and Sewerage Corp etc.)
☐ 3 Private Employee
☐ 4 Self-Employed with employee/s
☐ 5 Self-Employed without employee/s
☐ 6 Unpaid Family Worker
☐ 7 Other _____ (Specify)

**SECTION 10
INCOME (PERSONS 15 YEARS AND OVER)**
P50. During the past twelve (12) months, did you receive income from any of these sources? If so, state the amount in the space provided (B\$ to the nearest whole number eg. 12565.80 = 12566)
(Primary Job)
1. Wages, Salary, Commission, Tips, etc.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

(Secondary Job)
2. Wages, Salary, Commission, Tips, etc.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

3. Own Business

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

4. Retirement Pension

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

5. Old Age Pension

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9



SECTION 10 INCOME (PERSONS 15 YEARS AND OVER) Cont'd	SECTION 11 FERTILITY (FEMALES 15 - 49 YEARS)
<p>6. Government Benefits</p> <div style="display: flex; align-items: flex-start;"> <div style="width: 30px; height: 100px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- Grid of 100 circles for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>	<p>P51. How many live born children have you ever had?</p> <p>No Children = '0' Shade the appropriate oval below. (END INTERVIEW)</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 012345678910+ </div> <div style="display: flex; justify-content: space-around;"> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> </div> <p>(One (1) or more children, Shade the appropriate oval)</p>
<p>7. Gifts and Donations</p> <div style="display: flex; align-items: flex-start;"> <div style="width: 30px; height: 100px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- Grid of 100 circles for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>	<p>P52. How old were you when you had your first live born child?</p> <p style="text-align: center; margin-top: 10px;">(Age in Years)</p> <div style="display: flex; align-items: flex-start;"> <div style="width: 30px; height: 100px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- Grid of 100 circles for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>
<p>8. Remittances from Abroad</p> <div style="display: flex; align-items: flex-start;"> <div style="width: 30px; height: 100px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- Grid of 100 circles for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>	<p>P53. How old were you when you had your last live born child?</p> <p style="text-align: center; margin-top: 10px;">(Age in Years)</p> <div style="display: flex; align-items: flex-start;"> <div style="width: 30px; height: 100px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- Grid of 100 circles for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>
<p>9. Investments</p> <div style="display: flex; align-items: flex-start;"> <div style="width: 30px; height: 100px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- Grid of 100 circles for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>	<p>P54. Did you have any livebirths in the past twelve months?</p> <p><input type="radio"/> 1 No (End Interview)</p> <p><input type="radio"/> 2 Yes</p> <div style="margin-top: 10px;"> <p><input type="radio"/> 1 One birth</p> <p><input type="radio"/> 2 Two separate births</p> <p><input type="radio"/> 3 Twins</p> <p><input type="radio"/> 4 Three or more</p> <p><input type="radio"/> 5 Not Stated</p> </div>
<p>10. Other Sources</p> <div style="display: flex; align-items: flex-start;"> <div style="width: 30px; height: 100px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- Grid of 100 circles for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>	<p>P55. Have any of the babies died?</p> <p><input type="radio"/> 1 No (End Interview)</p> <p><input type="radio"/> 2 Yes</p> <div style="margin-top: 10px;"> <p><input type="radio"/> 1 One</p> <p><input type="radio"/> 2 Two</p> <p><input type="radio"/> 3 Three or more</p> <p><input type="radio"/> 4 Not Stated</p> </div>
<p>11. Total Income during the past Twelve Months</p> <div style="display: flex; align-items: flex-start;"> <div style="width: 30px; height: 100px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: grid; grid-template-columns: repeat(10, 1fr); gap: 2px;"> <!-- Grid of 100 circles for digits 0-9 --> </div> </div> <p style="text-align: center; margin-top: 5px;">0 1 2 3 4 5 6 7 8 9</p>	

APPENDIX I

CENSUS DOCUMENTS



4. INSTITUTIONAL QUESTIONNAIRE



**COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION AND HOUSING 2010**

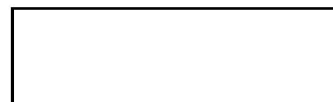


**INSTITUTIONAL QUESTIONNAIRE
MAY 3, 2010**

**CENSUS OFFICE
DEPARTMENT OF STATISTICS**

NASSAU OFFICE
P. O. BOX N-3904
PHONE 302-2400

FREEPORT OFFICE
P.O. BOX F-42561
PHONE 352-7196



COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION AND HOUSING
MAY 3, 2010

CONFIDENTIAL

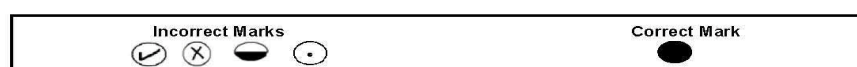
DEPARTMENT OF STATISTICS

THE STATISTICS ACT 1973

This Census is being taken in exercise of the powers conferred by Section 9, subsection (1) of the Statistics Act 1973.
"Any person required to furnish information, estimates, or returns, or to supply particulars under this Act who fails
so to do shall be guilty of an offence."

INSTRUCTIONS

- o Use number 2HB pencil only. (Do not use ink or ballpoint pen.)
- o Erase cleanly any mark you wish to change
- o Make dark marks that fill the oval completely.
- o Make no stray marks.



IDENTIFYING NUMBER

IS	SD	ED	HH

NAME OF HEAD OF HOUSEHOLD

Surname

First Name

ADDRESS OF DWELLING UNIT

House No.

Street Name

Settlement/Supervisory District/Subdivision

Island

RESULT CODES

- ☐ 1. COMPLETED ☐ 2. PARTIALLY COMPLETED ☐ 3. NOT AT HOME ☐ 4. REFUSED ☐ 5. OTHER _____ (Specify)

ENUMERATOR

NAME _____

DATE _____

FIELD SUPERVISOR

NAME _____

DATE _____

AREA MANAGER

NAME _____

DATE _____

EDITOR

NAME _____

DATE _____

CODER

NAME _____

DATE _____



IDENTIFYING NUMBER																																							
ISLAND	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>																																						
SUPERVISORY DISTRICT NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>																																						
ENUMERATION DISTRICT NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>																																						
OCCUPIED HOUSEHOLD NUMBER	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>																																						
NUMBER OF PERSONS IN HOUSEHOLD	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>																																						
PART A: HOUSING TO BE COMPLETED BY THE HEAD OF THE HOUSEHOLD/REFERENCE PERSON																																							
HL1. Give the name/type of this living quarters. <div style="border-bottom: 1px solid black; width: 50%;"></div>																																							
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> <div> <table border="1" style="border-collapse: collapse; text-align: center; font-size: 8px;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> </div> </div>										0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
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0	1	2	3	4	5	6	7	8	9																														
0	1	2	3	4	5	6	7	8	9																														
<div style="display: flex; justify-content: space-between;"> <div> <p>(e.g. Private dwelling, Private dwelling in Crystal Palace Hotel, Private dwelling on Fox Hill Prison Compound, Private dwelling in Police Barracks, St Francis Convent, etc.)</p> </div> </div>																																							

