

LEGAL NOTICE No. 86

REPUBLIC OF TRINIDAD AND TOBAGO

THE STATISTICS ORDINANCE, CH. 42. No. 11

REGULATIONS

MADE BY THE PRESIDENT UNDER SECTION 13 OF THE
STATISTICS ORDINANCE:

THE CENSUS REGULATIONS, 1980

1. These Regulations may be cited as the Census Regulations, 1980. Citation

2. In these Regulations— Definitions
 - “authorised official” has the meaning assigned to it by section 2 of the Ordinance;
 - “census” means the census directed to be taken by the Order;
 - “census day” means the 12th May, 1980;
 - “census forms” means the forms set out in the Second Schedule hereto; Second Schedule
 - “census information” means any information necessary for the making of true and accurate entries in a census form;
 - “census night” means midnight of 12th May, 1980;
 - “Director of Statistics” means the Statistician as defined in the Ordinance;
 - “enumeration district” means any one of the districts into which Trinidad and Tobago is divided under regulation 6;
 - “enumerator” means a person appointed as such under regulation 7;
 - “the Order” means the Census Order, 1980;
 - “the Ordinance” means the Statistics Ordinance; Ch. 42. No. 11
 - “Supervisor” means a person appointed as such under regulation 7.

3. On the taking of the census, the census information shall be furnished by and with respect to the persons hereinafter mentioned— Census information to be published
 - (a) by every adult person with respect to himself and all children or others for whom he may be responsible and who pass census night in Trinidad and Tobago;
 - (b) by the head of each household or any other responsible member of the household with respect to himself and all persons who pass census night on the premises of that household;

- (c) by the proprietor or manager of every hotel, boarding house, boarding school, orphanage, hostel or other similar institution or any person thereunto duly authorised by such proprietor or manager, with respect to all persons who pass census night on the premises of any of the said institutions;
- (d) by the person in charge of every public or private hospital, nursing home, alms house, house for the aged and infirm, or other similar institution with respect to all persons who pass census night on the premises of any other said institutions;
- (e) by the superintendent of every prison with respect to all persons who pass census night on the premises of that prison;
- (f) by the police officer in charge of every police station or lock-up with respect to all persons who pass census night on the premises of such station or lock-up;
- (g) by the master of every vessel with respect to all persons who pass census night aboard such vessel. For the purposes of this regulation "vessel" includes a boat, ship or vessel of any description.

Particulars
to be
furnished.
First
Schedule

Census
forms.
Second
Schedule

4. The particulars to be furnished on the taking of the census shall be in accordance with the First Schedule.

5. Particulars and information prescribed in regulations 3 and 4 shall be furnished on Forms 1 and 2 of the Second Schedule.

Division of
Country into
districts

6. For the purpose of the census the Director of Statistics shall divide Trinidad and Tobago into enumeration districts and shall prepare a detailed description in writing of every enumeration district and its boundaries.

Appointment
and assign-
ment of
Supervisors
and Enumerators to
district

7. (1) The Director of Statistics may appoint authorised officials to be—

- (a) a Supervisor for one or more enumeration districts to assist in the training of and to control Enumerators in the execution of their duties;
- (b) enumerators to collect census information.

(2) A Supervisor may be assigned to an appropriate number of enumeration districts and an Enumerator may be assigned to one or more enumeration districts.

(3) Notice of the appointment or the cancellation of appointment of every Supervisor and Enumerator shall be published in the *Gazette* and in at least one daily newspaper circulating in Trinidad and Tobago.

(4) Where it appears to the Director of Statistics that a Supervisor or Enumerator is unfit to perform his duties under the Ordinance or these Regulations, the Director of Statistics may terminate his appointment and may appoint some fit and proper person in his place to perform those duties.

8. A Supervisor shall—

Duties of
Supervisors

- (a) give all necessary instructions to enumerators in his enumeration district or districts;
- (b) issue to enumerators all census forms and other articles necessary for the taking of the census;
- (c) examine before census day all entries made in census forms by enumerators and, where it appears upon examination that any census information in any form is defective or has been omitted, to require the enumerator responsible for filling up the form to take steps to correct the defective information before census day;
- (d) arrange for the enumeration of all persons in his enumeration district or districts;
- (e) receive, examine and transmit to the Director of Statistics within the times prescribed by him all completed census forms and other articles delivered to him by the enumerators under his control, within the time prescribed by the Director of Statistics;
- (f) arrange for the carrying out of any checks on the field found necessary after census day as directed by the Director of Statistics; and
- (g) carry out generally all instructions issued to him by the Director of Statistics for the purpose of taking the census.

9. An Enumerator shall—

Duties of
Enumerators

- (a) notify every permanent change of his address to the Supervisor of his enumeration district and to the Director of Statistics within two days of his removal;
- (b) preserve carefully any written instructions, books, forms, documents or any other articles or things issued to him in connection with his duties and to return them in good condition to the Supervisor of his enumeration district on the conclusion of the enumeration or when called upon to do so;
- (c) visit personally within the period or periods specified by the Director of Statistics every building in his enumeration district to obtain all information necessary for the filling up of the census forms and to fill up accurately and faithfully census forms with respect to every such building;

- (d) make further visits to buildings, if on a first visit thereto the required information cannot be obtained and on the direction of the Supervisor to revisit any dwelling for the purpose of supplying omissions or correcting or verifying entries in any census forms;
- (e) visit personally on the day after census day every inhabited dwelling in his enumeration district in order to ensure the accuracy of the census information with respect to persons who spent census night in their dwelling;
- (f) carry out generally such instructions of the Director of Statistics or of the Supervisor of his enumeration district as may be issued for the purpose of taking the census.

Commence-
ment

10. These Regulations are deemed to have come into effect on the 14th day of April, 1980.

FIRST SCHEDULE

(Regulation 4)

1. In respect of every inhabited building and dwelling—
 - (a) the type of building and dwelling, material of outer walls, year when built, tenancy, water supply, toilet facilities, type of lighting, number of rooms, bedrooms, rental value.
2. In respect of every person—
 - (a) the name, relationship, sex, month and year of birth, age, conjugal condition, race or ethnic origin, religion;
 - (b) birthplace, normal residence, year of residence, place of previous residence, highest level of education attained, years of schooling at highest level, highest examination ever passed;
 - (c) highest level of training for all persons fifteen (15) years old and over, main method of training, period of training, qualification received on completion of training.
3. In respect of children of school age—
 - (a) attendance at school;
 - (b) type of school now being attended;
 - (c) address of school;
 - (d) usual mode of transportation to school.
4. In respect of women only—
 - (a) total number of children born alive;
 - (b) age of mother at birth of first child born alive;
 - (c) particulars of children born alive during the past twelve months;
 - (d) type of union.

FIRST SCHEDULE—CONTINUED

5. In respect of all persons no longer at school—
- (a) main activity during the past twelve months;
 - (b) months employed during the past twelve months;
 - (c) main activity during the week preceding enumeration;
 - (d) type of job in which engaged for most of the past week;
 - (e) name of person or firm, address, by whom employed for most of the past week;
 - (f) mode of transportation to work;
 - (g) type of business carried on by employer;
 - (h) occupational status during the past week;
 - (i) hours worked past week;
 - (j) particulars of income.
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CONFIDENTIAL

F 02.1/80



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



IDENTIFYING NUMBER: 1-12

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

Name of respondent: Telephone number:

Address of household:

Ward: County/Parish:

Building number: Dwelling unit number: Household number:

Number of persons in household:

Total number of questionnaires:

Questionnaire number:

Selected household number (Office Use)

Scrutinised by: Date:

- Result codes:
- 1 Completed
 - 2 Not at home
 - 3 Deferred
 - 4 Refused
 - 5 Vacant dwelling
 - 6 Closed dwelling
 - 7 Other (Specify)

Supervisor's name: Number: Date:

Interviewer's name: Number: Date:

Field editor's name: Number: Date:

Editor's number: (1st) Signature/Initials: Date:

Coder's number: Signature/Initials: Date:

Editor's number: (2nd) Signature/Initials: Date:

SECTION I. CHARACTERISTICS - FOR ALL PERSONS					
BOXES ARE PROVIDED (✓) TICK THE APPROPRIATE BOX PLEASE					
1. NAMES OF RESIDENTS	2. RELATIONSHIP TO HEAD OF HOUSEHOLD	3. SEX	4. DATE OF BIRTH/AGE	5. ETHNIC GROUP	6. RELIGION
What are the names of the persons who live in this household and share at least one daily meal? INTERVIEWER: Remember to probe for elderly folk, infants, new born babies and persons who are temporarily resident and expected to be members of the household at midnight on the 12th May (Census Day)	What is the relationship of (N) to the head of the household? 1 <input type="checkbox"/> Head (H) 2 <input type="checkbox"/> Spouse/partner of head (S/P.H) 3 <input type="checkbox"/> Child of head/spouse (C.H/S) 4 <input type="checkbox"/> Spouse/partner of child (S/P.C) 5 <input type="checkbox"/> Grandchild of head/spouse (G.H/S) 6 <input type="checkbox"/> Other relative of head (O.R.H) 7 <input type="checkbox"/> Domestic employee (D.E) 8 <input type="checkbox"/> Other non-relative (O.N.R.) 9 <input type="checkbox"/> Not stated (N.S.)	What is (N) sex? 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	What is (N) date of birth/age in completed years? Day Month Year Age <input type="text"/>	To which ethnic group does (N) belong? 1 <input type="checkbox"/> African 2 <input type="checkbox"/> Indian 3 <input type="checkbox"/> Chinese 4 <input type="checkbox"/> Syrian/Lebanese (S/L) 5 <input type="checkbox"/> White 6 <input type="checkbox"/> Mixed 7 <input type="checkbox"/> Other race (O.R) 9 <input type="checkbox"/> Not stated (N.S)	To which Religion does (N) belong? 01 <input type="checkbox"/> Anglican (E.C) 02 <input type="checkbox"/> Baptist (Orthodox) 03 <input type="checkbox"/> Hindu (Sanatanist) 04 <input type="checkbox"/> Jehovah Witness 05 <input type="checkbox"/> Methodist 06 <input type="checkbox"/> Muslim (A.S.J.A) 07 <input type="checkbox"/> Pentecostal 08 <input type="checkbox"/> Presbyterian/Congregational 09 <input type="checkbox"/> Roman Catholic (R.C) 10 <input type="checkbox"/> Seventh Day Adventist 98 <input type="checkbox"/> None <input type="checkbox"/> Other (Specify) _____ 99 <input type="checkbox"/> Not stated
PN: <input type="checkbox"/> 13-15	16	17	18-19	20	21-22
01 Surname _____ First name _____	1 <input type="checkbox"/> H 5 <input type="checkbox"/> G.H/S 2 <input type="checkbox"/> S/P.H 6 <input type="checkbox"/> O.R.H 3 <input type="checkbox"/> C.H/S 7 <input type="checkbox"/> D.E. 4 <input type="checkbox"/> S/P.C 8 <input type="checkbox"/> O.N.R 9 <input type="checkbox"/> N.S	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Day Month Year Age <input type="text"/>	1 <input type="checkbox"/> African 5 <input type="checkbox"/> White 2 <input type="checkbox"/> Indian 6 <input type="checkbox"/> Mixed 3 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> O.R 4 <input type="checkbox"/> S/L 9 <input type="checkbox"/> N.S	Other _____ <input type="text"/>
02 Surname _____ First name _____	1 <input type="checkbox"/> H 5 <input type="checkbox"/> G.H/S 2 <input type="checkbox"/> S/P.H 6 <input type="checkbox"/> O.R.H 3 <input type="checkbox"/> C.H/S 7 <input type="checkbox"/> D.E. 4 <input type="checkbox"/> S/P.C 8 <input type="checkbox"/> O.N.R 9 <input type="checkbox"/> N.S	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Day Month Year Age <input type="text"/>	1 <input type="checkbox"/> African 5 <input type="checkbox"/> White 2 <input type="checkbox"/> Indian 6 <input type="checkbox"/> Mixed 3 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> O.R 4 <input type="checkbox"/> S/L 9 <input type="checkbox"/> N.S	Other _____ <input type="text"/>
03 Surname _____ First name _____	1 <input type="checkbox"/> H 5 <input type="checkbox"/> G.H/S 2 <input type="checkbox"/> S/P.H 6 <input type="checkbox"/> O.R.H 3 <input type="checkbox"/> C.H/S 7 <input type="checkbox"/> D.E. 4 <input type="checkbox"/> S/P.C 8 <input type="checkbox"/> O.N.R 9 <input type="checkbox"/> N.S	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Day Month Year Age <input type="text"/>	1 <input type="checkbox"/> African 5 <input type="checkbox"/> White 2 <input type="checkbox"/> Indian 6 <input type="checkbox"/> Mixed 3 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> O.R 4 <input type="checkbox"/> S/L 9 <input type="checkbox"/> N.S	Other _____ <input type="text"/>
04 Surname _____ First name _____	1 <input type="checkbox"/> H 5 <input type="checkbox"/> G.H/S 2 <input type="checkbox"/> S/P.H 6 <input type="checkbox"/> O.R.H 3 <input type="checkbox"/> C.H/S 7 <input type="checkbox"/> D.E. 4 <input type="checkbox"/> S/P.C 8 <input type="checkbox"/> O.N.R 9 <input type="checkbox"/> N.S	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Day Month Year Age <input type="text"/>	1 <input type="checkbox"/> African 5 <input type="checkbox"/> White 2 <input type="checkbox"/> Indian 6 <input type="checkbox"/> Mixed 3 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> O.R 4 <input type="checkbox"/> S/L 9 <input type="checkbox"/> N.S	Other _____ <input type="text"/>
05 Surname _____ First name _____	1 <input type="checkbox"/> H 5 <input type="checkbox"/> G.H/S 2 <input type="checkbox"/> S/P.H 6 <input type="checkbox"/> O.R.H 3 <input type="checkbox"/> C.H/S 7 <input type="checkbox"/> D.E. 4 <input type="checkbox"/> S/P.C 8 <input type="checkbox"/> O.N.R 9 <input type="checkbox"/> N.S	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Day Month Year Age <input type="text"/>	1 <input type="checkbox"/> African 5 <input type="checkbox"/> White 2 <input type="checkbox"/> Indian 6 <input type="checkbox"/> Mixed 3 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> O.R 4 <input type="checkbox"/> S/L 9 <input type="checkbox"/> N.S	Other _____ <input type="text"/>
06 Surname _____ First name _____	1 <input type="checkbox"/> H 5 <input type="checkbox"/> G.H/S 2 <input type="checkbox"/> S/P.H 6 <input type="checkbox"/> O.R.H 3 <input type="checkbox"/> C.H/S 7 <input type="checkbox"/> D.E. 4 <input type="checkbox"/> S/P.C 8 <input type="checkbox"/> O.N.R 9 <input type="checkbox"/> N.S	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	Day Month Year Age <input type="text"/>	1 <input type="checkbox"/> African 5 <input type="checkbox"/> White 2 <input type="checkbox"/> Indian 6 <input type="checkbox"/> Mixed 3 <input type="checkbox"/> Chinese 7 <input type="checkbox"/> O.R 4 <input type="checkbox"/> S/L 9 <input type="checkbox"/> N.S	Other _____ <input type="text"/>

SECTION 2. MIGRATION – FOR ALL PERSONS			
	TRINIDAD AND TOBAGO BORN ONLY	FOREIGN BORN ONLY	
7(a) PLACE OF BIRTH	7(b) ADDRESS	7(c) COUNTRY OF BIRTH	7(d) LENGTH OF STAY
<p>Where was (N) place of birth?</p> <p><input type="checkbox"/> 1 Trinidad & Tobago (T & T) Go to Q 7(b)</p> <p><input type="checkbox"/> 2 Foreign/Abroad (F/A) Skip to Q 7(c) & 7(d)</p> <p><input type="checkbox"/> 9 Not stated (N.S.) Skip to Q 8(a)</p> <p style="text-align: right;">23</p>	<p>What was the address of (N) mother when (N) was born?</p> <p>_____</p> <p style="text-align: center;">Town/Village</p> <p>_____</p> <p style="text-align: center;">Ward/County</p> <p>INTERVIEWER: Skip to Q 8(a) after writing the address</p> <p style="text-align: right;">24–27</p>	<p>In which country was (N) born?</p> <p><input type="checkbox"/> 11 Barbados <input type="checkbox"/> 12 Grenada <input type="checkbox"/> 13 Guyana <input type="checkbox"/> 14 St. Lucia <input type="checkbox"/> 15 St. Vincent <input type="checkbox"/> 16 Other Commonwealth Caribbean <input type="checkbox"/> 20 India <input type="checkbox"/> 30 Venezuela <input type="checkbox"/> 40 U.K. <input type="checkbox"/> 50 U.S.A. <input type="checkbox"/> 98 All other <input type="checkbox"/> 99 Not stated</p> <p style="text-align: right;">28–29</p>	<p>How many years has (N) been living in Trinidad and Tobago?</p> <p style="text-align: right;">30–31</p>
<p><input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p>	<p>Country _____</p>	<p>Years <input type="text"/> <input type="text"/></p> <p style="text-align: right;">01</p>
<p><input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p>	<p>Country _____</p>	<p>Years <input type="text"/> <input type="text"/></p> <p style="text-align: right;">02</p>
<p><input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p>	<p>Country _____</p>	<p>Years <input type="text"/> <input type="text"/></p> <p style="text-align: right;">03</p>
<p><input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p>	<p>Country _____</p>	<p>Years <input type="text"/> <input type="text"/></p> <p style="text-align: right;">04</p>
<p><input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p>	<p>Country _____</p>	<p>Years <input type="text"/> <input type="text"/></p> <p style="text-align: right;">05</p>
<p><input type="checkbox"/> 1 T & T <input type="checkbox"/> 2 F/A <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p>	<p>Country _____</p>	<p>Years <input type="text"/> <input type="text"/></p> <p style="text-align: right;">06</p>

