

CONFIDENTIAL



FORM S.L.C. 8/92

REPUBLIC OF TRINIDAD AND TOBAGO
CENTRAL STATISTICAL OFFICE
SURVEY OF LIVING CONDITIONS
MAY - JUNE, 1992

Questionnaire type			County/Ward		E.D. number					Household number			Schedule number		Period	Qtr.	Year			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
S	L	I																		

Name of respondent:

Address of household:

Town/Village:

County/Ward:

Phone:

Household size: c.c. 20-21

Result code: c.c. 22 ☐ Completed ☐ No contact ☐ Demolished ☐ Refused
☐ Partially completed ☐ Closed ☐ Vacant ☐ Other (specify)

Sub-sample: c.c. 23

Enumerator's No.: c.c. 24

Enumerator's Name: Date:

Supervisor: Date:

Editor: Date:

Coder: Date:

Anthropometrist: Date:

		SECTION 1 - CHARACTERISTICS				
PAGE NUMBER	INDIVIDUAL NUMBER	1. NAME 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 normally sleep most nights of the week at this address and share at least one of the daily meals? Interviewer: Remember to probe for elderly folks, new born babies and persons who are temporarily absent from the household and who would be returning within a six month period.	What is the relationship of (N) to the head of 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/partner (C.H/S/P) 4 <input type="checkbox"/> Parent of head/spouse/partner (P.H/S/P) 5 <input type="checkbox"/> Other relative (O.R.) 6 <input type="checkbox"/> Non-relative (N.R.) 7 <input type="checkbox"/> Domestic employee (D.E.) 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	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/Caucasian 6 <input type="checkbox"/> Mixed 7 <input type="checkbox"/> Other ethnic group (O.E.G) 9 <input type="checkbox"/> Not stated
25-26	27-28		29	30	31-32	33
01	01	Surname: First name:	1 <input type="checkbox"/> (H) 5 <input type="checkbox"/> (O.R.) 2 <input type="checkbox"/> (S/P.H) 6 <input type="checkbox"/> (N.R.) 3 <input type="checkbox"/> (C.H/S/P) 7 <input type="checkbox"/> (D.E.) 4 <input type="checkbox"/> (P.H/S/P) 9 <input type="checkbox"/> (N.S.)	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	Day Month Year [] [] [] Age	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.E.G 4 <input type="checkbox"/> S/L 9 <input type="checkbox"/> N.S.
01	02	Surname: First name:	1 <input type="checkbox"/> (H) 5 <input type="checkbox"/> (O.R.) 2 <input type="checkbox"/> (S/P.H) 6 <input type="checkbox"/> (N.R.) 3 <input type="checkbox"/> (C.H/S/P) 7 <input type="checkbox"/> (D.E.) 4 <input type="checkbox"/> (P.H/S/P) 9 <input type="checkbox"/> (N.S.)	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	Day Month Year [] [] [] Age	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.E.G 4 <input type="checkbox"/> S/L 9 <input type="checkbox"/> N.S.
01	03	Surname: First name:	1 <input type="checkbox"/> (H) 5 <input type="checkbox"/> (O.R.) 2 <input type="checkbox"/> (S/P.H) 6 <input type="checkbox"/> (N.R.) 3 <input type="checkbox"/> (C.H/S/P) 7 <input type="checkbox"/> (D.E.) 4 <input type="checkbox"/> (P.H/S/P) 9 <input type="checkbox"/> (N.S.)	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	Day Month Year [] [] [] Age	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.E.G 4 <input type="checkbox"/> S/L 9 <input type="checkbox"/> N.S.
01	04	Surname: First name:	1 <input type="checkbox"/> (H) 5 <input type="checkbox"/> (O.R.) 2 <input type="checkbox"/> (S/P.H) 6 <input type="checkbox"/> (N.R.) 3 <input type="checkbox"/> (C.H/S/P) 7 <input type="checkbox"/> (D.E.) 4 <input type="checkbox"/> (P.H/S/P) 9 <input type="checkbox"/> (N.S.)	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	Day Month Year [] [] [] Age	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.E.G 4 <input type="checkbox"/> S/L 9 <input type="checkbox"/> N.S.
01	05	Surname: First name:	1 <input type="checkbox"/> (H) 5 <input type="checkbox"/> (O.R.) 2 <input type="checkbox"/> (S/P.H) 6 <input type="checkbox"/> (N.R.) 3 <input type="checkbox"/> (C.H/S/P) 7 <input type="checkbox"/> (D.E.) 4 <input type="checkbox"/> (P.H/S/P) 9 <input type="checkbox"/> (N.S.)	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	Day Month Year [] [] [] Age	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.E.G 4 <input type="checkbox"/> S/L 9 <input type="checkbox"/> N.S.
01	06	Surname: First name:	1 <input type="checkbox"/> (H) 5 <input type="checkbox"/> (O.R.) 2 <input type="checkbox"/> (S/P.H) 6 <input type="checkbox"/> (N.R.) 3 <input type="checkbox"/> (C.H/S/P) 7 <input type="checkbox"/> (D.E.) 4 <input type="checkbox"/> (P.H/S/P) 9 <input type="checkbox"/> (N.S.)	1 <input type="checkbox"/> M 2 <input type="checkbox"/> F	Day Month Year [] [] [] Age	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.E.G 4 <input type="checkbox"/> S/L 9 <input type="checkbox"/> N.S.

P A G E		FOR NEW LEADS					
25-26	27-28	29-31	32-34	35	36-40	41	42
02	01	12. How far was this first place from (N's) home? <input type="text"/> <input type="text"/> <input type="text"/> Miles	13. How long did it take (N) to get there? <input type="text"/> <input type="text"/> <input type="text"/> Mins.	14. Did (N) pay for transportation to this facility? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Skip to Q.16 9 <input type="checkbox"/> Not stated (N.S.) → Skip to Q.16	15. How much did (N) pay? <input type="text"/> <input type="text"/> <input type="text"/> \$	16. Did (N's) visit involve an overnight stay? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated (N.S.)	17. Did (N) require medication for this illness/injury? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Skip to Q.22 9 <input type="checkbox"/> Not stated (N.S.) → Skip to Q.22
02	02	<input type="text"/> <input type="text"/> <input type="text"/> Miles	<input type="text"/> <input type="text"/> <input type="text"/> Mins.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ST.T.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
02	03	<input type="text"/> <input type="text"/> <input type="text"/> Miles	<input type="text"/> <input type="text"/> <input type="text"/> Mins.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ST.T.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
02	04	<input type="text"/> <input type="text"/> <input type="text"/> Miles	<input type="text"/> <input type="text"/> <input type="text"/> Mins.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ST.T.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
02	05	<input type="text"/> <input type="text"/> <input type="text"/> Miles	<input type="text"/> <input type="text"/> <input type="text"/> Mins.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ST.T.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
02	06	<input type="text"/> <input type="text"/> <input type="text"/> Miles	<input type="text"/> <input type="text"/> <input type="text"/> Mins.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ST.T.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.

