

2012 POPULATION & HOUSING CENSUS - INDIVIDUAL QUESTIONNAIRE

B

Reg No.	Vill/Ward No.	ED.No.	Bldg No.	Dw No.	HH No.	Pers No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SERIAL NUMBER

SECTION P1: PERSONAL CHARACTERISTICS

ALL PERSONS

- P1.1** What is your (...) relationship to the head of household?
- | | |
|---|--|
| 1 <input type="radio"/> Head | 7 <input type="radio"/> Parent/parent-in-law |
| 2 <input type="radio"/> Spouse/partner | 8 <input type="radio"/> Other relative |
| 3 <input type="radio"/> Son/daughter | 9 <input type="radio"/> Domestic employee |
| 4 <input type="radio"/> Step/adopted child | 10 <input type="radio"/> Non-relative/lodger |
| 5 <input type="radio"/> Grand/great-grand child | <input type="radio"/> Not stated |
| 6 <input type="radio"/> Son/daughter-in-law | |

- P1.2** INTERVIEWER: Shade the appropriate oval.
FOR PERSONS NOT SEEN ASK: Is (...) male or female?
- 1 ☐ Male 2 ☐ Female

- P1.3** What is your (...) date of birth?
- | | | |
|----------------------|----------------------|----------------------|
| Day | Month | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

If date of birth is not known ask: How old were you/was (...) on your (...) last birthday? Do not leave blank, if age is not known, TRY TO GET ESTIMATE. (i.e. from others in the household or use historical events).

AGE YRS

- P1.4** To what ethnic group do you/does (...) belong?
- | | |
|---------------------------------------|---|
| 1 <input type="radio"/> African/Black | 7 <input type="radio"/> White |
| 2 <input type="radio"/> Amerindian | 8 <input type="radio"/> Other (specify) |
| 3 <input type="radio"/> East Indian | |
| 4 <input type="radio"/> Chinese | |
| 5 <input type="radio"/> Mixed | <input type="radio"/> Not stated |
| 6 <input type="radio"/> Portuguese | |

- P1.5** To which religion/denomination do you/does (...) belong?
- | | |
|---|---|
| 1 <input type="radio"/> Anglican | 9 <input type="radio"/> Hindu |
| 2 <input type="radio"/> Methodist | 10 <input type="radio"/> Rastafarian |
| 3 <input type="radio"/> Pentecostal | 11 <input type="radio"/> Other Christians |
| 4 <input type="radio"/> Roman Catholic | 12 <input type="radio"/> None/No Religion |
| 5 <input type="radio"/> Jehovah Witness | 13 <input type="radio"/> Other (specify) |
| 6 <input type="radio"/> Seventh Day Adventist | |
| 7 <input type="radio"/> Bahai | |
| 8 <input type="radio"/> Muslim | <input type="radio"/> Not stated |

SECTION P2: DISABILITY

SAMPLE - FOR INFORMATION ONLY

ALL PERSONS

- P2.1** Do you/does (...) have any long-standing difficulty/problem that prevents you/(...) from performing an activity?
- 1 ☐ Yes 2 ☐ No (Skip to Section P3) ☐ Not stated

ACTIVITY	P2.2 Which of the following activities do you/does (...) have difficulty with?	P2.3 Is the problem serious/permanent?	P2.4 Was the problem diagnosed by a Medical Doctor?	P2.5 How was the disability acquired?	P2.6 In which way has the problem limited your /(....) activities most compared with other people of your/(....) age?
If Yes to P2.2, continue up to P2.6 and If No, go to the next Activity in the list and proceed accordingly.	1. Yes 2. No	1. Yes 2. No	1. Yes 2. No	1. Born with it 2. Acquired by accident 3. Acquired by disease	1. Self-care 2. Mobility 3. Communication 4. Schooling 5. Employment 6. None 7. All or at least three 8. Other (specify)
1. Seeing (even if wearing glasses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Hearing (even if wearing hearing aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Talking/speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Moving/mobility (walking, standing, climbing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Body movements (reaching, gripping, holding, kneeling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Learning/understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Mental functioning (behavioral, emotional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- P2.7** What is your (...) main source of support?
- 1 ☐ Self-sufficient
- 2 ☐ Public Assistance
- 3 ☐ Disabled Persons Organisation/Non-Governmental Organisation (NGO)
- 4 ☐ Family
- 5 ☐ Other (specify) _____
- ☐ Not Stated

X

SECTION P3: MIGRATION (BIRTHPLACE AND RESIDENCE)

ALL PERSONS

P3.1 Where were you/was (...) born?

