

CONFIDENTIAL



F 02. 1/88

COMMONWEALTH CARIBBEAN POPULATION AND HOUSING CENSUS

REPUBLIC OF TRINIDAD AND TOBAGO

DECEMBER 1988

CENTRAL
STATISTICAL
OFFICE

IDENTIFYING NUMBER: 1-13

Questionnaire Number	County/ Ward	E.D. Number	Household Number

Name of respondent: Telephone Number:

Address of household:

Ward: County/Parish:

Building number: Dwelling unit number: Household number:

Number of persons in household:

Total number of questionnaires:

Questionnaire number:

Selected household number (Office Use)

Scrutinised by: Date:

Result codes:

<input type="checkbox"/> 1 Completed	<input type="checkbox"/> 4 Vacant dwelling
<input type="checkbox"/> 2 Not at home	<input type="checkbox"/> 5 Closed dwelling
<input type="checkbox"/> 3 Refused	<input type="checkbox"/> 6 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 PRECODED (✓) 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	6. RELIGION
<p>What are the names of the persons who live in this household and share at least one daily meal?</p> <p>INTERVIEWER:</p> <p>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 5th December (Census Day)</p> <p>PN: <input type="checkbox"/> 1</p>	<p>What is the relationship of (N) to the head of the household?</p> <p><input type="checkbox"/> 1 Head (H)</p> <p><input type="checkbox"/> 2 Spouse/partner of head (S/P.H)</p> <p><input type="checkbox"/> 3 Child of head/spouse (C.H/S)</p> <p><input type="checkbox"/> 4 Spouse/partner of child (S/P.C)</p> <p><input type="checkbox"/> 5 Grandchild of head/spouse (G.H/S)</p> <p><input type="checkbox"/> 6 Other relative of head (O.R.H)</p> <p><input type="checkbox"/> 7 Domestic employee (D.E)</p> <p><input type="checkbox"/> 8 Other non-relative (O.N.R)</p> <p><input type="checkbox"/> 9 Not stated (N.S)</p>	<p>What is (N) sex?</p> <p><input type="checkbox"/> 1 Male</p> <p><input type="checkbox"/> 2 Female</p>	<p>What is (N) date of birth age in completed years?</p> <p>Day Month Year</p> <p>Age <input type="text"/> <input type="text"/></p>	<p>To which ethnic group does (N) belong?</p> <p>Ethnic descent:</p> <p><input type="checkbox"/> 1 African</p> <p><input type="checkbox"/> 2 Indian</p> <p><input type="checkbox"/> 3 Chinese</p> <p><input type="checkbox"/> 4 Syrian/Lebanese (S/L)</p> <p><input type="checkbox"/> 5 White</p> <p><input type="checkbox"/> 6 Mixed</p> <p><input type="checkbox"/> 7 Other ethnic group (O.E.G)</p> <p><input type="checkbox"/> 9 Not stated (N.S)</p>	<p>To which religion does (N) belong?</p> <p><input type="checkbox"/> 01 Anglican (E.C)</p> <p><input type="checkbox"/> 02 Baptist (Orthodox)</p> <p><input type="checkbox"/> 03 Hindu (Sanatanist)</p> <p><input type="checkbox"/> 04 Jehovah Witness</p> <p><input type="checkbox"/> 05 Methodist</p> <p><input type="checkbox"/> 06 Islam (A.S.J.A.)</p> <p><input type="checkbox"/> 07 Pentecostal</p> <p><input type="checkbox"/> 08 Presbyterian/ Congregational</p> <p><input type="checkbox"/> 09 Roman Catholic (R.C)</p> <p><input type="checkbox"/> 10 Seventh Day Adventist</p> <p><input type="checkbox"/> 98 None</p> <p><input type="checkbox"/> Other (Specify Sect)</p> <p><input type="checkbox"/> 99 Not stated</p>
14–16	17	18	19–20	21	22–23
01	<p><input type="checkbox"/> 1 H <input type="checkbox"/> 5 G.H/S</p> <p><input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 6 O.R.H</p> <p><input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 7 D.E</p> <p><input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 8 O.N.R</p> <p><input type="checkbox"/> <input type="checkbox"/> 9 N.S</p>	<p><input type="checkbox"/> 1 Male</p> <p><input type="checkbox"/> 2 Female</p>	<p>Day Month Year</p> <p>Age <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> 1 African <input type="checkbox"/> 5 White</p> <p><input type="checkbox"/> 2 Indian <input type="checkbox"/> 6 Mixed</p> <p><input type="checkbox"/> 3 Chinese <input type="checkbox"/> 7 O.E.G</p> <p><input type="checkbox"/> 4 S/L <input type="checkbox"/> 9 N.S</p>	<p>Other <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>
02	<p><input type="checkbox"/> 1 H <input type="checkbox"/> 5 G.H/S</p> <p><input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 6 O.R.H</p> <p><input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 7 D.E</p> <p><input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 8 O.N.R</p> <p><input type="checkbox"/> <input type="checkbox"/> 9 N.S</p>	<p><input type="checkbox"/> 1 Male</p> <p><input type="checkbox"/> 2 Female</p>	<p>Day Month Year</p> <p>Age <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> 1 African <input type="checkbox"/> 5 White</p> <p><input type="checkbox"/> 2 Indian <input type="checkbox"/> 6 Mixed</p> <p><input type="checkbox"/> 3 Chinese <input type="checkbox"/> 7 O.E.G</p> <p><input type="checkbox"/> 4 S/L <input type="checkbox"/> 9 N.S</p>	<p>Other <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>
03	<p><input type="checkbox"/> 1 H <input type="checkbox"/> 5 G.H/S</p> <p><input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 6 O.R.H</p> <p><input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 7 D.E</p> <p><input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 8 O.N.R</p> <p><input type="checkbox"/> <input type="checkbox"/> 9 N.S</p>	<p><input type="checkbox"/> 1 Male</p> <p><input type="checkbox"/> 2 Female</p>	<p>Day Month Year</p> <p>Age <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> 1 African <input type="checkbox"/> 5 White</p> <p><input type="checkbox"/> 2 Indian <input type="checkbox"/> 6 Mixed</p> <p><input type="checkbox"/> 3 Chinese <input type="checkbox"/> 7 O.E.G</p> <p><input type="checkbox"/> 4 S/L <input type="checkbox"/> 9 N.S</p>	<p>Other <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>
04	<p><input type="checkbox"/> 1 H <input type="checkbox"/> 5 G.H/S</p> <p><input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 6 O.R.H</p> <p><input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 7 D.E</p> <p><input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 8 O.N.R</p> <p><input type="checkbox"/> <input type="checkbox"/> 9 N.S</p>	<p><input type="checkbox"/> 1 Male</p> <p><input type="checkbox"/> 2 Female</p>	<p>Day Month Year</p> <p>Age <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> 1 African <input type="checkbox"/> 5 White</p> <p><input type="checkbox"/> 2 Indian <input type="checkbox"/> 6 Mixed</p> <p><input type="checkbox"/> 3 Chinese <input type="checkbox"/> 7 O.E.G</p> <p><input type="checkbox"/> 4 S/L <input type="checkbox"/> 9 N.S</p>	<p>Other <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>
05	<p><input type="checkbox"/> 1 H <input type="checkbox"/> 5 G.H/S</p> <p><input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 6 O.R.H</p> <p><input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 7 D.E</p> <p><input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 8 O.N.R</p> <p><input type="checkbox"/> <input type="checkbox"/> 9 N.S</p>	<p><input type="checkbox"/> 1 Male</p> <p><input type="checkbox"/> 2 Female</p>	<p>Day Month Year</p> <p>Age <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> 1 African <input type="checkbox"/> 5 White</p> <p><input type="checkbox"/> 2 Indian <input type="checkbox"/> 6 Mixed</p> <p><input type="checkbox"/> 3 Chinese <input type="checkbox"/> 7 O.E.G</p> <p><input type="checkbox"/> 4 S/L <input type="checkbox"/> 9 N.S</p>	<p>Other <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>
06	<p><input type="checkbox"/> 1 H <input type="checkbox"/> 5 G.H/S</p> <p><input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 6 O.R.H</p> <p><input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 7 D.E</p> <p><input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 8 O.N.R</p> <p><input type="checkbox"/> <input type="checkbox"/> 9 N.S</p>	<p><input type="checkbox"/> 1 Male</p> <p><input type="checkbox"/> 2 Female</p>	<p>Day Month Year</p> <p>Age <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> 1 African <input type="checkbox"/> 5 White</p> <p><input type="checkbox"/> 2 Indian <input type="checkbox"/> 6 Mixed</p> <p><input type="checkbox"/> 3 Chinese <input type="checkbox"/> 7 O.E.G</p> <p><input type="checkbox"/> 4 S/L <input type="checkbox"/> 9 N.S</p>	<p>Other <input type="text"/></p> <p><input type="text"/> <input type="text"/></p>

