

COMMONWEALTH CARIBBEAN POPULATION AND HOUSING CENSUS
 REPUBLIC OF TRINIDAD AND TOBAGO
 MAY 12, 1980



IDENTIFYING NUMBER: 1-12

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

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="text" value="1"/> Completed' | <input type="text" value="4"/> Refused |
| <input type="text" value="2"/> Not at home | <input type="text" value="5"/> Vacant dwelling |
| <input type="text" value="3"/> Deferred | <input type="text" value="6"/> Closed dwelling |
| | <input type="text" value="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	_____ <i>Surname</i> _____ <i>First name</i>	<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"/> Male <input type="checkbox"/> 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	_____ <i>Surname</i> _____ <i>First name</i>	<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"/> Male <input type="checkbox"/> 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	_____ <i>Surname</i> _____ <i>First name</i>	<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"/> Male <input type="checkbox"/> 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	_____ <i>Surname</i> _____ <i>First name</i>	<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"/> Male <input type="checkbox"/> 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	_____ <i>Surname</i> _____ <i>First name</i>	<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"/> Male <input type="checkbox"/> 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	_____ <i>Surname</i> _____ <i>First name</i>	<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"/> Male <input type="checkbox"/> 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	

SECTION 2. MIGRATION — FOR ALL PERSONS

TRINIDAD AND TOBAGO BORN ONLY		FOREIGN BORN ONLY	
7(a) PLACE OF BIRTH	7(b) ADDRESS	7(c) COUNTRY OF BIRTH	7(d) LENGTH OF STAY
<p>Where was(N) place of birth?</p> <p><input type="checkbox"/> 1 Trinidad & Tobago (T & T) Go to Q 7(b)</p> <p><input type="checkbox"/> 2 Foreign/Abroad (F/A) Skip to Q 7(c) & 7(d)</p> <p><input type="checkbox"/> 9 Not stated (N.S.) Skip to Q 8(a)</p> <p style="text-align: right;">23</p>	<p>What was the address of (N) mother when (N) was born?</p> <p>_____</p> <p style="text-align: center;">Town/Village</p> <p>_____</p> <p style="text-align: center;">Ward/County</p> <p>INTERVIEWER: Skip to Q 8(a) after writing the address</p> <p style="text-align: right;">24-27</p>	<p>In which country was (N) born?</p> <p><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</p> <p style="text-align: right;">28-29</p>	<p>How many years has (N) been living in Trinidad and Tobago?</p> <p style="text-align: right;">30-31</p>
<p><input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: center;">[][][][][]</p>	<p>Country _____</p> <p style="text-align: center;">[][]</p>	<p>Years [][]</p> <p style="text-align: right;">01</p>
<p><input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: center;">[][][][][]</p>	<p>Country _____</p> <p style="text-align: center;">[][]</p>	<p>Years [][]</p> <p style="text-align: right;">02</p>
<p><input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: center;">[][][][][]</p>	<p>Country _____</p> <p style="text-align: center;">[][]</p>	<p>Years [][]</p> <p style="text-align: right;">03</p>
<p><input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: center;">[][][][][]</p>	<p>Country _____</p> <p style="text-align: center;">[][]</p>	<p>Years [][]</p> <p style="text-align: right;">04</p>
<p><input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: center;">[][][][][]</p>	<p>Country _____</p> <p style="text-align: center;">[][]</p>	<p>Years [][]</p> <p style="text-align: right;">05</p>
<p><input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: center;">[][][][][]</p>	<p>Country _____</p> <p style="text-align: center;">[][]</p>	<p>Years [][]</p> <p style="text-align: right;">06</p>