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

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

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

SECTION 4. ECONOMIC ACTIVITY -- FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER					
This section deals with the economic activity of all who are 15 years old and over. It relates to the past week as well as the past 12 months. Questions 16 to 18 apply to those answering from 10 to 30 in Question 15.					
INTERVIEWER: Job Seekers and persons wanting work must have responses to Questions 16-18.					
15. ECONOMIC ACTIVITY PAST WEEK	16. TYPE OF WORKER	17(a) MAIN KIND OF OCCUPATION/WORK			
What did (N) do during the past week? <input type="checkbox"/> 10 Had a job, worked (H.J/W) <input type="checkbox"/> 11 Had a job, did not work (H.J.N.W) <input type="checkbox"/> 20 Seeking first job (S.F.J) <input type="checkbox"/> 21 Others seeking work (O.S.W) <input type="checkbox"/> 30 Wanted work and available past three (3) months (W.W) <input type="checkbox"/> 40 Student (S) <input type="checkbox"/> 41 Home duties (H.D) <input type="checkbox"/> 42 Retired (R) <input type="checkbox"/> 43 Disabled (D) <input type="checkbox"/> 44 Old Age Pensioner (O.A.P); <input type="checkbox"/> 45 Did not want work (D.N.W.W) <input type="checkbox"/> 98 Other <input type="checkbox"/> 99 Not stated (N.S) INTERVIEWER: For those answering <input type="checkbox"/> 40 - <input type="checkbox"/> 99 skip to Q. 22 20-21	What type of worker status applies to (N)? WORKED FOR OTHERS <input type="checkbox"/> 0 Gov't.-Public Service (G.P.S) <input type="checkbox"/> 1 Gov't.-Public Enterprise (G.P.E) <input type="checkbox"/> 2 Non-Government (N.G) <input type="checkbox"/> 3 Unpaid (U) <input type="checkbox"/> 4 Learner (L) HAS OWN BUSINESS/FARM <input type="checkbox"/> 5 No paid help (N.P.H) <input type="checkbox"/> 6 With paid help (W.P.H) OTHER <input type="checkbox"/> 7 Never worked (N.W) <input type="checkbox"/> 9 Not stated (N.S) INTERVIEWER: Persons responding to <input type="checkbox"/> 20 in Question 15 tick (✓) <input type="checkbox"/> 7 and those responding to <input type="checkbox"/> 21 and <input type="checkbox"/> 30 classify by last status held 22	What kind of work was (N) doing (Job held) during the past week? e.g. Secondary School Teacher, Accounts Clerk, Automobile Mechanic. 17(b) JOB TITLE What was (N) Job Title? e.g. Teacher II, Accounts Clerk I, Automobile Mechanic Grade 'A'. INTERVIEWER: <input type="checkbox"/> 20 First seekers: classify by kind of job last applied for <input type="checkbox"/> 21 and <input type="checkbox"/> 30 classify by job last held 23-26			
<input type="checkbox"/> 10 H.J/W <input type="checkbox"/> 41 H.D <input type="checkbox"/> 11 H.J.N.W <input type="checkbox"/> 42 R <input type="checkbox"/> 20 S.F.J <input type="checkbox"/> 43 D <input type="checkbox"/> 21 O.S.W <input type="checkbox"/> 44 O.A.P <input type="checkbox"/> 30 W.W <input type="checkbox"/> 45 D.N.W.W <input type="checkbox"/> 40 S <input type="checkbox"/> 99 N.S <input type="checkbox"/> 98 OTHER	<input type="checkbox"/> 0 G.P.S <input type="checkbox"/> 4 L <input type="checkbox"/> 1 G.P.E <input type="checkbox"/> 5 N.P.H <input type="checkbox"/> 2 N.G <input type="checkbox"/> 6 W.P.H <input type="checkbox"/> 3 U <input type="checkbox"/> 7 N.W <input type="checkbox"/> 9 N.S	(a) Occupation _____ _____ _____ (b) Job Title _____ _____ _____	01		
<input type="checkbox"/> 10 H.J/W <input type="checkbox"/> 41 H.D <input type="checkbox"/> 11 H.J.N.W <input type="checkbox"/> 42 R <input type="checkbox"/> 20 S.F.J <input type="checkbox"/> 43 D <input type="checkbox"/> 21 O.S.W <input type="checkbox"/> 44 O.A.P <input type="checkbox"/> 30 W.W <input type="checkbox"/> 45 D.N.W.W <input type="checkbox"/> 40 S <input type="checkbox"/> 99 N.S <input type="checkbox"/> 98 OTHER	<input type="checkbox"/> 0 G.P.S <input type="checkbox"/> 4 L <input type="checkbox"/> 1 G.P.E <input type="checkbox"/> 5 N.P.H <input type="checkbox"/> 2 N.G <input type="checkbox"/> 6 W.P.H <input type="checkbox"/> 3 U <input type="checkbox"/> 7 N.W <input type="checkbox"/> 9 N.S	(a) Occupation _____ _____ _____ (b) Job Title _____ _____ _____	02		
<input type="checkbox"/> 10 H.J/W <input type="checkbox"/> 41 H.D <input type="checkbox"/> 11 H.J.N.W <input type="checkbox"/> 42 R <input type="checkbox"/> 20 S.F.J <input type="checkbox"/> 43 D <input type="checkbox"/> 21 O.S.W <input type="checkbox"/> 44 O.A.P <input type="checkbox"/> 30 W.W <input type="checkbox"/> 45 D.N.W.W <input type="checkbox"/> 40 S <input type="checkbox"/> 99 N.S <input type="checkbox"/> 98 OTHER	<input type="checkbox"/> 0 G.P.S <input type="checkbox"/> 4 L <input type="checkbox"/> 1 G.P.E <input type="checkbox"/> 5 N.P.H <input type="checkbox"/> 2 N.G <input type="checkbox"/> 6 W.P.H <input type="checkbox"/> 3 U <input type="checkbox"/> 7 N.W <input type="checkbox"/> 9 N.S	(a) Occupation _____ _____ _____ (b) Job Title _____ _____ _____	03		
<input type="checkbox"/> 10 H.J/W <input type="checkbox"/> 41 H.D <input type="checkbox"/> 11 H.J.N.W <input type="checkbox"/> 42 R <input type="checkbox"/> 20 S.F.J <input type="checkbox"/> 43 D <input type="checkbox"/> 21 O.S.W <input type="checkbox"/> 44 O.A.P <input type="checkbox"/> 30 W.W <input type="checkbox"/> 45 D.N.W.W <input type="checkbox"/> 40 S <input type="checkbox"/> 99 N.S <input type="checkbox"/> 98 OTHER	<input type="checkbox"/> 0 G.P.S <input type="checkbox"/> 4 L <input type="checkbox"/> 1 G.P.E <input type="checkbox"/> 5 N.P.H <input type="checkbox"/> 2 N.G <input type="checkbox"/> 6 W.P.H <input type="checkbox"/> 3 U <input type="checkbox"/> 7 N.W <input type="checkbox"/> 9 N.S	(a) Occupation _____ _____ _____ (b) Job Title _____ _____ _____	04		
<input type="checkbox"/> 10 H.J/W <input type="checkbox"/> 41 H.D <input type="checkbox"/> 11 H.J.N.W <input type="checkbox"/> 42 R <input type="checkbox"/> 20 S.F.J <input type="checkbox"/> 43 D <input type="checkbox"/> 21 O.S.W <input type="checkbox"/> 44 O.A.P <input type="checkbox"/> 30 W.W <input type="checkbox"/> 45 D.N.W.W <input type="checkbox"/> 40 S <input type="checkbox"/> 99 N.S <input type="checkbox"/> 98 OTHER	<input type="checkbox"/> 0 G.P.S <input type="checkbox"/> 4 L <input type="checkbox"/> 1 G.P.E <input type="checkbox"/> 5 N.P.H <input type="checkbox"/> 2 N.G <input type="checkbox"/> 6 W.P.H <input type="checkbox"/> 3 U <input type="checkbox"/> 7 N.W <input type="checkbox"/> 9 N.S	(a) Occupation _____ _____ _____ (b) Job Title _____ _____ _____	05		
<input type="checkbox"/> 10 H.J/W <input type="checkbox"/> 41 H.D <input type="checkbox"/> 11 H.J.N.W <input type="checkbox"/> 42 R <input type="checkbox"/> 20 S.F.J <input type="checkbox"/> 43 D <input type="checkbox"/> 21 O.S.W <input type="checkbox"/> 44 O.A.P <input type="checkbox"/> 30 W.W <input type="checkbox"/> 45 D.N.W.W <input type="checkbox"/> 40 S <input type="checkbox"/> 99 N.S <input type="checkbox"/> 98 OTHER	<input type="checkbox"/> 0 G.P.S <input type="checkbox"/> 4 L <input type="checkbox"/> 1 G.P.E <input type="checkbox"/> 5 N.P.H <input type="checkbox"/> 2 N.G <input type="checkbox"/> 6 W.P.H <input type="checkbox"/> 3 U <input type="checkbox"/> 7 N.W <input type="checkbox"/> 9 N.S	(a) Occupation _____ _____ _____ (b) Job Title _____ _____ _____	06		