SECTION 2. MIGRATION — FOR ALL PERSONS				
7(a) PLACE OF BIRTH	TRINIDAD AND TOBAGO BORN ONLY	FOREIGN BORN ONLY		
Where was (N) place of birth?	7(b) ADDRESS What was the usual address of (N) mother when (N) was born?	7(c) COUNTRY OF BIRTH In which country was (N) born?	7(d) LENGTH OF STAY How many years has (N) been living in Trinidad and Tobago?	
<p>1 Trinidad & Tobago (T & T) → Go to Q 7(b)</p> <p>2 Foreign/Abroad (F/A) → Skip to Q 7(c) & 7(d)</p> <p>9 Not stated (N.S.) → Skip to Q 8(a)</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p>INTERVIEWER: Skip to Q 8(a) after writing the address</p>	<p>11 Barbados</p> <p>12 Grenada</p> <p>13 Guyana</p> <p>14 St. Lucia</p> <p>15 St. Vincent</p> <p>16 Other Commonwealth Caribbean</p> <p>20 India</p> <p>30 Venezuela</p> <p>40 U.K.</p> <p>50 U.S.A.</p> <p>98 Other _____ (Specify)</p> <p>99 Not stated</p>		
24	25—28	29—30	31—32	
<p>1 <input type="checkbox"/> T & T</p> <p>2 <input type="checkbox"/> F/A</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p>	Country _____	Years _____	01
<p>1 <input type="checkbox"/> T & T</p> <p>2 <input type="checkbox"/> F/A</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p>	Country _____	Years _____	02
<p>1 <input type="checkbox"/> T & T</p> <p>2 <input type="checkbox"/> F/A</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p>	Country _____	Years _____	03
<p>1 <input type="checkbox"/> T & T</p> <p>2 <input type="checkbox"/> F/A</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p>	Country _____	Years _____	04
<p>1 <input type="checkbox"/> T & T</p> <p>2 <input type="checkbox"/> F/A</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p>	Country _____	Years _____	05
<p>1 <input type="checkbox"/> T & T</p> <p>2 <input type="checkbox"/> F/A</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p>	Country _____	Years _____	06

SECTION 2. MIGRATION – FOR ALL PERSONS					
8(a) USUAL RESIDENCE For both Local and Foreign born Where do you usually live? <div> <input type="checkbox"/> 1 This address Go to Q 9 </div> <div> <input type="checkbox"/> 2 Elsewhere in T & T (E, T & T) Go to Q 8(b) </div> <div> <input type="checkbox"/> 3 Abroad (A) Skip to Q 9 </div> <div> <input type="checkbox"/> 9 Not stated (N.S.) Skip to Q 9 </div> PN: <input type="checkbox"/> 2		8(b) ADDRESS What is (N) place of usual residence? <hr/> Town/Village <hr/> Ward/County		9. ADDRESS ONE (1) YEAR-AGO What was (N) address address one (1) year ago <hr/> Town/Village <hr/> Ward/County or Country	10. ADDRESS FIVE (5) YEARS AGO What was (N) address five (5) years ago? <hr/> Town/Village <hr/> Ward/County or Country
14–17		18–21		22–25	26–29
01	1 <input type="checkbox"/> T.A	Town/Village _____	Town/Village _____	Town/Village _____	Town/Village _____
	2 <input type="checkbox"/> E, T & T	Ward/County _____	Ward/County _____	Ward/County _____	Ward/County _____
	3 <input type="checkbox"/> A	County _____	County or Country _____	County or Country _____	County or Country _____
	9 <input type="checkbox"/> N.S				
02	1 <input type="checkbox"/> T.A	Town/Village _____	Town/Village _____	Town/Village _____	Town/Village _____
	2 <input type="checkbox"/> E, T & T	Ward/County _____	Ward/County _____	Ward/County _____	Ward/County _____
	3 <input type="checkbox"/> A	County _____	County or Country _____	County or Country _____	County or Country _____
	9 <input type="checkbox"/> N.S				
03	1 <input type="checkbox"/> T.A	Town/Village _____	Town/Village _____	Town/Village _____	Town/Village _____
	2 <input type="checkbox"/> E, T & T	Ward/County _____	Ward/County _____	Ward/County _____	Ward/County _____
	3 <input type="checkbox"/> A	County _____	County or Country _____	County or Country _____	County or Country _____
	9 <input type="checkbox"/> N.S				
04	1 <input type="checkbox"/> T.A	Town/Village _____	Town/Village _____	Town/Village _____	Town/Village _____
	2 <input type="checkbox"/> E, T & T	Ward/County _____	Ward/County _____	Ward/County _____	Ward/County _____
	3 <input type="checkbox"/> A	County _____	County or Country _____	County or Country _____	County or Country _____
	9 <input type="checkbox"/> N.S				
05	1 <input type="checkbox"/> T.A	Town/Village _____	Town/Village _____	Town/Village _____	Town/Village _____
	2 <input type="checkbox"/> E, T & T	Ward/County _____	Ward/County _____	Ward/County _____	Ward/County _____
	3 <input type="checkbox"/> A	County _____	County or Country _____	County or Country _____	County or Country _____
	9 <input type="checkbox"/> N.S				
06	1 <input type="checkbox"/> T.A	Town/Village _____	Town/Village _____	Town/Village _____	Town/Village _____
	2 <input type="checkbox"/> E, T & T	Ward/County _____	Ward/County _____	Ward/County _____	Ward/County _____
	3 <input type="checkbox"/> A	County _____	County or Country _____	County or Country _____	County or Country _____
	9 <input type="checkbox"/> N.S				

