

# CHAPTER 311 STATISTICS ACT

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• Act • Subsidiary Legislation •

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## ACT

Act No. 30 of 1960

### Amended by

Act No. 21 of 1961

#### ARRANGEMENT OF SECTIONS

1.	Short title.
2.	Interpretation.
3.	Functions of Statistical Office.
4.	Delegation of functions.
5.	Power to direct that a census be taken.
6.	Collection and compilation of statistics.
7.	Power to obtain information.
8.	Power of entry.
9.	Restriction on publication.
10.	Major offences.
11.	Miscellaneous offences.
12.	General penalty.
13.	Power to make, and procedure for, regulations.
14.	Oath of secrecy.
15.	Power to amend Schedule.
16.	Prosecution.
First Schedule	Subjects of Census
Second Schedule	Procedure for making Regulations
Third Schedule	Form of Oath

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## CHAPTER 311 STATISTICS ACT

**An Act to provide for the taking of census and for the collection, compilation, analysis and publication of certain statistical information, and for other matters relating thereto.**

[Act No. 30 of 1960 amended by Act No. 21 of 1961.]

[3rd December, 1960.]

### 1. Short title

This Act may be cited as the Statistics Act.

### 2. Interpretation

In this Act—

“Director of Statistics” means the head of the Statistical Office of the Government;

“person”, where it is used in relation to a person furnishing or required to furnish particulars or information under this Act, includes all or any of the individuals constituting a firm or the person having the control or management of a partnership business, and, in the case of a company or corporation, association or body or society of persons, includes any director, manager or secretary of the company or corporation or head (by whatever names called) of the association or body of persons or society;

“statistics” means information in connection with or incidental to any census or all or any of the matters specified in the First Schedule;

“undertaking” means an undertaking by way of a trade or business whether or not the trade or business is carried on for profit.

### **3. Functions of Statistical Office**

For the purposes of this Act there shall be a Statistical Office the duties of which shall be—

- (a) to take any census;
- (b) to collect, compile, analyse, abstract and publish statistical information relating to the social, agricultural, economic, commercial, industrial and general activities and conditions of the inhabitants of Grenada;
- (c) to collaborate with Ministries and Departments of Government, and with public bodies, in the collection, compilation, analysis and publication of statistical records of administrations and departments; and
- (d) generally to organise a co-ordinated scheme of social and economic statistics relating to Grenada.

### **4. Delegation of functions**

The Statistical Officer may delegate in writing his or her powers and functions under this Act.

### **5. Power to direct that a census be taken**

The Minister may, by Order, direct that a census shall be taken for Grenada, or any part thereof, or any class of inhabitants thereof, and any such Order may prescribe—

- (a) the date or dates on or between which the census is to be taken;
- (b) the information to be obtained in the census.

### **6. Collection and compilation of statistics**

(1) Subject to the provisions of this Act, the Statistical Officer may, and on the direction of the Minister the Statistical Officer shall, collect, whether in conjunction with a census or not, statistics relating to all or any of the matters set out in the First Schedule either in Grenada generally or any part thereof.

(2) The Statistical Officer shall cause the statistics collected under this Act to be compiled, tabulated and analysed and, subject to the provisions of this Act, may cause such statistics or abstracts thereof to be published, with or without comments thereon, in such a manner as he or she may determine.

### **7. Power to obtain information**

(1) It shall be lawful for the Statistical Officer or a public officer acting on his or her behalf to require any person—

- (a) to furnish, in such form and manner and within such time as may be specified by a notice in writing, such periodical or other information, estimates or returns, concerning such of the matters set out in the First Schedule as may be so specified; and
- (b) to supply him or her with particulars either by interviewing such person personally or by leaving at the last known address or by posting under registered cover to the last known address of such person a form having thereon a notice requiring such form to be completed and returned in the manner and within the time specified in the notice.

Any such notice under this subsection shall state that it is served in exercise of the power conferred by this subsection.

(2) A person having the custody or charge of any public records or documents, or of the records or documents of a public body, corporation, person, partnership, firm, company, society, or association from which, in the opinion of the Statistical Officer, information in respect of the matter in relation to which the collection of statistics is required can be obtained or which would aid in the completion or correction of such statistics, shall, notwithstanding the provision of any other law enjoining secrecy, grant to the Statistical Officer or any public officer acting on his or her behalf, access to such records or documents for the purpose of obtaining therefrom such information.

(3) The Statistical Officer may, by advertisement in the *Gazette* and in such newspapers as may appear to him or her to be sufficient for notifying persons concerned, publish a list of any classes or descriptions of business or callings in relation to which particulars or information will be required for the purpose of any statistical enquiry under this Act, and upon such publication it shall be the duty of every person carrying on a business or calling of any such class or description as aforesaid, who has not received a notice under subsection (1), to inform the Statistical Officer or any person specified in the advertisement within such period, being not less than twenty-eight days after the date of publication of the advertisement, as may be specified therein, that he or she is carrying on such business or calling as specified, and to give the Statistical Officer such particulars or information of the business or calling as may be so specified.

## **8. Power of entry**

The Statistical Officer, or a public officer acting on his or her behalf may, after giving such notice as may be prescribed, upon production of his or her authorisation, for any purpose—

- (a) connected with the taking of a census; or
- (b) connected with the collection of other statistics,

enter at such times as may be prescribed, any dwelling-house or any premises where it appears to him or her likely that persons are employed; and in either case may make such enquiries as may be necessary for the performance of his or her duties.

## **9. Restriction on publication**

Except for the purposes of a prosecution under this Act—

- (a) no individual return, or part thereof, made for the purposes of this Act;
- (b) no answer given to any question put for the purposes of this Act;
- (c) no report, abstract, or other document, containing particulars comprised in any such return or answer so arranged as to enable identification of such particulars with any person, undertaking or business,

shall be published, admitted in evidence, or shown to any person not employed in the execution of a duty under this Act, unless the previous consent in writing thereto has been

obtained from the person making such return or giving such answer, or, in the case of an undertaking or business, from the owner for the time being of the undertaking or business:

Provided that nothing in this section shall prevent or restrict the publication of any such report, abstract or other document, without such consent where the particulars in such report, abstract or other document, enable identification merely by reason of the fact that the particulars relate to an undertaking or business which is the only undertaking or business within its particular sphere of activities, so, however, that in no case shall such particulars enable identification of the costs of production, the capital employed, or profits arising in, any such undertaking or business.

## **10. Major offences**

(1) Any individual employed in the execution of any duty under this Act, who—

- (a) by virtue of such employment becomes possessed of any information which might exert an influence upon or affect the market value of any share, interest, product or article, and before such information is made public in accordance with the provisions of this Act, directly or indirectly uses such information for personal gain;
- (b) without lawful authority publishes or communicates to any other person otherwise than in the ordinary course of such employment and information acquired by him or her in the course of his or her employment;
- (c) knowingly compiles for issue any false statistics or information,

shall be guilty of a misdemeanour and liable on conviction thereof to imprisonment for two years and to a fine of five thousand dollars.

(2) A person, being in possession of any information which to his or her knowledge has been disclosed in contravention of this Act, who publishes or communicates such information to any other person shall be guilty of a misdemeanour and liable on conviction thereof to imprisonment for two years and to a fine of five thousand dollars.

## **11. Miscellaneous offences**

A person who—

- (a) hinders or obstructs the Statistical Officer or any person duly authorised in the execution of any power conferred under this Act;
- (b) refuses or neglects to fill up and supply the particulars required in any schedule, form or other document lawfully left with or sent to him or her, or who refuses or neglects to answer any question or enquiry addressed to him or her under the authority of this Act, or to supply the information required in accordance with section 7(3);
- (c) knowingly makes in any schedule, form or other document filled up or supplied pursuant to this Act, or in any answer to any question asked of him or her under the authority of this Act, any statement which is untrue in any material particular; or
- (d) without lawful authority, destroys, defaces or mutilates any schedule, form or other document containing particulars collected under this Act, or writes or makes on any schedule, form or other document issued for the purposes of this Act and furnished to the Statistical Officer, any indecent, obscene, blasphemous or insulting remarks, drawing or other matter,

shall be guilty of an offence.