SECTION 4. ECONOMIC ACTIVITY — FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER		
<p>18(a) INDUSTRY</p> <p>What is the name of the Government department or establishment in which (N) worked/had a job? e.g. Ministry of Health (St. Ann's Hospital), Pete's Advertising Agency.</p> <p>18(b) TYPE OF BUSINESS</p> <p>What kind of business is carried on there? e.g. Psychiatric Hospital, creative designs of advertisements for media.</p> <p>INTERVIEWER: For persons who are ticked: <input type="checkbox"/> 20 Classify by Industry of last application <input type="checkbox"/> 21 Classify by last place of employment <input type="checkbox"/> 30 Classify by last place of employment</p> <p style="text-align: right;">PN: <input type="checkbox"/> 4</p>	<p>19. ADDRESS</p> <p>What is the address of the department or establishment?</p> <p>_____</p> <p style="text-align: center;">Town/Village</p> <p>_____</p> <p style="text-align: center;">Ward/County</p>	<p>20. TRANSPORTATION</p> <p>What type of transportation does (N) usually use to travel to work?</p> <p>PUBLIC</p> <p><input type="checkbox"/> 1 Bus (PTSC) <input type="checkbox"/> 2 Taxi</p> <p>PRIVATE</p> <p><input type="checkbox"/> 3 Private car (P.C) <input type="checkbox"/> 4 Motor Cycle (M.C) <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)</p>
13-19	20-23	24
01	<p>(a) Name of Establishment _____</p> <p>Town/Village _____</p> <p>(b) Type of Business _____</p> <p>Ward/County _____</p>	<p><input type="checkbox"/> 1 BUS(PTSC) <input type="checkbox"/> 5 BICYCLE (B) <input type="checkbox"/> 2 TAXI <input type="checkbox"/> 6 WALK <input type="checkbox"/> 3 P.C <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 4 M.C <input type="checkbox"/> 8 N.A <input type="checkbox"/> 9 N.S</p>
02	<p>(a) Name of Establishment _____</p> <p>Town/Village _____</p> <p>(b) Type of Business _____</p> <p>Ward/County _____</p>	<p><input type="checkbox"/> 1 BUS(PTSC) <input type="checkbox"/> 5 BICYCLE (B) <input type="checkbox"/> 2 TAXI <input type="checkbox"/> 6 WALK <input type="checkbox"/> 3 P.C <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 4 M.C <input type="checkbox"/> 8 N.A <input type="checkbox"/> 9 N.S</p>
03	<p>(a) Name of Establishment _____</p> <p>Town/Village _____</p> <p>(b) Type of Business _____</p> <p>Ward/County _____</p>	<p><input type="checkbox"/> 1 BUS(PTSC) <input type="checkbox"/> 5 BICYCLE (B) <input type="checkbox"/> 2 TAXI <input type="checkbox"/> 6 WALK <input type="checkbox"/> 3 P.C <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 4 M.C <input type="checkbox"/> 8 N.A <input type="checkbox"/> 9 N.S</p>
04	<p>(a) Name of Establishment _____</p> <p>Town/Village _____</p> <p>(b) Type of Business _____</p> <p>Ward/County _____</p>	<p><input type="checkbox"/> 1 BUS(PTSC) <input type="checkbox"/> 5 BICYCLE (B) <input type="checkbox"/> 2 TAXI <input type="checkbox"/> 6 WALK <input type="checkbox"/> 3 P.C <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 4 M.C <input type="checkbox"/> 8 N.A <input type="checkbox"/> 9 N.S</p>
05	<p>(a) Name of Establishment _____</p> <p>Town/Village _____</p> <p>(b) Type of Business _____</p> <p>Ward/County _____</p>	<p><input type="checkbox"/> 1 BUS(PTSC) <input type="checkbox"/> 5 BICYCLE (B) <input type="checkbox"/> 2 TAXI <input type="checkbox"/> 6 WALK <input type="checkbox"/> 3 P.C <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 4 M.C <input type="checkbox"/> 8 N.A <input type="checkbox"/> 9 N.S</p>
06	<p>(a) Name of Establishment _____</p> <p>Town/Village _____</p> <p>(b) Type of Business _____</p> <p>Ward/County _____</p>	<p><input type="checkbox"/> 1 BUS(PTSC) <input type="checkbox"/> 5 BICYCLE (B) <input type="checkbox"/> 2 TAXI <input type="checkbox"/> 6 WALK <input type="checkbox"/> 3 P.C <input type="checkbox"/> 7 OTHER <input type="checkbox"/> 4 M.C <input type="checkbox"/> 8 N.A <input type="checkbox"/> 9 N.S</p>