SECTION 2. MIGRATION — Continued		SECTION 3. EDUCATION — FOR ALL PERSONS				
11. ADDRESS LAST CENSUS What was (N) address last census? <hr/> Town/Village <hr/> Ward/County or Country	12. ATTENDANCE AT SCHOOL/UNIVERSITY (a) Is (N) attending school? <input type="checkbox"/> 1 Yes → Go to Q 12 (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.)	13(a) TYPE OF SCHOOL NOW BEING ATTENDED What type of school is (N) attending? <input type="checkbox"/> 01 Nursery/Kindergarten (N/K) <input type="checkbox"/> 10 Private Primary (P.P.) <input type="checkbox"/> 11 Government & Assisted Primary (G/A.P.) <input type="checkbox"/> 20 Junior Secondary (J.S.) <input type="checkbox"/> 21 Trade/Vocational (T/V) <input type="checkbox"/> 22 Youth Camp (Y.C.) <input type="checkbox"/> 30 Senior Comprehensive (S.C.) <input type="checkbox"/> 31 Private Secondary (P.S.) <input type="checkbox"/> 32 Government & Assisted Secondary (G/A.S.) <input type="checkbox"/> 33 Composite (C) <input type="checkbox"/> 34 Technical Institute (T.I.) <input type="checkbox"/> 60 University (U) <input type="checkbox"/> 90 Special School (S.S.) <input type="checkbox"/> 98 Other (O) <input type="checkbox"/> 99 Not stated (N.S.)			13(b) ADDRESS OF SCHOOL What is the address of (N) school? <hr/> Town/Village <hr/> Ward/County	
30—33	34—35	36—37			38—41	
Town/Village _____ Ward/County or Country _____	(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.	01 <input type="checkbox"/> N/K 22 <input type="checkbox"/> Y.C 34 <input type="checkbox"/> T.I 10 <input type="checkbox"/> P.P 30 <input type="checkbox"/> S.C 60 <input type="checkbox"/> U 11 <input type="checkbox"/> G/A.P 31 <input type="checkbox"/> P.S 90 <input type="checkbox"/> S.S 20 <input type="checkbox"/> J.S 32 <input type="checkbox"/> G/A.S 98 <input type="checkbox"/> O 21 <input type="checkbox"/> T/V 33 <input type="checkbox"/> C 99 <input type="checkbox"/> N.S	Town/Village _____ Ward/County _____	01	_____ _____	
Town/Village _____ Ward/County or Country _____	(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.	01 <input type="checkbox"/> N/K 22 <input type="checkbox"/> Y.C 34 <input type="checkbox"/> T.I 10 <input type="checkbox"/> P.P 30 <input type="checkbox"/> S.C 60 <input type="checkbox"/> U 11 <input type="checkbox"/> G/A.P 31 <input type="checkbox"/> P.S 90 <input type="checkbox"/> S.S 20 <input type="checkbox"/> J.S 32 <input type="checkbox"/> G/A.S 98 <input type="checkbox"/> O 21 <input type="checkbox"/> T/V 33 <input type="checkbox"/> C 99 <input type="checkbox"/> N.S	Town/Village _____ Ward/County _____	02	_____ _____	
Town/Village _____ Ward/County or Country _____	(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.	01 <input type="checkbox"/> N/K 22 <input type="checkbox"/> Y.C 34 <input type="checkbox"/> T.I 10 <input type="checkbox"/> P.P 30 <input type="checkbox"/> S.C 60 <input type="checkbox"/> U 11 <input type="checkbox"/> G/A.P 31 <input type="checkbox"/> P.S 90 <input type="checkbox"/> S.S 20 <input type="checkbox"/> J.S 32 <input type="checkbox"/> G/A.S 98 <input type="checkbox"/> O 21 <input type="checkbox"/> T/V 33 <input type="checkbox"/> C 99 <input type="checkbox"/> N.S	Town/Village _____ Ward/County _____	03	_____ _____	
Town/Village _____ Ward/County or Country _____	(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.	01 <input type="checkbox"/> N/K 22 <input type="checkbox"/> Y.C 34 <input type="checkbox"/> T.I 10 <input type="checkbox"/> P.P 30 <input type="checkbox"/> S.C 60 <input type="checkbox"/> U 11 <input type="checkbox"/> G/A.P 31 <input type="checkbox"/> P.S 90 <input type="checkbox"/> S.S 20 <input type="checkbox"/> J.S 32 <input type="checkbox"/> G/A.S 98 <input type="checkbox"/> O 21 <input type="checkbox"/> T/V 33 <input type="checkbox"/> C 99 <input type="checkbox"/> N.S	Town/Village _____ Ward/County _____	04	_____ _____	
Town/Village _____ Ward/County or Country _____	(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.	01 <input type="checkbox"/> N/K 22 <input type="checkbox"/> Y.C 34 <input type="checkbox"/> T.I 10 <input type="checkbox"/> P.P 30 <input type="checkbox"/> S.C 60 <input type="checkbox"/> U 11 <input type="checkbox"/> G/A.P 31 <input type="checkbox"/> P.S 90 <input type="checkbox"/> S.S 20 <input type="checkbox"/> J.S 32 <input type="checkbox"/> G/A.S 98 <input type="checkbox"/> O 21 <input type="checkbox"/> T/V 33 <input type="checkbox"/> C 99 <input type="checkbox"/> N.S	Town/Village _____ Ward/County _____	05	_____ _____	
Town/Village _____ Ward/County or Country _____	(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.	01 <input type="checkbox"/> N/K 22 <input type="checkbox"/> Y.C 34 <input type="checkbox"/> T.I 10 <input type="checkbox"/> P.P 30 <input type="checkbox"/> S.C 60 <input type="checkbox"/> U 11 <input type="checkbox"/> G/A.P 31 <input type="checkbox"/> P.S 90 <input type="checkbox"/> S.S 20 <input type="checkbox"/> J.S 32 <input type="checkbox"/> G/A.S 98 <input type="checkbox"/> O 21 <input type="checkbox"/> T/V 33 <input type="checkbox"/> C 99 <input type="checkbox"/> N.S	Town/Village _____ Ward/County _____	06	_____ _____	

