

COMMONWEALTH CARIBBEAN POPULATION AND HOUSING CENSUS

REPUBLIC OF TRINIDAD AND TOBAGO

MAY 12, 1980



CENTRAL
STATISTICAL
OFFICE

IDENTIFYING NUMBER: 1-12

Questionnaire Number			County/ Ward		E.D. Number				Household Number		
G	C	2									

Name of respondent:

Telephone number:

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Address of household:

Ward: County/Parish:

Building number:

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Dwelling unit number:

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Household number:

--	--	--	--

Number of persons in household:

--	--	--

Total number of questionnaires:

--	--	--

Questionnaire number:

--	--	--

Selected household number (Office Use)

--	--	--	--

Scrutinised by:

Date:

Result codes:

1

Completed'

4

Refused

2

Not at home

5

Vacant dwelling

3

Deferred

6

Closed dwelling

7

Other
(Specify)

Supervisor's name:

Number:

Date:

Interviewer's name:

Number:

Date:

Field editor's name:

Number:

Date:

Editor's number: (1st)

Signature/Initials:

Date:

Coder's number:

Signature/Initials:

Date:

Editor's number: (2nd)

Signature/Initials:

Date:

SECTION 1. CHARACTERISTICS – FOR ALL PERSONS						
BOXES ARE PROVIDED (✓) TICK THE APPROPRIATE BOX PLEASE						
1. NAMES OF RESIDENTS		2. RELATIONSHIP TO HEAD OF HOUSEHOLD		3. SEX	4. DATE OF BIRTH/AGE	5. ETHNIC GROUP
What are the names of the persons who live in this household and share at least one daily meal? INTERVIEWER: Remember to probe for elderly folk, infants, new born babies and persons who are temporarily resident and expected to be members of the household at midnight on the 12th May (Census Day)		What is the relationship of (N) to the head of the household? <input type="checkbox"/> 1 Head (H) <input type="checkbox"/> 2 Spouse/partner of head (S/P.H) <input checked="" type="checkbox"/> 3 Child of head/spouse (C.H/S) <input type="checkbox"/> 4 Spouse/partner of child (S/P.C) <input type="checkbox"/> 5 Grandchild of head/spouse (G.H/S) <input type="checkbox"/> 6 Other relative of head (O.R.H) <input type="checkbox"/> 7 Domestic employee (D.E) <input type="checkbox"/> 8 Other non-relative (O.N.R) <input type="checkbox"/> 9 Not stated (N.S.)		What is (N) sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	What is (N) date of birth/age in completed years? Day Month Year Age <input type="text"/> <input type="text"/>	To which ethnic group does (N) belong? <input checked="" type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 Syrian/Lebanese (S/L) <input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 Other race (O.R) <input type="checkbox"/> 9 Not stated (N.S)
PN: <input type="checkbox"/> 1						
13–15		16		17	18–19	
01	Surname _____ First name _____	<input type="checkbox"/> 1 H <input type="checkbox"/> 5 G.H/S <input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 6 O.R.H <input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 7 D.E <input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 8 O.N.R <input type="checkbox"/> 9 N.S	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Day Month Year Age <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 African <input type="checkbox"/> 5 W <input type="checkbox"/> 2 Indian <input type="checkbox"/> 6 M <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 7 O <input type="checkbox"/> 4 S/L <input type="checkbox"/> 9 N	
02	Surname _____ First name _____	<input type="checkbox"/> 1 H <input type="checkbox"/> 5 G.H/S <input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 6 O.R.H <input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 7 D.E <input checked="" type="checkbox"/> 4 S/P.C <input type="checkbox"/> 8 O.N.R <input type="checkbox"/> 9 N.S	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Day Month Year Age <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 African <input type="checkbox"/> 5 W <input type="checkbox"/> 2 Indian <input type="checkbox"/> 6 M <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 7 O <input type="checkbox"/> 4 S/L <input type="checkbox"/> 9 N	
03	Surname _____ First name _____	<input type="checkbox"/> 1 H <input type="checkbox"/> 5 G.H/S <input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 6 O.R.H <input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 7 D.E <input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 8 O.N.R <input type="checkbox"/> 9 N.S	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Day Month Year Age <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 African <input type="checkbox"/> 5 W <input type="checkbox"/> 2 Indian <input type="checkbox"/> 6 M <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 7 O <input type="checkbox"/> 4 S/L <input type="checkbox"/> 9 N	
04	Surname _____ First name _____	<input type="checkbox"/> 1 H <input type="checkbox"/> 5 G.H/S <input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 6 O.R.H <input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 7 D.E <input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 8 O.N.R <input type="checkbox"/> 9 N.S	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Day Month Year Age <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 African <input type="checkbox"/> 5 W <input type="checkbox"/> 2 Indian <input type="checkbox"/> 6 M <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 7 O <input type="checkbox"/> 4 S/L <input type="checkbox"/> 9 N	
05	Surname _____ First name _____	<input type="checkbox"/> 1 H <input type="checkbox"/> 5 G.H/S <input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 6 O.R.H <input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 7 D.E <input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 8 O.N.R <input type="checkbox"/> 9 N.S	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Day Month Year Age <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 African <input type="checkbox"/> 5 W <input type="checkbox"/> 2 Indian <input type="checkbox"/> 6 M <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 7 O <input type="checkbox"/> 4 S/L <input type="checkbox"/> 9 N	
06	Surname _____ First name _____	<input type="checkbox"/> 1 H <input type="checkbox"/> 5 G.H/S <input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 6 O.R.H <input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 7 D.E <input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 8 O.N.R <input type="checkbox"/> 9 N.S	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Day Month Year Age <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 African <input type="checkbox"/> 5 W <input type="checkbox"/> 2 Indian <input type="checkbox"/> 6 M <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 7 C <input type="checkbox"/> 4 S/L <input type="checkbox"/> 9 N	

PERSONS

BOX PLEASE

AGE date in years?	5. ETHNIC GROUP To which ethnic group does (N) belong?	6. RELIGION To which Religion does (N) belong?
	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 Syrian/Lebanese (S/L) <input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 Other race (O.R) <input type="checkbox"/> 9 Not stated (N.S)	<input type="checkbox"/> 01 Anglican (E.C) <input type="checkbox"/> 02 Baptist (Orthodox) <input type="checkbox"/> 03 Hindu (Sanatanist) <input type="checkbox"/> 04 Jehovah Witness <input type="checkbox"/> 05 Methodist <input type="checkbox"/> 06 Muslim (A.S.J.A) <input type="checkbox"/> 07 Pentecostal <input type="checkbox"/> 08 Presbyterian/ Congregational <input type="checkbox"/> 09 Roman Catholic (R.C) <input type="checkbox"/> 10 Seventh Day Adventist <input type="checkbox"/> 98 None <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> 99 Not stated

19

20

21-22

Year	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 S/L	<input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 O.R <input type="checkbox"/> 9 N.S	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
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Year	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 S/L	<input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 O.R <input type="checkbox"/> 9 N.S	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
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Year	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 S/L	<input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 O.R <input type="checkbox"/> 9 N.S	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
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Year	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 S/L	<input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 O.R <input type="checkbox"/> 9 N.S	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
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Year	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 S/L	<input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 O.R <input type="checkbox"/> 9 N.S	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
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Year	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 S/L	<input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 O.R <input type="checkbox"/> 9 N.S	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
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SECTION 2. MIGRATION

TRINIDAD AND TOBAGO BORN ONLY

7(a) PLACE OF BIRTH Where was(N) place of birth?	7(b) ADDRESS What was the address of (N) moth when (N) was born?
<input type="checkbox"/> 1 Trinidad & Tobago (T & T) → Go to Q 7(b)	Town/Village _____ Ward/County _____
<input type="checkbox"/> 2 Foreign/Abroad (F/A) → Skip to Q 7(c) & 7(d)	INTERVIEWER: Skip to Q 8(a) after writing the addre
<input type="checkbox"/> 9 Not stated (N.S) → Skip to Q 8(a)	

23

24-

<input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S	Town/Village _____ Ward/County _____
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<input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S	Town/Village _____ Ward/County _____
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<input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S	Town/Village _____ Ward/County _____
--	---

<input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S	Town/Village _____ Ward/County _____
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<input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S	Town/Village _____ Ward/County _____
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<input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S	Town/Village _____ Ward/County _____
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SECTION 2. MIGRATION — FOR ALL PERSONS

