

SECTION 1. CHARACTERISTICS – FOR ALL PERSONS

BOXES ARE PRECODED (✓) TICK THE APPROPRIATE BOX PLEASE

1. NAMES OF RESIDENTS		2. RELATIONSHIP TO HEAD OF HOUSEHOLD		3. SEX	4. DATE OF BIRTH/AGE	5. ETHNIC GROUP	
What are the names of the persons who live in this household and share at least one daily meal? INTERVIEWER: Remember to probe for elderly folk, infants, new born babies and persons who are temporarily resident and expected to be members of the household at midnight on the 15th May (Census Day). PN: <input type="checkbox"/> 1		What is the relationship of (N) to head of the household? <input type="checkbox"/> 1 Head (H) <input type="checkbox"/> 2 Spouse/partner of head (S/P.H) <input type="checkbox"/> 3 Child of head/spouse (C.H/S) <input type="checkbox"/> 4 Spouse/partner of child (S/P.C) <input type="checkbox"/> 5 Grandchild of head/spouse (G.H/S) <input type="checkbox"/> 6 Other relative of head (O.R.H) <input type="checkbox"/> 7 Domestic employee (D.E) <input type="checkbox"/> 8 Other non-relative (O.N.R) <input type="checkbox"/> 9 Not stated (N.S)		What is (N) sex? <input type="checkbox"/> Male <input type="checkbox"/> Female	What is (N) date of birth/age in completed years? Day Month Year Age <input type="text"/> <input type="text"/>	To which ethnic group does (N) belong? <input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 Syrian/Lebanese (S/L) <input type="checkbox"/> 5 White/Caucasian <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 Other ethnic group (O.E.G) <input type="checkbox"/> 9 Not stated	
14–16		17		18	19–20	21	
01	Surname	<input type="checkbox"/> 1 H <input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 9 N.S	<input type="checkbox"/> 5 G.H/S <input type="checkbox"/> 6 O.R.H <input type="checkbox"/> 7 D.E <input type="checkbox"/> 8 O.N.R	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Day Month Year Age <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 S/L	<input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 O.E.G <input type="checkbox"/> 9 N.S
	First name						
02	Surname	<input type="checkbox"/> 1 H <input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 9 N.S	<input type="checkbox"/> 5 G.H/S <input type="checkbox"/> 6 O.R.H <input type="checkbox"/> 7 D.E <input type="checkbox"/> 8 O.N.R	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Day Month Year Age <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 S/L	<input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 O.E.G <input type="checkbox"/> 9 N.S
	First name						
03	Surname	<input type="checkbox"/> 1 H <input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 9 N.S	<input type="checkbox"/> 5 G.H/S <input type="checkbox"/> 6 O.R.H <input type="checkbox"/> 7 D.E <input type="checkbox"/> 8 O.N.R	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Day Month Year Age <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 S/L	<input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 O.E.G <input type="checkbox"/> 9 N.S
	First name						
04	Surname	<input type="checkbox"/> 1 H <input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 9 N.S	<input type="checkbox"/> 5 G.H/S <input type="checkbox"/> 6 O.R.H <input type="checkbox"/> 7 D.E <input type="checkbox"/> 8 O.N.R	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Day Month Year Age <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 S/L	<input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 O.E.G <input type="checkbox"/> 9 N.S
	First name						
05	Surname	<input type="checkbox"/> 1 H <input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 9 N.S	<input type="checkbox"/> 5 G.H/S <input type="checkbox"/> 6 O.R.H <input type="checkbox"/> 7 D.E <input type="checkbox"/> 8 O.N.R	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Day Month Year Age <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 S/L	<input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 O.E.G <input type="checkbox"/> 9 N.S
	First name						
06	Surname	<input type="checkbox"/> 1 H <input type="checkbox"/> 2 S/P.H <input type="checkbox"/> 3 C.H/S <input type="checkbox"/> 4 S/P.C <input type="checkbox"/> 9 N.S	<input type="checkbox"/> 5 G.H/S <input type="checkbox"/> 6 O.R.H <input type="checkbox"/> 7 D.E <input type="checkbox"/> 8 O.N.R	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	Day Month Year Age <input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 African <input type="checkbox"/> 2 Indian <input type="checkbox"/> 3 Chinese <input type="checkbox"/> 4 S/L	<input type="checkbox"/> 5 White <input type="checkbox"/> 6 Mixed <input type="checkbox"/> 7 O.E.G <input type="checkbox"/> 9 N.S
	First name						

SECTION 1. CHARACTERISTICS – Continued		SECTION 2. MIGRATION – FOR ALL PERSONS			
<p>6. RELIGION To which religion does (N) belong?</p> <p><input type="checkbox"/> 01 Anglican (E.C)</p> <p><input type="checkbox"/> 02 Baptist (Orthodox)</p> <p><input type="checkbox"/> Hinduism <i>(Specify)</i></p> <p><input type="checkbox"/> 04 Jehovah Witness</p> <p><input type="checkbox"/> 05 Methodist</p> <p><input type="checkbox"/> Islam <i>(Specify)</i></p> <p><input type="checkbox"/> 07 Pentecostal</p> <p><input type="checkbox"/> 08 Presbyterian/Congregational</p> <p><input type="checkbox"/> 09 Roman Catholic (R.C)</p> <p><input type="checkbox"/> 10 Seventh Day Adventist</p> <p><input type="checkbox"/> 98 None</p> <p><input type="checkbox"/> Other <i>(Specify Sect)</i></p> <p><input type="checkbox"/> 99 Not stated</p> <p style="text-align: right;">22–23</p>	<p>7(a) PLACE OF BIRTH Where was (N) place of birth?</p> <p><input type="checkbox"/> 1 Trinidad & Tobago (T&T) → Go to Q 7(b)</p> <p><input type="checkbox"/> 2 Foreign/Abroad (F/A) → Skip to Q 7(c) and 7 (d)</p> <p><input type="checkbox"/> 9 Not stated (N.S) → Skip to Q 8(a)</p> <p style="text-align: right;">24</p>	<p>TRINIDAD AND TOBAGO BORN ONLY</p> <p>7(b) ADDRESS What was the usual address of (N) mother when (N) was born?</p> <hr/> <p style="text-align: center;">Town/Village</p> <hr/> <p style="text-align: center;">Ward/County</p> <p>INTERVIEWER: Skip to Q 8(a) after writing the address.</p> <p style="text-align: right;">25–28</p>			
		<p>Other _____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 T & T</p> <p><input type="checkbox"/> 2 F/A</p> <p><input type="checkbox"/> 9 N.S</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	01
		<p>Other _____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 T & T</p> <p><input type="checkbox"/> 2 F/A</p> <p><input type="checkbox"/> 9 N.S</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	02
		<p>Other _____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 T&T</p> <p><input type="checkbox"/> 2 F/A</p> <p><input type="checkbox"/> 9 N.S</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	03
		<p>Other _____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 T & T</p> <p><input type="checkbox"/> 2 F/A</p> <p><input type="checkbox"/> 9 N.S</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	04
		<p>Other _____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 T & T</p> <p><input type="checkbox"/> 2 F/A</p> <p><input type="checkbox"/> 9 N.S</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	05
		<p>Other _____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> 1 T & T</p> <p><input type="checkbox"/> 2 F/A</p> <p><input type="checkbox"/> 9 N.S</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	06

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 do you usually live?	What is (N) place of usual residence?
In which country was (N) born? <input type="checkbox"/> 11 Barbados <input type="checkbox"/> 12 Grenada <input type="checkbox"/> 13 Guyana <input type="checkbox"/> 14 St. Lucia <input type="checkbox"/> 15 St. Vincent <input type="checkbox"/> 16 Other Commonwealth Caribbean <input type="checkbox"/> 20 India <input type="checkbox"/> 30 Venezuela <input type="checkbox"/> 40 U.K. <input type="checkbox"/> 50 U.S.A. <input type="checkbox"/> 98 Other _____ <i>(Specify)</i> <input type="checkbox"/> 99 Not stated PN: <input type="checkbox"/> 2	How many years has (N) been living in Trinidad and Tobago? _____ _____	1 This address → Skip to Q 9 2 Elsewhere in T&T (E, T&T) → Go to Q 8(b) 3 Abroad (A) → Skip to Q 9 9 Not stated (N.S.) → Skip to Q 9	_____ Town/Village _____ _____ Ward/County _____
14–18	19–20	21	22–25
01	Country <input type="text"/> <input type="text"/>	Years <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E, T&T 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S Town/Village _____ Ward/County _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
02	Country <input type="text"/> <input type="text"/>	Years <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E, T&T 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S Town/Village _____ Ward/County _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
03	Country <input type="text"/> <input type="text"/>	Years <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E, T&T 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S Town/Village _____ Ward/County _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
04	Country <input type="text"/> <input type="text"/>	Years <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E, T&T 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S Town/Village _____ Ward/County _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
05	Country <input type="text"/> <input type="text"/>	Years <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E, T&T 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S Town/Village _____ Ward/County _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
06	Country <input type="text"/> <input type="text"/>	Years <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> T.A 2 <input type="checkbox"/> E, T&T 3 <input type="checkbox"/> A 9 <input type="checkbox"/> N.S Town/Village _____ Ward/County _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 2. MIGRATION – FOR ALL PERSONS – Concluded