SECTION 3. EDUCATION – FOR ALL PERSONS											
14(a) HIGHEST LEVEL OF (NON-VOCATIONAL) EDUCATIONAL ATTAINMENT What is (N) highest level of Educational Attainment? <div> <input type="checkbox"/> 1 None ↳ Skip to Q 15 </div> <div> <input type="checkbox"/> 2 Nursery/ Kindergarten (N/K) </div> <div> <input type="checkbox"/> 3 Primary (P) </div> <div> <input type="checkbox"/> 4 Secondary (S) </div> <div> <input type="checkbox"/> 5 University (U) </div> <div> <input type="checkbox"/> 6 Other </div> <div> <input type="checkbox"/> 8 Not applicable (N.A) </div> <div> <input type="checkbox"/> 9 Not stated (N.S) ↳ Skip to Q 15 PN: <input type="checkbox"/> 3 </div>				14(b) YEARS OF SCHOOLING AT HIGHEST LEVEL How many years of schooling (at the highest level of Educational Attainment) did (N) have? <div> Less than a year <input type="checkbox"/> 0 </div> <div> 1 Year <input type="checkbox"/> 1 </div> <div> 2 Years <input type="checkbox"/> 2 </div> <div> 3 " <input type="checkbox"/> 3 </div> <div> 4 " <input type="checkbox"/> 4 </div> <div> 5 " <input type="checkbox"/> 5 </div> <div> 6 " <input type="checkbox"/> 6 </div> <div> 7 Years or more <input type="checkbox"/> 7 </div> <div> Not stated (N.S) <input type="checkbox"/> 9 </div>				14(c) HIGHEST EXAMINATION EVER PASSED What is the highest exam (N) has ever passed? <div> <input type="checkbox"/> 01 None </div> <div> <input type="checkbox"/> 02 School leaving </div> <div> <input type="checkbox"/> 03 CXC Basic </div> <div> <input type="checkbox"/> 04 G.C.E. 'O'/CXC Gen. Prof. 1 or 2 </div> <div> <input type="checkbox"/> 05 G.C.E. 'O'/CXC Gen. Prof. 3 or 4; S.C. Grade III </div> <div> <input type="checkbox"/> 06 G.C.E. 'O'/CXC Gen. Prof. 5 and over; S.C. Grades I, II </div> <div> <input type="checkbox"/> 07 G.C.E. 'A'/HSC 1 or 2 </div> <div> <input type="checkbox"/> 08 G.C.E. 'A'/HSC 3 and over </div> <div> <input type="checkbox"/> 09 Diploma/or Equivalent Certificate of Achievement </div> <div> <input type="checkbox"/> 10 Degree </div> <div> <input type="checkbox"/> 98 Other </div> <div> <input type="checkbox"/> 99 Not stated </div> <div> INTERVIEWER: Exclude Common Entrance and 14+ Exams </div>			
14–17				18				19–20			
01	1 <input type="checkbox"/> NONE	5 <input type="checkbox"/> U	0 <input type="checkbox"/>	3 <input type="checkbox"/>	6 <input type="checkbox"/>	01 <input type="checkbox"/>	04 <input type="checkbox"/>	07 <input type="checkbox"/>	10 <input type="checkbox"/>		
	2 <input type="checkbox"/> N/K	6 <input type="checkbox"/> OTHER	1 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	02 <input type="checkbox"/>	05 <input type="checkbox"/>	08 <input type="checkbox"/>	98 <input type="checkbox"/>		
	3 <input type="checkbox"/> P	8 <input type="checkbox"/> N.A	2 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> N.S	03 <input type="checkbox"/>	06 <input type="checkbox"/>	09 <input type="checkbox"/>	99 <input type="checkbox"/>		
	4 <input type="checkbox"/> S	9 <input type="checkbox"/> N.S									
02	1 <input type="checkbox"/> NONE	5 <input type="checkbox"/> U	0 <input type="checkbox"/>	3 <input type="checkbox"/>	6 <input type="checkbox"/>	01 <input type="checkbox"/>	04 <input type="checkbox"/>	07 <input type="checkbox"/>	10 <input type="checkbox"/>		
	2 <input checked="" type="checkbox"/> N/K	6 <input type="checkbox"/> OTHER	1 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	02 <input checked="" type="checkbox"/>	05 <input type="checkbox"/>	08 <input type="checkbox"/>	98 <input type="checkbox"/>		
	3 <input type="checkbox"/> P	8 <input checked="" type="checkbox"/> N.A	2 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> N.S	03 <input type="checkbox"/>	06 <input type="checkbox"/>	09 <input type="checkbox"/>	99 <input type="checkbox"/>		
	4 <input type="checkbox"/> S	9 <input type="checkbox"/> N.S									
03	1 <input type="checkbox"/> NONE	5 <input type="checkbox"/> U	0 <input type="checkbox"/>	3 <input type="checkbox"/>	6 <input type="checkbox"/>	01 <input type="checkbox"/>	04 <input type="checkbox"/>	07 <input type="checkbox"/>	10 <input type="checkbox"/>		
	2 <input type="checkbox"/> N/K	6 <input type="checkbox"/> OTHER	1 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	02 <input type="checkbox"/>	05 <input type="checkbox"/>	08 <input type="checkbox"/>	98 <input type="checkbox"/>		
	3 <input type="checkbox"/> P	8 <input type="checkbox"/> N.A	2 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> N.S	03 <input type="checkbox"/>	06 <input type="checkbox"/>	09 <input type="checkbox"/>	99 <input type="checkbox"/>		
	4 <input type="checkbox"/> S	9 <input type="checkbox"/> N.S									
04	1 <input type="checkbox"/> NONE	5 <input type="checkbox"/> U	0 <input type="checkbox"/>	3 <input type="checkbox"/>	6 <input type="checkbox"/>	01 <input type="checkbox"/>	04 <input type="checkbox"/>	07 <input type="checkbox"/>	10 <input type="checkbox"/>		
	2 <input type="checkbox"/> N/K	6 <input type="checkbox"/> OTHER	1 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	02 <input type="checkbox"/>	05 <input type="checkbox"/>	08 <input type="checkbox"/>	98 <input type="checkbox"/>		
	3 <input type="checkbox"/> P	8 <input type="checkbox"/> N.A	2 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> N.S	03 <input type="checkbox"/>	06 <input type="checkbox"/>	09 <input type="checkbox"/>	99 <input type="checkbox"/>		
	4 <input type="checkbox"/> S	9 <input type="checkbox"/> N.S									
05	1 <input type="checkbox"/> NONE	5 <input type="checkbox"/> U	0 <input type="checkbox"/>	3 <input type="checkbox"/>	6 <input type="checkbox"/>	01 <input type="checkbox"/>	04 <input type="checkbox"/>	07 <input type="checkbox"/>	10 <input type="checkbox"/>		
	2 <input type="checkbox"/> N/K	6 <input type="checkbox"/> OTHER	1 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	02 <input type="checkbox"/>	05 <input type="checkbox"/>	08 <input type="checkbox"/>	98 <input type="checkbox"/>		
	3 <input type="checkbox"/> P	8 <input type="checkbox"/> N.A	2 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> N.S	03 <input type="checkbox"/>	06 <input type="checkbox"/>	09 <input type="checkbox"/>	99 <input type="checkbox"/>		
	4 <input type="checkbox"/> S	9 <input type="checkbox"/> N.S									
06	1 <input type="checkbox"/> NONE	5 <input type="checkbox"/> U	0 <input type="checkbox"/>	3 <input type="checkbox"/>	6 <input type="checkbox"/>	01 <input type="checkbox"/>	04 <input type="checkbox"/>	07 <input type="checkbox"/>	10 <input type="checkbox"/>		
	2 <input type="checkbox"/> N/K	6 <input type="checkbox"/> OTHER	1 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>	02 <input type="checkbox"/>	05 <input type="checkbox"/>	08 <input type="checkbox"/>	98 <input type="checkbox"/>		
	3 <input type="checkbox"/> P	8 <input type="checkbox"/> N.A	2 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/> N.S	03 <input type="checkbox"/>	06 <input type="checkbox"/>	09 <input type="checkbox"/>	99 <input type="checkbox"/>		
	4 <input type="checkbox"/> S	9 <input type="checkbox"/> N.S									

