

COMMONWEALTH CARIBBEAN POPULATION & HOUSING CENSUS



ST. VINCENT & THE GRENADINES

**1991
Population
and
Housing
Census**

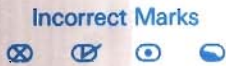


CENSUS DAY - MAY 12, 1991



INSTRUCTIONS

- Use No. 2 pencil only. (Do not use ink or ballpoint pen.)
- Completely fill in the oval response.
- Erase cleanly any changes you make.
- Make no stray marks on this form.



Correct Mark



AREA NUMBER		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

E.D. NUMBER		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

HOUSEHOLD NUMBER		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

Address Of Household _____

Town/Village/District _____



PLEASE DO NOT WRITE IN THIS AREA

00819



INTERVIEWER SAY:

I am the Census Interviewer assigned to this area and I should like to get some information about the household and its members. Here is my identification card. (SHOW PRECEPT)

RECORD OF VISITS

INTERVIEWER CALLS	1	2	3	4
DATE				
TIME STARTED				
TIME ENDED				
DURATION				
RESULT*				

*Result Codes:

1 = Completed

2 = Partially completed, call back

3 = Dwelling vacant

4 = Address not a dwelling

5 = Address not found or non-existent

6 = No suitable respondent at home

7 = Other

(Please specify)

SUPERVISOR

NAME	DATE
------	------

EDITOR

NAME	DATE
------	------

INTERVIEWER

NAME	DATE
------	------

CODER

NAME	DATE
------	------

FIELD EDITOR

NAME	DATE
------	------



INTERVIEWER SAY:

Please give me the names of all the persons who usually live and share one daily meal with your household.

1	SURNAME	FIRST NAME
2	SURNAME	FIRST NAME
3	SURNAME	FIRST NAME
4	SURNAME	FIRST NAME
5	SURNAME	FIRST NAME
6	SURNAME	FIRST NAME
7	SURNAME	FIRST NAME
8	SURNAME	FIRST NAME
9	SURNAME	FIRST NAME
10	SURNAME	FIRST NAME
11	SURNAME	FIRST NAME
12	SURNAME	FIRST NAME
13	SURNAME	FIRST NAME
14	SURNAME	FIRST NAME
15	SURNAME	FIRST NAME
16	SURNAME	FIRST NAME
17	SURNAME	FIRST NAME
18	SURNAME	FIRST NAME

1.1 (a) Has anybody from this household gone to live abroad in the past year?

- 1 Yes
- 2 No (SKIP TO Q. 1.2)

(b) How many persons?

- 1 2 3 4 5 6

(c) Please give me the sex and age of each.

	MALE	FEMALE								
1.	1 <input type="radio"/>	2 <input type="radio"/>	AGE							
2.	1 <input type="radio"/>	2 <input type="radio"/>	AGE							
3.	1 <input type="radio"/>	2 <input type="radio"/>	AGE							
4.	1 <input type="radio"/>	2 <input type="radio"/>	AGE							
5.	1 <input type="radio"/>	2 <input type="radio"/>	AGE							
6.	1 <input type="radio"/>	2 <input type="radio"/>	AGE							



INTERVIEWER SAY:

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

SECTION 1. HOUSING

INTERVIEWER: Ask this question only if the answer is not obvious. Else, mark the appropriate oval.

1.2 What type of dwelling does this household occupy?

- 1 Undivided private house
- 2 Part of a private house
- 3 Flat/apartment/condominium
- 4 Townhouse
- 5 Double house/duplex
- 6 Combined business & dwelling
- 7 Barracks
- 8 Other

1.3 Does this household own, rent or lease this dwelling?

- 1 Owned
 - 2 Squatted
 - 3 Rented-Private
 - 4 Rented-Govt.
 - 5 Leased
 - 6 Rent-free
 - 7 Other
 - 8 Don't know/Not stated
- (SKIP TO Q. 1.5)

1.4 What about the land - is it freehold, leasehold, or some other type of occupancy?

- 1 Freehold
- 2 Leasehold
- 3 Rented
- 4 Permission to work land
- 5 Sharecropping
- 6 Squatted
- 7 Other
- 8 Don't know/Not stated

1.5 What is the construction material of the outer walls?

- 1 Wood
- 2 Concrete
- 3 Wood & Concrete
- 4 Stone
- 5 Brick
- 6 Adobe
- 7 Makeshift
- 8 Other/Don't know

