



APPENDIX 1: CENSUS 2021 QUESTIONNAIRE







	ollowing will serve as an example:	ZO21 Everyone Counts! 2 3 4 5 6 7 8 9 0 USE ONLY 2B PENCIL								
CONFIDENTIAL Admin #										
District EA Number	Block Building Number	Dwelling Number Number Telephone number								
Address of										
Household:		- Email Address								
Number of persons in A Male Female	Total	Number of extra households found								
I hereby certify that the information Enumerator's	contained on this form has been completed to the best of	f my ability.								
Signature: Field Supervison's										
Signature: Editor's Signature		- Field Supervisor #								
-		- Editor #								
Coder's Signature		- Coder #								
O 2 Partially completed O	4 Unable to find address O 7 Demolished 5 Vacant - not occupied O 8 Temporary seco 6 Under construction/Derelict O 9 Temporary shor	O 10 Verified No contact and home O 11 No Contact rt-term rental O 12 Out of Scope								
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RECORD OF VISITS

Date of Visit	Start Time 24 hr	End Time 24 hr	Comments

1.0 Please give the names of all members of this household as at October 10th 2021.

INCLUDE: - All member of the household including the persons below

- Newborn babies. If baby has not been named write BABY of Person.....
- Elderly persons
- Resident students abroad

Probe for anyone who might be away but who usually lives in this household

DO NOT INCLUDE - Visitors who reside elsewhere in the Cayman Islands or abroad.

List all members of this household who have emigrated after October 2010 LISTING OF HOUSEHOLD MEMBERS

The head of the household should be the first person listed

	First Name Surv	name (optional)		First Name	Surname (optional)
1			10		
2			11		
3			12		
4			13		
5			14		
6			15		
7			16		
8			17		
9			18		
			0		26659
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Section 1	-	Demogra	phic C	haracteristics
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To be completed for ALL persons

PERSON#	1.1 Has been in the Cayman Islands for at least six (6) months or intends to stay for at least six (6) months? 1Yes 2No 99DK/NS If response is 2 or 99, <u>END INTERVIEW</u>	1.2 Where did spend Census Day? 1At this household 2Elsewhere in the country 3Abroad 4Institution 5Other 99DK/NS From 12:01 am to 12:00 pm on Sunday Oct. 10th	of the 1Hea 2Spo 3Par 4Chil 5Son 6Gra 7Par 8Gra 9Bro 10Ot 11Live	use (Hus ther (Uni d -in-law/a ndchild ent/paren ther/sis her relat e-in dome n-relation	1.4 What is's sex? 1Male 2Female			
	O 1	01 04	01	04 (07	O 10	0 99	O 1
0 1	O 2	0205		-	-	011		O 2
	O 99	03 099	03	06 (09	O 12		
	O 1	01 04	01	04 (07	O 10	0 99	O 1
0 2	O 2	02 05	02	05 (08	0 11		O 2
	O 99	O 3 O 99	03	06 (0,	O 12		
	O 1	01 04	01	04 (07	O 10	0 99	O 1
03	O 2	0205	02	05 (08	O 11		O 2
	0 99	03 099	03	06 (0,9	O 12		
	O 1	01 04	01	04 (07	O 10	0 99	O 1
04	O 2	0 2 0 5	02	05 (08	0 11		O 2
	0 99	O 3 O 99	03	06 (0,9	O 12		
	O 1	01 04	01	04 (07	O 10	0 99	O 1
05	O 2	0205	02	05 (08	O 11		O 2
	O 99	O 3 O 99	03	06 (0,9	O 12		
	O 1	01 04	01	04 (07	O 10	0 99	O 1
06	O 2	02 05	02	05 (08	O 11		O 2
	O 99	03 099	03	06 (09	O 12		
		* 1 0 0 0 0 0						







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Continu	4	Nomeonab	in Chan	a shart shire
Dection	1 -	Demograph	ic Char	acteristics

To be completed for ALL persons

PERSON #	1.5 What is's date of birth? Please give month and year. <u>Use 99/9999 for DK/NS.</u>	1.6 What was's age as at the week ending October 9th 2021? Use 999 for DK/NS. If less than one year write 00.	 T Which one of the following best describes's status in the Cayman Islands? 1Caymanian 2Non-Caymanian with PR married to Caymanian 3Non-Caymanian with work permit married to Caymanian 4Non-Caymanian WITHOUT rights to work married to Caymanian 5Permanent resident with government work contract 6Permanent resident WITHOUT rights to work 8Non-Caymanian with WITHOUT rights to work 8Non-Caymanian with government work contract 9Non-Caymanian with work permit 10Non-Caymanian with NO work permit (e.g. spouses and children of permit/government contract holders) 11Non-Caymanian with Student Visa 12Non-Caymanian - Other
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0 2			$\begin{array}{cccccccccccccccccccccccccccccccccccc$
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0 4			01 04 07 010 099 02 05 08 011 03 06 09 012
05			01 04 07 010 099 02 05 08 011 03 06 09 012
06			01 04 07 010 099 02 05 08 011 03 06 09 012
Pag	ge 4 of 23		