SECTION 4. ECONOMIC ACTIVITY — FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER								
21. HOURS WORKED PAST WEEK		22. MAIN ACTIVITY DURING THE PAST TWELVE MONTHS			23. NUMBER OF MONTHS WORKED			
How many hours did (N) work during the past week, including overtime? <input type="checkbox"/> 0 Less than 1 hour (< 1 hr) <input type="checkbox"/> 1 1-8 hours <input type="checkbox"/> 2 9-16 hours <input type="checkbox"/> 3 17-24 hours <input type="checkbox"/> 4 25-32 hours <input type="checkbox"/> 5 33-40 hours <input type="checkbox"/> 6 41 hours and over <input type="checkbox"/> 9 Not stated INTERVIEWER: Applicable only to those ticking 10 in Q. 15.		What did (N) do most during the past twelve months? <input type="checkbox"/> 10 Had a job/worked (H.J/W) <input type="checkbox"/> 11 Had a job, did not work (H.J.N.W) <input type="checkbox"/> 20 Seeking first job (S.F.J) <input type="checkbox"/> 21 Others seeking work (O.S.W) <input type="checkbox"/> 30 Wanted work and available (W.W) <input type="checkbox"/> 40 Student (S) <input type="checkbox"/> 41 Home duties (H.D) <input type="checkbox"/> 42 Retired (R) <input type="checkbox"/> 43 Disabled (D) <input type="checkbox"/> 44 Old Age Pensioner (O.A.P) <input type="checkbox"/> 45 Did not want work (D.N.W.W) <input type="checkbox"/> 98 Other <input type="checkbox"/> 99 Not stated (N.S)			(a) Did (N) work for any length of time during the past twelve months? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 Not stated (N.S) (b) How many months did (N) work during the past twelve months? <input type="checkbox"/> 0 None <input type="checkbox"/> 1 Under 2 months (<2m) <input type="checkbox"/> 2 2- 3 months <input type="checkbox"/> 3 4- 5 " <input type="checkbox"/> 4 6- 7 " <input type="checkbox"/> 5 8- 9 " <input type="checkbox"/> 6 10-11 " <input type="checkbox"/> 7 Full year (F.Y) <input type="checkbox"/> 9 Not stated (N.S)			
25		26-27			28-29			
0 <input type="checkbox"/> < 1 hr.	4 <input type="checkbox"/> 25-32 hrs.	10 <input type="checkbox"/> H.J/W	30 <input type="checkbox"/> W.W	43 <input type="checkbox"/> D	(a) 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> N.S	01
1 <input type="checkbox"/> 1- 8 hrs.	5 <input type="checkbox"/> 33-40 hrs.	11 <input type="checkbox"/> H.J,N.W	40 <input type="checkbox"/> S	44 <input type="checkbox"/> O.A.P	(b) 0 <input type="checkbox"/> None	3 <input type="checkbox"/> 4-5 m	6 <input type="checkbox"/> 10-11m	
2 <input type="checkbox"/> 9-16 "	6 <input type="checkbox"/> 41 and over	20 <input type="checkbox"/> S.F.J	41 <input type="checkbox"/> H.D	45 <input type="checkbox"/> D.N.W.W	1 <input type="checkbox"/> <2 m	4 <input type="checkbox"/> 6-7 m	7 <input type="checkbox"/> F.Y	
3 <input type="checkbox"/> 17-24 "	9 <input type="checkbox"/> Not stated	21 <input type="checkbox"/> O.S.W	42 <input type="checkbox"/> R	98 <input type="checkbox"/> OTHER	2 <input type="checkbox"/> 2-3 m	5 <input type="checkbox"/> 8-9 m	9 <input type="checkbox"/> N.S	
0 <input type="checkbox"/> < 1 hr.	4 <input type="checkbox"/> 25-32 hrs.	10 <input type="checkbox"/> H.J/W	30 <input type="checkbox"/> W.W	43 <input type="checkbox"/> D	(a) 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> N.S	02
1 <input type="checkbox"/> 1- 8 hrs.	5 <input type="checkbox"/> 33-40 hrs.	11 <input type="checkbox"/> H.J,N.W	40 <input type="checkbox"/> S	44 <input type="checkbox"/> O.A.P	(b) 0 <input type="checkbox"/> None	3 <input type="checkbox"/> 4-5 m	6 <input type="checkbox"/> 10-11m	
2 <input type="checkbox"/> 9-16 "	6 <input type="checkbox"/> 41 and over	20 <input type="checkbox"/> S.F.J	41 <input type="checkbox"/> H.D	45 <input type="checkbox"/> D.N.W.W	1 <input type="checkbox"/> <2 m	4 <input type="checkbox"/> 6-7 m	7 <input type="checkbox"/> F.Y	
3 <input type="checkbox"/> 17-24 "	9 <input type="checkbox"/> Not stated	21 <input type="checkbox"/> O.S.W	42 <input type="checkbox"/> R	98 <input type="checkbox"/> OTHER	2 <input type="checkbox"/> 2-3 m	5 <input type="checkbox"/> 8-9 m	9 <input type="checkbox"/> N.S	
0 <input type="checkbox"/> < 1 hr.	4 <input type="checkbox"/> 25-32 hrs.	10 <input type="checkbox"/> H.J/W	30 <input type="checkbox"/> W.W	43 <input type="checkbox"/> D	(a) 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> N.S	03
1 <input type="checkbox"/> 1- 8 hrs.	5 <input type="checkbox"/> 33-40 hrs.	11 <input type="checkbox"/> H.J,N.W	40 <input type="checkbox"/> S	44 <input type="checkbox"/> O.A.P	(b) 0 <input type="checkbox"/> None	3 <input type="checkbox"/> 4-5 m	6 <input type="checkbox"/> 10-11m	
2 <input type="checkbox"/> 9-16 "	6 <input type="checkbox"/> 41 and over	20 <input type="checkbox"/> S.F.J	41 <input type="checkbox"/> H.D	45 <input type="checkbox"/> D.N.W.W	1 <input type="checkbox"/> <2 m	4 <input type="checkbox"/> 6-7 m	7 <input type="checkbox"/> F.Y	
3 <input type="checkbox"/> 17-24 "	9 <input type="checkbox"/> Not stated	21 <input type="checkbox"/> O.S.W	42 <input type="checkbox"/> R	98 <input type="checkbox"/> OTHER	2 <input type="checkbox"/> 2-3 m	5 <input type="checkbox"/> 8-9 m	9 <input type="checkbox"/> N.S	
0 <input type="checkbox"/> < 1 hr.	4 <input type="checkbox"/> 25-32 hrs.	10 <input type="checkbox"/> H.J/W	30 <input type="checkbox"/> W.W	43 <input type="checkbox"/> D	(a) 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> N.S	04
1 <input type="checkbox"/> 1- 8 hrs.	5 <input type="checkbox"/> 33-40 hrs.	11 <input type="checkbox"/> H.J,N.W	40 <input type="checkbox"/> S	44 <input type="checkbox"/> O.A.P	(b) 0 <input type="checkbox"/> None	3 <input type="checkbox"/> 4-5 m	6 <input type="checkbox"/> 10-11m	
2 <input type="checkbox"/> 9-16 "	6 <input type="checkbox"/> 41 and over	20 <input type="checkbox"/> S.F.J	41 <input type="checkbox"/> H.D	45 <input type="checkbox"/> D.N.W.W	1 <input type="checkbox"/> <2m	4 <input type="checkbox"/> 6-7 m	7 <input type="checkbox"/> F.Y	
3 <input type="checkbox"/> 17-24 "	9 <input type="checkbox"/> Not stated	21 <input type="checkbox"/> O.S.W	42 <input type="checkbox"/> R	98 <input type="checkbox"/> OTHER	2 <input type="checkbox"/> 2-3 m	5 <input type="checkbox"/> 8-9 m	9 <input type="checkbox"/> N.S	
0 <input type="checkbox"/> < 1 hr.	4 <input type="checkbox"/> 25-32 hrs.	10 <input type="checkbox"/> H.J/W	30 <input type="checkbox"/> W.W	43 <input type="checkbox"/> D	(a) 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> N.S	05
1 <input type="checkbox"/> 1- 8 hrs.	5 <input type="checkbox"/> 33-40 hrs.	11 <input type="checkbox"/> H.J,N.W	40 <input type="checkbox"/> S	44 <input type="checkbox"/> O.A.P	(b) 0 <input type="checkbox"/> None	3 <input type="checkbox"/> 4-5 m	6 <input type="checkbox"/> 10-11m	
2 <input type="checkbox"/> 9-16 "	6 <input type="checkbox"/> 41 and over	20 <input type="checkbox"/> S.F.J	41 <input type="checkbox"/> H.D	45 <input type="checkbox"/> D.N.W.W	1 <input type="checkbox"/> < 2 m	4 <input type="checkbox"/> 6-7 m	7 <input type="checkbox"/> F.Y	
3 <input type="checkbox"/> 17-24 "	9 <input type="checkbox"/> Not stated	21 <input type="checkbox"/> O.S.W	42 <input type="checkbox"/> R	98 <input type="checkbox"/> OTHER	2 <input type="checkbox"/> 2-3 m	5 <input type="checkbox"/> 8-9 m	9 <input type="checkbox"/> N.S	
0 <input type="checkbox"/> < 1 hr.	4 <input type="checkbox"/> 25-32 hrs.	10 <input type="checkbox"/> H.J/W	30 <input type="checkbox"/> W.W	43 <input type="checkbox"/> D	(a) 1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> N.S	06
1 <input type="checkbox"/> 1- 8 hrs.	5 <input type="checkbox"/> 33-40 hrs.	11 <input type="checkbox"/> H.J,N.W	40 <input type="checkbox"/> S	44 <input type="checkbox"/> O.A.P	(b) 0 <input type="checkbox"/> None	3 <input type="checkbox"/> 4-5 m	6 <input type="checkbox"/> 10-11m	
2 <input type="checkbox"/> 9-16 "	6 <input type="checkbox"/> 41 and over	20 <input type="checkbox"/> S.F.J	41 <input type="checkbox"/> H.D	45 <input type="checkbox"/> D.N.W.W	1 <input type="checkbox"/> < 2 m	4 <input type="checkbox"/> 6-7 m	7 <input type="checkbox"/> F.Y	
3 <input type="checkbox"/> 17-24 "	9 <input type="checkbox"/> Not stated	21 <input type="checkbox"/> O.S.W	42 <input type="checkbox"/> R	98 <input type="checkbox"/> OTHER	2 <input type="checkbox"/> 2-3 m	5 <input type="checkbox"/> 8-9 m	9 <input type="checkbox"/> N.S	

