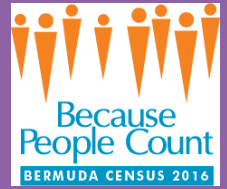




Household Questionnaire Bermuda



Confidential when completed

Address/Assessment #

A message to everyone - act now

Everyone should be included in the census - all people, households and overnight visitors.

The census information can be used to help plan and fund services for your community - services like transport, education and health. Your participation in the census is very important.

May 20th 2016 is Census Day. Please complete your census questionnaire on May 21st 2016, or as soon as possible. You can fill it in online or by this paper questionnaire.

The submission of a completed census questionnaire is mandatory. You could face a fine if you don't participate or if you supply false information.

Your personal information is protected by law. Census information is kept confidential.

So help tomorrow take shape and be part of the 2016 Census.

Melinda Williams
Director of Statistics

Where can you get help?



www.statistics.gov.bm



Census helpline: (441)-297-7761

Complete online



www.statistics.gov.bm

Your personal internet access code is:

OR fill in this paper questionnaire and mail it back using the pre-paid envelope supplied.

If the address printed on this form is incorrect, please provide the correct address below:

Address 1:

Address 2:

Parish:

Postcode:

Assessment Number:

Declaration

This questionnaire has been completed to the best of my knowledge and belief.

Signature:

Date:

We may need to contact you to verify your answers or to collect missing information.

Telephone Number:

Email Address:

If you have lost your envelope, please return to:

P.O. Box Hm 3015, Hamilton HM MX

Serial #

Before you start

Who should complete this questionnaire?

The Household Reference Person is responsible for ensuring that this questionnaire is completed and returned for the household.

The **Household Reference Person** is the person who lives at this address and:

- owns/rents (or jointly owns/rents) the accommodation; and/or
- is responsible for the households' affairs such as paying the household's bills and expenses

A **household** refers to:

- one person living alone; or
- a group of people (not necessarily related) living at the same address who share cooking, living, sleeping and sanitary facilities and do not have to share the facilities with any persons other than their own household members.

What should you complete on this questionnaire?

- Housing questions on pages 3-7 are about this household and its accommodation.
- Individual questions on pages 8-20 are for every person who usually lives in this household. Every person who has been, or intends to be in Bermuda for 6 months or more, as of Census Day, **May 20th 2016**, should be included in these questions at their usual address.
- Visitor questions are on page 4 for all other people staying overnight in this household on Census Day, **May 20th 2016**.

It is important to include visitors staying overnight in this household to make sure no one is missed. Visitors who usually live elsewhere in Bermuda must also be included on a census questionnaire at their usual address.

Will you need extra questionnaires?

- If there are more than four people in this household, or there are more than three visitors staying overnight, you can choose either to complete the entire questionnaire online, or fill in this questionnaire and contact us to request one or more Supplementary Questionnaires.
- If any member of this household aged 16 years or over does not want to disclose their information to the Household Reference Person, you can request an Individual Questionnaire. Remember to include these people in Household Listing questions (HL1 to HL7) on this questionnaire, but leave their Individual section and questions (P1 - P25) blank.
- If there is more than one household at this address, contact us to request additional Household Questionnaires.

You can request extra questionnaires online at www.statistics.gov.bm/census or by calling (441)-297-7761.

How you should fill out this questionnaire:

- all questions relate to Census Day, **May 20th 2016** unless otherwise stated
- use black or blue ink to answer
- tick your answers within the box like this:
- print your answers within the box like this:

S	M	I	T	H
---	---	---	---	---

 Use capital letters - one letter per box
- correct any mistakes by filling in the box like this:

S	M	I	T	H
--------------	--------------	--------------	--------------	--------------

 or:

S	M	E	I	T	H		
---	---	--------------	---	---	---	--	--
- continue onto the next line (if possible) when a word will not fit, like this:

F	R	A	C	T	I	O	U	S
S	T	R	E	E	T			
- follow the ➡ Go to instructions and leave any questions or pages you do not need to answer completely blank; any marks or lines can be mistaken for answers

HOUSEHOLD LISTING (ANSWERED BY THE HOUSEHOLD REFERENCE PERSON)

HL1 Who usually lives here for 6 months or more as of Census Day, **May 20th 2016**?

➔ Tick all that apply

- Me, this is my permanent or family home
- Family members including spouse, children and babies born on or before **May 20th 2016**
- Students and/or schoolchildren who live away from home during term time
- Housemates, roommates or boarders
- People who usually live outside Bermuda who are staying in Bermuda for 6 months or more
- People who are temporarily outside of Bermuda for less than 6 months

OR No one usually lives here. ➔ Go to **HL4**

HL2 Counting everyone you included in question HL1, how many people usually live here or intend to live here for 6 months or more as of Census Day, **May 20th 2016**?