SECTION 2. MIGRATION - FOR ALL PERSONS

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

SECTION 3. EDUCATION – FOR ALL PERSONS

<p>11. ATTENDANCE AT SCHOOL/ UNIVERSITY</p> <p>(a) Is (N) attending school?</p> <p><input type="checkbox"/> 1 Yes → Go to Q 11(b)</p> <p><input type="checkbox"/> 2 No → Skip to Q 14(a)</p> <p><input type="checkbox"/> 9 Not stated (N.S.) → Skip to Q 14(a)</p> <p>(b) Is (N) attendance</p> <p><input type="checkbox"/> 1 Full-time (F.T.)</p> <p><input type="checkbox"/> 2 Part-time (P.T.)</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p style="text-align: right;">28–29</p>	<p>12. TYPE OF SCHOOL NOW BEING ATTENDED</p> <p>What type of school is (N) attending?</p> <p><input type="checkbox"/> 01 Nursery/Kindergarten</p> <p><input type="checkbox"/> 10 Private Primary</p> <p><input type="checkbox"/> 11 Government & Assisted Primary</p> <p><input type="checkbox"/> 20 Junior Secondary</p> <p><input type="checkbox"/> 21 Trade/Vocational School</p> <p><input type="checkbox"/> 22 Youth Camp</p> <p><input type="checkbox"/> 30 Senior Comprehensive</p> <p><input type="checkbox"/> 31 Private Secondary</p> <p><input type="checkbox"/> 32 Government & Assisted Secondary</p> <p><input type="checkbox"/> 33 Composite</p> <p><input type="checkbox"/> 34 Technical Institute</p> <p><input type="checkbox"/> 60 University</p> <p><input type="checkbox"/> 98 Other</p> <p><input type="checkbox"/> 99 Not stated</p> <p style="text-align: right;">30–31</p>	<p>13(a) ADDRESS OF SCHOOL</p> <p>What is the address of (N) school?</p> <p>_____</p> <p style="text-align: center;">Town/Village</p> <p>_____</p> <p style="text-align: center;">Ward/County</p> <p style="text-align: right;">32–35</p>	<p>13(b) USUAL MODE OF TRANSPORTATION TO SCHOOL</p> <p>What type of transport does (N) usually use for travel to school?</p> <p>PUBLIC</p> <p><input type="checkbox"/> 1 Bus (PTSC)</p> <p><input type="checkbox"/> 2 Taxi</p> <p>PRIVATE</p> <p><input type="checkbox"/> 3 Private car (P.C.)</p> <p><input type="checkbox"/> 4 Motor Cycle (M.C.)</p> <p><input type="checkbox"/> 5 Bicycle (B)</p> <p><input type="checkbox"/> 6 Walk (W)</p> <p><input type="checkbox"/> 7 Other (O)</p> <p><input type="checkbox"/> 8 Not applicable (N.A.)</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p style="text-align: right;">36</p>
<p>(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p> <p>(b) 1 <input type="checkbox"/> F.T. 2 <input type="checkbox"/> P.T. 9 <input type="checkbox"/> N.S.</p>	<p>Write _____</p> <p>_____</p> <p style="text-align: right;">[][]</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">[][][][]</p>	<p>1 <input type="checkbox"/> BUS(PTSC) 5 <input type="checkbox"/> B</p> <p>2 <input type="checkbox"/> TAXI 6 <input type="checkbox"/> W</p> <p>3 <input type="checkbox"/> P.C. 7 <input type="checkbox"/> O</p> <p>4 <input type="checkbox"/> M.C. 8 <input type="checkbox"/> N.A.</p> <p>9 <input type="checkbox"/> N.S.</p> <p style="text-align: right;">01</p>
<p>(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p> <p>(b) 1 <input type="checkbox"/> F.T. 2 <input type="checkbox"/> P.T. 9 <input type="checkbox"/> N.S.</p>	<p>Write _____</p> <p>_____</p> <p style="text-align: right;">[][]</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">[][][][]</p>	<p>1 <input type="checkbox"/> BUS(PTSC) 5 <input type="checkbox"/> B</p> <p>2 <input type="checkbox"/> TAXI 6 <input type="checkbox"/> W</p> <p>3 <input type="checkbox"/> P.C. 7 <input type="checkbox"/> O</p> <p>4 <input type="checkbox"/> M.C. 8 <input type="checkbox"/> N.A.</p> <p>9 <input type="checkbox"/> N.S.</p> <p style="text-align: right;">02</p>
<p>(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p> <p>(b) 1 <input type="checkbox"/> F.T. 2 <input type="checkbox"/> P.T. 9 <input type="checkbox"/> N.S.</p>	<p>Write _____</p> <p>_____</p> <p style="text-align: right;">[][]</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">[][][][]</p>	<p>1 <input type="checkbox"/> BUS(PTSC) 5 <input type="checkbox"/> B</p> <p>2 <input type="checkbox"/> TAXI 6 <input type="checkbox"/> W</p> <p>3 <input type="checkbox"/> P.C. 7 <input type="checkbox"/> O</p> <p>4 <input type="checkbox"/> M.C. 8 <input type="checkbox"/> N.A.</p> <p>9 <input type="checkbox"/> N.S.</p> <p style="text-align: right;">03</p>
<p>(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p> <p>(b) 1 <input type="checkbox"/> F.T. 2 <input type="checkbox"/> P.T. 9 <input type="checkbox"/> N.S.</p>	<p>Write _____</p> <p>_____</p> <p style="text-align: right;">[][]</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">[][][][]</p>	<p>1 <input type="checkbox"/> BUS(PTSC) 5 <input type="checkbox"/> B</p> <p>2 <input type="checkbox"/> TAXI 6 <input type="checkbox"/> W</p> <p>3 <input type="checkbox"/> P.C. 7 <input type="checkbox"/> O</p> <p>4 <input type="checkbox"/> M.C. 8 <input type="checkbox"/> N.A.</p> <p>9 <input type="checkbox"/> N.S.</p> <p style="text-align: right;">04</p>
<p>(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p> <p>(b) 1 <input type="checkbox"/> F.T. 2 <input type="checkbox"/> P.T. 9 <input type="checkbox"/> N.S.</p>	<p>Write _____</p> <p>_____</p> <p style="text-align: right;">[][]</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">[][][][]</p>	<p>1 <input type="checkbox"/> BUS(PTSC) 5 <input type="checkbox"/> B</p> <p>2 <input type="checkbox"/> TAXI 6 <input type="checkbox"/> W</p> <p>3 <input type="checkbox"/> P.C. 7 <input type="checkbox"/> O</p> <p>4 <input type="checkbox"/> M.C. 8 <input type="checkbox"/> N.A.</p> <p>9 <input type="checkbox"/> N.S.</p> <p style="text-align: right;">05</p>
<p>(a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p> <p>(b) 1 <input type="checkbox"/> F.T. 2 <input type="checkbox"/> P.T. 9 <input type="checkbox"/> N.S.</p>	<p>Write _____</p> <p>_____</p> <p style="text-align: right;">[][]</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">[][][][]</p>	<p>1 <input type="checkbox"/> BUS(PTSC) 5 <input type="checkbox"/> B</p> <p>2 <input type="checkbox"/> TAXI 6 <input type="checkbox"/> W</p> <p>3 <input type="checkbox"/> P.C. 7 <input type="checkbox"/> O</p> <p>4 <input type="checkbox"/> M.C. 8 <input type="checkbox"/> N.A.</p> <p>9 <input type="checkbox"/> N.S.</p> <p style="text-align: right;">06</p>