Interviewer: Remember what is required for persons born in Guyana is the mother's normal residence at the time of birth, and not the hospital or where the birth took place.

1 ☐ In Guyana

2 ☐ Abroad

(Name of Country) Skip to P3.3

☐ Not stated

For Official Use

P3.2 In which Region/Town/Village of Guyana was that?

1 Region

2 Town

3 Village/Ward

NS

NS

For Official Use

P3.3 What is your (...) nationality/citizenship?

1 ☐ Guyanese (by Birth) (Skip to P3.5)

2 ☐ Guyanese (by Naturalization)

3 ☐ Name of Country (if not Guyanese)

☐ Not stated

For Official Use

P3.4 In what year did you (...) come to live in Guyana? (FOREIGN BORN ONLY)

Year

(If from CARICOM Member State as given in P3.3, Skip to P3.12;
If from Any Other Foreign Country, Skip to Section P4)

P3.5 Where do you/does (...) usually live? (ALL GUYANESE)

1 ☐ At this present address (Skip to P3.7)

2 ☐ Elsewhere in Guyana

3 ☐ Abroad (Skip to Section P4)

☐ Not stated

P3.6 In what part of Guyana is that? (duration of 6 months and above)

1 Region

2 Town

3 Village/Ward

For Official Use

P3.7 For how long have you/(...) resided in this/that region?

1 ☐ Never moved

2 ☐ Duration of residence

For Official Use

P3.8 Have you (...) ever lived outside Guyana for a continuous period of 5 years or more?

1 ☐ Yes

2 ☐ No (Skip to Section P4)

P3.9 In what country did you last live?

Country

☐ Not stated

For Official Use

P3.10 In what year did you (...) return to live in Guyana?

Year

P3.11 Why did you (...) return to live in Guyana?

1 ☐ Regard it as Home

2 ☐ Family re-unification

3 ☐ Deported

4 ☐ To start a Business

5 ☐ Retired

6 ☐ Homesick

7 ☐ Completed Study

8 ☐ Other (specify)

☐ Not stated

Skip to Section P4

(MIGRANTS FROM CARICOM MEMBER STATES ONLY)

P3.12 Did you (...) move under the Free Movement of Persons Regime?

1 ☐ Yes

2 ☐ No (Skip to P3.15)

P3.13 Under which category did you (...) move?

1 ☐ Skilled National

2 ☐ Service Provider

3 ☐ Under Rights of Establishment

4 ☐ Employee of non-wage Earner

P3.14 When did you (...) move/obtain approval to stay under the Free Movement?

Month/Year

P3.15 Did your (...) spouse move with you (...) ?

1 ☐ Yes

2 ☐ No

3 ☐ Not Applicable

P3.16 Did your (...) dependents move with you (...)?

1 ☐ Yes

2 ☐ No

3 ☐ Not Applicable

SECTION P4: EDUCATION

PERSONS AGED 3 YRS AND ABOVE

P4.1 Are you/is (...) currently attending an educational institution?

1 ☐ Yes, full-time

3 ☐ No (Skip to P4.3)

2 ☐ Yes, part-time

P4.2 What type of educational institution are you/is (...) attending?

1 ☐ Day Care/Play Group

9 ☐ Vocational/Trade

2 ☐ Nursery/Kindergarten

10 ☐ Business/Computer Studies

3 ☐ Primary

11 ☐ Adult Education

4 ☐ Sec. Dept. of Primary/CHS

12 ☐ University/Tertiary

5 ☐ General Secondary

13 ☐ Other (specify)

6 ☐ Post Secondary School

7 ☐ Special School

☐ Not stated

8 ☐ Technical Institute

P4.3 What is the highest level of education that you have/(...) has reached?