--	--

HL3 Starting with yourself, the Household Reference Person, list the names of all the people counted in question HL2 including babies and boarders.

➔ If a member of this household has requested an Individual Questionnaire, tick the box beside their name and leave the Individual section and questions P1 to P25 for that person blank.

Household Reference Person	First name	Last name	Individual Questionnaire requested?
Person 1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 6	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 7	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 8	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 9	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Person 10	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

If there are more than ten people, complete the entire questionnaire online or contact us to obtain Supplementary Questionnaires.

HL4 Apart from everyone counted in question HL2, who else stayed overnight here on **May 20th 2016**? These people are counted as visitors. Remember to include children and babies.

➔ Tick all that apply

- People who usually live somewhere else in Bermuda, for example, boy/girlfriends, friends, relatives
- People who usually live outside Bermuda who are staying in Bermuda for less than 6 months
- People here on holiday

} Goto **HL5**

OR There were no visitors staying overnight here on May 20th 2016 ➔ Goto **HL6** on page 5

HL5 Counting only the people included in question HL4, how many visitors were staying overnight here on May 20th 2016?

--	--

- ➔ Remember to answer the Visitor questions on page 4 for these people
- ➔ If there is no-one usually living here (this is a vacation home and there were only visitors staying here) answer the Visitor questions on page 4 and then answer the Housing questions H1 to H7 on page 6. Afterwards, return the questionnaire in the envelope provided.



HOUSEHOLD LISTING - continued

HL6 How many visitors did you include in question HL5?

- 1 to 3 - answer questions V1 to V3 below for each visitor
- 4 or more - answer all questions online at www.statistics.gov.bm or call (441)-297-7761 to request a Supplementary Questionnaire

Visitor 1

V1 What is this person's name?

First name

Last name

V2 Does this person usually live overseas or elsewhere in Bermuda?

- Overseas Elsewhere in Bermuda



Go to next visitor, if no more visitors Go to **HL7** on page 5.

V3 What is this person's usual address in Bermuda?

Address:

Parish:

Postcode:

Assessment Number:

Telephone Number:

Email Address:

Visitor 2

V1 What is this person's name?

First name

Last name

V2 Does this person usually live overseas or elsewhere in Bermuda?

- Overseas Elsewhere in Bermuda



Go to next visitor, if no more visitors Go to **HL7** on page 5.

V3 What is this person's usual address in Bermuda?

Address:

Parish:

Postcode:

Assessment Number:

Telephone Number:

Email Address:

Visitor 3

V1 What is this person's name?

First name

Last name

V2 Does this person usually live overseas or elsewhere in Bermuda?

- Overseas Elsewhere in Bermuda



Go to **HL7** on page 5

V3 What is this person's usual address in Bermuda?

Address:

Parish:

Postcode:

Assessment Number:

Telephone Number:

Email Address:

Now, go to **HL7** at the top of page 5

HOUSEHOLD LISTING - continued

HL7 How are members of this household related to the Household Reference Person? If members are not related, tick the 'Unrelated' box.

- If there are more than four people, complete the entire questionnaire online or contact us to request Supplementary Questionnaires. If you live alone, write your name in the space provided below for Person 1 and then go to the Housing Section.
- If no one usually lives here and no visitors stayed overnight here on **May 20th 2016**, answer questions H1 to H7 on page 6. Afterwards, go to the Declaration on the front page and mail back the questionnaire in the envelope provided.

Example:
This shows how a household with two parents and two children are related to each other

Name of Person 1	Name of Person 2	Name of Person 3	Name of Person 4
First name ROBERT	First name MARY	First name ALISON	First name STEPHEN
Last name SMITH	Last name SMITH	Last name SMITH	Last name SMITH
How is Person 2 related to Person: → 1		How is Person 3 related to Person: → 1	
Husband or wife	<input checked="" type="checkbox"/>	Husband or wife	<input type="checkbox"/>
Child	<input type="checkbox"/>	Child	<input checked="" type="checkbox"/>
Step-child	<input type="checkbox"/>	Step-child	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	Grandchild	<input type="checkbox"/>
Father or mother	<input type="checkbox"/>	Father or mother	<input type="checkbox"/>
Parent-in-law	<input type="checkbox"/>	Parent-in-law	<input type="checkbox"/>

➤ Using the same order you used in question HL3 (page 3), write the name of everyone who usually lives here at the top of each column. Remember to include children, babies and people who have requested an Individual Questionnaire.