## **12. General penalty**

Subject to the provisions of this Act, every person who is guilty of an offence under this Act for which no penalty is specifically provided shall be liable on conviction thereof by a court of summary jurisdiction to a fine of five thousand dollars for each such offence and in default of payment to imprisonment for any term not exceeding two years and, if the offence is continued after conviction, to a fine of five hundred dollars for each day on which the offence is so continued.

### **13. Power to make, and procedure for, regulations**

(1) The Minister may make regulations for the purpose of carrying out the provisions of this Act and, in particular, but without prejudice to the generality of the foregoing, may make regulations prescribing—

- (a) the particulars and information to be furnished on the taking of a census or concerning any matter in respect of which statistics may be collected under the provisions of this Act;
- (b) the manner and form in which and the times and places at which such particulars and information shall be furnished;
- (c) the manner in which notice shall be given to persons on whose premises entry is desired;
- (d) the times at which entry may be effected on premises.

(2) The provisions contained in the Second Schedule apply with respect to the making by the Minister of all regulations under this Act.

### **14. Oath of secrecy**

(1) Subject to the provisions of subsection (2), a public officer employed in the execution of a duty under this Act shall before entering on his or her duties take an oath in the form in the Third Schedule or make an affirmation to the same effect, and such oath or affirmation shall be administered by the Statistical Officer.

(2) The Statistical Officer, before entering on his or her functions or duties under this Act, shall take an oath in the form in the Third Schedule or make an affirmation to the same effect, and such oath or affirmation shall be administered by the Secretary to the Cabinet.

### **15. Power to amend Schedule**

The Minister may, from time to time, by Order, amend the First Schedule.

### **16. Prosecution**

A prosecution for an offence under this Act shall not be instituted except by or with the consent of the Director of Public Prosecutions.

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## **First Schedule**

### **STATISTICS ACT**

#### *Subjects of Census*

[Sections 2, 6(1) and 7(1).]

1. Population and housing.
2. Vital occurrences and morbidity.

3. Immigration and emigration.
4. Internal and external trade.
5. Primary and secondary production.
6. Agriculture, including dairying, horticulture, pastoral and allied industries.
7. Fishing.
8. Factories, mines and productive industries generally.
9. Employment, unemployment and underemployment.
10. Salaries, wages, bonuses, fees, allowances and any other payments and honoraria for services rendered.
11. Income, earnings, profits and interest.
12. Social, educational, labour and industrial matters including co-operative groups and societies, associations of employers, employees, and other persons generally.
13. Industrial disturbances and disputes.
14. Banking, insurance and finance generally.
15. Commercial and professional undertakings.
16. Distributive trades.
17. Health.
18. Transport and communications by land, sea or air.
19. Wholesale and retail commodity prices, rents, and the costs of living.
20. Injuries, accidents and compensation.
21. Stocks of manufactured and unmanufactured goods.
22. Sweepstakes, lotteries, charitable and other public collections of money.
23. Land tenure, and the occupation and use of land.
24. Local Government.
25. Orders, work in progress, outgoings and costs (including work given out to contractors) and details of capital expenditure.
26. Debts outstanding, fixed capital assets and plant (including the acquisition and disposal of plant and such assets).

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## **Second Schedule**

### **STATISTICS ACT**

#### *Procedure for making Regulations*

[Section 13.]

1. Before he or she makes any regulations the Minister shall publish in the *Gazette*, and in such other manner as he or she may think best adapted for informing persons affected, notice of the proposal to make the regulations and of the place where copies of the draft regulations may be obtained and of the time, which shall not be less than twenty-eight days, within which any objection made with respect to the draft regulations by or on behalf of persons or undertakings affected must be sent to him or her.
2. Every objection shall be in writing and must state—

- (a) the specific grounds of objection; and
- (b) the omissions, additions or modifications requested.

3. The Minister shall consider each objection made by or on behalf of any person appearing to him or her to be affected which is sent to him or her within the required time and he or she may, if he or she thinks fit, amend the draft regulations and after doing so he or she shall cause the amended draft regulations to be published in the *Gazette*.

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**Third Schedule**

**STATISTICS ACT**

*Form of Oath*

[Section 14.]

I, ..... , do solemnly swear that I will faithfully and honestly fulfil my duties as ..... in conformity with the requirements of the Statistics Act, and that I will not without due authority disclose or make known any matter or thing which comes to my knowledge by reason of my employment as such.

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**CHAPTER 311  
STATISTICS ACT**

**SUBSIDIARY LEGISLATION**

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*List of Subsidiary Legislation*

- 1. Census Regulations (*Repealed*)
- 2. Statistics (Census) Regulations (*Repealed*)
- 3. Statistics (Census) Regulations

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**Census Regulations**

SRO 7 of 1991

**Repealed by**

SRO 12 of 2001

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**Statistics (Census) Regulations**

SRO 12 of 2001

**Repealed by**

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STATISTICS (CENSUS) REGULATIONS

ARRANGEMENT OF REGULATIONS

REGULATION

1. Short title.
2. Interpretation.
3. Division of the State into districts.
4. Appointment, etc., of area co-ordinators, etc.
5. Duties of the area co-ordinator.
6. Duties of supervisor.
7. Duties of enumerator.
8. Assistance by assistant enumerator or another enumerator.
9. Supervisor to make written declaration.
10. Enumerators to make written declaration.
11. Other officials to make written declaration.
12. Duty of persons to give information to enumerator.
13. Right to enter homes.
14. Destruction or mutilation of documents prohibited.
15. Offences.
16. Repeal.

FIRST SCHEDULE

*Forms*

SECOND SCHEDULE

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STATISTICS (CENSUS) REGULATIONS

[SRO 11 of 2011.]

[6th May, 2011.]

**Short title**

1. These Regulations may be cited as the Statistics (Census) Regulations.

**Interpretation**

2. In these Regulations—

“Act” means the Statistics Act, Chapter 311;

“area co-ordinator”, “supervisor” “enumerator”, and “authorised official” means such officers appointed by the Director under regulation 4;

“Census” means the census directed or to be taken by the Order;

“Census day” means 12th May, 2011;



“Census form” means—

- (a) the “Grenada, Carriacou and Petite Martinique Population and Housing Census 2011” form;
- (b) the “Grenada, Carriacou and Petite Martinique Population and Housing Census 2011 Visitation Record” form; and
- (c) the “Grenada, Carricou and Petite Martinique Population and Housing Census 2011 Institutional Questionnaire” form,

as set out in the Second Schedule of these Regulations;

“census information” means all information necessary for the making of true and accurate entries on a census form;

“census night” means from 6.00 p.m. on 12th May, 2011 to 6.00 a.m. on 13th May, 2011;

“census period” means the period from 12th May, to 12th July, 2011;

“Director” means the Director of Statistics;

“District” and “Sub-District” mean divisions of the State as determined by the Director under regulation 3;

“Order” means the Census Order 2011;

“West Indies” means the Commonwealth Caribbean Territories and all French, Dutch and United States possessions and former possessions lying between the Equator and the Tropic of Cancer and between the 50th and 90th meridians of longitude West of Greenwich together with the countries of Cuba, the Dominican Republic, Haiti, Guyana and Venezuela.

### **Division of the State into districts**

**3.** The Director must divide the State into districts and every district into sub-districts called enumeration districts, and must prepare a detailed description in writing of every district and sub-district.

### **Appointment, etc., of area co-ordinators, etc.**

**4.** (1) The Director may appoint such number of suitable persons as the Director considers necessary to be—

- (a) area co-ordinators;
- (b) supervisors of districts;
- (c) enumerators of sub-districts; and
- (d) authorised officials.