43	
18. Was the required medication obtained? 1 <input type="checkbox"/> Yes → Skip to Q.20 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated (N.S.)	19. Why w medic obtai 1 <input type="checkbox"/> N 1 <input type="checkbox"/> E 2 <input type="checkbox"/> N P P 3 <input type="checkbox"/> C C 4 <input type="checkbox"/> F p c me 5 <input type="checkbox"/> O r 9 <input type="checkbox"/> N c
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N/A PHF 2 <input type="checkbox"/> N/A PF 3 <input type="checkbox"/> TE
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N/A PHF 2 <input type="checkbox"/> N/A PF 3 <input type="checkbox"/> TE
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N/A PHF 2 <input type="checkbox"/> N/A PF 3 <input type="checkbox"/> TE
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N/A PHF 2 <input type="checkbox"/> N/A PF 3 <input type="checkbox"/> TE
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N/A PHF 2 <input type="checkbox"/> N/A PF 3 <input type="checkbox"/> TE

1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Skip to Q.22	1 <input type="checkbox"/> Within 2 <input type="checkbox"/> Before Days	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Skip to Q.22	3 <input type="checkbox"/> Pharmacy (Ph.) 4 <input type="checkbox"/> Private Clinic/ Hospital (PC/H) Private Doctor's Office (P/D) 5 <input type="checkbox"/> Other (O) (Specify)	3 <input type="checkbox"/> Healer (H) 4 <input type="checkbox"/> Doctor (D) 5 <input type="checkbox"/> Midwife (M) 6 <input type="checkbox"/> Other (O) (Specify)	
34	35	36-37	38	39	40
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> W 2 <input type="checkbox"/> B	Days	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> P/H 2 <input type="checkbox"/> P/H/C 3 <input type="checkbox"/> Ph. Specify 4 <input type="checkbox"/> PC/H 5 <input type="checkbox"/> P/D 6 <input type="checkbox"/> O	1 <input type="checkbox"/> N/HCW 2 <input type="checkbox"/> P 3 <input type="checkbox"/> H Specify 4 <input type="checkbox"/> D 5 <input type="checkbox"/> M 6 <input type="checkbox"/> O
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> W 2 <input type="checkbox"/> B	Days	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> P/H 2 <input type="checkbox"/> P/H/C 3 <input type="checkbox"/> Ph. Specify 4 <input type="checkbox"/> PC/H 5 <input type="checkbox"/> P/D 6 <input type="checkbox"/> O	1 <input type="checkbox"/> N/HCW 2 <input type="checkbox"/> P 3 <input type="checkbox"/> H Specify 4 <input type="checkbox"/> D 5 <input type="checkbox"/> M 6 <input type="checkbox"/> O
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> W 2 <input type="checkbox"/> B	Days	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> P/H 2 <input type="checkbox"/> P/H/C 3 <input type="checkbox"/> Ph. Specify 4 <input type="checkbox"/> PC/H 5 <input type="checkbox"/> P/D 6 <input type="checkbox"/> O	1 <input type="checkbox"/> N/HCW 2 <input type="checkbox"/> P 3 <input type="checkbox"/> H Specify 4 <input type="checkbox"/> D 5 <input type="checkbox"/> M 6 <input type="checkbox"/> O
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> W 2 <input type="checkbox"/> B	Days	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> P/H 2 <input type="checkbox"/> P/H/C 3 <input type="checkbox"/> Ph. Specify 4 <input type="checkbox"/> PC/H 5 <input type="checkbox"/> P/D 6 <input type="checkbox"/> O	1 <input type="checkbox"/> N/HCW 2 <input type="checkbox"/> P 3 <input type="checkbox"/> H Specify 4 <input type="checkbox"/> D 5 <input type="checkbox"/> M 6 <input type="checkbox"/> O
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> W 2 <input type="checkbox"/> B	Days	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> P/H 2 <input type="checkbox"/> P/H/C 3 <input type="checkbox"/> Ph. Specify 4 <input type="checkbox"/> PC/H 5 <input type="checkbox"/> P/D 6 <input type="checkbox"/> O	1 <input type="checkbox"/> N/HCW 2 <input type="checkbox"/> P 3 <input type="checkbox"/> H Specify 4 <input type="checkbox"/> D 5 <input type="checkbox"/> M 6 <input type="checkbox"/> O
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> W 2 <input type="checkbox"/> B	Days	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> P/H 2 <input type="checkbox"/> P/H/C 3 <input type="checkbox"/> Ph. Specify 4 <input type="checkbox"/> PC/H 5 <input type="checkbox"/> P/D 6 <input type="checkbox"/> O	1 <input type="checkbox"/> N/HCW 2 <input type="checkbox"/> P 3 <input type="checkbox"/> H Specify 4 <input type="checkbox"/> D 5 <input type="checkbox"/> M 6 <input type="checkbox"/> O
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> W 2 <input type="checkbox"/> B	Days	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> P/H 2 <input type="checkbox"/> P/H/C 3 <input type="checkbox"/> Ph. Specify 4 <input type="checkbox"/> PC/H 5 <input type="checkbox"/> P/D 6 <input type="checkbox"/> O	1 <input type="checkbox"/> N/HCW 2 <input type="checkbox"/> P 3 <input type="checkbox"/> H Specify 4 <input type="checkbox"/> D 5 <input type="checkbox"/> M 6 <input type="checkbox"/> O

