



CONFIDENTIAL

F 02.2/2000

REPUBLIC OF TRINIDAD AND TOBAGO

CENTRAL STATISTICAL OFFICE

POPULATION AND HOUSING CENSUS

MAY 15, 2000

Questionnaire Code			Region I.D	Enumeration District Number				Building Number		Dwelling Unit Number		Household Number	
T	T	1											

Name of respondent: .....

Address of household: .....

Municipality/Region: ..... Telephone number: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Number of persons in household: [ ] [ ]

Total number of questionnaires: [ ] [ ]

Questionnaire number: [ ] [ ]

Selected household number (Office Use): [ ] [ ] [ ] [ ]

Result codes: [ 1 ] Completed [ 3 ] Not at home [ 5 ] Vacant dwelling

[ 2 ] Partially completed [ 4 ] Refused [ 6 ] Closed dwelling

[ 7 ] Other: ..... (SPECIFY)

Supervisor's Name: ..... Signature:..... Date: .....

Interviewer's Name: ..... Signature:..... Date: .....

Field Editor's Name: ..... Signature:..... Date: .....

Editor's Name/ Number (1st) ..... [ ] [ ] Signature:..... Date: .....

Coder's Name/ Number ..... [ ] [ ] Signature:..... Date: .....

Editor's Name/ Number (2nd) ..... [ ] [ ] Signature:..... Date: .....

I - CHARACTERISTICS - FOR ALL PERSONS

ENCODED (✓) TICK THE APPROPRIATE BOX PLEASE

SEX  What is (N's) sex?	4. DATE OF BIRTH/AGE  4(a) What is (N's) date of birth?  4(b) What was (N's) Age at last birthday?	5. ETHNIC GROUP  To which ethnic group does (N) belong?  1 African 2 Indian 3 Chinese 4 Syrian/Lebanese (S/L.) 5 Caucasian 6 Mixed 7 Other ethnic group (O.E.G.) 9 Not stated (N.S.)
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	(a) Date of birth Day   Month   Year  (b) Age at last birthday Age <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> African 5 <input type="checkbox"/> Caucasian 2 <input type="checkbox"/> Indian 6 <input type="checkbox"/> Mixed 3 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> O.E.G. 4 <input type="checkbox"/> S/L. 9 <input type="checkbox"/> N.S.
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	(a) Date of birth Day   Month   Year  (b) Age at last birthday Age <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> African 5 <input type="checkbox"/> Caucasian 2 <input type="checkbox"/> Indian 6 <input type="checkbox"/> Mixed 3 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> O.E.G. 4 <input type="checkbox"/> S/L. 9 <input type="checkbox"/> N.S.
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	(a) Date of birth Day   Month   Year  (b) Age at last birthday Age <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> African 5 <input type="checkbox"/> Caucasian 2 <input type="checkbox"/> Indian 6 <input type="checkbox"/> Mixed 3 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> O.E.G. 4 <input type="checkbox"/> S/L. 9 <input type="checkbox"/> N.S.
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	(a) Date of birth Day   Month   Year  (b) Age at last birthday Age <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> African 5 <input type="checkbox"/> Caucasian 2 <input type="checkbox"/> Indian 6 <input type="checkbox"/> Mixed 3 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> O.E.G. 4 <input type="checkbox"/> S/L. 9 <input type="checkbox"/> N.S.
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	(a) Date of birth Day   Month   Year  (b) Age at last birthday Age <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> African 5 <input type="checkbox"/> Caucasian 2 <input type="checkbox"/> Indian 6 <input type="checkbox"/> Mixed 3 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> O.E.G. 4 <input type="checkbox"/> S/L. 9 <input type="checkbox"/> N.S.
1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	(a) Date of birth Day   Month   Year  (b) Age at last birthday Age <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> African 5 <input type="checkbox"/> Caucasian 2 <input type="checkbox"/> Indian 6 <input type="checkbox"/> Mixed 3 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> O.E.G. 4 <input type="checkbox"/> S/L. 9 <input type="checkbox"/> N.S.

SECTION 1. CHARACTERISTICS - Continued	SECTION 2. MIGRATION - FOR ALL PERSONS	
<p><b>6. RELIGION</b></p> <p>To which religion does (N) belong?</p> <p><input type="checkbox"/> 01 Anglican (E.C.)</p> <p><input type="checkbox"/> Baptist (SPECIFY) _____</p> <p><input type="checkbox"/> Hindu (SPECIFY) _____</p> <p><input type="checkbox"/> Muslim (SPECIFY) _____</p> <p><input type="checkbox"/> 04 Jehovah Witness</p> <p><input type="checkbox"/> 05 Methodist</p> <p><input type="checkbox"/> 38 Moravian</p> <p><input type="checkbox"/> Pentecostal/Evangelical/ Full Gospel (SPECIFY) _____</p> <p><input type="checkbox"/> 08 Presbyterian/Congregational</p> <p><input type="checkbox"/> 09 Roman Catholic (R.C.)</p> <p><input type="checkbox"/> Seventh Day Adventist (SPECIFY) _____</p> <p><input type="checkbox"/> Other (SPECIFY) _____</p> <p><input type="checkbox"/> 98 None</p> <p><input type="checkbox"/> 99 Not stated (N.S.)</p>	<p><b>7(a). PLACE OF BIRTH</b></p> <p>Where was (N's) place of birth?</p> <p><input type="checkbox"/> 1 Trinidad and Tobago (T&amp;T) → GO TO Q. 7(b)</p> <p><input type="checkbox"/> 2 Foreign/ Abroad (F/A.) → SKIP TO Q. 7(c) and 7(d)</p> <p><input type="checkbox"/> 9 Not stated (N.S.) → SKIP TO Q. 8(a)</p>	<p><b>TRINIDAD AND TOBAGO BORN ONLY</b></p> <p><b>7(b). ADDRESS</b></p> <p>What was the usual address of (N's) mother when (N) was born?</p> <p>_____</p> <p>Full Address</p> <p>_____</p> <p>_____</p> <p><b>INTERVIEWER:</b></p> <p><b>SKIP TO Q. 8(a) after writing the address.</b></p>
<p><b>Specify:</b> _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 T &amp; T</p> <p><input type="checkbox"/> 2 F/A.</p> <p><input type="checkbox"/> 9 N.S.</p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>01</p>
<p><b>Specify:</b> _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 T &amp; T</p> <p><input type="checkbox"/> 2 F/A.</p> <p><input type="checkbox"/> 9 N.S.</p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>02</p>
<p><b>Specify:</b> _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 T &amp; T</p> <p><input type="checkbox"/> 2 F/A.</p> <p><input type="checkbox"/> 9 N.S.</p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>03</p>
<p><b>Specify:</b> _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 T &amp; T</p> <p><input type="checkbox"/> 2 F/A.</p> <p><input type="checkbox"/> 9 N.S.</p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>04</p>
<p><b>Specify:</b> _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 T &amp; T</p> <p><input type="checkbox"/> 2 F/A.</p> <p><input type="checkbox"/> 9 N.S.</p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>05</p>
<p><b>Specify:</b> _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 T &amp; T</p> <p><input type="checkbox"/> 2 F/A.</p> <p><input type="checkbox"/> 9 N.S.</p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>06</p>

SECTION 2. MIGRATION - FOR ALL PERSONS - Continued

	FOREIGN BORN ONLY		8(a). USUAL RESIDENCE	8(b). ADDRESS OF PLACE OF USUAL RESIDENCE
	7(c). COUNTRY OF BIRTH	7(d). LENGTH OF STAY IN TRINIDAD AND TOBAGO	FOR BOTH LOCAL AND FOREIGN BORN Where does (N) usually live?	What is (N's) place of usual residence?
I N D I A V G I E D U N A U L M B N E U R M B E R	In which country was (N) born?	How many years has (N) been living in Trinidad and Tobago?		Full Address
	<input type="checkbox"/> 052 Barbados	INTERVIEWER: Length of stay must be recorded in completed years. Less than one year is recorded as 00.	<input type="checkbox"/> 1 This address (T.A.) → SKIP TO Q. 9	_____
	<input type="checkbox"/> 308 Grenada		<input type="checkbox"/> 2 Elsewhere in T&T (E, T&T) → GO TO Q. 8(b)	_____
	<input type="checkbox"/> 328 Guyana		<input type="checkbox"/> 3 Abroad (A.) → SKIP TO Q. 9	_____
	<input type="checkbox"/> 662 St. Lucia		<input type="checkbox"/> 9 Not stated (N.S.) → SKIP TO Q. 9	_____
	<input type="checkbox"/> 670 St. Vincent			_____
	<input type="checkbox"/> 356 India			_____
	<input type="checkbox"/> 862 Venezuela			_____
	<input type="checkbox"/> 826 U.K.			_____
	<input type="checkbox"/> 840 U.S.A.			_____
<input type="checkbox"/> Other _____ (SPECIFY)				_____
<input type="checkbox"/> 999 Not stated			_____	
02 01	Country <input type="text"/>	Years <input type="text"/>	<input type="checkbox"/> T.A. <input type="checkbox"/> E, T&T <input type="checkbox"/> A. <input type="checkbox"/> N.S.	Address _____ _____
02 02	Country <input type="text"/>	Years <input type="text"/>	<input type="checkbox"/> T.A. <input type="checkbox"/> E, T&T <input type="checkbox"/> A. <input type="checkbox"/> N.S.	Address _____ _____
02 03	Country <input type="text"/>	Years <input type="text"/>	<input type="checkbox"/> T.A. <input type="checkbox"/> E, T&T <input type="checkbox"/> A. <input type="checkbox"/> N.S.	Address _____ _____
02 04	Country <input type="text"/>	Years <input type="text"/>	<input type="checkbox"/> T.A. <input type="checkbox"/> E, T&T <input type="checkbox"/> A. <input type="checkbox"/> N.S.	Address _____ _____
02 05	Country <input type="text"/>	Years <input type="text"/>	<input type="checkbox"/> T.A. <input type="checkbox"/> E, T&T <input type="checkbox"/> A. <input type="checkbox"/> N.S.	Address _____ _____
02 06	Country <input type="text"/>	Years <input type="text"/>	<input type="checkbox"/> T.A. <input type="checkbox"/> E, T&T <input type="checkbox"/> A. <input type="checkbox"/> N.S.	Address _____ _____

SECTION 2. MIGRATION - FOR ALL PERSONS - Concluded

9. ADDRESS ONE (1) YEAR AGO	10. ADDRESS FIVE (5) YEARS AGO	11. ADDRESS LAST CENSUS
<p>(a) Did (N) live at this address one (1) year ago?</p> <p><input type="checkbox"/> 1 Yes → SKIP TO Q. 10</p> <p><input type="checkbox"/> 2 No → GO TO Q. 9(b)</p> <p><input type="checkbox"/> 9 Not stated (N.S.) → SKIP TO Q. 10</p> <p>(b) What was (N's) address one (1) year ago?</p> <p>_____</p> <p>Full Address</p> <p>_____</p> <p>_____</p> <p><b>INTERVIEWER:</b></p> <p>Where the individual is less than one year old put N.A. in space for the address.</p>	<p>(a) Did (N) live at this address five (5) years ago?</p> <p><input type="checkbox"/> 1 Yes → SKIP TO Q. 11</p> <p><input type="checkbox"/> 2 No → GO TO Q. 10(b)</p> <p><input type="checkbox"/> 9 Not stated (N.S.) → SKIP TO Q. 11</p> <p>(b) What was (N's) address five (5) years ago?</p> <p>_____</p> <p>Full Address</p> <p>_____</p> <p>_____</p> <p><b>INTERVIEWER:</b></p> <p>Where the individual is less than five years old put N.A. in space for the address.</p>	<p>(a) Did (N) live at this address last Census i.e. in 1990?</p> <p><input type="checkbox"/> 1 Yes → SKIP TO Q. 12</p> <p><input type="checkbox"/> 2 No → GO TO Q. 11(b)</p> <p><input type="checkbox"/> 9 Not stated (N.S.) → SKIP TO Q. 12</p> <p>(b) What was (N's) address last Census?</p> <p>_____</p> <p>Full Address</p> <p>_____</p> <p>_____</p> <p><b>INTERVIEWER:</b></p> <p>Where the individual is less than ten years old put N.A. in space for the address.</p>
<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">01</p>
<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">02</p>
<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">03</p>
<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">04</p>
<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">05</p>
<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>(a) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.</p> <p>(b) Address _____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">06</p>