	TRINIDAD AND TOBAGO BORN ONLY	FOREIGN BORN ONLY	
7(a) PLACE OF BIRTH Where was(N) place of birth? <input type="checkbox"/> 1 Trinidad & Tobago (T & T) Go to Q 7(b) <input type="checkbox"/> 2 Foreign/Abroad (F/A) Skip to Q 7(c) & 7(d) <input type="checkbox"/> 9 Not stated (N.S.) Skip to Q 8(a)	7(b) ADDRESS What was the address of (N) mother when (N) was born? _____ Town/Village _____ Ward/County INTERVIEWER: Skip to Q 8(a) after writing the address	7(c) COUNTRY OF BIRTH In which country was (N) born? <input type="checkbox"/> 11 Barbados <input type="checkbox"/> 12 Grenada <input type="checkbox"/> 13 Guyana <input type="checkbox"/> 14 St. Lucia <input type="checkbox"/> 15 St. Vincent <input type="checkbox"/> 16 Other Commonwealth Caribbean <input type="checkbox"/> 20 India <input type="checkbox"/> 30 Venezuela <input type="checkbox"/> 40 U.K. <input type="checkbox"/> 50 U.S.A. <input type="checkbox"/> 98 All other <input type="checkbox"/> 99 Not stated	7(d) LENGTH OF STAY How many years has (N) been living in Trinidad and Tobago? _____
23	24—27	28—29	30—31
<input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Country _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Years <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
<input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Country _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Years <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
<input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Country _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Years <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
<input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Country _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Years <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
<input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Country _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Years <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
<input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Country _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Years <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>

SECTION 2. MIGRATION — FOR ALL PERSONS

8(a) USUAL RESIDENCE For both Local and Foreign born. Where do you usually live? 1 This address (T.A) → Go to Q 9 2 Elsewhere in T&T (E, T&T) → Go to Q 8(b) 3 Abroad (A) → Skip to Q 10(a) 9 Not stated (N.S) → Skip to Q 10(a) PN: 2	8(b) ADDRESS What is (N) place of usual residence? _____ Town/Village _____ Ward/County	9. NUMBER OF YEARS LIVED AT PLACE OF USUAL RESIDENCE How many years has (N) been living at (N) place of usual residence?	10(a) ADDRESS IN TRINIDAD AND TOBAGO/ABROAD PREVIOUSLY LIVED At what address in Trinidad and Tobago/Abroad did (N) previously live? 1 This address (T.A) → Skip to Q 11 2 Elsewhere (E) → Go to Q 10(b) 3 Abroad (A) → Go to Q 10(b) 9 Not stated (N.S) → Skip to Q 11	10(b) ADDRESS What was (N) previous address? _____ Town/Village _____ Ward/County or Country
13-16	17-20	21-22	23	24-27
01 1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E, T&T 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S	Town/Village _____ Ward/County _____ [][][][]	Years [][]	1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S	Town/Village _____ Ward/County or Country [][][][]
02 1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E, T&T 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S	Town/Village _____ Ward/County _____ [][][][]	Years [][]	1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S	Town/Village _____ Ward/County or Country [][][][]
03 1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E, T&T 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S	Town/Village _____ Ward/County _____ [][][][]	Years [][]	1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S	Town/Village _____ Ward/County or Country [][][][]
04 1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E, T&T 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S	Town/Village _____ Ward/County _____ [][][][]	Years [][]	1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S	Town/Village _____ Ward/County or Country [][][][]
05 1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E, T&T 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S	Town/Village _____ Ward/County _____ [][][][]	Years [][]	1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S	Town/Village _____ Ward/County or Country [][][][]
06 1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E, T&T 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S	Town/Village _____ Ward/County _____ [][][][]	Years [][]	1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S	Town/Village _____ Ward/County or Country [][][][]

SECTION 3. EDUCATION — FOR ALL PERSONS

11. ATTENDANCE AT SCHOOL/ UNIVERSITY (a) Is (N) attending school? <input type="checkbox"/> 1 Yes → Go to Q 11(b) <input type="checkbox"/> 2 No → Skip to Q 14(a) <input type="checkbox"/> 9 Not stated (N.S) → Skip to Q 14(a) (b) Is (N) attendance <input type="checkbox"/> 1 Full-time (F.T) <input type="checkbox"/> 2 Part-time (P.T) <input type="checkbox"/> 9 Not stated (N.S)	12. TYPE OF SCHOOL NOW BEING ATTENDED What type of school is (N) attending? <input type="checkbox"/> 01 Nursery/Kindergarten <input type="checkbox"/> 10 Private Primary <input type="checkbox"/> 11 Government & Assisted Primary <input type="checkbox"/> 20 Junior Secondary <input type="checkbox"/> 21 Trade/Vocational School <input type="checkbox"/> 22 Youth Camp <input type="checkbox"/> 30 Senior Comprehensive <input type="checkbox"/> 31 Private Secondary <input type="checkbox"/> 32 Government & Assisted Secondary <input type="checkbox"/> 33 Composite <input type="checkbox"/> 34 Technical Institute <input type="checkbox"/> 60 University <input type="checkbox"/> 98 Other <input type="checkbox"/> 99 Not stated	13(a) ADDRESS OF SCHOOL What is the address of (N) school? _____ Town/Village _____ Ward/County	13(b) USUAL MODE OF TRANSPORTATION TO SCHOOL What type of transport does (N) usually use for travel to school? PUBLIC <input type="checkbox"/> 1 Bus (PTSC) <input type="checkbox"/> 2 Taxi PRIVATE <input type="checkbox"/> 3 Private car (P.C) <input type="checkbox"/> 4 Motor Cycle (M.C) <input type="checkbox"/> 5 Bicycle (B) <input type="checkbox"/> 6 Walk (W) <input type="checkbox"/> 7 Other (O) <input type="checkbox"/> 8 Not applicable (N.A) <input type="checkbox"/> 9 Not stated (N.S)
(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S (b) 1 <input type="checkbox"/> F.T 2 <input type="checkbox"/> P.T 9 <input type="checkbox"/> N.S	Write _____ _____ <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		

SECTION 3. EDUCATION – FOR ALL PERSONS

14(a) HIGHEST LEVEL OF (NON-VOCATIONAL) EDUCATIONAL ATTAINMENT		14(b) YEARS OF SCHOOLING AT HIGHEST LEVEL		14(c) HIGHEST EXAMINATION EVER PASSED	
What is (N) highest level of educational attainment?		How many years of schooling (at the highest level of Educational Attainment) did (N) have?		What is the highest exam (N) has ever passed?	
<input type="checkbox"/> 1 None → Skip to Q 15		Less than a year <input type="checkbox"/> 0		<input type="checkbox"/> 01 None <input type="checkbox"/> 02 School leaving <input type="checkbox"/> 03 CXC Basic <input type="checkbox"/> 04 G.C.E. 'O'/CXC Gen. Prof. 1 or 2 <input type="checkbox"/> 05 G.C.E. 'O'/CXC Gen. Prof. 3 or 4; S.C. Grade III <input type="checkbox"/> 06 G.C.E. 'O' 5 and over; S.C. Grades I, II <input type="checkbox"/> 07 G.C.E. 'A'/HSC 1 or 2 <input type="checkbox"/> 08 G.C.E. 'A'/HSC 3 and over <input type="checkbox"/> 09 Diploma/or Equivalent Certificate of Achievement <input type="checkbox"/> 10 Degree <input type="checkbox"/> 98 Other <input type="checkbox"/> 99 Not stated	
<input type="checkbox"/> 2 Nursery/Kindergarten (N/K) <input type="checkbox"/> 3 Primary (P) <input type="checkbox"/> 4 Secondary (S) <input type="checkbox"/> 5 University (U) <input type="checkbox"/> 6 Other <input type="checkbox"/> 8 Not applicable (N.A) <input type="checkbox"/> 9 Not stated (N.S) → Skip to Q 15		1 Year <input type="checkbox"/> 1 2 Years <input type="checkbox"/> 2 3 " <input type="checkbox"/> 3 4 " <input type="checkbox"/> 4 5 " <input type="checkbox"/> 5 6 " <input type="checkbox"/> 6 7 Years or more <input type="checkbox"/> 7 Not stated (N.S) <input type="checkbox"/> 9			
PN: <input type="checkbox"/> 3		13–16		17	
				18–19	
01	1 <input type="checkbox"/> NONE 5 <input type="checkbox"/> U 2 <input type="checkbox"/> N/K 6 <input type="checkbox"/> OTHER 3 <input type="checkbox"/> P 8 <input type="checkbox"/> N.A 4 <input type="checkbox"/> S 9 <input type="checkbox"/> N.S	0 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/> N.S	Write _____ 01 <input type="checkbox"/> 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/> 02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 98 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 99 <input type="checkbox"/>		
02	1 <input type="checkbox"/> NONE 5 <input type="checkbox"/> U 2 <input type="checkbox"/> N/K 6 <input type="checkbox"/> OTHER 3 <input type="checkbox"/> P 8 <input type="checkbox"/> N.A 4 <input type="checkbox"/> S 9 <input type="checkbox"/> N.S	0 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/> N.S	Write _____ 01 <input type="checkbox"/> 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/> 02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 98 <input checked="" type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 99 <input type="checkbox"/>		
03	1 <input type="checkbox"/> NONE 5 <input type="checkbox"/> U 2 <input type="checkbox"/> N/K 6 <input type="checkbox"/> OTHER 3 <input type="checkbox"/> P 8 <input type="checkbox"/> N.A 4 <input type="checkbox"/> S 9 <input type="checkbox"/> N.S	0 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/> N.S	Write _____ 01 <input type="checkbox"/> 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input checked="" type="checkbox"/> 02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 98 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 99 <input type="checkbox"/>		
04	1 <input type="checkbox"/> NONE 5 <input type="checkbox"/> U 2 <input type="checkbox"/> N/K 6 <input type="checkbox"/> OTHER 3 <input type="checkbox"/> P 8 <input type="checkbox"/> N.A 4 <input type="checkbox"/> S 9 <input type="checkbox"/> N.S	0 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/> N.S	Write _____ 01 <input type="checkbox"/> 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/> 02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 98 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 99 <input type="checkbox"/>		
05	1 <input type="checkbox"/> NONE 5 <input type="checkbox"/> U 2 <input type="checkbox"/> N/K 6 <input type="checkbox"/> OTHER 3 <input type="checkbox"/> P 8 <input type="checkbox"/> N.A 4 <input type="checkbox"/> S 9 <input type="checkbox"/> N.S	0 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/> N.S	Write _____ 01 <input type="checkbox"/> 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/> 02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 98 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 99 <input type="checkbox"/>		
06	1 <input type="checkbox"/> NONE 5 <input type="checkbox"/> U 2 <input type="checkbox"/> N/K 6 <input type="checkbox"/> OTHER 3 <input type="checkbox"/> P 8 <input type="checkbox"/> N.A 4 <input type="checkbox"/> S 9 <input type="checkbox"/> N.S	0 <input type="checkbox"/> 4 <input type="checkbox"/> 1 <input type="checkbox"/> 5 <input type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 9 <input type="checkbox"/> N.S	Write _____ 01 <input type="checkbox"/> 04 <input type="checkbox"/> 07 <input type="checkbox"/> 10 <input type="checkbox"/> 02 <input type="checkbox"/> 05 <input type="checkbox"/> 08 <input type="checkbox"/> 98 <input type="checkbox"/> 03 <input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 99 <input checked="" type="checkbox"/>		