SECTION 3. EDUCATION – FOR ALL PERSONS

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

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.

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

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

<p>18(a) INDUSTRY</p> <p>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</p> <p>What kind of business is carried on there? e.g. Psychiatric Hospital, creative designs of advertisements for media.</p> <p>INTERVIEWER:</p> <p>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 last place of employment</p> <p><input type="checkbox"/> 30 Classify by last place of employment</p> <p>PN: <input type="checkbox"/> 4</p>	<p>19. ADDRESS</p> <p>What is the address of the department or establishment?</p> <p>_____</p> <p style="text-align: center;">Town/Village</p> <p>_____</p> <p style="text-align: center;">Ward/County</p>	<p>20. TRANSPORTATION</p> <p>What type of transportation does (N) usually use to travel to work?</p> <p>PUBLIC</p> <p><input type="checkbox"/> 1 Bus (PTSC)</p> <p><input type="checkbox"/> 2 Taxi</p> <p>PRIVATE</p> <p><input type="checkbox"/> 3 Private car (P.C)</p> <p><input type="checkbox"/> 4 Motor Cycle (M.C)</p> <p><input type="checkbox"/> 5 Bicycle (B)</p> <p><input type="checkbox"/> 6 Walk (W)</p> <p><input type="checkbox"/> 7 Other (O)</p> <p><input type="checkbox"/> 8 Not applicable (N.A)</p> <p><input type="checkbox"/> 9 Not stated (N.S)</p>
13–19	20–23	24