1.6 What is the material used for roofing?

- 1 Sheet metal (zinc, aluminum, galvanized)
- 2 Shingle (asphalt)
- 3 Shingle (wood)
- 4 Shingle (other)
- 5 Tile
- 6 Concrete
- 7 Makeshift
- 8 Other/Don't know

1.7 In which year was this dwelling built?

- 1 Before 1960
- 2 1960 - 1969
- 3 1970 - 1979
- 4 1980 or later
- 5 Don't know

1.8 What is the main source of your water supply?

- 1 Private, piped into dwelling
- 2 Private catchment, not piped
- 3 Public, piped into dwelling
- 4 Public, piped into yard
- 5 Public standpipe
- 6 Public well or tank
- 7 Other

1.9 What type of toilet facilities does this household have?

- 1 W.C. linked to sewer
- 2 W.C. Cesspit or septic tank
- 3 Pit-Latrine
- 4 Other
- 5 None → (SKIP TO Q. 1.11)

PERSON 1



INTERVIEWER:

Whenever a dotted line (. . .) appears in a question, call the name of the person to whom the information relates, if it is not the respondent him/herself. Else say "YOU"/"YOUR."

Mark the appropriate oval. Please do not write over the responses.

SECTION 2. CHARACTERISTICS

FOR ALL PERSONS

2.1 Please fill in this person's assigned number.

#			<input type="radio"/> 1	<input type="radio"/> 10	<input type="radio"/> 20
			<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
			<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
			<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

2.2 What is 's relationship to the head of household?

- | | |
|---|--|
| 1 <input type="radio"/> Head | 5 <input type="radio"/> Grandchild |
| 2 <input type="radio"/> Spouse/partner | 6 <input type="radio"/> Parent/parent-in-law |
| 3 <input type="radio"/> Child | 7 <input type="radio"/> Other relative |
| 4 <input type="radio"/> Son/daughter-in-law | 8 <input type="radio"/> Non-relative |

2.3 INTERVIEWER: Mark the appropriate oval.
FOR PERSONS NOT SEEN ASK: Is male or female?

- 1 Male
2 Female

2.4 What is 's date of birth?

DAY	MONTH	YEAR

If not known, ask:

How old was on his/her last birthday?

AGE	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90
	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

2.5 To what ethnic, racial or national group do you think belongs?

- | | |
|--|---|
| 1 <input type="radio"/> African/Negro/Black | 5 <input type="radio"/> Portuguese |
| 2 <input type="radio"/> Amerindian/Carib | 6 <input type="radio"/> Syrian/Lebanese |
| 3 <input type="radio"/> East Indian | 7 <input type="radio"/> White |
| 4 <input type="radio"/> Chinese | 8 <input type="radio"/> Mixed |
| 9 <input type="radio"/> Other (Please specify) | |
| | <input type="text"/> |
| 10 <input type="radio"/> Don't know/Not stated | |

2.6 What is 's religion?

- | | |
|---|---|
| 1 <input type="radio"/> Anglican | 9 <input type="radio"/> Presbyterian/
Congregational |
| 2 <input type="radio"/> Baptist (Spiritual) | 10 <input type="radio"/> Roman Catholic |
| 3 <input type="radio"/> Brethren | 11 <input type="radio"/> Salvation Army |
| 4 <input type="radio"/> Church of God | 12 <input type="radio"/> Seventh Day Adventist |
| 5 <input type="radio"/> Jehovah Witness | 13 <input type="radio"/> Hindu |
| 6 <input type="radio"/> Methodist | 14 <input type="radio"/> Muslim |
| 7 <input type="radio"/> Moravian | 15 <input type="radio"/> Rastafarian |
| 8 <input type="radio"/> Pentecostal | |
| 16 <input type="radio"/> Other (Please specify) | |
| | <input type="text"/> |
| 17 <input type="radio"/> None | |
| 18 <input type="radio"/> Not stated | |

SECTION 3. DISABILITY

FOR ALL PERSONS

3.1 Does suffer from any long-standing illness, disability or infirmity?

- 1 Yes 2 No (SKIP TO Q. 4.1)