PART C: POPULATION (ALL PERSONS) (To be completed for each member of the household)																																																																																																																																																																																																																																																																																																	
<div style="text-align: center; border-bottom: 1px solid black; margin-bottom: 10px;">OFFICE CODERS ONLY</div> <div style="margin-bottom: 20px;"> P1. HOUSEHOLD NUMBER <table style="border-collapse: collapse; margin: 0 auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> <div> P2. INDIVIDUAL NUMBER <table style="border-collapse: collapse; margin: 0 auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div>																				0	1	2	3	4	5	6	7	8	9																														0	1	2	3	4	5	6	7	8	9											<div> P8. What is your union status? <input type="radio"/> 1 Not in a union <input type="radio"/> 2 Legally married <input type="radio"/> 3 Common-law-union <input type="radio"/> 4 Visiting partner <input type="radio"/> 5 Married but not in a union <input type="radio"/> 6 Legally Separated and not in a union <input type="radio"/> 7 Widowed and not in a union <input type="radio"/> 8 Divorced and not in a union <input type="radio"/> 9 Not Stated </div> <div style="margin-top: 20px;"> P9. What is your religion/ denomination? <table style="border-collapse: collapse; margin: 0 auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> <div style="margin-top: 20px;"> P10. To which Racial Group do you belong? <input type="radio"/> 1 Black <input type="radio"/> 2 Black and White <input type="radio"/> 3 Black and Other <input type="radio"/> 4 White <input type="radio"/> 5 White and Other <input type="radio"/> 6 Asian <input type="radio"/> 7 East Indian <input type="radio"/> 8 Other _____ (Specify) <input type="radio"/> 9 Not Stated </div>																				0	1	2	3	4	5	6	7	8	9																																																																																																																																																																																					
0	1	2	3	4	5	6	7	8	9																																																																																																																																																																																																																																																																																								
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SECTION 1 DEMOGRAPHIC & SOCIAL CHARACTERISTICS																																																																																																																																																																																																																																																																																																	
<div> Name of Resident <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; vertical-align: bottom;">Surname</td> <td style="width: 50%; border-bottom: 1px solid black; vertical-align: bottom;">First Name</td> </tr> </table> </div> <div style="margin-top: 20px;"> P3. Individual Number <table style="border-collapse: collapse; margin: 0 auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> <div style="margin-top: 20px;"> P4. What is your relationship to the head of the household? <input type="radio"/> 1 Head of Household <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Relative <input type="radio"/> 2 Spouse/ Partner <input type="radio"/> 3 Son <input type="radio"/> 4 Daughter <input type="radio"/> 5 Son-in-law <input type="radio"/> 6 Daughter-in-law <input type="radio"/> 7 Grandchild <input type="radio"/> 8 Parent <input type="radio"/> 9 Parent-in-law <input type="radio"/> 10 Brother/ Sister <input type="radio"/> 11 Other relative </div> <div style="width: 45%;"> Non-Relative <input type="radio"/> 12 Roommate <input type="radio"/> 13 Boarder <input type="radio"/> 14 Domestic employee <input type="radio"/> 15 Other non-relative <input type="radio"/> 16 Not Stated </div> </div> </div> <div style="margin-top: 20px;"> P5. Sex of Resident <input type="radio"/> 1 Male <input type="radio"/> 2 Female </div> <div style="margin-top: 20px;"> P6. What is your date of birth/ How old were you on your last birthday? <table style="margin: 0 auto; text-align: center;"> <tr> <td colspan="2">DD</td> <td colspan="2">MM</td> <td colspan="2">YY</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <div style="margin-top: 10px;"> AGE <table style="border-collapse: collapse; margin: 0 auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div> <div style="margin-top: 20px;"> P7. What is your marital status? <input type="radio"/> 1 Never married <input type="radio"/> 2 Married <input type="radio"/> 3 Widowed <input type="radio"/> 4 Divorced <input type="radio"/> 5 Legally Separated <input type="radio"/> 9 Not Stated </div>		Surname	First Name																				0	1	2	3	4	5	6	7	8	9											DD		MM		YY																											0	1	2	3	4	5	6	7	8	9											<div style="text-align: center; border-top: 1px solid black; margin-top: 10px;"> SECTION 2 MIGRATION (ALL PERSONS) </div> <div style="margin-top: 20px;"> P11. Where were you born? <input type="radio"/> 1 Bahamas <input type="radio"/> 2 Abroad </div> <div style="margin-top: 20px;"> P12. Which island/country was this? <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;">Name of island/country</div> <table style="border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div> <div style="margin-top: 20px;"> P13. Have you ever lived in another country for at least six months? <input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P16) </div> <div style="margin-top: 20px;"> P14. In which country did you last reside? <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;">Name of country</div> <table style="border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div> <div style="margin-top: 20px;"> P15. In what year did you last come to The Bahamas to live? <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;">Year</div> <table style="border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div> <div style="margin-top: 20px;"> P16. Did you live in another Bahamian island before this one for at least six months? <input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P19) </div> <div style="margin-top: 20px;"> P17. In which island was this? <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;">Name of island</div> <table style="border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div> <div style="margin-top: 20px;"> P18. In which year did you move to this island on which you now live? <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%; border-bottom: 1px solid black; margin-bottom: 5px;">Year</div> <table style="border-collapse: collapse; margin-left: 10px;"> <tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> </div> </div>																				0	1	2	3	4	5	6	7	8	9																														0	1	2	3	4	5	6	7	8	9																														0	1	2	3	4	5	6	7	8	9																														0	1	2	3	4	5	6	7	8	9																														0	1	2	3	4	5	6	7	8	9										
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<p>P19. Of what country are you a citizen?</p> <p style="text-align: center;">Name of country (If not Bahamas Skip to P21)</p> <table border="1" style="margin: auto; text-align: center;"><tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table> <p>P20. If you are a Bahamian citizen, by what method did you acquire citizenship?</p> <p><input type="radio"/> 1 Born to Bahamian parent (s)</p> <p><input type="radio"/> 2 Born in The Bahamas to Non-Bahamians</p> <p><input type="radio"/> 3 Adopted by Bahamians</p> <p><input type="radio"/> 4 Married to a Bahamian Husband</p> <p><input type="radio"/> 5 Other Naturalization</p>	0	1	2	3	4	5	6	7	8	9	<div style="border: 1px solid black; height: 40px; margin-bottom: 10px;"></div> <p style="text-align: center;">SECTION 4 HEALTH INSURANCE (ALL PERSONS)</p> <p>P27. What type of health insurance coverage do you have? (Not NIB)</p> <p><input type="radio"/> 1 Individual</p> <p><input type="radio"/> 2 Group</p> <p><input type="radio"/> 3 Individual and Group</p> <p><input type="radio"/> 4 None</p>	
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<p style="text-align: center;">SECTION 3 DISABILITY (ALL PERSONS)</p> <p>P21. Do you have a long term disability?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P27) <input type="radio"/> 3 Not Stated (Skip to P27)</p> <p>P22. What type of disability do you have? (Shade one only; the main disability)</p> <p><input type="radio"/> 1 Sight Only (totally blind, legally blind)</p> <p><input type="radio"/> 2 Hearing Only (partially or totally deaf, use of hearing aids)</p> <p><input type="radio"/> 3 Speech/ Communication Only</p> <p><input type="radio"/> 4 Learning/ Intellectual (e.g. slowness or difficulty learning)</p> <p><input type="radio"/> 5 Autism</p> <p><input type="radio"/> 6 Mobility/ Moving (due to absent or impaired limb)</p> <p><input type="radio"/> 7 Mobility/ Moving (due to localized, paraplegic, quad. paralysis)</p> <p><input type="radio"/> 8 Gripping (unable to use fingers to grip or handle objects)</p> <p><input type="radio"/> 9 Mental Disorders</p> <p><input type="radio"/> 10 Multiple Disabilities (any combination of the above disabilities)</p> <p><input type="radio"/> 11 Other _____ (Specify)</p> <p><input type="radio"/> 12 Don't Know</p> <p><input type="radio"/> 13 Not Stated</p> <p>P23. Does this disability limit your ability to carry out any activities?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P25)</p> <p>P24. Which of your activities are affected by your disability? (Shade all that apply)</p> <p><input type="radio"/> 1 Selfcare (dressing, bathing, etc.)</p> <p><input type="radio"/> 2 Moving/ Mobility (within the home)</p> <p><input type="radio"/> 3 Moving/ Mobility (outside the home)</p> <p><input type="radio"/> 4 School/ Education</p> <p><input type="radio"/> 5 Employment</p> <p><input type="radio"/> 6 Social Events</p> <p><input type="radio"/> 7 Family/ Home life</p> <p><input type="radio"/> 8 Other _____ (Specify)</p> <p><input type="radio"/> 9 Not Stated</p> <p>P25. What was the cause of your disability?</p> <p><input type="radio"/> 1 From birth</p> <p><input type="radio"/> 2 Disease/ illness contracted</p> <p><input type="radio"/> 3 Accident (road traffic)</p> <p><input type="radio"/> 4 Accident (other)</p> <p><input type="radio"/> 5 Exposure to toxic substances (gases, chemicals, etc.)</p> <p><input type="radio"/> 6 Other _____ (Specify)</p> <p><input type="radio"/> 7 Not known</p> <p>P26. How old were you when you became disabled?</p> <p style="text-align: center;">(Age)</p> <table border="1" style="margin: auto; text-align: center;"><tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr></table>		0	1	2	3	4	5	6	7	8	9	<p style="text-align: center;">SECTION 5 TECHNOLOGY & COMMUNICATION (ALL PERSONS)</p> <p>P28. Do you have access to the Internet?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No (Skip to P30)</p> <p>Please Note: Children 0-2 years are to be recorded as having no Internet access at P28.</p> <p>P29. Where did you use the Internet in the last three months? (give main form of access)</p> <p><input type="radio"/> 1 Home</p> <p><input type="radio"/> 2 Work</p> <p><input type="radio"/> 3 Educational Institution</p> <p><input type="radio"/> 4 Public Library</p> <p><input type="radio"/> 5 Internet Cafe</p> <p><input type="radio"/> 6 Cellular Phone/ PDA</p> <p><input type="radio"/> 7 Family or friend's House</p> <p><input type="radio"/> 8 Other _____ (Specify)</p> <p><input type="radio"/> 9 Do not use the Internet</p> <p><input type="radio"/> 10 Don't Know</p> <p><input type="radio"/> 11 Not Stated</p>
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<p style="text-align: center;">SECTION 6 EDUCATION AND CHILDCARE (ALL PERSONS)</p> <p>P30. Are you attending a school or any educational institution now? (Home Schooling included)</p> <p><input type="radio"/> 1 Yes, Full time (Skip to P32)</p> <p><input type="radio"/> 2 Yes, Part time</p> <p><input type="radio"/> 3 No (0 - 5 Years, Continue)</p> <p><input type="radio"/> 4 No (6 Years and over, Skip to P32)</p> <p>Children 0-2 years, shade option 3 at P30 and continue.</p> <p>CHILDCARE (Children 0 - 5 Years and not attending school)</p> <p>P31A. How is (N) cared for during regular school hours?</p> <p><input type="radio"/> 1 By you, your partner/spouse or relative in your home</p> <p><input type="radio"/> 2 By a childcare provider in your home</p> <p><input type="radio"/> 3 In another home with 4 or less children</p> <p><input type="radio"/> 4 In another home with 5 or more children</p> <p><input type="radio"/> 5 Nursery/Daycare</p> <p><input type="radio"/> 6 Other _____ (Specify)</p> <p>P31B. Do you pay for this childcare service?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 2 No</p> <p style="text-align: center;">(END INTERVIEW FOR PERSONS 0 - 5 YEARS NOT ATTENDING SCHOOL)</p>	<p style="text-align: center;">EDUCATIONAL ATTAINMENT</p> <p>P32. What is the highest level of education that you have obtained up to the present time?</p> <p><input type="radio"/> 1 None</p> <p><input type="radio"/> 2 Pre-School/Kindergarten</p> <p><input type="radio"/> 3 Primary <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6</p> <p><input type="radio"/> 4 Secondary School <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13+</p> <p><input type="radio"/> 5 Post Secondary/Technical/Vocational (non-tertiary)</p> <p><input type="radio"/> 6 College/University <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5+</p> <p><input type="radio"/> 7 Other _____ (Specify)</p>											