01	<p>(a) Name of Establishment _____</p> <p>(b) Type of Business _____</p> <p style="text-align: right;"><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 style="text-align: right;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> BUS(PTSC) 5 <input type="checkbox"/> BICYCLE (B)</p> <p>2 <input type="checkbox"/> TAXI 6 <input type="checkbox"/> WALK</p> <p>3 <input type="checkbox"/> P.C 7 <input type="checkbox"/> OTHER</p> <p>4 <input type="checkbox"/> M.C 8 <input type="checkbox"/> N.A</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S</p>
02	<p>(a) Name of Establishment _____</p> <p>(b) Type of Business _____</p> <p style="text-align: right;"><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 style="text-align: right;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> BUS(PTSC) 5 <input type="checkbox"/> BICYCLE (B)</p> <p>2 <input type="checkbox"/> TAXI 6 <input type="checkbox"/> WALK</p> <p>3 <input type="checkbox"/> P.C 7 <input type="checkbox"/> OTHER</p> <p>4 <input type="checkbox"/> M.C 8 <input type="checkbox"/> N.A</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S</p>
03	<p>(a) Name of Establishment _____</p> <p>(b) Type of Business _____</p> <p style="text-align: right;"><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 style="text-align: right;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> BUS(PTSC) 5 <input type="checkbox"/> BICYCLE (B)</p> <p>2 <input type="checkbox"/> TAXI 6 <input type="checkbox"/> WALK</p> <p>3 <input type="checkbox"/> P.C 7 <input type="checkbox"/> OTHER</p> <p>4 <input type="checkbox"/> M.C 8 <input type="checkbox"/> N.A</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S</p>
04	<p>(a) Name of Establishment _____</p> <p>(b) Type of Business _____</p> <p style="text-align: right;"><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 style="text-align: right;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> BUS(PTSC) 5 <input type="checkbox"/> BICYCLE (B)</p> <p>2 <input type="checkbox"/> TAXI 6 <input type="checkbox"/> WALK</p> <p>3 <input type="checkbox"/> P.C 7 <input type="checkbox"/> OTHER</p> <p>4 <input type="checkbox"/> M.C 8 <input type="checkbox"/> N.A</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S</p>
05	<p>(a) Name of Establishment _____</p> <p>(b) Type of Business _____</p> <p style="text-align: right;"><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 style="text-align: right;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> BUS(PTSC) 5 <input type="checkbox"/> BICYCLE (B)</p> <p>2 <input type="checkbox"/> TAXI 6 <input type="checkbox"/> WALK</p> <p>3 <input type="checkbox"/> P.C 7 <input type="checkbox"/> OTHER</p> <p>4 <input type="checkbox"/> M.C 8 <input type="checkbox"/> N.A</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S</p>
06	<p>(a) Name of Establishment _____</p> <p>(b) Type of Business _____</p> <p style="text-align: right;"><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 style="text-align: right;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> BUS(PTSC) 5 <input type="checkbox"/> BICYCLE (B)</p> <p>2 <input type="checkbox"/> TAXI 6 <input type="checkbox"/> WALK</p> <p>3 <input type="checkbox"/> P.C 7 <input type="checkbox"/> OTHER</p> <p>4 <input type="checkbox"/> M.C 8 <input type="checkbox"/> N.A</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S</p>

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
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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