SECTION 2. HEALTH - Continued

FOR ALL PERSONS					CHILDREN UNDER 15 YEARS
18. Was the required medication obtained? 1 <input type="checkbox"/> Yes Skip to Q. 20 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated (N.S.)	19. Why was the required medication not obtained? 1 <input type="checkbox"/> Not available in in Public Health Facility (N/APHF) 2 <input type="checkbox"/> Not available in Private Facility/Pharmacy (N/APF) 3 <input type="checkbox"/> Could not afford/too expensive (TE) 4 <input type="checkbox"/> Felt recovery was possible without medication (RWH) 5 <input type="checkbox"/> Other (O) 9 <input type="checkbox"/> Not stated (NS)	20. What was the cost of medication? \$ <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	21. What was the cost of medication and consultation? \$ <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>	22. Is (N) covered by Private Health Insurance or Employee Medical Plan? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated (N.S.)	23. Did (N) receive the Measles vaccine in the Programme last year? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know (D.K.)
43	44	45-49	50-54	55	56
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N/A PHF 2 <input type="checkbox"/> N/A PF 3 <input type="checkbox"/> TE 4 <input type="checkbox"/> RWH 5 <input type="checkbox"/> O 9 <input type="checkbox"/> N.S.	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K.
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N/A PHF 2 <input type="checkbox"/> N/A PF 3 <input type="checkbox"/> TE 4 <input type="checkbox"/> RWH 5 <input type="checkbox"/> O 9 <input type="checkbox"/> N.S.	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K.
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N/A PHF 2 <input type="checkbox"/> N/A PF 3 <input type="checkbox"/> TE 4 <input type="checkbox"/> RWH 5 <input type="checkbox"/> O 9 <input type="checkbox"/> N.S.	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K.
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N/A PHF 2 <input type="checkbox"/> N/A PF 3 <input type="checkbox"/> TE 4 <input type="checkbox"/> RWH 5 <input type="checkbox"/> O 9 <input type="checkbox"/> N.S.	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K.
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N/A PHF 2 <input type="checkbox"/> N/A PF 3 <input type="checkbox"/> TE 4 <input type="checkbox"/> RWH 5 <input type="checkbox"/> O 9 <input type="checkbox"/> N.S.	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K.
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N/A PHF 2 <input type="checkbox"/> N/A PF 3 <input type="checkbox"/> TE 4 <input type="checkbox"/> RWH 5 <input type="checkbox"/> O 9 <input type="checkbox"/> N.S.	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K.
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N/A PHF 2 <input type="checkbox"/> N/A PF 3 <input type="checkbox"/> TE 4 <input type="checkbox"/> RWH 5 <input type="checkbox"/> O 9 <input type="checkbox"/> N.S.	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	<table border="1" style="width: 100px; height: 20px;"></table> ST.T	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K.

SECTION 2. HEALTH - Continued

FOR CHILDREN UNDER 5 YEARS OLD

P A G E N U M B E R		I N D I V I D U A L N U M B E R		24. Was (N) measured/ weighed?	25(a). Date of measurement? (D.O.M.)	26. What was (N) weight/ length?	27. Was the birth of (N) registered?	28. In the past two (2) weeks has (N) had any diarrhoea or instance of more than three (3) loose stools?	29. Did (N) receive the following inoculations?
25-26	27-28			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know (D.K.)	Day/ Month/ Year 25(b). Date of Birth (D.O.B.) Day/ Month/ Year	Weight (kgs) length (cm)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated (N.S.)	1 <input type="checkbox"/> Yellow fever 2 <input type="checkbox"/> Measles 3 <input type="checkbox"/> Mumps 4 <input type="checkbox"/> Rubella 5 <input type="checkbox"/> Dyptheria, Polio, Tetanus (1st Dose) 6 <input type="checkbox"/> Dyptheria, Polio, Tetanus (2nd Dose) 7 <input type="checkbox"/> Dyptheria, Polio, Tetanus (3rd Dose) 8 <input type="checkbox"/> Dyptheria, Polio, Tetanus (Booster)
03	01	29	30-35	36-43	44	45	46		
03	02	29	30-35	36-43	44	45	46		
03	03	29	30-35	36-43	44	45	46		
03	04	29	30-35	36-43	44	45	46		
03	05	29	30-35	36-43	44	45	46		
03	06	29	30-35	36-43	44	45	46		

30. (a) Has (N) mother see at least five (5) pregnancy?

1 ☐ Yes 2 ☐

(b) Has (N) mother see at least once or delivery?

1 ☐ Yes 2 ☐(a) 1 ☐ Yes(b) 1 ☐ Yes(a) 1 ☐ Yes(b) 1 ☐ Yes(a) 1 ☐ Yes(b) 1 ☐ Yes(a) 1 ☐ Yes(b) 1 ☐ Yes(a) 1 ☐ Yes(b) 1 ☐ Yes(a) 1 ☐ Yes(b) 1 ☐ Yes

SECTION 2. HEALTH - Concluded

CHILDREN UNDER 5 YEARS OLD

<p>30. (a) Has (N) mother seen a Health Professional at least five (5) times during her last pregnancy?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated (N.S.)</p> <p>(b) Has (N) mother seen a Health Professional at least once or within six (6) weeks of delivery?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated (N.S.)</p>	<p>31. Is (N) the last child of His/Her mother?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> Not stated (N.S.)</p>	<p>32. How long was (N) totally breast fed?</p> <p>1 <input type="checkbox"/> < 1 month</p> <p>2 <input type="checkbox"/> 1-3 months</p> <p>3 <input type="checkbox"/> > 3 months</p> <p>4 <input type="checkbox"/> Partially breast fed only (PBF)</p> <p>5 <input type="checkbox"/> Never breast fed (NBF)</p> <p>9 <input type="checkbox"/> Not stated (N.S.)</p>
47-48	49	50
<p>(a)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p> <p>(b)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> < 1m 4 <input type="checkbox"/> PBF</p> <p>2 <input type="checkbox"/> 1-3m 5 <input type="checkbox"/> NBF</p> <p>3 <input type="checkbox"/> > 3m 9 <input type="checkbox"/> N.S.</p>
<p>(a)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p> <p>(b)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> < 1m 4 <input type="checkbox"/> PBF</p> <p>2 <input type="checkbox"/> 1-3m 5 <input type="checkbox"/> NBF</p> <p>3 <input type="checkbox"/> > 3m 9 <input type="checkbox"/> N.S.</p>
<p>(a)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p> <p>(b)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> < 1m 4 <input type="checkbox"/> PBF</p> <p>2 <input type="checkbox"/> 1-3m 5 <input type="checkbox"/> NBF</p> <p>3 <input type="checkbox"/> > 3m 9 <input type="checkbox"/> N.S.</p>
<p>(a)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p> <p>(b)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> < 1m 4 <input type="checkbox"/> PBF</p> <p>2 <input type="checkbox"/> 1-3m 5 <input type="checkbox"/> NBF</p> <p>3 <input type="checkbox"/> > 3m 9 <input type="checkbox"/> N.S.</p>
<p>(a)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p> <p>(b)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> < 1m 4 <input type="checkbox"/> PBF</p> <p>2 <input type="checkbox"/> 1-3m 5 <input type="checkbox"/> NBF</p> <p>3 <input type="checkbox"/> > 3m 9 <input type="checkbox"/> N.S.</p>
<p>(a)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p> <p>(b)</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> < 1m 4 <input type="checkbox"/> PBF</p> <p>2 <input type="checkbox"/> 1-3m 5 <input type="checkbox"/> NBF</p> <p>3 <input type="checkbox"/> > 3m 9 <input type="checkbox"/> N.S.</p>