➤ Tick a box to show the relationship of each person to each of the other members of this household

Name of Person 1	Name of Person 2	Name of Person 3	Name of Person 4
First name <input type="text"/>	First name <input type="text"/>	First name <input type="text"/>	First name <input type="text"/>
Last name <input type="text"/>	Last name <input type="text"/>	Last name <input type="text"/>	Last name <input type="text"/>
How is Person 2 related to Person: → 1		How is Person 3 related to Person: → 1	
Husband or wife	<input type="checkbox"/>	Husband or wife	<input type="checkbox"/>
Child	<input type="checkbox"/>	Child	<input type="checkbox"/>
Step-child	<input type="checkbox"/>	Step-child	<input type="checkbox"/>
Grandchild	<input type="checkbox"/>	Grandchild	<input type="checkbox"/>
Father/mother	<input type="checkbox"/>	Father/mother	<input type="checkbox"/>
Grandparent	<input type="checkbox"/>	Grandparent	<input type="checkbox"/>
Parent-in-law	<input type="checkbox"/>	Parent-in-law	<input type="checkbox"/>
Son/daughter-in-law	<input type="checkbox"/>	Son/daughter-in-law	<input type="checkbox"/>
Brother/sister	<input type="checkbox"/>	Brother/sister	<input type="checkbox"/>
Other relative	<input type="checkbox"/>	Other relative	<input type="checkbox"/>
Live-in partner	<input type="checkbox"/>	Live-in partner	<input type="checkbox"/>
House/roommate	<input type="checkbox"/>	House/roommate	<input type="checkbox"/>
Foster child	<input type="checkbox"/>	Foster child	<input type="checkbox"/>
Roomer or boarder	<input type="checkbox"/>	Roomer or boarder	<input type="checkbox"/>
Domestic employee	<input type="checkbox"/>	Domestic employee	<input type="checkbox"/>
Other non-relative	<input type="checkbox"/>	Other non-relative	<input type="checkbox"/>

ENTER NAME OF THE HOUSEHOLD REFERENCE PERSON OR PERSON 1 HERE AS IN QUESTION **HL3**



HOUSING (ANSWERED BY THE HOUSEHOLD REFERENCE PERSON)

SECTION 1 - DWELLING CHARACTERISTICS

H1 Which of the following best describes the type of building in which you live?

- Cottage/single house (no apartments attached)
- 2 Apartments (including main house with attached apartment)
- 3 Apartments
- 4-6 Apartments
- 7+ Apartments
- Residential attached to commercial property
- Residential attached to group dwelling
- Group dwelling
- Non-sheltered
- Boat
- Other (specify):

NOTE: If you live in a condominium complex, select the answer which corresponds to the number of units in your building, not the complex size.

H2 How many bedrooms are there, that is, how many bedrooms would be listed if this house or apartment were on the market for sale or rent?

➤ Include all rooms built or converted for use as bedrooms, even if they are not currently used as bedrooms

Number of bedrooms

NOTE: If this is a studio apartment enter 00 bedrooms

H3 How many full bathrooms does this dwelling contain?

➤ Full bathroom contains sink, toilet and shower/bath

Number of bathrooms

SECTION 2 - TYPE OF TENURE

H4 Does your household own or rent this dwelling unit?

➤ Tick one box only

OWN

- Owned by you or other household member with a mortgage/loan
- Owned by you or other household member without a mortgage/loan (free and clear) ➔ Goto **P1**

RENT

- Rented as partly/fully furnished for cash
- Rented as unfurnished for cash
- Occupied without any household member paying cash rent ➔ Goto **P1**

H5 What is the monthly cash rent/mortgage payable for this dwelling unit?

\$, .00

SECTION 3 - EMIGRATION

H6 Have any former members of this household moved abroad between May 21st 2010 and May 20th 2016, and are currently living abroad?

➤ Do not include those members who may be temporarily away for educational or health purposes.

Yes No ➔ Goto **P1**

H7 How many former members of this household have moved abroad between May 21st 2010 and May 20th 2016, and are currently living abroad?

NOTE: For every former household member that has moved abroad between May 21st 2010 and May 20th 2016, complete the following information and then go to P1.

EMIGRATION - PERSON 1

P1E1 In what year did this person move abroad? Year:

P1P2 What is this person's date of birth?

Day Month Year

P1E3 What is this person's sex?