3.2 What type of disability or impairment does have? (More than one oval may be marked)

- | | |
|---|--|
| 1 <input type="radio"/> Sight | 7 <input type="radio"/> Slowness at learning
or understanding |
| 2 <input type="radio"/> Hearing | 8 <input type="radio"/> Mental retardation |
| 3 <input type="radio"/> Speech | 9 <input type="radio"/> Other (Please specify) |
| 4 <input type="radio"/> Upper limb (arm) | |
| 5 <input type="radio"/> Lower limb (legs) | <input type="text"/> |
| 6 <input type="radio"/> Neck and spine | |

3.3 In which of the following ways are 's activities limited compared with most people your/his/her age? (More than one oval may be marked)

- 1 Self-care
2 Mobility
3 Communication
4 Schooling
5 Employment
6 Other
7 None

SECTION 4. BIRTHPLACE AND RESIDENCE

FOR ALL PERSONS

4.1 Where was born?

INTERVIEWER: Remember what is required is the mother's normal residence at the time of birth, and not the hospital or place where the birth took place.

- 1 In this country
2 Abroad (SKIP TO Q. 4.3)
3 Not stated
4 Don't know → (SKIP TO Q. 4.5)

4.2a In what part of the country is that?

Don't know

FOR OFFICE USE ONLY			<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90
			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

4.2b Have you/has ever lived in another country?

- 1 Yes (SKIP TO Q. 4.5)
2 No/Don't know (SKIP TO Q. 4.6)

4.3 In what country was that?

Don't know

FOR OFFICE USE ONLY			<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90
			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

4.4 In what year did last come to live in this country?

Don't know

19			<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90
			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

4.5 In what country did last live?

Don't know

FOR OFFICE USE ONLY			<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90
			<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

00819

PERSON 1

SECTION 4. BIRTHPLACE AND RESIDENCE

FOR ALL PERSONS

4.6 In what town, village or district in did he/she last live?
 Don't know
 Never moved (SKIP TO Q. 5.1)

FOR OFFICE USE ONLY	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

4.7 In what year did come to live in this town, village or district?
 Don't know
 19
 Never moved (SKIP TO Q. 5.1)

FOR OFFICE USE ONLY	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

4.8 Where does usually live?
 1 At this address (SKIP TO Q. 5.1)
 2 Elsewhere in this country (SKIP TO Q. 5.1)
 3 Abroad (SKIP TO Q. 5.1)
 4 Don't know (SKIP TO Q. 5.1)

4.9 In what part of the country is that?
 Don't know

FOR OFFICE USE ONLY	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

SECTION 5. EDUCATION AND TRAINING

FOR ALL PERSONS

5.1 Is attending any school or educational institution now, whether full-time or part-time?
 1 Yes (SKIP TO Q. 5.6)
 2 No (SKIP TO Q. 5.6)
 3 Don't know (SKIP TO Q. 5.6)

5.2 Are you/is/he/she attending full-time or part-time?
 1 Full-time
 2 Part-time
 3 Don't know

5.3 What type of school or institution are you/is/he/she attending?
 1 Nursery/Infant/Kindergarten/Pre-school
 2 Primary
 3 Senior School or Secondary Dept. of Primary School
 4 Junior Secondary
 5 Senior Secondary, General Secondary, High School Comprehensive or Composite School
 6 Trade/Vocational School
 7 Technical Institute
 8 Community College/Sixth Form College
 9 University
 10 Other (Please specify)
 11 Not stated

5.4 Please give the name and address of the school or institution.

FOR OFFICE USE ONLY	CODE	0	100	200	300	400	500	600	700	800	900
		0	100	200	300	400	500	600	700	800	900
		0	10	20	30	40	50	60	70	80	90
		0	1	2	3	4	5	6	7	8	9

5.5 What is your/his/her main mode of travel to the school or institution?
 1 Walk
 2 Bicycle
 3 Private car or vehicle
 4 Public vehicle (bus, etc.)
 5 Hired transport (taxi, maxi-taxi, minibus)
 6 Don't know/Not stated
 7 Other

5.6 What is the highest level of education that has reached?
 1 None (SKIP TO Q. 5.9)
 2 Nursery/Kindergarten (SKIP TO Q. 5.9)
 3 Primary
 4 Secondary
 5 Pre-University/Post-Secondary (SKIP TO Q. 5.8)
 6 University
 7 Other (Please specify) (SKIP TO Q. 5.9)
 8 Not stated (SKIP TO Q. 5.9)

5.7 What grade/standard did you/he/she reach?
 1 First Standard
 2 Second Standard
 3 Third Standard
 4 Fourth Standard
 5 Fifth Standard
 6 Sixth Standard
 7 Seventh Standard or higher
 8 Don't know