SECTION 3. EDUCATION - FOR ALL PERSONS

PAGE	INDIVIDUAL NUMBER	SECTION 3. EDUCATION - FOR ALL PERSONS	
		33. Is (N) attending school/ classes?	34. What type of school is (N) attending at present?
		1 <input type="checkbox"/> Full-time (F.T.) 2 <input type="checkbox"/> Part-time (P.T.) 3 <input type="checkbox"/> Not attending (N.A.) → Skip to Q.52 9 <input type="checkbox"/> Not stated (N.S.) → Skip to Q.52	01 <input type="checkbox"/> Pre-school/Nursery/Kindergarten (P/N/K) 10 <input type="checkbox"/> Private Primary (P.P.) 11 <input type="checkbox"/> Government and Assisted Primary (G/A.P.) 20 <input type="checkbox"/> Junior Secondary (J.S.) 21 <input type="checkbox"/> Trade/Vocational/Commercial (T.V.C.) 22 <input type="checkbox"/> Youth Camp (Y.C.) 30 <input type="checkbox"/> Senior Comprehensive (S.C.) 31 <input type="checkbox"/> Private Secondary (P.S.) 32 <input type="checkbox"/> Government and Assisted Secondary (G/A.S.) 33 <input type="checkbox"/> Composite (C) 34 <input type="checkbox"/> Technical Institute (T.I.) 40 <input type="checkbox"/> Adult/Extra Mural Classes (A/E.M.) 60 <input type="checkbox"/> University (U) 90 <input type="checkbox"/> Special School (S.S.) 98 <input type="checkbox"/> Other (O) 99 <input type="checkbox"/> Not stated (N.S.)
25-26	27-28	29	30-31
04	01	1 <input type="checkbox"/> F.T. 3 <input type="checkbox"/> N.A. 2 <input type="checkbox"/> P.T. 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (P/N/K) 21 <input type="checkbox"/> (T.V.C.) 32 <input type="checkbox"/> (G/A.S.) 60 <input type="checkbox"/> (U) 10 <input type="checkbox"/> (P.P.) 22 <input type="checkbox"/> (Y.C.) 33 <input type="checkbox"/> (C) 90 <input type="checkbox"/> (S.) 11 <input type="checkbox"/> (G/A.P.) 30 <input type="checkbox"/> (S.C.) 34 <input type="checkbox"/> (T.I.) 98 <input type="checkbox"/> (O) 20 <input type="checkbox"/> (J.S.) 31 <input type="checkbox"/> (P.S.) 40 <input type="checkbox"/> (A/E.M.) 99 <input type="checkbox"/> (N.)
04	02	1 <input type="checkbox"/> F.T. 3 <input type="checkbox"/> N.A. 2 <input type="checkbox"/> P.T. 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (P/N/K) 21 <input type="checkbox"/> (T.V.C.) 32 <input type="checkbox"/> (G/A.S.) 60 <input type="checkbox"/> (U) 10 <input type="checkbox"/> (P.P.) 22 <input type="checkbox"/> (Y.C.) 33 <input type="checkbox"/> (C) 90 <input type="checkbox"/> (S.) 11 <input type="checkbox"/> (G/A.P.) 30 <input type="checkbox"/> (S.C.) 34 <input type="checkbox"/> (T.I.) 98 <input type="checkbox"/> (O) 20 <input type="checkbox"/> (J.S.) 31 <input type="checkbox"/> (P.S.) 40 <input type="checkbox"/> (A/E.M.) 99 <input type="checkbox"/> (N.)
04	03	1 <input type="checkbox"/> F.T. 3 <input type="checkbox"/> N.A. 2 <input type="checkbox"/> P.T. 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (P/N/K) 21 <input type="checkbox"/> (T.V.C.) 32 <input type="checkbox"/> (G/A.S.) 60 <input type="checkbox"/> (U) 10 <input type="checkbox"/> (P.P.) 22 <input type="checkbox"/> (Y.C.) 33 <input type="checkbox"/> (C) 90 <input type="checkbox"/> (S.) 11 <input type="checkbox"/> (G/A.P.) 30 <input type="checkbox"/> (S.C.) 34 <input type="checkbox"/> (T.I.) 98 <input type="checkbox"/> (O) 20 <input type="checkbox"/> (J.S.) 31 <input type="checkbox"/> (P.S.) 40 <input type="checkbox"/> (A/E.M.) 99 <input type="checkbox"/> (N.)
04	04	1 <input type="checkbox"/> F.T. 3 <input type="checkbox"/> N.A. 2 <input type="checkbox"/> P.T. 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (P/N/K) 21 <input type="checkbox"/> (T.V.C.) 32 <input type="checkbox"/> (G/A.S.) 60 <input type="checkbox"/> (U) 10 <input type="checkbox"/> (P.P.) 22 <input type="checkbox"/> (Y.C.) 33 <input type="checkbox"/> (C) 90 <input type="checkbox"/> (S.) 11 <input type="checkbox"/> (G/A.P.) 30 <input type="checkbox"/> (S.C.) 34 <input type="checkbox"/> (T.I.) 98 <input type="checkbox"/> (O) 20 <input type="checkbox"/> (J.S.) 31 <input type="checkbox"/> (P.S.) 40 <input type="checkbox"/> (A/E.M.) 99 <input type="checkbox"/> (N.)
04	05	1 <input type="checkbox"/> F.T. 3 <input type="checkbox"/> N.A. 2 <input type="checkbox"/> P.T. 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (P/N/K) 21 <input type="checkbox"/> (T.V.C.) 32 <input type="checkbox"/> (G/A.S.) 60 <input type="checkbox"/> (U) 10 <input type="checkbox"/> (P.P.) 22 <input type="checkbox"/> (Y.C.) 33 <input type="checkbox"/> (C) 90 <input type="checkbox"/> (S.) 11 <input type="checkbox"/> (G/A.P.) 30 <input type="checkbox"/> (S.C.) 34 <input type="checkbox"/> (T.I.) 98 <input type="checkbox"/> (O) 20 <input type="checkbox"/> (J.S.) 31 <input type="checkbox"/> (P.S.) 40 <input type="checkbox"/> (A/E.M.) 99 <input type="checkbox"/> (N.)
04	06	1 <input type="checkbox"/> F.T. 3 <input type="checkbox"/> N.A. 2 <input type="checkbox"/> P.T. 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (P/N/K) 21 <input type="checkbox"/> (T.V.C.) 32 <input type="checkbox"/> (G/A.S.) 60 <input type="checkbox"/> (U) 10 <input type="checkbox"/> (P.P.) 22 <input type="checkbox"/> (Y.C.) 33 <input type="checkbox"/> (C) 90 <input type="checkbox"/> (S.) 11 <input type="checkbox"/> (G/A.P.) 30 <input type="checkbox"/> (S.C.) 34 <input type="checkbox"/> (T.I.) 98 <input type="checkbox"/> (O) 20 <input type="checkbox"/> (J.S.) 31 <input type="checkbox"/> (P.S.) 40 <input type="checkbox"/> (A/E.M.) 99 <input type="checkbox"/> (N.)