SECTION 5. HIGHEST LEVEL OF TRAINING -- FOR ALL PERSONS FIFTEEN(15) YEARS OLD AND OVER		
<p>24(a) SPECIAL TRAINING COMPLETED Has (N) completed any special training to fit him/her for employment?</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p> ↓ ↓</p> <p> → Skip to Q 24(c) → Go to Q 24(b)</p> <p>24(b) TRAINING UNDERGOING Is (N) now undergoing any special training to fit him/her for employment?</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p> <p> ↓ ↓</p> <p> → Go to Q 24(c) → Skip to Q 28</p> <p>PN: <input type="checkbox"/> 5</p>	<p>24(c) FIELD OR OCCUPATION OF HIGHEST LEVEL OF TRAINING What is the Field/Occupation for which the highest level of training was completed/undergoing?</p> <p style="text-align: center;">13-17</p>	<p>25. MAIN METHOD OF HIGHEST LEVEL OF TRAINING In (N) field/occupation of highest level which was the main method/type of schooling used?</p> <p><input type="checkbox"/> 0 On the job (J)</p> <p><input type="checkbox"/> 1 Private study (P.S)</p> <p><input type="checkbox"/> 2 Secondary School (S.S)</p> <p><input type="checkbox"/> 3 Vocational School, Trade School, Commercial (V.T.C.S)</p> <p><input type="checkbox"/> 4 Technical Institute (T.I)</p> <p><input type="checkbox"/> 5 Other Institutional Training (O.I.T)</p> <p><input type="checkbox"/> 6 University (U)</p> <p><input type="checkbox"/> 7 Other</p> <p><input type="checkbox"/> 9 Not stated (N.S)</p>
<p>01</p> <p>(a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Field/Occupation _____</p> <p>_____</p> <p style="text-align: right;">[][]</p>	<p><input type="checkbox"/> 0 J <input type="checkbox"/> 4 T.I</p> <p><input type="checkbox"/> 1 P.S <input type="checkbox"/> 5 O.I.T</p> <p><input type="checkbox"/> 2 S.S <input type="checkbox"/> 6 U</p> <p><input type="checkbox"/> 3 V.T.C.S <input type="checkbox"/> 7 OTHER</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S</p>
<p>02</p> <p>(a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Field/Occupation _____</p> <p>_____</p> <p style="text-align: right;">[][]</p>	<p><input type="checkbox"/> 0 J <input type="checkbox"/> 4 T.I</p> <p><input type="checkbox"/> 1 P.S <input type="checkbox"/> 5 O.I.T</p> <p><input type="checkbox"/> 2 S.S <input type="checkbox"/> 6 U</p> <p><input type="checkbox"/> 3 V.T.C.S <input type="checkbox"/> 7 OTHER</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S</p>
<p>03</p> <p>(a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Field/Occupation _____</p> <p>_____</p> <p style="text-align: right;">[][]</p>	<p><input type="checkbox"/> 0 J <input type="checkbox"/> 4 T.I</p> <p><input type="checkbox"/> 1 P.S <input type="checkbox"/> 5 O.I.T</p> <p><input type="checkbox"/> 2 S.S <input type="checkbox"/> 6 U</p> <p><input type="checkbox"/> 3 V.T.C.S <input type="checkbox"/> 7 OTHER</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S</p>
<p>04</p> <p>(a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Field/Occupation _____</p> <p>_____</p> <p style="text-align: right;">[][]</p>	<p><input type="checkbox"/> 0 J <input type="checkbox"/> 4 T.I</p> <p><input type="checkbox"/> 1 P.S <input type="checkbox"/> 5 O.I.T</p> <p><input type="checkbox"/> 2 S.S <input type="checkbox"/> 6 U</p> <p><input type="checkbox"/> 3 V.T.C.S <input type="checkbox"/> 7 OTHER</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S</p>
<p>05</p> <p>(a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Field/Occupation _____</p> <p>_____</p> <p style="text-align: right;">[][]</p>	<p><input type="checkbox"/> 0 J <input type="checkbox"/> 4 T.I</p> <p><input type="checkbox"/> 1 P.S <input type="checkbox"/> 5 O.I.T</p> <p><input type="checkbox"/> 2 S.S <input type="checkbox"/> 6 U</p> <p><input type="checkbox"/> 3 V.T.C.S <input type="checkbox"/> 7 OTHER</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S</p>
<p>06</p> <p>(a) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Field/Occupation _____</p> <p>_____</p> <p style="text-align: right;">[][]</p>	<p><input type="checkbox"/> 0 J <input type="checkbox"/> 4 T.I</p> <p><input type="checkbox"/> 1 P.S <input type="checkbox"/> 5 O.I.T</p> <p><input type="checkbox"/> 2 S.S <input type="checkbox"/> 6 U</p> <p><input type="checkbox"/> 3 V.T.C.S <input type="checkbox"/> 7 OTHER</p> <p style="text-align: center;">9 <input type="checkbox"/> N.S</p>