(2) The Director must assign each supervisor to one or more districts and each enumerator to one sub-district.

(3) Notice of the appointment of a supervisor must be published in the *Gazette* and in at least one weekly newspaper circulating in the State.

(4) The Director must give each supervisor and enumerator appointed under paragraph (1) an identification card as set out in Form 1 of the First Schedule.

(5) If it appears to the Director that a person appointed under paragraph (1) is, by reason of illness or for any other reason, unfit to perform his or her duties under the Act or these Regulations, the Director may terminate the appointment and appoint some fit and proper person in the place of that officer to perform those duties.

(6) A supervisor or enumerator whose appointment is terminated under paragraph (5) must surrender his or her identification card.

(7) The functions of the Director under this regulation may be performed by a person designated by the Director in writing.

#### **Duties of the area co-ordinator**

5. Every area co-ordinator must in respect of his or her assigned area—
- (a) show each supervisor, assigned to work within the respective area, the boundaries of each enumeration district in that area;
  - (b) ensure the confidentiality of information collected from households;
  - (c) co-ordinate all activities related to the census within the area;
  - (d) supervise the work of supervisors, enumerators and authorised officials;
  - (e) process progress reports and submit them to the Director;
  - (f) handle any queries and problems that the supervisor or enumerator face during the execution of the census; and
  - (g) submit to the Director by 31st July, 2011 an administrative report.

#### **Duties of supervisor**

6. (1) Every supervisor must, in respect of each of his or her districts—
- (a) show all boundaries of enumeration districts (sub-districts) and where necessary explain the route of canvassing, being aware of land marks and other symbols;
  - (b) arrange for the enumeration of all persons in the districts including persons found on board ships or otherwise not in a dwelling who also spend census night on board ship or otherwise not in a dwelling;
  - (c) issue to enumerators all census forms and other articles necessary for the taking of the census;
  - (d) give all necessary instructions to enumerators;
  - (e) during census enumeration period conduct all required checks on completed forms done by enumerators in their districts;
  - (f) examine all entries made on census forms by enumerators and if it appears upon examination that any census information in any form is defective or has been defective or has been omitted, require the enumerator responsible for filling up the form to take steps to correct the defective information or supply the missing information before the time prescribed by the Director;
  - (g) receive, examine and transmit all completed census forms and other articles delivered by the enumerator under his or her control to, and within the time prescribed by, the Director;
  - (h) arrange for the carrying out of any checks in the field found necessary after the completion date of census enumeration as directed by the Director;
  - (i) notify the Director if it is necessary to replace an enumerator who will be unable to carry out his or her duties;
  - (j) closely monitor the progress of enumerators work to ensure completion within the prescribed census period;
  - (k) provide any written report and certificate with respect to the work of the enumerator in the district that the Director requires a supervisor to provide;

- (l) witness declarations by enumerators appointed in the district; and
- (m) generally, carry out any instructions issued by the Director for the purpose of taking the census.

(2) The functions of the Director under this regulation may be performed by a person designated by the Director in writing.

### **Duties of enumerator**

7. Every enumerator must, in respect of his or her sub-district—
- (a) ensure that he or she understands the boundaries of the sub-district assigned and use census maps as a guide in identifying all buildings within the sub-district;
  - (b) notify the supervisor of the district of every permanent change of address of any person in the sub-district during the census period within two days of the change;
  - (c) keep all written instructions, books, forms, documents and other articles or things issued in connection with his or her duties and return them in good condition to the supervisor on the conclusion of the enumeration or when called upon to do so;
  - (d) personally visit during the census period every building, dwelling unit and household in the sub-district to obtain all information necessary for the filling up of the census forms and fill up accurately and faithfully census forms with respect to every such building, dwelling unit and household;
  - (e) make further visits to building, if on a first visit the required information cannot be obtained, and on the direction of the supervisor re-visit for the purpose of supplying omissions or correcting or verifying entries in any census form;
  - (f) assist any other enumerator in the performance of his or her duties in any other sub-district if so directed by the supervisor; and
  - (g) generally, carry out any instructions issued by the Director by a person designated by the Director or by the supervisor for the purpose of taking the census.

### **Assistance by assistant enumerator or another enumerator**

8. If in any sub-district an enumerator is, at the direction of the supervisor, assisted by an assistant enumerator or by another enumerator, regulation 7(c), (d) and (e) apply also to the assistant enumerator or other enumerator as the case may be.

### **Supervisor to make written declaration**

9. (1) Every supervisor must, on the acceptance of his or her appointment make in the presence of the Director or a person authorised to administer oaths make a written declaration in Form 2 as set out in the First Schedule.

(2) Every supervisor must, at the time when he or she transmits the census forms for his or her district or districts to the Director make in the presence of the Director or a person authorised to administer oaths a written declaration as set out in Form 3 of the First Schedule.

### **Enumerators to make written declaration**

**10.** (1) Every enumerator must, on the acceptance of his or her appointment make in the presence of the supervisor of the district a written declaration in Form 4 as set out in the First Schedule.

(2) Every supervisor must on the completion of his or her duties make in the presence of the supervisor of the district a written declaration in Form 5 in the First Schedule.

#### **Other officials to make written declaration**

**11.** Every authorised official must, on the acceptance of his or her appointment, make in the presence of the Director or a person authorised to administer oaths, a declaration in Form 6 as set out in the First Schedule.

#### **Duty of persons to give information to enumerator**

**12.** (1) Every person with respect to whom census information is required by paragraph 4(1) of the Order to be provided must upon demand give to an enumerator such information with respect to himself or herself as is necessary for the purpose of taking the census.

(2) Every person who is required by paragraph 4(2) of the Order to give census information with respect to other persons must upon demand give to an enumerator such information with respect to those other persons as is necessary for the purpose of taking the census.

(3) A person who fails to give information required by the Order commits an offence under section 11(b) of the Act.

#### **Right to enter homes**

**13.** (1) Every supervisor, enumerator and assistant enumerator appointed under regulation 4, may if it is necessary for the purpose of taking the census, enter any premises within his or her district or sub-district at any reasonable hour for the purpose of obtaining from the occupants of the premises any information or explanation necessary to enable the official to complete, verify or correct any account given or taken by him or her in respect of the occupants.

(2) If the official is unable to obtain entry on the first visit, he or she may leave a “call-back card” designating a time for a follow-up visit or asking the occupants to call back. A person who fails to respond to a “call-back card” or to be available for the follow-up visit without reasonable excuse commits an offence under section 11(a) of the Act.

#### **Destruction or mutilation of documents prohibited**

**14.** A person employed under these Regulations who without lawful authority knowingly destroys, defaces or mutilates any document which comes into his or her possession in the course of his or her duties commits an offence under section 11(d) of the Act.

#### **Offences**

**15.** A person appointed under these Regulations for the purpose of the census who divulges information obtained during the conduct of the census commits an offence under section 9 of the Act and is liable to prosecution.

#### **Repeal**

**16.** The Census Regulations, 2001 (SRO No. 12 of 2001) is hereby repealed.

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### FIRST SCHEDULE

#### *Forms*

### STATISTICS ACT


STATISTICS (CENSUS) REGULATIONS

FORM 1

*Identification Card*

[Regulation 4(4).]

Front

<b>(Logo)</b>	GOVERNMENT OF GRENADA	<b>(Logo)</b>
	Census Office	
	Name .....	
	Signature .....	
	Central Statistical Office, Ministry of Finance	

Back

This is to certify that .....  
of .....  
whose photograph appears is appointed as .....  
under regulation 4 of The Statistics (Census) Regulations, 2011.

.....  
*Director of Statistics*  
*Census Officer*

This document is the property of the Government of Grenada. Anyone finding this card, must promptly return the card to the National Census Office, Central Statistical Office, Ministry of Finance, Carenage, St. George's or the nearest Police Station.