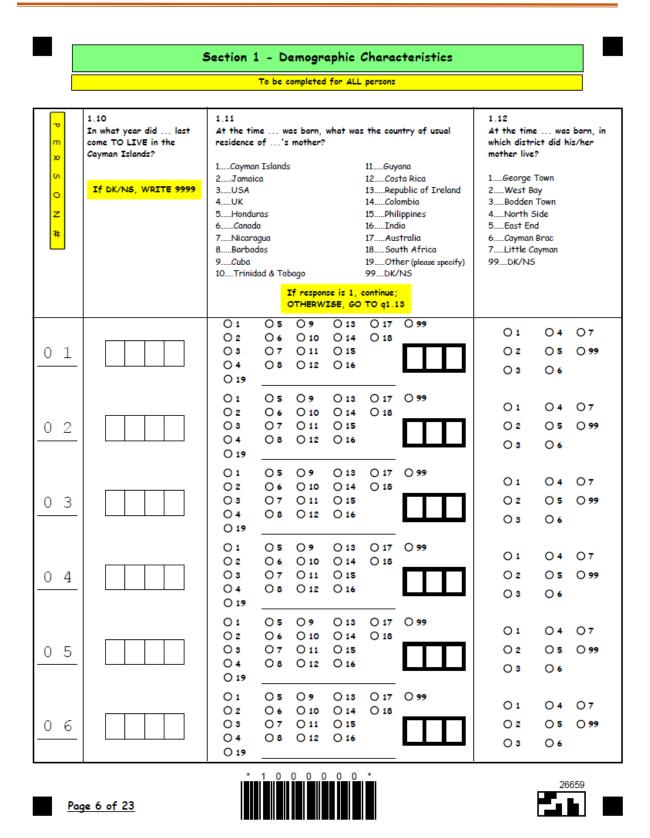


		Section 1 - Demographic Characteristics To be completed for ALL persons												
					то	be completed for	ALL person:							
р Е	1.8 What is a multiple o				o? You ca	n indicate	1.9 In what a	ountry v	vas bo	orn?				
R 5 0 N #	1Cayman Islands 2Jamaica 3USA 4UK 5Honduras 6Canada 7Nicaragua 8Barbados 9Cuba 10Trinidad & Tobago			14Col 15Phi 16Ind 17Au 18Sou	ita Rica public of Ireland inppines dia stralia uth Africa her (please specify)	1Cayman Islands 2Jamaica 3USA 4UK 5Honduras 6Canada 7Nicaragua 8Barbados 9Cuba 10Trinidad & Tobago				11Guyana 12Costa Rica 13Republic of Ireland 14Colombia 15Philippines 16India 17Australia 18South Africa 19Other (please specify) 99DK/NS				
									If q1.7 i Go to q1		.9 is 1,			
0 1	01 02 03 04 019	05 06 07 08	0 9 0 10 0 11 0 12	O 13 O 14 O 15 O 16	O 17 O 18	0 99	01 02 03 04 019	05 06 07 08	0 9 0 10 0 11 0 12	O 13 O 14 O 15 O 16	O 17 O 18	0 99		
02	01 02 03 04 019	05 06 07 08	0 9 0 10 0 11 0 12	O 13 O 14 O 15 O 16	O 17 O 18	O 99	01 02 03 04 019	05 06 07 08	0 9 0 10 0 11 0 12	O 13 O 14 O 15 O 16	O 17 O 18	0 99		
03	01 02 03 04 019	05 06 07 08	0 9 0 10 0 11 0 12	O 13 O 14 O 15 O 16	O 17 O 18	0 99	01 02 03 04 019	05 06 07 08	0 9 0 10 0 11 0 12	O 13 O 14 O 15 O 16	O 17 O 18	0 99		
0 4	0 1 0 2 0 3 - 0 4 0 19	05 06 07 08	0 9 0 10 0 11 0 12	O 13 O 14 O 15 O 16	O 17 O 18	O 99	0 1 0 2 0 3 0 4 0 19	05 06 07 08	0 9 0 10 0 11 0 12	O 13 O 14 O 15 O 16	O 17 O 18	0 99		
05	0 1 0 2 0 3 - 0 4 0 19	05 06 07 08	0 9 0 10 0 11 0 12	O 13 O 14 O 15 O 16	O 17 O 18	0 99	0 1 0 2 0 3 0 4 0 19	05 06 07 08	0 9 0 10 0 11 0 12	O 13 O 14 O 15 O 16	O 17 O 18	0 99		
06	01 02 03 04 019	05 06 07 08	0 9 0 10 0 11 0 12	O 13 O 14 O 15 O 16	O 17 O 18	0 99	0 1 0 2 0 3 0 4 0 19	05 06 07 08	09 010 011 012	O 13 O 14 O 15 O 16	O 17 O 18	0 99		
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Section 1	\omegnend	hia Ch	anacton	istics.
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To be completed for ALL persons

PERSON #	1.13 What was's usual place of residence one year ago? 1Child under 1 year 2George Town 3West Bay 4Bodden Town 5North Side 6East End	1.14 Using a simple statement in any language about everyday life, can 1Read Only 2Read & Understand 3Write Only 4Read, Write & Understand 5None	1.15 What language does speak most often at home? 1English 2Spanish 3French 4German 5Italian 6Portuguese	1.16 To which religious denomination does belong? 1Anglican 10Methodist 2Baptist 11Hindu 3Church of God 12Muslim 4Jehovah Witness 13Judaism 5Pentecostal 14Rastafarian 6Presbyterian/AME Church 15Non-denominational			
	7Cayman Brac 8Little Cayman 9Abroad (please specify) 99DK/NS	99DK/N5	7Filipino 8Indian Languages 9Sign Language 10Other (please specify)	7Roman Catholic 16None 8Seventh-day Adventist 17Other 9Wesleyan Holiness 99DK/NS			
	If age less than 10, GO TO Q1.15		For children who have not started speaking, shade the language that is spoken to them most often				
0 1	01 04 07 099 02 05 08 03 06 09	01 04 02 05 03 099	01 04 07 010 02 05 08 03 06 09	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$			
0 2	01 04 07 099 02 05 08 03 06 09	01 04 02 05 03 099	01 04 07 010 02 05 08 03 06 09	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$			
03	01 04 07 099 02 05 08 03 06 09	01 04 02 05 03 099	01 04 07 010 02 05 08 03 06 09	O1 O5 O9 O13 O17 O2 O6 O10 O14 O99 O3 O7 O11 O15 O4 O8 O12 O16			
04	01 04 07 099 02 05 08 03 06 09	01 04 02 05 03 099	01 04 07 010 02 05 08 03 06 09	$\begin{array}{cccccccccccccccccccccccccccccccccccc$			
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Section 2 - Disability & Health Insurance

To be completed for those 5 years and over

- - - - - - - - - - - - - - - - - - -	PERSON#	 2.1 Has been medically diagnosed with any of the following illnesses/disorders? Multiple Response Available 1Cataract 10Head Injury 2Glaucoma 11Spinal Cord Injury 3Diabetes 12Muscular Dystrophy 4Meningitis 13Alzheimer's Disease 5Congenital 14Intellectual Disability 6Stroke (Medical) 15Autism/Attention 7Dementia Deficit Hyeractivity 8Arthritis Disorder 9Neonatal Brain 16None Injury 99DK/NS 				glazzez)? 1No, no diffic 2Yes, some di months) 3Yes, some di months) 4Yes, a lot of (less than 6 mon 5Yes, a lot of months) 6Cannot do it	ulty fficulty (fficulty (difficulty ths) difficulty at all (les	more than 6 1	 2.3 Does have difficulty hearing (even using hearing aid)? 1No, no difficulty 2Yes, some difficulty (less than 6 months) 3Yes, some difficulty (more than 6 months) 4Yes, a lot of difficulty (less than 6 months) 5Yes, a lot of difficulty (more than 6 months) 5Yes, a lot of difficulty (more than 6 months) 6Cannot do it at all (less than 6 months) 7Cannot do it at all (more than 6 months) 99DK/N5 			
		01	05	09 010	O 13 O 14	0 99	01	04	07	O 1	04	07
0	1	03	07	O 11	O 15		02		0 99	0 2	05	0 99
		04	08	O 12	O 16		0:	06		03	06	
		01	05	09 010	O 13 O 14	0 99	01	04	07	O 1	04	07
0	2	03	07	011	O 15		0:	05	0 99	O 2	05	0 99
		04	08	O 12	O 16		03	06		O 3	06	
		01	05	0,	O 13	0 99	01	04	07	O 1	04	07
0	3	0 2 0 3	06 07	O 10 O 11	O 14 O 15		O 2	05	0 99	O 2	05	0 99
		04	08	O 12	0 16		0 3	06		O 3	06	
		01	05	0,9	O 13	0 99	01	04	07	O 1	04	07
0	4	0 2 0 3	06	O 10 O 11	O 14 O 15		0 2	05	0 99	O 2	05	0 99
		04	08	O 12	0 16		03	06		O 3	06	
		01	05	0,9	O 13	0 99	01	04	07	01	04	07
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		01	05	0,9	O 13	0.00	01	04	07	01	04	07
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Ĕ		03 04	07 08	O 11 O 12	O 15 O 16		03	-	•	03	06	.
		-	_				.					