at present?
rten (P/W/K)
sar (A.P.)
(T.V.C.)
ndary (G/A.S.)
V/S.H.)

☐ (G/A.S.) 60 ☐ (U)
☐ (C) 90 ☐ (S.S.)
☐ (T.I.) 98 ☐ (O)
☐ (A/E.H.) 99 ☐ (N.S.)

☐ (G/A.S.) 60 ☐ (U)
☐ (C) 90 ☐ (S.S.)
☐ (T.I.) 98 ☐ (O)
☐ (A/E.H.) 99 ☐ (N.S.)

☐ (G/A.S.) 60 ☐ (U)
☐ (C) 90 ☐ (S.S.)
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☐ (G/A.S.) 60 ☐ (U)
☐ (C) 90 ☐ (S.S.)
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☐ (G/A.S.) 60 ☐ (U)
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☐ (A/E.H.) 99 ☐ (N.S.)

☐ (G/A.S.) 60 ☐ (U)
☐ (C) 90 ☐ (S.S.)
☐ (T.I.) 98 ☐ (O)
☐ (A/E.H.) 99 ☐ (N.S.)

ALL PERSONS		SECTION 3. EDUCATION - FOR PERSONS ATTENDING SCHOOL FULL-TIME - (Continued)		
35. Are fees paid for (W) attendance at school? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated (N.S.)	36. Does (W) live at home while attending school? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated (N.S.) Interviewer's Note: Persons attending school part-time. Go to Q. 54	37. During the last five days of school how many days did (W) actually go to school? <input type="checkbox"/> Days If days = 5 Go to Q. 40	38. Which days did (W) not go to school during the last five (5) days? 1 <input type="checkbox"/> Monday (Mo) 2 <input type="checkbox"/> Tuesday (Tu) 3 <input type="checkbox"/> Wednesday (We) 4 <input type="checkbox"/> Thursday (Th) 5 <input type="checkbox"/> Friday (Fr) 9 <input type="checkbox"/> Not stated (N.S.)	39. Why did (W) not go to school during the last five days? 01 <input type="checkbox"/> Illness (ILL) 02 <input type="checkbox"/> Financial problem (FP) 03 <input type="checkbox"/> Transport problem (TP) 04 <input type="checkbox"/> Working (W) 05 <input type="checkbox"/> Home duties (HD) 06 <input type="checkbox"/> Not worth going (NWG) 07 <input type="checkbox"/> School closed/holidays (SC) 08 <input type="checkbox"/> Truant (T) 09 <input type="checkbox"/> Pregnant/young mother (PYM) 10 <input type="checkbox"/> Baby sitting (BS) 11 <input type="checkbox"/> Apprenticeship (A) 12 <input type="checkbox"/> Other (O) Specify
32	33	34	35	36-37
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="checkbox"/> Days	1 <input type="checkbox"/> (Mo) 4 <input type="checkbox"/> (Th) 2 <input type="checkbox"/> (Tu) 5 <input type="checkbox"/> (Fr) 3 <input type="checkbox"/> (We) 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (ILL) 07 <input type="checkbox"/> (SC) 02 <input type="checkbox"/> (FP) 08 <input type="checkbox"/> (T) 03 <input type="checkbox"/> (TP) 09 <input type="checkbox"/> (PYM) 04 <input type="checkbox"/> (W) 10 <input type="checkbox"/> (BS) 05 <input type="checkbox"/> (HD) 11 <input type="checkbox"/> (A) 06 <input type="checkbox"/> (NWG) 12 <input type="checkbox"/> (O)
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="checkbox"/> Days	1 <input type="checkbox"/> (Mo) 4 <input type="checkbox"/> (Th) 2 <input type="checkbox"/> (Tu) 5 <input type="checkbox"/> (Fr) 3 <input type="checkbox"/> (We) 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (ILL) 07 <input type="checkbox"/> (SC) 02 <input type="checkbox"/> (FP) 08 <input type="checkbox"/> (T) 03 <input type="checkbox"/> (TP) 09 <input type="checkbox"/> (PYM) 04 <input type="checkbox"/> (W) 10 <input type="checkbox"/> (BS) 05 <input type="checkbox"/> (HD) 11 <input type="checkbox"/> (A) 06 <input type="checkbox"/> (NWG) 12 <input type="checkbox"/> (O)