SECTION 3. DISABILITY - FOR ALL PERSONS		SECTION 4. HEALTH FOR ALL PERSONS		
I N D I A V G I E D U N A U L M B N E U R M B E R	<b>12. LONG-STANDING DISABILITY</b>  Does (N) suffer from any longstanding disability that prevents him/her from performing an activity?  <input type="checkbox"/> 1 Yes  <input type="checkbox"/> 2 No → SKIP TO Q. 14  <input type="checkbox"/> 9 Not stated → SKIP TO Q. 14	<b>13. TYPE OF DISABILITY</b>  Does (N) have any difficulties in?  <input type="checkbox"/> 01 Seeing (S.) (Even with glasses if worn) <input type="checkbox"/> 02 Hearing (H.) (Even with hearing aid if used) <input type="checkbox"/> 03 Speaking (SP.) (Talking) <input type="checkbox"/> 04 Moving/Mobility (M./M.) (Walking, standing, climbing stairs) <input type="checkbox"/> 05 Body Movements (B.M.) (Reaching, crouching, kneeling) <input type="checkbox"/> 06 Gripping (G.) <input type="checkbox"/> 07 Learning (L.) <input type="checkbox"/> 08 Behavioural (B.) <input type="checkbox"/> 77 Other (O.) _____ (SPECIFY)  <input type="checkbox"/> 99 Not stated (N.S.)  <b>INTERVIEWER:</b>  Multiple responses can be ticked.	<b>14. CHRONIC ILLNESS</b>  Does (N) suffer from any of the following illness?  <input type="checkbox"/> 00 None <input type="checkbox"/> 01 Arthritis (ART.) <input type="checkbox"/> 02 Asthma (AST.) <input type="checkbox"/> 03 Diabetes (DIA.) <input type="checkbox"/> 04 Hypertension (HYP.) <input type="checkbox"/> 05 Heart Disease (H.D.) <input type="checkbox"/> 06 Kidney Disease (K.D.) <input type="checkbox"/> 07 Cancer (C.) <input type="checkbox"/> 08 HIV/AIDS (H.I.V.) <input type="checkbox"/> 09 Lupus (L.) <input type="checkbox"/> 10 Sickle Cell Anaemia (S.C.A.) <input type="checkbox"/> 77 Other (O.) _____ (SPECIFY) <input type="checkbox"/> 99 Not stated (N.S.)  <b>INTERVIEWER:</b> Multiple responses can be ticked	
	03 01	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.	<input type="checkbox"/> 01 S. <input type="checkbox"/> 04 M./M. <input type="checkbox"/> 07 L. <input type="checkbox"/> 02 H. <input type="checkbox"/> 05 B.M. <input type="checkbox"/> 08 B. <input type="checkbox"/> 03 SP. <input type="checkbox"/> 06 G. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 77 O. _____ (SPECIFY)	<input type="checkbox"/> 00 NONE <input type="checkbox"/> 04 HYP. <input type="checkbox"/> 08 H.I.V. <input type="checkbox"/> 01 ART. <input type="checkbox"/> 05 H.D. <input type="checkbox"/> 09 L. <input type="checkbox"/> 02 AST. <input type="checkbox"/> 06 K.D. <input type="checkbox"/> 10 S.C.A. <input type="checkbox"/> 03 DIA. <input type="checkbox"/> 07 C. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 77 O. (SPECIFY) _____
	03 02	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.	<input type="checkbox"/> 01 S. <input type="checkbox"/> 04 M./M. <input type="checkbox"/> 07 L. <input type="checkbox"/> 02 H. <input type="checkbox"/> 05 B.M. <input type="checkbox"/> 08 B. <input type="checkbox"/> 03 SP. <input type="checkbox"/> 06 G. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 77 O. _____ (SPECIFY)	<input type="checkbox"/> 00 NONE <input type="checkbox"/> 04 HYP. <input type="checkbox"/> 08 H.I.V. <input type="checkbox"/> 01 ART. <input type="checkbox"/> 05 H.D. <input type="checkbox"/> 09 L. <input type="checkbox"/> 02 AST. <input type="checkbox"/> 06 K.D. <input type="checkbox"/> 10 S.C.A. <input type="checkbox"/> 03 DIA. <input type="checkbox"/> 07 C. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 77 O. (SPECIFY) _____
	03 03	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.	<input type="checkbox"/> 01 S. <input type="checkbox"/> 04 M./M. <input type="checkbox"/> 07 L. <input type="checkbox"/> 02 H. <input type="checkbox"/> 05 B.M. <input type="checkbox"/> 08 B. <input type="checkbox"/> 03 SP. <input type="checkbox"/> 06 G. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 77 O. _____ (SPECIFY)	<input type="checkbox"/> 00 NONE <input type="checkbox"/> 04 HYP. <input type="checkbox"/> 08 H.I.V. <input type="checkbox"/> 01 ART. <input type="checkbox"/> 05 H.D. <input type="checkbox"/> 09 L. <input type="checkbox"/> 02 AST. <input type="checkbox"/> 06 K.D. <input type="checkbox"/> 10 S.C.A. <input type="checkbox"/> 03 DIA. <input type="checkbox"/> 07 C. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 77 O. (SPECIFY) _____
	03 04	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.	<input type="checkbox"/> 01 S. <input type="checkbox"/> 04 M./M. <input type="checkbox"/> 07 L. <input type="checkbox"/> 02 H. <input type="checkbox"/> 05 B.M. <input type="checkbox"/> 08 B. <input type="checkbox"/> 03 SP. <input type="checkbox"/> 06 G. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 77 O. _____ (SPECIFY)	<input type="checkbox"/> 00 NONE <input type="checkbox"/> 04 HYP. <input type="checkbox"/> 08 H.I.V. <input type="checkbox"/> 01 ART. <input type="checkbox"/> 05 H.D. <input type="checkbox"/> 09 L. <input type="checkbox"/> 02 AST. <input type="checkbox"/> 06 K.D. <input type="checkbox"/> 10 S.C.A. <input type="checkbox"/> 03 DIA. <input type="checkbox"/> 07 C. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 77 O. (SPECIFY) _____
	03 05	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.	<input type="checkbox"/> 01 S. <input type="checkbox"/> 04 M./M. <input type="checkbox"/> 07 L. <input type="checkbox"/> 02 H. <input type="checkbox"/> 05 B.M. <input type="checkbox"/> 08 B. <input type="checkbox"/> 03 SP. <input type="checkbox"/> 06 G. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 77 O. _____ (SPECIFY)	<input type="checkbox"/> 00 NONE <input type="checkbox"/> 04 HYP. <input type="checkbox"/> 08 H.I.V. <input type="checkbox"/> 01 ART. <input type="checkbox"/> 05 H.D. <input type="checkbox"/> 09 L. <input type="checkbox"/> 02 AST. <input type="checkbox"/> 06 K.D. <input type="checkbox"/> 10 S.C.A. <input type="checkbox"/> 03 DIA. <input type="checkbox"/> 07 C. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 77 O. (SPECIFY) _____
	03 06	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 N.S.	<input type="checkbox"/> 01 S. <input type="checkbox"/> 04 M./M. <input type="checkbox"/> 07 L. <input type="checkbox"/> 02 H. <input type="checkbox"/> 05 B.M. <input type="checkbox"/> 08 B. <input type="checkbox"/> 03 SP. <input type="checkbox"/> 06 G. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 77 O. _____ (SPECIFY)	<input type="checkbox"/> 00 NONE <input type="checkbox"/> 04 HYP. <input type="checkbox"/> 08 H.I.V. <input type="checkbox"/> 01 ART. <input type="checkbox"/> 05 H.D. <input type="checkbox"/> 09 L. <input type="checkbox"/> 02 AST. <input type="checkbox"/> 06 K.D. <input type="checkbox"/> 10 S.C.A. <input type="checkbox"/> 03 DIA. <input type="checkbox"/> 07 C. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 77 O. (SPECIFY) _____

SECTION 4. HEALTH - FOR ALL PERSONS - Continued

SECTION 5. EDUCATION - FOR ALL PERSONS

15. UTILISATION OF MEDICAL FACILITY	16. TYPE OF MEDICAL FACILITY	17. HEALTH INSURANCE	18. ATTENDANCE AT SCHOOL/ UNIVERSITY/ADULT CLASSES
<p>Has (N) utilised a medical facility in the past month?</p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p> <p>→ SKIP TO Q. 17</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p>→ SKIP TO Q. 17</p>	<p>What main medical facility has (N) utilised in the past month?</p> <p><input type="checkbox"/> 1 Public Hospital (P.H.)</p> <p><input type="checkbox"/> 2 Public Health Centre (P.H.C.)</p> <p><input type="checkbox"/> 3 Public Maternity Unit (P.M.U.)</p> <p><input type="checkbox"/> 4 Private Clinic/Hospital (Pr.C.H.)</p> <p><input type="checkbox"/> 5 Private Doctor's Office (Pr.D.)</p> <p><input type="checkbox"/> 6 Pharmacy (Ph.)</p> <p><input type="checkbox"/> 7 Other (O.)</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p>	<p>Is (N) covered by Health Insurance and/or Employee Medical Plan?</p> <p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 3 Don't know (D.K.)</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p>	<p>(a) Is (N) attending School/University Adult Classes?</p> <p><input type="checkbox"/> 1 Yes</p> <p>→ GO TO Q. 18(b)</p> <p><input type="checkbox"/> 2 No</p> <p>→ SKIP TO Q. 21(a)</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p>→ SKIP TO Q. 21(a)</p> <p>(b) Is (N's) 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><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 1 P.H.      <input type="checkbox"/> 5 Pr.D.</p> <p><input type="checkbox"/> 2 P.H.C.    <input type="checkbox"/> 6 Ph.</p> <p><input type="checkbox"/> 3 P.M.U.    <input type="checkbox"/> 7 O.</p> <p><input type="checkbox"/> 4 Pr.C.H.   <input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 1 Yes    <input type="checkbox"/> 3 D.K.</p> <p><input type="checkbox"/> 2 No      <input type="checkbox"/> 9 N.S.</p>	<p>(a) <input type="checkbox"/> 1 Yes      <input type="checkbox"/> 9 N.S.</p> <p><input type="checkbox"/> 2 No</p> <p>.....</p> <p>(b) <input type="checkbox"/> 1 F.T.      <input type="checkbox"/> 9 N.S.</p> <p><input type="checkbox"/> 2 P.T.</p> <p style="text-align: right;">01</p>
<p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 1 P.H.      <input type="checkbox"/> 5 Pr.D.</p> <p><input type="checkbox"/> 2 P.H.C.    <input type="checkbox"/> 6 Ph.</p> <p><input type="checkbox"/> 3 P.M.U.    <input type="checkbox"/> 7 O.</p> <p><input type="checkbox"/> 4 Pr.C.H.   <input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 1 Yes    <input type="checkbox"/> 3 D.K.</p> <p><input type="checkbox"/> 2 No      <input type="checkbox"/> 9 N.S.</p>	<p>(a) <input type="checkbox"/> 1 Yes      <input type="checkbox"/> 9 N.S.</p> <p><input type="checkbox"/> 2 No</p> <p>.....</p> <p>(b) <input type="checkbox"/> 1 F.T.      <input type="checkbox"/> 9 N.S.</p> <p><input type="checkbox"/> 2 P.T.</p> <p style="text-align: right;">02</p>
<p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 1 P.H.      <input type="checkbox"/> 5 Pr.D.</p> <p><input type="checkbox"/> 2 P.H.C.    <input type="checkbox"/> 6 Ph.</p> <p><input type="checkbox"/> 3 P.M.U.    <input type="checkbox"/> 7 O.</p> <p><input type="checkbox"/> 4 Pr.C.H.   <input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 1 Yes    <input type="checkbox"/> 3 D.K.</p> <p><input type="checkbox"/> 2 No      <input type="checkbox"/> 9 N.S.</p>	<p>(a) <input type="checkbox"/> 1 Yes      <input type="checkbox"/> 9 N.S.</p> <p><input type="checkbox"/> 2 No</p> <p>.....</p> <p>(b) <input type="checkbox"/> 1 F.T.      <input type="checkbox"/> 9 N.S.</p> <p><input type="checkbox"/> 2 P.T.</p> <p style="text-align: right;">03</p>
<p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 1 P.H.      <input type="checkbox"/> 5 Pr.D.</p> <p><input type="checkbox"/> 2 P.H.C.    <input type="checkbox"/> 6 Ph.</p> <p><input type="checkbox"/> 3 P.M.U.    <input type="checkbox"/> 7 O.</p> <p><input type="checkbox"/> 4 Pr.C.H.   <input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 1 Yes    <input type="checkbox"/> 3 D.K.</p> <p><input type="checkbox"/> 2 No      <input type="checkbox"/> 9 N.S.</p>	<p>(a) <input type="checkbox"/> 1 Yes      <input type="checkbox"/> 9 N.S.</p> <p><input type="checkbox"/> 2 No</p> <p>.....</p> <p>(b) <input type="checkbox"/> 1 F.T.      <input type="checkbox"/> 9 N.S.</p> <p><input type="checkbox"/> 2 P.T.</p> <p style="text-align: right;">04</p>
<p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 1 P.H.      <input type="checkbox"/> 5 Pr.D.</p> <p><input type="checkbox"/> 2 P.H.C.    <input type="checkbox"/> 6 Ph.</p> <p><input type="checkbox"/> 3 P.M.U.    <input type="checkbox"/> 7 O.</p> <p><input type="checkbox"/> 4 Pr.C.H.   <input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 1 Yes    <input type="checkbox"/> 3 D.K.</p> <p><input type="checkbox"/> 2 No      <input type="checkbox"/> 9 N.S.</p>	<p>(a) <input type="checkbox"/> 1 Yes      <input type="checkbox"/> 9 N.S.</p> <p><input type="checkbox"/> 2 No</p> <p>.....</p> <p>(b) <input type="checkbox"/> 1 F.T.      <input type="checkbox"/> 9 N.S.</p> <p><input type="checkbox"/> 2 P.T.</p> <p style="text-align: right;">05</p>
<p><input type="checkbox"/> 1 Yes</p> <p><input type="checkbox"/> 2 No</p> <p><input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 1 P.H.      <input type="checkbox"/> 5 Pr.D.</p> <p><input type="checkbox"/> 2 P.H.C.    <input type="checkbox"/> 6 Ph.</p> <p><input type="checkbox"/> 3 P.M.U.    <input type="checkbox"/> 7 O.</p> <p><input type="checkbox"/> 4 Pr.C.H.   <input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 1 Yes    <input type="checkbox"/> 3 D.K.</p> <p><input type="checkbox"/> 2 No      <input type="checkbox"/> 9 N.S.</p>	<p>(a) <input type="checkbox"/> 1 Yes      <input type="checkbox"/> 9 N.S.</p> <p><input type="checkbox"/> 2 No</p> <p>.....</p> <p>(b) <input type="checkbox"/> 1 F.T.      <input type="checkbox"/> 9 N.S.</p> <p><input type="checkbox"/> 2 P.T.</p> <p style="text-align: right;">06</p>