SECTION 4. ECONOMIC ACTIVITY — FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER

This section deals with the economic activity of all who are 15 years old and over. It relates to the past week as well as the past 12 months. Questions 16 to 18 apply to those answering from ☐10 to ☐30 in Question 15.

INTERVIEWER: Job Seekers and persons wanting work must have responses to Questions 16–18.

15. ECONOMIC ACTIVITY PAST WEEK What did (N) do during the past week? <input type="checkbox"/> 10 Had a job, worked (H.J/W) <input type="checkbox"/> 11 Had a job, did not work (H.J,N.W) <input type="checkbox"/> 20 Seeking first job (S.F.J) <input type="checkbox"/> 21 Others seeking work (O.S.W) <input type="checkbox"/> 30 Wanted work and available past three (3) months (W.W) <input type="checkbox"/> 40 Student (S) <input type="checkbox"/> 41 Home duties (H.D) <input type="checkbox"/> 42 Retired (R) <input type="checkbox"/> 43 Disabled (D) <input type="checkbox"/> 44 Old Age Pensioner (O.A.P) <input type="checkbox"/> 45 Did not want work (D.N.W.W) <input type="checkbox"/> 98 Other <input type="checkbox"/> 99 Not stated (N.S) INTERVIEWER: For those answering <input type="checkbox"/> 40 — <input type="checkbox"/> 99 skip to Q. 22	16. TYPE OF WORKER What type of worker status applies to (N)? WORKED FOR OTHERS <input type="checkbox"/> 0 Gov't.—Public Service (G.P.S) <input type="checkbox"/> 1 Gov't.—Public Enterprise (G.P.E) <input type="checkbox"/> 2 Non-Government (N.G) <input type="checkbox"/> 3 Unpaid (U) <input type="checkbox"/> 4 Learner (L) HAS OWN BUSINESS/FARM <input type="checkbox"/> 5 No paid help (N.P.H) <input type="checkbox"/> 6 With paid help (W.P.H) OTHER <input type="checkbox"/> 7 Never worked (N.W) <input type="checkbox"/> 9 Not stated (N.S) INTERVIEWER: Persons responding to <input type="checkbox"/> 20 in Question 15 tick (✓) <input type="checkbox"/> 7 and those responding to <input type="checkbox"/> 21 and <input type="checkbox"/> 30 classify by last status held	17(a) MAIN KIND OF OCCUPATION/WORK What kind of work was (N) doing (Job held) during the past week? e.g. Secondary School Teacher, Accounts Clerk, Automobile Mechanic. 17(b) JOB TITLE What was (N) Job Title? e.g. Teacher II, Accounts Clerk I, Automobile Mechanic Grade 'A'. INTERVIEWER: <input type="checkbox"/> 20 First seekers: classify by kind of job last applied for <input type="checkbox"/> 21 and <input type="checkbox"/> 30 classify by job last held
10 <input type="checkbox"/> H.J/W 41 <input type="checkbox"/> H.D 11 <input type="checkbox"/> H.J,N.W 42 <input type="checkbox"/> R 20 <input type="checkbox"/> S.F.J 43 <input type="checkbox"/> D 21 <input type="checkbox"/> O.S.W 44 <input type="checkbox"/> O.A.P 30 <input type="checkbox"/> W.W 45 <input type="checkbox"/> D.N.W.W 40 <input type="checkbox"/> S 99 <input type="checkbox"/> N.S 98 <input type="checkbox"/> OTHER	0 <input type="checkbox"/> G.P.S 4 <input type="checkbox"/> L 1 <input type="checkbox"/> G.P.E 5 <input type="checkbox"/> N.P.H 2 <input type="checkbox"/> N.G 6 <input type="checkbox"/> W.P.H 3 <input type="checkbox"/> U 7 <input type="checkbox"/> N.W 9 <input type="checkbox"/> N.S	(a) Occupation _____ (b) Job Title _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 780px;"></div>
10 <input type="checkbox"/> H.J/W 41 <input type="checkbox"/> H.D 11 <input type="checkbox"/> H.J,N.W 42 <input type="checkbox"/> R 20 <input type="checkbox"/> S.F.J 43 <input type="checkbox"/> D 21 <input type="checkbox"/> O.S.W 44 <input type="checkbox"/> O.A.P 30 <input type="checkbox"/> W.W 45 <input type="checkbox"/> D.N.W.W 40 <input type="checkbox"/> S 99 <input type="checkbox"/> N.S 98 <input type="checkbox"/> OTHER	0 <input type="checkbox"/> G.P.S 4 <input type="checkbox"/> L 1 <input type="checkbox"/> G.P.E 5 <input type="checkbox"/> N.P.H 2 <input type="checkbox"/> N.G 6 <input type="checkbox"/> W.P.H 3 <input type="checkbox"/> U 7 <input type="checkbox"/> N.W 9 <input type="checkbox"/> N.S	(a) Occupation _____ (b) Job Title _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 780px;"></div>
10 <input type="checkbox"/> H.J/W 41 <input type="checkbox"/> H.D 11 <input type="checkbox"/> H.J,N.W 42 <input type="checkbox"/> R 20 <input type="checkbox"/> S.F.J 43 <input type="checkbox"/> D 21 <input type="checkbox"/> O.S.W 44 <input type="checkbox"/> O.A.P 30 <input type="checkbox"/> W.W 45 <input type="checkbox"/> D.N.W.W 40 <input type="checkbox"/> S 99 <input type="checkbox"/> N.S 98 <input type="checkbox"/> OTHER	0 <input type="checkbox"/> G.P.S 4 <input type="checkbox"/> L 1 <input type="checkbox"/> G.P.E 5 <input type="checkbox"/> N.P.H 2 <input type="checkbox"/> N.G 6 <input type="checkbox"/> W.P.H 3 <input type="checkbox"/> U 7 <input type="checkbox"/> N.W 9 <input type="checkbox"/> N.S	(a) Occupation _____ (b) Job Title _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 780px;"></div>
10 <input type="checkbox"/> H.J/W 41 <input type="checkbox"/> H.D 11 <input type="checkbox"/> H.J,N.W 42 <input type="checkbox"/> R 20 <input type="checkbox"/> S.F.J 43 <input type="checkbox"/> D 21 <input type="checkbox"/> O.S.W 44 <input type="checkbox"/> O.A.P 30 <input type="checkbox"/> W.W 45 <input type="checkbox"/> D.N.W.W 40 <input type="checkbox"/> S 99 <input type="checkbox"/> N.S 98 <input type="checkbox"/> OTHER	0 <input type="checkbox"/> G.P.S 4 <input type="checkbox"/> L 1 <input type="checkbox"/> G.P.E 5 <input type="checkbox"/> N.P.H 2 <input type="checkbox"/> N.G 6 <input type="checkbox"/> W.P.H 3 <input type="checkbox"/> U 7 <input type="checkbox"/> N.W 9 <input type="checkbox"/> N.S	(a) Occupation _____ (b) Job Title _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 780px;"></div>
10 <input type="checkbox"/> H.J/W 41 <input type="checkbox"/> H.D 11 <input type="checkbox"/> H.J,N.W 42 <input type="checkbox"/> R 20 <input type="checkbox"/> S.F.J 43 <input type="checkbox"/> D 21 <input type="checkbox"/> O.S.W 44 <input type="checkbox"/> O.A.P 30 <input type="checkbox"/> W.W 45 <input type="checkbox"/> D.N.W.W 40 <input type="checkbox"/> S 99 <input type="checkbox"/> N.S 98 <input type="checkbox"/> OTHER	0 <input type="checkbox"/> G.P.S 4 <input type="checkbox"/> L 1 <input type="checkbox"/> G.P.E 5 <input type="checkbox"/> N.P.H 2 <input type="checkbox"/> N.G 6 <input type="checkbox"/> W.P.H 3 <input type="checkbox"/> U 7 <input type="checkbox"/> N.W 9 <input type="checkbox"/> N.S	(a) Occupation _____ (b) Job Title _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 780px;"></div>
10 <input type="checkbox"/> H.J/W 41 <input type="checkbox"/> H.D 11 <input type="checkbox"/> H.J,N.W 42 <input type="checkbox"/> R 20 <input type="checkbox"/> S.F.J 43 <input type="checkbox"/> D 21 <input type="checkbox"/> O.S.W 44 <input type="checkbox"/> O.A.P 30 <input type="checkbox"/> W.W 45 <input type="checkbox"/> D.N.W.W 40 <input type="checkbox"/> S 99 <input type="checkbox"/> N.S 98 <input type="checkbox"/> OTHER	0 <input type="checkbox"/> G.P.S 4 <input type="checkbox"/> L 1 <input type="checkbox"/> G.P.E 5 <input type="checkbox"/> N.P.H 2 <input type="checkbox"/> N.G 6 <input type="checkbox"/> W.P.H 3 <input type="checkbox"/> U 7 <input type="checkbox"/> N.W 9 <input type="checkbox"/> N.S	(a) Occupation _____ (b) Job Title _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 780px;"></div>