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="checkbox"/> Days	1 <input type="checkbox"/> (Mo) 4 <input type="checkbox"/> (Th) 2 <input type="checkbox"/> (Tu) 5 <input type="checkbox"/> (Fr) 3 <input type="checkbox"/> (We) 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (ILL) 07 <input type="checkbox"/> (SC) 02 <input type="checkbox"/> (FP) 08 <input type="checkbox"/> (T) 03 <input type="checkbox"/> (TP) 09 <input type="checkbox"/> (PYM) 04 <input type="checkbox"/> (W) 10 <input type="checkbox"/> (BS) 05 <input type="checkbox"/> (HD) 11 <input type="checkbox"/> (A) 06 <input type="checkbox"/> (NWG) 12 <input type="checkbox"/> (O)
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="checkbox"/> Days	1 <input type="checkbox"/> (Mo) 4 <input type="checkbox"/> (Th) 2 <input type="checkbox"/> (Tu) 5 <input type="checkbox"/> (Fr) 3 <input type="checkbox"/> (We) 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (ILL) 07 <input type="checkbox"/> (SC) 02 <input type="checkbox"/> (FP) 08 <input type="checkbox"/> (T) 03 <input type="checkbox"/> (TP) 09 <input type="checkbox"/> (PYM) 04 <input type="checkbox"/> (W) 10 <input type="checkbox"/> (BS) 05 <input type="checkbox"/> (HD) 11 <input type="checkbox"/> (A) 06 <input type="checkbox"/> (NWG) 12 <input type="checkbox"/> (O)
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="checkbox"/> Days	1 <input type="checkbox"/> (Mo) 4 <input type="checkbox"/> (Th) 2 <input type="checkbox"/> (Tu) 5 <input type="checkbox"/> (Fr) 3 <input type="checkbox"/> (We) 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (ILL) 07 <input type="checkbox"/> (SC) 02 <input type="checkbox"/> (FP) 08 <input type="checkbox"/> (T) 03 <input type="checkbox"/> (TP) 09 <input type="checkbox"/> (PYM) 04 <input type="checkbox"/> (W) 10 <input type="checkbox"/> (BS) 05 <input type="checkbox"/> (HD) 11 <input type="checkbox"/> (A) 06 <input type="checkbox"/> (NWG) 12 <input type="checkbox"/> (O)
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="checkbox"/> Days	1 <input type="checkbox"/> (Mo) 4 <input type="checkbox"/> (Th) 2 <input type="checkbox"/> (Tu) 5 <input type="checkbox"/> (Fr) 3 <input type="checkbox"/> (We) 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (ILL) 07 <input type="checkbox"/> (SC) 02 <input type="checkbox"/> (FP) 08 <input type="checkbox"/> (T) 03 <input type="checkbox"/> (TP) 09 <input type="checkbox"/> (PYM) 04 <input type="checkbox"/> (W) 10 <input type="checkbox"/> (BS) 05 <input type="checkbox"/> (HD) 11 <input type="checkbox"/> (A) 06 <input type="checkbox"/> (NWG) 12 <input type="checkbox"/> (O)
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="checkbox"/> Days	1 <input type="checkbox"/> (Mo) 4 <input type="checkbox"/> (Th) 2 <input type="checkbox"/> (Tu) 5 <input type="checkbox"/> (Fr) 3 <input type="checkbox"/> (We) 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (ILL) 07 <input type="checkbox"/> (SC) 02 <input type="checkbox"/> (FP) 08 <input type="checkbox"/> (T) 03 <input type="checkbox"/> (TP) 09 <input type="checkbox"/> (PYM) 04 <input type="checkbox"/> (W) 10 <input type="checkbox"/> (BS) 05 <input type="checkbox"/> (HD) 11 <input type="checkbox"/> (A) 06 <input type="checkbox"/> (NWG) 12 <input type="checkbox"/> (O)
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<input type="checkbox"/> Days	1 <input type="checkbox"/> (Mo) 4 <input type="checkbox"/> (Th) 2 <input type="checkbox"/> (Tu) 5 <input type="checkbox"/> (Fr) 3 <input type="checkbox"/> (We) 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> (ILL) 07 <input type="checkbox"/> (SC) 02 <input type="checkbox"/> (FP) 08 <input type="checkbox"/> (T) 03 <input type="checkbox"/> (TP) 09 <input type="checkbox"/> (PYM) 04 <input type="checkbox"/> (W) 10 <input type="checkbox"/> (BS) 05 <input type="checkbox"/> (HD) 11 <input type="checkbox"/> (A) 06 <input type="checkbox"/> (NWG) 12 <input type="checkbox"/> (O)