SECTION 5. TRAINING -- FOR ALL PERSONS FIFTEEN (15) YEARS OLD AND OVER		SECTION 6. MARITAL STATUS For persons 14 Years and over			
<p>26. PERIOD OF TRAINING AT HIGHEST LEVEL (Q24(c))</p> <p>(a) Has (N) training been completed/on going? <input type="checkbox"/> 1 Completed <input type="checkbox"/> 2 Under going training/on going</p> <p>(b) How much time did (N) spend being trained for his field/occupation of highest level of training or how much time completed to date on training? <input type="checkbox"/> 0 Under 3 months (MTHS) <input type="checkbox"/> 1 3 < (less than) 6 months (MTHS) <input type="checkbox"/> 2 6 months < (less than) 1 year (YR) <input type="checkbox"/> 3 1 < 1½ years <input type="checkbox"/> 4 1½ < 2 " <input type="checkbox"/> 5 2 < 3 " <input type="checkbox"/> 6 3 < 4 " <input type="checkbox"/> 7 4 years and over <input type="checkbox"/> 9 Not stated</p> <p style="text-align: right;">22-23</p>		<p>27. QUALIFICATION RECEIVED ON COMPLETION OF TRAINING</p> <p>What qualification did (N) receive on completion of training? <input type="checkbox"/> 1 None <input type="checkbox"/> 2 Certificate with examination (C.W.E) <input type="checkbox"/> 3 Certificate without examination (C.N.E) <input type="checkbox"/> 4 Diploma (DIP) <input type="checkbox"/> 5 Degree (DEG) <input type="checkbox"/> 6 Other <input type="checkbox"/> 9 Not stated (N.S)</p> <p style="text-align: right;">24</p>		<p>28. MARITAL STATUS</p> <p>What is (N) Marital Status? <input type="checkbox"/> 1 Never married (N.M) <input type="checkbox"/> 2 Married (M) <input type="checkbox"/> 3 Widowed (W) <input type="checkbox"/> 4 Legally separated (L.S) <input type="checkbox"/> 5 Divorced (D) <input type="checkbox"/> 9 Not stated (N.S)</p> <p>INTERVIEWER: This question applies only to persons fourteen years and over and NOT attending Primary or Secondary School FULL TIME</p> <p style="text-align: right;">25</p>	
<p>(a) <input type="checkbox"/> 1 Completed <input type="checkbox"/> 2 On going</p> <p>..... <input type="checkbox"/> 0 Under 3 Mths. <input type="checkbox"/> 3 1 < 1½ Yrs. <input type="checkbox"/> 6 3 < 4 Yrs.</p> <p>(b) <input type="checkbox"/> 1 3 < 6 " <input type="checkbox"/> 4 1½ < 2 " <input type="checkbox"/> 7 4 and over <input type="checkbox"/> 2 6 < 1 Yr. <input type="checkbox"/> 5 2 < 3 " <input type="checkbox"/> 9 N.S</p>		<p><input type="checkbox"/> 1 NONE <input type="checkbox"/> 4 DIP <input type="checkbox"/> 2 C.W.E <input type="checkbox"/> 5 DEG <input type="checkbox"/> 3 C.N.E <input type="checkbox"/> 6 OTHER <input type="checkbox"/> 9 N.S</p>		<p><input type="checkbox"/> 1 N.M <input type="checkbox"/> 4 L.S <input type="checkbox"/> 2 M <input type="checkbox"/> 5 D <input type="checkbox"/> 3 W <input type="checkbox"/> 9 N.S</p> <p style="text-align: right;">01</p>	
<p>(a) <input type="checkbox"/> 1 Completed <input type="checkbox"/> 2 On going</p> <p>..... <input type="checkbox"/> 0 Under 3 Mths. <input type="checkbox"/> 3 1 < 1½ Yrs. <input type="checkbox"/> 6 3 < 4 Yrs.</p> <p>(b) <input type="checkbox"/> 1 3 < 6 " <input type="checkbox"/> 4 1½ < 2 " <input type="checkbox"/> 7 4 and over <input type="checkbox"/> 2 6 < 1 Yr. <input type="checkbox"/> 5 2 < 3 " <input type="checkbox"/> 9 N.S</p>		<p><input type="checkbox"/> 1 NONE <input type="checkbox"/> 4 DIP <input type="checkbox"/> 2 C.W.E <input type="checkbox"/> 5 DEG <input type="checkbox"/> 3 C.N.E <input type="checkbox"/> 6 OTHER <input type="checkbox"/> 9 N.S</p>		<p><input type="checkbox"/> 1 N.M <input type="checkbox"/> 4 L.S <input type="checkbox"/> 2 M <input type="checkbox"/> 5 D <input type="checkbox"/> 3 W <input type="checkbox"/> 9 N.S</p> <p style="text-align: right;">02</p>	
<p>(a) <input type="checkbox"/> 1 Completed <input type="checkbox"/> 2 On going</p> <p>..... <input type="checkbox"/> 0 Under 3 Mths. <input type="checkbox"/> 3 1 < 1½ Yrs. <input type="checkbox"/> 6 3 < 4 Yrs.</p> <p>(b) <input type="checkbox"/> 1 3 < 6 " <input type="checkbox"/> 4 1½ < 2 " <input type="checkbox"/> 7 4 and over <input type="checkbox"/> 2 6 < 1 Yr. <input type="checkbox"/> 5 2 < 3 " <input type="checkbox"/> 9 N.S</p>		<p><input type="checkbox"/> 1 NONE <input type="checkbox"/> 4 DIP <input type="checkbox"/> 2 C.W.E <input type="checkbox"/> 5 DEG <input type="checkbox"/> 3 C.N.E <input type="checkbox"/> 6 OTHER <input type="checkbox"/> 9 N.S</p>		<p><input type="checkbox"/> 1 N.M <input type="checkbox"/> 4 L.S <input type="checkbox"/> 2 M <input type="checkbox"/> 5 D <input type="checkbox"/> 3 W <input type="checkbox"/> 9 N.S</p> <p style="text-align: right;">03</p>	
<p>(a) <input type="checkbox"/> 1 Completed <input type="checkbox"/> 2 On going</p> <p>..... <input type="checkbox"/> 0 Under 3 Mths. <input type="checkbox"/> 3 1 < 1½ Yrs. <input type="checkbox"/> 6 3 < 4 Yrs.</p> <p>(b) <input type="checkbox"/> 1 3 < 6 " <input type="checkbox"/> 4 1½ < 2 " <input type="checkbox"/> 7 4 and over <input type="checkbox"/> 2 6 < 1 Yr. <input type="checkbox"/> 5 2 < 3 " <input type="checkbox"/> 9 N.S</p>		<p><input type="checkbox"/> 1 NONE <input type="checkbox"/> 4 DIP <input type="checkbox"/> 2 C.W.E <input type="checkbox"/> 5 DEG <input type="checkbox"/> 3 C.N.E <input type="checkbox"/> 6 OTHER <input type="checkbox"/> 9 N.S</p>		<p><input type="checkbox"/> 1 N.M <input type="checkbox"/> 4 L.S <input type="checkbox"/> 2 M <input type="checkbox"/> 5 D <input type="checkbox"/> 3 W <input type="checkbox"/> 9 N.S</p> <p style="text-align: right;">04</p>	
<p>(a) <input type="checkbox"/> 1 Completed <input type="checkbox"/> 2 On going</p> <p>..... <input type="checkbox"/> 0 Under 3 Mths. <input type="checkbox"/> 3 1 < 1½ Yrs. <input type="checkbox"/> 6 3 < 4 Yrs.</p> <p>(b) <input type="checkbox"/> 1 3 < 6 " <input type="checkbox"/> 4 1½ < 2 " <input type="checkbox"/> 7 4 and over <input type="checkbox"/> 2 6 < 1 Yr. <input type="checkbox"/> 5 2 < 3 " <input type="checkbox"/> 9 N.S</p>		<p><input type="checkbox"/> 1 NONE <input type="checkbox"/> 4 DIP <input type="checkbox"/> 2 C.W.E <input type="checkbox"/> 5 DEG <input type="checkbox"/> 3 C.N.E <input type="checkbox"/> 6 OTHER <input type="checkbox"/> 9 N.S</p>		<p><input type="checkbox"/> 1 N.M <input type="checkbox"/> 4 L.S <input type="checkbox"/> 2 M <input type="checkbox"/> 5 D <input type="checkbox"/> 3 W <input type="checkbox"/> 9 N.S</p> <p style="text-align: right;">05</p>	
<p>(a) <input type="checkbox"/> 1 Completed <input type="checkbox"/> 2 On going</p> <p>..... <input type="checkbox"/> 0 Under 3 Mths. <input type="checkbox"/> 3 1 < 1½ Yrs. <input type="checkbox"/> 6 3 < 4 Yrs.</p> <p>(b) <input type="checkbox"/> 1 3 < 6 " <input type="checkbox"/> 4 1½ < 2 " <input type="checkbox"/> 7 4 and over <input type="checkbox"/> 2 6 < 1 Yr. <input type="checkbox"/> 5 2 < 3 " <input type="checkbox"/> 9 N.S</p>		<p><input type="checkbox"/> 1 NONE <input type="checkbox"/> 4 DIP <input type="checkbox"/> 2 C.W.E <input type="checkbox"/> 5 DEG <input type="checkbox"/> 3 C.N.E <input type="checkbox"/> 6 OTHER <input type="checkbox"/> 9 N.S</p>		<p><input type="checkbox"/> 1 N.M <input type="checkbox"/> 4 L.S <input type="checkbox"/> 2 M <input type="checkbox"/> 5 D <input type="checkbox"/> 3 W <input type="checkbox"/> 9 N.S</p> <p style="text-align: right;">06</p>	

SECTION 7. FERTILITY — FOR FEMALES 14 YEARS OLD AND OVER AND NOT ATTENDING PRIMARY OR SECONDARY SCHOOL FULL TIME			
29. NUMBER OF LIVE BIRTHS EVER HAD	30. AGE AT BIRTH OF FIRST LIVE BORN CHILD	31. NUMBER OF LIVE BIRTHS/ STILL BIRTHS PAST TWELVE MONTHS	32. UNION STATUS AT PRESENT OR AT AGE 45
How many live births has (N) ever had? INTERVIEWER: If none, Skip to Q 31 PN: <input type="text" value="6"/>	What was (N) age when she had her first live born child? 13-17	How many live births/ still births did (N) have during the past twelve (12) months? 31 (a) LIVE BIRTHS <input type="checkbox"/> 0 None <input type="checkbox"/> 1 One <input type="checkbox"/> 2 Two <input type="checkbox"/> 3 Twin (TW) <input type="checkbox"/> 4 Three and over (THR+) <input type="checkbox"/> 9 Not stated (N.S.) 31 (b) STILL BIRTHS <input type="checkbox"/> 0 None <input type="checkbox"/> 1 One <input type="checkbox"/> 2 Two and over (TWO+) <input type="checkbox"/> 9 Not stated (N.S.) 18-19 20-21	What is (N) Union Status? or What was (N) Union Status when she was 45? <input type="checkbox"/> 1 Married (M) <input type="checkbox"/> 2 Common-law (C.L.) <input type="checkbox"/> 3 Visiting (V) <input type="checkbox"/> 4 No longer living with husband (N.L.H.) <input type="checkbox"/> 5 No longer living with common-law partner (N.L.C.P.) <input type="checkbox"/> 6 Never had a husband nor partner (N.H/P) <input type="checkbox"/> 9 Not stated (N.S.) 22
01	<input type="text" value=""/> <input type="text" value=""/>	(a) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 3 TW <input type="checkbox"/> 1 ONE <input type="checkbox"/> 4 THR+ <input type="checkbox"/> 2 TWO <input type="checkbox"/> 9 N.S. (b) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 2 TWO+ <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.
02	<input type="text" value=""/> <input type="text" value=""/>	(a) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 3 TW <input type="checkbox"/> 1 ONE <input type="checkbox"/> 4 THR+ <input type="checkbox"/> 2 TWO <input type="checkbox"/> 9 N.S. (b) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 2 TWO+ <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.
03	<input type="text" value=""/> <input type="text" value=""/>	(a) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 3 TW <input type="checkbox"/> 1 ONE <input type="checkbox"/> 4 THR+ <input type="checkbox"/> 2 TWO <input type="checkbox"/> 9 N.S. (b) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 2 TWO+ <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.
04	<input type="text" value=""/> <input type="text" value=""/>	(a) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 3 TW <input type="checkbox"/> 1 ONE <input type="checkbox"/> 4 THR+ <input type="checkbox"/> 2 TWO <input type="checkbox"/> 9 N.S. (b) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 2 TWO+ <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.
05	<input type="text" value=""/> <input type="text" value=""/>	(a) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 3 TW <input type="checkbox"/> 1 ONE <input type="checkbox"/> 4 THR+ <input type="checkbox"/> 2 TWO <input type="checkbox"/> 9 N.S. (b) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 2 TWO+ <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.
06	<input type="text" value=""/> <input type="text" value=""/>	(a) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 3 TW <input type="checkbox"/> 1 ONE <input type="checkbox"/> 4 THR+ <input type="checkbox"/> 2 TWO <input type="checkbox"/> 9 N.S. (b) <input type="checkbox"/> 0 NONE <input type="checkbox"/> 2 TWO+ <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.