<p>9. ADDRESS ONE (1) YEAR AGO What was (N) address one (1) year ago?</p> <hr/> <p>Town/Village</p> <hr/> <p>Ward/County or Country</p> <p style="text-align: right;">26–29</p>	<p>10. ADDRESS FIVE (5) YEARS AGO What was (N) address five (5) years ago?</p> <hr/> <p>Town/Village</p> <hr/> <p>Ward/County or Country</p> <p style="text-align: right;">30–33</p>	<p>11. ADDRESS LAST CENSUS What was (N) address last census?</p> <hr/> <p>Town/Village</p> <hr/> <p>Ward/County or Country</p> <p style="text-align: right;">34–37</p>
<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">01</p>
<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">02</p>
<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">03</p>
<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">04</p>
<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">05</p>
<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Town/Village _____</p> <p>Ward/County or Country _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: right;">06</p>

SECTION 3. EDUCATION – FOR ALL PERSONS

12. ATTENDANCE AT SCHOOL/UNIVERSITY/ADULT CLASSES (a) Is (N) attending school/ adult classes? <input type="checkbox"/> 1 Yes → Go to Q12(b) <input type="checkbox"/> 2 No → Skip to Q14(a) <input type="checkbox"/> 9 Not stated (N.S) → Skip to Q14(a) (b) Is (N) attendance <input type="checkbox"/> 1 Full-time (F.T) <input type="checkbox"/> 2 Part-time (P.T) <input type="checkbox"/> 9 Not stated (N.S) PN: <input type="checkbox"/> 3 <div style="text-align: right;">14–18</div>	13(a) TYPE OF SCHOOL NOW BEING ATTENDED What type of school is (N) attending? <input type="checkbox"/> 01 Nursery/Kindergarten School (N/K) <input type="checkbox"/> 10 Private Primary (P.P) <input type="checkbox"/> 11 Government and Assisted Primary (G/A.P) <input type="checkbox"/> 20 Junior Secondary (J.S) <input type="checkbox"/> 21 Trade/Vocational (T/V) <input type="checkbox"/> 22 Youth Camp (Y.C) <input type="checkbox"/> 30 Senior Comprehensive (S.C) <input type="checkbox"/> 31 Private Secondary (P.S) <input type="checkbox"/> 32 Government and Assisted Secondary (G/A.S) <input type="checkbox"/> 33 Composite (C) <input type="checkbox"/> 34 Technical Institute (T.I) <input type="checkbox"/> 40 Adult/Extra Mural Classes (A/E.M) <input type="checkbox"/> 60 University (U) <input type="checkbox"/> 90 Special School (S.S) <input type="checkbox"/> 98 Other <input type="checkbox"/> 99 Not stated (N.S) <div style="text-align: right;">19–20</div>	13(b) ADDRESS OF SCHOOL What is the address of (N) school? <hr/> Town/Village <hr/> Ward/County <div style="text-align: right;">21–24</div>
01 (a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S ----- (b) 1 <input type="checkbox"/> F.T 2 <input type="checkbox"/> P.T 9 <input type="checkbox"/> N.S	01 <input type="checkbox"/> N/K 30 <input type="checkbox"/> S.C 40 <input type="checkbox"/> A/E.M 10 <input type="checkbox"/> P.P 31 <input type="checkbox"/> P.S 60 <input type="checkbox"/> U 11 <input type="checkbox"/> G/A.P 32 <input type="checkbox"/> G/A.S 90 <input type="checkbox"/> S.S 20 <input type="checkbox"/> J.S 33 <input type="checkbox"/> C 98 <input type="checkbox"/> OTHER 21 <input type="checkbox"/> T/V 34 <input type="checkbox"/> T.I 99 <input type="checkbox"/> N.S 22 <input type="checkbox"/> Y.C	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 15px; margin-left: 100px;"></div>
02 (a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S ----- (b) 1 <input type="checkbox"/> F.T 2 <input type="checkbox"/> P.T 9 <input type="checkbox"/> N.S	01 <input type="checkbox"/> N/K 30 <input type="checkbox"/> S.C 40 <input type="checkbox"/> A/E.M 10 <input type="checkbox"/> P.P 31 <input type="checkbox"/> P.S 60 <input type="checkbox"/> U 11 <input type="checkbox"/> G/A.P 32 <input type="checkbox"/> G/A.S 90 <input type="checkbox"/> S.S 20 <input type="checkbox"/> J.S 33 <input type="checkbox"/> C 98 <input type="checkbox"/> OTHER 21 <input type="checkbox"/> T/V 34 <input type="checkbox"/> T.I 99 <input type="checkbox"/> N.S 22 <input type="checkbox"/> Y.C	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 15px; margin-left: 100px;"></div>
03 (a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S ----- (b) 1 <input type="checkbox"/> F.T 2 <input type="checkbox"/> P.T 9 <input type="checkbox"/> N.S	01 <input type="checkbox"/> N/K 30 <input type="checkbox"/> S.C 40 <input type="checkbox"/> A/E.M 10 <input type="checkbox"/> P.P 31 <input type="checkbox"/> P.S 60 <input type="checkbox"/> U 11 <input type="checkbox"/> G/A.P 32 <input type="checkbox"/> G/A.S 90 <input type="checkbox"/> S.S 20 <input type="checkbox"/> J.S 33 <input type="checkbox"/> C 98 <input type="checkbox"/> OTHER 21 <input type="checkbox"/> T/V 34 <input type="checkbox"/> T.I 99 <input type="checkbox"/> N.S 22 <input type="checkbox"/> Y.C	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 15px; margin-left: 100px;"></div>
04 (a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S ----- (b) 1 <input type="checkbox"/> F.T 2 <input type="checkbox"/> P.T 9 <input type="checkbox"/> N.S	01 <input type="checkbox"/> N/K 30 <input type="checkbox"/> S.C 40 <input type="checkbox"/> A/E.M 10 <input type="checkbox"/> P.P 31 <input type="checkbox"/> P.S 60 <input type="checkbox"/> U 11 <input type="checkbox"/> G/A.P 32 <input type="checkbox"/> G/A.S 90 <input type="checkbox"/> S.S 20 <input type="checkbox"/> J.S 33 <input type="checkbox"/> C 98 <input type="checkbox"/> OTHER 21 <input type="checkbox"/> T/V 34 <input type="checkbox"/> T.I 99 <input type="checkbox"/> N.S 22 <input type="checkbox"/> Y.C	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 15px; margin-left: 100px;"></div>
05 (a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S ----- (b) 1 <input type="checkbox"/> F.T 2 <input type="checkbox"/> P.T 9 <input type="checkbox"/> N.S	01 <input type="checkbox"/> N/K 30 <input type="checkbox"/> S.C 40 <input type="checkbox"/> A/E.M 10 <input type="checkbox"/> P.P 31 <input type="checkbox"/> P.S 60 <input type="checkbox"/> U 11 <input type="checkbox"/> G/A.P 32 <input type="checkbox"/> G/A.S 90 <input type="checkbox"/> S.S 20 <input type="checkbox"/> J.S 33 <input type="checkbox"/> C 98 <input type="checkbox"/> OTHER 21 <input type="checkbox"/> T/V 34 <input type="checkbox"/> T.I 99 <input type="checkbox"/> N.S 22 <input type="checkbox"/> Y.C	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 15px; margin-left: 100px;"></div>
06 (a) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S ----- (b) 1 <input type="checkbox"/> F.T 2 <input type="checkbox"/> P.T 9 <input type="checkbox"/> N.S	01 <input type="checkbox"/> N/K 30 <input type="checkbox"/> S.C 40 <input type="checkbox"/> A/E.M 10 <input type="checkbox"/> P.P 31 <input type="checkbox"/> P.S 60 <input type="checkbox"/> U 11 <input type="checkbox"/> G/A.P 32 <input type="checkbox"/> G/A.S 90 <input type="checkbox"/> S.S 20 <input type="checkbox"/> J.S 33 <input type="checkbox"/> C 98 <input type="checkbox"/> OTHER 21 <input type="checkbox"/> T/V 34 <input type="checkbox"/> T.I 99 <input type="checkbox"/> N.S 22 <input type="checkbox"/> Y.C	Town/Village _____ Ward/County _____ <div style="border: 1px solid black; width: 40px; height: 15px; margin-left: 100px;"></div>