<p>24(a) SPECIAL TRAINING COMPLETED</p> <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>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> <p>PN: <input type="checkbox"/> 5</p>	<p>24(c) FIELD OR OCCUPATION OF HIGHEST LEVEL OF TRAINING</p> <p>What is the Field/Occupation for which the highest level of training was completed/undergoing?</p>	<p>25. MAIN METHOD OF HIGHEST LEVEL OF TRAINING</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>											
13-17	18-20	21											
01	(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ----- (b) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _____ <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	Field/Occupation _____ _____ <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> 0 J</td> <td><input type="checkbox"/> 4 T.I</td> </tr> <tr> <td><input type="checkbox"/> 1 P.S</td> <td><input type="checkbox"/> 5 O.I.T</td> </tr> <tr> <td><input type="checkbox"/> 2 S.S</td> <td><input type="checkbox"/> 6 U</td> </tr> <tr> <td><input type="checkbox"/> 3 V.T.C.S</td> <td><input type="checkbox"/> 7 OTHER</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> 9 N.S</td> </tr> </table>	<input type="checkbox"/> 0 J	<input type="checkbox"/> 4 T.I	<input type="checkbox"/> 1 P.S	<input type="checkbox"/> 5 O.I.T	<input type="checkbox"/> 2 S.S	<input type="checkbox"/> 6 U	<input type="checkbox"/> 3 V.T.C.S	<input type="checkbox"/> 7 OTHER	<input type="checkbox"/> 9 N.S	
<input type="checkbox"/> 0 J	<input type="checkbox"/> 4 T.I												
<input type="checkbox"/> 1 P.S	<input type="checkbox"/> 5 O.I.T												
<input type="checkbox"/> 2 S.S	<input type="checkbox"/> 6 U												
<input type="checkbox"/> 3 V.T.C.S	<input type="checkbox"/> 7 OTHER												
<input type="checkbox"/> 9 N.S													
02	(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ----- (b) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _____ <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	Field/Occupation _____ _____ <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> 0 J</td> <td><input type="checkbox"/> 4 T.I</td> </tr> <tr> <td><input checked="" type="checkbox"/> 1 P.S</td> <td><input type="checkbox"/> 5 O.I.T</td> </tr> <tr> <td><input type="checkbox"/> 2 S.S</td> <td><input type="checkbox"/> 6 U</td> </tr> <tr> <td><input type="checkbox"/> 3 V.T.C.S</td> <td><input type="checkbox"/> 7 OTHER</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> 9 N.S</td> </tr> </table>	<input type="checkbox"/> 0 J	<input type="checkbox"/> 4 T.I	<input checked="" type="checkbox"/> 1 P.S	<input type="checkbox"/> 5 O.I.T	<input type="checkbox"/> 2 S.S	<input type="checkbox"/> 6 U	<input type="checkbox"/> 3 V.T.C.S	<input type="checkbox"/> 7 OTHER	<input type="checkbox"/> 9 N.S	
<input type="checkbox"/> 0 J	<input type="checkbox"/> 4 T.I												
<input checked="" type="checkbox"/> 1 P.S	<input type="checkbox"/> 5 O.I.T												
<input type="checkbox"/> 2 S.S	<input type="checkbox"/> 6 U												
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03	(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ----- (b) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _____ <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	Field/Occupation _____ _____ <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> 0 J</td> <td><input type="checkbox"/> 4 T.I</td> </tr> <tr> <td><input type="checkbox"/> 1 P.S</td> <td><input type="checkbox"/> 5 O.I.T</td> </tr> <tr> <td><input type="checkbox"/> 2 S.S</td> <td><input type="checkbox"/> 6 U</td> </tr> <tr> <td><input type="checkbox"/> 3 V.T.C.S</td> <td><input type="checkbox"/> 7 OTHER</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> 9 N.S</td> </tr> </table>	<input type="checkbox"/> 0 J	<input type="checkbox"/> 4 T.I	<input type="checkbox"/> 1 P.S	<input type="checkbox"/> 5 O.I.T	<input type="checkbox"/> 2 S.S	<input type="checkbox"/> 6 U	<input type="checkbox"/> 3 V.T.C.S	<input type="checkbox"/> 7 OTHER	<input type="checkbox"/> 9 N.S	