SECTION 6. EDUCATION - FOR ALL PERSONS - Continued

		19(a). TYPE OF SCHOOL CURRENTLY ATTENDING	19(b). ADDRESS OF SCHOOL
I N D I A N U L M B E R		<p>What type of school is (N) attending?</p> <p><input type="checkbox"/> 01 Nursery School/Kindergarten/Pre-School (N/K.)    <input type="checkbox"/> 32 Commercial/Secretarial</p> <p><input type="checkbox"/> 10 Private Primary (P.P.)    <input type="checkbox"/> 33 Business/Computer Science (B/C.S.)</p> <p><input type="checkbox"/> 11 Government and Assisted Primary (G/A.P.)    <input type="checkbox"/> 40 Technical Institute (T.I.)</p> <p><input type="checkbox"/> 12 Post-Primary Centre (P.P.C.)    <input type="checkbox"/> 41 Adult/Continuing Classes (A/C.C.)</p> <p><input type="checkbox"/> 20 Junior Secondary (J.S.)    <input type="checkbox"/> 42 Distance Learning (D.L.)</p> <p><input type="checkbox"/> 21 Senior Comprehensive (S.C.)    <input type="checkbox"/> 60 University (U.)</p> <p><input type="checkbox"/> 22 Government and Assisted Secondary (G/A.S.)    <input type="checkbox"/> 70 Special School (S.S.)</p> <p><input type="checkbox"/> 23 Composite (C.)    <input type="checkbox"/> 77 Other (O.)</p> <p><input type="checkbox"/> 24 Private Secondary (P.S.)    <input type="checkbox"/> 99 Not stated (N.S.)</p> <p><input type="checkbox"/> 30 Trade/Vocational/Youth Development and Apprenticeship Centre (T.V/Y.C.)</p>	<p>What is the address of (N's) school?</p> <p>_____</p> <p>Full Address</p> <p>_____</p> <p>_____</p>
	04 01	<input type="checkbox"/> 01 N/K. <input type="checkbox"/> 21 S.C. <input type="checkbox"/> 32 C/S. <input type="checkbox"/> 60 U. <input type="checkbox"/> 10 P.P. <input type="checkbox"/> 22 G/A.S. <input type="checkbox"/> 33 B/C.S. <input type="checkbox"/> 70 S.S. <input type="checkbox"/> 11 G/A.P. <input type="checkbox"/> 23 C. <input type="checkbox"/> 40 T.I. <input type="checkbox"/> 77 O. <input type="checkbox"/> 12 P.P.C. <input type="checkbox"/> 24 P.S. <input type="checkbox"/> 41 A/C.C. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 20 J.S. <input type="checkbox"/> 30 T.V/Y.C. <input type="checkbox"/> 42 D.L.	<p>Address _____</p> <p>_____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
	04 02	<input type="checkbox"/> 01 N/K. <input type="checkbox"/> 21 S.C. <input type="checkbox"/> 32 C/S. <input type="checkbox"/> 60 U. <input type="checkbox"/> 10 P.P. <input type="checkbox"/> 22 G/A.S. <input type="checkbox"/> 33 B/C.S. <input type="checkbox"/> 70 S.S. <input type="checkbox"/> 11 G/A.P. <input type="checkbox"/> 23 C. <input type="checkbox"/> 40 T.I. <input type="checkbox"/> 77 O. <input type="checkbox"/> 12 P.P.C. <input type="checkbox"/> 24 P.S. <input type="checkbox"/> 41 A/C.C. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 20 J.S. <input type="checkbox"/> 30 T.V/Y.C. <input type="checkbox"/> 42 D.L.	<p>Address _____</p> <p>_____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
	04 03	<input type="checkbox"/> 01 N/K. <input type="checkbox"/> 21 S.C. <input type="checkbox"/> 32 C/S. <input type="checkbox"/> 60 U. <input type="checkbox"/> 10 P.P. <input type="checkbox"/> 22 G/A.S. <input type="checkbox"/> 33 B/C.S. <input type="checkbox"/> 70 S.S. <input type="checkbox"/> 11 G/A.P. <input type="checkbox"/> 23 C. <input type="checkbox"/> 40 T.I. <input type="checkbox"/> 77 O. <input type="checkbox"/> 12 P.P.C. <input type="checkbox"/> 24 P.S. <input type="checkbox"/> 41 A/C.C. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 20 J.S. <input type="checkbox"/> 30 T.V/Y.C. <input type="checkbox"/> 42 D.L.	<p>Address _____</p> <p>_____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
	04 04	<input type="checkbox"/> 01 N/K. <input type="checkbox"/> 21 S.C. <input type="checkbox"/> 32 C/S. <input type="checkbox"/> 60 U. <input type="checkbox"/> 10 P.P. <input type="checkbox"/> 22 G/A.S. <input type="checkbox"/> 33 B/C.S. <input type="checkbox"/> 70 S.S. <input type="checkbox"/> 11 G/A.P. <input type="checkbox"/> 23 C. <input type="checkbox"/> 40 T.I. <input type="checkbox"/> 77 O. <input type="checkbox"/> 12 P.P.C. <input type="checkbox"/> 24 P.S. <input type="checkbox"/> 41 A/C.C. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 20 J.S. <input type="checkbox"/> 30 T.V/Y.C. <input type="checkbox"/> 42 D.L.	<p>Address _____</p> <p>_____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
	04 05	<input type="checkbox"/> 01 N/K. <input type="checkbox"/> 21 S.C. <input type="checkbox"/> 32 C/S. <input type="checkbox"/> 60 U. <input type="checkbox"/> 10 P.P. <input type="checkbox"/> 22 G/A.S. <input type="checkbox"/> 33 B/C.S. <input type="checkbox"/> 70 S.S. <input type="checkbox"/> 11 G/A.P. <input type="checkbox"/> 23 C. <input type="checkbox"/> 40 T.I. <input type="checkbox"/> 77 O. <input type="checkbox"/> 12 P.P.C. <input type="checkbox"/> 24 P.S. <input type="checkbox"/> 41 A/C.C. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 20 J.S. <input type="checkbox"/> 30 T.V/Y.C. <input type="checkbox"/> 42 D.L.	<p>Address _____</p> <p>_____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
	04 06	<input type="checkbox"/> 01 N/K. <input type="checkbox"/> 21 S.C. <input type="checkbox"/> 32 C/S. <input type="checkbox"/> 60 U. <input type="checkbox"/> 10 P.P. <input type="checkbox"/> 22 G/A.S. <input type="checkbox"/> 33 B/C.S. <input type="checkbox"/> 70 S.S. <input type="checkbox"/> 11 G/A.P. <input type="checkbox"/> 23 C. <input type="checkbox"/> 40 T.I. <input type="checkbox"/> 77 O. <input type="checkbox"/> 12 P.P.C. <input type="checkbox"/> 24 P.S. <input type="checkbox"/> 41 A/C.C. <input type="checkbox"/> 99 N.S. <input type="checkbox"/> 20 J.S. <input type="checkbox"/> 30 T.V/Y.C. <input type="checkbox"/> 42 D.L.	<p>Address _____</p> <p>_____</p> <p>_____</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>



**SECTION 5. EDUCATION - FOR ALL PERSONS - Concluded**

<p><b>20. USUAL MODE OF TRANSPORTATION TO AND FROM SCHOOL</b></p> <p>What is the main type of transportation used by (N) to travel to and from school?</p> <p><b>PUBLIC</b></p> <p><input type="checkbox"/> 0 Bus (PTSC)</p> <p><input type="checkbox"/> 1 Taxi (T.)</p> <p><input type="checkbox"/> 2 Maxi Taxi (M.T.)</p> <p><b>PRIVATE</b></p> <p><input type="checkbox"/> 3 Private Car/Vehicle (P.C./V.)</p> <p><input type="checkbox"/> 4 PH TAXI (PH.T.)</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><b>21(a). HIGHEST LEVEL OF NON-VOCATIONAL EDUCATIONAL ATTAINMENT</b></p> <p>What is (N/s) highest level of non-vocational educational attainment?</p> <p><input type="checkbox"/> 1 None ↳ SKIP TO Q. 22</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"/> 7 Other (O.)</p> <p><input type="checkbox"/> 8 Not applicable (N.A.) ↳ SKIP TO Q. 22</p> <p><input type="checkbox"/> 9 Not stated (N.S.) ↳ SKIP TO Q. 22</p>	<p><b>21(b). YEARS OF SCHOOLING AT HIGHEST LEVEL</b></p> <p>How many years of schooling (at highest level non-vocational educational attainment) did (N) have?</p> <p><input type="checkbox"/> 0 Less than a year</p> <p><input type="checkbox"/> 1 1 Year</p> <p><input type="checkbox"/> 2 2 Years</p> <p><input type="checkbox"/> 3 3 "</p> <p><input type="checkbox"/> 4 4 "</p> <p><input type="checkbox"/> 5 5 "</p> <p><input type="checkbox"/> 6 6 "</p> <p><input type="checkbox"/> 7 7 Years or more</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p>	<p><b>21(c). HIGHEST EXAMINATION EVER PASSED</b></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 subjects</p> <p><input type="checkbox"/> 05 G.C.E. 'O'/CXC Gen. Prof. 3 or 4 subjects; S.C. Grade III</p> <p><input type="checkbox"/> 06 G.C.E. 'O'/CXC Gen. Prof. 5 subjects and over; S.C. Grades I, II</p> <p><input type="checkbox"/> 07 G.C.E. 'A'/HSC 1 or 2 subjects</p> <p><input type="checkbox"/> 08 G.C.E. 'A'/HSC 3 subjects and over</p> <p><input type="checkbox"/> 09 Diploma/or Equivalent Certificate of Achievement</p> <p><input type="checkbox"/> 10 First degree</p> <p><input type="checkbox"/> 11 Higher degree</p> <p><input type="checkbox"/> 77 Other    <input type="checkbox"/> 99 Not stated</p> <p><b>INTERVIEWER:</b> Exclude Common Entrance and 14+ Exams.</p>	
<p>0 <input type="checkbox"/> PTSC    5 <input type="checkbox"/> B.</p> <p>1 <input type="checkbox"/> T.        6 <input type="checkbox"/> W.</p> <p>2 <input type="checkbox"/> M.T.      7 <input type="checkbox"/> O.</p> <p>3 <input type="checkbox"/> P.C./V.   8 <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> PH.T.     9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> NONE    5 <input type="checkbox"/> U.</p> <p>2 <input type="checkbox"/> N./K.    7 <input type="checkbox"/> O.</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>0 <input type="checkbox"/>    3 <input type="checkbox"/>    6 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>    4 <input type="checkbox"/>    7 <input type="checkbox"/></p> <p>2 <input type="checkbox"/>    5 <input type="checkbox"/>    9 <input type="checkbox"/> N.S.</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"/>    11 <input type="checkbox"/></p> <p>03 <input type="checkbox"/>    06 <input type="checkbox"/>    09 <input type="checkbox"/>    77 <input type="checkbox"/></p> <p>          99 <input type="checkbox"/></p>	01
<p>0 <input type="checkbox"/> PTSC    5 <input type="checkbox"/> B.</p> <p>1 <input type="checkbox"/> T.        6 <input type="checkbox"/> W.</p> <p>2 <input type="checkbox"/> M.T.      7 <input type="checkbox"/> O.</p> <p>3 <input type="checkbox"/> P.C./V.   8 <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> PH.T.     9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> NONE    5 <input type="checkbox"/> U.</p> <p>2 <input type="checkbox"/> N./K.    7 <input type="checkbox"/> O.</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>0 <input type="checkbox"/>    3 <input type="checkbox"/>    6 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>    4 <input type="checkbox"/>    7 <input type="checkbox"/></p> <p>2 <input type="checkbox"/>    5 <input type="checkbox"/>    9 <input type="checkbox"/> N.S.</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"/>    11 <input type="checkbox"/></p> <p>03 <input type="checkbox"/>    06 <input type="checkbox"/>    09 <input type="checkbox"/>    77 <input type="checkbox"/></p> <p>          99 <input type="checkbox"/></p>	02
<p>0 <input type="checkbox"/> PTSC    5 <input type="checkbox"/> B.</p> <p>1 <input type="checkbox"/> T.        6 <input type="checkbox"/> W.</p> <p>2 <input type="checkbox"/> M.T.      7 <input type="checkbox"/> O.</p> <p>3 <input type="checkbox"/> P.C./V.   8 <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> PH.T.     9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> NONE    5 <input type="checkbox"/> U.</p> <p>2 <input type="checkbox"/> N./K.    7 <input type="checkbox"/> O.</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>0 <input type="checkbox"/>    3 <input type="checkbox"/>    6 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>    4 <input type="checkbox"/>    7 <input type="checkbox"/></p> <p>2 <input type="checkbox"/>    5 <input type="checkbox"/>    9 <input type="checkbox"/> N.S.</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"/>    11 <input type="checkbox"/></p> <p>03 <input type="checkbox"/>    06 <input type="checkbox"/>    09 <input type="checkbox"/>    77 <input type="checkbox"/></p> <p>          99 <input type="checkbox"/></p>	03
<p>0 <input type="checkbox"/> PTSC    5 <input type="checkbox"/> B.</p> <p>1 <input type="checkbox"/> T.        6 <input type="checkbox"/> W.</p> <p>2 <input type="checkbox"/> M.T.      7 <input type="checkbox"/> O.</p> <p>3 <input type="checkbox"/> P.C./V.   8 <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> PH.T.     9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> NONE    5 <input type="checkbox"/> U.</p> <p>2 <input type="checkbox"/> N./K.    7 <input type="checkbox"/> O.</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>0 <input type="checkbox"/>    3 <input type="checkbox"/>    6 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>    4 <input type="checkbox"/>    7 <input type="checkbox"/></p> <p>2 <input type="checkbox"/>    5 <input type="checkbox"/>    9 <input type="checkbox"/> N.S.</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"/>    11 <input type="checkbox"/></p> <p>03 <input type="checkbox"/>    06 <input type="checkbox"/>    09 <input type="checkbox"/>    77 <input type="checkbox"/></p> <p>          99 <input type="checkbox"/></p>	04
<p>0 <input type="checkbox"/> PTSC    5 <input type="checkbox"/> B.</p> <p>1 <input type="checkbox"/> T.        6 <input type="checkbox"/> W.</p> <p>2 <input type="checkbox"/> M.T.      7 <input type="checkbox"/> O.</p> <p>3 <input type="checkbox"/> P.C./V.   8 <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> PH.T.     9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> NONE    5 <input type="checkbox"/> U.</p> <p>2 <input type="checkbox"/> N./K.    7 <input type="checkbox"/> O.</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>0 <input type="checkbox"/>    3 <input type="checkbox"/>    6 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>    4 <input type="checkbox"/>    7 <input type="checkbox"/></p> <p>2 <input type="checkbox"/>    5 <input type="checkbox"/>    9 <input type="checkbox"/> N.S.</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"/>    11 <input type="checkbox"/></p> <p>03 <input type="checkbox"/>    06 <input type="checkbox"/>    09 <input type="checkbox"/>    77 <input type="checkbox"/></p> <p>          99 <input type="checkbox"/></p>	05
<p>0 <input type="checkbox"/> PTSC    5 <input type="checkbox"/> B.</p> <p>1 <input type="checkbox"/> T.        6 <input type="checkbox"/> W.</p> <p>2 <input type="checkbox"/> M.T.      7 <input type="checkbox"/> O.</p> <p>3 <input type="checkbox"/> P.C./V.   8 <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> PH.T.     9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> NONE    5 <input type="checkbox"/> U.</p> <p>2 <input type="checkbox"/> N./K.    7 <input type="checkbox"/> O.</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>0 <input type="checkbox"/>    3 <input type="checkbox"/>    6 <input type="checkbox"/></p> <p>1 <input type="checkbox"/>    4 <input type="checkbox"/>    7 <input type="checkbox"/></p> <p>2 <input type="checkbox"/>    5 <input type="checkbox"/>    9 <input type="checkbox"/> N.S.</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"/>    11 <input type="checkbox"/></p> <p>03 <input type="checkbox"/>    06 <input type="checkbox"/>    09 <input type="checkbox"/>    77 <input type="checkbox"/></p> <p>          99 <input type="checkbox"/></p>	06

**SECTION 6. ECONOMIC ACTIVITY - FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER**

This section deals with the economic activity of all persons who are 15 years old and over. Questions 23 to 24 apply only to those answering [30] in Question 22.