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FORM 2

*Supervisor's Declaration on Appointment*

[Regulation 9(1).]

I, ..... duly appointed under the Statistics (Census) Regulations, 2011 to be Supervisor for the Enumeration District(s) No. .... in the Parish of ..... do solemnly and sincerely declare that I will faithfully and honestly fulfill my duties as Supervisor in the said Enumeration District in accordance with the Statistics Act, the Statistics (Census) Order, 2011, and the Statistics (Census) Regulations, 2011 and that I will not without due authority disclose or make known any information which comes to my knowledge by reason of my employment as supervisor.

.....  
*Supervisor*

Declared before me at ..... this ..... day of ....., 20.....

.....  
*Director of Statistics or*  
*Person authorised to administer oaths*

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FORM 3

*Supervisor's Declaration at the Conclusion of the Enumeration*

[Regulation 9(2).]

I, ..... duly appointed under the Statistics (Census) Regulations, 2011, to be supervisor for the Enumeration District(s) No. .... in the parish of ..... do solemnly and sincerely declare to the exactness of the record,

as revised and corrected, now transmitted to the Director of Statistics which record is to the best of my knowledge, a true and complete statement of the information required to be furnished under the Statistics (Census) Order, 2011.

.....  
*Supervisor*

Declared before me at ..... this ..... day of ....., 20 .....

.....  
*Director of Statistics or  
Person authorised to administer oaths*

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FORM 4

*Enumerators Acceptance of Appointment and Declaration*

[Regulation 10(1).]

I, ..... hereby accept appointment as Enumerator (or assistant enumerator) under the Statistics (Census) Regulations, 2011, for the enumeration sub-district of, on the terms set out in the letter of appointment from the Director of Statistics dated, 2011. I solemnly and sincerely declare that I will faithfully and honestly fulfill my duties in accordance with the Statistics Act, Chapter 311, and the Statistics (census) Regulations, 2011, and the instructions of my supervisor, and that I will not without due authority disclose or make know any information which comes to my knowledge by reason of my employment as enumerator.

.....  
*Enumerator*

Declared before me at ..... this ..... day of ....., 20 .....

.....  
*Supervisor*

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FORM 5

*Declaration at the Conclusion of Enumeration*

[Regulation 10(2).]

I, ..... enumerator for the enumeration sub-district hereby declare that the census forms which are handed over herewith contain to the best of my knowledge a true and faithful record of persons in the sub-district and that all particulars required by the Statistics (Census) Order, 2011, to be obtained in connection with the said persons have been obtained.

.....  
*Enumerator*

Declared before me at ..... this ..... day of ....., 20 .....

.....  
*Supervisor*

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FORM 6

*Form of Declaration for Office Employees and Other  
Authorised Officials*

[Regulation 11.]

I, ..... do solemnly and sincerely declare that I will faithfully and honestly fulfill my duties as ..... in conformity with the requirements of the law and instructions issued in pursuance thereof, and that I will not, without due authority, disclose or make known any information which comes to my knowledge by reason of my employment.

Declared before me at ..... this ..... day of ....., 20 .....

.....  
*Authorised Official*

.....  
*Director of Statistics or  
 Persons authorised to administer oaths*

Made this ..... day of ....., 20 .....

.....  
*Minister of Finance*

**SECOND SCHEDULE**



**GRENADA, CARRIACOU & PETITE MARTINIQUE**

*Population and Housing Census*

*Census Day – May 12th, 2011*

- (1) **USE ONLY 2B PENCILS**
- (2) **For optimum accuracy, please print carefully and avoid contact with the edges of the box.**  
**The following will serve as an example:**  

7	8	5
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- (3) **IMPORTANT!!! Place an X in the box for multiple choice options**
- (4) **Erase cleanly and make no stray marks on this form**



**CONFIDENTIAL WHEN COMPLETED**

**IDENTIFICATION**

**IMPORTANT!!!**

*Transfer the PARISH, ED and Household NO to the top of EACH individual questionnaire*

<b>Parish</b>	<b>ED No.</b>	<b>Building No.</b>	<b>Household No.</b>										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> <td style="width: 25%; height: 20px;"></td> </tr> </table>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>		

Address of Household \_\_\_\_\_

Community \_\_\_\_\_

Town \_\_\_\_\_

Phone Number \_\_\_\_\_





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**INTERVIEWER SAY:** Please give me the names of all the persons who usually live and share one daily meal with your household starting with the head.

**REMEMBER** to probe for infants, elderly, new born babies, disabled and persons who died but were members of the household at midnight on the 12th May 2011.

**1: LISTING OF HOUSEHOLD MEMBERS**      *Mark multiple choice boxes like this*

	<i>Surname</i>	<i>First</i>	<i>Sex</i>
01			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
02			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
03			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
04			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
05			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
06			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
07			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
08			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
09			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
10			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
11			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
12			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
13			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
14			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
15			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
16			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
17			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F

18			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
19			<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F

Total Number of Persons

**INTERVIEWER SAY: Now I would like to ask a few questions about the dwelling which your household occupies and the facilities that you have.**

**SECTION 2 HOUSING** *Remember to Mark multiple choice boxes like this*

**INTERVIEWER: Ask this question only the if answer is not obvious. Else, X the appropriate box.**

<p><b>2. What type of <u>dwelling</u> does this household occupy?</b></p> <p><input type="checkbox"/> 1 Separate house/detached</p> <p><input type="checkbox"/> 2 Part of a private house/attached</p> <p><input type="checkbox"/> 3 Flat, apartment, condominium</p> <p><input type="checkbox"/> 4 Townhouse</p> <p><input type="checkbox"/> 5 Double house/Duplex</p> <p><input type="checkbox"/> 6 Combined business &amp; dwelling</p> <p><input type="checkbox"/> 7 Barracks</p> <p><input type="checkbox"/> 8 Outhouse</p> <p><input type="checkbox"/> 9 Group Dwelling</p> <p><input type="checkbox"/> 10 Improvised Housing Unit (Earth/Leaves/Branches, etc)</p> <p><input type="checkbox"/> 11 Other (Specify) _____</p> <p><b>3a. Is this dwelling insured?</b></p> <p><input type="checkbox"/> 1 Yes    <input type="checkbox"/> 2 No    <input type="checkbox"/> 3 Don't Know</p> <p><input type="checkbox"/> 9 Not Stated</p> <p><b>3b. Are the content of the dwelling insured?</b></p> <p><input type="checkbox"/> 1 Yes    <input type="checkbox"/> 2 No    <input type="checkbox"/> 3 Don't Know</p> <p><input type="checkbox"/> 9 Not Stated</p>	<p><b>4c. How much are you paying for RENT?</b></p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1 Don't Know</p> <p><i>If Rent, Go to Q5</i>    <input type="checkbox"/> 2 Not Paying rent</p> <p><b>4d. What is your monthly MORTGAGE payments?</b></p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> 1 Don't Know</p> <p><input type="checkbox"/> 2 Not Paying</p> <p><b>5. Under what arrangement is the land occupied? Is it..</b></p> <p><input type="checkbox"/> 1 Owned/Freehold</p> <p><input type="checkbox"/> 2 Leasehold</p> <p><input type="checkbox"/> 3 Rented</p> <p><input type="checkbox"/> 4 Rented Free</p> <p><input type="checkbox"/> 5 Permission to work land</p> <p><input type="checkbox"/> 6 Sharecropping</p> <p><input type="checkbox"/> 7 Squatted</p> <p><input type="checkbox"/> 8 Other (Specify) _____</p> <p><input type="checkbox"/> 9 Don't Know/Not Stated</p> <p><b>6a. What is the <u>main</u> material of the outer walls?</b></p> <p><input type="checkbox"/> 1 Wood</p> <p><input type="checkbox"/> 2 Concrete/Concrete Blocks</p> <p><input type="checkbox"/> 3 Wood &amp; Concrete</p> <p><input type="checkbox"/> 4 Stone</p> <p><input type="checkbox"/> 5 Brick</p> <p><input type="checkbox"/> 6 Adobe (Mud House)</p> <p><input type="checkbox"/> 7 Makeshift</p> <p><input type="checkbox"/> 8 Plywood</p> <p><input type="checkbox"/> 9 Plywood &amp; Concrete</p> <p><input type="checkbox"/> 10 Other (Specify) _____</p> <p><b>6b. What is the <u>main</u> material used for roofing?</b></p> <p><input type="checkbox"/> 1 Sheet metal</p> <p><input type="checkbox"/> 2 Shingle (asphalt)</p> <p><input type="checkbox"/> 3 Shingle (wood)</p> <p><input type="checkbox"/> 4 Shingle (other)</p> <p><input type="checkbox"/> 5 Tile</p> <p><input type="checkbox"/> 6 Concrete</p> <p><input type="checkbox"/> 7 Makeshift/thatched</p>
<p><b>4a. Does this household own, rent or lease this dwelling?</b></p> <p><input type="checkbox"/> 1 Owned Fully <i>Go to Q5</i></p> <p><input type="checkbox"/> 2 Owned With Mortgage <i>Go to Q4d</i></p> <p><input type="checkbox"/> 3 Rented – Private</p> <p><input type="checkbox"/> 4 Rented – Govt</p> <p><input type="checkbox"/> 5 Rent – free <i>Go to Q5</i></p> <p><input type="checkbox"/> 6 Leased <i>Go to Q5</i></p> <p><input type="checkbox"/> 7 Squatted <i>Go to Q5</i></p> <p><input type="checkbox"/> 8 Other <i>Go to Q5</i></p> <p><b>4b. What is the rental period for this dwelling?</b></p> <p><input type="checkbox"/> 1 Weekly            <input type="checkbox"/> 2 Fortnightly</p> <p><input type="checkbox"/> 3 Monthly            <input type="checkbox"/> 4 Quarterly</p> <p><input type="checkbox"/> 5 Other (Specify) _____</p> <p><input type="checkbox"/> 8 Other (Specify) _____</p>	<p>** (zinc, aluminum, galvanise, galvalume)</p>