SECTION 3. EDUCATION – FOR ALL PERSONS – Continued

14(a) HIGHEST LEVEL OF (NON-VOCATIONAL) EDUCATIONAL ATTAINMENT What is (N) highest level of Educational Attainment? <input type="checkbox"/> 1 None → Skip to Q15 <input type="checkbox"/> 2 Nursery/Kindergarten (N/K) <input type="checkbox"/> 3 Primary (P) <input type="checkbox"/> 4 Secondary (S) <input type="checkbox"/> 5 University (U) <input type="checkbox"/> 6 Other <input type="checkbox"/> 8 Not applicable (N.A) → Skip to Q33 <input type="checkbox"/> 9 Not stated (N.S) → Skip to Q15 <div style="text-align: right;">25</div>	14(b) YEARS OF SCHOOLING AT HIGHEST LEVEL How many years of schooling (at the highest level of Educational Attainment) did (N) have? <input type="checkbox"/> 0 Less than a year <input type="checkbox"/> 1 1 Year <input type="checkbox"/> 2 2 Years <input type="checkbox"/> 3 3 " <input type="checkbox"/> 4 4 " <input type="checkbox"/> 5 5 " <input type="checkbox"/> 6 6 " <input type="checkbox"/> 7 7 Years or more <input type="checkbox"/> 9 Not stated (N.S) <div style="text-align: right;">26</div>	14(c) HIGHEST EXAMINATION EVER PASSED What is the highest exam (N) has ever passed? <input type="checkbox"/> 01 None <input type="checkbox"/> 02 School leaving <input type="checkbox"/> 03 CXC Basic <input type="checkbox"/> 04 G.C.E. 'O'/CXC Gen. Prof. I or 2 <input type="checkbox"/> 05 G.C.E. 'O'/CXC Gen. Prof. 3 or 4; S.C. Grade III <input type="checkbox"/> 06 G.C.E. 'O'/CXC Gen. Prof. 5 and over; S.C. Grades I, II <input type="checkbox"/> 07 G.C.E. 'A'/HSC 1 or 2 <input type="checkbox"/> 08 G.C.E. 'A'/HSC 3 and over <input type="checkbox"/> 09 Diploma/or Equivalent Certificate of Achievement <input type="checkbox"/> 10 Degree <input type="checkbox"/> 98 Other <input type="checkbox"/> 99 Not stated INTERVIEWER: Exclude Common Entrance and 14+ Exams. <div style="text-align: right;">27–28</div>	
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SECTION 4. ECONOMIC ACTIVITY – FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER

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

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

<p>15. ECONOMIC ACTIVITY PAST WEEK What did (N) do during the past week?</p> <p>[10] Had a job, worked (H.J/W) [11] Had a job, did not work (H.J.N.W) [20] Seeking first job (S.F.J) [21] Others seeking work (O.S.W) [30] Wanted work and available past three (3) months (W.W) [40] Student (S) [41] Home duties (H.D) [42] Retired (R) [43] Disabled (D) [44] Old Age Pensioner (O.A.P) [45] Did not want work (D.N.W.W) [98] Other [99] Not stated (N.S)</p> <p>INTERVIEWER: For persons who are ticked (✓) [40] – [99] Skip to Q21</p> <p>PN: [4] 14–18</p>	<p>16. TYPE OF WORKER STATUS What type of worker status applies to (N)?</p> <p>WORKED FOR OTHERS [0] Gov't—Public Service (G.P.S) [1] Gov't—Public Enterprise (G.P.E) [2] Non-Government (N.G) [3] Unpaid (U) [4] Learner (L)</p> <p>HAS OWN BUSINESS/FARM [5] No paid help (N.P.H) [6] With paid help (W.P.H)</p> <p>OTHER [7] Never worked (N.W) [9] Not stated (N.S)</p> <p>INTERVIEWER: For persons who are ticked (✓) [20] in Question 15 tick (✓) [7] and those ticking [21] and [30] classify by last status held.</p> <p>19</p>	<p>17(a) MAIN KIND OF OCCUPATION/WORK What kind of work was (N) doing (job held) during the past week? e.g. Secondary School Teacher, Accounts Clerk, Automobile Mechanic.</p> <p>17(b) JOB TITLE What was (N) Job Title? e.g. Teacher II, Accounts Clerk I, Automobile Mechanic Grade 'A.'</p> <p>INTERVIEWER: For persons who are ticked (✓) [20] in Question 15 classify by kind of job last applied for and those ticking [21] and [30] classify by last job held.</p> <p>20–23</p>																											
<p>01</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">10 <input type="checkbox"/> H.J/W</td> <td style="width:33%;">41 <input type="checkbox"/> H.D</td> <td style="width:33%;">0 <input type="checkbox"/> G.P.S</td> <td style="width:33%;">4 <input type="checkbox"/> L</td> </tr> <tr> <td>11 <input type="checkbox"/> H.J.N.W</td> <td>42 <input type="checkbox"/> R</td> <td>1 <input type="checkbox"/> G.P.E</td> <td>5 <input type="checkbox"/> N.P.H</td> </tr> <tr> <td>20 <input type="checkbox"/> S.F.J</td> <td>43 <input type="checkbox"/> D</td> <td>2 <input type="checkbox"/> N.G</td> <td>6 <input type="checkbox"/> W.P.H</td> </tr> <tr> <td>21 <input type="checkbox"/> O.S.W</td> <td>44 <input type="checkbox"/> O.A.P</td> <td>3 <input type="checkbox"/> U</td> <td>7 <input type="checkbox"/> N.W</td> </tr> <tr> <td>30 <input type="checkbox"/> W.W</td> <td>45 <input type="checkbox"/> D.N.W.W</td> <td style="text-align: center;">9 <input type="checkbox"/> N.S</td> <td></td> </tr> <tr> <td>40 <input type="checkbox"/> S</td> <td>99 <input type="checkbox"/> N.S</td> <td></td> <td></td> </tr> <tr> <td></td> <td>98 <input type="checkbox"/> OTHER</td> <td></td> <td></td> </tr> </table>	10 <input type="checkbox"/> H.J/W	41 <input type="checkbox"/> H.D	0 <input type="checkbox"/> G.P.S	4 <input type="checkbox"/> L	11 <input type="checkbox"/> H.J.N.W	42 <input type="checkbox"/> R	1 <input type="checkbox"/> G.P.E	5 <input type="checkbox"/> N.P.H	20 <input type="checkbox"/> S.F.J	43 <input type="checkbox"/> D	2 <input type="checkbox"/> N.G	6 <input type="checkbox"/> W.P.H	21 <input type="checkbox"/> O.S.W	44 <input type="checkbox"/> O.A.P	3 <input type="checkbox"/> U	7 <input type="checkbox"/> N.W	30 <input type="checkbox"/> W.W	45 <input type="checkbox"/> D.N.W.W	9 <input type="checkbox"/> N.S		40 <input type="checkbox"/> S	99 <input type="checkbox"/> N.S				98 <input type="checkbox"/> OTHER			<p>(a) Occupation _____</p> <p>(b) Job Title _____ [] [] [] []</p>
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<p>06</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">10 <input type="checkbox"/> H.J/W</td> <td style="width:33%;">41 <input type="checkbox"/> H.D</td> <td style="width:33%;">0 <input type="checkbox"/> G.P.S</td> <td style="width:33%;">4 <input type="checkbox"/> L</td> </tr> <tr> <td>11 <input type="checkbox"/> H.J.N.W</td> <td>42 <input type="checkbox"/> R</td> <td>1 <input type="checkbox"/> G.P.E</td> <td>5 <input type="checkbox"/> N.P.H</td> </tr> <tr> <td>20 <input type="checkbox"/> S.F.J</td> <td>43 <input type="checkbox"/> D</td> <td>2 <input type="checkbox"/> N.G</td> <td>6 <input type="checkbox"/> W.P.H</td> </tr> <tr> <td>21 <input type="checkbox"/> O.S.W</td> <td>44 <input type="checkbox"/> O.A.P</td> <td>3 <input type="checkbox"/> U</td> <td>7 <input type="checkbox"/> N.W</td> </tr> <tr> <td>30 <input type="checkbox"/> W.W</td> <td>45 <input type="checkbox"/> D.N.W.W</td> <td style="text-align: center;">9 <input type="checkbox"/> N.S</td> <td></td> </tr> <tr> <td>40 <input type="checkbox"/> S</td> <td>99 <input type="checkbox"/> N.S</td> <td></td> <td></td> </tr> <tr> <td></td> <td>98 <input type="checkbox"/> OTHER</td> <td></td> <td></td> </tr> </table>	10 <input type="checkbox"/> H.J/W	41 <input type="checkbox"/> H.D	0 <input type="checkbox"/> G.P.S	4 <input type="checkbox"/> L	11 <input type="checkbox"/> H.J.N.W	42 <input type="checkbox"/> R	1 <input type="checkbox"/> G.P.E	5 <input type="checkbox"/> N.P.H	20 <input type="checkbox"/> S.F.J	43 <input type="checkbox"/> D	2 <input type="checkbox"/> N.G	6 <input type="checkbox"/> W.P.H	21 <input type="checkbox"/> O.S.W	44 <input type="checkbox"/> O.A.P	3 <input type="checkbox"/> U	7 <input type="checkbox"/> N.W	30 <input type="checkbox"/> W.W	45 <input type="checkbox"/> D.N.W.W	9 <input type="checkbox"/> N.S		40 <input type="checkbox"/> S	99 <input type="checkbox"/> N.S				98 <input type="checkbox"/> OTHER			<p>(a) Occupation _____</p> <p>(b) Job Title _____ [] [] [] []</p>
10 <input type="checkbox"/> H.J/W	41 <input type="checkbox"/> H.D	0 <input type="checkbox"/> G.P.S	4 <input type="checkbox"/> L																										
11 <input type="checkbox"/> H.J.N.W	42 <input type="checkbox"/> R	1 <input type="checkbox"/> G.P.E	5 <input type="checkbox"/> N.P.H																										
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	98 <input type="checkbox"/> OTHER																												