SECTION 4. ECONOMIC ACTIVITY – FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER

18(a) INDUSTRY		19. ADDRESS	20. TRANSPORTATION	
What is the name of the Government department or establishment in which (N) worked/had a job? e.g. Ministry of Health (St. Ann's Hospital), Pete's Advertising Agency.		What is the address of the department or establishment?	What type of transportation does (N) usually use to travel to work?	
18(b) TYPE OF BUSINESS			PUBLIC	
What kind of business is carried on there? e.g. Psychiatric Hospital, creative designs of advertisements for media.		Town/Village	<input type="checkbox"/> 1 Bus (PTSC) <input type="checkbox"/> 2 Taxi	
INTERVIEWER:		Ward/County	PRIVATE	
For persons who are ticked:			<input type="checkbox"/> 3 Private car (P.C) <input type="checkbox"/> 4 Motor Cycle (M.C) <input type="checkbox"/> 5 Bicycle (B) <input type="checkbox"/> 6 Walk (W) <input type="checkbox"/> 7 Other (O) <input type="checkbox"/> 8 Not applicable (N.A) <input type="checkbox"/> 9 Not stated (N.S)	
<input type="checkbox"/> 20 Classify by Industry of last application <input type="checkbox"/> 21 Classify by last place of employment <input type="checkbox"/> 30 Classify by last place of employment				
PN: <input type="checkbox"/> 4				
13–19		20–23	24	
01	(a) Name of Establishment _____ (b) Type of Business _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> 1 BUS(PTSC) <input type="checkbox"/> 5 BICYCLE (B) <input type="checkbox"/> 2 TAXI <input type="checkbox"/> 6 WALK <input type="checkbox"/> 3 P.C <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 4 M.C <input type="checkbox"/> 8 N.A <div style="text-align: right;">9 <input type="checkbox"/> N.S</div>	
02	(a) Name of Establishment _____ (b) Type of Business _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> 1 BUS(PTSC) <input type="checkbox"/> 5 BICYCLE (B) <input type="checkbox"/> 2 TAXI <input type="checkbox"/> 6 WALK <input type="checkbox"/> 3 P.C <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 4 M.C <input type="checkbox"/> 8 N.A <div style="text-align: right;">9 <input type="checkbox"/> N.S</div>	
03	(a) Name of Establishment _____ (b) Type of Business _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> 1 BUS(PTSC) <input type="checkbox"/> 5 BICYCLE (B) <input type="checkbox"/> 2 TAXI <input type="checkbox"/> 6 WALK <input type="checkbox"/> 3 P.C <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 4 M.C <input type="checkbox"/> 8 N.A <div style="text-align: right;">9 <input type="checkbox"/> N.S</div>	
04	(a) Name of Establishment _____ (b) Type of Business _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> 1 BUS(PTSC) <input type="checkbox"/> 5 BICYCLE (B) <input type="checkbox"/> 2 TAXI <input type="checkbox"/> 6 WALK <input type="checkbox"/> 3 P.C <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 4 M.C <input type="checkbox"/> 8 N.A <div style="text-align: right;">9 <input type="checkbox"/> N.S</div>	
05	(a) Name of Establishment _____ (b) Type of Business _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> 1 BUS(PTSC) <input type="checkbox"/> 5 BICYCLE (B) <input type="checkbox"/> 2 TAXI <input type="checkbox"/> 6 WALK <input type="checkbox"/> 3 P.C <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 4 M.C <input type="checkbox"/> 8 N.A <div style="text-align: right;">9 <input type="checkbox"/> N.S</div>	
06	(a) Name of Establishment _____ (b) Type of Business _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	<input type="checkbox"/> 1 BUS(PTSC) <input type="checkbox"/> 5 BICYCLE (B) <input type="checkbox"/> 2 TAXI <input type="checkbox"/> 6 WALK <input type="checkbox"/> 3 P.C <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 4 M.C <input type="checkbox"/> 8 N.A <div style="text-align: right;">9 <input type="checkbox"/> N.S</div>	

SECTION 4. ECONOMIC ACTIVITY – FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER

21. HOURS WORKED PAST WEEK How many hours did (N) work during the past week, including overtime? <input type="checkbox"/> 0 Less than 1 hour (< 1 hr) <input type="checkbox"/> 1 1–8 hours <input type="checkbox"/> 2 9–16 hours <input type="checkbox"/> 3 17–24 hours <input type="checkbox"/> 4 25–32 hours <input type="checkbox"/> 5 33–40 hours <input type="checkbox"/> 6 41 hours and over <input type="checkbox"/> 9 Not stated INTERVIEWER: Applicable only to those ticking 10 in Q. 15.	22. MAIN ACTIVITY DURING THE PAST TWELVE MONTHS What did (N) do most during the past twelve months? <input type="checkbox"/> 10 Had a job/worked (H.J./W) <input type="checkbox"/> 11 Had a job, did not work (H.J.N.W) <input type="checkbox"/> 20 Seeking first job (S.F.J) <input type="checkbox"/> 21 Others seeking work (O.S.W) <input type="checkbox"/> 30 Wanted work and available (W.W) <input type="checkbox"/> 40 Student (S) <input type="checkbox"/> 41 Home duties (H.D) <input type="checkbox"/> 42 Retired (R) <input type="checkbox"/> 43 Disabled (D) <input type="checkbox"/> 44 Old Age Pensioner (O.A.P) <input type="checkbox"/> 45 Did not want work (D.N.W.W) <input type="checkbox"/> 98 Other <input type="checkbox"/> 99 Not stated (N.S)	23. NUMBER OF MONTHS WORKED (a) Did (N) work for any length of time during the past twelve months? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 Not stated (N.S) (b) How many months did (N) work during the past twelve months? <input type="checkbox"/> 0 None <input type="checkbox"/> 1 Under 2 months (<2m) <input type="checkbox"/> 2 2– 3 months <input type="checkbox"/> 3 4– 5 " <input type="checkbox"/> 4 6– 7 " <input type="checkbox"/> 5 8– 9 " <input type="checkbox"/> 6 10–11 " <input type="checkbox"/> 7 Full year (F.Y) <input type="checkbox"/> 9 Not stated (N.S)	
0 <input type="checkbox"/> < 1 hr. 4 <input type="checkbox"/> 25–32 hrs. 1 <input type="checkbox"/> 1– 8 hrs. 5 <input type="checkbox"/> 33–40 hrs. 2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over 3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated	10 <input type="checkbox"/> H.J/W 30 <input type="checkbox"/> W.W 43 <input type="checkbox"/> D 11 <input type="checkbox"/> H.J,N.W 40 <input type="checkbox"/> S 44 <input type="checkbox"/> O.A.P 20 <input type="checkbox"/> S.F.J 41 <input type="checkbox"/> H.D 45 <input type="checkbox"/> D.N.W.W 21 <input type="checkbox"/> O.S.W 42 <input type="checkbox"/> R 98 <input type="checkbox"/> OTHER 99 <input type="checkbox"/> N.S	(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S (b) 0 <input type="checkbox"/> None 3 <input type="checkbox"/> 4–5 m 6 <input type="checkbox"/> 10–11m 1 <input type="checkbox"/> <2 m 4 <input type="checkbox"/> 6–7 m 7 <input type="checkbox"/> F.Y 2 <input type="checkbox"/> 2–3 m 5 <input type="checkbox"/> 8–9 m 9 <input type="checkbox"/> N.S	01
0 <input type="checkbox"/> < 1 hr. 4 <input type="checkbox"/> 25–32 hrs. 1 <input type="checkbox"/> 1– 8 hrs. 5 <input type="checkbox"/> 33–40 hrs. 2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over 3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated	10 <input type="checkbox"/> H.J/W 30 <input type="checkbox"/> W.W 43 <input type="checkbox"/> D 11 <input type="checkbox"/> H.J,N.W 40 <input type="checkbox"/> S 44 <input type="checkbox"/> O.A.P 20 <input type="checkbox"/> S.F.J 41 <input type="checkbox"/> H.D 45 <input type="checkbox"/> D.N.W.W 21 <input type="checkbox"/> O.S.W 42 <input type="checkbox"/> R 98 <input type="checkbox"/> OTHER 99 <input type="checkbox"/> N.S	(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S (b) 0 <input type="checkbox"/> None 3 <input type="checkbox"/> 4–5 m 6 <input type="checkbox"/> 10–11m 1 <input type="checkbox"/> <2 m 4 <input type="checkbox"/> 6–7 m 7 <input type="checkbox"/> F.Y 2 <input type="checkbox"/> 2–3 m 5 <input type="checkbox"/> 8–9 m 9 <input type="checkbox"/> N.S	02
0 <input type="checkbox"/> < 1 hr. 4 <input type="checkbox"/> 25–32 hrs. 1 <input type="checkbox"/> 1– 8 hrs. 5 <input type="checkbox"/> 33–40 hrs. 2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over 3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated	10 <input type="checkbox"/> H.J/W 30 <input type="checkbox"/> W.W 43 <input type="checkbox"/> D 11 <input type="checkbox"/> H.J,N.W 40 <input type="checkbox"/> S 44 <input type="checkbox"/> O.A.P 20 <input type="checkbox"/> S.F.J 41 <input type="checkbox"/> H.D 45 <input type="checkbox"/> D.N.W.W 21 <input type="checkbox"/> O.S.W 42 <input type="checkbox"/> R 98 <input type="checkbox"/> OTHER 99 <input type="checkbox"/> N.S	(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S (b) 0 <input type="checkbox"/> None 3 <input type="checkbox"/> 4–5 m 6 <input type="checkbox"/> 10–11m 1 <input type="checkbox"/> <2 m 4 <input type="checkbox"/> 6–7 m 7 <input type="checkbox"/> F.Y 2 <input type="checkbox"/> 2–3 m 5 <input type="checkbox"/> 8–9 m 9 <input type="checkbox"/> N.S	03
0 <input type="checkbox"/> < 1 hr. 4 <input type="checkbox"/> 25–32 hrs. 1 <input type="checkbox"/> 1– 8 hrs. 5 <input type="checkbox"/> 33–40 hrs. 2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over 3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated	10 <input type="checkbox"/> H.J/W 30 <input type="checkbox"/> W.W 43 <input type="checkbox"/> D 11 <input type="checkbox"/> H.J,N.W 40 <input type="checkbox"/> S 44 <input type="checkbox"/> O.A.P 20 <input type="checkbox"/> S.F.J 41 <input type="checkbox"/> H.D 45 <input type="checkbox"/> D.N.W.W 21 <input type="checkbox"/> O.S.W 42 <input type="checkbox"/> R 98 <input type="checkbox"/> OTHER 99 <input type="checkbox"/> N.S	(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S (b) 0 <input type="checkbox"/> None 3 <input type="checkbox"/> 4–5 m 6 <input type="checkbox"/> 10–11m 1 <input type="checkbox"/> <2m 4 <input type="checkbox"/> 6–7 m 7 <input type="checkbox"/> F.Y 2 <input type="checkbox"/> 2–3 m 5 <input type="checkbox"/> 8–9 m 9 <input type="checkbox"/> N.S	04
0 <input type="checkbox"/> < 1 hr. 4 <input type="checkbox"/> 25–32 hrs. 1 <input type="checkbox"/> 1– 8 hrs. 5 <input type="checkbox"/> 33–40 hrs. 2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over 3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated	10 <input type="checkbox"/> H.J/W 30 <input type="checkbox"/> W.W 43 <input type="checkbox"/> D 11 <input type="checkbox"/> H.J,N.W 40 <input type="checkbox"/> S 44 <input type="checkbox"/> O.A.P 20 <input type="checkbox"/> S.F.J 41 <input type="checkbox"/> H.D 45 <input type="checkbox"/> D.N.W.W 21 <input type="checkbox"/> O.S.W 42 <input type="checkbox"/> R 98 <input type="checkbox"/> OTHER 99 <input type="checkbox"/> N.S	(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S (b) 0 <input type="checkbox"/> None 3 <input type="checkbox"/> 4–5 m 6 <input type="checkbox"/> 10–11m 1 <input type="checkbox"/> <2 m 4 <input type="checkbox"/> 6–7 m 7 <input type="checkbox"/> F.Y 2 <input type="checkbox"/> 2–3 m 5 <input type="checkbox"/> 8–9 m 9 <input type="checkbox"/> N.S	05
0 <input type="checkbox"/> < 1 hr. 4 <input type="checkbox"/> 25–32 hrs. 1 <input type="checkbox"/> 1– 8 hrs. 5 <input type="checkbox"/> 33–40 hrs. 2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over 3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated	10 <input type="checkbox"/> H.J/W 30 <input type="checkbox"/> W.W 43 <input type="checkbox"/> D 11 <input type="checkbox"/> H.J,N.W 40 <input type="checkbox"/> S 44 <input type="checkbox"/> O.A.P 20 <input type="checkbox"/> S.F.J 41 <input type="checkbox"/> H.D 45 <input type="checkbox"/> D.N.W.W 21 <input type="checkbox"/> O.S.W 42 <input type="checkbox"/> R 98 <input type="checkbox"/> OTHER 99 <input type="checkbox"/> N.S	(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S (b) 0 <input type="checkbox"/> None 3 <input type="checkbox"/> 4–5 m 6 <input type="checkbox"/> 10–11m 1 <input type="checkbox"/> <2 m 4 <input type="checkbox"/> 6–7 m 7 <input type="checkbox"/> F.Y 2 <input type="checkbox"/> 2–3 m 5 <input type="checkbox"/> 8–9 m 9 <input type="checkbox"/> N.S	06

SECTION 5. HIGHEST LEVEL OF TRAINING — FOR ALL PERSONS FIFTEEN(15) YEARS OLD AND OVER

24(a) SPECIAL TRAINING COMPLETED		24(c) FIELD OR OCCUPATION OF HIGHEST LEVEL OF TRAINING	25. MAIN METHOD OF HIGHEST LEVEL OF TRAINING	
<p>Has (N) completed any special training to fit him/her for employment?</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p>→ Skip to Q 24(c) → Go to Q 24(b)</p>		<p>What is the Field/Occupation for which the highest level of training was completed/undergoing?</p>	<p>In (N) field/occupation of highest level which was the main method/type of schooling used?</p> <p><input type="checkbox"/> 0 On the job (J)</p> <p><input type="checkbox"/> 1 Private study (P.S)</p> <p><input type="checkbox"/> 2 Secondary School (S.S)</p> <p><input type="checkbox"/> 3 Vocational School, Trade School, Commercial (V.T.C.S)</p> <p><input type="checkbox"/> 4 Technical Institute (T.I)</p> <p><input type="checkbox"/> 5 Other Institutional Training (O.I.T)</p> <p><input type="checkbox"/> 6 University (U)</p> <p><input type="checkbox"/> 7 Other</p> <p><input type="checkbox"/> 9 Not stated (N.S)</p>	
<p>24(b) TRAINING UNDERGOING</p> <p>Is (N) now undergoing any special training to fit him/her for employment?</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p>→ Go to Q 24(c) → Skip to Q 28</p>				
PN: <input type="checkbox"/> 5				
13-17		18-20	21	
01	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p>(b) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	<p>Field/Occupation _____</p> <p>_____</p> <p>_____</p>	<p>0 <input type="checkbox"/> J 4 <input type="checkbox"/> T.I</p> <p>1 <input type="checkbox"/> P.S 5 <input type="checkbox"/> O.I.T</p> <p>2 <input type="checkbox"/> S.S 6 <input type="checkbox"/> U</p> <p>3 <input type="checkbox"/> V.T.C.S 7 <input type="checkbox"/> OTHER</p> <p>9 <input type="checkbox"/> N.S</p>	
02	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p>(b) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	<p>Field/Occupation _____</p> <p>_____</p> <p>_____</p>	<p>0 <input type="checkbox"/> J 4 <input type="checkbox"/> T.I</p> <p>1 <input type="checkbox"/> P.S 5 <input type="checkbox"/> O.I.T</p> <p>2 <input type="checkbox"/> S.S 6 <input type="checkbox"/> U</p> <p>3 <input type="checkbox"/> V.T.C.S 7 <input type="checkbox"/> OTHER</p> <p>9 <input type="checkbox"/> N.S</p>	
03	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p>(b) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	<p>Field/Occupation _____</p> <p>_____</p> <p>_____</p>	<p>0 <input type="checkbox"/> J 4 <input type="checkbox"/> T.I</p> <p>1 <input type="checkbox"/> P.S 5 <input type="checkbox"/> O.I.T</p> <p>2 <input type="checkbox"/> S.S 6 <input type="checkbox"/> U</p> <p>3 <input type="checkbox"/> V.T.C.S 7 <input type="checkbox"/> OTHER</p> <p>9 <input type="checkbox"/> N.S</p>	
04	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p>(b) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	<p>Field/Occupation _____</p> <p>_____</p> <p>_____</p>	<p>0 <input type="checkbox"/> J 4 <input type="checkbox"/> T.I</p> <p>1 <input type="checkbox"/> P.S 5 <input type="checkbox"/> O.I.T</p> <p>2 <input type="checkbox"/> S.S 6 <input type="checkbox"/> U</p> <p>3 <input type="checkbox"/> V.T.C.S 7 <input type="checkbox"/> OTHER</p> <p>9 <input type="checkbox"/> N.S</p>	
05	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p>(b) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	<p>Field/Occupation _____</p> <p>_____</p> <p>_____</p>	<p>0 <input type="checkbox"/> J 4 <input type="checkbox"/> T.I</p> <p>1 <input type="checkbox"/> P.S 5 <input type="checkbox"/> O.I.T</p> <p>2 <input type="checkbox"/> S.S 6 <input type="checkbox"/> U</p> <p>3 <input type="checkbox"/> V.T.C.S 7 <input type="checkbox"/> OTHER</p> <p>9 <input type="checkbox"/> N.S</p>	
06	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p>(b) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>	<p>Field/Occupation _____</p> <p>_____</p> <p>_____</p>	<p>0 <input type="checkbox"/> J 4 <input type="checkbox"/> T.I</p> <p>1 <input type="checkbox"/> P.S 5 <input type="checkbox"/> O.I.T</p> <p>2 <input type="checkbox"/> S.S 6 <input type="checkbox"/> U</p> <p>3 <input type="checkbox"/> V.T.C.S 7 <input type="checkbox"/> OTHER</p> <p>9 <input type="checkbox"/> N.S</p>	