SECTION 3. EDUCATION - FOR PERSONS ATTENDING SCHOOL FULL-TIME - (Continued)					
P A G E N U M B E R	I N D I V I D U A L N U M B E R	40. How long does it take (M) to travel to school one (1) way trip only?	41. How far away is (M) school from here?	42. How does (M) normally go to school?	43. Is there a free meal service at (M) school?
		Mins.	Miles	1 <input type="checkbox"/> Walking (W) 2 <input type="checkbox"/> Cycling (C) 3 <input type="checkbox"/> Maxi Taxi (MT) 4 <input type="checkbox"/> Taxi (T) 5 <input type="checkbox"/> Bus (B) 6 <input type="checkbox"/> Private transport (PT) 7 <input type="checkbox"/> Not applicable (N.A.) 8 <input type="checkbox"/> Other (O)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated (N.S.)
25-26	27-28	29-31	32-33	34	35
05	01	Mins.	Miles	1 <input type="checkbox"/> (W) 5 <input type="checkbox"/> (B) 2 <input type="checkbox"/> (C) 6 <input type="checkbox"/> (PT) 3 <input type="checkbox"/> (MT) 7 <input type="checkbox"/> (NA) 4 <input type="checkbox"/> (T) 8 <input type="checkbox"/> (O)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
05	02	Mins.	Miles	1 <input type="checkbox"/> (W) 5 <input type="checkbox"/> (B) 2 <input type="checkbox"/> (C) 6 <input type="checkbox"/> (PT) 3 <input type="checkbox"/> (MT) 7 <input type="checkbox"/> (NA) 4 <input type="checkbox"/> (T) 8 <input type="checkbox"/> (O)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
05	03	Mins.	Miles	1 <input type="checkbox"/> (W) 5 <input type="checkbox"/> (B) 2 <input type="checkbox"/> (C) 6 <input type="checkbox"/> (PT) 3 <input type="checkbox"/> (MT) 7 <input type="checkbox"/> (NA) 4 <input type="checkbox"/> (T) 8 <input type="checkbox"/> (O)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
05	04	Mins.	Miles	1 <input type="checkbox"/> (W) 5 <input type="checkbox"/> (B) 2 <input type="checkbox"/> (C) 6 <input type="checkbox"/> (PT) 3 <input type="checkbox"/> (MT) 7 <input type="checkbox"/> (NA) 4 <input type="checkbox"/> (T) 8 <input type="checkbox"/> (O)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
05	05	Mins.	Miles	1 <input type="checkbox"/> (W) 5 <input type="checkbox"/> (B) 2 <input type="checkbox"/> (C) 6 <input type="checkbox"/> (PT) 3 <input type="checkbox"/> (MT) 7 <input type="checkbox"/> (NA) 4 <input type="checkbox"/> (T) 8 <input type="checkbox"/> (O)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
05	06	Mins.	Miles	1 <input type="checkbox"/> (W) 5 <input type="checkbox"/> (B) 2 <input type="checkbox"/> (C) 6 <input type="checkbox"/> (PT) 3 <input type="checkbox"/> (MT) 7 <input type="checkbox"/> (NA) 4 <input type="checkbox"/> (T) 8 <input type="checkbox"/> (O)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.

<p>44. Does (W) receive free meals from this service?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> Not stated (N.S.)</p>	<p>45. How do you spend your leisure time?</p> <p>1 <input type="checkbox"/> Reading</p> <p>2 <input type="checkbox"/> Watching TV</p> <p>3 <input type="checkbox"/> Listening to music</p> <p>4 <input type="checkbox"/> Playing cards</p> <p>5 <input type="checkbox"/> Playing sports</p> <p>6 <input type="checkbox"/> Shopping</p> <p>7 <input type="checkbox"/> Traveling</p> <p>8 <input type="checkbox"/> Other</p>
36	37
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>

SECTION 3. EDUCATION - FOR PERSONS ATTENDING SCHOOL FULL-TIME - (Continued)

<p>44. Does (N) receive free meals from this service?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> Not stated (N.S.)</p>	<p>45. How much does (N) spend on lunch in one day?</p> <p>ST.T.</p>	<p>46. How much does (N) spend on transportation per week?</p> <p>ST.T.</p>	<p>47. Does (N) have all textbooks required for his/her use at school?</p> <p>1 <input type="checkbox"/> Yes, has books for exclusive use. (YEU)</p> <p>2 <input type="checkbox"/> Yes, but shares with others. (YSO)</p> <p>3 <input type="checkbox"/> No (N)</p> <p>→ Skip to Q. 50</p> <p>9 <input type="checkbox"/> Not stated (N.S.)</p> <p>→ Skip to Q. 50</p>	<p>48. Were any of (N) books provided by the school at no cost?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> Not stated (N.S.)</p>
36	37-38	39-41	42	43
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>ST.T.</p>	<p>ST.T.</p>	<p>1 <input type="checkbox"/> (YEU)</p> <p>2 <input type="checkbox"/> (YSO)</p> <p>3 <input type="checkbox"/> (N)</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>ST.T.</p>	<p>ST.T.</p>	<p>1 <input type="checkbox"/> (YEU)</p> <p>2 <input type="checkbox"/> (YSO)</p> <p>3 <input type="checkbox"/> (N)</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>ST.T.</p>	<p>ST.T.</p>	<p>1 <input type="checkbox"/> (YEU)</p> <p>2 <input type="checkbox"/> (YSO)</p> <p>3 <input type="checkbox"/> (N)</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>ST.T.</p>	<p>ST.T.</p>	<p>1 <input type="checkbox"/> (YEU)</p> <p>2 <input type="checkbox"/> (YSO)</p> <p>3 <input type="checkbox"/> (N)</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>ST.T.</p>	<p>ST.T.</p>	<p>1 <input type="checkbox"/> (YEU)</p> <p>2 <input type="checkbox"/> (YSO)</p> <p>3 <input type="checkbox"/> (N)</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>ST.T.</p>	<p>ST.T.</p>	<p>1 <input type="checkbox"/> (YEU)</p> <p>2 <input type="checkbox"/> (YSO)</p> <p>3 <input type="checkbox"/> (N)</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>ST.T.</p>	<p>ST.T.</p>	<p>1 <input type="checkbox"/> (YEU)</p> <p>2 <input type="checkbox"/> (YSO)</p> <p>3 <input type="checkbox"/> (N)</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>ST.T.</p>	<p>ST.T.</p>	<p>1 <input type="checkbox"/> (YEU)</p> <p>2 <input type="checkbox"/> (YSO)</p> <p>3 <input type="checkbox"/> (N)</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>

SECTION 3. EDUCATION - FOR PERSONS ATTENDING SCHOOL FULL-TIME - (Continued)