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	16. TYPE OF WORKER STATUS	17(a) MAIN KIND OF OCCUPATION/WORK	17(b) JOB TITLE
<p>What did (N) do during the past week?</p> <p>[10] Had a job, worked (H.J/W)</p> <p>[11] Had a job, did not work (H.J.N.W)</p> <p>[20] Seeking first job (S.F.J)</p> <p>[21] Others seeking work (O.S.W)</p> <p>[30] Wanted work and available past three (3) months (W.W)</p> <p>[40] Student (S)</p> <p>[41] Home duties (H.D)</p> <p>[42] Retired (R)</p> <p>[43] Disabled (D)</p> <p>[44] Old Age Pensioner (O.A.P)</p> <p>[45] Did not want work (D.N.W.W)</p> <p>[98] Other [99] Not stated (N.S)</p> <p>INTERVIEWER: For persons who are ticked (✓)</p> <p>[40] — [99] Skip to Q. 21</p>	<p>What type of worker status applies to (N)?</p> <p>WORKED FOR OTHERS</p> <p>[0] Gov.t—Public Service (G.P.S)</p> <p>[1] Gov.t—Public Enterprise (G.P.E)</p> <p>[2] Non-Government (N.G)</p> <p>[3] Unpaid (U)</p> <p>[4] Learner (L)</p> <p>HAS OWN BUSINESS/FARM</p> <p>[5] No paid help (N.P.H)</p> <p>[6] With paid help (W.P.H)</p> <p>OTHER</p> <p>[7] Never worked (N.W)</p> <p>[9] Not stated (N.S)</p> <p>INTERVIEWER:</p> <p>For persons who are ticked (✓) [20] in Question 15 tick (✓) [7] and those ticking [21] and [30] classify by last status held.</p>	<p>What kind of work was (N) doing (job held) during the past week? e.g. Secondary School Teacher, Accounts Clerk, Automobile Mechanic.</p> <p>What was (N) Job Title? e.g. Teacher II, Accounts Clerk I, Automobile Mechanic Grade 'A'.</p> <p>INTERVIEWER:</p> <p>For persons in Question 15 who are ticked.</p> <p>[20] Classify by kind of job last applied for; those who are ticked.</p> <p>[21] and [30] classify by job last held.</p>	
<p>21–22</p> <p>10 <input type="checkbox"/> H.J/W 41 <input type="checkbox"/> H.D</p> <p>11 <input type="checkbox"/> H.J.N.W 42 <input type="checkbox"/> R</p> <p>20 <input type="checkbox"/> S.F.J 43 <input type="checkbox"/> D</p> <p>21 <input type="checkbox"/> O.S.W 44 <input type="checkbox"/> O.A.P</p> <p>30 <input type="checkbox"/> W.W 45 <input type="checkbox"/> D.N.W.W</p> <p>40 <input type="checkbox"/> S 99 <input type="checkbox"/> N.S 98 <input type="checkbox"/> OTHER</p>	<p>23</p> <p>0 <input type="checkbox"/> G.P.S 4 <input type="checkbox"/> L</p> <p>1 <input type="checkbox"/> G.P.E 5 <input type="checkbox"/> N.P.H</p> <p>2 <input type="checkbox"/> N.G 6 <input type="checkbox"/> W.P.H</p> <p>3 <input type="checkbox"/> U 7 <input type="checkbox"/> N.W</p> <p>9 <input type="checkbox"/> N.S</p>	<p>(a) Occupation _____</p> <p>(b) Job Title _____</p>	01
<p>10 <input type="checkbox"/> H.J/W 41 <input type="checkbox"/> H.D</p> <p>11 <input type="checkbox"/> H.J.N.W 42 <input type="checkbox"/> R</p> <p>20 <input type="checkbox"/> S.F.J 43 <input type="checkbox"/> D</p> <p>21 <input type="checkbox"/> O.S.W 44 <input type="checkbox"/> O.A.P</p> <p>30 <input type="checkbox"/> W.W 45 <input type="checkbox"/> D.N.W.W</p> <p>40 <input type="checkbox"/> S 99 <input type="checkbox"/> N.S 98 <input type="checkbox"/> OTHER</p>	<p>0 <input type="checkbox"/> G.P.S 4 <input type="checkbox"/> L</p> <p>1 <input type="checkbox"/> G.P.E 5 <input type="checkbox"/> N.P.H</p> <p>2 <input type="checkbox"/> N.G 6 <input type="checkbox"/> W.P.H</p> <p>3 <input type="checkbox"/> U 7 <input type="checkbox"/> N.W</p> <p>9 <input type="checkbox"/> N.S</p>	<p>(a) Occupation _____</p> <p>(b) Job Title _____</p>	02
<p>10 <input type="checkbox"/> H.J/W 41 <input type="checkbox"/> H.D</p> <p>11 <input type="checkbox"/> H.J.N.W 42 <input type="checkbox"/> R</p> <p>20 <input type="checkbox"/> S.F.J 43 <input type="checkbox"/> D</p> <p>21 <input type="checkbox"/> O.S.W 44 <input type="checkbox"/> O.A.P</p> <p>30 <input type="checkbox"/> W.W 45 <input type="checkbox"/> D.N.W.W</p> <p>40 <input type="checkbox"/> S 99 <input type="checkbox"/> N.S 98 <input type="checkbox"/> OTHER</p>	<p>0 <input type="checkbox"/> G.P.S 4 <input type="checkbox"/> L</p> <p>1 <input type="checkbox"/> G.P.E 5 <input type="checkbox"/> N.P.H</p> <p>2 <input type="checkbox"/> N.G 6 <input type="checkbox"/> W.P.H</p> <p>3 <input type="checkbox"/> U 7 <input type="checkbox"/> N.W</p> <p>9 <input type="checkbox"/> N.S</p>	<p>(a) Occupation _____</p> <p>(b) Job Title _____</p>	03
<p>10 <input type="checkbox"/> H.J/W 41 <input type="checkbox"/> H.D</p> <p>11 <input type="checkbox"/> H.J.N.W 42 <input type="checkbox"/> R</p> <p>20 <input type="checkbox"/> S.F.J 43 <input type="checkbox"/> D</p> <p>21 <input type="checkbox"/> O.S.W 44 <input type="checkbox"/> O.A.P</p> <p>30 <input type="checkbox"/> W.W 45 <input type="checkbox"/> D.N.W.W</p> <p>40 <input type="checkbox"/> S 99 <input type="checkbox"/> N.S 98 <input type="checkbox"/> OTHER</p>	<p>0 <input type="checkbox"/> G.P.S 4 <input type="checkbox"/> L</p> <p>1 <input type="checkbox"/> G.P.E 5 <input type="checkbox"/> N.P.H</p> <p>2 <input type="checkbox"/> N.G 6 <input type="checkbox"/> W.P.H</p> <p>3 <input type="checkbox"/> U 7 <input type="checkbox"/> N.W</p> <p>9 <input type="checkbox"/> N.S</p>	<p>(a) Occupation _____</p> <p>(b) Job Title _____</p>	04
<p>10 <input type="checkbox"/> H.J/W 41 <input type="checkbox"/> H.D</p> <p>11 <input type="checkbox"/> H.J.N.W 42 <input type="checkbox"/> R</p> <p>20 <input type="checkbox"/> S.F.J 43 <input type="checkbox"/> D</p> <p>21 <input type="checkbox"/> O.S.W 44 <input type="checkbox"/> O.A.P</p> <p>30 <input type="checkbox"/> W.W 45 <input type="checkbox"/> D.N.W.W</p> <p>40 <input type="checkbox"/> S 99 <input type="checkbox"/> N.S 98 <input type="checkbox"/> OTHER</p>	<p>0 <input type="checkbox"/> G.P.S 4 <input type="checkbox"/> L</p> <p>1 <input type="checkbox"/> G.P.E 5 <input type="checkbox"/> N.P.H</p> <p>2 <input type="checkbox"/> N.G 6 <input type="checkbox"/> W.P.H</p> <p>3 <input type="checkbox"/> U 7 <input type="checkbox"/> N.W</p> <p>9 <input type="checkbox"/> N.S</p>	<p>(a) Occupation _____</p> <p>(b) Job Title _____</p>	05
<p>10 <input type="checkbox"/> H.J/W 41 <input type="checkbox"/> H.D</p> <p>11 <input type="checkbox"/> H.J.N.W 42 <input type="checkbox"/> R</p> <p>20 <input type="checkbox"/> S.F.J 43 <input type="checkbox"/> D</p> <p>21 <input type="checkbox"/> O.S.W 44 <input type="checkbox"/> O.A.P</p> <p>30 <input type="checkbox"/> W.W 45 <input type="checkbox"/> D.N.W.W</p> <p>40 <input type="checkbox"/> S 99 <input type="checkbox"/> N.S 98 <input type="checkbox"/> OTHER</p>	<p>0 <input type="checkbox"/> G.P.S 4 <input type="checkbox"/> L</p> <p>1 <input type="checkbox"/> G.P.E 5 <input type="checkbox"/> N.P.H</p> <p>2 <input type="checkbox"/> N.G 6 <input type="checkbox"/> W.P.H</p> <p>3 <input type="checkbox"/> U 7 <input type="checkbox"/> N.W</p> <p>9 <input type="checkbox"/> N.S</p>	<p>(a) Occupation _____</p> <p>(b) Job Title _____</p>	06