**6c. In which year/period was this building built?**

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

**7a. What is your main source of water supply?**

- 1 Public, piped into dwelling  
 2 Public piped into yard  
 3 Public standpipe outside the dwelling unit  
 4 Private catchment not piped  
 5 Private piped into dwelling  
 6 Truck borne  
 7 Spring, River  
 8 Other (Specify) \_\_\_\_\_

**7b. What is your main source of drinking water?**

- 1 Public, piped into dwelling  
 2 Public standpipe outside the dwelling unit  
 3 Public, piped into dwelling  
 4 Private catchment, not piped  
 5 Public dug well  
 6 Private dug well  
 7 Spring/River  
 8 Boiled Water  
 9 Other (Specify) \_\_\_\_\_

**8a. What type of toilet facilities does this household have?**

- 1 W.C. (flush toilet) linked to server  
 2 W.C. (flush toilet) linked to Septic tank/Soak-away  
 3 Pit-latrine/Ventilated and elevated  
 4 Pit-latrine not ventilated  
 5 Pit-latrine ventilated and not elevated  
 6 None    *Go to 9a*  
 7 Other (Specify) \_\_\_\_\_  
 8 Don't Know  
 9 Not Stated

**8b. Is the toilet shared with any other household?**

- 1 Yes     2 No     3 Don't Know  
 9 Not Stated

**9a. Are your bathing facilities indoors or outdoors?**

- 1 Indoors  
 2 Outdoors (Private)  
 3 None  
 4 Don't Know

- 9 Not Stated

*If None, Go to 10a*

**9b. Are your bathing facilities shared with another household?**

- 1 Yes     2 No     3 Don't Know  
 9 Not Stated

**10a. Is your main kitchen inside the dwelling unit or outside?**

- 1 Inside     2 Outside     3 None  
 4 Don't Know     9 Not Stated

*If None, Go to 11*

**10b. Is your main kitchen shared with another person not of this house?**

- 1 Yes     2 No     3 Don't Know  
 9 Not Stated

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

- 1 Electricity – Public  
 2 Electricity – Private Generator  
 3 Gas Lantern  
 4 Kerosene  
 5 Solar  
 6 None  
 7 Other (Specify) \_\_\_\_\_

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

- 1 Coal  
 2 Wood  
 3 Gas/LPG/ Cooking gas  
 4 Kerosene  
 5 Electricity  
 6 Biogas  
 7 Solar Energy  
 8 None  
 9 Other (Specify) \_\_\_\_\_

**13. How many rooms does this household unit have?**

*(A room is enclosed by walls of at least 2m (6.5ft) high, and at least 4 square metres (43 square feet) in area. Do not count bathrooms and porches)*

**Number of Rooms**

--	--

**14. How many bedrooms does this household unit have?**

*(Bedroom are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters Count all bedrooms including spares not occupied)*

**Number of Bedrooms**

--	--

**15. What is your main method of garbage disposal?**

- 1 Dumping on land
- 2 Compost
- 3 Burning
- 4 Dumping/throwing in river/sea/pond
- 5 Burying
- 6 Garbage truck/Skip/Bia – Public
- 7 Garbage truck/Skip/Bia – Private
- 8 Other (Specify) \_\_\_\_\_

**16. How many “Desk-top” computers does this household have in use?**

	use 8 for 8 or more
	9 Not Stated

**17. How many “Lap-top” computers does this household have in use?**

	use 8 for 8 or more
	9 Not Stated

**18. What type of internet connection does this household use? (X all that apply)**

- 1 DSL/ADSL (Digital Subscriber Line (LIME))
- 2 Cellular Wireless Internet or Mobile Broadband (Cellphone)
- 3 Cable Internet Connection (FLOW)
- 4 Wireless (AISLECOM)
- 5 No Internet Connection at Dwelling

**19. Which of these appliances/household equipment does your household have in use? (X all that apply)**

	Yes	No
(a) Solar Water Heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(b) Electrical Water Heater	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(c) TV	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(d) Cable TV/Satellite	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(e) Refrigerator	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(f) Freezer	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(g) Microwave Oven	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(h) Stove	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(i) Washing Machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(j) Land-Line Telephone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(k) Cellular Phone	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(l) Air Conditioning Unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(m) Water Pump	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(n) Water Tank	<input type="checkbox"/> 1	<input type="checkbox"/> 2
(o) Dishwasher	<input type="checkbox"/> 1	<input type="checkbox"/> 2

(p) Clothes Dryer  1  2

**20. How many vehicles (motor cars, station wagons, jeeps and vans) are kept at home for private use by this household (excluding motorcycles)?**

	Use 8 for 8 or more
	9 Not Stated

**21. Was any member of this household a victim of any crime during the past twelve months?**

1 No (skip to Question 22)

If Yes, (X all that apply)

	Yes
(a) Murder	<input type="checkbox"/>
(b) Kidnapping	<input type="checkbox"/>
(c) Shooting	<input type="checkbox"/>
(d) Rape/Abuse	<input type="checkbox"/>
(e) Wounding	<input type="checkbox"/>
(f) Larceny – Housebreaking	<input type="checkbox"/>
(g) Larceny – Auto theft	<input type="checkbox"/>
(h) Larceny – Other	<input type="checkbox"/>
(i) Other (Specify)	<input type="checkbox"/>

**22. Did any member of this household die during the past 12 months?**

1 Yes  2 No If No, Go to Section 3

**23. Please provide me with the age and sex of the person(s) who died during the past twelve months?**

Age					
<table border="1"><tr><td></td><td></td></tr></table>			<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		
<table border="1"><tr><td></td><td></td></tr></table>			<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		
<table border="1"><tr><td></td><td></td></tr></table>			<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		
<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female