<input type="checkbox"/> 0 J	<input type="checkbox"/> 4 T.I												
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<input type="checkbox"/> 2 S.S	<input type="checkbox"/> 6 U												
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<input type="checkbox"/> 9 N.S													
04	(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ----- (b) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _____ <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	Field/Occupation _____ _____ <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> 0 J</td> <td><input type="checkbox"/> 4 T.I</td> </tr> <tr> <td><input type="checkbox"/> 1 P.S</td> <td><input type="checkbox"/> 5 O.I.T</td> </tr> <tr> <td><input type="checkbox"/> 2 S.S</td> <td><input type="checkbox"/> 6 U</td> </tr> <tr> <td><input type="checkbox"/> 3 V.T.C.S</td> <td><input type="checkbox"/> 7 OTHER</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> 9 N.S</td> </tr> </table>	<input type="checkbox"/> 0 J	<input type="checkbox"/> 4 T.I	<input type="checkbox"/> 1 P.S	<input type="checkbox"/> 5 O.I.T	<input type="checkbox"/> 2 S.S	<input type="checkbox"/> 6 U	<input type="checkbox"/> 3 V.T.C.S	<input type="checkbox"/> 7 OTHER	<input type="checkbox"/> 9 N.S	
<input type="checkbox"/> 0 J	<input type="checkbox"/> 4 T.I												
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<input type="checkbox"/> 2 S.S	<input type="checkbox"/> 6 U												
<input type="checkbox"/> 3 V.T.C.S	<input type="checkbox"/> 7 OTHER												
<input type="checkbox"/> 9 N.S													
05	(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ----- (b) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _____ <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	Field/Occupation _____ _____ <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> 0 J</td> <td><input type="checkbox"/> 4 T.I</td> </tr> <tr> <td><input type="checkbox"/> 1 P.S</td> <td><input checked="" type="checkbox"/> 5 O.I.T</td> </tr> <tr> <td><input type="checkbox"/> 2 S.S</td> <td><input type="checkbox"/> 6 U</td> </tr> <tr> <td><input type="checkbox"/> 3 V.T.C.S</td> <td><input type="checkbox"/> 7 OTHER</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> 9 N.S</td> </tr> </table>	<input type="checkbox"/> 0 J	<input type="checkbox"/> 4 T.I	<input type="checkbox"/> 1 P.S	<input checked="" type="checkbox"/> 5 O.I.T	<input type="checkbox"/> 2 S.S	<input type="checkbox"/> 6 U	<input type="checkbox"/> 3 V.T.C.S	<input type="checkbox"/> 7 OTHER	<input type="checkbox"/> 9 N.S	
<input type="checkbox"/> 0 J	<input type="checkbox"/> 4 T.I												
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06	(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No ----- (b) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No _____ <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	Field/Occupation _____ _____ <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"></div>	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> 0 J</td> <td><input type="checkbox"/> 4 T.I</td> </tr> <tr> <td><input type="checkbox"/> 1 P.S</td> <td><input type="checkbox"/> 5 O.I.T</td> </tr> <tr> <td><input type="checkbox"/> 2 S.S</td> <td><input type="checkbox"/> 6 U</td> </tr> <tr> <td><input type="checkbox"/> 3 V.T.C.S</td> <td><input type="checkbox"/> 7 OTHER</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input type="checkbox"/> 9 N.S</td> </tr> </table>	<input type="checkbox"/> 0 J	<input type="checkbox"/> 4 T.I	<input type="checkbox"/> 1 P.S	<input type="checkbox"/> 5 O.I.T	<input type="checkbox"/> 2 S.S	<input type="checkbox"/> 6 U	<input type="checkbox"/> 3 V.T.C.S	<input type="checkbox"/> 7 OTHER	<input type="checkbox"/> 9 N.S	
<input type="checkbox"/> 0 J	<input type="checkbox"/> 4 T.I												
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<input type="checkbox"/> 9 N.S													