I N D I V I D U A L M E M B E R	<p><b>22. ECONOMIC ACTIVITY PAST WEEK</b></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 actively seeking work (A.S.W.)</p> <p><input type="checkbox"/> 30 Did not look for work (D.N.L.W.)</p> <p><input type="checkbox"/> 99 Not stated (N.S.)</p> <p><b>INTERVIEWER:</b></p> <p>For persons who ticked (✓) 10 to 21,</p> <p><b>SKIP TO Q. 25,</b></p> <p>those ticking 30</p> <p><b>GO TO Q. 23</b></p> <p>and for persons who ticked 99</p> <p><b>SKIP TO Q. 24</b></p>	<p><b>23. REASON FOR NOT SEEKING WORK PAST WEEK</b></p> <p>Why did (N) not look for work during the past week?</p> <p><input type="checkbox"/> 40 At School/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"/> 46 Discouraged (DISC.)</p> <p><input type="checkbox"/> 47 Awaiting Results (A.R.)</p> <p><input type="checkbox"/> 48 Knew of no vacancy (K.N.V.)</p> <p><input type="checkbox"/> 49 Temporary illness (T.I.)</p> <p><input type="checkbox"/> 77 Other (O.)</p> <p><input type="checkbox"/> 99 Not stated (N.S.)</p> <p><b>INTERVIEWER:</b></p> <p>For persons who ticked (✓) <input type="checkbox"/> 40 to <input type="checkbox"/> 45</p> <p><b>SKIP TO Q. 30</b></p>	<p><b>24. LAST LOOKED FOR WORK?</b></p> <p>When did (N) last look for work?</p> <p><input type="checkbox"/> 1 Under 1 month</p> <p><input type="checkbox"/> 2 1-3 months</p> <p><input type="checkbox"/> 3 4-6 months</p> <p><input type="checkbox"/> 4 7-11 months</p> <p><input type="checkbox"/> 5 1 year and over</p> <p><input type="checkbox"/> 6 Never looked for work (N.L.W.)</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p><b>INTERVIEWER:</b></p> <p>For persons who ticked (✓) <input type="checkbox"/> 6 or <input type="checkbox"/> 9</p> <p><b>SKIP TO Q. 30.</b></p>
05 01	<p>10 <input type="checkbox"/> H.J/W. 21 <input type="checkbox"/> A.S.W.</p> <p>11 <input type="checkbox"/> H.J.N.W. 30 <input type="checkbox"/> D.N.L.W.</p> <p>20 <input type="checkbox"/> S.F.J. 99 <input type="checkbox"/> N.S.</p>	<p>40 <input type="checkbox"/> S. 44 <input type="checkbox"/> O.A.P. 48 <input type="checkbox"/> K.N.V.</p> <p>41 <input type="checkbox"/> H.D. 45 <input type="checkbox"/> D.N.W.W. 49 <input type="checkbox"/> T.I.</p> <p>42 <input type="checkbox"/> R. 46 <input type="checkbox"/> DISC. 77 <input type="checkbox"/> O.</p> <p>43 <input type="checkbox"/> D. 47 <input type="checkbox"/> A.R. 99 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Under 1 mth. 4 <input type="checkbox"/> 7-11 mths.</p> <p>2 <input type="checkbox"/> 1-3 mths. 5 <input type="checkbox"/> 1 yr. &amp; over</p> <p>3 <input type="checkbox"/> 4-6 mths. 6 <input type="checkbox"/> N.L.W.</p> <p>9 <input type="checkbox"/> N.S.</p>
05 02	<p>10 <input type="checkbox"/> H.J/W. 21 <input type="checkbox"/> A.S.W.</p> <p>11 <input type="checkbox"/> H.J.N.W. 30 <input type="checkbox"/> D.N.L.W.</p> <p>20 <input type="checkbox"/> S.F.J. 99 <input type="checkbox"/> N.S.</p>	<p>40 <input type="checkbox"/> S. 44 <input type="checkbox"/> O.A.P. 48 <input type="checkbox"/> K.N.V.</p> <p>41 <input type="checkbox"/> H.D. 45 <input type="checkbox"/> D.N.W.W. 49 <input type="checkbox"/> T.I.</p> <p>42 <input type="checkbox"/> R. 46 <input type="checkbox"/> DISC. 77 <input type="checkbox"/> O.</p> <p>43 <input type="checkbox"/> D. 47 <input type="checkbox"/> A.R. 99 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Under 1 mth. 4 <input type="checkbox"/> 7-11 mths.</p> <p>2 <input type="checkbox"/> 1-3 mths. 5 <input type="checkbox"/> 1 yr. &amp; over</p> <p>3 <input type="checkbox"/> 4-6 mths. 6 <input type="checkbox"/> N.L.W.</p> <p>9 <input type="checkbox"/> N.S.</p>
05 03	<p>10 <input type="checkbox"/> H.J/W. 21 <input type="checkbox"/> A.S.W.</p> <p>11 <input type="checkbox"/> H.J.N.W. 30 <input type="checkbox"/> D.N.L.W.</p> <p>20 <input type="checkbox"/> S.F.J. 99 <input type="checkbox"/> N.S.</p>	<p>40 <input type="checkbox"/> S. 44 <input type="checkbox"/> O.A.P. 48 <input type="checkbox"/> K.N.V.</p> <p>41 <input type="checkbox"/> H.D. 45 <input type="checkbox"/> D.N.W.W. 49 <input type="checkbox"/> T.I.</p> <p>42 <input type="checkbox"/> R. 46 <input type="checkbox"/> DISC. 77 <input type="checkbox"/> O.</p> <p>43 <input type="checkbox"/> D. 47 <input type="checkbox"/> A.R. 99 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Under 1 mth. 4 <input type="checkbox"/> 7-11 mths.</p> <p>2 <input type="checkbox"/> 1-3 mths. 5 <input type="checkbox"/> 1 yr. &amp; over</p> <p>3 <input type="checkbox"/> 4-6 mths. 6 <input type="checkbox"/> N.L.W.</p> <p>9 <input type="checkbox"/> N.S.</p>
05 04	<p>10 <input type="checkbox"/> H.J/W. 21 <input type="checkbox"/> A.S.W.</p> <p>11 <input type="checkbox"/> H.J.N.W. 30 <input type="checkbox"/> D.N.L.W.</p> <p>20 <input type="checkbox"/> S.F.J. 99 <input type="checkbox"/> N.S.</p>	<p>40 <input type="checkbox"/> S. 44 <input type="checkbox"/> O.A.P. 48 <input type="checkbox"/> K.N.V.</p> <p>41 <input type="checkbox"/> H.D. 45 <input type="checkbox"/> D.N.W.W. 49 <input type="checkbox"/> T.I.</p> <p>42 <input type="checkbox"/> R. 46 <input type="checkbox"/> DISC. 77 <input type="checkbox"/> O.</p> <p>43 <input type="checkbox"/> D. 47 <input type="checkbox"/> A.R. 99 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Under 1 mth. 4 <input type="checkbox"/> 7-11 mths.</p> <p>2 <input type="checkbox"/> 1-3 mths. 5 <input type="checkbox"/> 1 yr. &amp; over</p> <p>3 <input type="checkbox"/> 4-6 mths. 6 <input type="checkbox"/> N.L.W.</p> <p>9 <input type="checkbox"/> N.S.</p>
05 05	<p>10 <input type="checkbox"/> H.J/W. 21 <input type="checkbox"/> A.S.W.</p> <p>11 <input type="checkbox"/> H.J.N.W. 30 <input type="checkbox"/> D.N.L.W.</p> <p>20 <input type="checkbox"/> S.F.J. 99 <input type="checkbox"/> N.S.</p>	<p>40 <input type="checkbox"/> S. 44 <input type="checkbox"/> O.A.P. 48 <input type="checkbox"/> K.N.V.</p> <p>41 <input type="checkbox"/> H.D. 45 <input type="checkbox"/> D.N.W.W. 49 <input type="checkbox"/> T.I.</p> <p>42 <input type="checkbox"/> R. 46 <input type="checkbox"/> DISC. 77 <input type="checkbox"/> O.</p> <p>43 <input type="checkbox"/> D. 47 <input type="checkbox"/> A.R. 99 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Under 1 mth. 4 <input type="checkbox"/> 7-11 mths.</p> <p>2 <input type="checkbox"/> 1-3 mths. 5 <input type="checkbox"/> 1 yr. &amp; over</p> <p>3 <input type="checkbox"/> 4-6 mths. 6 <input type="checkbox"/> N.L.W.</p> <p>9 <input type="checkbox"/> N.S.</p>
05 06	<p>10 <input type="checkbox"/> H.J/W. 21 <input type="checkbox"/> A.S.W.</p> <p>11 <input type="checkbox"/> H.J.N.W. 30 <input type="checkbox"/> D.N.L.W.</p> <p>20 <input type="checkbox"/> S.F.J. 99 <input type="checkbox"/> N.S.</p>	<p>40 <input type="checkbox"/> S. 44 <input type="checkbox"/> O.A.P. 48 <input type="checkbox"/> K.N.V.</p> <p>41 <input type="checkbox"/> H.D. 45 <input type="checkbox"/> D.N.W.W. 49 <input type="checkbox"/> T.I.</p> <p>42 <input type="checkbox"/> R. 46 <input type="checkbox"/> DISC. 77 <input type="checkbox"/> O.</p> <p>43 <input type="checkbox"/> D. 47 <input type="checkbox"/> A.R. 99 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Under 1 mth. 4 <input type="checkbox"/> 7-11 mths.</p> <p>2 <input type="checkbox"/> 1-3 mths. 5 <input type="checkbox"/> 1 yr. &amp; over</p> <p>3 <input type="checkbox"/> 4-6 mths. 6 <input type="checkbox"/> N.L.W.</p> <p>9 <input type="checkbox"/> N.S.</p>

**SECTION 6. ECONOMIC ACTIVITY - FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER - Continued**

<p><b>25. TYPE OF WORKER STATUS</b></p> <p>What type of worker status applies to (N)?</p> <p><b>(A). WORKED FOR OTHERS</b></p> <p><input type="checkbox"/> 0 Statutory Boards and Similar Bodies (S.B.)</p> <p><input type="checkbox"/> 1 State Owned Enterprise (S.O.E.)</p> <p><input type="checkbox"/> 2 Central or Local Government (C/L.G.)</p> <p><input type="checkbox"/> 3 Private Enterprise (P.E.)</p> <p><input type="checkbox"/> 4 Unpaid Worker (U.W.)</p> <p><input type="checkbox"/> 5 Learner/Apprentice (L/A.)</p> <p><b>(B). HAS OWN BUSINESS/FARM</b></p> <p><input type="checkbox"/> 6 No paid help/ Own account worker (N.P.H.)</p> <p><input type="checkbox"/> 7 With paid help/Employer (W.P.H.)</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p><b>INTERVIEWER:</b></p> <p>For persons who have ticked (✓) <input type="checkbox"/> 20 in Question 22 classify by where (N) last applied for a job. Those persons ticking <input type="checkbox"/> 21 or <input type="checkbox"/> 30 classify by last job held.</p>	<p><b>26(a). MAIN KIND OF OCCUPATION/WORK</b></p> <p>What kind of work was (N) doing (job held/did (N) apply for) during the past week? e.g. Secondary School Teacher, Accounts Clerk, Automobile Mechanic.</p> <p><b>26(b). JOB TITLE</b></p> <p>What was (N's) Job Title? e.g. Teacher II, Accounts Clerk I, Automobile Mechanic Grade 'A'</p> <p><b>INTERVIEWER:</b></p> <p>For persons who ticked (✓) <input type="checkbox"/> 20 in Question 22 classify by kind of job last applied for and those ticking <input type="checkbox"/> 21 or <input type="checkbox"/> 30 classify by last job held.</p>
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<p><input type="checkbox"/> 0 S.B.</p> <p><input type="checkbox"/> 1 S.O.E.</p> <p><input type="checkbox"/> 2 C/L.G.</p> <p><input type="checkbox"/> 3 P.E.</p> <p><input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 4 U.W.</p> <p><input type="checkbox"/> 5 L/A.</p> <p><input type="checkbox"/> 6 N.P.H.</p> <p><input type="checkbox"/> 7 W.P.H.</p>	<p>(a) Occupation _____</p> <p>.....</p> <p>(b) Job Title _____</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	01
<p><input type="checkbox"/> 0 S.B.</p> <p><input type="checkbox"/> 1 S.O.E.</p> <p><input type="checkbox"/> 2 C/L.G.</p> <p><input type="checkbox"/> 3 P.E.</p> <p><input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 4 U.W.</p> <p><input type="checkbox"/> 5 L/A.</p> <p><input type="checkbox"/> 6 N.P.H.</p> <p><input type="checkbox"/> 7 W.P.H.</p>	<p>(a) Occupation _____</p> <p>.....</p> <p>(b) Job Title _____</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	02
<p><input type="checkbox"/> 0 S.B.</p> <p><input type="checkbox"/> 1 S.O.E.</p> <p><input type="checkbox"/> 2 C/L.G.</p> <p><input type="checkbox"/> 3 P.E.</p> <p><input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 4 U.W.</p> <p><input type="checkbox"/> 5 L/A.</p> <p><input type="checkbox"/> 6 N.P.H.</p> <p><input type="checkbox"/> 7 W.P.H.</p>	<p>(a) Occupation _____</p> <p>.....</p> <p>(b) Job Title _____</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	03
<p><input type="checkbox"/> 0 S.B.</p> <p><input type="checkbox"/> 1 S.O.E.</p> <p><input type="checkbox"/> 2 C/L.G.</p> <p><input type="checkbox"/> 3 P.E.</p> <p><input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 4 U.W.</p> <p><input type="checkbox"/> 5 L/A.</p> <p><input type="checkbox"/> 6 N.P.H.</p> <p><input type="checkbox"/> 7 W.P.H.</p>	<p>(a) Occupation _____</p> <p>.....</p> <p>(b) Job Title _____</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	04
<p><input type="checkbox"/> 0 S.B.</p> <p><input type="checkbox"/> 1 S.O.E.</p> <p><input type="checkbox"/> 2 C/L.G.</p> <p><input type="checkbox"/> 3 P.E.</p> <p><input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 4 U.W.</p> <p><input type="checkbox"/> 5 L/A.</p> <p><input type="checkbox"/> 6 N.P.H.</p> <p><input type="checkbox"/> 7 W.P.H.</p>	<p>(a) Occupation _____</p> <p>.....</p> <p>(b) Job Title _____</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	05
<p><input type="checkbox"/> 0 S.B.</p> <p><input type="checkbox"/> 1 S.O.E.</p> <p><input type="checkbox"/> 2 C/L.G.</p> <p><input type="checkbox"/> 3 P.E.</p> <p><input type="checkbox"/> 9 N.S.</p>	<p><input type="checkbox"/> 4 U.W.</p> <p><input type="checkbox"/> 5 L/A.</p> <p><input type="checkbox"/> 6 N.P.H.</p> <p><input type="checkbox"/> 7 W.P.H.</p>	<p>(a) Occupation _____</p> <p>.....</p> <p>(b) Job Title _____</p> <p align="center"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	06