**SECTION 3 MIGRATION**

*Mark multiple choice boxes like this* ☒

**24. Did anyone from this household move to live abroad since May 2001 and is still living abroad?**

- 1 Yes (if Yes, continue)
- 2 No (Go to Section 4)

**25. How many persons?**

*Remember to mark multiple choice boxes like this* ☒

(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)
<b>Person Number</b>	<b>Year moved 2001-2011</b> <i>Write your property made the bases provided</i>	<b>Highest Education attained when moved</b> 1. None 2. Primary 3. Secondary 4. Post Secondary non-tertiary 5. University 6. Other	<b>Sex</b> M=1 F=2	<b>Age when moved</b> 0 if less than 1, 98 for 98 and over	<b>Occupation when moved</b> Describe as clearly as possible the person(s) occupation when he/she moved  <b>[For persons 15 years and over when moved]</b>	<b>Name of Country of Migration</b>  <i><u>Boxes provided are for official use</u></i>	<b>Main Reason for Migration</b> 1. Move Income 2. Employment 3. Study 4. Medical 5. Marriage 6. Other Family Reason 7. Crime Rate 8. Other Specify _____
	1.	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	Name of Country	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
	2.	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	Name of Country	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
	3.	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	Name of Country	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
	4.	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	Name of Country	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
	5.	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	Name of Country	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
	6.	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	Name of Country	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6
	7.	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text"/>	<input type="text"/>	Name of Country	<input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 6

*Remember to mark multiple choice boxes like this* ☒



**GRENADA, CARRICOU AND PETITE MARTINIQUE  
2011 POPULATION AND HOUSING CENSUS**



*Institutional Questionnaire  
Census Day – May 12th, 2011*

<b>IDENTIFICATION</b>				
<i>Parish Number</i>	<i>ED No.</i>	<i>Building No.</i>	<i>Institution No.</i>	<i>Page No.</i>
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

**IMPORTANT!!! Place an X in the box for multiple choice option**

NAME OF INSTITUTION \_\_\_\_\_

ADDRESS OF INSTITUTION \_\_\_\_\_

Person Number	Name	Sex	Age Last Birthday	Ethnic Origin	Place of Birth
		1 Male 2 Female			1 This Country 2 Abroad
<input style="width: 20px; height: 20px;" type="text"/>		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input style="width: 20px; height: 20px;" type="text"/>	<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"/> 1 <input type="checkbox"/> 2
<input style="width: 20px; height: 20px;" type="text"/>		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input style="width: 20px; height: 20px;" type="text"/>	<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"/> 1 <input type="checkbox"/> 2
<input style="width: 20px; height: 20px;" type="text"/>		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input style="width: 20px; height: 20px;" type="text"/>	<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"/> 1 <input type="checkbox"/> 2
<input style="width: 20px; height: 20px;" type="text"/>		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input style="width: 20px; height: 20px;" type="text"/>	<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"/> 1 <input type="checkbox"/> 2
Person Number	Name	Sex 1 Male 2 Female	Age Last Birthday	Ethnic Origin	Place of Birth 1 This Country 2 Abroad
<input style="width: 20px; height: 20px;" type="text"/>		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input style="width: 20px; height: 20px;" type="text"/>	<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"/> 1 <input type="checkbox"/> 2
<input style="width: 20px; height: 20px;" type="text"/>		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input style="width: 20px; height: 20px;" type="text"/>	<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"/> 1 <input type="checkbox"/> 2
<input style="width: 20px; height: 20px;" type="text"/>		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input style="width: 20px; height: 20px;" type="text"/>	<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"/> 1 <input type="checkbox"/> 2
<input style="width: 20px; height: 20px;" type="text"/>		<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input style="width: 20px; height: 20px;" type="text"/>	<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"/> 1 <input type="checkbox"/> 2

<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<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"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<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"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<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"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<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"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<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"/> 1 <input type="checkbox"/> 2
<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<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"/> 1 <input type="checkbox"/> 2

For Age, 98 is for age 1. African/ Black 2. American/Carib 3. East Indian 4. Chinese  
98 and over, 99 is age 5. Portuguese 6. Syrian 7. Caucasian 8. Mixed 9. Other  
not stated

**IMPORTANT!!!**

Transfer Parish, ED and Household Numbers  
to the top of EACH individual questionnaire  
From Household Questionnaire

Parish   ED No.      Household No.

**INTERVIEWER:**  
Whenever a dotted line (...) appears in a question, call the name of the person to whom the information relates, if it is not the respondent himself/herself. Else say "You"/ "Your". X the appropriate box. Please do not write over the responses:  
Remember to mark multiple choice boxes like this

**SECTION 4 PERSONAL CHARACTERISTICS FOR ALL PERSONS**

34. Please fill in this person's name and assigned number.

\_\_\_\_\_

35. What is your/ .... 's relationship to the head of household?

- 1 Head
- 2 Spouse of Head (Husband/Wife)
- 3 Partner of Head
- 4 Child of head and Spouse/Partner
- 5 Child of head only
- 6 Child of Spouse/Partner only
- 7 Spouse/Partner of child of head/Spouse/Partner
- 8 Grandchild of Head/Spouse/Partner
- 9 Parents of Head/Spouse/Partner
- 10 Other relatives of Head/Spouse/Partner(Specify) \_\_\_
- 11 Domestic Employee
- 12 Other Non-Relative

36. INTERVIEWER: X the appropriate box. FOR PERSONS NOT SEEN ASK:

Is ..... male or female?

- 1 Male
- 2 Female

37. What is your/ ..... 's date of birth?

Day                  Month                  Year  
  /   /

If not known, ask:

How old was on his/her last birthday?

**AGE**

*If age is not stated please estimate age if you see the person. Otherwise ask the respondent to estimate the person's age. If age is not known use code 999.*

If estimated please put an X in the box.

38. To which ethnic, racial or national group do you/does ..... belong?

- 1 African Descent/Negro/Black
- 2 Indigenous People (Amerindian Carib)
- 3 East Indian     7 White/Caucasia
- 4 Chinese         8 Mixed
- 5 Portuguese     9 Hispanic
- 6 Syrian/ Lebanese
- 10 Other (Specify) \_\_\_\_\_

39. What is your/ ..... 's religious affiliation denomination?

- 1 Anglican         11 Muslim
- 2 Baptist          12 Pentecostal

- 3 Bahai             13 Presbyterian
- 4 Brethren         14 Rastafarian
- 5 Church of God     15 Roman Catholic
- 6 Evangelical       16 Salvation Army
- 7 Hindu              17 Seventh Day Adventist
- 8 Jehovah's Witness  18 Latheran
- 9 Methodist         19 None
- 10 Moravian        \_\_\_\_\_
- 20 Other (Specify) \_\_\_\_\_

**SECTION 5 MIGRATION (BIRTH PLACE AND RESIDENCE) FOR ALL PERSONS**

40. Where do you/does ..... usually live?

- 1 At this address  
Parish \_\_\_\_\_ Community \_\_\_\_\_
- 2 Elsewhere in this Parish  
Parish \_\_\_\_\_ Community \_\_\_\_\_
- 3 In another Parish  
Parish \_\_\_\_\_ Community \_\_\_\_\_
- 4 Abroad  
Name of Country \_\_\_\_\_

41. Where were you/was ..... born?

*INTERVIEWER: For persons born in Grenada what is required is the mother's usual residence at the time of birth.*

- 1 In this country  
Parish \_\_\_\_\_  
Community \_\_\_\_\_
- 2 Abroad (Go to Q. 43)  
Name of Country \_\_\_\_\_