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Section 2 - Disability & Health Insurance

To be completed for those 5 years and over

PERSON#	2.4 Does have different concentrating? 1No, no difficu 2Yes, some different from the s	lty ficulty (ficulty (lifficulty hs) lifficult t all (les	less than 6 more than 6 y y (more than 6 is than 6 months)	2.5 Does have dif speaking (your us 1No, no difficul 2Yes, some diff months) 3Yes, some diff months) 4Yes, a lot of d (less than 6 month 5Yes, a lot of d months) 6Cannot do it a 99DK/NS	iess than 6 more than 6 y (more than 6 s than 6 months)	function? 1No, no difficulty 2Yes, some difficulty (less than 6 months) 3Yes, some difficulty (more than 6 months) 4Yes, a lot of difficulty (less than 6 months) 5Yes, a lot of difficulty (more than 6 months) 6Cannot do it at all (less than 6 months)			
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	01	04	07	01	04	07	01	04	07
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	O 3	06		O 3	06		03	06	
	01	04	07	O 1	04	07	01	04	07
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	O 3	06		O 3	06		O 3	06	
	01	04	07	O 1	04	07	O 1	04	07
0 4	O 2	05	0 99	O 2	05	0 99	O 2	05	0 99
	0 3	06		O 3	06		03	06	
	01	04	07	01	04	07	01	04	07
05	O 2	05	0 99	O 2	05	0 99	O 2	05	0 99
	03	06		O 3	06		03	06	
	01	04	07	O 1	04	07	01	04	07
06	O 2	05	0 99	O 2	05	0 99	O 2	05	0 99
	0 3	06		O 3	06		0 3	06	







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nths) Cannot do it do Cannot do it do DK/NS 0 1 0 2 0 3 0 1 0 2 0 3	fficulty fficulty (fficulty (difficult ths) difficult at all (le:	(less than 6 (more than 6	2.8 Does have or dressing? 1No, no diffi 2Yes, some (months) 3Yes, some (months) 4Yes, a lot o (less than 6 ma 5Yes, a lot o months) 6Cannot do i 7Cannot do i 99DK/NS	diffic iculty diffic diffic of diff onths) of diff	ulty (les ulty (mo iculty iculty (r iculty (r II (less t	s than 6 re than 6 nore than 6 han 6 months) than 6 months) 0 7 0 99		 Health ider in the Cayman by CI Government as, indigent, etc) other overseas 0 4 0 5 99 0 4
es have di nbing stairs? .No, no diffict. .Yes, some dif nths) .Yes, some dif nths) .Yes, a lot of 1 mths) Cannot do it 4 Cannot do it 6 DK/NS 0 1 0 2 0 3 0 1 0 2	ulty fficulty (difficulty (difficult ths) difficult at all (le: at all (mo 0 4 0 5 0 6 0 4 0 5	(less than 6 (more than 6 Y y (more than 6 ss than 6 months) ore than 6 months) O 7 O 99	Does have or dressing? 1No, no diffi 2Yes, some (months) 3Yes, some (months) 4Yes, a lot o (less than 6 ma 5Yes, a lot o months) 6Cannot do i 7Cannot do i 99DK/NS	iculty difficu difficu of diff onths) of diff it at a it at a 0 1 0 2 0 3	ulty (less ulty (mod iculty iculty (r II (less t II (more 0 4 0 5 0 6 0 4	s than 6 re than 6 nore than 6 han 6 months) than 6 months) 0 7 0 99	I: covered by Insurance? 1Yes, by a provi Islands 2Yes, covered I (Govt. employs seamen, veter 3Yes, by some of provider 4Uninsurable 5No 99DK/NS	ider in the Cayma by CI Government se & dependents, ans, indigent, etc; other overseas 0 4 0 5 0 99 0 4
Yes, some dif nths) Yes, some dif nths) Yes, a lot of of st than 6 mont Yes, a lot of of nths) Cannot do it d DK/NS O 1 O 2 O 3 O 1 O 2 O 3	fficulty (fficulty (difficult ths) difficult at all (le: at all (ma 0 4 0 5 0 6 0 4 0 5	(more than 6 Y y (more than 6 ss than 6 months) ore than 6 months) 0 7 0 99 0 7	2Yes, some (months) 3Yes, some (months) 4Yes, a lot o (less than 6 ma 5Yes, a lot o months) 6Cannot do i 7Cannot do i 99DK/NS	diffici diffici of diff onths) of diff it at a it at a 0 1 0 2 0 3 0 1	ulty (moi iculty iculty (r II (less t II (more 0 4 0 5 0 6 0 4	re than 6 nore than 6 han 6 months) than 6 months) 0 7 0 99	Islands 2Yes, covered l (Govt. employe seamen, veter 3Yes, by some of provider 4Uninsurable 5No 99DK/NS 0 1 0 2 0 3	O 4 O 99 O 99 O 4
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01	04	07		01	04	07	01	04
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03	06		(0 3	06		O 3	0 99
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Section 3 - School Attendance

To be completed for ALL persons

PERSOZ#	3.1 Is at' institutio time? 1Yes, p 2Yes, p 3Yes p 4Yes, p 5Home 6Not a 99DK/N If response less than 15 If response greater that	n part or hublic, full private, fu ublic, par private, par private, par schooled ittending: 15 is 6 or 99 is 6 or 99 is 6 or 99 is 6 or 99	full I-time IIII-time t-time art-time school , & age <u>TERVIEW</u> , & age	is attendi 1Day Care/ 2Primary S 3Middle/H 4Vocationa 5Communit 6Universit 7Special E	'Nursery, ichool ligh/Seco Il Institut y College y/College ducation se School aining Cer	ndary School tion ; ; (eg I, Sunrise ntre)	3.3 What is the name of the school/institution is attending?	transp school. 1Pri 2Sci 3Pu 4W 5Bik 6Ta 7Ma 8Bo 9Na 1f	cycle xi otorcycle. ating	ne on? icle /Moped 9DK/N than 15	15
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0 1	0 2	05	-	O 2	05	08		0 2	05	08	
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	01	04	0 99	01	04	07		01	04	07	0 99
0 2	0 2	05		O 2	05	08		O 2	05	08	
	03	06		03	06	0 99		03	06	0,9	
	01	04	0 99	01	04	07		01	04	07	0 99
03	0 2	05		O 2	05	08		O 2	05	08	
	03	06		O 3	06	0 99		03	06	09	
	01	04	0 99	01	04	07		01	04	07	0 99
0 4	O 2	05		O 2	05	08		O 2	05	08	
	03	06		O 3	06	0 99		03	06	09	
	01	04	0 99	01	04	07		01	04	07	0 99
05	0 2	05		O 2	05	08		O 2	05	08	
	03	06		03	06	0 99		03	06	0,	
	01	04	0 99	O 1	04	07		01	04	07	0 99
06	O 2	05		O 2	05	08		O 2	05	08	
	03	06		03	06	0 99		03	06	0,	
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Section 4 - Highest Grade Completed and Examination Passed