**SECTION 6. ECONOMIC ACTIVITY - FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER - Continued**

		<p><b>27(a). INDUSTRY</b></p> <p>What is the name of the Business/Firm/ Establishment/Government Department in which (N) worked/had a job? e.g. Ministry of Health (St. Ann's Hospital), Pete's Advertising Agency?</p>	<p><b>28(a). ADDRESS OF PLACE OF WORK</b></p> <p>What is the address of the department or establishment where (N) is working/worked or looked for work?</p> <hr/> <p align="center">Full Address</p> <hr/>
		<p><b>27(b) TYPE OF BUSINESS</b></p> <p>What kind of business is carried on there? e.g. Psychiatric Hospital, creative designs of advertisement for media.</p>	
		<p><b>INTERVIEWER:</b></p> <p>For persons who ticked (✓) <input type="checkbox"/> 20 in Question 22 classify by industry of last application and those ticking <input type="checkbox"/> 21 or <input type="checkbox"/> 30 classify by industry of last place of employment.</p>	
		<p>(a) Industry _____</p> <p>(b) Business _____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
		<p>(a) Industry _____</p> <p>(b) Business _____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
		<p>(a) Industry _____</p> <p>(b) Business _____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
		<p>(a) Industry _____</p> <p>(b) Business _____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
		<p>(a) Industry _____</p> <p>(b) Business _____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
		<p>(a) Industry _____</p> <p>(b) Business _____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
		<p>(a) Industry _____</p> <p>(b) Business _____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Address _____</p> <p>_____</p> <p>_____</p> <p align="center"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>

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## SECTION 6. ECONOMIC ACTIVITY - FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER - Continued

28(b). TRANSPORTATION		29. HOURS WORKED PAST WEEK		
What is the main type of transportation used by (N) to travel to and from work?  <b>PUBLIC</b> <input type="checkbox"/> 0 Bus (PTSC) <input type="checkbox"/> 1 Taxi (T.) <input type="checkbox"/> 2 Maxi Taxi (M.T.)  <b>PRIVATE</b> <input type="checkbox"/> 3 Private Car/Vehicle (P.C/V.) <input type="checkbox"/> 4 PH Taxi (PH.T.) <input type="checkbox"/> 5 Bicycle (B.) <input type="checkbox"/> 6 Walk (W.) <input type="checkbox"/> 7 Other (O.) <input type="checkbox"/> 8 Not applicable (N.A.) <input type="checkbox"/> 9 Not stated (N.S.)		How many hours did (N) work during the past week, including overtime?  <input type="checkbox"/> 01 Under 1 hr. <input type="checkbox"/> 07 41-50 hrs. <input type="checkbox"/> 02 1- 8 hrs. <input type="checkbox"/> 08 51-60 hrs. <input type="checkbox"/> 03 9-16 hrs. <input type="checkbox"/> 09 61-70 hrs. <input type="checkbox"/> 04 17-24 hrs. <input type="checkbox"/> 10 71+ hrs. <input type="checkbox"/> 05 25-32 hrs. <input type="checkbox"/> 99 Not stated (N.S.) <input type="checkbox"/> 06 33-40 hrs.		
<input type="checkbox"/> 0 PTSC <input type="checkbox"/> 5 B. <input type="checkbox"/> 1 T. <input type="checkbox"/> 6 W. <input type="checkbox"/> 2 M.T. <input type="checkbox"/> 7 O. <input type="checkbox"/> 3 P.C/V. <input type="checkbox"/> 8 N.A. <input type="checkbox"/> 4 PH.T. <input type="checkbox"/> 9 N.S.		<input type="checkbox"/> 01 < 1 hr. <input type="checkbox"/> 05 25-32 hrs <input type="checkbox"/> 09 61-70 hrs. <input type="checkbox"/> 02 1- 8 hrs. <input type="checkbox"/> 06 33-40 hrs. <input type="checkbox"/> 10 71+ hrs. <input type="checkbox"/> 03 9-16 hrs. <input type="checkbox"/> 07 41-50 hrs. <input type="checkbox"/> 99 N.S.		01
<input type="checkbox"/> 0 PTSC <input type="checkbox"/> 5 B. <input type="checkbox"/> 1 T. <input type="checkbox"/> 6 W. <input type="checkbox"/> 2 M.T. <input type="checkbox"/> 7 O. <input type="checkbox"/> 3 P.C/V. <input type="checkbox"/> 8 N.A. <input type="checkbox"/> 4 PH.T. <input type="checkbox"/> 9 N.S.		<input type="checkbox"/> 01 < 1 hr. <input type="checkbox"/> 05 25-32 hrs <input type="checkbox"/> 09 61-70 hrs. <input type="checkbox"/> 02 1- 8 hrs. <input type="checkbox"/> 06 33-40 hrs. <input type="checkbox"/> 10 71+ hrs. <input type="checkbox"/> 03 9-16 hrs. <input type="checkbox"/> 07 41-50 hrs. <input type="checkbox"/> 99 N.S.		02
<input type="checkbox"/> 0 PTSC <input type="checkbox"/> 5 B. <input type="checkbox"/> 1 T. <input type="checkbox"/> 6 W. <input type="checkbox"/> 2 M.T. <input type="checkbox"/> 7 O. <input type="checkbox"/> 3 P.C/V. <input type="checkbox"/> 8 N.A. <input type="checkbox"/> 4 PH.T. <input type="checkbox"/> 8 N.S.		<input type="checkbox"/> 01 < 1 hr. <input type="checkbox"/> 05 25-32 hrs <input type="checkbox"/> 09 61-70 hrs. <input type="checkbox"/> 02 1- 8 hrs. <input type="checkbox"/> 06 33-40 hrs. <input type="checkbox"/> 10 71+ hrs. <input type="checkbox"/> 03 9-16 hrs. <input type="checkbox"/> 07 41-50 hrs. <input type="checkbox"/> 99 N.S.		03
<input type="checkbox"/> 0 PTSC <input type="checkbox"/> 5 B. <input type="checkbox"/> 1 T. <input type="checkbox"/> 6 W. <input type="checkbox"/> 2 M.T. <input type="checkbox"/> 7 O. <input type="checkbox"/> 3 P.C/V. <input type="checkbox"/> 8 N.A. <input type="checkbox"/> 4 PH.T. <input type="checkbox"/> 9 N.S.		<input type="checkbox"/> 01 < 1 hr. <input type="checkbox"/> 05 25-32 hrs <input type="checkbox"/> 09 61-70 hrs. <input type="checkbox"/> 02 1- 8 hrs. <input type="checkbox"/> 06 33-40 hrs. <input type="checkbox"/> 10 71+ hrs. <input type="checkbox"/> 03 9-16 hrs. <input type="checkbox"/> 07 41-50 hrs. <input type="checkbox"/> 99 N.S.		04
<input type="checkbox"/> 0 PTSC <input type="checkbox"/> 5 B. <input type="checkbox"/> 1 T. <input type="checkbox"/> 6 W. <input type="checkbox"/> 2 M.T. <input type="checkbox"/> 7 O. <input type="checkbox"/> 3 P.C/V. <input type="checkbox"/> 8 N.A. <input type="checkbox"/> 4 PH.T. <input type="checkbox"/> 9 N.S.		<input type="checkbox"/> 01 < 1 hr. <input type="checkbox"/> 05 25-32 hrs <input type="checkbox"/> 09 61-70 hrs. <input type="checkbox"/> 02 1- 8 hrs. <input type="checkbox"/> 06 33-40 hrs. <input type="checkbox"/> 10 71+ hrs. <input type="checkbox"/> 03 9-16 hrs. <input type="checkbox"/> 07 41-50 hrs. <input type="checkbox"/> 99 N.S.		05
<input type="checkbox"/> 0 PTSC <input type="checkbox"/> 5 B. <input type="checkbox"/> 1 T. <input type="checkbox"/> 6 W. <input type="checkbox"/> 2 M.T. <input type="checkbox"/> 7 O. <input type="checkbox"/> 3 P.C/V. <input type="checkbox"/> 8 N.A. <input type="checkbox"/> 4 PH.T. <input type="checkbox"/> 9 N.S.		<input type="checkbox"/> 01 < 1 hr. <input type="checkbox"/> 05 25-32 hrs <input type="checkbox"/> 09 61-70 hrs. <input type="checkbox"/> 02 1- 8 hrs. <input type="checkbox"/> 06 33-40 hrs. <input type="checkbox"/> 10 71+ hrs. <input type="checkbox"/> 03 9-16 hrs. <input type="checkbox"/> 07 41-50 hrs. <input type="checkbox"/> 99 N.S.		06

## INTERVIEWER:

Applicable only to those ticking  10 in Q. 22.

SECTION 6. ECONOMIC ACTIVITY - Concluded		SECTION 7. HIGHEST LEVEL OF TRAINING - FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER	
I N D I A V G I D U N A U L M B N E U R M B E R	30. WHAT DID (N) DO MOST DURING THE PAST TWELVE (12) MONTHS?	31(a). TRAINING ATTAINMENT	31(b). TRAINING STATUS
		<p>10 <input type="checkbox"/> Had a job/worked (H.J.W.)</p> <p>11 <input type="checkbox"/> Had a job, did not work (H.J.N.W.)</p> <p>20 <input type="checkbox"/> Seeking first job (S.F.J.)</p> <p>21 <input type="checkbox"/> Others seeking work (O.S.W.)</p> <p>30 <input type="checkbox"/> Wanted work and available (W.W.)</p> <p>40 <input type="checkbox"/> Student (S.)</p> <p>41 <input type="checkbox"/> Home duties (H.D.)</p> <p>42 <input type="checkbox"/> Retired (R.)</p> <p>43 <input type="checkbox"/> Disabled (D.)</p> <p>44 <input type="checkbox"/> Old Age Pensioner (O.A.P.)</p> <p>45 <input type="checkbox"/> Did not want work (D.N.W.W.)</p> <p>77 <input type="checkbox"/> Other (O.)</p> <p>99 <input type="checkbox"/> Not stated (N.S.)</p>	<p>Has (N) ever received/ attempted any special training to fit him/her for employment?</p> <p>1 <input type="checkbox"/> Yes → GO TO Q. 31(b)</p> <p>2 <input type="checkbox"/> No → SKIP TO Q. 36</p> <p>7 <input type="checkbox"/> Don't know (D.K.) → SKIP TO Q. 36</p> <p>9 <input type="checkbox"/> Not stated (N.S.) → SKIP TO Q. 36</p> <p><b>INTERVIEWER:</b></p> <p>Probe for on-the-job training apprenticeship, Youth Camps, Commercial Schools, Correspondence Courses, University, Computer, Distance Learning/Adult continuing classes.</p>
07 01	<p>10 <input type="checkbox"/> H.J.W.    40 <input type="checkbox"/> S.    45 <input type="checkbox"/> D.N.W.W.</p> <p>11 <input type="checkbox"/> H.J.N.W.    41 <input type="checkbox"/> H.D.    77 <input type="checkbox"/> O.</p> <p>20 <input type="checkbox"/> S.F.J.    42 <input type="checkbox"/> R.    99 <input type="checkbox"/> N.S.</p> <p>21 <input type="checkbox"/> O.S.W.    43 <input type="checkbox"/> D.</p> <p>30 <input type="checkbox"/> W.W.    44 <input type="checkbox"/> O.A.P.</p>	<p>1 <input type="checkbox"/> Yes    7 <input type="checkbox"/> D.K.</p> <p>2 <input type="checkbox"/> No    9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> C.T.    3 <input type="checkbox"/> A.T.</p> <p>2 <input type="checkbox"/> U.T.    7 <input type="checkbox"/> D.K.</p> <p>9 <input type="checkbox"/> N.S.</p>
07 02	<p>10 <input type="checkbox"/> H.J.W.    40 <input type="checkbox"/> S.    45 <input type="checkbox"/> D.N.W.W.</p> <p>11 <input type="checkbox"/> H.J.N.W.    41 <input type="checkbox"/> H.D.    77 <input type="checkbox"/> O.</p> <p>20 <input type="checkbox"/> S.F.J.    42 <input type="checkbox"/> R.    99 <input type="checkbox"/> N.S.</p> <p>21 <input type="checkbox"/> O.S.W.    43 <input type="checkbox"/> D.</p> <p>30 <input type="checkbox"/> W.W.    44 <input type="checkbox"/> O.A.P.</p>	<p>1 <input type="checkbox"/> Yes    7 <input type="checkbox"/> D.K.</p> <p>2 <input type="checkbox"/> No    9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> C.T.    3 <input type="checkbox"/> A.T.</p> <p>2 <input type="checkbox"/> U.T.    7 <input type="checkbox"/> D.K.</p> <p>9 <input type="checkbox"/> N.S.</p>
07 03	<p>10 <input type="checkbox"/> H.J.W.    40 <input type="checkbox"/> S.    45 <input type="checkbox"/> D.N.W.W.</p> <p>11 <input type="checkbox"/> H.J.N.W.    41 <input type="checkbox"/> H.D.    77 <input type="checkbox"/> O.</p> <p>20 <input type="checkbox"/> S.F.J.    42 <input type="checkbox"/> R.    99 <input type="checkbox"/> N.S.</p> <p>21 <input type="checkbox"/> O.S.W.    43 <input type="checkbox"/> D.</p> <p>30 <input type="checkbox"/> W.W.    44 <input type="checkbox"/> O.A.P.</p>	<p>1 <input type="checkbox"/> Yes    7 <input type="checkbox"/> D.K.</p> <p>2 <input type="checkbox"/> No    9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> C.T.    3 <input type="checkbox"/> A.T.</p> <p>2 <input type="checkbox"/> U.T.    7 <input type="checkbox"/> D.K.</p> <p>9 <input type="checkbox"/> N.S.</p>
07 04	<p>10 <input type="checkbox"/> H.J.W.    40 <input type="checkbox"/> S.    45 <input type="checkbox"/> D.N.W.W.</p> <p>11 <input type="checkbox"/> H.J.N.W.    41 <input type="checkbox"/> H.D.    77 <input type="checkbox"/> O.</p> <p>20 <input type="checkbox"/> S.F.J.    42 <input type="checkbox"/> R.    99 <input type="checkbox"/> N.S.</p> <p>21 <input type="checkbox"/> O.S.W.    43 <input type="checkbox"/> D.</p> <p>30 <input type="checkbox"/> W.W.    44 <input type="checkbox"/> O.A.P.</p>	<p>1 <input type="checkbox"/> Yes    7 <input type="checkbox"/> D.K.</p> <p>2 <input type="checkbox"/> No    9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> C.T.    3 <input type="checkbox"/> A.T.</p> <p>2 <input type="checkbox"/> U.T.    7 <input type="checkbox"/> D.K.</p> <p>9 <input type="checkbox"/> N.S.</p>
07 05	<p>10 <input type="checkbox"/> H.J.W.    40 <input type="checkbox"/> S.    45 <input type="checkbox"/> D.N.W.W.</p> <p>11 <input type="checkbox"/> H.J.N.W.    41 <input type="checkbox"/> H.D.    77 <input type="checkbox"/> O.</p> <p>20 <input type="checkbox"/> S.F.J.    42 <input type="checkbox"/> R.    99 <input type="checkbox"/> N.S.</p> <p>21 <input type="checkbox"/> O.S.W.    43 <input type="checkbox"/> D.</p> <p>30 <input type="checkbox"/> W.W.    44 <input type="checkbox"/> O.A.P.</p>	<p>1 <input type="checkbox"/> Yes    7 <input type="checkbox"/> D.K.</p> <p>2 <input type="checkbox"/> No    9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> C.T.    3 <input type="checkbox"/> A.T.</p> <p>2 <input type="checkbox"/> U.T.    7 <input type="checkbox"/> D.K.</p> <p>9 <input type="checkbox"/> N.S.</p>
07 06	<p>10 <input type="checkbox"/> H.J.W.    40 <input type="checkbox"/> S.    45 <input type="checkbox"/> D.N.W.W.</p> <p>11 <input type="checkbox"/> H.J.N.W.    41 <input type="checkbox"/> H.D.    77 <input type="checkbox"/> O.</p> <p>20 <input type="checkbox"/> S.F.J.    42 <input type="checkbox"/> R.    99 <input type="checkbox"/> N.S.</p> <p>21 <input type="checkbox"/> O.S.W.    43 <input type="checkbox"/> D.</p> <p>30 <input type="checkbox"/> W.W.    44 <input type="checkbox"/> O.A.P.</p>	<p>1 <input type="checkbox"/> Yes    7 <input type="checkbox"/> D.K.</p> <p>2 <input type="checkbox"/> No    9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> C.T.    3 <input type="checkbox"/> A.T.</p> <p>2 <input type="checkbox"/> U.T.    7 <input type="checkbox"/> D.K.</p> <p>9 <input type="checkbox"/> N.S.</p>