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	
		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	
		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	
		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	
		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	
		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	
		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>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>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 <input type="text" value="1"/> One <input type="text" value="2"/> Two <input type="text" value="3"/> Twin (TW) <input type="text" value="4"/> Three and over (THR+) <input type="text" value="9"/> Not stated (N.S)</p> <p>31(b) STILL BIRTHS</p> <p><input type="text" value="0"/> None <input type="text" value="1"/> One <input type="text" value="2"/> Two and over (TWO+) <input type="text" value="9"/> Not stated (N.S)</p> <p>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) <input type="text" value="2"/> Common-law (C.L) <input type="text" value="3"/> Visiting (V) <input type="text" value="4"/> No longer living with husband (N.L.H) <input type="text" value="5"/> No longer living with common-law partner (N.L.C.P) <input type="text" value="6"/> Never had a husband nor partner (N.H/P) <input type="text" value="9"/> Not stated (N.S)</p> <p>22</p>
<p>01</p> <p><input type="text" value=""/><input type="text" value=""/></p>	<p><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><input type="text" value=""/><input type="text" value=""/></p>	<p><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><input type="text" value=""/><input type="text" value=""/></p>	<p><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><input type="text" value=""/><input type="text" value=""/></p>	<p><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><input type="text" value=""/><input type="text" value=""/></p>	<p><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><input type="text" value=""/><input type="text" value=""/></p>	<p><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		
<p>33(a) LAST PAY/INCOME PERIOD</p> <p>What was (N) last pay/income period?</p> <p><input type="checkbox"/> 1 Weekly (W)</p> <p><input type="checkbox"/> 2 Fortnightly (F)</p> <p><input type="checkbox"/> 3 Monthly (M)</p> <p><input type="checkbox"/> 4 Quarterly (Q)</p> <p><input type="checkbox"/> 6 Other (Specify) _____</p> <p><input type="checkbox"/> 7 None → Skip to Q 34 A</p> <p><input type="checkbox"/> 8 Not applicable (N.A.) → Skip to Q 34A</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p style="text-align: right;">23</p>	<p>33(b) GROSS INCOME (Nearest Dollar)</p> <p>What was (N) gross income from all sources during the last pay period?</p> <p>INTERVIEWER: For self-employed persons obtain "Net Income" i.e. Receipts less Business Expenses</p> <p style="text-align: right;">24-28</p>	<p>34(a) Where did (N) spend Census Night?</p> <p><input type="checkbox"/> 1 This household (H) → Skip to Section 10 (Heads of Households only)</p> <p><input type="checkbox"/> 2 Elsewhere in Trinidad and Tobago (E, T & T) → Go to Q 34B</p> <p><input type="checkbox"/> 3 Institution (INST.) → Go to Q 34B</p> <p><input type="checkbox"/> 4 Abroad</p> <p><input type="checkbox"/> 5 Other → Go to Q 34B</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p style="text-align: right;">29</p>	<p>34(b) ADDRESS</p> <p>What is the full address of where (N) spent Census Night?</p> <p>_____</p> <p style="text-align: center;">Town/Village</p> <p>_____</p> <p style="text-align: center;">Ward/County</p> <p style="text-align: right;">30-33</p>	
<p>1 <input type="checkbox"/> W 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> F 4 <input type="checkbox"/> Q</p> <p>6 <input type="checkbox"/> Other (Specify) _____</p> <p>7 <input type="checkbox"/> None 8 <input type="checkbox"/> N.A.</p> <p> 9 <input type="checkbox"/> N.S.</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>1 <input type="checkbox"/> H 4 <input type="checkbox"/> ABROAD</p> <p>2 <input type="checkbox"/> E, T&T 5 <input type="checkbox"/> OTHER</p> <p>3 <input type="checkbox"/> INST. 9 <input type="checkbox"/> N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">01</p>	
<p>1 <input type="checkbox"/> W 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> F 4 <input type="checkbox"/> Q</p> <p>6 <input type="checkbox"/> Other (Specify) _____</p> <p>7 <input type="checkbox"/> None 8 <input type="checkbox"/> N.A.</p> <p> 9 <input type="checkbox"/> N.S.</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>1 <input type="checkbox"/> H 4 <input type="checkbox"/> ABROAD</p> <p>2 <input type="checkbox"/> E, T&T 5 <input type="checkbox"/> OTHER</p> <p>3 <input type="checkbox"/> INST. 9 <input type="checkbox"/> N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">02</p>	
<p>1 <input type="checkbox"/> W 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> F 4 <input type="checkbox"/> Q</p> <p>6 <input type="checkbox"/> Other (Specify) _____</p> <p>7 <input type="checkbox"/> None 8 <input type="checkbox"/> N.A.</p> <p> 9 <input type="checkbox"/> N.S.</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>1 <input type="checkbox"/> H 4 <input type="checkbox"/> ABROAD</p> <p>2 <input type="checkbox"/> E, T&T 5 <input type="checkbox"/> OTHER</p> <p>3 <input type="checkbox"/> INST. 9 <input type="checkbox"/> N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">03</p>	
<p>1 <input type="checkbox"/> W 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> F 4 <input type="checkbox"/> Q</p> <p>6 <input type="checkbox"/> Other (Specify) _____</p> <p>7 <input type="checkbox"/> None 8 <input type="checkbox"/> N.A.</p> <p> 9 <input type="checkbox"/> N.S.</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>1 <input type="checkbox"/> H 4 <input type="checkbox"/> ABROAD</p> <p>2 <input type="checkbox"/> E, T&T 5 <input type="checkbox"/> OTHER</p> <p>3 <input type="checkbox"/> INST. 9 <input type="checkbox"/> N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">04</p>	
<p>1 <input type="checkbox"/> W 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> F 4 <input type="checkbox"/> Q</p> <p>6 <input type="checkbox"/> Other (Specify) _____</p> <p>7 <input type="checkbox"/> None 8 <input type="checkbox"/> N.A.</p> <p> 9 <input type="checkbox"/> N.S.</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>1 <input type="checkbox"/> H 4 <input type="checkbox"/> ABROAD</p> <p>2 <input type="checkbox"/> E, T&T 5 <input type="checkbox"/> OTHER</p> <p>3 <input type="checkbox"/> INST. 9 <input type="checkbox"/> N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">05</p>	
<p>1 <input type="checkbox"/> W 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> F 4 <input type="checkbox"/> Q</p> <p>6 <input type="checkbox"/> Other (Specify) _____</p> <p>7 <input type="checkbox"/> None 8 <input type="checkbox"/> N.A.</p> <p> 9 <input type="checkbox"/> N.S.</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>1 <input type="checkbox"/> H 4 <input type="checkbox"/> ABROAD</p> <p>2 <input type="checkbox"/> E, T&T 5 <input type="checkbox"/> OTHER</p> <p>3 <input type="checkbox"/> INST. 9 <input type="checkbox"/> N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">06</p>	