EDUCATIONAL QUALIFICATION	SECTION 7 TRAINING (PERSONS 15 YEARS AND OVER)																																																																																
<p>P33A. What is the highest qualification that you have obtained up to the present time? (Exclude Honorary Degrees)</p> <p><input type="radio"/> 1 None Skip to P34</p> <p><input type="radio"/> 2 School Leaving Cert./High School Diploma Skip to P34</p> <p style="text-align: center;">END INTERVIEW FOR PERSONS 0 - 14 YEARS ANSWERING OPTIONS 1 OR 2</p> <p><input type="radio"/> 3</p> <p style="margin-left: 20px;"> <input type="radio"/> BJC <input type="radio"/> Pitman 1 <input type="radio"/> RSA Stage 1 <input type="radio"/> CXC Basic Proficiency <input type="radio"/> CSE <input type="radio"/> Cambridge Jr. School, etc. </p> <p style="text-align: right; margin-right: 50px;">Skip to P33B</p> <p><input type="radio"/> 4</p> <p style="margin-left: 20px;"> <input type="radio"/> G.C.E. 'O' Levels <input type="radio"/> BGCSE <input type="radio"/> Pitman Stage 2 & 3 <input type="radio"/> RSA 2 <input type="radio"/> Cambridge School <input type="radio"/> CXC General Proficiency, etc. </p> <p style="text-align: right; margin-right: 50px;">Skip to P33B</p> <p><input type="radio"/> 5</p> <p style="margin-left: 20px;"> <input type="radio"/> G.C.E. 'A' Levels <input type="radio"/> RSA 3 <input type="radio"/> Cambridge Higher School Certificate, etc. <input type="radio"/> International Baccalaureate (IB) Diploma </p> <p style="text-align: right; margin-right: 50px;">Skip to P33B</p> <p><input type="radio"/> 6 Technical/Vocational Certificate (Skip to P34)</p> <p><input type="radio"/> 7 Associate Degree</p> <p><input type="radio"/> 8 Pre-Bachelor Certificate/Diploma</p> <p><input type="radio"/> 9 Bachelor Degree</p> <p><input type="radio"/> 10 Post Bachelor Certificate/Diploma</p> <p><input type="radio"/> 11 Professional Certificate/Qualification (university based)</p> <p><input type="radio"/> 12 Professional Certificate/Qualification (non-university based)</p> <p><input type="radio"/> 13 Masters Degree</p> <p><input type="radio"/> 14 Doctorate Degree</p> <p><input type="radio"/> 15 Other _____ (Specify)</p> <p style="text-align: right; margin-right: 50px;">Skip to P33C</p>	<p>P34. Are you being trained or have been trained for a profession, craft or trade? (main training)</p> <p><input type="radio"/> 1 Yes Skip to P39</p> <p><input type="radio"/> 2 No</p> <p><input type="radio"/> 3 Don't Know</p> <p>P35. What is/was this profession, craft or trade? (Be specific, do not list vague answers.)</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> </div> <p>P36. What is the status of this training?</p> <p><input type="radio"/> 1 Completed</p> <p><input type="radio"/> 2 Currently on-going</p> <p>P37. What is/was the main method used to obtain this training? (Shade one option only)</p> <p> <input type="radio"/> 1 Apprenticeship <input type="radio"/> 1 Experience <input type="radio"/> 2 Formal <input type="radio"/> 2 On the job training <input type="radio"/> 3 High School Training Programme <input type="radio"/> 4 Vocational/Trade School/Technical Institution <input type="radio"/> 5 College/University <input type="radio"/> 6 Individual Study <input type="radio"/> 7 Self-taught (Skip to P39) <input type="radio"/> 8 Distance Learning (on-line, virtual learning/conference streaming) <input type="radio"/> 9 Mail Correspondence <input type="radio"/> 10 Commercial/Secretarial/Business/Computer School <input type="radio"/> 11 Other _____ (Specify) </p> <p>P38. What type of qualification/certification will/did you receive on completion of this training?</p> <p> <input type="radio"/> 1 BGCSE/Pitman/RSA <input type="radio"/> 2 Post High School Certificate/Diploma <input type="radio"/> 3 Associate Degree <input type="radio"/> 4 Bachelor Degree <input type="radio"/> 5 Post Graduate Certificate/Diploma <input type="radio"/> 6 Masters Degree <input type="radio"/> 7 Doctorate Degree <input type="radio"/> 8 Certificate with Examination <input type="radio"/> 9 Certificate without Examination <input type="radio"/> 10 Professional Certificate/Qualification (university based) <input type="radio"/> 11 Professional Certificate/Qualification (non-university based) <input type="radio"/> 12 None <input type="radio"/> 13 Other _____ (Specify) </p>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9																																								
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<p>P33B. Number of subjects passed</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> </div> <p style="text-align: center;">(Persons answering P33B, Skip to P34)</p> <p>P33C.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> </div> <p style="text-align: center;">Qualification (e.g. B.A., B.Sc., etc.)</p> <p>P33D. In what major/field did you earn this certificate/ diploma/degree?</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> </div> <p style="text-align: center;">Major/Field</p>	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	
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APPENDIX I