<p><b>32. FIELD OF HIGHEST LEVEL OF TRAINING</b></p> <p>What is the Field for which the highest level of training was completed/attempted or is undergoing?</p> <p><b>INTERVIEWER:</b></p> <p>Please probe respondent to give a detailed description of the field of study e.g. Teacher training for pre-school and kindergarten; cookery, and food preparation, chemical engineering, graphic art, auto and diesel mechanics, agricultural extension, etc.</p>	<p><b>33. MAIN EDUCATIONAL METHOD/ TYPE OF INSTITUTION OF HIGHEST LEVEL OF TRAINING</b></p> <p>In (N's) field of highest level of training, what was the main educational method/type of schooling used?</p> <p><input type="checkbox"/> 01 On the job (J.)</p> <p><input type="checkbox"/> 02 Private study (P.S.)</p> <p><input type="checkbox"/> 03 Secondary School (S.S.)</p> <p><input type="checkbox"/> 04 Vocational/Trade (V/T.)</p> <p><input type="checkbox"/> 05 Commercial/Secretarial (C/S.)</p> <p><input type="checkbox"/> 06 Business/Computer Science (B/C.S.)</p> <p><input type="checkbox"/> 07 Technical Institute (T.I.)</p> <p><input type="checkbox"/> 08 Other Institutional Training (O.I.T.)</p> <p><input type="checkbox"/> 09 University (U.)</p> <p><input type="checkbox"/> 10 Distance Learning (D.L.)</p> <p><input type="checkbox"/> 77 Other (O.)</p> <p><input type="checkbox"/> 99 Not stated (N.S.)</p>	<p><b>34. PERIOD OF TRAINING AT HIGHEST LEVEL</b></p> <p>How much time did (N) spend being trained for his/her field of highest level of training which he/she completed/attempted or is undergoing?</p> <p><input type="checkbox"/> 0 Under 3 months (MTHS.)</p> <p><input type="checkbox"/> 1 3 &lt; (less than) 6 months (MTHS.)</p> <p><input type="checkbox"/> 2 6 months &lt; (less than) 1 year (YR.)</p> <p><input type="checkbox"/> 3 1 &lt; (less than) 1½ years</p> <p><input type="checkbox"/> 4 1½ &lt; (less than) 2 "</p> <p><input type="checkbox"/> 5 2 &lt; (less than) 3 "</p> <p><input type="checkbox"/> 6 3 &lt; (less than) 4 "</p> <p><input type="checkbox"/> 7 4 years and over</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p>	
<p>Field _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>01 <input type="checkbox"/> J.    06 <input type="checkbox"/> B/C.S.</p> <p>02 <input type="checkbox"/> P.S.   07 <input type="checkbox"/> T.I.</p> <p>03 <input type="checkbox"/> S.S.   08 <input type="checkbox"/> O.I.T.</p> <p>04 <input type="checkbox"/> V/T.   09 <input type="checkbox"/> U.    77 <input type="checkbox"/> O.</p> <p>05 <input type="checkbox"/> C/S.   10 <input type="checkbox"/> D.L.   99 <input type="checkbox"/> N.S.</p>	<p>0 <input type="checkbox"/> Under 3 MTHS.    4 <input type="checkbox"/> 1½ &lt; 2 YRS.</p> <p>1 <input type="checkbox"/> 3 &lt; 6 MTHS.    5 <input type="checkbox"/> 2 &lt; 3 YRS.</p> <p>2 <input type="checkbox"/> 6 &lt; 1 YR.      6 <input type="checkbox"/> 3 &lt; 4 YRS.</p> <p>3 <input type="checkbox"/> 1 &lt; 1½ YRS.    7 <input type="checkbox"/> 4 AND OVER</p> <p>                          9 <input type="checkbox"/> N.S.</p>	<p>01</p>
<p>Field _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>01 <input type="checkbox"/> J.    06 <input type="checkbox"/> B/C.S.</p> <p>02 <input type="checkbox"/> P.S.   07 <input type="checkbox"/> T.I.</p> <p>03 <input type="checkbox"/> S.S.   08 <input type="checkbox"/> O.I.T.</p> <p>04 <input type="checkbox"/> V/T.   09 <input type="checkbox"/> U.    77 <input type="checkbox"/> O.</p> <p>05 <input type="checkbox"/> C/S.   10 <input type="checkbox"/> D.L.   99 <input type="checkbox"/> N.S.</p>	<p>0 <input type="checkbox"/> Under 3 MTHS.    4 <input type="checkbox"/> 1½ &lt; 2 YRS.</p> <p>1 <input type="checkbox"/> 3 &lt; 6 MTHS.    5 <input type="checkbox"/> 2 &lt; 3 YRS.</p> <p>2 <input type="checkbox"/> 6 &lt; 1 YR.      6 <input type="checkbox"/> 3 &lt; 4 YRS.</p> <p>3 <input type="checkbox"/> 1 &lt; 1½ YRS.    7 <input type="checkbox"/> 4 AND OVER</p> <p>                          9 <input type="checkbox"/> N.S.</p>	<p>02</p>
<p>Field _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>01 <input type="checkbox"/> J.    06 <input type="checkbox"/> B/C.S.</p> <p>02 <input type="checkbox"/> P.S.   07 <input type="checkbox"/> T.I.</p> <p>03 <input type="checkbox"/> S.S.   08 <input type="checkbox"/> O.I.T.</p> <p>04 <input type="checkbox"/> V/T.   09 <input type="checkbox"/> U.    77 <input type="checkbox"/> O.</p> <p>05 <input type="checkbox"/> C/S.   10 <input type="checkbox"/> D.L.   99 <input type="checkbox"/> N.S.</p>	<p>0 <input type="checkbox"/> Under 3 MTHS.    4 <input type="checkbox"/> 1½ &lt; 2 YRS.</p> <p>1 <input type="checkbox"/> 3 &lt; 6 MTHS.    5 <input type="checkbox"/> 2 &lt; 3 YRS.</p> <p>2 <input type="checkbox"/> 6 &lt; 1 YR.      6 <input type="checkbox"/> 3 &lt; 4 YRS.</p> <p>3 <input type="checkbox"/> 1 &lt; 1½ YRS.    7 <input type="checkbox"/> 4 AND OVER</p> <p>                          9 <input type="checkbox"/> N.S.</p>	<p>03</p>
<p>Field _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>01 <input type="checkbox"/> J.    06 <input type="checkbox"/> B/C.S.</p> <p>02 <input type="checkbox"/> P.S.   07 <input type="checkbox"/> T.I.</p> <p>03 <input type="checkbox"/> S.S.   08 <input type="checkbox"/> O.I.T.</p> <p>04 <input type="checkbox"/> V/T.   09 <input type="checkbox"/> U.    77 <input type="checkbox"/> O.</p> <p>05 <input type="checkbox"/> C/S.   10 <input type="checkbox"/> D.L.   99 <input type="checkbox"/> N.S.</p>	<p>0 <input type="checkbox"/> Under 3 MTHS.    4 <input type="checkbox"/> 1½ &lt; 2 YRS.</p> <p>1 <input type="checkbox"/> 3 &lt; 6 MTHS.    5 <input type="checkbox"/> 2 &lt; 3 YRS.</p> <p>2 <input type="checkbox"/> 6 &lt; 1 YR.      6 <input type="checkbox"/> 3 &lt; 4 YRS.</p> <p>3 <input type="checkbox"/> 1 &lt; 1½ YRS.    7 <input type="checkbox"/> 4 AND OVER</p> <p>                          9 <input type="checkbox"/> N.S.</p>	<p>04</p>
<p>Field _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>01 <input type="checkbox"/> J.    06 <input type="checkbox"/> B/C.S.</p> <p>02 <input type="checkbox"/> P.S.   07 <input type="checkbox"/> T.I.</p> <p>03 <input type="checkbox"/> S.S.   08 <input type="checkbox"/> O.I.T.</p> <p>04 <input type="checkbox"/> V/T.   09 <input type="checkbox"/> U.    77 <input type="checkbox"/> O.</p> <p>05 <input type="checkbox"/> C/S.   10 <input type="checkbox"/> D.L.   99 <input type="checkbox"/> N.S.</p>	<p>0 <input type="checkbox"/> Under 3 MTHS.    4 <input type="checkbox"/> 1½ &lt; 2 YRS.</p> <p>1 <input type="checkbox"/> 3 &lt; 6 MTHS.    5 <input type="checkbox"/> 2 &lt; 3 YRS.</p> <p>2 <input type="checkbox"/> 6 &lt; 1 YR.      6 <input type="checkbox"/> 3 &lt; 4 YRS.</p> <p>3 <input type="checkbox"/> 1 &lt; 1½ YRS.    7 <input type="checkbox"/> 4 AND OVER</p> <p>                          9 <input type="checkbox"/> N.S.</p>	<p>05</p>
<p>Field _____</p> <p>_____</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>01 <input type="checkbox"/> J.    06 <input type="checkbox"/> B/C.S.</p> <p>02 <input type="checkbox"/> P.S.   07 <input type="checkbox"/> T.I.</p> <p>03 <input type="checkbox"/> S.S.   08 <input type="checkbox"/> O.I.T.</p> <p>04 <input type="checkbox"/> V/T.   09 <input type="checkbox"/> U.    77 <input type="checkbox"/> O.</p> <p>05 <input type="checkbox"/> C/T.   10 <input type="checkbox"/> D.L.   99 <input type="checkbox"/> N.S.</p>	<p>0 <input type="checkbox"/> Under 3 MTHS.    4 <input type="checkbox"/> 1½ &lt; 2 YRS.</p> <p>1 <input type="checkbox"/> 3 &lt; 6 MTHS.    5 <input type="checkbox"/> 2 &lt; 3 YRS.</p> <p>2 <input type="checkbox"/> 6 &lt; 1 YR.      6 <input type="checkbox"/> 3 &lt; 4 YRS.</p> <p>3 <input type="checkbox"/> 1 &lt; 1½ YRS.    7 <input type="checkbox"/> 4 AND OVER</p> <p>                          9 <input type="checkbox"/> N.S.</p>	<p>06</p>