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

<p>18(a) INDUSTRY What is the name of the Establishment or Government department in which (N) worked/had a job? e.g. Ministry of Health (St. Ann's Hospital), Pete's Advertising Agency.</p> <p>18(b) TYPE OF BUSINESS What kind of business is carried on there? e.g. Psychiatric Hospital, creative designs of advertisements for media.</p> <p>INTERVIEWER: For persons who are ticked (✓) [20] in Question 15 classify by industry of last application and those ticking [21] and [30] classify by industry of last place of employment.</p> <p style="text-align: right;">24–27</p>	<p>19. ADDRESS OF PLACE OF WORK What is the address of the department or establishment where (N) worked?</p> <hr/> <p style="text-align: center;">Town/Village</p> <hr/> <p style="text-align: center;">Ward/County</p> <p style="text-align: right;">28–31</p>	<p>20. HOURS WORKED PAST WEEK How many hours did (N) work during the past week, including overtime?</p> <p><input type="checkbox"/> 0 Less than 1 hour (<1 hr.)</p> <p><input type="checkbox"/> 1 1–8 hours</p> <p><input type="checkbox"/> 2 9–16 hours</p> <p><input type="checkbox"/> 3 17–24 hours</p> <p><input type="checkbox"/> 4 25–32 hours</p> <p><input type="checkbox"/> 5 33–40 hours</p> <p><input type="checkbox"/> 6 41 hours and over</p> <p><input type="checkbox"/> 9 Not stated</p> <p>INTERVIEWER: Applicable only to those ticking <input type="checkbox"/> 10 in Q15.</p> <p style="text-align: right;">32</p>	
<p>(a) Name of Establishment _____</p> <p>(b) Type of Business _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </p>	<p>Town/Village _____</p> <p>Ward/County _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </p>	<p>0 <input type="checkbox"/> <1 hr. 4 <input type="checkbox"/> 25–32 hrs.</p> <p>1 <input type="checkbox"/> 1–8 hrs. 5 <input type="checkbox"/> 33–40 hrs.</p> <p>2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over</p> <p>3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated</p>	01
<p>(a) Name of Establishment _____</p> <p>(b) Type of Business _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </p>	<p>Town/Village _____</p> <p>Ward/County _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </p>	<p>0 <input type="checkbox"/> <1 hr. 4 <input type="checkbox"/> 25–32 hrs.</p> <p>1 <input type="checkbox"/> 1–8 hrs. 5 <input type="checkbox"/> 33–40 hrs.</p> <p>2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over</p> <p>3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated</p>	02
<p>(a) Name of Establishment _____</p> <p>(b) Type of Business _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </p>	<p>Town/Village _____</p> <p>Ward/County _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </p>	<p>0 <input type="checkbox"/> <1 hr. 4 <input type="checkbox"/> 25–32 hrs.</p> <p>1 <input type="checkbox"/> 1–8 hrs. 5 <input type="checkbox"/> 33–40 hrs.</p> <p>2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over</p> <p>3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated</p>	03
<p>(a) Name of Establishment _____</p> <p>(b) Type of Business _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </p>	<p>Town/Village _____</p> <p>Ward/County _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </p>	<p>0 <input type="checkbox"/> <1 hr. 4 <input type="checkbox"/> 25–32 hrs.</p> <p>1 <input type="checkbox"/> 1–8 hrs. 5 <input type="checkbox"/> 33–40 hrs.</p> <p>2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over</p> <p>3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated</p>	04
<p>(a) Name of Establishment _____</p> <p>(b) Type of Business _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </p>	<p>Town/Village _____</p> <p>Ward/County _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </p>	<p>0 <input type="checkbox"/> <1 hr. 4 <input type="checkbox"/> 25–32 hrs.</p> <p>1 <input type="checkbox"/> 1–8 hrs. 5 <input type="checkbox"/> 33–40 hrs.</p> <p>2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over</p> <p>3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated</p>	05
<p>(a) Name of Establishment _____</p> <p>(b) Type of Business _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </p>	<p>Town/Village _____</p> <p>Ward/County _____ <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div> </p>	<p>0 <input type="checkbox"/> <1 hr. 4 <input type="checkbox"/> 25–32 hrs.</p> <p>1 <input type="checkbox"/> 1–8 hrs. 5 <input type="checkbox"/> 33–40 hrs.</p> <p>2 <input type="checkbox"/> 9–16 " 6 <input type="checkbox"/> 41 and over</p> <p>3 <input type="checkbox"/> 17–24 " 9 <input type="checkbox"/> Not stated</p>	06

SECTION 4. ECONOMIC ACTIVITY — Concluded		SECTION 5. HIGHEST LEVEL OF TRAINING — FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER				
<p>21. MAIN ACTIVITY DURING THE PAST TWELVE MONTHS What did (N) do most during the past twelve months?</p> <p><input type="checkbox"/> 10 Had a job/worked (H.J/W)</p> <p><input type="checkbox"/> 11 Had a job, did not work (H.J.N.W)</p> <p><input type="checkbox"/> 20 Seeking first job (S.F.J)</p> <p><input type="checkbox"/> 21 Others seeking work (O.S.W)</p> <p><input type="checkbox"/> 30 Wanted work and available (W.W)</p> <p><input type="checkbox"/> 40 Student (S)</p> <p><input type="checkbox"/> 41 Home duties (H.D)</p> <p><input type="checkbox"/> 42 Retired (R)</p> <p><input type="checkbox"/> 43 Disabled (D)</p> <p><input type="checkbox"/> 44 Old Age Pensioner (O.A.P)</p> <p><input type="checkbox"/> 45 Did not want work (D.N.W.W)</p> <p><input type="checkbox"/> 98 Other</p> <p><input type="checkbox"/> 99 Not stated (N.S)</p> <p>PN: <input type="checkbox"/> 5</p>	<p>22(a). TRAINING ATTAINMENT Has (N) ever received/attempted any special training to fit him/her for employment?</p> <p><input type="checkbox"/> 1 Yes → Go to Q 22(b)</p> <p><input type="checkbox"/> 2 No → Go to Q 27</p> <p><input type="checkbox"/> 7 Don't Know (D.K) → Go to Q 27</p> <p><input type="checkbox"/> 9 Not Stated (N.S) → Go to Q 27</p> <p>INTERVIEWER: Probe for on-the-job training, apprenticeship, Youth Camps, Commercial Schools, Correspondence Courses, University etc.</p>	<p>22(b). HIGHEST LEVEL OF TRAINING STATUS Which category of response applies to (N)?</p> <p><input type="checkbox"/> 1 Completed Training (C.T)</p> <p><input type="checkbox"/> 2 Undergoing Training (U.T)</p> <p><input type="checkbox"/> 3 Attempted but not Completed (A.T)</p> <p><input type="checkbox"/> 7 Don't Know (D.K)</p> <p><input type="checkbox"/> 9 Not Stated (N.S)</p> <p>INTERVIEWER: <input type="checkbox"/> 3 Applies ONLY to those persons who started training but did not complete the entire course of study.</p>	<p>14—18</p>	<p>19</p>	<p>20</p>	
01	<p>10 <input type="checkbox"/> H.J.W 30 <input type="checkbox"/> W.W 43 <input type="checkbox"/> D</p> <p>11 <input type="checkbox"/> H.J.N.W 40 <input type="checkbox"/> S 44 <input type="checkbox"/> O.A.P</p> <p>20 <input type="checkbox"/> S.F.J 41 <input type="checkbox"/> H.D 45 <input type="checkbox"/> D.N.W.W</p> <p>21 <input type="checkbox"/> O.S.W 42 <input type="checkbox"/> R 98 <input type="checkbox"/> OTHER</p> <p style="text-align: center;">99 <input type="checkbox"/> N.S</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 7 <input type="checkbox"/> D.K</p> <p>2 <input type="checkbox"/> U.T 9 <input type="checkbox"/> N.S</p> <p>3 <input type="checkbox"/> A.T</p>			
02	<p>10 <input type="checkbox"/> H.J.W 30 <input type="checkbox"/> W.W 43 <input type="checkbox"/> D</p> <p>11 <input type="checkbox"/> H.J.N.W 40 <input type="checkbox"/> S 44 <input type="checkbox"/> O.A.P</p> <p>20 <input type="checkbox"/> S.F.J 41 <input type="checkbox"/> H.D 45 <input type="checkbox"/> D.N.W.W</p> <p>21 <input type="checkbox"/> O.S.W 42 <input type="checkbox"/> R 98 <input type="checkbox"/> OTHER</p> <p style="text-align: center;">99 <input type="checkbox"/> N.S</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 7 <input type="checkbox"/> D.K</p> <p>2 <input type="checkbox"/> U.T 9 <input type="checkbox"/> N.S</p> <p>3 <input type="checkbox"/> A.T</p>			
03	<p>10 <input type="checkbox"/> H.J.W 30 <input type="checkbox"/> W.W 43 <input type="checkbox"/> D</p> <p>11 <input type="checkbox"/> H.J.N.W 40 <input type="checkbox"/> S 44 <input type="checkbox"/> O.A.P</p> <p>20 <input type="checkbox"/> S.F.J 41 <input type="checkbox"/> H.D 45 <input type="checkbox"/> D.N.W.W</p> <p>21 <input type="checkbox"/> O.S.W 42 <input type="checkbox"/> R 98 <input type="checkbox"/> OTHER</p> <p style="text-align: center;">99 <input type="checkbox"/> N.S</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 7 <input type="checkbox"/> D.K</p> <p>2 <input type="checkbox"/> U.T 9 <input type="checkbox"/> N.S</p> <p>3 <input type="checkbox"/> A.T</p>			
04	<p>10 <input type="checkbox"/> H.J.W 30 <input type="checkbox"/> W.W 43 <input type="checkbox"/> D</p> <p>11 <input type="checkbox"/> H.J.N.W 40 <input type="checkbox"/> S 44 <input type="checkbox"/> O.A.P</p> <p>20 <input type="checkbox"/> S.F.J 41 <input type="checkbox"/> H.D 45 <input type="checkbox"/> D.N.W.W</p> <p>21 <input type="checkbox"/> O.S.W 42 <input type="checkbox"/> R 98 <input type="checkbox"/> OTHER</p> <p style="text-align: center;">99 <input type="checkbox"/> N.S</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 7 <input type="checkbox"/> D.K</p> <p>2 <input type="checkbox"/> U.T 9 <input type="checkbox"/> N.S</p> <p>3 <input type="checkbox"/> A.T</p>			
05	<p>10 <input type="checkbox"/> H.J.W 30 <input type="checkbox"/> W.W 43 <input type="checkbox"/> D</p> <p>11 <input type="checkbox"/> H.J.N.W 40 <input type="checkbox"/> S 44 <input type="checkbox"/> O.A.P</p> <p>20 <input type="checkbox"/> S.F.J 41 <input type="checkbox"/> H.D 45 <input type="checkbox"/> D.N.W.W</p> <p>21 <input type="checkbox"/> O.S.W 42 <input type="checkbox"/> R 98 <input type="checkbox"/> OTHER</p> <p style="text-align: center;">99 <input type="checkbox"/> N.S</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 7 <input type="checkbox"/> D.K</p> <p>2 <input type="checkbox"/> U.T 9 <input type="checkbox"/> N.S</p> <p>3 <input type="checkbox"/> A.T</p>			
06	<p>10 <input type="checkbox"/> H.J.W 30 <input type="checkbox"/> W.W 43 <input type="checkbox"/> D</p> <p>11 <input type="checkbox"/> H.J.N.W 40 <input type="checkbox"/> S 44 <input type="checkbox"/> O.A.P</p> <p>20 <input type="checkbox"/> S.F.J 41 <input type="checkbox"/> H.D 45 <input type="checkbox"/> D.N.W.W</p> <p>21 <input type="checkbox"/> O.S.W 42 <input type="checkbox"/> R 98 <input type="checkbox"/> OTHER</p> <p style="text-align: center;">99 <input type="checkbox"/> N.S</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 7 <input type="checkbox"/> D.K</p> <p>2 <input type="checkbox"/> U.T 9 <input type="checkbox"/> N.S</p> <p>3 <input type="checkbox"/> A.T</p>			