1 ☐ None/Nursery/Kindergarten

5 ☐ University/Tertiary

2 ☐ Primary

6 ☐ Other (specify)

3 ☐ Secondary

4 ☐ Post Secondary

☐ Not stated

P4.4 What class did you (...) complete?

1 ☐ None

8 ☐ Frm 2/Grd 8

2 ☐ Prep A & B/Grds 1 & 2

9 ☐ Frm 3/Grd 9

3 ☐ Std 1/Grd 3

10 ☐ Frm 4/Grd 10

4 ☐ Std 2/Grd 4

11 ☐ Frm 5/Grd 11

5 ☐ Std 3/Grd 5

12 ☐ Frm 6/Grd 12

6 ☐ Std 4/Grd 6

☐ Not stated

7 ☐ Frm 1/Grd 7

13 ☐ Post Secondary/Tertiary/University

No. of yrs

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+ ☐ NS

P4.5 INTERVIEWER: Shade the appropriate oval

1 ☐ Under 5 yrs (Skip to Section P11) 3 ☐ 5 - 14 yrs (Skip to Section P10)

2 ☐ Females Aged 14 yrs (Skip to Section P7) 4 ☐ 15 yrs and over

P4.6 What is the highest level of qualification that you have/(...) has achieved?

1 ☐ None

2 ☐ School leaving

3 ☐ Junior Cambridge Certificate

4 ☐ CXC Basic

5 ☐ GCE O' levels or CXC General

Number of subjects passed

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

9 or more

Not stated

6 ☐ High School/Senior Cambridge Certificate

7 ☐ GCE A' levels/CAPE

Number of subjects passed

☐ 1 ☐ 2 ☐ 3

4 or more

Not stated

8 ☐ Certificate/Diploma

9 ☐ Bachelor's Degree

13 ☐ Other (specify)

10 ☐ Post Graduate Dip/Certificate

11 ☐ Higher Degree (Masters)

12 ☐ Higher Degree (Doctoral)

☐ Not stated

SECTION P5: TRAINING

PERSONS AGED 15 YRS AND ABOVE

- P5.1** Have you/has (...) ever received/attempted/currently attending any training to fit you (...) for employment? (Formal or Informal)
- 1 ☐ Yes 2 ☐ No **(Skip to Section P6)**
- P5.2** What was/is the status of your (...) training?
- 1 ☐ Completed training ☐ Not stated
- 2 ☐ Attempted training but did not complete
- 3 ☐ Currently undergoing training
- P5.3** What was/is the main occupation/profession for which you (...) had the highest level of training?
- ☐ Not stated
- For Official Use**
- P5.4** How was/is the training received?
- 1 ☐ On the job 6 ☐ Institution
- 2 ☐ Apprenticeship 7 ☐ Online/Virtual Learning
- 3 ☐ Correspondence/Distance Learning 8 ☐ Other (specify)
- 4 ☐ Vocational/Trade Sch./Technical Inst.
- 5 ☐ Commercial/Secretarial School ☐ Not stated

- P5.5** What was/is the duration of your (...) highest level of training?
- No. of months ☐ Not stated
- P5.6** What type of qualification/certificate do/did you (...) expect to receive/received on completion of the training at the highest level?
- 1 ☐ None 8 ☐ Post Grad. Degree
- 2 ☐ Certificate with exams 9 ☐ Professional Qualification
- 3 ☐ Certificate without exams 10 ☐ Other (specify)
- 4 ☐ Diploma
- 5 ☐ Advanced Diploma
- 6 ☐ Associate Degree ☐ Not stated
- 7 ☐ First Degree