Male Female

P1E4 Which racial group does this person belong to?

- Black Black & Other
- White White & Other
- Asian Other races
- Black & White

P1E5 Was this person Bermudian or Non-Bermudian?

Bermudian Non-Bermudian

Go to next person, if there are no further persons go to P1 on page 8.

EMIGRATION - PERSON 2

P2E1 In what year did this person move abroad? Year:

P2E2 What is this person's date of birth?

Day Month Year

P2E3 What is this person's sex?

Male Female

P2E4 Which racial group does this person belong to?

- Black Black & Other
- White White & Other
- Asian Other races
- Black & White

P2E5 Was this person Bermudian or Non-Bermudian?

Bermudian Non-Bermudian

Go to next person, if there are no further persons go to P1 on page 8.





EMIGRATION - PERSON 3

P3E1 In what year did this person move abroad? Year:

P3E2 What is this person's date of birth?

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

P3E3 What is this person's sex?

Male Female

P3E4 Which racial group does this person belong to?

- | | |
|--|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Black & Other |
| <input type="checkbox"/> White | <input type="checkbox"/> White & Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other races |
| <input type="checkbox"/> Black & White | |

P3E5 Was this person Bermudian or Non-Bermudian?

Bermudian Non-Bermudian

Go to next person, if there are no further persons go to P1 on page 8.

EMIGRATION - PERSON 5

P5E1 In what year did this person move abroad? Year:

P5E2 What is this person's date of birth?

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

P5E3 What is this person's sex?

Male Female

P5E4 Which racial group does this person belong to?

- | | |
|--|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Black & Other |
| <input type="checkbox"/> White | <input type="checkbox"/> White & Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other races |
| <input type="checkbox"/> Black & White | |

P5E5 Was this person Bermudian or Non-Bermudian?

Bermudian Non-Bermudian

Go to next person, if there are no further persons go to P1 on page 8.

EMIGRATION - PERSON 4

P4E1 In what year did this person move abroad? Year:

P4E2 What is this person's date of birth?

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

P4E3 What is this person's sex?

Male Female

P4E4 Which racial group does this person belong to?

- | | |
|--|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Black & Other |
| <input type="checkbox"/> White | <input type="checkbox"/> White & Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other races |
| <input type="checkbox"/> Black & White | |

P4E5 Was this person Bermudian or Non-Bermudian?

Bermudian Non-Bermudian

Go to next person, if there are no further persons go to P1 on page 8.

EMIGRATION - PERSON 6

P6E1 In what year did this person move abroad? Year:

P6E2 What is this person's date of birth?

Day	Month	Year
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

P6E3 What is this person's sex?

Male Female

P6E4 Which racial group does this person belong to?

- | | |
|--|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Black & Other |
| <input type="checkbox"/> White | <input type="checkbox"/> White & Other |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other races |
| <input type="checkbox"/> Black & White | |

P6E5 Was this person Bermudian or Non-Bermudian?

Bermudian Non-Bermudian

Go to next person, if there are no further persons go to P1 on page 8.



POPULATION - Person 1 - Household Reference Person

★ Write in the name of Person 1 from page 3

First name

Last name

SECTION 1 - WHERE SPENT CENSUS NIGHT

P1 Were you in Bermuda or abroad on Census Night (Friday, May 20, 2016)?

- Bermuda Abroad

SECTION 2 - CHARACTERISTICS

P2 How are you related to the household reference person?

I am the Household Reference Person

Relative

- Husband/wife
 Child
 Step-child
 Grandchild
 Father/mother
 Grandparent
 Parent-in-law
 Son/daughter-in-law
 Brother/sister
 Other relative

Non-Relative

- Live-in partner
 Foster child
 Other non-relative (roommate etc.)

P3 Are you male or female?

- Male Female

P4 What is your date of birth?

Day Month Year

P5 What was your age on Census Day (May 20, 2016)?

Years

P6 To which racial group do you belong?

- Black
 White
 Asian
 Black & White
 Black & Other
 White & Other
 Other races

SECTION 3 - BIRTHPLACE

P7 In which country were you born?

- Bermuda ➔ **Goto Section 4B - International Migration**
 Elsewhere, write in the name of your country of birth

SECTION 4A - INTERNATIONAL MIGRATION

P8 When did you last come to Bermuda to live?

Year

After answering P8, go to Section 5

SECTION 4B - INTERNATIONAL MIGRATION

This section is for persons 1 year old and over who were born in Bermuda, otherwise go to Section 5

P9 Have you ever lived abroad for 1 year or more continuously, other than for educational or health purposes?