SECTION 5. TRAINING — FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER		SECTION 6. MARITAL STATUS For persons 14 Years and over	
26. PERIOD OF TRAINING AT HIGHEST LEVEL (Q24(c)) (a) Has (N) training been completed/on going? 1 <input type="checkbox"/> Completed 2 <input type="checkbox"/> Under going training/on going (b) How much time did (N) spend being trained for his field/occupation of highest level of training or how much time completed to date on training? 0 <input type="checkbox"/> Under 3 months (MTHS) 1 <input type="checkbox"/> 3 < (less than) 6 months (MTHS) 2 <input type="checkbox"/> 6 months < (less than) 1 year (YR) 3 <input type="checkbox"/> 1 < 1½ years 4 <input type="checkbox"/> 1½ < 2 " 5 <input type="checkbox"/> 2 < 3 " 6 <input type="checkbox"/> 3 < 4 " 7 <input type="checkbox"/> 4 years and over 9 <input type="checkbox"/> Not stated		27. QUALIFICATION RECEIVED ON COMPLETION OF TRAINING What qualification did (N) receive on completion of training? 1 <input type="checkbox"/> None 2 <input type="checkbox"/> Certificate with examination (C.W.E) 3 <input type="checkbox"/> Certificate without examination (C.N.E) 4 <input type="checkbox"/> Diploma (DIP) 5 <input type="checkbox"/> Degree (DEG) 6 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not stated (N.S)	
28. MARITAL STATUS What is (N) Marital Status? 1 <input type="checkbox"/> Never married (N.M) 2 <input type="checkbox"/> Married (M) 3 <input type="checkbox"/> Widowed (W) 4 <input type="checkbox"/> Legally separated (L.S) 5 <input type="checkbox"/> Divorced (D) 9 <input type="checkbox"/> Not stated (N.S) INTERVIEWER: This question applies only to persons fourteen years and over and and NOT attending Primary or Secondary School FULL TIME			
22—23		24	
(a) 1 <input type="checkbox"/> Completed 2 <input type="checkbox"/> On going 0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs. (b) 1 <input type="checkbox"/> 3 < 6 " 4 <input type="checkbox"/> 1½ < 2 " 7 <input type="checkbox"/> 4 and over 2 <input type="checkbox"/> 6 < 1 Yr. 5 <input type="checkbox"/> 2 < 3 " 9 <input type="checkbox"/> N.S		1 <input type="checkbox"/> NONE 4 <input type="checkbox"/> DIP 2 <input type="checkbox"/> C.W.E 5 <input type="checkbox"/> DEG 3 <input type="checkbox"/> C.N.E 6 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> N.S	
		1 <input type="checkbox"/> N.M 4 <input type="checkbox"/> L.S 2 <input type="checkbox"/> M 5 <input type="checkbox"/> D 3 <input type="checkbox"/> W 9 <input type="checkbox"/> N.S	
		01	
(a) 1 <input type="checkbox"/> Completed 2 <input type="checkbox"/> On going 0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs. (b) 1 <input type="checkbox"/> 3 < 6 " 4 <input type="checkbox"/> 1½ < 2 " 7 <input type="checkbox"/> 4 and over 2 <input type="checkbox"/> 6 < 1 Yr. 5 <input type="checkbox"/> 2 < 3 " 9 <input type="checkbox"/> N.S		1 <input type="checkbox"/> NONE 4 <input type="checkbox"/> DIP 2 <input type="checkbox"/> C.W.E 5 <input type="checkbox"/> DEG 3 <input type="checkbox"/> C.N.E 6 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> N.S	
		1 <input type="checkbox"/> N.M 4 <input type="checkbox"/> L.S 2 <input type="checkbox"/> M 5 <input type="checkbox"/> D 3 <input type="checkbox"/> W 9 <input type="checkbox"/> N.S	
		02	
(a) 1 <input type="checkbox"/> Completed 2 <input type="checkbox"/> On going 0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs. (b) 1 <input type="checkbox"/> 3 < 6 " 4 <input type="checkbox"/> 1½ < 2 " 7 <input type="checkbox"/> 4 and over 2 <input type="checkbox"/> 6 < 1 Yr. 5 <input type="checkbox"/> 2 < 3 " 9 <input type="checkbox"/> N.S		1 <input type="checkbox"/> NONE 4 <input type="checkbox"/> DIP 2 <input type="checkbox"/> C.W.E 5 <input type="checkbox"/> DEG 3 <input type="checkbox"/> C.N.E 6 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> N.S	
		1 <input type="checkbox"/> N.M 4 <input type="checkbox"/> L.S 2 <input type="checkbox"/> M 5 <input type="checkbox"/> D 3 <input type="checkbox"/> W 9 <input type="checkbox"/> N.S	
		03	
(a) 1 <input type="checkbox"/> Completed 2 <input type="checkbox"/> On going 0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs. (b) 1 <input type="checkbox"/> 3 < 6 " 4 <input type="checkbox"/> 1½ < 2 " 7 <input type="checkbox"/> 4 and over 2 <input type="checkbox"/> 6 < 1 Yr. 5 <input type="checkbox"/> 2 < 3 " 9 <input type="checkbox"/> N.S		1 <input type="checkbox"/> NONE 4 <input type="checkbox"/> DIP 2 <input type="checkbox"/> C.W.E 5 <input type="checkbox"/> DEG 3 <input type="checkbox"/> C.N.E 6 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> N.S	
		1 <input type="checkbox"/> N.M 4 <input type="checkbox"/> L.S 2 <input type="checkbox"/> M 5 <input type="checkbox"/> D 3 <input type="checkbox"/> W 9 <input type="checkbox"/> N.S	
		04	
(a) 1 <input type="checkbox"/> Completed 2 <input type="checkbox"/> On going 0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs. (b) 1 <input type="checkbox"/> 3 < 6 " 4 <input type="checkbox"/> 1½ < 2 " 7 <input type="checkbox"/> 4 and over 2 <input type="checkbox"/> 6 < 1 Yr. 5 <input type="checkbox"/> 2 < 3 " 9 <input type="checkbox"/> N.S		1 <input type="checkbox"/> NONE 4 <input type="checkbox"/> DIP 2 <input type="checkbox"/> C.W.E 5 <input type="checkbox"/> DEG 3 <input type="checkbox"/> C.N.E 6 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> N.S	
		1 <input type="checkbox"/> N.M 4 <input type="checkbox"/> L.S 2 <input type="checkbox"/> M 5 <input type="checkbox"/> D 3 <input type="checkbox"/> W 9 <input type="checkbox"/> N.S	
		05	
(a) 1 <input type="checkbox"/> Completed 2 <input type="checkbox"/> On going 0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs. (b) 1 <input type="checkbox"/> 3 < 6 " 4 <input type="checkbox"/> 1½ < 2 " 7 <input type="checkbox"/> 4 and over 2 <input type="checkbox"/> 6 < 1 Yr. 5 <input type="checkbox"/> 2 < 3 " 9 <input type="checkbox"/> N.S		1 <input type="checkbox"/> NONE 4 <input type="checkbox"/> DIP 2 <input type="checkbox"/> C.W.E 5 <input type="checkbox"/> DEG 3 <input type="checkbox"/> C.N.E 6 <input type="checkbox"/> OTHER 9 <input type="checkbox"/> N.S	
		1 <input type="checkbox"/> N.M 4 <input type="checkbox"/> L.S 2 <input type="checkbox"/> M 5 <input type="checkbox"/> D 3 <input type="checkbox"/> W 9 <input type="checkbox"/> N.S	
		06	