5.8 What is the highest certificate, diploma or degree that you/he/she earned?
 1 None
 2 School leaving
 3 Cambridge School Certificate
 4 GCE 'O' levels or CXC
 Number of subjects
 ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ 9 or more
 Not stated
 5 GCE 'A' levels
 Number of subjects
 ① ② ③ 4 or more Not stated
 6 Higher School Certificate
 7 Diploma (post-graduate)
 8 Degree
 9 Other (Please specify)
 10 Not stated

5.9 INTERVIEWER: Mark the appropriate oval. (See Q. 2.4)
 1 Under 15 (SKIP TO Q. 8.1)
 2 15 years and over

FOR PERSONS 15 YEARS & OVER

5.10 Has pursued any course of formal training for at least 3 months?
 1 Yes
 2 No (SKIP TO Q. 6.1)
 3 Don't know (SKIP TO Q. 6.1)

5.11 How was this training received?
 1 Correspondence course
 2 On the job
 3 Apprenticeship
 4 Institution
 5 Other (Please specify)
 6 Don't know

5.12 For what occupation does this training prepare you/him/her?

FOR OFFICE USE ONLY	OCCU-PATION	0	100	200	300	400	500	600	700	800	900
		0	100	200	300	400	500	600	700	800	900
		0	10	20	30	40	50	60	70	80	90
		0	1	2	3	4	5	6	7	8	9

PERSON 1

SECTION 6. MARITAL STATUS, UNION STATUS & FERTILITY

FOR PERSONS 15 YEARS & OVER

6.1 What is 's legal marital status - that is, are you/is he/she married, divorced, legally separated, widowed or never married?

- 1 Married
 - 2 Widowed
 - 3 Divorced
 - 4 Legally separated
 - 5 Never married
 - 6 Not stated
- (SKIP TO Q. 6.3)

6.2 Are you/is he/she living with your/his/her husband/wife now?

- 1 Yes (SKIP TO Q. 6.6)
- 2 No

6.3 Are you/is he/she living with a partner now?

- 1 Yes (SKIP TO Q. 6.6)
- 2 No

6.4 INTERVIEWER: If Q. 6.3 is shaded 2 (No) and Q. 6.1 is shaded 2, 3 or 4 then Skip to Q. 6.6.

6.5 Have you/has he/she ever lived together with a partner in a common law relationship?

- 1 Yes
- 2 No (SKIP TO Q. 6.7)

6.6 How old were you/he/she when you/he/she were/was first married or lived with a partner?

AGE																				

6.7 INTERVIEWER: Mark the appropriate oval. (See Qs. 2.3, 2.4, 5.1, 5.2, 5.3)

- 1 Male
 - 2 Female - 65 years & over
 - 3 Female under 65 years attending school
 - 4 Female under 65 years not attending school
- (SKIP TO Q. 7.1)

Please fill in this person's assigned number.

#																				

6.8 How many livebirths has ever had? (IF ZERO, ENTER 00 & SKIP TO Q. 7.1)

LIVE-BIRTHS																				

6.9 How old were you/was she when you/she had the first liveborn child?

AGE																				

6.10 How old were you/was she at the birth of your/her last liveborn child?

AGE																				

6.11 How many livebirths did you/she have in the last 12 months?

- 1 None (SKIP TO Q. 7.1)
- 2 One
- 3 Two separate births
- 4 Twins
- 5 Three or more

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

Number of Boys																				

6.13 Of these, have any of the babies died?

- 1 Yes
- 2 No (SKIP TO Q. 7.1)

6.14 How many have died? ① ② ③ ④ ⑤

SECTION 7. ECONOMIC ACTIVITY

FOR PERSONS 15 YEARS & OVER

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

- 1 Worked (SKIP TO Q. 7.4)
- 2 Had a job but did not work (SKIP TO Q. 7.4)
- 3 Looked for work
- 4 Wanted work and available
- 5 Home duties
- 6 Attended school
- 7 Retired
- 8 Disabled, unable to work
- 9 Other (Please specify)

10 Not stated

7.2 Did you/he/she do any work at all in the past 12 months? Include work at home, for example, piece work, smocking, etc.