- Yes No ➔ **Goto Section 5**

P10 When did you last return to Bermuda to live?

Year

After answering P10, go to Section 5

SECTION 5 - BERMUDIAN STATUS

P11 Were you Bermudian or Non-Bermudian on Census Day, May 20 2016?

Bermudian

- Bermudian

Non-Bermudian

- Permanent Resident Certificate Holder
 Non-Bermudian Spouse of Bermudian
 Other Non-Bermudian

SECTION 6 - HEALTH

P12 Which response best describes your overall health insurance coverage by a Government or private plan?

- Major Health Coverage (Private or GEHI)
 Only Private Basic Health Coverage
 Only Government's HIP
 Only FutureCare
 I have insurance but don't know what type
 None

Go to Section 7

P13 What is the main reason that you do not have health insurance?

- Unable to afford it (with or without a job)
 Don't need it
 Employer does not provide it
 Other reason (specify):





P21 What is your occupation, profession or trade in your main job? (Do not write vague answers. List occupation, duties in detail and professional designations).

➤ For example, PRIMARY SCHOOL TEACHER, CAR MECHANIC, STRUCTURAL ENGINEER

Occupation:

Grid for entering occupation details

➤ Describe what you do in your main job.

Duties:

Grid for entering duties

➤ List any professional designations that you have e.g. Certified Public Accountant

Professional Designations:

Grid for entering professional designations

SECTION 11 - INCOME FROM MAIN JOB

For persons 16 years old and over, otherwise go to next person

P22 During the 12 months ending May 20, 2016, did you receive income from wages, salaries, tips or self employment?

Yes No ➔ Goto Section 12

P23 What was your GROSS income from your main job for the 12 months ending May 20, 2016? Be sure to include tips, bonuses and commissions before deductions. If you are self employed, report NET earnings from operations.

➤ Report exact amount \$, , .00

OR

Select the letter of the income band from the right column, which your income falls in: **Income Band**

SECTION 12 - INCOME FROM OTHER SOURCES

For persons 16 years old and over, otherwise go to next person

P24 During the 12 months ending May 20, 2016, did you receive regular income from any other sources? Include income from other jobs, pensions, annuities, dividends, rents, child support, alimony, financial assistance, scholarships, etc.

Yes No ➔ Goto next person

P25 What was your GROSS income from all other sources for the 12 months ending May 20, 2016?

➤ Report exact amount \$, , .00

OR

Select the letter of the income band from the right column, which your income falls in: **Income Band**

} Goto next person

*** Weekly Income Bands**

- A. under \$231
B. \$231 and under \$577
C. \$577 and under \$692
D. \$692 and under \$923
E. \$923 and under \$1,154
F. \$1,154 and under \$1,385
G. \$1,385 and under \$1,616
H. \$1,616 and under \$1,846
I. \$1,846 and under \$2,077
J. \$2,077 and under \$2,539
K. \$2,539 and under \$3,000
L. \$3,000 and under \$4,519
M. \$4,519 and under \$6,730
N. \$6,730 and under \$9,615
O. \$9,615 and under \$12,500
P. \$12,500 and under \$14,423
Q. \$14,423 and over

*** Monthly Income Bands**

- A. under \$1,000
B. \$1,000 and under \$2,500
C. \$2,500 and under \$3,000
D. \$3,000 and under \$4,000
E. \$4,000 and under \$5,000
F. \$5,000 and under \$6,000
G. \$6,000 and under \$7,000
H. \$7,000 and under \$8,000
I. \$8,000 and under \$9,000
J. \$9,000 and under \$11,100
K. \$11,100 and under \$13,000
L. \$13,000 and under \$19,583
M. \$19,583 and under \$29,167
N. \$29,167 and under \$41,667
O. \$41,667 and under \$54,167
P. \$54,167 and under \$62,500
Q. \$62,500 and over

*** Annual Income Bands**

- A. under \$12,000
B. \$12,000 and under \$30,000
C. \$30,000 and under \$36,000
D. \$36,000 and under \$48,000
E. \$48,000 and under \$60,000
F. \$60,000 and under \$72,000
G. \$72,000 and under \$84,000
H. \$84,000 and under \$96,000
I. \$96,000 and under \$108,000
J. \$108,000 and under \$132,000
K. \$132,000 and under \$156,000
L. \$156,000 and under \$235,000
M. \$235,000 and under \$350,000
N. \$350,000 and under \$500,000
O. \$500,000 and under \$650,000
P. \$650,000 and under \$750,000
Q. \$750,000 and over