**SECTION 7. FERTILITY — FOR FEMALES 14 YEARS OLD AND OVER AND NOT ATTENDING
PRIMARY OR SECONDARY SCHOOL FULL TIME**

<p>29. NUMBER OF LIVE BIRTHS EVER HAD</p> <p>How many live births has (N) ever had?</p> <p>INTERVIEWER: If none, Skip to Q 31</p> <p>PN: <input type="text" value="6"/></p> <p align="right">13-17</p>	<p>30. AGE AT BIRTH OF FIRST LIVE BORN CHILD</p> <p>What was (N) age when she had her first live born child?</p> <p align="right">18-19</p>	<p>31. NUMBER OF LIVE BIRTHS/ STILL BIRTHS PAST TWELVE MONTHS</p> <p>How many live births/ still births did (N) have during the past twelve (12) months?</p> <p>31(a) LIVE BIRTHS</p> <p><input type="text" value="0"/> None</p> <p><input type="text" value="1"/> One</p> <p><input type="text" value="2"/> Two</p> <p><input type="text" value="3"/> Twin (TW)</p> <p><input type="text" value="4"/> Three and over (THR+)</p> <p><input type="text" value="9"/> Not stated (N.S)</p> <p>31(b) STILL BIRTHS</p> <p><input type="text" value="0"/> None</p> <p><input type="text" value="1"/> One</p> <p><input type="text" value="2"/> Two and over (TWO+)</p> <p><input type="text" value="9"/> Not stated (N.S)</p> <p align="right">20-21</p>	<p>32. UNION STATUS AT PRESENT OR AT AGE 45</p> <p>What is (N) Union Status? or What was (N) Union Status when she was 45?</p> <p><input type="text" value="1"/> Married (M)</p> <p><input type="text" value="2"/> Common-law (C.L)</p> <p><input type="text" value="3"/> Visiting (V)</p> <p><input type="text" value="4"/> No longer living with husband (N.L.H)</p> <p><input type="text" value="5"/> No longer living with common-law partner (N.L.C.P)</p> <p><input type="text" value="6"/> Never had a husband nor partner (N.H/P)</p> <p><input type="text" value="9"/> Not stated (N.S)</p> <p align="right">22</p>
<p>01</p> <p align="center"><input type="text" value=""/><input type="text" value=""/></p>	<p align="center"><input type="text" value=""/><input type="text" value=""/></p>	<p>(a) 0 <input type="checkbox"/> NONE 3 <input type="checkbox"/> TW 1 <input type="checkbox"/> ONE 4 <input type="checkbox"/> THR+ 2 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p> <p>(b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+ 1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S</p>	<p>1 <input type="checkbox"/> M 4 <input type="checkbox"/> N.L.H 2 <input type="checkbox"/> C.L 5 <input type="checkbox"/> N.L.C.P 3 <input type="checkbox"/> V 6 <input type="checkbox"/> N.H/P 9 <input type="checkbox"/> N.S</p>
<p>02</p> <p align="center"><input type="text" value=""/><input type="text" value=""/></p>	<p align="center"><input type="text" value=""/><input type="text" value=""/></p>	<p>(a) 0 <input type="checkbox"/> NONE 3 <input type="checkbox"/> TW 1 <input type="checkbox"/> ONE 4 <input type="checkbox"/> THR+ 2 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p> <p>(b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+ 1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S</p>	<p>1 <input type="checkbox"/> M 4 <input type="checkbox"/> N.L.H 2 <input type="checkbox"/> C.L 5 <input type="checkbox"/> N.L.C.P 3 <input type="checkbox"/> V 6 <input type="checkbox"/> N.H/P 9 <input type="checkbox"/> N.S</p>
<p>03</p> <p align="center"><input type="text" value=""/><input type="text" value=""/></p>	<p align="center"><input type="text" value=""/><input type="text" value=""/></p>	<p>(a) 0 <input type="checkbox"/> NONE 3 <input type="checkbox"/> TW 1 <input type="checkbox"/> ONE 4 <input type="checkbox"/> THR+ 2 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p> <p>(b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+ 1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S</p>	<p>1 <input type="checkbox"/> M 4 <input type="checkbox"/> N.L.H 2 <input type="checkbox"/> C.L 5 <input type="checkbox"/> N.L.C.P 3 <input type="checkbox"/> V 6 <input type="checkbox"/> N.H/P 9 <input type="checkbox"/> N.S</p>
<p>04</p> <p align="center"><input type="text" value=""/><input type="text" value=""/></p>	<p align="center"><input type="text" value=""/><input type="text" value=""/></p>	<p>(a) 0 <input type="checkbox"/> NONE 3 <input type="checkbox"/> TW 1 <input type="checkbox"/> ONE 4 <input type="checkbox"/> THR+ 2 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p> <p>(b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+ 1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S</p>	<p>1 <input type="checkbox"/> M 4 <input type="checkbox"/> N.L.H 2 <input type="checkbox"/> C.L 5 <input type="checkbox"/> N.L.C.P 3 <input type="checkbox"/> V 6 <input type="checkbox"/> N.H/P 9 <input type="checkbox"/> N.S</p>
<p>05</p> <p align="center"><input type="text" value=""/><input type="text" value=""/></p>	<p align="center"><input type="text" value=""/><input type="text" value=""/></p>	<p>(a) 0 <input type="checkbox"/> NONE 3 <input type="checkbox"/> TW 1 <input type="checkbox"/> ONE 4 <input checked="" type="checkbox"/> THR+ 2 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p> <p>(b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+ 1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S</p>	<p>1 <input type="checkbox"/> M 4 <input type="checkbox"/> N.L.H 2 <input type="checkbox"/> C.L 5 <input type="checkbox"/> N.L.C.P 3 <input type="checkbox"/> V 6 <input type="checkbox"/> N.H/P 9 <input type="checkbox"/> N.S</p>
<p>06</p> <p align="center"><input type="text" value=""/><input type="text" value=""/></p>	<p align="center"><input type="text" value=""/><input type="text" value=""/></p>	<p>(a) 0 <input type="checkbox"/> NONE 3 <input type="checkbox"/> TW 1 <input type="checkbox"/> ONE 4 <input type="checkbox"/> THR+ 2 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p> <p>(b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+ 1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S</p>	<p>1 <input type="checkbox"/> M 4 <input type="checkbox"/> N.L.H 2 <input type="checkbox"/> C.L 5 <input type="checkbox"/> N.L.C.P 3 <input type="checkbox"/> V 6 <input type="checkbox"/> N.H/P 9 <input type="checkbox"/> N.S</p>