42. In what year did you/last come to live in Grenada?

Year

43. In which Parish did you/..... last live?

- 1 Never Moved (Go to Q.45)
- 2 Parish \_\_\_\_ Community \_\_\_\_\_

44. In what year did you/ last come to live in this Parish?

Year     Foreign Born Go to Q49

*Q45 to Q48 are for local borns only*

45. Have you/has ..... ever lived in another country?

- 1 Yes               2 No (Go to Q.49)

46. In which country did you/..... last live?

Name of Country \_\_\_\_\_

*Questions 47 and 48 are for local borns who answered yes in Q45*





**57. Do you/does ..... have any of the following illnesses?**

*(X all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Arthritis                         | <input type="checkbox"/> 7 Cancer        |
| <input type="checkbox"/> 2 Kidney Disease (Renal)            | <input type="checkbox"/> 8 Heart Disease |
| <input type="checkbox"/> 3 Asthma                            | <input type="checkbox"/> 9 Glauconia     |
| <input type="checkbox"/> 4 Diabetes                          | <input type="checkbox"/> 10 Sickle Cell  |
| <input type="checkbox"/> 5 Hypertension/ High Blood Pressure | <input type="checkbox"/> 11 Anemia       |
| <input type="checkbox"/> 6 Carpal Tunnel Syndrome            | <input type="checkbox"/> 12 Lupus        |
|  | <input type="checkbox"/> 13 HIV/AIDS     |
|  | <input type="checkbox"/> 14 Other _____  |
|  | <input type="checkbox"/> 15 None         |

**58. Which of the following insurance do you/ does ..... have?**

*(X all that apply)*

- 1 NIS (National Insurance Scheme)
- 2 Group Health Insurance
- 3 Individual Health
- 4 Life with health
- 5 Endowment with health
- 6 School Accident Insurance
- 7 Other (Specify) \_\_\_\_\_
- 8 None

**SECTION 8 EDUCATION AND INTERNET ACCESS FOR ALL PERSONS**

**59. Are you/is \_\_\_\_\_ currently attending an Educational Institution?**

- 1 Yes (Full Time)
- 2 Yes (Part Time)
- 3 No (Go to Q62)

**SECTION 8 EDUCATION AND INTERNET ACCESS FOR ALL PERSONS Cont.**

**60. What type of school or institution are you/is ..... attending?**

- 1 Daycare/Nursery
- 2 Preschool
- 3 Infant/Kindergarden
- 4 Primary
- 5 Special Education
- 6 Post Primary (Non-Secondary Tech/Voc)
- 7 Secondary (General)
- 8 Home Schooling
- 9 Post Secondary – A Level
- 10 Post Secondary – Professional Tech/Voc
- 11 Post Secondary Tertiary – UWI Other
- 12 Adult Education
- 13 Other \_\_\_\_\_

**61. Please give the name and address of the school or institution**

Name \_\_\_\_\_

Address \_\_\_\_\_

**62. What is the highest level of education that you have/ ..... has completed?**

- 1 Daycare/Nursery
- 2 Pre-School
- 3 Pre-primary (Infant) or Primary
- 4 Lower / Junior Secondary(Forms 1-3)/Senior Primary
- 5 Upper Secondary (Forms 4 & 5)
- 6 Post Secondary, non-tertiary (diploma or associate degree)
- 7 Tertiary level – Bachelor Degree
- 8 Tertiary level – Master Degree
- 9 Doctorate level programmes
- 10 Other (Specify) \_\_\_\_\_
- 11 None

**63. What is the highest examination that you have/ ..... passed?**

- 1 School leaving (e.g. Standard 6 or 7 School Leaving exam)
- 2 Cambridge School Certificate
- 3 CXC Basic
- 4 GCE 'O' Levels or CXC General
- 5 High School Certificate
- 6 GCE 'A' Levels, CAPE
- 7 Associate Degree
- 8 College Certificate
- 9 College Diploma
- 10 Professional Certificate e.g. RSA, City and Guilds etc.
- 11 Bachelor's Degree
- 12 Post Graduate Certificate
- 13 Post Graduate Diploma
- 14 Higher Degree (Master's)
- 15 Higher Degree (Doctoral)
- 16 Other (Specify) \_\_\_\_\_
- 17 None

**64. Have you/has ..... /had access to the Internet within the past 3 months?**

- 1 Yes
- 2 No (Skip to Q.66)

**65. Where did you/ ..... mainly use the Internet in the past 3 months?**

- 1 Home
- 2 Work
- 3 School
- 4 Internet Café
- 5 Cellular Phone / PDA
- 6 Family or Friend's House
- 7 Other (Specify) \_\_\_\_\_
- 8 Did not use

**66. INTERVIEWER: X the appropriate box (see Q.37)**

- 1 Under 15 (Go to Q.100)
- 2 15 years and over

**SECTION 9 TRAINING FOR PERSONS 15 YEARS AND OVER**

**67a. Have you/has .. ever received/ attempted any skills training to equip you/..... for employment or occupation/profession?**

- 1 Yes
- 2 No (Go to Q71)

**67b. Which category of training status applies to you/(N)?**

- 1 Completed Training
- 2 Undergoing Training Currently

**SECTION 9 TRAINING FOR PERSONS 15 YEARS AND OVER Cont.**

- 3 Attempted Training but did not complete
- 9 DK/NS

**67c. What is the field for which the highest level of training was completed/attempted or is undergoing by you/.....?**

Field Training \_\_\_\_\_

**68. What was the main method used by you/..... to train in this field?**

- 1 On the job
- 2 Private Study
- 3 Apprenticeship
- 4 Correspondence Course
- 5 Secondary School
- 6 Vocational/Trade School/Technical Institution
- 7 Commercial/Secretarial School
- 8 Business/Computer School
- 9 University (on campus)
- 10 Distance Learning
- 11 On-line/Virtual Learning
- 12 Other (Specify) \_\_\_\_\_

**69. How long was the period of your .. highest level of training?**

Months

**70a. What type of qualification/certification did you/..... receive on completion of the training at the highest level?**

- 1 None
- 2 Certificate with examination
- 3 Certificate without examination
- 4 Diploma
- 5 Advanced Diploma
- 6 Associate Degree

- 7 First Degree
- 8 Post Graduate Degree
- 9 Professional Qualification
- 10 Other (Specify) \_\_\_\_\_

**70b. Is your recent training related to you/ present job?**

- 1 Yes
- 2 No
- 3 DK/NS

**SECTION 10 ECONOMIC ACTIVITY FOR PERSONS 15 YEARS AND OVER**

**71. How many months did you/. work in the past 12 months?**

*Number of months*

0 1 2 3 4 5 6 7 8 9 10 11 12

**72. What did you/ .... do most during the past 12 months for example, did you/he/she work, look for a job, keep house or carry on some other activity?**

- 1 Worked
- 2 Had a job but did not work
- 3 Looked for work
- 4 Wanted work and available
- 5 Home Duties
- 6 Attended School
- 7 Retired – did not work
- 8 Disabled, unable to work
- 9 Other (Specify) \_\_\_\_\_

**73. Did you/..... work for pay, profit or family gain, during the past week? Note: Exclude Domestic Work at home**

*If, YES, Did you?*

- 1 Work
- 2 Had a job but did not work

*If No, what did you do MOST in the past week?*

- 3 Seeking first job \_\_\_\_\_
- 4 Seek job which was not first
- 5 Wanted work and available
- 6 Home Duties
- 7 Attended School **Go to Q82** ⇒
- 8 Retired – did not work
- 9 Disabled, unable to work
- 10 Other (Specify) \_\_\_\_\_

**74. What category of worker are you/ in your job?**

- 1 Paid Employee – Government
- 2 Paid Employee – Private Establishment
- 3 Paid Employee – Statutory body **Go to Q77** ⇒
- 4 Paid Employee – Private Home