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

<p>23. FIELD OF HIGHEST LEVEL OF TRAINING</p> <p>What is the Field for which the highest level of training was completed/attempted or is undergoing?</p> <p>INTERVIEWER:</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 style="text-align: right;">21–25</p>	<p>24. MAIN EDUCATIONAL METHOD/TYPE OF INSTITUTION OF HIGHEST LEVEL OF TRAINING</p> <p>In (N) 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) <input type="checkbox"/>02 Private study (P.S) <input type="checkbox"/>03 Secondary School (S.S) <input type="checkbox"/>04 Y.T.E.P.P <input type="checkbox"/>05 Vocational/Trade/Commercial School (V.T.C.S) <input type="checkbox"/>06 Technical Institute (T.I) <input type="checkbox"/>07 Other Institutional Training (O.I.T) <input type="checkbox"/>08 University (U) <input type="checkbox"/>10 Other <input type="checkbox"/>99 Not stated (N.S)</p> <p style="text-align: right;">26–27</p>	<p>25. PERIOD OF TRAINING AT HIGHEST LEVEL (Q23)</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) <input type="checkbox"/>1 3 < (less than) 6 months (MTHS) <input type="checkbox"/>2 6 months < (less than) 1 year (YR) <input type="checkbox"/>3 1 < 1½ years <input type="checkbox"/>4 1½ < 2 " <input type="checkbox"/>5 2 < 3 " <input type="checkbox"/>6 3 < 4 " <input type="checkbox"/>7 4 years and over <input type="checkbox"/>9 Not stated</p> <p style="text-align: right;">28</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"/> T.I 02 <input type="checkbox"/> P.S 07 <input type="checkbox"/> O.I.T 03 <input type="checkbox"/> S.S 08 <input type="checkbox"/> U 04 <input type="checkbox"/> Y.T.E.P.P 10 <input type="checkbox"/> OTHER 05 <input type="checkbox"/> V.T.C.S 99 <input type="checkbox"/> N.S</p>	<p>0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs. 1 <input type="checkbox"/> 3 < 6 " 4 <input type="checkbox"/> 1½ < 2 " 7 <input type="checkbox"/> 4 and over 2 <input type="checkbox"/> 6 < 1 Yr. 5 <input type="checkbox"/> 2 < 3 " 9 <input type="checkbox"/> N.S</p>	01
<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"/> T.I 02 <input type="checkbox"/> P.S 07 <input type="checkbox"/> O.I.T 03 <input type="checkbox"/> S.S 08 <input type="checkbox"/> U 04 <input type="checkbox"/> Y.T.E.P.P 10 <input type="checkbox"/> OTHER 05 <input type="checkbox"/> V.T.C.S 99 <input type="checkbox"/> N.S</p>	<p>0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs. 1 <input type="checkbox"/> 3 < 6 " 4 <input type="checkbox"/> 1½ < 2 " 7 <input type="checkbox"/> 4 and over 2 <input type="checkbox"/> 6 < 1 Yr. 5 <input type="checkbox"/> 2 < 3 " 9 <input type="checkbox"/> N.S</p>	02
<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"/> T.I 02 <input type="checkbox"/> P.S 07 <input type="checkbox"/> O.I.T 03 <input type="checkbox"/> S.S 08 <input type="checkbox"/> U 04 <input type="checkbox"/> Y.T.E.P.P 10 <input type="checkbox"/> OTHER 05 <input type="checkbox"/> V.T.C.S 99 <input type="checkbox"/> N.S</p>	<p>0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs. 1 <input type="checkbox"/> 3 < 6 " 4 <input type="checkbox"/> 1½ < 2 " 7 <input type="checkbox"/> 4 and over 2 <input type="checkbox"/> 6 < 1 Yr. 5 <input type="checkbox"/> 2 < 3 " 9 <input type="checkbox"/> N.S</p>	03
<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"/> T.I 02 <input type="checkbox"/> P.S 07 <input type="checkbox"/> O.I.T 03 <input type="checkbox"/> S.S 08 <input type="checkbox"/> U 04 <input type="checkbox"/> Y.T.E.P.P 10 <input type="checkbox"/> OTHER 05 <input type="checkbox"/> V.T.C.S 99 <input type="checkbox"/> N.S</p>	<p>0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs. 1 <input type="checkbox"/> 3 < 6 " 4 <input type="checkbox"/> 1½ < 2 " 7 <input type="checkbox"/> 4 and over 2 <input type="checkbox"/> 6 < 1 Yr. 5 <input type="checkbox"/> 2 < 3 " 9 <input type="checkbox"/> N.S</p>	04
<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"/> T.I 02 <input type="checkbox"/> P.S 07 <input type="checkbox"/> O.I.T 03 <input type="checkbox"/> S.S 08 <input type="checkbox"/> U 04 <input type="checkbox"/> Y.T.E.P.P 10 <input type="checkbox"/> OTHER 05 <input type="checkbox"/> V.T.C.S 99 <input type="checkbox"/> N.S</p>	<p>0 <input type="checkbox"/> Under 3 mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs. 1 <input type="checkbox"/> 3 < 6 " 4 <input type="checkbox"/> 1½ < 2 " 7 <input type="checkbox"/> 4 and over 2 <input type="checkbox"/> 6 < 1 Yr. 5 <input type="checkbox"/> 2 < 3 " 9 <input type="checkbox"/> N.S</p>	05
<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"/> T.I 02 <input type="checkbox"/> P.S 07 <input type="checkbox"/> O.I.T 03 <input type="checkbox"/> S.S 08 <input type="checkbox"/> U 04 <input type="checkbox"/> Y.T.E.P.P 10 <input type="checkbox"/> OTHER 05 <input type="checkbox"/> V.T.C.S 99 <input type="checkbox"/> N.S</p>	<p>0 <input type="checkbox"/> Under 3 Mths. 3 <input type="checkbox"/> 1 < 1½ Yrs. 6 <input type="checkbox"/> 3 < 4 Yrs. 1 <input type="checkbox"/> 3 < 6 " 4 <input type="checkbox"/> 1½ < 2 " 7 <input type="checkbox"/> 4 and over 2 <input type="checkbox"/> 6 < 1 Yr. 5 <input type="checkbox"/> 2 < 3 " 9 <input type="checkbox"/> N.S</p>	06