- 1 Yes (SKIP TO Q. 7.4)
- 2 No
- 3 Don't know

7.3 Have you/he/she ever worked or had a job?

- 1 Yes
- 2 No → (SKIP TO Q. 7.5)

7.4 How many months did you/he/she work in the past 12 months?

Number of months

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

7.5 What did do most during the past week - for example, did you/he/she work, look for a job, keep house or carry on some other activity?

- 1 Worked (SKIP TO Q. 7.8)
- 2 Had a job but did not work (SKIP TO Q. 7.8)
- 3 Looked for work
- 4 Wanted work and available
- 5 Home duties
- 6 Attended school
- 7 Retired
- 8 Disabled, unable to work
- 9 Other (Please specify)

10 Not stated

(SKIP TO Q. 7.7)

7.6 What sort of work did you/he/she look for or want?

FOR OFFICE USE ONLY	DESIRED WORK																			

7.7 Did you/he/she do any work at all last week for any length of time, including helping in a family business/farm, street vending or work at home?

- 1 Yes
- 2 No (SKIP TO Q. 7.9)

7.8 How many hours did you/he/she work last week?

HOURS																				

Don't know

PERSON 1

SECTION 7. ECONOMIC ACTIVITY (Continued)

FOR PERSONS 15 YEARS & OVER

7.9 What sort of work did you/he/she, do you, does he/she do in your/his/her main occupation? Please specify in detail.

[Empty box for specifying occupation]

Never worked (SKIP TO Q. 7.18)

FOR OFFICE USE ONLY TYPE OF WORK [Grid with numbers 1-9]

7.10 Would you consider this job to be completely dependent, partially dependent or not dependent on tourism?

- 1 Completely dependent
2 Partially dependent
3 Not dependent at all
4 Don't know/Not stated

7.11 What type of business is/was carried on at your/his/her workplace? Please specify in detail.

[Empty box for specifying business type]

FOR OFFICE USE ONLY TYPE OF BUSINESS [Grid with numbers 1-9]

7.12 What is the name and address of your/his/her present workplace?

[Empty box for workplace name and address]

No present workplace (SKIP TO Q. 7.18)

FOR OFFICE USE ONLY CODE [Grid with numbers 1-9]

7.13 How do you/does he/she travel to work?

- 1 Work at home
2 Walk
3 Bicycle
4 Private car or vehicle
5 Public vehicle (bus, etc.)
6 Hired transport (taxi, minibus, maxi taxi, etc.)
7 Other
8 Don't know/Not stated

7.14 Did you/he/she carry on your/his/her own business, work for a wage or salary or as an unpaid worker in a family business?

- 1 Paid employee - Government (SKIP TO Q. 7.16)
2 Paid employee - Private (SKIP TO Q. 7.16)
3 Unpaid worker (SKIP TO Q. 7.18)
4 Own business with paid help (Employer) (SKIP TO Q. 7.16)
5 Own business without paid help (Own Account)
6 Don't know/Not stated (SKIP TO Q. 7.18)

7.15 Do you/does he/she move all your/his/her goods every night; e.g., fruits, nuts, lottery tickets, clothing/shoes, etc.?

- 1 Yes (Informal trader) 2 No

7.16 What was 's last pay/income period?

- 1 Weekly
2 Fortnightly
3 Monthly
4 Quarterly
5 Annually
6 Other (Please specify)

[Empty box for specifying other pay period]

- 7 None
8 Not stated

7.17 What was 's gross pay/income during the last pay period, that is before income tax or other deductions? (PRESENT FLASH CARD)

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

Don't know

INCOME GROUP [Grid with numbers 1-9]

7.18 Do you/does he/she receive any money from family and/or friends abroad?

- 1 Yes
2 No (SKIP TO Q. 8.1)

7.19 Approximately how much money did you/he/she receive last year (1990) from family and/or friends abroad? (PRESENT FLASH CARD)

Don't know

INCOME GROUP [Grid with numbers 1-9]



IMPORTANT

INTERVIEWER: If interview conducted before census day, ask on return visit immediately after Census day: If interview conducted after Census day, ask as part of the full interview:

SECTION 8. WHERE SPENT CENSUS NIGHT

FOR ALL PERSONS

8.1 Where did spend Census night?

- 1 At this address (END INTERVIEW)
2 Elsewhere in this country
3 Abroad (END INTERVIEW)

8.2 What part of the country was that? If known, please specify. INTERVIEWER: Write as full an address as possible.

[Empty box for specifying address]