**SECTION 10 ECONOMIC ACTIVITY FOR PERSONS 15 YEARS AND OVER** *Cont.*

- 5 Self-Employed with paid employees/Own business
- 6 Self Employed without paid employee/Own business
- 7 Apprentice/Learners
- 8 Unpaid worker/Volunteer
- 9 Unpaid family worker
- 10 Other (Specify) \_\_\_\_\_ **Go to Q77** →

**75. What kind of accounts do you keep for this activity/business?**

- 1 Complete set of written accounts
- 2 Only through informal records of orders, sales, purchases
- 3 Simplified written accounts
- 4 No records are kept

**76. Are you registered with the National Insurance Scheme as a self-employed person or an employer?**

- 1 Employer     2 Self-Employed
- 3 Not Registered

**77. What kind of work were you/.. doing during the past week? (Give brief description of main duties)**

Occupation \_\_\_\_\_

**78. What kind of business is carried out at you/..... 's workplace (Industry)?**

Industry \_\_\_\_\_

**79. How many hours did you/ ... work during the past week? (All jobs).**

Number of hours

**80. Where is you/..... 's place of work? (Main Job)**

- 1 Work at home
- 2 No fixed workplace
- 3 A fixed workplace outside the home

**81. What is the name and address of your/ present workplace?**

Name \_\_\_\_\_

Address \_\_\_\_\_

- 1 No Present Workplace

*(All employed persons go to Q.84)*

**82. What steps did you/.. take during the past month to look for work?**

- 1 Did Nothing
- 2 Direct Application (Sent out letters) (Go to Q.86)
- 3 Checking at work sites, factory gates etc. (Go to Q.86)

- 4 Seeking assistance from friends (Go to Q.86)
- 5 Register at public/private employment exchange (Go to Q.86)
- 6 Other (Go to Q.86)

**83. Why did you/... not seek work during the past month?**

- 1 Own illness, disability, Injury, pregnancy
- 2 Home duties, Personal, family responsibilities
- 3 In school, training
- 4 Retirement/old age
- 5 Already found work to start later
- 6 Already made arrangements for self employment
- 7 Awaiting recall to former job
- 8 Awaiting replies from employers
- 9 Awaiting busy season
- 10 Believe no suitable work available
- 11 Could not find suitable work
- 12 Not yet started to seek work
- 13 Do not know how or where to seek work
- 14 Discouraged
- 15 Other (Specify) \_\_\_\_\_

All go to Q.86

**SECTION 11 INCOME AND LIVELIHOOD FOR PERSONS 15 YEARS AND OVER**

**84. How often do you/does get paid from your main job?**

- 1 Weekly       3 Monthly
- 2 Fortnightly     4 Quarterly
- 5 Annually
- 6 Other (Specify) \_\_\_\_\_
- 7 Not applicable

**85. What was your/... 's gross pay/income during the last pay period from your current job, that is before income tax or other deduction? – (PRESENT FLASH CARD)**

*INTERVIEWER: For self-employed persons obtain "net income" i.e., receipts less business expenses.*

Income Group

**86. What is your/..... 's main source of livelihood?**

- 1 Employment
- 2 Pension (Local)
- 3 Pension (Overseas)

- 4 Money from Abroad
- 5 Investment
- 6 Savings/Interest on savings
- 7 Disability benefits
- 8 Social Security Benefits
- 9 Other Public Assistance
- 10 Local contributions from friends/relatives
- 11 Overseas contributions from friends/relatives
- 12 Other \_\_\_\_\_

87. Approximately how much money did you/..... receive last year (2010) from family and/or friends abroad in cash or in kind e.g. barrels containing food etc., clothing, electronics.

\$

**SECTION 12 MARITAL AND UNION STATUS FOR ALL PERSONS 15 YEARS AND OVER**

88. What is your/ ... 's material status?

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

89a. .... What is your/ present union status?

- 1 Never had a spouse or common-law partner *Skip to Q91*
- 2 Married and living with spouse *Skip to Q90*
- 3 Married and not living with spouse *Skip to Q90*
- 4 Common Law *Skip to Q90*
- 5 Visiting Partner *Skip to Q90*
- 6 Not in union

89b. Have you ever been in a common-law union?

- 1 Yes
- 2 No *SKIP TO SECTION 12*

90. How old were you/was ..... when you were/..... was first married or in a union for the first time?

Age in years   *ALL MALES Go to Q100*

**(198.86) FERTILITY FOR ALL FEMALES 15 YEARS AND OVER**

91. How many live born children have you/has ..... ever had and how many are males and females? (If ZERO, enter 00 & Go To Q.100)

Total      M      F

92. How many of your/..... 's live born children's are still alive?

Total      M      F

93. How old were you/was..... when you/. had the first live born child?

94. How old were you/was ..... was when you/..... had the last live born child?

**SECTION 13 FERTILITY FOR ALL FEMALES 15 YEARS AND OVER Cont.**

95. What is the date of birth of the last child born alive?

Day      Month      Year

/   /

**Q.96 TO Q.99 APPLY ONLY TO FEMALES UNDER 50. ALL OTHERS GO TO Q.100**

96. How many live births did you/..... have in the last 12 months?

- 1 None (Go to Q.100)
- 2 One Birth
- 3 Two separate births
- 4 Twins
- 5 Three or more

97. What is/are the sex(es) of this child/these children?

(Born within the last 12 months)

A. Number of Boys      B. Number of Girls

0 1 2 3 4 5      0 1 2 3 4 5

98. How many of the children who were born in the last 12 months have died? If 00 Go To Q.100

Total

99. Of what sex and age, in months, were the children who died in the past 12 months?

Child Number	Sex	Age in Months
1.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>
2.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>
3.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>
4.	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F	<input type="text"/> <input type="text"/>

**SECTION 14 WHERE SPENT CENSUS  
NIGHT**

**100. Where did you/ spend census night?**

- 1 At this address
- 2 Elsewhere in this country
- 3 Abroad

\_\_\_\_\_



GRENADA – CARRIACOU AND PETITE MARTINIQUE

CENSUS 2011

VISITATION RECORD

AREA NUMBER

Parish	

ED NUMBER				

Date Started

DD	MM	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parish Name

Date Completed

DD	MM	YY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Community Name



Name of Enumerator

Name of Supervisor

First Name

Signature of Supervisor

Last Name

Signature of Enumerator

Enumerator Telephone Number

 - 

GRENADA – CENSUS MAY 2011

VISITATION RECORD

Number of Buildings

Total Household

NUMBER OF "no contacts"

Number of Dwellings

Population of which

of which

Male

No one at home

Number of Business Places

Female

Deferred

Number of Institutions

Total

Refused

Number of Households obtained

Vacant Dwelling

Number of Households expected

The census office will provide your supervisor with

Closed Dwelling

this information in order to evaluate your work

Other

COMMENTS





(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)

**\*Foreign Visitors Agricultural Holding**

Business Unit No.	Type of Business Activity	Number of Paid Employer	Total	Trees/Plant		Temp Crops		Livestock/Poultry		Date Enumeration Completed dd/mm
			Acres	Code	Number	Code	Number	Code	Number	
(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	

**OCCUPANCY STATUS**

- 1 Occupied                      2 Seasonally Vacant

CODES:

- 3 Non-Seasonally Vacant                      4 Non-Stayed

**TREES/PLANTS**

- 1 Cocoa    2 Coffee    3 Citrus    4 Coconut    5 Banana  
 6 Other tree crops    7 Nutmeg    8 Timber    9 Other

--	--	--

--	--	--

--	--	--

Page Total

Page Total

Page Total

**TEMP CROPS**

- 1 Root Crops    2 Vegetables    3 Other food crops  
 4 Arrow root    5 Spices    6 Other

**TOTAL**

**MALE**

**FEMALE**

**LIVESTOCK POULTRY**

- 1 Poultry    2 Pigs    3 Cats    4 Dairy Cattle  
 5 Sheep    6 Goat    7 Other

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