SECTION 4. ECONOMIC ACTIVITY – FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER		
<p>18 (a) INDUSTRY 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.</p> <p>18 (b) TYPE OF BUSINESS What kind of business is carried on there? e.g. Psychiatric Hospital, creative designs of advertisements for media.</p> <p>INTERVIEWER: For persons who are ticked:</p> <p><input type="checkbox"/> 20 Classify by Industry of last application</p> <p><input type="checkbox"/> 21 Classify by industry of last place of employment.</p> <p><input type="checkbox"/> 30</p> <p>PN: <input type="checkbox"/> 4</p>	<p>19. ADDRESS What is the address of the department or establishment?</p> <p>_____</p> <p>Town/Village</p> <p>_____</p> <p>Ward/County</p>	<p>20. HOURS WORKED PAST WEEK How many hours did (N) work during the past week, including overtime?</p> <p><input type="checkbox"/> 0 Less than 1 hour (<1 hr.)</p> <p><input type="checkbox"/> 1 1– 8 hours</p> <p><input type="checkbox"/> 2 9–16 hours</p> <p><input type="checkbox"/> 3 17–24 hours</p> <p><input type="checkbox"/> 4 25–32 hours</p> <p><input type="checkbox"/> 5 33–40 hours</p> <p><input type="checkbox"/> 6 41 hours and over</p> <p><input type="checkbox"/> 9 Not stated</p> <p>INTERVIEWER: Applicable only to those ticking <input type="checkbox"/> 10 in Q. 15.</p>
14–20	21–24	25
<p>01 (a) Name of Establishment _____</p> <p>(b) Type of Business _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 <input type="checkbox"/> <1 hr. 4 <input type="checkbox"/> 25–32 hrs.</p> <p>1 <input type="checkbox"/> 1– 8 hrs. 5 <input type="checkbox"/> 33–40 hrs.</p> <p>2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over</p> <p>3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated</p>
<p>02 (a) Name of Establishment _____</p> <p>(b) Type of Business _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 <input type="checkbox"/> <1 hr. 4 <input type="checkbox"/> 25–32 hrs.</p> <p>1 <input type="checkbox"/> 1– 8 hrs. 5 <input type="checkbox"/> 33–40 hrs.</p> <p>2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over</p> <p>3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated</p>
<p>03 (a) Name of Establishment _____</p> <p>(b) Type of Business _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 <input type="checkbox"/> <1 hr. 4 <input type="checkbox"/> 25–32 hrs.</p> <p>1 <input type="checkbox"/> 1– 8 hrs. 5 <input type="checkbox"/> 33–40 hrs.</p> <p>2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over</p> <p>3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated</p>
<p>04 (a) Name of Establishment _____</p> <p>(b) Type of Business _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 <input type="checkbox"/> <1 hr. 4 <input type="checkbox"/> 25–32 hrs.</p> <p>1 <input type="checkbox"/> 1– 8 hrs. 5 <input type="checkbox"/> 33–40 hrs.</p> <p>2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over</p> <p>3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated</p>
<p>05 (a) Name of Establishment _____</p> <p>(b) Type of Business _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 <input type="checkbox"/> <1 hr. 4 <input type="checkbox"/> 25–32 hrs.</p> <p>1 <input type="checkbox"/> 1– 8 hrs. 5 <input type="checkbox"/> 33–40 hrs.</p> <p>2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over</p> <p>3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated</p>
<p>06 (a) Name of Establishment _____</p> <p>(b) Type of Business _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>0 <input type="checkbox"/> <1 hr. 4 <input type="checkbox"/> 25–32 hrs.</p> <p>1 <input type="checkbox"/> 1– 8 hrs. 5 <input type="checkbox"/> 33–40 hrs.</p> <p>2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over</p> <p>3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated</p>

SECTION 4. ECONOMIC ACTIVITY — Continued		SECTION 5. HIGHEST LEVEL OF TRAINING — FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER	
21. 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) 26—27		22 (a) SPECIAL TRAINING COMPLETED Has (N) completed any special training to fit him/her for employment? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓ ↓ Skip to Go to Q 22(c) Q 22(b) <input type="checkbox"/> 9 Not stated (N.S) ↓ Go to Q 22(b) 22 (b) TRAINING UNDERGOING Is (N) now undergoing any special training to fit him/her for employment? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ↓ ↓ Go to Skip to Q 22(c) Q 26 <input type="checkbox"/> 9 Not stated (N.S) ↓ Skip to Q 26 28—29	
		22. (c) FIELD OR OCCUPATION OF HIGHEST LEVEL OF TRAINING What is the Field/Occupation for which the highest level of training was completed/is undergoing? INTERVIEWER: Please probe respondent to give a detailed description of field of study, e.g. — Teacher training for pre-school and kindergarten 30—34	
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) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S Field/Occupation _____ _____ 01	
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) 2 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S Field/Occupation _____ _____ 02	
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) 2 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S Field/Occupation _____ _____ 03	
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) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S Field/Occupation _____ _____ 04	
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) 2 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S Field/Occupation _____ _____ 05	
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) 2 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S Field/Occupation _____ _____ 06	