To be completed for those 15 years and over

PERSOZ#	1None 2Day 3Spec 4Prim 5Prim 7Prim 8Prim 9Prim 10Mide 11Mide	What is the HIGHEST GRADE that COMPLETED? 1None 2Day Care/Nursery/Pre-School 3Special Education 4Primary Yr 1 5Primary Yr 2 6Primary Yr 3 8Primary Yr 4 9Primary Yr 5 10Middle/High School Yr 7 11Middle/High School Yr 8 12Middle/High School Yr 8 12Middle/High School yr 9							Entry Leve SE, CXC B CE/GCSE C	el Jasic /IGCSE ' /IGCSE ' /IGCSE ' /IGCSE ' /IGCSE ' /IGCSE ' /IGCSE ' APE/ISC APE/IS	O Level/Ge O Level/Ge O Level/Ge uivalent Ce VHND (1 or VHND (3 or hool Qualif ate or Diplo	n/Tech Pri n/Tech Pri n/Tech Pri n/Tech Pri isotiete (/ 2 subjects	of (1 or 2 s) of (3 or 4 s of (5 or mo American/C ;) ects) r, Accounti	ubjects) re subjects) anadian) ing, Finance)
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0 2	0 1 0 2 0 3 0 22	04 05 06	07 08 09	O 10 O 11 O 12	O 13 O 14 O 15	O 16 O 17 O 18	○ 19 ○ 99 ○ 20 ○ 21	0 1 0 2 0 3 0 19	04 05 06	07 08 09	O 10 O 11 O 12	O 13 O 14 O 15	O 16 O 17 O 18	0 99
03	0 1 0 2 0 3 0 22	04 05 06	07 08 09	0 10 0 11 0 12	0 13 0 14 0 15	○ 16○ 17○ 18	○ 19 ○ 99 ○ 20 ○ 21	01 02 03 019	04 05 06	07 08 09	0 10 0 11 0 12	O 13 O 14 O 15	○ 16 ○ 17 ○ 18	0 99
0 4	0 1 0 2 0 3 0 22	04 05 06	07 08 09	O 10 O 11 O 12	O 13 O 14 O 15	O 16 O 17 O 18	○ 19 ○ 99 ○ 20 ○ 21	01 02 03 019	04 05 06	07 08 09	0 10 0 11 0 12	O 13 O 14 O 15	O 16 O 17 O 18	0 99
05	0 1 0 2 0 3 0 22	04 05 06	07 08 09	0 10 0 11 0 12	0 13 0 14 0 15	0 16 0 17 0 18	○ 19 ○ 99 ○ 20 ○ 21	01 02 03 019	04 05 06	07 08 09	0 10 0 11 0 12	O 13 O 14 O 15	○ 16 ○ 17 ○ 18	0 99
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Pag	* 1 0 0 0 0 0 * 26659 Page 12 of 23 • • • • • • • • • • • • • • • • • • •													









	Section 5 - Marital and Union Status												
						completed for							
р Е	5.1 What is .	's pre	sent ma	rital sta	atus?		5.2 Wh	at is'	s presei	nt union	status?	,	
R S O N #	1Legally married 2Legally separated 3Divorced 4Widowed 5Never married 99DK/NS						2 3 4 5	Married (Married) Common-l Visiting p Not in un DK/NS	with spou law partu artner	use livin		ere	
										male ag O q7.1		OR Mal	e,
0 1	01	0 2	03	04	0 5	0 99		O 1	0 2	03	04	05	0 99
02	O 1	0 2	03	04	05	0 99		01	O 2	03	04	05	0 99
03	O 1	02	03	04	05	0 99		01	0 2	03	04	05	0 99
04	01	02	03	04	05	0 99		Oı	O 2	03	04	05	0 99
05	O 1	O 2	03	04	05	0 99		01	O 2	03	04	05	0 99
06	O 1	02	O 3	04	05	0 99		Oı	O 2	03	04	05	() 99
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Section 6 - Fertility

To be completed for FEMALES 15 - 49 years old

P E R	had prior	 6.1 How many live births has ever had prior to October 9th 2021? A live birth includes those births where the child lives for only a short time; but does not include 			6.2 What is the date of birth of's last child born alive?	6.3 Is the last child born to still alive?	6.4 How many live births did have in the last 12 months (since October 9th, 2020)?
<mark>с 0</mark> И	short tim still birth	e; but d s.	oes not	include		1Yes 2No 99DK/NS	1One birth 2Two separate births 3Twins 4Three or more
#	Twins cou			irths			5None 99DK/N5
	1One 2Two 3Three 4Four 5Five	8l 9l	Six Seven Eight or None DK/NS	more			
	If respo						01 04
0 1	01	-	07	0 99		01	
0 1	02	05 06	08			O 2 O 99	02 05
		_	_	_			01 04
0.0	01	04	07	0 99		01	
0 2	02	05 06	08 09			O 2 O 99	02 05
			-				01 04
0.2	01	04	07	0 99		01	
0 3	0 2 0 3	05 06	08 09			O 2 O 99	02 05
	01	04	07	0 99		O 1	01 04
0 4	0 2	05	08			O 2	02 05
	03	06	09		00 mm , , , , , ,	0 99	○ 3 ○ 99
	01	04	07	0 99		O 1	01 04
05	0 2	05	08			O 2	02 05
	03	06	09		PP WW AAAA	0 99	O 3 O 99
	01	04	07	0 99		O 1	01 04
06	0 2	05	08			O 2	0205
	03	06	0,9		PP WW AAAA	0 99	03 099
Pa	ge 14 of	23			* 1 0 0 0 0 0 *		26659









Section 7 - Employment

To be completed for those 15 years and over

PERSO	7.1 Did do any work in the Cayman Islands for pay, profit or family gain for at least ONE HOUR during the week ending October 9th 2021?	7.2 Did have a job at which you/he/she did not work during the week ending October 9th 2021?	7.3 What category of worker is in his/her <u>MAIN</u> job?	7.4 How many persons are employed at place of work?
Z #	1Yes 2No 99DK/N5 If response is 1, <u>60 TO q7.3</u>	1Yes 2No 99DK/N5 If response is 2 or 99, <u>60 TO q7.11</u>	1Employee (work for someone) 2Self-employed, WITH NO employees 3Self-employed WITH employees 4Unpaid family business worker 99DK/NS	11 - 5 26 - 10 311 - 24 425 - 49 550+ 99DK/NS
	O 1	O 1	01 04	01 04
0 1	O 2	O 2	0 2 0 99	02 05
	0 99	0 99	O 3	O 3 O 99
	01	01	01 04	01 04
0 2	0 2	0 2	0 2 0 99	02 05
	0 99	0 99	O s	O 3 O 99
	O 1	O 1	01 04	01 04
03	O 2	O 2	0 2 0 99	0 2 0 5
	0 99	0 99	O 3	03 099
	O 1	O 1	O1 O4	01 04
0 4	O 2	O 2	0 2 0 99	02 05
	0 99	0 99	O 3	03 099
	O 1	O 1	O1 O4	01 04
05	O 2	0 2	0 2 0 99	02 05
	O 99	O 99	O 3	03 099
	O 1	01	01 04	01 04
06	O 2	O 2	0 2 0 99	02 05
	0 99	0 99	O 3	O 3 O 99
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		Section 7 - Employmer	+
		To be completed for those 15 years an	d over.
PERS	7.5 How many hours does usually work per week in his/her <u>MAIN</u> job?	7.6 What is's occupation in his/her <u>MAIN</u> job?	7.7 What is the name of the business where's <u>MAIN</u> work is carried out?
0 Z #		Probe, get details.	If not obvious from the name of the business or government department, add the main activity of the business.
. 1			
0 1			
0 2			
03			
04			
05			
06			
		<u> </u>	
Pag	ge 16 of 23		26659