SECTION P6: MARITAL/UNION STATUS

PERSONS AGED 15 YRS AND ABOVE

- P6.1** What is your (...) marital status?
- 1 ☐ Single/never married
- 2 ☐ Married **(Skip to P6.3)**
- 3 ☐ Divorced
- 4 ☐ Widowed
- 5 ☐ Legally Separated
- ☐ Not stated
- P6.2** Are you in a common law relationship?
- 1 ☐ Yes 2 ☐ No **(Skip to P7 if Female aged 15-54 yrs. Skip to P8 if Female aged 55 yrs & above or if Male)**
- P6.3** Are you currently living in union with your spouse/a partner?
- 1 ☐ Yes 2 ☐ No
- IF FEMALE AGED 55 YRS & ABOVE OR MALE, SKIP TO SECTION P8**

SAMPLE - FOR INFORMATION ONLY

SECTION P7: FERTILITY

FEMALES AGED 14-54 YRS

- P7.1** How many children have you/(...) given birth to, if any, that were born alive (breathing, crying or kicking even for a brief moment)?
- Total Boys Girls
-
- (If None, write 00 in the boxes and Skip to Section P8. If aged 14 yrs, Skip to Section P10.)**
- P7.2** How many of the children are:
- ▶ **P7.2 (a) Living in this household?** **(If None, write 00 in the boxes and continue)**
- Total Boys Girls
-
- ▶ **P7.2 (b) Living elsewhere?** **(If None, write 00 in the boxes and continue)**
- Total Boys Girls
-
- ▶ **P7.2 (c) Not alive?** **(If None, write 00 in the boxes and continue)**
- Total Boys Girls
-
- P7.3** How old were you/was (...) when you/(...) had your (...) first live birth?
- AGE YRS
- P7.4** How old were you/was (...) when you/(...) had your (...) last live birth?
- AGE YRS
- FOR WOMEN 14-49 YEARS**
- P7.5** Have you had a recent live birth in the last 12 months?
- Boys Girls
- 1 ☐ Yes
- 2 ☐ No **(Skip to Section P8 and if aged 14 yrs, Skip to Section P10)**
- P7.6** Is the child/children still alive?
- 1 ☐ Yes
- 2 ☐ No Boys Girls
- (If aged 14 yrs, Skip to Section P10)**

SECTION P8: ECONOMIC ACTIVITIES

PERSONS AGED 15 YRS AND ABOVE

- P8.1** What did you (...) do **most** during the past week? **(Current Activity Status)**
- 1 ☐ Had a job and worked
- 2 ☐ Had a job but did not work
- 3 ☐ Seeking first job
- 4 ☐ Seeking a job which was not the first
- 5 ☐ Did not seek but wanted work and was available
- 6 ☐ Attended school/Student
- 7 ☐ Performed Home Duties
- 8 ☐ Retired, did not work
- 9 ☐ Disabled, unable to work
- 10 ☐ Other (specify)
- ☐ Not stated
- (Skip to P8.3)**
- P8.2** How many hours did you/(...) work during the past week?
- Hours **(Skip to P8.7)**
- P8.3** Did you (...) do any work at all **during the past one week**; including helping in the family business/farm, or work at home, for pay doing any of the following, handicrafts, washing clothes, ironing or sewing, etc? In addition did you sell cigarettes, newspaper, food, snacks or wash cars for tips or pay?
- 1 ☐ Yes **(Skip to P8.7)** ☐ Not stated
- 2 ☐ No
- P8.4** Did you (...) take any active steps to look for work during the past month?
- 1 ☐ Yes ☐ Not stated
- 2 ☐ No **(Skip to P8.6)**
- P8.5** What was the **most** recent step you (...) took during the past month?
- 1 ☐ Direct Application
- 2 ☐ Checked at work sites
- 3 ☐ Asked friends/family
- 4 ☐ Registered with employment exchange
- 5 ☐ Other (specify)
- (Skip to P8.12)**

P8.6 Why did you (...) not take steps to look for work during the past month?