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

23. MAIN EDUCATIONAL METHOD/ TYPE OF INSTITUTION OF HIGHEST LEVEL OF TRAINING			24. PERIOD OF TRAINING AT HIGHEST LEVEL (Q22(c))			25. QUALIFICATION/ CERTIFICATION RECEIVED ON COM- PLETION OF TRAINING		
In (N) field/occupation of highest level of training what was the main method/type of schooling used? <input type="checkbox"/> 0 On the job (J) <input type="checkbox"/> 1 Private study (P.S) <input type="checkbox"/> 2 Secondary School (S.S) <input type="checkbox"/> 3 Vocational/Trade / Commercial School (V.T.C.S) <input type="checkbox"/> 4 Technical Institute (T.I) <input type="checkbox"/> 5 Other Institutional Training (O.I.T) <input type="checkbox"/> 6 University (U) <input type="checkbox"/> 7 Other <input type="checkbox"/> 9 Not stated (N.S) PN: <input type="checkbox"/> 5 14-17			(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? <input type="checkbox"/> 0 Under 3 months (MTHS) <input type="checkbox"/> 1 3 < (less than) 6 months (MTHS) <input type="checkbox"/> 2 6 months < (less than) 1 year (YR) <input type="checkbox"/> 3 1 < 1½ years <input type="checkbox"/> 4 1½ < 2 " <input type="checkbox"/> 5 2 < 3 " <input type="checkbox"/> 6 3 < 4 " <input type="checkbox"/> 7 4 years and over <input type="checkbox"/> 9 Not stated 18-19			What qualification/certification did (N) receive on completion of training? <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Certificate with examination (C.W.E) <input type="checkbox"/> 3 Certificate without examination (C.N.E) <input type="checkbox"/> 4 Diploma (DIP) <input type="checkbox"/> 5 Degree (DEG) <input type="checkbox"/> 6 Other <input type="checkbox"/> 9 Not stated (N.S) 20		
01	0 <input type="checkbox"/> J	4 <input type="checkbox"/> T.I	(a) 1 <input type="checkbox"/> Completed	2 <input type="checkbox"/> On going	1 <input type="checkbox"/> NONE	4 <input type="checkbox"/> DIP		
	1 <input type="checkbox"/> P.S	5 <input type="checkbox"/> O.I.T	0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs.		2 <input type="checkbox"/> C.W.E	5 <input type="checkbox"/> DEG		
02	2 <input type="checkbox"/> S.S	6 <input type="checkbox"/> U	(b) 1 <input type="checkbox"/> 3 < 6 "	4 <input type="checkbox"/> 1½ < 2 "	7 <input type="checkbox"/> 4 and over	3 <input type="checkbox"/> C.N.E		
	3 <input type="checkbox"/> V.T.C.S	7 <input type="checkbox"/> OTHER	2 <input type="checkbox"/> 6 < 1 Yr.	5 <input type="checkbox"/> 2 < 3 "	9 <input type="checkbox"/> N.S	6 <input type="checkbox"/> OTHER		
03	9 <input type="checkbox"/> N.S				9 <input type="checkbox"/> N.S			
	0 <input type="checkbox"/> J	4 <input type="checkbox"/> T.I	(a) 1 <input type="checkbox"/> Completed	2 <input type="checkbox"/> On going	1 <input type="checkbox"/> NONE	4 <input type="checkbox"/> DIP		
04	1 <input type="checkbox"/> P.S	5 <input type="checkbox"/> O.I.T	0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs.		2 <input type="checkbox"/> C.W.E	5 <input type="checkbox"/> DEG		
	2 <input type="checkbox"/> S.S	6 <input type="checkbox"/> U	(b) 1 <input type="checkbox"/> 3 < 6 "	4 <input type="checkbox"/> 1½ < 2 "	7 <input type="checkbox"/> 4 and over	3 <input type="checkbox"/> C.N.E		
05	3 <input type="checkbox"/> V.T.C.S	7 <input type="checkbox"/> OTHER	2 <input type="checkbox"/> 6 < 1 Yr.	5 <input type="checkbox"/> 2 < 3 "	9 <input type="checkbox"/> N.S	6 <input type="checkbox"/> OTHER		
	9 <input type="checkbox"/> N.S				9 <input type="checkbox"/> N.S			
06	0 <input type="checkbox"/> J	4 <input type="checkbox"/> T.I	(a) 1 <input type="checkbox"/> Completed	2 <input type="checkbox"/> On going	1 <input type="checkbox"/> NONE	4 <input type="checkbox"/> DIP		
	1 <input type="checkbox"/> P.S	5 <input type="checkbox"/> O.I.T	0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs.		2 <input type="checkbox"/> C.W.E	5 <input type="checkbox"/> DEG		
07	2 <input type="checkbox"/> S.S	6 <input type="checkbox"/> U	(b) 1 <input type="checkbox"/> 3 < 6 "	4 <input type="checkbox"/> 1½ < 2 "	7 <input type="checkbox"/> 4 and over	3 <input type="checkbox"/> C.N.E		
	3 <input type="checkbox"/> V.T.C.S	7 <input type="checkbox"/> OTHER	2 <input type="checkbox"/> 6 < 1 Yr.	5 <input type="checkbox"/> 2 < 3 "	9 <input type="checkbox"/> N.S	6 <input type="checkbox"/> OTHER		
08	9 <input type="checkbox"/> N.S				9 <input type="checkbox"/> N.S			
	0 <input type="checkbox"/> J	4 <input type="checkbox"/> T.I	(a) 1 <input type="checkbox"/> Completed	2 <input type="checkbox"/> On going	1 <input type="checkbox"/> NONE	4 <input type="checkbox"/> DIP		
09	1 <input type="checkbox"/> P.S	5 <input type="checkbox"/> O.I.T	0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs.		2 <input type="checkbox"/> C.W.E	5 <input type="checkbox"/> DEG		
	2 <input type="checkbox"/> S.S	6 <input type="checkbox"/> U	(b) 1 <input type="checkbox"/> 3 < 6 "	4 <input type="checkbox"/> 1½ < 2 "	7 <input type="checkbox"/> 4 and over	3 <input type="checkbox"/> C.N.E		
10	3 <input type="checkbox"/> V.T.C.S	7 <input type="checkbox"/> OTHER	2 <input type="checkbox"/> 6 < 1 Yr.	5 <input type="checkbox"/> 2 < 3 "	9 <input type="checkbox"/> N.S	6 <input type="checkbox"/> OTHER		
	9 <input type="checkbox"/> N.S				9 <input type="checkbox"/> N.S			

SECTION 6. MARITAL STATUS For persons 14 Years and over		SECTION 7. FERTILITY — FOR FEMALES 14 YEARS OLD AND OVER AND NOT ATTENDING PRIMARY OR SECONDARY SCHOOL FULL TIME	
26. MARITAL STATUS What is (N) Marital Status? <input type="checkbox"/> 1 Never married (N.M) <input type="checkbox"/> 2 Married (M) <input type="checkbox"/> 3 Widowed (W) <input type="checkbox"/> 4 Legally separated (L.S) <input type="checkbox"/> 5 Divorced (D) <input type="checkbox"/> 9 Not stated (N.S) INTERVIEWER: This question applies only to persons fourteen years old and over and NOT attending Primary or Secondary School FULL TIME	27. NUMBER OF LIVE BIRTHS EVER HAD How many live births has (N) ever had? INTERVIEWER: If none, Skip to Q 29	28. AGE AT BIRTH OF FIRST LIVE BORN CHILD What was (N) age when she had her first live born child?	29. NUMBER OF LIVE BIRTHS/STILL BIRTHS PAST TWELVE MONTHS How many live births/still births did (N) have during the past twelve (12) months? 29(a) LIVE BIRTHS <input type="checkbox"/> 0 None <input type="checkbox"/> 1 One <input type="checkbox"/> 2 Two <input type="checkbox"/> 3 Twin (TW) <input type="checkbox"/> 4 Three and over (THR+) <input type="checkbox"/> 9 Not stated (N.S) 29(b) STILL BIRTHS <input type="checkbox"/> 0 None <input type="checkbox"/> 1 One <input type="checkbox"/> 2 Two and over (TWO+) <input type="checkbox"/> 9 Not stated (N.S)
21	22–23	24–25	26–27
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	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	(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 (b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+ 1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S 01
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	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	(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 (b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+ 1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S 02
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	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	(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 (b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+ 1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S 03
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	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	(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 (b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+ 1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S 04
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	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	(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 (b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+ 1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S 05
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	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	(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 (b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+ 1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S 06