CENSUS DOCUMENTS



5. VACANT QUESTIONNAIRE



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**COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION AND HOUSING 2010**



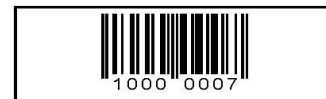
**VACANT DWELLING
MAY 3, 2010**

CENSUS OFFICE

DEPARTMENT OF STATISTICS

NASSAU OFFICE
P. O. BOX N-3904
PHONE 302-2400

FREEPORT OFFICE
P.O. BOX F-42561
PHONE 352-7196



COMMONWEALTH OF THE BAHAMAS
CENSUS OF POPULATION AND HOUSING
MAY 3, 2010

CONFIDENTIAL

DEPARTMENT OF STATISTICS

THE STATISTICS ACT 1973				
<p>This Census is being taken in exercise of the powers conferred by Section 9, Subsection (1) of the Statistics Act 1973. "Any person required to furnish information, estimates, or returns, or to supply particulars under this Act who fails to do so shall be guilty of an offence."</p>				
IDENTIFYING NUMBER	IS.	SD.	ED.	DWELLING NO.
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS OF DWELLING UNIT				
House No.	Street Name		Settlement/Supervisory District/Sub-division	
<hr/>			<input type="text"/>	
Island			<input type="text"/>	
ENUMERATION DISTRICT			<input type="text"/>	
DWELLING UNIT NUMBER			<input type="text"/>	
TYPE OF DWELLING UNIT				
<input type="checkbox"/> 1. SINGLE DETACHED	<input type="checkbox"/> 3. PART OF A PRIVATE DWELLING	<input type="checkbox"/> 5. TOWNHOUSE	<input type="checkbox"/> 7. OTHER	
<input type="checkbox"/> 2. SINGLE ATTACHED (Dwelling Unit Only)	<input type="checkbox"/> 4. APARTMENT/ FLAT	<input type="checkbox"/> 6. DWELLING ATTACHED TO A BUSINESS		
STATUS OF PRIVATE VACANT DWELLING				
<input type="checkbox"/> 1. WINTER RESIDENCES	<input type="checkbox"/> 3. FOR RENT			
<input type="checkbox"/> 2. SECONDARY RESIDENCE(DOMESTIC)	<input type="checkbox"/> 4. FOR SALE			
<input type="checkbox"/> 5. OTHER _____ (Specify)				
ENUMERATOR	NAME _____		DATE _____	
FIELD SUPERVISOR	NAME _____		DATE _____	
AREA MANAGER	NAME _____		DATE _____	
EDITOR	NAME _____		DATE _____	
CODER	NAME _____		DATE _____	

APPENDIX II

2010 CENSUS OF POPULATION AND HOUSING



CONCEPTS AND DEFINITIONS

APPENDIX II

2010 CENSUS OF POPULATION AND HOUSING

CONCEPTS AND DEFINITIONS

Concepts and Definitions

The concepts and definitions on which the Census questions were based were in compliance with the guidelines established by the Regional Census Coordinating Committee (CRCC). This was to allow for comparability at both the regional and international levels as well as with earlier census results.

1. Census Day

Census Day was Monday, May 3, 2010. This was the reference day and therefore, all questions on the questionnaire (excluding the economic activity and fertility) referred to the circumstances existing on this particular day. Field enumeration began on Tuesday, May 4th.

2. Record of Visits

This is the record of the list of households and the composition of these households which was kept by the enumerator. It also serves as a register of all households, business places and institutions in The Bahamas. This register is used as a frame for the designing of Household and Business Surveys carried out in the intercensal years.

3. Population

The Total Population consisted of the following:

- (i) Persons in their usual place of residence on Census Day eg. family members, lodgers and live-in employees
- (ii) Persons who were temporarily away on a business trip, on vacation or away at school or university
- (iii) Persons in hospitals or other institutions
- (iv) Newborn babies in hospital (born by Census Day – May 3rd)
- (v) Persons with no fixed place of abode
- (vi) Bahamians serving in the diplomatic corps who were resident abroad
- (vii) Spouses who worked on another island but come home periodically.

4. Supervisory District

A geographical area (synonymous with the 2010 political boundaries) for which data were collected. These geographical areas consist of smaller areas called enumeration districts.

5. Household

The term ‘household’ refers to a person or group of persons who live in a private dwelling unit. The concept of “household” is based on the arrangements made by persons individually or in groups for providing themselves with food and other essentials for living. Anyone of the following may constitute a household.

- (i) a person living alone
- (ii) one or more family(ies) with or without lodgers or servants
- (iii) a group of unrelated persons living together
- (iv) occupants of an institution, hotel, convent, etc.

6. Head or Reference Person of Household

This is the person who was acknowledged by the interviewee and other members of the household to be the head of the household.

7. Family

For Census purposes, the following constitutes “Families”:

ALL MEMBERS RELATED:

- Married couple, with or without child/ children (The children may be of one or both parents as long as these children are not married, nor separated, nor living with a partner, nor do they have any children living in the same household).
- Unmarried couple (common law union), with or without children
- Mother with child/ children

- Father with child/ children
- Adult child/ children with live-in parent(s) only; (adult child is not married, not separated nor living with a partner. However, he/she can be divorced.)
- Adult child/ children with live-in parent(s) with other related persons under 18 yrs old (These related persons under 18 years old will be considered as dependents of child/children).
- Other adult relatives living with a child/ children under 18 yrs old. (i.e. grandparents with guardianship of minors; Aunt/ Uncle with a niece/ nephew under 18 yrs; Adult siblings with guardianship of younger siblings under 18 yrs, etc)
- Other relatives living together, none of whom constitute a family nucleus (all 18 yrs and older) – siblings only.

NOT ALL MEMBERS RELATED:

- Adult child with live-in parent(s) with other persons under 18 yrs old; (some or none are related to the nucleus, i.e. the family reference person or the live-in parent)
- Adult living with other persons under 18 yrs old; (all or some are non relatives).

8. Marital Status

“**Marital Status**” is the personal legal status of each individual in relation to the marriage laws or customs of The Bahamas. The marital status options were as follows:-

Never married: a person who is single and has never been legally married.

Married: a person whose marriage has gone through a legal marriage ceremony in accordance with the law.

Widowed: the individual was legally married but his/her spouse has died.

Divorced: the individual was legally married but has gone through legal proceedings for the marriage to be officially dissolved.

Legally separated: applies to a married couple living apart as a result of the decision of the court or legal system of the country.

9. Union Status

Union Status is the type of relationship that a man or woman was currently engaged in at the time of the census. The information obtained provides for further study on family formations, that is, how families are formed, the type of relationships children are born into and how children are being cared for in the home. The options were as follows:

Not in a union: the individual is not living with a partner, nor has he/she ever been legally married.

Legally Married: refers to a union in which an individual is currently living with the spouse to whom he/she is legally married to. Exceptions:

- (i) spouses who are temporarily apart for work purposes or other unavoidable circumstances
- (ii) Migrants who are residing in The Bahamas but their spouse lives in another island/country.

Common-law Union: the partners share a common household even though the union has not been established by a legal process. This union/ relationship has nothing to do with the individual's marital status.

Visiting Partner: refers to both males and females 15 years and older who have fathered or had child/ren in the last 12 months prior to Census Day. During the 12 month period that the child/ren were conceived, the parent was not currently living with a spouse or partner.

Married but not in a union: this person has been legally married but is currently living without a spouse/partner.

Legally separated and not in a union: this type of relationship/union refers to a person who has been married but is legally separated and is currently living without a partner.

Widowed and not in a union: this person has been legally married but due to the death of the spouse, they are widowed and is currently living without a partner.

Divorced and not in a union: this person was legally married but is currently legally divorced and is presently living without a partner.