SECTION 10. HOUSING — HEAD OF HOUSEHOLD ONLY

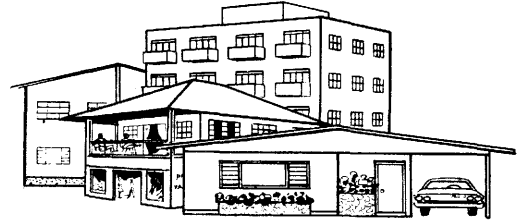
INSTRUCTIONS

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

27	35. TYPE OF BUILDING What category of the type of buildings listed below does this belong?	1 <input type="checkbox"/> Mainly residential	2 <input type="checkbox"/> Residential and Commercial	3 <input type="checkbox"/> Commercial	4 <input type="checkbox"/> Industrial
		5 <input type="checkbox"/> Community service—Private/Gov't.	6 <input type="checkbox"/> Other	9 <input type="checkbox"/> Not stated	
28	36. MATERIAL OF OUTERWALLS What is the major construction material of outer walls?	1 <input type="checkbox"/> Brick (plastered or unplastered)	2 <input type="checkbox"/> Concrete	3 <input type="checkbox"/> Wood and concrete	4 <input type="checkbox"/> Wood and brick
		5 <input type="checkbox"/> Wood	6 <input type="checkbox"/> Wattle/Adobe/Tapia	7 <input type="checkbox"/> Other	9 <input type="checkbox"/> Not stated
29	37. YEAR WHEN BUILDING WAS BUILT In what year was the building originally built?	1 <input type="checkbox"/> 1980	2 <input type="checkbox"/> 1979	3 <input type="checkbox"/> 1978	4 <input type="checkbox"/> 1977-1970
		5 <input type="checkbox"/> 1969-1961	6 <input type="checkbox"/> 1960 or earlier	7 <input type="checkbox"/> Don't know	9 <input type="checkbox"/> Not stated

CHARACTERISTICS OF DWELLING UNIT

30	38. MAJOR HOUSEHOLD IN DWELLING UNIT Is the head of this household the person who owns or rents the entire dwelling unit?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No
	39. LIVING ARRANGEMENTS How do you enter your living quarters?	1 <input type="checkbox"/> Separate entrance	2 <input type="checkbox"/> Common landing or passage way
31		3 <input type="checkbox"/> Through someone else's living quarters	9 <input type="checkbox"/> Not stated
	40. DWELLING UNIT		
32	(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 40(b)	2 <input type="checkbox"/> No ↳ Skip to Q. 41
	(b) How many other households occupy this dwelling unit with your household?	Number of other households in this dwelling unit	
33		1 <input type="checkbox"/>	2 <input type="checkbox"/>
		3 <input type="checkbox"/>	4 <input type="checkbox"/> and over
			9 <input type="checkbox"/> Not stated