		Section	7 - E	mploymen	+								
	т	o be completed :	for those	: 15 years and	l over.								
P E R	7.8 What is the street address where the business is situated?		What mode of transport does How much was mostly use to get to the MAIN MAIN job he/she						's carnings from the ne was doing in the week 9th 2021?				
<mark>5 0 N #</mark>		1Private Vehicle 2Public Bus 3Walking 4Bicycle 5Taxi 6Motorcycle/Moped			Ref	Refer to FLASH CARD for earnings range.							
		7Works ma 8Boating				If	97.1 is 1	, <u>60 то</u>	<u>q8.1</u>				
		99DK/N5				If	97.2 is 1	, <u>60 то</u>	<u>98.1</u>				
					01	05	0,9	O 13	0 17	0			
0 1		01	04	07	O 2	06	O 10	O 14	O 18	C			
0 1		02	05	08	03	07	O 11	O 15	O 19	C			
		03	06	0 99	04	08	O 12	O 16	O 20				
		01	04	07	01	05	09	O 13	O 17	C			
0 2		02	05	08	O 2	06	O 10	O 14	O 18	C			
		03	06	0 99	03	07	O 11	O 15	O 19	C			
		0	0	0.11	04	08	O 12	O 16	O 20				
		01	04	07	01	05	0,9	O 13	O 17	C			
03		02	05	08	0 2	06	O 10	0 14	O 18	C			
		0 3	06	0 99	03	07	011	0 15	0 19	C			
					04	08	012 09	0 16	O 20 O 17	c			
		01	04	07	02	05	0 10	O 13 O 14	O 18	0			
04		02	05	08	03	07	0 10	0 14	019	0			
		O 3	06	0 99	04	08	012	O 16	O 20				
					01	05	-		017	С			
		01	04	07	0 2	06	O 10	O 14	O 18	c			
05		02	05	08	03	07	O 11	O 15	0 19	C			
		O 3	06	0 99	04	08	O 12	O 16	O 20				
		01	04	07	01	05	09	O 13	O 17	С			
06		01	04	08	O 2	06	O 10	O 14	O 18	С			
		03	06	0 99	03	07	O 11	O 15	O 19	С			
			00	0	04	08	O 12	O 16	O 20				







			To b	e completed	for those :	15 years	and over.			
PERS	7.11 In the past for Sept 12th, 202 was				vork during	the past		7.13 What was's MAIN mean financial support during the ending Oct 9th, 2021?		
5 O Z #	1Available fo 2Not seeking available fo 3Seeking wor available 4Already fou start 5Waiting for 6Not seeking work 99DK/NS If response is	work althou r work k but was n nd a job and work permi- and not ava	igh was ot yet waiting to t approval ilable for	3Retire 4Elderly 5Tempo 6Infirm 7Seasor 8No wor	family dutie d / rary illness ed/Disable nal inactivit *k available t want to w of looking	zs :/injury/m d y ork	1Parent(s) 2Spouse/Partner 3Other relatives or friends 4Savings/Investments 5Social Services (Government) 6Pension/Veteran/Seaman 7Other 99DK/NS			
	<u>CONTINUE</u> c			99DK/N5						
1	0 1 0 2 0 3	04 05 06	0 99	0 1 0 2 0 3 0 11	04 05 06	07 08 09	() 10 () 99	0 1 0 2 0 3	04 05 06	0 7 0 99
2	O 1 O 2 O 3	04 05 06	0 99	0 1 0 2 0 3 0 11	04 05 06	07 08 09	() 10 () 99	0 1 0 2 0 3	04 05 06	07 099
3	0 1 0 2 0 3	04 05 06	99	0 1 0 2 0 3 0 11	04 05 06	07 08 09	() 10 () 99	0 1 0 2 0 3	04 05 06	07 099
4	0 1 0 2 0 3	04 05 06	0 99	0 1 0 2 0 3 0 11	04 05 06	07 08 09	() 10 () 99	0 1 0 2 0 3	04 05 06	07 099
5	0 1 0 2 0 3	04 05 06	0 99	O 1 O 2 O 3 O 11	04 05 06	07 08 09	O 10 O 99	0 1 0 2 0 3	04 05 06	0 7 0 99
6	0 1 0 2 0 3	04 05 06	99	0 1 0 2 0 3 0 11	04 05 06	07 08 09	() 10 () 99	0 1 0 2 0 3	04 05 06	07 099