10. Total Household Income

This is the aggregate income of all members of the household from all sources, which was earned, gained or obtained during the past 12 months. This includes income from wages and salaries, as well as income from property or other investments, private educational scholarships, pensions, welfare, alimony, child support, etc.

11. Building Unit

A building is any independent, free-standing structure comprising of one or more rooms or other spaces, covered by a roof and usually enclosed within external walls which extend from the foundation to the roof.

A building may be used or intended for residential, commercial or industrial purposes or for the provision of services. It may therefore be a factory, shop, detached dwelling, apartment building, shopping centre, church, repair shop, etc.

12. Dwelling Unit

To be classified as a dwelling, living quarters must be structurally separate and must have a private entrance either from the outside or from a common hall, lobby or stairway inside the building. The entrance must be one that can be used without passing through anyone else's living quarters.

Examples of dwellings are:-

- (1) Single Detached/ Single house**
- (2) Single Attached (Dwelling units only)**
 - (a)** each half of a duplex, triplex, etc
 - (b)** a large building that has been structurally sub-divided to contain more than one housing unit.
Eg. A large house which has been converted into several units.
- (3) Part of a Private Dwelling:** a self-contained private dwelling which has been partitioned off from other spaces in a single house.
- (4) Apartment/Flat (dwelling units only):** this type is usually found one on top of the other, that is, the floor of one is the roof of the other.
- (5) Townhouse:** this is a self-contained unit (usually in blocks of units) with separate legal title to ownership. They may stand alone or attached (joined to another townhouse).
- (6) Dwelling attached to a Business:** a dwelling or dwellings adjoining a store or other commercial unit.
- (7) Other:** Any type of living quarters which does not easily fit into any of the groups outlined above. For example, boat, bus, trailer, etc.

13. Types of Living Quarters

For Census purposes, dwellings were divided into two (2) main groups as follows:

- (i) **PRIVATE DWELLINGS** are those in which a family or other small group of individuals reside, such as a single house, apartment/flat, or townhouse.
- (ii) **COLLECTIVE DWELLINGS** included such special types of dwellings as hotels, institutions (eg. hospitals, the prison, military barracks, convents, children and old folks' homes, etc) and other group quarters in which fairly large numbers of unrelated persons are likely to reside.

14. The Status of Dwellings

Dwellings can be categorized as follows:

- 1. **OCCUPIED** -- during the period of the census, persons were currently living in the dwelling unit.
- 2. **VACANT** -- any dwelling unit which is suitable for occupancy but was unoccupied at the time of the census.

15. Status of Vacant Dwellings:-

- 1. **Winter Residences:** private dwellings that are owned by persons from abroad.
- 2. **Secondary Residences (Domestic):** private dwellings that are owned by Bahamians.
- 3. **For Rent:** private dwellings which are "For Rent".
- 4. **For Sale:** private dwellings which are "For Sale".
- 5. **Other:** included seasonal vacancies such as vacation or holiday homes, time-share units and seasonal workers' quarters/complexes (dwellings used to house temporary residents/workers of a project).

16. Types of Tenure

Tenure refers to the right or title by which a dwelling is occupied. The types of tenure are as follows:-

Owned fully: means that the dwelling is fully paid for i.e. no mortgage/claim exists for the dwelling.

Owned (mortgage): a dwelling which is not fully paid for such as one which has a mortgage or some other claim to it.

Rent: the dwelling does not belong to any member of the household and payments are made monthly for occupancy of the dwelling unit.

Rent Free: no member of the household pays rent for occupancy of the dwelling. The dwelling is provided free of charges, whether or not in return for services rendered e.g. parsonage or government housing.

Lease: a contract in which a dwelling is being used or occupied; an option of buying may or may not exist. Usually, the total sum and time period are stipulated in the contract.

Other: any other type of tenure not listed above. An example “squatting” wherein households were found occupying a dwelling unit without permission of the owner and without any rights to the dwelling.

17. Shelter Cost

The cost of occupying a dwelling unit is regarded as the shelter cost. In the case of units owned (mortgage), it is the monthly mortgage payments; in the case of rented units, it is the monthly rent and lease, it is the yearly leased payments, etc.

18. Water Supply

Piped Water

“Piped water” is water which is piped into the dwelling or yard and can be controlled by a tap.

Public Piped: water that is piped through public mains or is obtained from any other public source (eg. well, tank, etc) outside the private lot on which the dwelling is situated.

Private Piped: water that is piped from a private well, spring or other private source located on the property on which the dwelling is situated.

Not Piped Water

Water is not piped into the yard or dwelling unit.

Public Not Piped: can either be a public well or tank at a central location in the community that is accessible to everyone or a public standpipe or hand pump on the side of the road.

Private not Piped: this water source is usually a well that is owned by the householder and is situated on the private property.

19. Economically Active Population

The economically active population is that segment of the population, fifteen years of age and over, engaged in or willing and able to be engaged in the production of goods and services. It is composed of those persons with jobs – the employed, and those persons without jobs but who were engaged in some job-seeking activity four weeks prior to the census. Included in this population were:-

- (i) Persons who had jobs and were at work during the reference week.
- (ii) Persons who had jobs but were absent from work during the reference week because of illness, vacation, labor disputes, weather conditions, etc.
- (iii) Persons who at the time of the enumeration had never worked before and were actively seeking work during the reference week.
- (iv) Persons who had previously worked, however, at the time of the enumeration, were not working but were actively seeking work during the reference week.

Groups (i) and (ii) constitute the employed labor force and groups (iii) and (iv) represent the unemployed labor force.

20. Non – Economically Active Population

The non-economically active population is that portion of the population fifteen years of age and over who were not engaged in the production of goods and services during the census reference week; nor were they seeking to be engaged during the four weeks prior to census reference week. This population included the following groups of persons:-

- (i) **Homemakers** – persons who during the reference week were engaged in general housekeeping duties (within their own homes) for which they did not receive pay.

- (ii) **Students** – persons who were attending an educational institution on a full time basis during the reference week.
- (iii) **Retirees** – persons who had terminated their employment and were not seeking work during the reference week.
- (iv) **Disabled** – persons who were incapacitated in some form and therefore were unable to work or seek work during the reference week.
- (v) **Other** – persons receiving public aid or private support and others not falling into any of the above categories.

21. Type of Industry

This refers to the type of work in which the individual was primarily engaged during the 12 months preceding census.

22. Type of Occupation

This is the type of work which was performed by the individual during the 12 months prior to the census and refers to his main job.

APPENDIX III

2010 CENSUS OF POPULATION AND HOUSING



BOUNDARY DESCRIPTIONS FOR SUPERVISORY DISTRICTS

APPENDIX III

2010 CENSUS OF POPULATION AND HOUSING

BOUNDARY DESCRIPTIONS FOR SUPERVISORY DISTRICTS

NEW PROVIDENCE

01 YAMACRAW

Bounded on the North by Prince Charles Drive; on the East by Milton Street, Falcon Crest, Meadows Way, Meadows Boulevard, Meadows Close, Falcon Crest, Cumberland Place to Yamacraw Hill Road; on the South to an Unnamed Road east of Saint Andrew Beach to its terminus to an imaginary line that extends to the sea; along the coast line to the high water mark that meets an imaginary line on the West of Marigold Farm Road, Lumumba Road, Fox Hill Road, Yamacraw Hill Road, Commonwealth Boulevard, Malaysia Way, Saint Vincent and Commonwealth Boulevard.

02 ELIZABETH

Bounded on the North by Pine Barren Road and Prince Charles Drive; on the East by Commonwealth Boulevard, St. Vincent Avenue, Malaysia Way, Commonwealth Boulevard, Yamacraw Hill Road and Fox Hill Road; on the South by Lumumba Road; and on the West by Marigold Farm Road, Joe Farrington Road, Sea Breeze Boulevard, Bay Lily Drive and Sea Breeze Drive.