**SECTION 7. HIGHEST LEVEL OF TRAINING**  
- Concluded

**SECTION 8. MARITAL STATUS**  
For persons 14 years and over

**SECTION 9. 14 YEARS OLD AND OVER**

I N D I V I D U A L U N I T E R V I E W	<p><b>35. QUALIFICATION/CERTIFICATION OBTAINED ON COMPLETION OF TRAINING</b></p> <p>What qualification/certification did (N) obtain on completion of training at the highest level?</p> <p><input type="checkbox"/> 0 None</p> <p><input type="checkbox"/> 1 Certification with examination (C.W.E.)</p> <p><input type="checkbox"/> 2 Certification without examination (C.N.E.)</p> <p><input type="checkbox"/> 3 Diploma (DIP.)</p> <p><input type="checkbox"/> 4 Advanced Diploma (A.D.)</p> <p><input type="checkbox"/> 5 Associate Degree (A.Dg.)</p> <p><input type="checkbox"/> 6 First Degree (F.D.)</p> <p><input type="checkbox"/> 7 Post Graduate Degree (P.G.D.)</p> <p><input type="checkbox"/> 8 Other (O.)</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p>NOTE: Only applicable to those ticking <input type="checkbox"/> 1 in Q. 31(b)</p>	<p><b>36. MARITAL STATUS</b></p> <p>What is (N's) Marital Status?</p> <p><input type="checkbox"/> 1 Never married (N.M.)</p> <p><input type="checkbox"/> 2 Married (M.)</p> <p><input type="checkbox"/> 3 Widowed (W.)</p> <p><input type="checkbox"/> 4 Legally separated (L.S.)</p> <p><input type="checkbox"/> 5 Divorced (D.)</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p>	<p><b>37. NUMBER OF LIVE BIRTHS EVER HAD</b></p> <p>How many live births has (N) ever had?</p> <p><b>INTERVIEWER:</b></p> <p>(a) Discreetly probe to include all births ever had that showed some sign of life at birth. Probe respondent for any child, likely to be omitted, who is not a current member of the household.</p> <p>(b) IF NONE, SKIP TO Q. 39(b)</p>	<p><b>38. AGE AT BIRTH OF FIRST LIVE BORN CHILD</b></p> <p>What was (N's) age when she had her first live born child?</p>
08 01	<p>0 <input type="checkbox"/> NONE      5 <input type="checkbox"/> A.Dg.</p> <p>1 <input type="checkbox"/> C.W.E.      6 <input type="checkbox"/> F.D.</p> <p>2 <input type="checkbox"/> C.N.E.      7 <input type="checkbox"/> P.G.D.</p> <p>3 <input type="checkbox"/> DIP.      8 <input type="checkbox"/> O.</p> <p>4 <input type="checkbox"/> A.D.      9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> N.M.      4 <input type="checkbox"/> L.S.</p> <p>2 <input type="checkbox"/> M.      5 <input type="checkbox"/> D.</p> <p>3 <input type="checkbox"/> W.      9 <input type="checkbox"/> N.S.</p>	<p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p>
08 02	<p>0 <input type="checkbox"/> NONE      5 <input type="checkbox"/> A.Dg.</p> <p>1 <input type="checkbox"/> C.W.E.      6 <input type="checkbox"/> F.D.</p> <p>2 <input type="checkbox"/> C.N.E.      7 <input type="checkbox"/> P.G.D.</p> <p>3 <input type="checkbox"/> DIP.      8 <input type="checkbox"/> O.</p> <p>4 <input type="checkbox"/> A.D.      9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> N.M.      4 <input type="checkbox"/> L.S.</p> <p>2 <input type="checkbox"/> M.      5 <input type="checkbox"/> D.</p> <p>3 <input type="checkbox"/> W.      9 <input type="checkbox"/> N.S.</p>	<p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p>
08 03	<p>0 <input type="checkbox"/> NONE      5 <input type="checkbox"/> A.Dg.</p> <p>1 <input type="checkbox"/> C.W.E.      6 <input type="checkbox"/> F.D.</p> <p>2 <input type="checkbox"/> C.N.E.      7 <input type="checkbox"/> P.G.D.</p> <p>3 <input type="checkbox"/> DIP.      8 <input type="checkbox"/> O.</p> <p>4 <input type="checkbox"/> A.D.      9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> N.M.      4 <input type="checkbox"/> L.S.</p> <p>2 <input type="checkbox"/> M.      5 <input type="checkbox"/> D.</p> <p>3 <input type="checkbox"/> W.      9 <input type="checkbox"/> N.S.</p>	<p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p>
08 04	<p>0 <input type="checkbox"/> NONE      5 <input type="checkbox"/> A.Dg.</p> <p>1 <input type="checkbox"/> C.W.E.      6 <input type="checkbox"/> F.D.</p> <p>2 <input type="checkbox"/> C.N.E.      7 <input type="checkbox"/> P.G.D.</p> <p>3 <input type="checkbox"/> DIP.      8 <input type="checkbox"/> O.</p> <p>4 <input type="checkbox"/> A.D.      9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> N.M.      4 <input type="checkbox"/> L.S.</p> <p>2 <input type="checkbox"/> M.      5 <input type="checkbox"/> D.</p> <p>3 <input type="checkbox"/> W.      9 <input type="checkbox"/> N.S.</p>	<p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p>
08 05	<p>0 <input type="checkbox"/> NONE      5 <input type="checkbox"/> A.Dg.</p> <p>1 <input type="checkbox"/> C.W.E.      6 <input type="checkbox"/> F.D.</p> <p>2 <input type="checkbox"/> C.N.E.      7 <input type="checkbox"/> P.G.D.</p> <p>3 <input type="checkbox"/> DIP.      8 <input type="checkbox"/> O.</p> <p>4 <input type="checkbox"/> A.D.      9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> N.M.      4 <input type="checkbox"/> L.S.</p> <p>2 <input type="checkbox"/> M.      5 <input type="checkbox"/> D.</p> <p>3 <input type="checkbox"/> W.      9 <input type="checkbox"/> N.S.</p>	<p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p>
08 06	<p>0 <input type="checkbox"/> NONE      5 <input type="checkbox"/> A.Dg.</p> <p>1 <input type="checkbox"/> C.W.E.      6 <input type="checkbox"/> F.D.</p> <p>2 <input type="checkbox"/> C.N.E.      7 <input type="checkbox"/> P.G.D.</p> <p>3 <input type="checkbox"/> DIP.      8 <input type="checkbox"/> O.</p> <p>4 <input type="checkbox"/> A.D.      9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> N.M.      4 <input type="checkbox"/> L.S.</p> <p>2 <input type="checkbox"/> M.      5 <input type="checkbox"/> D.</p> <p>3 <input type="checkbox"/> W.      9 <input type="checkbox"/> N.S.</p>	<p><input type="text"/> <input type="text"/></p>	<p><input type="text"/> <input type="text"/></p>



SECTION 9. FERTILITY - FOR FEMALES 14 YEARS AND OVER - Continued		SECTION 10. INCOME - FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER				
<b>39. NUMBER OF LIVE/ STILL BIRTHS</b>  How many live births/still births did (N) have during the past twelve (12) months?  <b>39(a). LIVE BIRTHS</b> <input type="checkbox"/> 0 None <input type="checkbox"/> 1 One <input type="checkbox"/> 2 Two <input type="checkbox"/> 3 Twin (TW) <input type="checkbox"/> 4 Three and over (3+) <input type="checkbox"/> 9 Not Stated (N.S.)  <b>39(b). STILL BIRTHS</b> <input type="checkbox"/> 0 None <input type="checkbox"/> 1 One <input type="checkbox"/> 2 Two and over (2+) <input type="checkbox"/> 9 Not stated (N.S.)		<b>40. UNION STATUS AT PRESENT OR AT AGE 45</b>  What is (N's) Union Status or what was (N's) Union Status when she was 45?  <input type="checkbox"/> 1 Married (M.) <input type="checkbox"/> 2 Common-Law (C.L.) <input type="checkbox"/> 3 Visiting (V.) <input type="checkbox"/> 4 No longer living with husband (N.L.H.) <input type="checkbox"/> 5 No longer living with Common-Law partner (N.L.C.P.) <input type="checkbox"/> 6 Never had a husband nor Common-Law partner (N.H/P.) <input type="checkbox"/> 9 Not stated (N.S.)		<b>41. GROSS INCOME (Nearest T.T. Dollar)</b>  What was (N's) gross income from the following source and how often does (N) receive this income?  <input type="checkbox"/> 1 Paid employment (P.E.) <input type="checkbox"/> 2 Self employment (S.E.) <input type="checkbox"/> 3 Pension and Annuities (P.A.) <input type="checkbox"/> 7 Other (O.)  <b>INTERVIEWER:</b> For Self-employed persons obtain Net Income: Receipts Less Business Expenses.  <b>NOTE:</b> 01 - Daily 02 - Weekly 03 - Fortnightly 04 - Monthly 05 - Quarterly 06 - Annually 07 - Other _____ (SPECIFY)  08 - None 88 - Not Applicable 99 - Not Stated  <b>NOTE:</b> Multiple entries are possible		
(a) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 3 TW <input type="checkbox"/> 1 ONE <input type="checkbox"/> 4 3+ <input type="checkbox"/> 2 TWO <input type="checkbox"/> 9 N.S. (b) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 2 2+ <input type="checkbox"/> 1 ONE <input type="checkbox"/> 9 N.S.		<input type="checkbox"/> 1 M. <input type="checkbox"/> 4 N.L.H. <input type="checkbox"/> 2 C.L. <input type="checkbox"/> 5 N.L.C.P. <input type="checkbox"/> 3 V. <input type="checkbox"/> 6 N.H/P. <input type="checkbox"/> 9 N.S.		P.E. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> S.E. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> P.A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> O. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		01
(a) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 3 TW <input type="checkbox"/> 1 ONE <input type="checkbox"/> 4 3+ <input type="checkbox"/> 2 TWO <input type="checkbox"/> 9 N.S. (b) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 2 2+ <input type="checkbox"/> 1 ONE <input type="checkbox"/> 9 N.S.		<input type="checkbox"/> 1 M. <input type="checkbox"/> 4 N.L.H. <input type="checkbox"/> 2 C.L. <input type="checkbox"/> 5 N.L.C.P. <input type="checkbox"/> 3 V. <input type="checkbox"/> 6 N.H/P. <input type="checkbox"/> 9 N.S.		P.E. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> S.E. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> P.A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> O. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		02
(a) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 3 TW <input type="checkbox"/> 1 ONE <input type="checkbox"/> 4 3+ <input type="checkbox"/> 2 TWO <input type="checkbox"/> 9 N.S. (b) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 2 2+ <input type="checkbox"/> 1 ONE <input type="checkbox"/> 9 N.S.		<input type="checkbox"/> 1 M. <input type="checkbox"/> 4 N.L.H. <input type="checkbox"/> 2 C.L. <input type="checkbox"/> 5 N.L.C.P. <input type="checkbox"/> 3 V. <input type="checkbox"/> 6 N.H/P. <input type="checkbox"/> 9 N.S.		P.E. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> S.E. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> P.A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> O. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		03
(a) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 3 TW <input type="checkbox"/> 1 ONE <input type="checkbox"/> 4 3+ <input type="checkbox"/> 2 TWO <input type="checkbox"/> 9 N.S. (b) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 2 2+ <input type="checkbox"/> 1 ONE <input type="checkbox"/> 9 N.S.		<input type="checkbox"/> 1 M. <input type="checkbox"/> 4 N.L.H. <input type="checkbox"/> 2 C.L. <input type="checkbox"/> 5 N.L.C.P. <input type="checkbox"/> 3 V. <input type="checkbox"/> 6 N.H/P. <input type="checkbox"/> 9 N.S.		P.E. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> S.E. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> P.A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> O. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		04
(a) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 3 TW <input type="checkbox"/> 1 ONE <input type="checkbox"/> 4 3+ <input type="checkbox"/> 2 TWO <input type="checkbox"/> 9 N.S. (b) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 2 2+ <input type="checkbox"/> 1 ONE <input type="checkbox"/> 9 N.S.		<input type="checkbox"/> 1 M. <input type="checkbox"/> 4 N.L.H. <input type="checkbox"/> 2 C.L. <input type="checkbox"/> 5 N.L.C.P. <input type="checkbox"/> 3 V. <input type="checkbox"/> 6 N.H/P. <input type="checkbox"/> 9 N.S.		P.E. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> S.E. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> P.A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> O. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		05
(a) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 3 TW <input type="checkbox"/> 1 ONE <input type="checkbox"/> 4 3+ <input type="checkbox"/> 2 TWO <input type="checkbox"/> 9 N.S. (b) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 2 2+ <input type="checkbox"/> 1 ONE <input type="checkbox"/> 9 N.S.		<input type="checkbox"/> 1 M. <input type="checkbox"/> 4 N.L.H. <input type="checkbox"/> 2 C.L. <input type="checkbox"/> 5 N.L.C.P. <input type="checkbox"/> 3 V. <input type="checkbox"/> 6 N.H/P. <input type="checkbox"/> 9 N.S.		P.E. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> S.E. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> P.A. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> O. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		06

SECTION 11. TIME SPENT ON UNPAID HOUSEHOLD AND OTHER ACTIVITIES - FOR PERSONS 15 YEARS OLD AND OVER			SECTION 12. CENSUS NIGHT - FOR ALL PERSONS			
I N D P I A V G I E D U N A U L M B U E M B E R	42. How many hours did (N) spend on the following activities in the past week?		43. Where did (N) spend Census Night?			
	<input type="checkbox"/> 01	Cleaning of house (C/H.) (Sweeping, mopping and vacuuming)	<input type="checkbox"/> 07	Gardening and rearing of animals (G/R.) (For home use)	<input type="checkbox"/> 1	This household (H.)
	<input type="checkbox"/> 02	Washing/Laundry (W/L.) (Washing and ironing)	<input type="checkbox"/> 08	Home repair and maintenance (H/R/M.) (Including mowing of lawn and repair of appliances)	<input type="checkbox"/> 2	Elsewhere in Trinidad and Tobago (E.T&T)
	<input type="checkbox"/> 03	Meal preparation and related activities (M/P.)	<input type="checkbox"/> 09	Sewing (S.) (For home use)	<input type="checkbox"/> 3	Institution (INST.)
	<input type="checkbox"/> 04	Playing and personal care of children (P/P/C.) (Bathing, playing with children)	<input type="checkbox"/> 10	Participation in Sporting/Cultural activities (S/CA.)	<input type="checkbox"/> 4	Abroad
	<input type="checkbox"/> 05	Assist with homework and or transport (A/H/T.) (Driving children to sporting activities or helping with homework)	<input type="checkbox"/> 11	Participation in Social/Voluntary Work (S/VW.)	<input type="checkbox"/> 7	Other
	<input type="checkbox"/> 06	Care of disabled, sick or aged relatives (C/D.)	<input type="checkbox"/> 88	Not applicable (N/A.)	<input type="checkbox"/> 9	Not stated (N.S.)
09 01	<input type="checkbox"/> 01 C/H. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 05 A/H/T. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 09 S. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 H.	<input type="checkbox"/> 4 ABROAD	
	<input type="checkbox"/> 02 W/L. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 06 C/D. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 10 S/CA. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 E.T&T	<input type="checkbox"/> 7 OTHER	
	<input type="checkbox"/> 03 M/P. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 07 G/R. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 11 S/VW. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 3 INST.	<input type="checkbox"/> 9 N.S.	
	<input type="checkbox"/> 04 P/P/C. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 08 H/R/M. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 88 N/A. <input type="text"/> <input type="text"/> <input type="text"/>			
09 02	<input type="checkbox"/> 01 C/H. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 05 A/H/T. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 09 S. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 H.	<input type="checkbox"/> 4 ABROAD	
	<input type="checkbox"/> 02 W/L. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 06 C/D. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 10 S/CA. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 E.T&T	<input type="checkbox"/> 7 OTHER	
	<input type="checkbox"/> 03 M/P. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 07 G/R. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 11 S/VW. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 3 INST.	<input type="checkbox"/> 9 N.S.	
	<input type="checkbox"/> 04 P/P/C. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 08 H/R/M. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 88 N/A. <input type="text"/> <input type="text"/> <input type="text"/>			
09 03	<input type="checkbox"/> 01 C/H. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 05 A/H/T. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 09 S. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 H.	<input type="checkbox"/> 4 ABROAD	
	<input type="checkbox"/> 02 W/L. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 06 C/D. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 10 S/CA. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 E.T&T	<input type="checkbox"/> 7 OTHER	
	<input type="checkbox"/> 03 M/P. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 07 G/R. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 11 S/VW. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 3 INST.	<input type="checkbox"/> 9 N.S.	
	<input type="checkbox"/> 04 P/P/C. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 08 H/R/M. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 88 N/A. <input type="text"/> <input type="text"/> <input type="text"/>			
09 04	<input type="checkbox"/> 01 C/H. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 05 A/H/T. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 09 S. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 H.	<input type="checkbox"/> 4 ABROAD	
	<input type="checkbox"/> 02 W/L. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 06 C/D. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 10 S/CA. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 E.T&T	<input type="checkbox"/> 7 OTHER	
	<input type="checkbox"/> 03 M/P. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 07 G/R. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 11 S/VW. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 3 INST.	<input type="checkbox"/> 9 N.S.	
	<input type="checkbox"/> 04 P/P/C. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 08 H/R/M. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 88 N/A. <input type="text"/> <input type="text"/> <input type="text"/>			
09 05	<input type="checkbox"/> 01 C/H. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 05 A/H/T. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 09 S. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 H.	<input type="checkbox"/> 4 ABROAD	
	<input type="checkbox"/> 02 W/L. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 06 C/D. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 10 S/CA. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 E.T&T	<input type="checkbox"/> 7 OTHER	
	<input type="checkbox"/> 03 M/P. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 07 G/R. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 11 S/VW. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 3 INST.	<input type="checkbox"/> 9 N.S.	
	<input type="checkbox"/> 04 P/P/C. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 08 H/R/M. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 88 N/A. <input type="text"/> <input type="text"/> <input type="text"/>			
09 06	<input type="checkbox"/> 01 C/H. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 05 A/H/T. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 09 S. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 H.	<input type="checkbox"/> 4 ABROAD	
	<input type="checkbox"/> 02 W/L. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 06 C/D. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 10 S/CA. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 2 E.T&T	<input type="checkbox"/> 7 OTHER	
	<input type="checkbox"/> 03 M/P. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 07 G/R. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 11 S/VW. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 3 INST.	<input type="checkbox"/> 9 N.S.	
	<input type="checkbox"/> 04 P/P/C. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 08 H/R/M. <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> 88 N/A. <input type="text"/> <input type="text"/> <input type="text"/>			