SECTION 5. HIGHEST LEVEL OF TRAINING – Concluded		SECTION 6. MARITAL STATUS For persons 14 years and over		SECTION 7. FERTILITY – FOR FEMALES 14 YEARS OLD AND OVER AND NOT ATTENDING PRIMARY OR SECONDARY SCHOOL FULL TIME					
<p>26. QUALIFICATION/CERTIFICATION OBTAINED ON COMPLETION OF TRAINING</p> <p>What qualification/certification did (N) obtain on completion of training at the highest level?</p> <p><input type="checkbox"/> 1 None</p> <p><input type="checkbox"/> 2 Certificate with examination (C.W.E)</p> <p><input type="checkbox"/> 3 Certificate without examination (C.N.E)</p> <p><input type="checkbox"/> 4 Diploma (DIP)</p> <p><input type="checkbox"/> 5 Degree (DEG)</p> <p><input type="checkbox"/> 6 Other</p> <p><input type="checkbox"/> 9 Not stated (N.S)</p> <p>INTERVIEWER: Only for persons who have ticked <input type="checkbox"/> 1 in Q 22(b)</p> <p>PN: <input type="checkbox"/> 6 14–17</p>		<p>27. MARITAL STATUS</p> <p>What is (N) 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>INTERVIEWER:</p> <p>This question applies only to persons fourteen years old and over and NOT attending Primary or Secondary School FULL TIME.</p> <p>18</p>		<p>28. NUMBER OF LIVE BIRTHS EVER HAD</p> <p>How many live births has (N) ever had?</p> <p>INTERVIEWER:</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 30(b).</p> <p>19–20</p>		<p>29. AGE AT BIRTH OF FIRST LIVE BORN CHILD</p> <p>What was (N) age when she had her first live born child?</p> <p>21–22</p>		<p>30. NUMBER OF LIVE BIRTHS/STILL BIRTHS PAST TWELVE MONTHS</p> <p>How many live births/still births did (N) have during the past twelve (12) months?</p> <p>30(a). LIVE BIRTHS</p> <p><input type="checkbox"/> 0 None</p> <p><input type="checkbox"/> 1 One</p> <p><input type="checkbox"/> 2 Two</p> <p><input type="checkbox"/> 3 Twin (TW)</p> <p><input type="checkbox"/> 4 Three and over (THR+)</p> <p><input type="checkbox"/> 9 Not stated (N.S)</p> <p>30(b). STILL BIRTHS</p> <p><input type="checkbox"/> 0 None</p> <p><input type="checkbox"/> 1 One</p> <p><input type="checkbox"/> 2 Two and over (TWO+)</p> <p><input type="checkbox"/> 9 Not stated (N.S)</p> <p>23–24</p>	
<p>01</p> <p>1 <input type="checkbox"/> NONE 4 <input type="checkbox"/> DIP</p> <p>2 <input type="checkbox"/> C.W.E 5 <input type="checkbox"/> DEG</p> <p>3 <input type="checkbox"/> C.N.E 6 <input type="checkbox"/> OTHER</p> <p>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>(a) 0 <input type="checkbox"/> NONE 3 <input type="checkbox"/> TW</p> <p>1 <input type="checkbox"/> ONE 4 <input type="checkbox"/> THR+</p> <p>2 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p> <p>(b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+</p> <p>1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S</p>			
<p>02</p> <p>1 <input type="checkbox"/> NONE 4 <input type="checkbox"/> DIP</p> <p>2 <input type="checkbox"/> C.W.E 5 <input type="checkbox"/> DEG</p> <p>3 <input type="checkbox"/> C.N.E 6 <input type="checkbox"/> OTHER</p> <p>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>(a) 0 <input type="checkbox"/> NONE 3 <input type="checkbox"/> TW</p> <p>1 <input type="checkbox"/> ONE 4 <input type="checkbox"/> THR+</p> <p>2 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p> <p>(b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+</p> <p>1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S</p>			
<p>03</p> <p>1 <input type="checkbox"/> NONE 4 <input type="checkbox"/> DIP</p> <p>2 <input type="checkbox"/> C.W.E 5 <input type="checkbox"/> DEG</p> <p>3 <input type="checkbox"/> C.N.E 6 <input type="checkbox"/> OTHER</p> <p>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>(a) 0 <input type="checkbox"/> NONE 3 <input type="checkbox"/> TW</p> <p>1 <input type="checkbox"/> ONE 4 <input type="checkbox"/> THR+</p> <p>2 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p> <p>(b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+</p> <p>1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S</p>			
<p>04</p> <p>1 <input type="checkbox"/> NONE 4 <input type="checkbox"/> DIP</p> <p>2 <input type="checkbox"/> C.W.E 5 <input type="checkbox"/> DEG</p> <p>3 <input type="checkbox"/> C.N.E 6 <input type="checkbox"/> OTHER</p> <p>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>(a) 0 <input type="checkbox"/> NONE 3 <input type="checkbox"/> TW</p> <p>1 <input type="checkbox"/> ONE 4 <input type="checkbox"/> THR+</p> <p>2 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p> <p>(b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+</p> <p>1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S</p>			
<p>05</p> <p>1 <input type="checkbox"/> NONE 4 <input type="checkbox"/> DIP</p> <p>2 <input type="checkbox"/> C.W.E 5 <input type="checkbox"/> DEG</p> <p>3 <input type="checkbox"/> C.N.E 6 <input type="checkbox"/> OTHER</p> <p>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>(a) 0 <input type="checkbox"/> NONE 3 <input type="checkbox"/> TW</p> <p>1 <input type="checkbox"/> ONE 4 <input type="checkbox"/> THR+</p> <p>2 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p> <p>(b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+</p> <p>1 <input type="checkbox"/> ONE 9 <input type="checkbox"/> N.S</p>			
<p>06</p> <p>1 <input type="checkbox"/> NONE 4 <input type="checkbox"/> DIP</p> <p>2 <input type="checkbox"/> C.W.E 5 <input type="checkbox"/> DEG</p> <p>3 <input type="checkbox"/> C.N.E 6 <input type="checkbox"/> OTHER</p> <p>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>(a) 0 <input type="checkbox"/> NONE 3 <input type="checkbox"/> TW</p> <p>1 <input type="checkbox"/> ONE 4 <input type="checkbox"/> THR+</p> <p>2 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p> <p>(b) 0 <input type="checkbox"/> NONE 2 <input type="checkbox"/> TWO+</p> <p>1 <input type="checkbox"/> TWO 9 <input type="checkbox"/> N.S</p>			