1 Which of the following best describes the ownership of this dwelling? 1 Owned without mortgage 0 5 Rent-free provided by employer 2 Owned with mortgage 0 6 Subsidized rent provided by employer 3 Rented - Furnished 0 7 Other (please specify) 0 4 Rented - Unfurnished 0 99 DK/NS 2 What type of dwelling does this household occupy? 0 1 Detached house 0 1 Detached house 0 5 Condominium/townhouse 0 9 Boat/y 0 2 Semi-detached house 0 6 Studio 0 10 Othe 0 3 Duplex 0 7 One-room 0 4 Apartment 0 8 Combined business/dwelling 3 How many rooms 8.4 Number of bedrooms 8. set this household have 0 5 Outhouse/Pit latrine 8. ailable for its use? 0 5 Outhouse/Pit latrine 0 5 Outhouse/Pit latrine 0 2 Seeric tank or deep well 0 99 DK/NS 0 90 DK/NS 0 4 Cesspool 8 What is the MAIN source of water for this household? 0 4 Other (please specify) 0 2 Clistern (rain or truck) 0 99 DK/NS 0 0 3 Well 9 Does this household use bottled water as its MAIN source for inking water? 0 1 Ves 0 2 No	ult.	r a responsible adult.	household or	completed by the Head of the l	To be comp
0 1 Owned without mortgage 0 5 Rent-free provided by employed 0 2 Owned with mortgage 0 6 Subsidized rent provided by employed 0 3 Rented - Furnished 0 7 Other (please specify) 0 4 Rented - Unfurnished 0 99 DK/NS 2 What type of dwelling does this household occupy? 0 1 Detached house 0 5 Condominium/townhouse 0 9 Boat/Q 0 2 Semi-detached house 0 6 Studio 0 10 Other 0 3 Duplex 0 7 One-room 0 4 Apartment 0 8 Combined business/dwelling 3 How many rooms 8.4 Number of bedrooms 8. 9 10 Mains (West ave? 0 1 Ves 0 2 No 0 7 What type of sewerage system does this household have? 0 1 Ves 0 2 No 0 0 3 Septic tonk or deep well 0 99 DK/NS 0 0 99 DK/NS 0 0 4 Cesspool 8 What is the MAIN source of water for this household? 0 1 Ves 0 2 No 0 0 1 Mains ("City water" or "desalinated") 0 4 Other (please specify) 0 2 No 0 0 2 Dises this household use bottled water as its MAIN source for 0 1 Ves 0 2 No 0 1 Mains ("City water" or "desalinated") 0 4 Wood/charcoal 0 2 No 0					
Q 2 Owned with mortgage Q 6 Subsidized rent provided by em Q 3 Rented - Furnished Q 7 Other (please specify) Q 4 Rented - Unfurnished Q 99 DK/NS 2 What type of dwelling does this household occupy? Q 1 Detached house Q 5 Condominium/townhouse Q 9 Boat/Q Q 2 Semi-detached house Q 6 Studio Q 10 Other Q 9 Boat/Q Q 3 Duplex Q 7 One-room Q 4 Apartment Q 8 Combined business/dwelling 3 How many rooms 8.4 Number of bedrooms 8. a How many rooms 8.4 Number of bedrooms 8. a How many rooms 8.4 Number of bedrooms 8. a How many rooms 8.4 Number of bedrooms 8. a Duplex Q 1 Yes Q 2 No G 2 Swerage tria the a bathroom with another household? Q 1 Yes Q 2 No G What type of sewerage system does this household have? Q 1 Moins (West Bay Rd. Sewage Scheme) Q 5 Outhouse/Pit latrine Q 2 Swerage Treatment Plant Q 6 Other (please specify) Q Q 2 Swerage Treatment Plant Q 4 Other (please specify) Q 2 Cistern (rain or truck) Q 99 DK/NS Q Q 1 Moins ("City water" or "desalinated") Q 4 Other (please specify) Q 2 Ci			lling?	cribes the ownership of this dwe	Which of the following best describes
0 3 Rented - Furnished 0 7 Other (please specify) 0 4 Rented - Unfurnished 0 99 DK/NS 2 What type of dwelling does this household occupy? 0 1 Detached house 0 5 Condominium/townhouse 0 9 Boat/N 0 1 Detached house 0 5 Condominium/townhouse 0 9 Boat/N 0 2 Semi-detached house 0 6 Studio 0 10 Other 0 3 Duplex 0 7 One-room 0 4 Apartment 0 8 Combined business/dwelling 3 How many rooms 8.4 Number of bedrooms 8. set this household have 8.4 Number of bedrooms 8. aliable for its use? 0 1 Ves 0 2 No 4 Mat type of sewerage system does this household have? 0 1 Ves 0 2 No 7 What type of sewerage system does this household have? 0 1 Mains (West Bay Rd. Sewage Scheme) 0 5 Outhouse/Pit latrine 0 2 Sewerage Treatment Plant 0 6 Other (please specify) 0 0 3 Septic tonk or deep well 0 99 DK/NS 0 0 4 Cesspool 8 What is the MAIN source of water for this household? 0 19 Ves 0 2 No 0 3 Well 9 Does this household use bottled water as its MAIN source for inking water? 0 1 Ves 0 2 No 0 10 Does this household share a kitche	er, relative or friend	rovided by employer, relative (Rent-free pr	O 5) 1 Owned without mortgage
0 4 Rented - Unfurnished 0 99 DK/NS 2 What type of dwelling does this household occupy? 0 1 Detached house 0 5 Condominium/townhouse 0 9 Boat/A 0 2 Semi-detached house 0 6 Studio 0 10 Othe 0 3 Duplex 0 7 One-room 0 4 Apartment 0 8 Combined business/dwelling 3 How many rooms 8.4 Number of bedrooms 8. 8. 9 Boat /A 0 8 Combined business/dwelling 6 3 How many rooms 8.4 Number of bedrooms 8. 8. 9 Boat A 0 8 Combined business/dwelling 6 6 Does this household have 0 1 Yes 2 No 6 7 What type of sewerage system does this household have? 0 1 Yes 2 No 6 0 1 Mains (West Bay Rd. Sewage Scheme) 0 5 Outhouse/Pit latrine 6 0 Septic tank or deep well 0 99 DK/NS 0 2 Sewerage Treatment Plant 0 6 Other (please specify) 0 2 Cistern (rain or truck) 0	mployer, relative or friend	rent provided by employer, rel	Subsidized r	O 6) 2 Owned with mortgage
2 What type of dwelling does this household occupy? 0 1 Detached house 0 5 Condominium/townhouse 9 Boat/y 0 2 Semi-detached house 0 6 Studio 0 10 Othe 0 3 Duplex 0 7 One-room 0 0 4 Apartment 0 8 Combined business/dwelling		se specify)	Other (pleas	O 7) 3 Rented - Furnished
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0 2 Semi-detached house 0 6 Studio 0 10 Othe 0 3 Duplex 0 7 One-room 0 8 Combined business/dwelling 0 4 Apartment 0 8 Combined business/dwelling 6 3 How many rooms 8.4 Number of bedrooms 8.4 ailable for its use? 8.4 Number of bedrooms 8.4 6 boes this household share a bathroom with another household? 0 1 Yes 0 2 No 7 What type of sewerage system does this household have? 0 1 Mains (West Bay Rd. Sewage Scheme) 0 5 Outhouse/Pit latrine 0 2 Sewerage Treatment Plant 0 6 Other (please specify) 0 0 3 Septic tank or deep well 0 9 DK/NS 0 0 4 Cesspool 8 4 Other (please specify) 0 0 2 Cistern (rain or truck) 0 9 DK/NS 0 0 3 Well 0 4 Other (please specify) 0 0 2 Listern (rain or truck) 0 9 DK/NS 0 0 3 Well 0 4 Other (please specify) 0 0				household occupy?	What type of dwelling does this house
0 3 Duplex 0 7 One-room 0 4 Apartment 0 8 Combined business/dwelling 3 How many rooms wer this household have 8.4 Number of bedrooms 6 Does this household share a bathroom with another household? 0 1 Yes 6 Does this household share a bathroom with another household? 0 1 Yes 7 What type of severage system does this household have? 0 5 Outhouse/Pit latrine 0 1 Mains (West Bay Rd. Sewage Scheme) 0 5 Outhouse/Pit latrine 0 2 Severage Treatment Plant 0 6 Other (please specify) 0 3 Septic tank or deep well 0 99 DK/NS 0 4 Cesspool 8 What is the MAIN source of water for this household? 0 1 Mains ("City water" or "desalinated") 0 4 Other (please specify) 0 2 Cistern (rain or truck) 0 99 DK/NS 0 3 Well 9 Does this household use bottled water as its MAIN source for inking water? 0 1 Yes 0 2 No 10 Does this household share a kitchen with another household? 0 1 Yes 0 2 No 0 11 What type of fuel does this household use <u>MOST</u> for cooking? 0 1 Electricity 0 4 Wood/charcoal 0 2 Gas/propone 0 5 Other (please specify) 0	/yacht O 99 DK/NS	O 9 Boat/yacht	ouse	0 5 Condominium/townh) 1 Detached house
0 4 Apartment 0 8 Combined business/dwelling 3 How many rooms exist this household have ailable for its use? 8.4 Number of bedrooms 8. 6 Does this household share a bathroom with another household? 0 1 Yes 0 2 No 0 7 What type of sewerage system does this household have? 0 1 Mains (West Bay Rd. Sewage Scheme) 0 5 Outhouse/Pit latrine 0 0 2 Sewerage Treatment Plant 0 6 Other (please specify) 0 3 Septic tank or deep well 0 99 DK/NS 0 4 Cesspool 8 What is the MAIN source of water for this household? 0 4 Other (please specify) 0 0 2 Cistern (rain or truck) 0 99 DK/NS 0 99 DK/NS 0 10 Does this household use bottled water as its MAIN source for inking water? 0 1 Yes 0 2 No 0 11 What type of fuel does this household use <u>MOST</u> for cooking? 0 1 Electricity 0 4 Wood/charcoal 0 2 Gas/propane 0 5 Other (please specify) 0	er (please specify)	O 10 Other (please s		O 6 Studio) 2 Semi-detached house
3 How many rooms wes this household have ailable for its use? 8.4 Number of bedrooms 8. 6 boes this household share a bathroom with another household? 0 1 Yes 0 2 No 0 7 What type of sewerage system does this household have? 0 1 Mains (West Bay Rd. Sewage Scheme) 0 5 Outhouse/Pit latrine 0 0 1 Mains (West Bay Rd. Sewage Scheme) 0 5 Outhouse/Pit latrine 0 6 Other (please specify) 0 3 Septic tank or deep well 0 99 DK/NS 99 DK/NS 0 4 Cesspool 8 8 What is the MAIN source of water for this household? 0 4 Other (please specify) 0 2 Cistern (rain or truck) 0 99 DK/NS 0 3 Well 9 Does this household use bottled water as its MAIN source for inking water? 0 1 Yes 0 2 No 10 Does this household share a kitchen with another household? 0 1 Yes 0 2 No 0 11 What type of fuel does this household use <u>MOST</u> for cooking? 0 1 Electricity 0 4 Wood/charcoal 0 2 Gas/propane 0 5 Other (please specify) 0				O 7 One-room) 3 Duplex
est this household have 8.4 Number of bedrooms 8. ailable for its use? 9.4 Number of bedrooms 8. 5 boes this household share a bathroom with another household? 9.1 Yes 9.2 No 9.0 7 What type of sewerage system does this household have? 9.1 Mains (West Bay Rd. Sewage Scheme) 9.5 Outhouse/Pit latrine 9.2 Sewerage Treatment Plant 9.6 Other (please specify) 9.3 Septic tank or deep well 9.9 DK/NS 9.1 Mains ("City water" or "desalinated") 9.4 Other (please specify) 9.2 Cistern (rain or truck) 9.9 DK/NS 9.2 Cistern (rain or truck) 9.9 DK/NS 9.9 DK/NS 9.0 9.3 Well 9.0 Does this household use bottled water as its MAIN source for niking water? 0.1 Yes 0.2 No 10 Does this household use bottled water as its MAIN source for niking water? 0.1 Yes 0.2 No 0.1 Yes 0.2 No 11 What type of fuel does this household use <u>MOST</u> for cooking? 0.1 Yes 0.2 No 0.1 Yes			dwelling	O 8 Combined business/) 4 Apartment
7 What type of sewerage system does this household have? 0 1 Mains (West Bay Rd. Sewage Scheme) 0 5 Outhouse/Pit latrine 0 2 Sewerage Treatment Plant 0 6 Other (please specify) 0 3 Septic tank or deep well 0 99 DK/NS 0 4 Cesspool 99 DK/NS 8 What is the MAIN source of water for this household? 0 4 Other (please specify) 0 2 Cistern (rain or truck) 0 99 DK/NS 0 3 Well 0 99 DK/NS 9 Does this household use bottled water as its MAIN source for inking water? 0 1 Yes 10 Does this household share a kitchen with another household? 0 1 Yes 0 2 No 11 What type of fuel does this household use <u>MOST</u> for cooking? 0 4 Wood/charcoal 0 5 Other (please specify)	3.5 Number of bathrooms	8.5 Number	frooms	8.4 Number of be	s this household have
0 3 Septic tank or deep well 0 99 DK/NS 0 4 Cesspool 8 What is the MAIN source of water for this household? 0 1 Mains ("City water" or "desalinated") 0 4 Other (please specify) 0 2 Cistern (rain or truck) 0 99 DK/NS 0 3 Well 9 Does this household use bottled water as its MAIN source for 0 1 Yes 10 Does this household share a kitchen with another household? 0 1 Yes 0 2 No 11 What type of fuel does this household use <u>MOST</u> for cooking? 0 4 Wood/charcoal 0 5 Other (please specify)				cheme) O 5) 1 Mains (West Bay Rd. Sewage Scheme)
0 3 Septic tank or deep well 0 99 DK/NS 0 4 Cesspool 8 What is the MAIN source of water for this household? 0 1 Mains ("City water" or "desalinated") 0 4 Other (please specify) 0 2 Cistern (rain or truck) 0 99 DK/NS 0 3 Well 9 Does this household use bottled water as its MAIN source for 0 1 Yes 10 Does this household share a kitchen with another household? 0 1 Yes 0 2 No 11 What type of fuel does this household use <u>MOST</u> for cooking? 0 4 Wood/charcoal 0 5 Other (please specify)					
8 What is the MAIN source of water for this household? 0 1 Mains ("City water" or "desalinated") 0 4 Other (please specify) 0 2 Cistern (rain or truck) 0 99 DK/NS 0 3 Well 9 Does this household use bottled water as its MAIN source for 0 1 Yes 0 2 No 10 Does this household share a kitchen with another household? 0 1 Yes 0 2 No 0 11 What type of fuel does this household use <u>MOST</u> for cooking? 0 4 Wood/charcoal 0 5 Other (please specify) 0			9 DK/NS	0 9) 3 Septic tank or deep well
0 1 Mains ("City water" or "desalinated") 0 4 Other (please specify) 0 2 Cistern (rain or truck) 0 99 DK/NS 0 3 Well 9 Does this household use bottled water as its MAIN source for inking water? 0 1 Yes 0 2 No 10 Does this household share a kitchen with another household? 0 1 Yes 0 2 No 0 11 What type of fuel does this household use <u>MOST</u> for cooking? 0 4 Wood/charcoal 0 5 Other (please specify) 0) 4 Cesspool
O 2 Cistern (rain or truck) O 99 DK/NS O 3 Well 9 Does this household use bottled water as its MAIN source for O 1 Yes O 2 No 9 Does this household use bottled water as its MAIN source for O 1 Yes O 2 No O 10 Does this household share a kitchen with another household? O 1 Yes O 2 No O 11 What type of fuel does this household use <u>MOST</u> for cooking? O 4 Wood/charcoal O 5 Other (please specify)				ater for this household?	What is the MAIN source of water fo
0 3 Well 9 Does this household use bottled water as its MAIN source for inking water? 0 1 Yes 0 2 No 0 10 Does this household share a kitchen with another household? 0 1 Yes 0 2 No 0 11 What type of fuel does this household use <u>MOST</u> for cooking? 0 4 Wood/charcoal 0 2 Gas/propane 0 5 Other (please specify)		se specify)	Other (pleas	ated") O 4) 1 Mains ("City water" or "desalinated")
9 Does this household use bottled water as its MAIN source for O 1 Yes O 2 No (inking water? 0 1 Yes O 2 No (inking water? 10 Does this household share a kitchen with another household? 0 1 Yes O 2 No (inking) 11 What type of fuel does this household use <u>MOST</u> for cooking? 0 4 Wood/charcoal 0 1 Electricity 0 4 Wood/charcoal 0 2 Gas/propane 0 5 Other (please specify)			DK/NS	0.9) 2 Cistern (rain or truck)
inking water? 10 Does this household share a kitchen with another household? 11 What type of fuel does this household use <u>MOST</u> for cooking? O 1 Electricity O 2 Gas/propane O 5 Other (please specify)) 3 Well
11 What type of fuel does this household use <u>MOST</u> for cooking? O 1 Electricity O 4 Wood/charcoal O 2 Gas/propane O 5 Other (please specify)	O 99 DK/N5	Yes ○2N0 ○99DK/N	01	water as its MAIN source for	
0 1 Electricity O 4 Wood/charcoal 0 2 Gas/propane O 5 Other (please specify)	O 99 DK/N5	Yes 0 2 No 0 99 DK/N	01	tchen with another household?	O Does this household share a kitchen v
O 2 Gas/propane O 5 Other (please specify)				ousehold use <u>MOST</u> for cooking?	1 What type of fuel does this househol
		coal	Wood/charc	O 4) 1 Electricity
O 3 Kerosene O 99 DK/N5		se specify)	Other (pleas	O 5) 2 Gas/propane
			DK/NS	0 9) 3 Kerosene
* 1 0 0 0 0 0 *			0 *	* 1 0 0 0 0	