- 1 ☐ Pregnancy
- 2 ☐ Home duties, personal/family responsibilities
- 3 ☐ Already arranged employment
- 4 ☐ Awaiting recall to former job
- 5 ☐ Awaiting replies from employers
- 6 ☐ Awaiting busy season
- 7 ☐ Discouraged/lost hope
- 8 ☐ Attending school/training
- 9 ☐ No jobs available in the area
- 10 ☐ Illness, disability, injury
- 11 ☐ Retirement/old age
- 12 ☐ Other (specify) _____

Skip to
P8.12

P8.7 Did you (...) carry out your (...) own business or work on own (...) farm, work for a wage/salary or as unpaid worker in a family business?
(Current Employment Status)

- 1 ☐ Paid employee, State Owned/Government
- 2 ☐ Paid employee, Statutory Board/Agency
- 3 ☐ Paid employee, Private Establishment
- 4 ☐ Paid employee, Private Home
- 5 ☐ Own business/Self-employed with paid employees (Employer)
- 6 ☐ Own business/Self-employed without employees (Own Account)
- 7 ☐ Unpaid family worker
- 8 ☐ Apprentice/Learner/Trainee
- 9 ☐ Other (specify) _____

P8.8 What kind of work did you (...) do during the past week in your (...) main occupation?

Occupation _____

For Official Use

P8.9 What type of business/activity are you/is (...) engaged in or what activity is carried out at your (...) workplace?

Industry _____

For Official Use

P8.10 Where is your (...) place of work?

- 1 ☐ Work at home (Skip to P8.12)
- 2 ☐ No fixed place of work (Skip to P8.12)
- 3 ☐ A fixed place outside the home

P8.11 What is the name and address of your (...) workplace?

Name: _____

Address: _____

P8.12 What did you/(...) do **most** during the past 12 months?
(Usual activity Status)

- 1 ☐ Had a job and worked
- 2 ☐ Had job but did not work
- 3 ☐ Seeking first job
- 4 ☐ Seeking a job which was not the first
- 5 ☐ Did not seek but wanted work and was available
- 6 ☐ Attended school/Student
- 7 ☐ Did Home Duties
- 8 ☐ Retired, did not work
- 9 ☐ Disabled, unable to work
- 10 ☐ Other (specify) _____

Skip to
Section
P9

P8.13 How many months did you (...) work during the past 12 months?
Not stated

Months

SAMPLE - FOR INFORMATION ONLY

SECTION P9: SOURCE OF LIVELIHOOD

PERSONS AGED 15 YRS AND ABOVE

P9.1 Do you/does (...) receive any money/remittances from relatives and/or friends abroad?

- 1 ☐ Yes
- 2 ☐ No

P9.2 What was your (...) **main** source of livelihood during the past year?

- 1 ☐ Employment/Own Account
- 2 ☐ Remittances (Overseas)
- 3 ☐ Support from friends/relatives (Local)
- 4 ☐ Parental/spousal support
- 5 ☐ Pension (NIS, Old-age, Former employer)
- 6 ☐ Savings/Interest on savings
- 7 ☐ Disability benefits
- 8 ☐ Investments
- 9 ☐ Public Assistance
- 10 ☐ Other (specify) _____

SECTION P10: ACCESS TO THE INTERNET

PERSONS AGED 5YRS AND ABOVE

P10.1 Do you/does (...) have access to the internet?

- 1 ☐ Yes
- 2 ☐ No (Skip to Section P11)

P10.2 Do you/does (...) use the internet?

- 1 ☐ Yes
- 2 ☐ No (Skip to Section P11)

P10.3 What was your (...) main form /method of access to the internet in the last three (3) months?

- 1 ☐ Home
- 2 ☐ Work
- 3 ☐ School
- 4 ☐ Internet Café
- 5 ☐ Cellular phone/PDA
- 6 ☐ Hot spot roaming
- 7 ☐ Family or friend's house
- 8 ☐ Other (specify) _____

SECTION P11: WHERE SPENT THE CENSUS NIGHT

ALL PERSONS

P11.1 Where did you (...) spend the Census Night? (the mid-night of 14th/15th September 2012)

- 1 ☐ At this Address (End Interview)
- 2 ☐ Elsewhere in the Country
- 3 ☐ Abroad (End Interview)

Comments _____

P11.2 What part of the country was that? If known, please specify

1 Region _____

2 Town _____

3 Village/Ward _____

For Official Use