SECTION 7 - FERTILITY - Continued		SECTION 8. INCOME - FOR ALL PERSONS (15) YEARS OLD AND OVER		SECTION 9. CENSUS NIGHT - FOR ALL PERSONS	
30. UNION STATUS AT PRESENT OR AT AGE 45 What is (N) Union Status? or What was (N) Union Status when she was 45? <input type="checkbox"/> 1 Married (M) <input type="checkbox"/> 2 Common-law (C.L.) <input type="checkbox"/> 3 Visiting (V) <input type="checkbox"/> 4 No longer living with husband (N.L.H.) <input type="checkbox"/> 5 No longer living with common-law partner (N.L.C.P.) <input type="checkbox"/> 6 Never had a husband nor partner (N.H/P) <input type="checkbox"/> 9 Not stated (N.S.) PN: <input type="checkbox"/> 6		31(a) LAST PAY/INCOME PERIOD What was (N) last pay/income? <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 32 <input type="checkbox"/> 8 Not applicable (N.A.) → Skip to Q 32 <input type="checkbox"/> 9 Not stated (N.S.)		31(b) GROSS INCOME (Nearest Dollar) What was (N) gross income from all sources during the last pay period? INTERVIEWER: (a) For self-employed persons obtain "Net Income" i.e. Receipts less Business Expenses. (b) Enter Income e.g. \$300 \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	32. Where did (N) spend Census Night? <input type="checkbox"/> 1 This household (H) <input type="checkbox"/> 2 Elsewhere in Trinidad and Tobago (E, T & T) <input type="checkbox"/> 3 Institution (INST) <input type="checkbox"/> 4 Abroad <input type="checkbox"/> 5 Other <input type="checkbox"/> 9 Not stated (N.S.) INTERVIEWER: Heads of households only to answer Section 10
14-17		18		19-23	
01	<input type="checkbox"/> 1 M <input type="checkbox"/> 4 N.L.H. <input type="checkbox"/> 2 C.L. <input type="checkbox"/> 5 N.L.C.P. <input type="checkbox"/> 3 V <input type="checkbox"/> 6 N.H/P <input type="checkbox"/> 9 N.S.	<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.	
02	<input type="checkbox"/> 1 M <input type="checkbox"/> 4 N.L.H. <input type="checkbox"/> 2 C.L. <input type="checkbox"/> 5 N.L.C.P. <input type="checkbox"/> 3 V <input type="checkbox"/> 6 N.H/P <input type="checkbox"/> 9 N.S.	<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.	
03	<input type="checkbox"/> 1 M <input type="checkbox"/> 4 N.L.H. <input type="checkbox"/> 2 C.L. <input type="checkbox"/> 5 N.L.C.P. <input type="checkbox"/> 3 V <input type="checkbox"/> 6 N.H/P <input type="checkbox"/> 9 N.S.	<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.	
04	<input type="checkbox"/> 1 M <input type="checkbox"/> 4 N.L.H. <input type="checkbox"/> 2 C.L. <input type="checkbox"/> 5 N.L.C.P. <input type="checkbox"/> 3 V <input type="checkbox"/> 6 N.H/P <input type="checkbox"/> 9 N.S.	<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.	
05	<input type="checkbox"/> 1 M <input type="checkbox"/> 4 N.L.H. <input type="checkbox"/> 2 C.L. <input type="checkbox"/> 5 N.L.C.P. <input type="checkbox"/> 3 V <input type="checkbox"/> 6 N.H/P <input type="checkbox"/> 9 N.S.	<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.	
06	<input type="checkbox"/> 1 M <input type="checkbox"/> 4 N.L.H. <input type="checkbox"/> 2 C.L. <input type="checkbox"/> 5 N.L.C.P. <input type="checkbox"/> 3 V <input type="checkbox"/> 6 N.H/P <input type="checkbox"/> 9 N.S.	<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.	

SECTION 10. HOUSING OCCUPIED BY HOUSEHOLD
HEAD OF HOUSEHOLD ONLY

SECTION 10. HOUSING – HEAD OF HOUSEHOLD ONLY – Continued		
37.	TYPE OF DWELLING UNIT How would you describe the type of dwelling unit that your household occupies?	01 <input type="checkbox"/> Separate house 02 <input type="checkbox"/> Flat/apartment 03 <input type="checkbox"/> Town house 04 <input type="checkbox"/> Double house/duplex 05 <input type="checkbox"/> Part of Commercial/Industrial building 06 <input type="checkbox"/> Barracks 07 <input type="checkbox"/> Out-room 08 <input type="checkbox"/> Other private dwelling 09 <input type="checkbox"/> Group dwelling 10 <input type="checkbox"/> Other 11 <input type="checkbox"/> No fixed abode 99 <input type="checkbox"/> Not stated
38.	SINGLE OR MULTIPLE OCCUPANCY OF 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 <input type="checkbox"/> Yes ↓ Go to Q.38(b) 2 <input type="checkbox"/> No ↓ Skip to Q.39
	(b) How many other households occupy this dwelling unit with your household? Number of other households in this dwelling unit	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> and over 9 <input type="checkbox"/> Not stated
39.	WATER SUPPLY What is your water supply?	1 <input type="checkbox"/> Public piped into dwelling 2 <input type="checkbox"/> Public piped into yard 3 <input type="checkbox"/> Private piped into dwelling 4 <input type="checkbox"/> Private catchment not piped 5 <input type="checkbox"/> Public standpipe 6 <input type="checkbox"/> Truck borne (and not piped into dwelling) 7 <input type="checkbox"/> Spring/River 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not stated
40.	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
41.	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.	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 42(b) applies only to heads of households living in dwelling units occupied by more than one household. (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	
43.	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	
44.	Did you know of this survey before? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Go to Q.45 Skip to Q.46	
45.	How did you know? 1 <input type="checkbox"/> TV 3 <input type="checkbox"/> Newspapers 5 <input type="checkbox"/> Hand bills/Brochures 2 <input type="checkbox"/> Radio 4 <input type="checkbox"/> Posters 6 <input type="checkbox"/> Through another person 7 <input type="checkbox"/> Other (Specify):	
46.	INTERVIEWER: Indicate: Time Interview Started: Time Interview Ended:	

REMARKS

GENERAL COMMENTS OF ENUMERATOR/SUPERVISOR	
<div style="display: flex; justify-content: space-between;"> <i>Enumerator's signature:</i> <i>Supervisor's signature:</i> </div>	
SPECIFIC COMMENTS RELATED TO INDIVIDUAL MEMBERS OF HOUSEHOLD	
01	
02	
03	
04	
05	
06	