03 SAINT ANNES

Bounded on the North, East and South by the sea; on the West by an imaginary line that extends to the terminus of an Unnamed Road (east of Saint Andrew Beach), Yamacraw Hill Road, Cumberland Place, Falcon Crest, Meadows Close, Meadows Boulevard, Meadows Way, Falcon Crest, Milton Street, Prince Charles Drive, Sherwood Drive, Camperdown Drive, an imaginary line that extends to Curtis Close and Fox Hill Road.

04 FOX HILL

Bounded on the North by Bernard Road, Cockburn Street, Step Street, Fox Hill Road, Curtis Close and an imaginary line that extends to Camperdown Drive; on the East by Sherwood Drive; on the South by Prince Charles Drive, Pine Barren Road, an imaginary line that extends to Sea Breeze Drive; and on the West by an imaginary line that extends to Spring Terrace, Winters Drive to Prince Charles Drive to Jean Street and Hill Side Park Road.

05 MONTAGU

Bounded on the North by the Sea (including Paradise Island); on the East by Fox Hill Road, Step Street and Cockburn Street; on the South by Bernard Road; and on the West by Village Road and to the prolongation of Greenwood Road an imaginary line that extends to the terminus of Perth Street to an imaginary line that extends to Highland Terrace, Shirley Street and Armstrong Street.

06 SEA BREEZE

Bounded on the North by Prince Charles Drive; on the East by Winters Drive, Spring Terrace, an imaginary line that extends to Sea Breeze Drive, Bay Lily Drive, Sea Breeze Boulevard, Joe Farrington Road and Marigold Farm Road to its terminus; on the South by the sea; on the West by an imaginary line that extends to Buttonwood Avenue, Brazilita Street, Acacia Street, Pinewood Drive, Safron Street, Sequoia Street, an Unnamed Road, North Alexandria Boulevard, East Alexandria Boulevard and its terminus, an imaginary line that extends to Freeman Smith Subdivision Road and Saint Michael Road.

07 MARATHON

Bounded on the North by Park Gate Road; on the East by Village Road, Bernard Road, Hill Side Park Road and Jean Street; on the South by Prince Charles Drive, Saint Michael Road, and Soldier Road; and on the West by Lady Slipper Avenue to its terminus, an imaginary line that extends to New Covenant Close, East West Highway, Robinson Road, Claridge Road, Balfour Avenue, Pinedale Street, Wulff Road, Kemp Road, Kingston Street, Elizabeth Street, Barbara Street, Edward Street and an imaginary line that extends to Park Gate Road.

08 SAINT THOMAS MOORE

Bounded on the North by the sea; on the East by Armstrong Street, Shirley Street, Highland Terrace to its terminus, an imaginary line that extends to the terminus of Perth Street, an imaginary line that extends to Village Road, the prolongation of Greenwood Road, Park Gate, an imaginary line that extends to Edward Street, Barbara Street, Elizabeth Street, Kingston Street, Kemp Road; on the South by Wulff Road; on the West by Mount Rose Avenue, Wilton Street, Mount Royal Avenue, Fifth Terrace, Collins Wall, an imaginary line that extends to Shirley Street and Deveaux Street.

09 FARM ROAD AND CENTERVILLE

Bounded on the North by the Sea; on the East by Deveaux Street, Dowdeswell Street, School Lane, Shirley Street to the continuation of Collins Wall, an imaginary line that extends to Fifth Terrace, Mount Royal Avenue, Wilton Street, Mount Rose Avenue; on the South by Wulff Road, Collins Avenue, Plantol Street, East Street; and on the West by Market Street, Lewis Street and East Street.

10 ENGLERSTON

Bounded on the North by Plantol Street; on the East by Collins Avenue, Wulff Road , Pinedale Street, Balfour Avenue and Claridge Road, Robinson Road, East West Highway, New Covenant Close and Lady Slipper Avenue; on the South by Frangipani Avenue, Chenille Avenue, and Marrow Lane; on the West by East Street.

11 GARDEN HILLS

Bounded on the North by Tonique Williams Darling Highway, Yellow Elder Way, Graham Drive; on the East by Blue Hill Road, Orange Blossom Avenue, Poppy Avenue, East Street, Marrow Lane, Chenille Avenue, Frangipani Avenue, Lady Slipper Avenue, Soldier Road and Emmanuel Drive; on the South by Malcolm Road, Blue Hill Road, and Carmichael; on the West by Shrimp Road, Adderley Terrace, Canterbury Road, to an imaginary line that extends to Maes Court, Hamster Road, Faith Avenue, Fire Trail Road to an imaginary line that extends to Knowles Drive.

12 KENNEDY

Bounded on the North by Malcolm Road, Kennedy Subdivision Road and Soldier Road and St Michael Road; on the East by Freeman Smith Subdivision Road, to an imaginary line that extends to East Alexandria Boulevard; on the South by North Alexandria Boulevard, Bedford Avenue, Windsor Place Road, Jumbay Street, Willow Tree Avenue, Wise Men Avenue, Bay Geranium Avenue, Jacaranda Street, Thatch Palm Avenue and Sappodilla Boulevard; and on the West by East Street.

13 SOUTH BEACH

Bounded on the North by Cowpen Road, Zion Boulevard, Bamboo Boulevard; on the East by Poinciana Avenue, Pinecrest Drive, Brazilita Street and an Unnamed Road; on the South by the Sea; on the West by an imaginary line that extends to Marshall Road.

14 BAIN AND GRANTS TOWN

Bounded on the North by the Sea, (Marlborough Street, Woods Rodgers Walk); on the East by East Street, Lewis Street, Market Street, Wulff Road, Blue Hill Road; on the South by an imaginary line that extends from Cordeaux Avenue to Moss Road; on the West by Thompson Boulevard, Nassau Street, Cambridge Street and Augusta Street.

15 ST. CECLIA

Bounded on the North by Wulff Road; on the East by East Street; on the South by Poppy Avenue, Orange Blossom Avenue to an imaginary line that extends to Blue Hill Road; on the West by Blue Hill Road.

16 GOLDEN GATES

Bounded on the North by Carmichael Road, Blue Hill Road, Malcolm Road, Emmanuel Drive and Soldier Road; on the East by Kennedy Subdivision Road; on the South by Malcolm Road, Sisal Road East, Sisal Road West, Blue Hill Road and St. Vincent Road; on the West by Shad Street, Mermaid Boulevard, Saxon Street, Golden Gates Straight Court, Cedar Way, Tamarind Way West, Acadian Way and Antigua Street.

17 BAMBOO TOWN

Bounded on the North by Sisal Road West, Sisal Road East and Malcolm Road; on the East by East Street, Sappodilla Boulevard, and Thatch Palm Avenue; on the South by Bamboo Boulevard, Zion Boulevard and Cowpen Road; on the West by Faith Avenue, St. Vincent Road and Blue Hill Road.

18 PINWOOD

Bounded on the North by Jacaranda Street, Bay Geranium Avenue, Wise Men Avenue, Jumbay Street, Windsor Place Road, Bedford Avenue; on the East by Alexandria Boulevard, Sequoia Street, Saffron Street, Pinewood Drive and Acacia Street; on the South by Brazilita Street, Pigeon Plum Street and Pinecrest Drive; on the West by Poinciana Avenue, Bamboo Boulevard, Thatch Palm Avenue.

19 BLUE HILLS

Bounded on the North by John F Kennedy Drive, Theodora Lane and Tonique Williams Darling Highway; on the East by Knowles Drive to an imaginary line that extends to Allen Close, Fire Trail Road, Faith Avenue, Hamster Road, Maes Court, to an imaginary line that extends to Canterbury Road, Adderley Terrace, Shrimp Road; on the South by Carmichael Road; on the West by Gladstone Road.

20 CARMICHEAL

Bounded on the North by Carmichael Road; on the East by Antigua Street, an imaginary line that extends to Mermaid Boulevard West, Tamarind Way West, Cedar Way, Golden Gates Straight Court, Saxon Street, Shad Street, St. Vincent Road, and Faith Avenue; on the South by Cowpen Road; on the West by to an imaginary line that extends to Montgomery Avenue, Great Britain Street and Bahamas Boulevard.