SECTION 7. – FERTILITY – Continued	SECTION 8. INCOME – FOR ALL PERSONS (15) YEARS OLD AND OVER		SECTION 9. CENSUS NIGHT – FOR ALL PERSONS	
<p>31. UNION STATUS AT PRESENT OR AT AGE 45</p> <p>What is (N) Union Status? or what was (N) Union Status when she was 45?</p> <p><input type="checkbox"/> 1 Married (M)</p> <p><input type="checkbox"/> 2 Common-law (C.L.)</p> <p><input type="checkbox"/> 3 Visiting (V)</p> <p><input type="checkbox"/> 4 No longer living with husband (N.L.H.)</p> <p><input type="checkbox"/> 5 No longer living with common-law partner (N.L.C.P.)</p> <p><input type="checkbox"/> 6 Never had a husband nor common-law partner (N.H/P)</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p style="text-align: right;">25</p>	<p>32(a) LAST PAY/INCOME PERIOD</p> <p>What was (N) last pay income/period?</p> <p><input type="checkbox"/> 1 Weekly (W)</p> <p><input type="checkbox"/> 2 Fortnightly (F)</p> <p><input type="checkbox"/> 3 Monthly (M)</p> <p><input type="checkbox"/> 4 Quarterly (Q)</p> <p><input type="checkbox"/> 6 Other (Specify)</p> <hr/> <p><input type="checkbox"/> 7 None → Skip to Q 33</p> <p><input type="checkbox"/> 8 Not applicable (N.A.) → Skip to Q 33</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p style="text-align: right;">26</p>	<p>32(b) GROSS INCOME (Nearest Dollar)</p> <p>What was (N) gross income from all sources during the last pay/income period?</p> <p>INTERVIEWER:</p> <p>(a) For self-employed persons obtain "Net Income" i.e. Receipts less Business Expenses.</p> <p>(b) Enter Income e.g. \$300</p> <p>\$ <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="0"/> <input type="text" value="0"/></p> <p style="text-align: right;">27–31</p>	<p>33. Where did (N) spend Census Night?</p> <p><input type="checkbox"/> 1 This household (H)</p> <p><input type="checkbox"/> 2 Elsewhere in Trinidad and Tobago (E, T & T)</p> <p><input type="checkbox"/> 3 Institution (INST)</p> <p><input type="checkbox"/> 4 Abroad</p> <p><input type="checkbox"/> 5 Other</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p>INTERVIEWER:</p> <p>Heads of households only to answer Section 10.</p> <p style="text-align: right;">32</p>	
<p>1 <input type="checkbox"/> M 4 <input type="checkbox"/> N.L.H.</p> <p>2 <input type="checkbox"/> C.L. 5 <input type="checkbox"/> N.L.C.P</p> <p>3 <input type="checkbox"/> V 6 <input type="checkbox"/> N.H/P</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> W 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> F 4 <input type="checkbox"/> Q</p> <p>6 <input type="checkbox"/> Other (Specify)</p> <p>.....</p> <p>7 <input type="checkbox"/> None 8 <input type="checkbox"/> N.A</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S.</p>	<p>\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p>	<p>1 <input type="checkbox"/> H 4 <input type="checkbox"/> ABROAD</p> <p>2 <input type="checkbox"/> E, T&T 5 <input type="checkbox"/> OTHER</p> <p>3 <input type="checkbox"/> INST 9 <input type="checkbox"/> N.S.</p>	<p>01</p>
<p>1 <input type="checkbox"/> M 4 <input type="checkbox"/> N.L.H.</p> <p>2 <input type="checkbox"/> C.L. 5 <input type="checkbox"/> N.L.C.P</p> <p>3 <input type="checkbox"/> V 6 <input type="checkbox"/> N.H/P</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> W 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> F 4 <input type="checkbox"/> Q</p> <p>6 <input type="checkbox"/> Other (Specify)</p> <p>.....</p> <p>7 <input type="checkbox"/> None 8 <input type="checkbox"/> N.A</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S.</p>	<p>\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p>	<p>1 <input type="checkbox"/> H 4 <input type="checkbox"/> ABROAD</p> <p>2 <input type="checkbox"/> E, T&T 5 <input type="checkbox"/> OTHER</p> <p>3 <input type="checkbox"/> INST 9 <input type="checkbox"/> N.S.</p>	<p>02</p>
<p>1 <input type="checkbox"/> M 4 <input type="checkbox"/> N.L.H.</p> <p>2 <input type="checkbox"/> C.L. 5 <input type="checkbox"/> N.L.C.P</p> <p>3 <input type="checkbox"/> V 6 <input type="checkbox"/> N.H/P</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> W 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> F 4 <input type="checkbox"/> Q</p> <p>6 <input type="checkbox"/> Other (Specify)</p> <p>.....</p> <p>7 <input type="checkbox"/> None 8 <input type="checkbox"/> N.A</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S.</p>	<p>\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p>	<p>1 <input type="checkbox"/> H 4 <input type="checkbox"/> ABROAD</p> <p>2 <input type="checkbox"/> E, T&T 5 <input type="checkbox"/> OTHER</p> <p>3 <input type="checkbox"/> INST 9 <input type="checkbox"/> N.S.</p>	<p>03</p>
<p>1 <input type="checkbox"/> M 4 <input type="checkbox"/> N.L.H.</p> <p>2 <input type="checkbox"/> C.L. 5 <input type="checkbox"/> N.L.C.P</p> <p>3 <input type="checkbox"/> V 6 <input type="checkbox"/> N.H/P</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> W 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> F 4 <input type="checkbox"/> Q</p> <p>6 <input type="checkbox"/> Other (Specify)</p> <p>.....</p> <p>7 <input type="checkbox"/> None 8 <input type="checkbox"/> N.A</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S.</p>	<p>\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p>	<p>1 <input type="checkbox"/> H 4 <input type="checkbox"/> ABROAD</p> <p>2 <input type="checkbox"/> E, T&T 5 <input type="checkbox"/> OTHER</p> <p>3 <input type="checkbox"/> INST 9 <input type="checkbox"/> N.S.</p>	<p>04</p>
<p>1 <input type="checkbox"/> M 4 <input type="checkbox"/> N.L.H.</p> <p>2 <input type="checkbox"/> C.L. 5 <input type="checkbox"/> N.L.C.P</p> <p>3 <input type="checkbox"/> V 6 <input type="checkbox"/> N.H/P</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> W 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> F 4 <input type="checkbox"/> Q</p> <p>6 <input type="checkbox"/> Other (Specify)</p> <p>.....</p> <p>7 <input type="checkbox"/> None 8 <input type="checkbox"/> N.A</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S.</p>	<p>\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p>	<p>1 <input type="checkbox"/> H 4 <input type="checkbox"/> ABROAD</p> <p>2 <input type="checkbox"/> E, T&T 5 <input type="checkbox"/> OTHER</p> <p>3 <input type="checkbox"/> INST 9 <input type="checkbox"/> N.S.</p>	<p>05</p>
<p>1 <input type="checkbox"/> M 4 <input type="checkbox"/> N.L.H.</p> <p>2 <input type="checkbox"/> C.L. 5 <input type="checkbox"/> N.L.C.P</p> <p>3 <input type="checkbox"/> V 6 <input type="checkbox"/> N.H/P</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> W 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> F 4 <input type="checkbox"/> Q</p> <p>6 <input type="checkbox"/> Other (Specify)</p> <p>.....</p> <p>7 <input type="checkbox"/> None 8 <input type="checkbox"/> N.A</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S.</p>	<p>\$ <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/></p>	<p>1 <input type="checkbox"/> H 4 <input type="checkbox"/> ABROAD</p> <p>2 <input type="checkbox"/> E, T&T 5 <input type="checkbox"/> OTHER</p> <p>3 <input type="checkbox"/> INST 9 <input type="checkbox"/> N.S.</p>	<p>06</p>

SECTION 10. HOUSING OCCUPIED BY HOUSEHOLD – HEAD OF HOUSEHOLD ONLY

INSTRUCTIONS

Where applicable (✓) the appropriate box

IDENTIFICATION

County/ Ward		E.D. Number					

P.N.			Building No.			Dwelling Unit No.			Household No.		S.H.	R	Household size	
0	0	0												
14–16			17–29											

Name of Head of Household: Name of Respondent:

CHARACTERISTICS OF OCCUPIED BUILDING

c.c.

<p>34. TYPE OF BUILDING What category of the type of buildings listed applies to the building your household occupies?</p> <p>1 <input type="checkbox"/> Mainly residential 2 <input type="checkbox"/> Residential and Commerical 3 <input type="checkbox"/> Commercial 4 <input type="checkbox"/> Industrial 5 <input type="checkbox"/> Community service – Private/Gov't. 6 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not stated</p>	30
<p>35. MATERIAL OF OUTERWALLS</p> <p>1 <input type="checkbox"/> Brick (plastered or unplastered) 2 <input type="checkbox"/> Concrete 3 <input type="checkbox"/> Wood and concrete 4 <input type="checkbox"/> Wood and brick 5 <input type="checkbox"/> Wood 6 <input type="checkbox"/> Wattle/Adobe/Tapia 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not stated</p>	31
<p>36. YEAR WHEN BUILDING WAS BUILT</p> <p>1 <input type="checkbox"/> 1990 2 <input type="checkbox"/> 1989 3 <input type="checkbox"/> 1988 4 <input type="checkbox"/> 1987–1980 5 <input type="checkbox"/> 1979–1971 6 <input type="checkbox"/> 1970 or earlier 7 <input type="checkbox"/> Don't know 9 <input type="checkbox"/> Not stated</p>	32

CHARACTERISTICS OF THE DWELLING UNIT OCCUPIED BY HOUSEHOLD

INTERVIEWER:

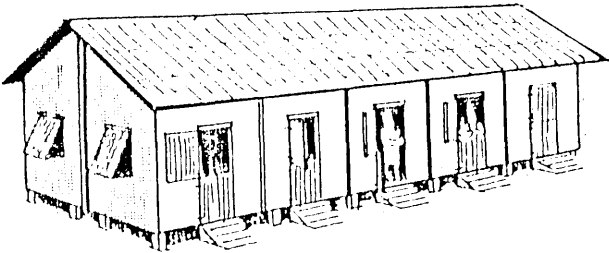
A dwelling unit must have a separate entrance and NOT BE ACCESSED OR ENTERED through some one else's living arrangements.