		S	2ction	8 - Housing			
т	o be comple	ted by the	: Head o	of the household or a	a responsible ac	dult.	
8.12 What does this household (IS MOST F	on lighting	,,				
O 1 Electricity - CUC, Brac Pow		or ingritting		0 5 Kerosene lam	р		
O 2 Electricty - private genera	tor			0 6 Other (please	e specify)		
🔿 3 Gas/propane				O 99 DK/N5			
🔿 4 Solar energy							
3.13 Does this household produc	e any form	of renewa	ble energ				
O 1 Yes, Solar Cells				O 5 Yes, Other fo		· · · ·	
O 2 Yes, Wind Turbines	Curtoma			O 6 Don't produc O 99 DK/NS	e any renewaadi	e energy	
O 3 Yes, Solar Water Heating 3 O 4 Yes, Ground Source (Geoth		Pumps		0 99 06/103			
3.14 Does this household produc			ble ener	gy for sale to the N	ational Electric	ity grid?	
O 1 Yes, Solar				O 5 Yes, Other fo			
O 2 Yes, Wind Turbines				O 6 Don't produc	ce any renewable	e energy for sale	
O 3 Yes, Ground Source (Geoth	ermal) Heat	Pumps		O 99 DK/N5			
O 4 Yes, Biomass (energy from	plants)						
15 Does this household have t	he following	?					
1. Internet at home C)1Yes ()	2 No		4. Air condition	O 1 Yes	s O 2 No	
2. Cable/Satellite C) 1 Yes O	2 No	1	5. Housing Structure	e Insurance	0 1 Yes 0 2 No	O 99 DK/
3. Water Heater C) 1 Yes O	2 No					
16 How many of the following	does this h	ousehold o	wn?	_			
1. Radios				2. Televisi	on sets		
3. Electric Generators		Г	\pm] (Single			
3. Electric Generators		L		4. Fixed II	ne telephones		
5. Motorcycles/Moped		Γ		6. Compute	ers (Desktops å	k Laptops)	
		Ĺ					
7. Tablets/e-readers				8. Motor \	/ehicles		
		L L	\pm]			
9. Mobile phones				10. Water	craft (pleasure	: boats, jet ski, etc.)	
17 How many household employ	yees does th	nis househ	old emplo	by?			
Please provide	the number (of persons	by prima	iry task. If NONE, wi	rite zero (0)		
1. Domestic Helper		Γ		2. Garden	er		
		L					
3. Nanny (Children)				4. Care Gi	ver (Elderly/Sid	sk)	
.18 Does this household engage			-		ctivities?		
O 1. Recycling/Sorting Garbage	Mul	tiple Resp		ilable sable household items	07 The second	f Europe, Chen and ified an	-1:
 2. Purchasing locally produced for 	od.	-		sable nousenoid items		f Energy Star qualified app engage in any environmenta	
		_				angugo in any environmento	any menuty det
O 3. Purchasing eco-friendly or "gre	en" products	U b. The	ise of ene	rgy etticient bulbs	O 9. DK/NS		
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Section 9 - Mortality