21 GOLDEN ISLES

Bounded on the North by Carmichael Road; on the East by Bahamas Boulevard, Great Britain Street, Montgomery Avenue and an imaginary line that extends to Cowpen Road, Marshall Road and to an imaginary line that extends to the Sea; on the South by the Sea; on the West by an imaginary line that extends to Coral Boulevard East and Coral Harbour Road.

22 FORT CHARLOTTE

Bounded on the North by the Sea; on the East by an imaginary line that extends to Augusta Street, Cambridge Street, Nassau Street, Thompson Boulevard; on the Southwest by Hawthorne Road; on the West by Farrington Road, Tedder Close (Sunrise Paradise property) to its terminus, an imaginary line that extends to an Unnamed Road, Churchill Avenue, Constitution Drive, an imaginary line that extends to Watch Tower Bible Society eastern boundary wall, an imaginary line that extends to Ferguson Road, West Bay Street to an imaginary line that extends to the sea. (Including Arawak Cay, Long Cay, Silver Cay and all cays up to North Cay.)

23 MT. MORIAH

Bounded on the North by John F Kennedy Drive, Thompson Boulevard and an imaginary line that extends from Moss Street to Blue Road; on the East by Blue Hill Road; on the South by Graham Drive, Yellow Elder Way, Tonique Williams Darling Highway; on the West by Christie Avenue, McKinney Avenue, Anson Road, Eneas Avenue, Lancaster Road and Christie Avenue.

24 CLIFTON

Bounded on the North by the Sea; on the East by an imaginary line that extends to West Bay Street, an Unnamed Road, Westridge Drive, Atlantic Drive, an Unnamed Road, John F Kennedy Drive, International Airport Road, Coral Harbour Road Adelaide Road, Carmichael Road and Coral Harbour Road; on the South by the Sea; on the West by the Sea (Clifton Bluff, Lyford Cay).

25 KILLARNEY

Bounded on the North by the Sea; on the East by an imaginary line that extends to West Bay Street, Ferguson Road, an imaginary line that extends to Watch Tower Bible Society eastern boundary wall, Constitution Drive, Church Hill Avenue, an Unnamed Road, an imaginary line that extends to Tedder Close (Sunrise Paradise property), Farrington Road, Hawthorne Road, Thompson Boulevard, John F. Kennedy Drive, Christie Avenue, Lancaster Road, Eneas Avenue, Anson Road, McKinney Avenue, Christie Avenue, Tonique Williams Darling Highway, Theodora Lane, John F. Kennedy Drive, Gladstone Road; on the South by Carmichael Road; on the West by Coral Harbour Road, International Airport Road, John F. Kennedy Drive, an Unnamed Road, Atlantic Drive, Westridge Drive, West Bay Street and an imaginary line that extends to the Sea.

GRAND BAHAMA

26 WEST END

Bounded on the North by the Sea; on the East by an imaginary line that extends southwardly to a stone wall immediately west of the Zion Baptist Church in Jones Town and continuing along this stone wall, Queen Elizabeth Highway, Wood Dove Road and an imaginary line that extends from Wood Dove Road to the Sea; on the South and West by the Sea.

27 EIGHT MILE ROCK

Bounded on the North by the Sea; on the East by Hawksbill Creek, an imaginary line that extends eastwardly to Regent Street, Regent Street, Churchill Drive, Bond Street, Royal Scot Drive, Queens Boulevard, Queens Way, Devon Court, Queens Cove Drive, Grand Bahamian Way, Queens Highway, West Sunrise Highway and an imaginary line that forms the western boundary of Bahamia Subdivision and the eastern boundary of the Hunters Settlement and extending out to the sea; on the South by the Sea; and on the West by an imaginary line that extends from the sea northwardly to Wood Dove Road, Wood Dove Road, Queen Elizabeth Highway, a stone wall immediately west of the Zion Baptist Church and continuing by an imaginary line out to the sea.

28 PINERIDGE

Bounded on the North by the Sea; on the East by an unnamed road extending southwardly from the sea to Queens Highway, Queens Highway, Balao Road, East Settlers Way and Coral Road; on the South by Ponce De Leon Drive, Adventurers Way, John Wentworth Avenue, Cadwallader Jones Drive, Santa Maria Avenue, John Maxwell Street and Queens Highway; and on the West by Hawksbill Creek, Queens Cove Drive, Devon Court, Queens Way, Queens Boulevard, Royal Scot Drive, Bond Street, Churchill Drive, and Regent Street.

29 LUCAYA

Bounded on the North by Queens Highway, John Maxwell Street, Santa Maria Avenue, Cadwallader Jones Drive, John Wentworth Avenue, Adventurers Way and Ponce De Leon Drive; on the East by Coral Road, Royal Palm Way and Sea Horse Lane; on the South by the Sea; and on the West by an imaginary line that extends from the sea and forms the western boundary of Bahamia Subdivision and the eastern boundary of the Hunters Settlement, West Sunrise Highway and Grand Bahamian Way.

30 MARCO CITY

Bounded on the North by Adventurers Way, Ponce De Leon Drive, Coral Road, East Settlers Way, Balao Road, Grand Bahama Highway, an unnamed road that extends southwardly from the sea and the Sea; on the East by an imaginary line that extends from the sea to Churchill Drive and Churchill Drive; on the South by East Sunrise Highway; and on the West by East Beach Drive, Poinciana Drive and Frobisher Drive.

31 HIGH ROCK

Bounded on the North by East Sunrise Highway, Churchill Drive and the Sea; on the East and South by the Sea; and on the West by Sea Horse Lane, Royal Palm Way and Coral Road; including Sweetings Cay and all adjacent cays east and southeast of Grand Bahama mainland.

ABACO

32 NORTH ABACO

Including all settlements of North Abaco as far south as Murphy Town and Dundas Town; and including all that area of Marsh Harbour bounded on the South by Harbour Road, Bay Street, Crockett Drive, Forest Drive and an imaginary line that forms the northwestern boundary of Government Subdivision and extends out to the western coast of Abaco; also including all islands and cays situated northwestwardly and northeastwardly of Great Abaco and Little Abaco from Walkers Cay to Hog Cay to Spanish Cay, Ambergris Cay to Green Turtle Cay and as far south as Whale Cay and including Little Jerry Cay and all Cays within two miles of the southern shores of the island.

33 SOUTH ABACO

Including all that area of Marsh Harbour bounded on the North by an imaginary line that extends from the west coast of Abaco and forms the northwestern boundary of Government Subdivision, Crockett Drive, Bay Street and Harbour Road; including all settlements south of Marsh Harbour and as far south as Sandy Point and Hole in the Wall; also including all islands and cays situated eastwardly and westwardly of Abaco from Guana Cay to Elbow Cay, Lynard Cay and all islands and cays west of Great Abaco including Moores Island and Gorda Cay.

ANDROS

34 NORTH ANDROS & BERRY ISLANDS

Including the following settlements of North Andros: Red Bays, Morgans Bluff, Lowe Sound, Nicholls Town, Conch Sound, Johnson Hill, San Andros, Mastic Point, Owens Town and Stafford Creek, Blanket Sound, Staniard Creek, Love Hill.

Including the Berry Islands and the Joutler Cays.

35 SOUTH ANDROS

Including Blanket Sound, Staniard Creek, Love Hill, Small Hope Bay, Calabash Bay, Coakley Town/Fresh Creek, Andros Town, Bowen Sound, Man-O-War Sound, Cargill Creek, Behring Point, Wood Cay and Mangrove Cay, Driggs Hill, Long Bay Cays, Congo Town, Motion Town, Duncombe Coppice, High Rock, The Bluff, Ferguson, Duncan Point, Kemps Bay Complex,

Smith Hill, Ash Town, Kemps Bay, Black Point, Deep Creek, Pure Gold, Little Creek, Pleasant Bay and Mars Bay, and all settlements in between and up to Coakley Point. Including Cay Sal Bank and all cays south and west of Andros.

ACKLINS

36 ACKLINS

Including all the settlements of Acklins Island.

BIMINI

37 BIMINI

Including Bimini Island, Cat Cay and Ocean Cay.

CAT ISLAND

38 CAT ISLAND

Including all settlements of Cat Island.