<p>37. TENANCY</p> <p>(a) What type of tenancy do you hold in respect of dwelling unit?</p> <p>1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Rented Private 3 <input type="checkbox"/> Rented Government 4 <input type="checkbox"/> Leased 5 <input type="checkbox"/> Rent Free 6 <input type="checkbox"/> Squatted 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not stated</p>	33
<p>(b) Land on which dwelling unit stands:</p> <p>1 <input type="checkbox"/> Owned 2 <input type="checkbox"/> Rented Private 3 <input type="checkbox"/> Rented Government 4 <input type="checkbox"/> Leased 5 <input type="checkbox"/> Rent Free 6 <input type="checkbox"/> Squatted 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not stated</p>	34

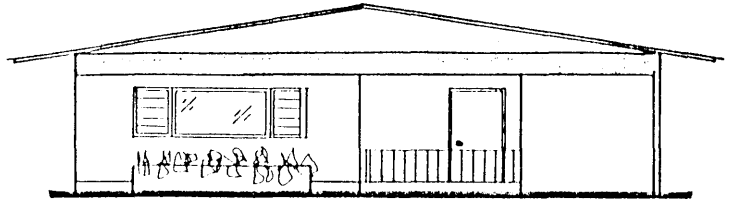
SECTION 10. HOUSING – HEAD OF HOUSEHOLD ONLY – Continued		c.c.
<p>38. TYPE OF DWELLING UNIT</p> <p>How would you describe the type of dwelling unit that your household occupies?</p> <p>01 <input type="checkbox"/> Separate house 05 <input type="checkbox"/> Part of Commercial/Industrial building 09 <input type="checkbox"/> Group dwelling 02 <input type="checkbox"/> Flat/apartment 06 <input type="checkbox"/> Barracks 10 <input type="checkbox"/> Other 03 <input type="checkbox"/> Town house/WAFDA 07 <input type="checkbox"/> Out-room 11 <input type="checkbox"/> No fixed abode 04 <input type="checkbox"/> Double house/duplex 08 <input type="checkbox"/> Other private dwelling 99 <input type="checkbox"/> Not stated</p>		35 36
<p>39. SINGLE OR MULTIPLE OCCUPANCY OF DWELLING UNIT</p> <p>(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?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated ↳ Go to Q.39(b) ↳ Skip to Q.40 ↳ Skip to Q.40</p> <hr/> <p>(b) How many other households occupy this dwelling unit with your household? Number of other households in this dwelling unit 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> and over 9 <input type="checkbox"/> Not stated</p>		37 38
<p>40. WATER SUPPLY</p> <p>What is your water supply?</p> <p>1 <input type="checkbox"/> Public piped into dwelling 4 <input type="checkbox"/> Private catchment not piped 7 <input type="checkbox"/> Spring/River 2 <input type="checkbox"/> Public piped into yard 5 <input type="checkbox"/> Public standpipe 8 <input type="checkbox"/> Other 3 <input type="checkbox"/> Private piped into dwelling 6 <input type="checkbox"/> Truck borne (and not piped into dwelling) 9 <input type="checkbox"/> Not stated</p>		39
<p>41. TOILET FACILITIES</p> <p>(a) What type of toilet facilities does the household have?</p> <p>1 <input type="checkbox"/> Pit 3 <input type="checkbox"/> WC not linked to sewer 5 <input type="checkbox"/> None 2 <input type="checkbox"/> WC linked to sewer 4 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not stated</p> <hr/> <p>(b) Are these facilities?</p> <p>1 <input type="checkbox"/> Shared 2 <input type="checkbox"/> Not shared 8 <input type="checkbox"/> Not applicable 9 <input type="checkbox"/> Not stated</p>		40 41
<p>42. NUMBER OF BEDROOMS</p> <p>(a) How many bedrooms are there in this dwelling? (Count all bedrooms including spares not occupied. Bedrooms are rooms used mainly for sleeping and exclude makeshift and temporary sleeping quarters).</p> <p>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</p> <hr/> <p>INTERVIEWER: Question 42(b) applies only to heads of households living in dwelling units occupied by more than one household.</p> <p>(b) How many bedrooms are occupied/available for use by your household?</p> <p>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</p>		42 43
<p>43. NUMBER OF ROOMS</p> <p>How many rooms are there in your dwelling unit? (Do not count bathrooms, porches, kitchens, etc.)</p> <p>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</p>		44

SECTION 10 – HOUSING										c.c.
44. HOUSEHOLD FACILITIES AVAILABLE										45–58
Does your household have any of the following items?										
Electric lights	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> N.S	Sewing machine (electric)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> N.S			
Telephone	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> N.S	Vacuum Cleaner	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <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			
Stereo/radiogram	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			
Television (colour/black & white)	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			
Stove (electric/gas)	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> N.S	Video recorder	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	Lawn mower	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> N.S			
SECTION 10(a) – INTERNATIONAL MIGRATION										
In this section we wish to know how many persons have left the country to live abroad since the last Census.										
45. Did any members of this household leave to live abroad during the past ten years, that is since 1980?										59
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> 1 <input type="checkbox"/> Yes ↓ Go to Q.46 </div> <div style="text-align: center;"> 2 <input type="checkbox"/> No ↓ [END OF INTERVIEW] </div> <div style="text-align: center;"> 9 <input type="checkbox"/> Not stated ↓ ← </div> </div>										
46. Please give the number of males and/or females leaving your household.										60–61
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> Male </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> Female </div> </div>										
47. How many persons from this household went to the following countries? <i>(Please enter the number against the country shown).</i>										62–67
<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="width: 45%; text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> USA </div> <div style="width: 45%; text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> Caribbean </div> <div style="width: 45%; text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> Canada </div> <div style="width: 45%; text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> Other Non-Caribbean </div> <div style="width: 45%; text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> United Kingdom </div> <div style="width: 45%; text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> Don't know </div> </div>										
48. Please give the number of persons within each age group shown, at time of leaving.										68–72
<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="width: 45%; text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> Under 5 years </div> <div style="width: 45%; text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> 25–49 years </div> <div style="width: 45%; text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> 5–24 years </div> <div style="width: 45%; text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> 50 years and over </div> <div style="width: 45%; text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> Don't know </div> </div>										
49. How many of those leaving have since returned to live here permanently? <input style="width: 40px; height: 20px;" type="text"/>										73

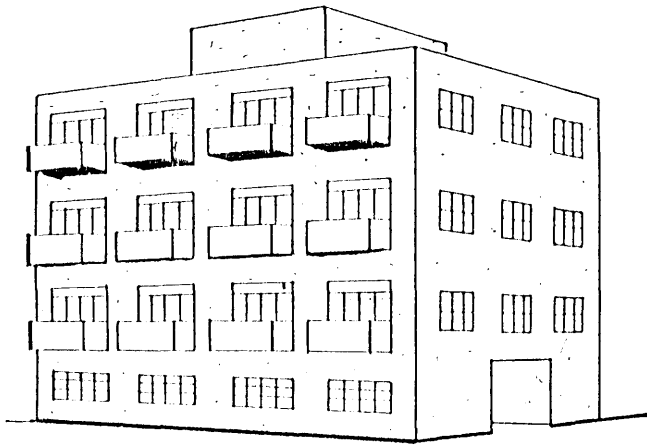
TYPE OF DWELLING UNIT



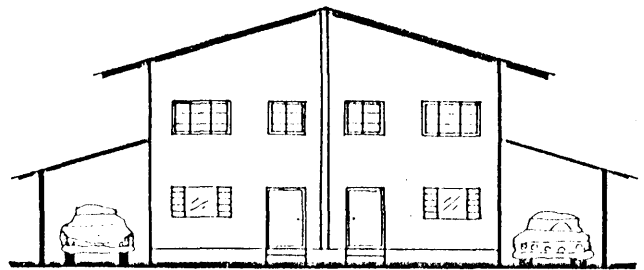
BARRACKS



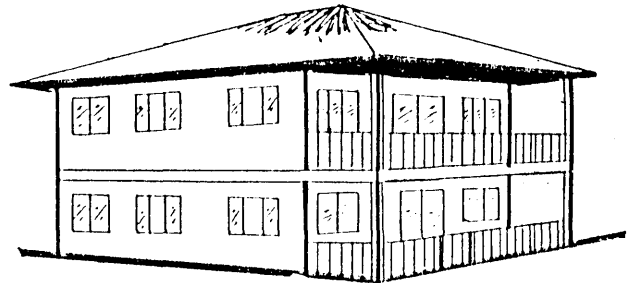
SEPARATE HOUSE



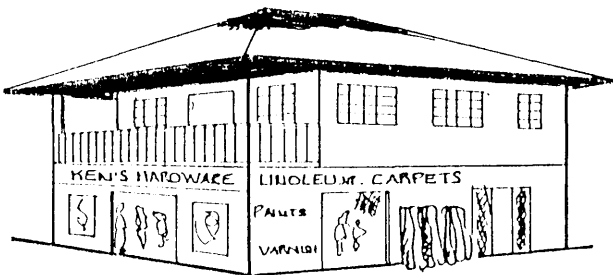
FLAT / APARTMENT



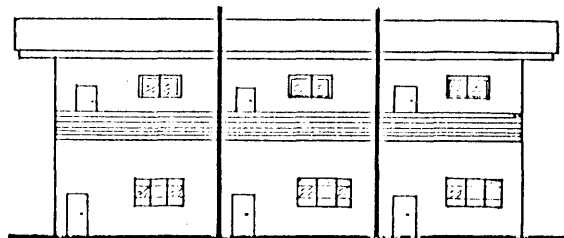
DUPLEX (Double house)



FLAT / APARTMENT



DWELLING / BUSINESS



TOWN HOUSE
(Wafda)