To be completed by the Head of the household or a responsible adult.

	9.1 Has there been any death in this hou ie October 9th, 2020 to October 10th, 29.2 How many persons died in this househ	021? If response is 2 or 99, 60 TO q10.1	0 1 Yes 0 2 No 0 99 DK/N5						
	9.3 What was the sex of the deceased?	9.4 What was the age of the	9.5 Did the deceased die in the						
		deceased at the time of death?	Cayman Islands or abroad?						
	1Male 2Female		1Cayman Islands 2Abroad						
<mark>P</mark> 01	O 1 O 2		O1 O2						
∞ <u>02</u>	01 02		O1 O2						
z 03	01 02		O 1 O 2						
	Note: If more than 3 persons, continue in the Comments Section								

Section 10 - Emigration

To be completed by the Head of the household or a responsible adult of Caymanian or PR Individuals.

	10.1 What was's status as at Oct 10th, 2010? 1Caymanian/Status Holder 2PR Holder 3Non Caymanian 99DK/NS If response is 3 or 99, <u>GO TO q11.1</u>	10.2 Has ever lived outside of the Cayman Islands for one or more years continuously between Oct 10th, 2011 and Oct 9th, 2021? 1Yes, 1 - 2 years 2Yes, 3 - 4 years 3Yes, 5 years or more 4No 99DK/NS If response is 4 or 99, <u>GO TO g11.1</u>	10.3 In which country did last live? 1USA 2UK 3Canada 4Jamaica 5Other, please specify	10.4 What was's MAIN reason for migrating? 1Education 2Health Care 3Family reunification 4Family dissolution 5Job opportunity 6Employment Contract Ended 7Term Limit/Roll-over 8Other, please specify 99DK/NS
P 0 1	01 03 02 099	01 04 02 099 03	01 04 02 05 03	01 030507099 02 040608
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Section 11 - Crime

To be completed for those 15 years and older

	11.1 Has been a victim of crime (such as theft, burglary, assault, robbery, etc. excluding traffic accidents) during the past 12 months?	11.2 Has reported this crime to the Royal Cayman Islands Police Service (RCIPS) or 911?
PERSON#	1Yes 2No 99DK/NS If response is 2 or 99, <u>60 TO q12.1</u>	1Yes 2No 99DK/NS
s o I	0 1 01 02 099	01 02 099
2 #	0 2 01 02 099	01 02 099

Section 12 - Agriculture & Fishing Activity, and Food Security

To be completed by the Head of the household or a responsible adult.

12.1 How many times in the past month did a household member engage in agriculture and/or fishing (includes use of coastal resources) for own consumption/donation/sale?	12.2 In the past 12 months, did your household engage in any agricultural/fishing (including coastal products) for own consumption/donation or sale?	12.3 What is the estimated value of agricultural produce or fish (including coastal products) activity engaged in consumed/sold or donated in the past 3 months?	12.4 Was there ever no food to eat of any kind for any member of this household due to lack of resources to get food for at least one day in the past four weeks?
1Less than 10 210 to 15 316 to 20 421 to 25 526 to 30 6Greater than 30 7None 99DK/NS	 1Yes, agriculture only 2Yes, fishing only 3Yes, both agriculture and fishing 4No 99DK/NS If response is 4 or 99, <u>GO TO q12.4</u>	1Less than \$500 2Between \$500 and \$1,000 3Between \$1,001 and \$2,000 4Between \$2,001 and \$3,000 5Between \$3,001 and \$4,000 6More than \$4,000 99DK/NS	1Yes 2No 99DK/NS
01 03 05 07 02 04 06 099	O 1 O 3 O 99 O 2 O 4	O1 O3 O5 O99 O2 O4 O6	01 02 099

THANK YOU FOR YOUR COOPERATION













RECORD OF VISITS (cont'd)

Date of Visit	Start Time 12 hr	End Time 12 hr	Comments
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COMMENTS





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