39 CROOKED ISLAND

Including all the settlements of Crooked Island and Long Cay.

ELEUTHERA

40 NORTH ELEUTHERA

Including all settlements of North Eleuthera which lie north of an imaginary line which runs from the eastern coast of Eleuthera, west along the southern boundary of Governor's Harbour Airstrip, western coast of Eleuthera; including all islands and cays situated and being within nine (9) miles eastward, northward and westward of the Governor's Harbour Airstrip, including Spanish Wells, Harbour Island and Current Island.

41 SOUTH ELEUTHERA

Including all settlements of Eleuthera which lie south of an imaginary line which runs from the eastern coast of Eleuthera along the southern boundary of Governor's Harbour Airstrip continuing westwardly to the western coast of Eleuthera.; including all islands and cays southwards, eastwards and westwards of the Governor's Harbour Airstrip.

EXUMA

42 EXUMA & CAYS

Including the islands of Great and Little Exuma, the Exuma Cays and the Ragged Island Chain.

INAGUA

43 INAGUA

Including all of the island of Inagua.

LONG ISLAND

44 LONG ISLAND

Including all of the settlements in Long Island from Seymours in the north to South Point in the south.

MAYAGUANA

45 MAYAGUANA

Including all of the settlements of Mayaguana.

SAN SALVADOR

46 SAN SALVADOR & RUM CAY

Including all of San Salvador and Rum Cay.

NB: The boundary descriptions in this report are not all encompassing and have been summarized for census purposes. Detailed descriptions can be provided upon request.

APPENDIX IV

2010 CENSUS OF POPULATION AND HOUSING



AREA MANAGERS AND SUPERVISORS

APPENDIX IV

2010 CENSUS OF POPULATION AND HOUSING

AREA MANAGERS

Area Managers (All Bahamas):

Brendalee Adderley, Evangeline Bowleg, Tonya Butler, Hugh Chase, Cheryl Darville, Carmen Dawkins, Leslie Deveaux, Nerissa Gibson, Insa Frith, Carmen Gomez, Subrenna Higgs, Isadell Howells, Janice Knowles, Azella Major, Janice Miller, Terah Newbold, Geraldine Pinder, Nicole Pinder, Kijana Rolle, Kim Rolle, Kendra Russell, Violet Stubbs, Clarice Turnquest, Sherilyn Wallace, Carolyn Williams, Leona Wilson, Cypreanna Winters.

SUPERVISORS

Supervisors by Supervisory District (All Bahamas)

New Providence

Yamacraw	Carolyn Barr, Robin Brennen, Denise Ferguson, Bernadette Saunders, Sharon Strachan
Elizabeth	Michael Bain, Kenneth Gibson, Juliette Hutchinson, Gayle Moncur, Patrice Munroe, Doretha Robins, Arthur Taylor,
St. Annes	Hilbert Collie, Ivy Curry, Deborah Lewis, Judy Mcfall, Kendra Samuels
Fox Hill	Chester Benjamin, Angelique Davis, William Pratt, Christine Rolle, Kaylinda Ward, Shanell Williams
Montague	Randy Carey, Shawanda Culmer, Ann Edwards, Charlene Marshall, Alexander Roberts, Dolly Thompson, Jan Thompson
Seabreeze	Patrice Cooper, Athena Seymour, Latoya Johnson, Sharon Smith, Rochelle Stuart, Yvonne Taylor
Marathon	Earlene Bastian, Angela Johnson, Tessa Nottage, Bettyann Stubbs Jennifer Sweeting
St. Thomas Moore	Novia Carter, Christina Brown, Dereck Edwards, Tamara Lopez Kolamae Pedican

Farm Road and Centreville	Arlene Cartwright, Jacklyn Conyers, Ella Lewis, Lavaughn Sands, Glenelle Scantlebury, Geta Williams
Englerston	Jamal Barr, Shonell Knowles, Rosalie McKenzie, Deborah Rolle, Anasaysha Thompson, Carol Watson
Garden Hills	Charmaine Bethell, Fercena Burrows, Sean Cunningham, Sharada Humes, Rosetta Walker, Sharon Winder
Kennedy	Paula Adderley, Deborah Bethel, Tamika Bodie, Tia Hinsey
South Beach	Bloneva Adderley, Erica Francis, Wellington Smith, Kristan Stubbs, Bettina Turner
Bain and Grants Town	Tonia Colebrooke, Patrice Fernander, Sophia Hunter, Donna Lightbourne, Willamae Stuart
St. Cecelia	Charles Albury, Stephanie Armbrister, Peter Carey, Delena Gittens Coralee Ferguson,
Golden Gates	Vincent Colby, Bricemae Gibson, Corrine Lewis, Sandra Sweeting
Bamboo Town	Lakeisha Bain, Doreta Johnson, Theresa Major, Verinique Joseph, Sheena Saunders
Pinewood	Alvin Collie Sr., Eunice Smith, Rochelle Walker, Marvin Williams
Blue Hills	Brenda Bain, Jasmine Bodie, Antoinette Ginton, Chandra Newry, Anthony Roberts, Telsine Sands, Lavon Smith
Carmichael	Sharene Gaitor, Dencil Kerr, Adelma Penn, Wendy Russell
Golden Isles	Catherine Brennen, Pauline Cox, Marina Johnson, Keith Lloyd, Deborah Smith, Kenneth Storr, Maedawn Rahming, Dale Thompson
Ft. Charlottte	Francis Bethell, Nanika Brathwaite, Clarence Carey, Ida Moxey, Helena Rolle
Mount Moriah	Natoki Beckford, Shane Brennen, Erolee Conliffe, Camille Deleveaux, Daphane Russell
Clifton	Antona Curry, Agatha Marcelle, Jennifer Miller, Tammy Rahming, Laverne Thompson, Julie Campbell, Cindy Stuart, Cynthia Wilson
Killarney	Patricia Francis, Andrea Fountain, Deborah Hanna, Vanrea Heastie, Marcian Mortimer, Betty Roberts, Carolyn M.Roberts, Deon Stewart
<u>Grand Bahama</u>	
West End	Hezekiah Dean, Judy Williams, Mary Russell
Eight Mile Rock;	Debra Greene, Julita Ingraham, Ethyln Meadows, Denise L. Pinder, Deana Williamson

Pineridge	Kermit Feaster, Jane Williams, Tamara Parker, Sherill Stewart, Louis Thurston, Deidra Stewart-Woods
Lucaya	Pamela Culmer, Beverly Curtis, Claire McIntosh, Carmetta Parker, Denise Pinder, Arlene Sands, Benjamin Sands, Shelia Scavella, Yvette Thompson,
Marco City	Adrianna Gordon, Bonnie Mary, Rochelle Minnis, Sylvia Smith, Michelle Wallace,
High Rock	Carnard Bethel, Maralyn Burrows, Gwendolyn Lewis, Netterkate Olurin, Eudell Roberts, Annie Rolle, Jacqueline Russell, Reno Smith, Victoria Wright,
<u>Family Islands</u>	
North Abaco	Yolanda Curry, Myrtis Russell, Sabrina Russell, Kendra Smith
South Abaco	Patricia Adderley, Valarie Dean, Charlamae Fernander, Cheri Rolle-Josue, Beatrice Moxey, Veronica Nairn, Enid White, Barbara Williams
North Andros	Paulette Smith, Mary Wallace
South Andros	Arnika McIntosh-Smith
Acklins	Arnette Chislom
Berry Islands	Cleveland Ramsey
Biminis	Juliette Dean, Joel Rolle
Cat Island	Iva Strachan
Crooked Island	Edith Bain
North Eleuthera	Pamela Gibson, Muriel Johnson, Shanna Johnson
South Eleuthera	Shirlene Knowles
Exuma and Ragged Island	Ethelee Hart, Eulamae Morley, Rosemary Pintard-Bowe, Lewisa Pratt
Harbour Island	Martin Grant
Inagua	Janice Mckinney
Long Island	Aspasia Fox, Deirdre Fox
San Salvador and Rum Cay	Eloise Whyms
Spanish Wells	Janet Higgs