**SECTION 13. CRIME - HEAD OF HOUSEHOLD**

P  
A  
G  
E  
  
N  
U  
M  
B  
E  
R

**INSTRUCTIONS**

Where applicable (✓) the appropriate box

**IDENTIFICATION**

Region I.D.	Enumeration District Number				

Building No.	Dwelling Unit No.	Household No.	S.H.	R.	Household size

10

.....  
Name of Head of Household

.....  
Name of Respondent

44. Has any member of your household been a victim of crime in the period:  
January-December 1999?

1  Yes

2  No  
↳ SKIP TO SECTION 14

9  Not stated  
↳ SKIP TO SECTION 14

45(a). What was the nature of the crime?

1. Crime against person      1  Yes      2  No      9  Not stated

2. Crime against property      1  Yes      2  No      9  Not stated

3. Other      1  Yes      2  No      9  Not stated

NOTE: More than one response can be ticked.

45(b). Was the crime reported to the police?

1. Crime against person      1  Yes      2  No      8  N.A.      9  N.S.  
↳ SKIP TO SECTION 14

2. Crime against property      1  Yes      2  No      8  N.A.      9  N.S.  
↳ SKIP TO SECTION 14

3. Other      1  Yes      2  No      8  N.A.      9  N.S.  
↳ SKIP TO SECTION 14

46. Why was the crime not reported to the police?

1. Crime against person      1       2       3       7       8  N.A.      9  N.S.

2. Crime against property      1       2       3       7       8  N.A.      9  N.S.

3. Other      1       2       3       7       8  N.A.      9  N.S.

NOTE: 1 - No confidence in the administration of justice  
2 - Afraid of perpetrator  
3 - Not serious enough  
7 - Other  
8 - Not applicable  
9 - Not stated

## SECTION 14. HOUSING AND HOUSEHOLD ITEMS - HEAD OF HOUSEHOLD

## CHARACTERISTICS OF OCCUPIED BUILDING

## P 47. TYPE OF BUILDING

A What type of building listed applies to the building your household occupies?

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| G | 1 <input type="checkbox"/> Residential                       | 4 <input type="checkbox"/> Commercial                        | 7 <input type="checkbox"/> Other      |
| E | 2 <input type="checkbox"/> Residential/Commercial            | 5 <input type="checkbox"/> Industrial                        | 9 <input type="checkbox"/> Not stated |
|   | 3 <input type="checkbox"/> Residential/Professional (Office) | 6 <input type="checkbox"/> Community Service - Private/Gov't |                                       |

## N 48. MATERIAL OF OUTERWALLS

U What is the material of the outerwalls?

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| M | 1 <input type="checkbox"/> Brick/concrete      | 4 <input type="checkbox"/> Wood/Galvanise     |                                       |
| B | 2 <input type="checkbox"/> Wood                | 5 <input type="checkbox"/> Wattle/Adobe/Tapia |                                       |
| E | 3 <input type="checkbox"/> Wood/brick/concrete | 7 <input type="checkbox"/> Other              | 9 <input type="checkbox"/> Not stated |

## R 49. YEAR WHEN BUILDING WAS BUILT

- |    |                                 |                                 |                                      |  |
|----|---------------------------------|---------------------------------|--------------------------------------|--|
|    | 1 <input type="checkbox"/> 2000 | 3 <input type="checkbox"/> 1998 | 5 <input type="checkbox"/> 1996      | 7 <input type="checkbox"/> 1989 or earlier |
| 11 | 2 <input type="checkbox"/> 1999 | 4 <input type="checkbox"/> 1997 | 6 <input type="checkbox"/> 1990-1995 | 8 <input type="checkbox"/> Don't know      |
|    |                                 |                                 |                                      | 9 <input type="checkbox"/> Not stated      |

## CHARACTERISTICS OF DWELLING UNIT OCCUPIED BY HOUSEHOLD

## 50. TYPE OF DWELLING

A dwelling unit must have a separate entrance and NOT BE ACCESSED OR ENTERED through someone else's living arrangements.

How would you describe the type of dwelling unit that your household occupies?

- |  |  |  |  |
|--|--|--|--|
| 01 <input type="checkbox"/> Separate house       | 04 <input type="checkbox"/> Double house/duplex        | 07 <input type="checkbox"/> Out-room           | 10 <input type="checkbox"/> WAFDA      |
| 02 <input type="checkbox"/> Flat/apartment/cond. | 05 <input type="checkbox"/> Part of Com./Ind. building | 08 <input type="checkbox"/> Other Pr./dwelling | 11 <input type="checkbox"/> Other      |
| 03 <input type="checkbox"/> Townhouse            | 06 <input type="checkbox"/> Barracks                   | 09 <input type="checkbox"/> Group dwelling     | 99 <input type="checkbox"/> Not stated |

## 51. TENANCY

(a) Is the dwelling unit -

- |   |   |                                      |  |
|---|---|--------------------------------------|--|
| 01 <input type="checkbox"/> Owned             | 04 <input type="checkbox"/> Leased Private    | 07 <input type="checkbox"/> Squatted | 88 <input type="checkbox"/> Don't know |
| 02 <input type="checkbox"/> Rented Private    | 05 <input type="checkbox"/> Leased Government | 77 <input type="checkbox"/> Other    | 99 <input type="checkbox"/> Not stated |
| 03 <input type="checkbox"/> Rented Government | 06 <input type="checkbox"/> Rent Free         |                                      |  |

## APPLICABLE ONLY TO THOSE INDIVIDUALS WHO OWNED THEIR DWELLING UNIT

(b) Is the land on which dwelling unit stands -

- |   |   |                                      |  |
|---|---|--------------------------------------|--|
| 01 <input type="checkbox"/> Owned             | 04 <input type="checkbox"/> Leased Private    | 07 <input type="checkbox"/> Squatted | 88 <input type="checkbox"/> Don't know |
| 02 <input type="checkbox"/> Rented Private    | 05 <input type="checkbox"/> Leased Government | 08 <input type="checkbox"/> Other    | 99 <input type="checkbox"/> Not stated |
| 03 <input type="checkbox"/> Rented Government | 06 <input type="checkbox"/> Rent Free         |                                      |  |

## 52(a). FOR RENTERS ONLY:

What is the monthly rent paid for this dwelling unit?

TT \$ 

(b). FOR OWNER/OCCUPIED ONLY: If you were to rent this dwelling unit unfurnished, how much would it fetch?

TT \$ 

## 53. SINGLE OR MULTIPLE OCCUPANCY OF DWELLING UNIT

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

- |                                |                               |                                       |
|--------------------------------|-------------------------------|---------------------------------------|
| 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> Not stated |
| → GO TO Q. 53(b)               | → SKIP TO Q. 54               | → SKIP TO Q. 54                       |

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

- |                            |                            |                            |                                     |                                       |
|----------------------------|----------------------------|----------------------------|-------------------------------------|---------------------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> and over | 9 <input type="checkbox"/> Not stated |
|----------------------------|----------------------------|----------------------------|-------------------------------------|---------------------------------------|

## 54. NUMBER OF BEDROOMS

(a) How many bedrooms are there in this dwelling unit? (Count all bedrooms including spares not occupied. Bedrooms are used mainly for sleeping and exclude makeshift and temporary sleeping quarters).

- |                            |                            |                            |                            |                            |                                     |                                       |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|---------------------------------------|
| 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> and more | 9 <input type="checkbox"/> Not stated |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|---------------------------------------|

## INTERVIEWER:

Question 54(b) applies only to heads of households living in dwelling unit occupied by more than one household.

(b) How many bedrooms are occupied/available for use by your household?

- |                            |                            |                            |                            |                            |                                     |                                       |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|---------------------------------------|
| 0 <input type="checkbox"/> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> and more | 9 <input type="checkbox"/> Not stated |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|---------------------------------------|

## 55. NUMBER OF ROOMS

How many rooms are there in your dwelling unit? (Do not count bathrooms, porches, kitchens, etc.)

- |                            |                            |                            |                            |                            |                            |                            |                                     |                                       |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|---------------------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> and more | 9 <input type="checkbox"/> Not stated |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-------------------------------------|---------------------------------------|

## SECTION 14. HOUSING AND HOUSEHOLD ITEMS - HEAD OF HOUSEHOLD - Continued

## 56. WATER SUPPLY

What type of water supply do you have?

- 1  Public piped into dwelling      4  Private piped into dwelling      7  Spring/River  
 2  Public piped into yard      5  Private catchment not piped      8  Other  
 3  Public standpipe      6  Truck borne (and not piped into dwelling)      9  Not stated

(If ticked 4 to 9 go to Q. 58)

## 57. How often do you obtain water from a public supply?

- 1  Continuous supply      4  Less than twice a week  
 2  Three (3) or more times weekly      5  Not at all  
 3  Twice weekly      7  Other      9  Not stated

## 58. TOILET FACILITIES

(a) What type of toilet facilities does this household have?

- 1  WC linked to sewer      3  Pit/Latrine      5  None  
 2  Septic tank/Soakaway      4  Other      9  Not stated

(b) Are these toilet facilities shared with another person NOT of this household?

- 1  Yes      2  No      8  Not applicable      9  Not stated

## 59(a) TYPE OF LIGHTING

What type of lighting does this dwelling unit use most?

- 1  Electricity      3  Kerosene  
 2  Gas      7  Other      9  Not stated

## 59(b) TYPE OF FUEL

What type of fuel does this household use most for cooking?

- 0  None      2  L.P.G./Cooking Gas      4  Wood/Charcoal  
 1  Electricity      3  Kerosene      7  Other      9  Not stated

## 60. HOUSEHOLD FACILITIES AVAILABLE

Does your household have any of the following items?

- |   |                                |                               |                                 |   |                                |                               |                                 |
|---|--------------------------------|-------------------------------|---------------------------------|---|--------------------------------|-------------------------------|---------------------------------|
| Telephone                                 | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. | Vacuum cleaner                          | 1 <input type="checkbox"/> Yes | <input type="checkbox"/> No   | <input type="checkbox"/> N.S.   |
| Refrigerator                              | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. | Washing machine                         | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. |
| Deep freeze                               | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. | Clothes dryer                           | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. |
| Stereo/radio<br>with CD Player            | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. | Water heater                            | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. |
| Computer                                  | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. | Water tank                              | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. |
| Internet Access                           | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. | Microwave                               | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. |
| Television<br>(Colour/black<br>and white) | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. | Weedeater/<br>Bushwacker/<br>Lawn-mower | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. |
| Cable/Direct TV                           | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. | Stove                                   | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. |
| Electric Polisher                         | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. | Air-conditioner                         | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. |
| Sewing machine                            | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. | Motor vehicle                           | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 9 <input type="checkbox"/> N.S. |

**SECTION 15. INTERNATIONAL MIGRATION - HEAD OF HOUSEHOLD**

In this section we wish to know how many persons have left the country to live abroad since the last Census.

61. Did any members of this household leave to live permanently abroad during the past ten years, that is since 1990?

1  Yes

2  No

9  Not stated

→ [END OF INTERVIEW] ←

62. Please give the number of persons by sex and age at the time of leaving.

	Male	Female		Male	Female
4 years and under	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	30 - 39 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5 - 14 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	40 - 49 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
15 - 19 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	50 years and over	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
20 - 24 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Don't know	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
25 - 29 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			

63. How many persons from this household migrated (i.e. went to live in) the following countries?

(PLEASE ENTER THE NUMBER MALES AND/OR FEMALES AGAINST THE COUNTRY SHOWN)

	Male	Female		Male	Female
USA	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Caribbean	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Canada	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Other Non-Caribbean	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
United Kingdom	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Don't know	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

64. How many of those leaving have since returned to live here permanently?

(PLEASE GIVE THE NUMBER OF PERSONS BY SEX AND AGE)

	Male	Female		Male	Female
4 years and under	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	30 - 39 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
5 - 14 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	40 - 49 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
15 - 19 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	50 years and over	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
20 - 24 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	Don't know	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
25 - 29 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>			

REMARKS

GENERAL COMMENTS OF ENUMERATOR/SUPERVISOR


.....  
Enumerator's Signature

.....  
Supervisor's Signature

SPECIFIC COMMENTS RELATED TO INDIVIDUAL MEMBERS OF HOUSEHOLD

01	
02	
03	
04	
05	
06	

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