SECTION 8. INCOME FOR ALL PERSONS (15) YEARS OLD AND OVER		SECTION 9. CENSUS NIGHT — FOR ALL PERSONS	
33(a) LAST PAY/INCOME PERIOD What was (N) last pay/income period? <input type="checkbox"/> 1 Weekly (W) <input type="checkbox"/> 2 Fortnightly (F) <input type="checkbox"/> 3 Monthly (M) <input type="checkbox"/> 4 Quarterly (Q) <input type="checkbox"/> 6 Other (Specify) _____ <input type="checkbox"/> 7 None → Skip to Q 34 A <input type="checkbox"/> 8 Not applicable (N.A.) → Skip to Q 34A <input type="checkbox"/> 9 Not stated (N.S.)	33(b) GROSS INCOME (Nearest Dollar) What was (N) gross income from all sources during the last pay period? INTERVIEWER: For self-employed persons obtain "Net Income" i.e. Receipts less Business Expenses	34(a) Where did (N) spend Census Night? <input type="checkbox"/> 1 This household (H) → Skip to Section 10 (Heads of Households only) <input type="checkbox"/> 2 Elsewhere in Trinidad and Tobago (E, T & T) → Go to Q 34B <input type="checkbox"/> 3 Institution (INST.) → Go to Q 34B <input type="checkbox"/> 4 Abroad <input type="checkbox"/> 5 Other → Go to Q 34B <input type="checkbox"/> 9 Not stated (N.S.)	34(b) ADDRESS What is the full address of where (N) spent Census Night? _____ Town/Village _____ Ward/County
23	24-28	29	30-33
<input type="checkbox"/> 1 W <input type="checkbox"/> 3 M <input type="checkbox"/> 2 F <input type="checkbox"/> 4 Q <input type="checkbox"/> 6 Other (Specify) _____ <input type="checkbox"/> 7 None <input type="checkbox"/> 8 N.A. <input type="checkbox"/> 9 N.S.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 H <input type="checkbox"/> 4 ABROAD <input type="checkbox"/> 2 E, T&T <input type="checkbox"/> 5 OTHER <input type="checkbox"/> 3 INST. <input type="checkbox"/> 9 N.S.	Town/Village _____ Ward/County _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
01			
<input type="checkbox"/> 1 W <input type="checkbox"/> 3 M <input type="checkbox"/> 2 F <input type="checkbox"/> 4 Q <input type="checkbox"/> 6 Other (Specify) _____ <input type="checkbox"/> 7 None <input type="checkbox"/> 8 N.A. <input type="checkbox"/> 9 N.S.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 H <input type="checkbox"/> 4 ABROAD <input type="checkbox"/> 2 E, T&T <input type="checkbox"/> 5 OTHER <input type="checkbox"/> 3 INST. <input type="checkbox"/> 9 N.S.	Town/Village _____ Ward/County _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02			
<input type="checkbox"/> 1 W <input type="checkbox"/> 3 M <input type="checkbox"/> 2 F <input type="checkbox"/> 4 Q <input type="checkbox"/> 6 Other (Specify) _____ <input type="checkbox"/> 7 None <input type="checkbox"/> 8 N.A. <input type="checkbox"/> 9 N.S.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 H <input type="checkbox"/> 4 ABROAD <input type="checkbox"/> 2 E, T&T <input type="checkbox"/> 5 OTHER <input type="checkbox"/> 3 INST. <input type="checkbox"/> 9 N.S.	Town/Village _____ Ward/County _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03			
<input type="checkbox"/> 1 W <input type="checkbox"/> 3 M <input type="checkbox"/> 2 F <input type="checkbox"/> 4 Q <input type="checkbox"/> 6 Other (Specify) _____ <input type="checkbox"/> 7 None <input type="checkbox"/> 8 N.A. <input type="checkbox"/> 9 N.S.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 H <input type="checkbox"/> 4 ABROAD <input type="checkbox"/> 2 E, T&T <input type="checkbox"/> 5 OTHER <input type="checkbox"/> 3 INST. <input type="checkbox"/> 9 N.S.	Town/Village _____ Ward/County _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04			
<input type="checkbox"/> 1 W <input type="checkbox"/> 3 M <input type="checkbox"/> 2 F <input type="checkbox"/> 4 Q <input type="checkbox"/> 6 Other (Specify) _____ <input type="checkbox"/> 7 None <input type="checkbox"/> 8 N.A. <input type="checkbox"/> 9 N.S.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 H <input type="checkbox"/> 4 ABROAD <input type="checkbox"/> 2 E, T&T <input type="checkbox"/> 5 OTHER <input type="checkbox"/> 3 INST. <input type="checkbox"/> 9 N.S.	Town/Village _____ Ward/County _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05			
<input type="checkbox"/> 1 W <input type="checkbox"/> 3 M <input type="checkbox"/> 2 F <input type="checkbox"/> 4 Q <input type="checkbox"/> 6 Other (Specify) _____ <input type="checkbox"/> 7 None <input type="checkbox"/> 8 N.A. <input type="checkbox"/> 9 N.S.	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 H <input type="checkbox"/> 4 ABROAD <input type="checkbox"/> 2 E, T&T <input type="checkbox"/> 5 OTHER <input type="checkbox"/> 3 INST. <input type="checkbox"/> 9 N.S.	Town/Village _____ Ward/County _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
06			

SECTION 10. HOUSING — HEAD OF HOUSEHOLD ONLY

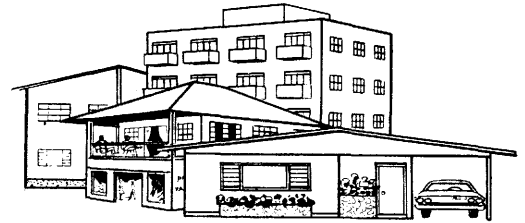
INSTRUCTIONS

Where applicable, (✓) the appropriate box

IDENTIFICATION

County/ Ward		E.D. Number			

P.N.			Building No.			Dwelling Unit No.			Household No.			S.H.	R
0	0	0											
13-15			16-26										



Name of Head of Household:

Name of Respondent:

CHARACTERISTICS OF BUILDING

35. TYPE OF BUILDING

What category of the type of buildings listed below does this belong?

- 1 ☐ Mainly residential 2 ☐ Residential and Commercial 3 ☐ Commercial 4 ☐ Industrial
 5 ☐ Community service—Private/Gov't. 6 ☐ Other 9 ☐ Not stated

36. MATERIAL OF OUTERWALLS

What is the major construction material of outer walls?

- 1 ☐ Brick (plastered or unplastered) 2 ☐ Concrete 3 ☐ Wood and concrete 4 ☐ Wood and brick
 5 ☐ Wood 6 ☐ Wattle/Adobe/Tapia 7 ☐ Other 9 ☐ Not stated

37. YEAR WHEN BUILDING WAS BUILT

In what year was the building originally built?

- 1 ☐ 1980 2 ☐ 1979 3 ☐ 1978 4 ☐ 1977-1970
 5 ☐ 1969-1961 6 ☐ 1960 or earlier 7 ☐ Don't know 9 ☐ Not stated

CHARACTERISTICS OF DWELLING UNIT

38. MAJOR HOUSEHOLD IN DWELLING UNIT

Is the head of this household the person who owns or rents the entire dwelling unit?

- 1 ☐ Yes 2 ☐ No

39. LIVING ARRANGEMENTS

How do you enter your living quarters?

- 1 ☐ Separate entrance 2 ☐ Common landing or passage way
 3 ☐ Through someone else's living quarters 9 ☐ Not stated

40. DWELLING UNIT

(a) Is any part of the dwelling unit in which you live occupied by another or other households either for a rent, rent-free or by some other arrangement?

- 1 ☐ Yes 2 ☐ No
 Go to Q 40(b) Skip to Q. 41

(b) How many other households occupy this dwelling unit with your household?

- Number of other households in this dwelling unit 1 ☐ 2 ☐ 3 ☐ 4 ☐ and over 9 ☐ Not stated

41. SIZE OF HOUSEHOLD How many persons are members of your household? Interviewer — This information can be confirmed from Q. 1	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	34— 35
42. TENANCY What type of tenancy do you hold?	1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Rented Private 3 <input type="checkbox"/> Rented Government 4 <input type="checkbox"/> Leased 5 <input type="checkbox"/> Rent Free 6 <input type="checkbox"/> Squatted 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not stated	36
43. TYPE OF DWELLING In what type of dwelling are you living?	01 <input type="checkbox"/> Separate house 05 <input type="checkbox"/> Part of Commercial/Industrial building 09 <input type="checkbox"/> Group dwelling 02 <input type="checkbox"/> Flat/apartment 06 <input type="checkbox"/> Barracks 10 <input type="checkbox"/> Other 03 <input type="checkbox"/> Condominium 07 <input type="checkbox"/> Out-room 11 <input type="checkbox"/> No fixed abode 04 <input type="checkbox"/> Double house/duplex 08 <input type="checkbox"/> Other private dwelling 99 <input type="checkbox"/> Not stated	37— 38
44. WATER SUPPLY What is your water supply?	1 <input type="checkbox"/> Public piped into dwelling 4 <input type="checkbox"/> Private catchment not piped 7 <input type="checkbox"/> Spring/River 2 <input type="checkbox"/> Public piped into yard 5 <input type="checkbox"/> Public standpipe 8 <input type="checkbox"/> Other 3 <input type="checkbox"/> Private piped into dwelling 6 <input type="checkbox"/> Truck borne (and not piped into dwelling) 9 <input type="checkbox"/> Not stated	39
45. TOILET FACILITIES (a) What type of toilet facilities does the household have? 1 <input type="checkbox"/> Pit 2 <input type="checkbox"/> WC linked to sewer 3 <input type="checkbox"/> WC not linked to sewer 4 <input type="checkbox"/> Other 5 <input type="checkbox"/> None 9 <input type="checkbox"/> Not stated (b) Are these facilities 1 <input type="checkbox"/> Shared 2 <input type="checkbox"/> Not shared 8 <input type="checkbox"/> Not applicable 9 <input type="checkbox"/> Not stated		40— 41
46. TYPE OF LIGHTING What type of lighting do you use most?	1 <input type="checkbox"/> Electricity (T & TEC) 2 <input type="checkbox"/> Electricity (Private) 3 <input type="checkbox"/> Kerosene 4 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not stated	42
47. NUMBER OF ROOMS How many rooms are there in your dwelling unit? (Do not count bathrooms, porches, kitchens, etc.)	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"/> and more 9 <input type="checkbox"/> Not stated	43
48. NUMBER OF BEDROOMS (a) How many bedrooms are there in this dwelling? (Count all bedrooms including spares not occupied. Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters.) 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> and more 9 <input type="checkbox"/> Not stated INTERVIEWER: Question 48(b) applies only to heads of households living in dwelling units occupied by more than one household. Check Q. 40(a) and (b) for evidence of "more than one household occupying one dwelling unit". (b) How many bedrooms are occupied/available for use by your household? 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> and more 9 <input type="checkbox"/> Not stated		44— 45
49. MONTHLY RENT OF DWELLING UNIT For households renting/leasing only.	What is the actual monthly rent paid? \$ <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> Nearest dollar	46— 49

REMARKS

GENERAL COMMENTS OF ENUMERATOR/SUPERVISOR

Enumerator's signature:

Supervisor's signature:

SPECIFIC COMMENTS RELATED TO INDIVIDUAL MEMBERS OF HOUSEHOLD

01	
02	
03	
04	
05	
06	