SECTION 8. INCOME FOR ALL PERSONS (15) YEARS OLD AND OVER		SECTION 9. CENSUS NIGHT - FOR ALL PERSONS	
<p>33(a) LAST PAY/INCOME PERIOD</p> <p>What was (N) last pay/income period?</p> <p><input type="checkbox"/> 1 Weekly (W)</p> <p><input type="checkbox"/> 2 Fortnightly (F)</p> <p><input type="checkbox"/> 3 Monthly (M)</p> <p><input type="checkbox"/> 4 Quarterly (Q)</p> <p><input type="checkbox"/> 6 Other (Specify) _____</p> <p><input type="checkbox"/> 7 None Skip to Q 34 A</p> <p><input type="checkbox"/> 8 Not applicable (N.A.) Skip to Q 34A</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p style="text-align: right;">23</p>	<p>33(b) GROSS INCOME (Nearest Dollar)</p> <p>What was (N) gross income from all sources during the last pay period?</p> <p>INTERVIEWER: For self-employed persons obtain "Net Income" i.e. Receipts less Business Expenses</p> <p style="text-align: right;">24-28</p>	<p>34(a) Where did (N) spend Census Night?</p> <p><input type="checkbox"/> 1 This household (H) Skip to Section 10 (Heads of Households only)</p> <p><input type="checkbox"/> 2 Elsewhere in Trinidad and Tobago (E, T & T) Go to Q 34B</p> <p><input type="checkbox"/> 3 Institution (INST.) Go to Q 34B</p> <p><input type="checkbox"/> 4 Abroad</p> <p><input type="checkbox"/> 5 Other Go to Q 34B</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p> <p style="text-align: right;">29</p>	<p>34(b) ADDRESS</p> <p>What is the full address of where (N) spent Census Night?</p> <p>_____</p> <p style="text-align: center;">Town/Village</p> <p>_____</p> <p style="text-align: center;">Ward/County</p> <p style="text-align: right;">30-33</p>
<p><input type="checkbox"/> 1 W <input type="checkbox"/> 3 M</p> <p><input type="checkbox"/> 2 F <input type="checkbox"/> 4 Q</p> <p><input type="checkbox"/> 6 Other (Specify) _____</p> <p><input type="checkbox"/> 7 None <input type="checkbox"/> 8 N.A.</p> <p style="text-align: right;"><input type="checkbox"/> 9 N.S.</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> 1 H <input type="checkbox"/> 4 ABROAD</p> <p><input type="checkbox"/> 2 E, T&T <input type="checkbox"/> 5 OTHER</p> <p><input type="checkbox"/> 3 INST. <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">01</p>
<p><input type="checkbox"/> 1 W <input type="checkbox"/> 3 M</p> <p><input type="checkbox"/> 2 F <input type="checkbox"/> 4 Q</p> <p><input type="checkbox"/> 6 Other (Specify) _____</p> <p><input type="checkbox"/> 7 None <input type="checkbox"/> 8 N.A.</p> <p style="text-align: right;"><input type="checkbox"/> 9 N.S.</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> 1 H <input type="checkbox"/> 4 ABROAD</p> <p><input type="checkbox"/> 2 E, T&T <input type="checkbox"/> 5 OTHER</p> <p><input type="checkbox"/> 3 INST. <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">02</p>
<p><input type="checkbox"/> 1 W <input type="checkbox"/> 3 M</p> <p><input type="checkbox"/> 2 F <input type="checkbox"/> 4 Q</p> <p><input type="checkbox"/> 6 Other (Specify) _____</p> <p><input type="checkbox"/> 7 None <input type="checkbox"/> 8 N.A.</p> <p style="text-align: right;"><input type="checkbox"/> 9 N.S.</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> 1 H <input type="checkbox"/> 4 ABROAD</p> <p><input type="checkbox"/> 2 E, T&T <input type="checkbox"/> 5 OTHER</p> <p><input type="checkbox"/> 3 INST. <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">03</p>
<p><input type="checkbox"/> 1 W <input type="checkbox"/> 3 M</p> <p><input type="checkbox"/> 2 F <input type="checkbox"/> 4 Q</p> <p><input type="checkbox"/> 6 Other (Specify) _____</p> <p><input type="checkbox"/> 7 None <input type="checkbox"/> 8 N.A.</p> <p style="text-align: right;"><input type="checkbox"/> 9 N.S.</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> 1 H <input type="checkbox"/> 4 ABROAD</p> <p><input type="checkbox"/> 2 E, T&T <input type="checkbox"/> 5 OTHER</p> <p><input type="checkbox"/> 3 INST. <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">04</p>
<p><input type="checkbox"/> 1 W <input type="checkbox"/> 3 M</p> <p><input type="checkbox"/> 2 F <input type="checkbox"/> 4 Q</p> <p><input type="checkbox"/> 6 Other (Specify) _____</p> <p><input type="checkbox"/> 7 None <input type="checkbox"/> 8 N.A.</p> <p style="text-align: right;"><input type="checkbox"/> 9 N.S.</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> 1 H <input type="checkbox"/> 4 ABROAD</p> <p><input type="checkbox"/> 2 E, T&T <input type="checkbox"/> 5 OTHER</p> <p><input type="checkbox"/> 3 INST. <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">05</p>
<p><input type="checkbox"/> 1 W <input type="checkbox"/> 3 M</p> <p><input type="checkbox"/> 2 F <input type="checkbox"/> 4 Q</p> <p><input type="checkbox"/> 6 Other (Specify) _____</p> <p><input type="checkbox"/> 7 None <input type="checkbox"/> 8 N.A.</p> <p style="text-align: right;"><input type="checkbox"/> 9 N.S.</p>	<p>\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> 1 H <input type="checkbox"/> 4 ABROAD</p> <p><input type="checkbox"/> 2 E, T&T <input type="checkbox"/> 5 OTHER</p> <p><input type="checkbox"/> 3 INST. <input type="checkbox"/> 9 N.S.</p>	<p>Town/Village _____</p> <p>Ward/County _____</p> <p style="text-align: right;">06</p>

SECTION 10. HOUSING — HEAD OF HOUSEHOLD ONLY


INSTRUCTIONS
Where applicable, (✓) the appropriate box

IDENTIFICATION

County/ Ward		E.D. Number			

P.N.	Building No.	Dwelling Unit No.	Household No.	S.H.	R
0 0 0					

13-15 16-26



Name of Head of Household: Name of Respondent:

CHARACTERISTICS OF BUILDING

27 35. TYPE OF BUILDING
What category of the type of buildings listed below does this belong?
 1 Mainly residential 2 Residential and Commercial 3 Commercial 4 Industrial
 5 Community service—Private/Gov't. 6 Other 9 Not stated

28 36. MATERIAL OF OUTERWALLS
What is the major construction material of outer walls?
 1 Brick (plastered or unplastered) 2 Concrete 3 Wood and concrete 4 Wood and brick
 5 Wood 6 Wattle/Adobe/Tapia 7 Other 9 Not stated

29 37. YEAR WHEN BUILDING WAS BUILT
In what year was the building originally built?
 1 1980 2 1979 3 1978 4 1977—1970
 5 1969—1961 6 1960 or earlier 7 Don't know 9 Not stated

CHARACTERISTICS OF DWELLING UNIT

30 38. MAJOR HOUSEHOLD IN DWELLING UNIT
Is the head of this household the person who owns or rents the entire dwelling unit?
 1 Yes 2 No

31 39. LIVING ARRANGEMENTS
How do you enter your living quarters?
 1 Separate entrance 2 Common landing or passage way
 3 Through someone else's living quarters 9 Not stated

32 40. 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 Yes 2 No
 ↳ Go to Q 40(b) ↳ Skip to Q. 41

33 40. (b) How many other households occupy this dwelling unit with your household?
 Number of other households in this dwelling unit 1 2 3 4 and over 9 Not stated

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	

Made by the President this 5th day of May, 1980.

K. BOSWELL INNISS
Secretary to Cabinet