PAGE NUMBER	INDIVIDUAL NUMBER	49. Were some of these books acquired by (N) in any of the following ways?	50. What are the reasons for (N) not having required textbooks?	51. Has (N) (or) (N's) parents ever made use of a book loan facility?
25-26	27-28	1 <input type="checkbox"/> Borrowed for use during year (BU) 2 <input type="checkbox"/> Received from relatives or friends (RF) 3 <input type="checkbox"/> Purchased New (PN) 4 <input type="checkbox"/> Purchased second hand (PS) 5 <input type="checkbox"/> Combination of 3 and 4 above (C) 6 <input type="checkbox"/> Other (O) 9 <input type="checkbox"/> Not stated (N.S.) Skip to Q. 51	1 <input type="checkbox"/> Books not available (BNA) 2 <input type="checkbox"/> Could not afford (CNA) 3 <input type="checkbox"/> Book available in School Library (BAL) 4 <input type="checkbox"/> Book were lost or destroyed (BLD) 5 <input type="checkbox"/> To be purchased (TBP) 6 <input type="checkbox"/> Other (O) 9 <input type="checkbox"/> Not stated (N.S.)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
06	01	1 <input type="checkbox"/> (BU) 4 <input type="checkbox"/> (PS) 2 <input type="checkbox"/> (RF) 5 <input type="checkbox"/> (C) 3 <input type="checkbox"/> (PN) 6 <input type="checkbox"/> (O) 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> (BNA) 4 <input type="checkbox"/> (BLD) 2 <input type="checkbox"/> (CNA) 5 <input type="checkbox"/> (TBP) 3 <input type="checkbox"/> (BAL) 6 <input type="checkbox"/> (O) 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
06	02	1 <input type="checkbox"/> (BU) 4 <input type="checkbox"/> (PS) 2 <input type="checkbox"/> (RF) 5 <input type="checkbox"/> (C) 3 <input type="checkbox"/> (PN) 6 <input type="checkbox"/> (O) 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> (BNA) 4 <input type="checkbox"/> (BLD) 2 <input type="checkbox"/> (CNA) 5 <input type="checkbox"/> (TBP) 3 <input type="checkbox"/> (BAL) 6 <input type="checkbox"/> (O) 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
06	03	1 <input type="checkbox"/> (BU) 4 <input type="checkbox"/> (PS) 2 <input type="checkbox"/> (RF) 5 <input type="checkbox"/> (C) 3 <input type="checkbox"/> (PN) 6 <input type="checkbox"/> (O) 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> (BNA) 4 <input type="checkbox"/> (BLD) 2 <input type="checkbox"/> (CNA) 5 <input type="checkbox"/> (TBP) 3 <input type="checkbox"/> (BAL) 6 <input type="checkbox"/> (O) 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
06	04	1 <input type="checkbox"/> (BU) 4 <input type="checkbox"/> (PS) 2 <input type="checkbox"/> (RF) 5 <input type="checkbox"/> (C) 3 <input type="checkbox"/> (PN) 6 <input type="checkbox"/> (O) 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> (BNA) 4 <input type="checkbox"/> (BLD) 2 <input type="checkbox"/> (CNA) 5 <input type="checkbox"/> (TBP) 3 <input type="checkbox"/> (BAL) 6 <input type="checkbox"/> (O) 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
06	05	1 <input type="checkbox"/> (BU) 4 <input type="checkbox"/> (PS) 2 <input type="checkbox"/> (RF) 5 <input type="checkbox"/> (C) 3 <input type="checkbox"/> (PN) 6 <input type="checkbox"/> (O) 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> (BNA) 4 <input type="checkbox"/> (BLD) 2 <input type="checkbox"/> (CNA) 5 <input type="checkbox"/> (TBP) 3 <input type="checkbox"/> (BAL) 6 <input type="checkbox"/> (O) 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
06	06	1 <input type="checkbox"/> (BU) 4 <input type="checkbox"/> (PS) 2 <input type="checkbox"/> (RF) 5 <input type="checkbox"/> (C) 3 <input type="checkbox"/> (PN) 6 <input type="checkbox"/> (O) 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> (BNA) 4 <input type="checkbox"/> (BLD) 2 <input type="checkbox"/> (CNA) 5 <input type="checkbox"/> (TBP) 3 <input type="checkbox"/> (BAL) 6 <input type="checkbox"/> (O) 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

52. Has (N) ever attended school?	53. Why i atten
1 <input type="checkbox"/> Yes	01 <input type="checkbox"/>
2 <input type="checkbox"/> No	02 <input type="checkbox"/>
9 <input type="checkbox"/> Not stated (N.S.)	03 <input type="checkbox"/>
	04 <input type="checkbox"/>
	05 <input type="checkbox"/>
	06 <input type="checkbox"/>
	07 <input type="checkbox"/>
	08 <input type="checkbox"/>
	09 <input type="checkbox"/>
	10 <input type="checkbox"/>
	11 <input type="checkbox"/>
	12 <input type="checkbox"/>
	13 <input type="checkbox"/>
	99 <input type="checkbox"/>
32	
1 <input type="checkbox"/> Yes	01 <input type="checkbox"/> ILL
2 <input type="checkbox"/> No	02 <input type="checkbox"/> PP
9 <input type="checkbox"/> N.S.	03 <input type="checkbox"/> TP
	04 <input type="checkbox"/> W
	05 <input type="checkbox"/> TY
1 <input type="checkbox"/> Yes	01 <input type="checkbox"/> ILL
2 <input type="checkbox"/> No	02 <input type="checkbox"/> PP
9 <input type="checkbox"/> N.S.	03 <input type="checkbox"/> TP
	04 <input type="checkbox"/> W
	05 <input type="checkbox"/> TY
1 <input type="checkbox"/> Yes	01 <input type="checkbox"/> ILL
2 <input type="checkbox"/> No	02 <input type="checkbox"/> PP
9 <input type="checkbox"/> N.S.	03 <input type="checkbox"/> TP
	04 <input type="checkbox"/> W
	05 <input type="checkbox"/> TY
1 <input type="checkbox"/> Yes	01 <input type="checkbox"/> IL
2 <input type="checkbox"/> No	02 <input type="checkbox"/> PP
9 <input type="checkbox"/> N.S.	03 <input type="checkbox"/> TP
	04 <input type="checkbox"/> W
	05 <input type="checkbox"/> TY
1 <input type="checkbox"/> Yes	01 <input type="checkbox"/> IL
2 <input type="checkbox"/> No	02 <input type="checkbox"/> PP
9 <input type="checkbox"/> N.S.	03 <input type="checkbox"/> TP
	04 <input type="checkbox"/> W
	05 <input type="checkbox"/> TY
1 <input type="checkbox"/> Yes	01 <input type="checkbox"/> I
2 <input type="checkbox"/> No	02 <input type="checkbox"/> F
9 <input type="checkbox"/> N.S.	03 <input type="checkbox"/> T
	04 <input type="checkbox"/> W
	05 <input type="checkbox"/> T

SECTION 3. EDUCATION - FOR PERSONS NOT ATTENDING SCHOOL AT PRESENT

52. Has (N) ever attended school?	53. Why is (N) not attending school now?	54. What type of school did (N) last attend?	55. What is the highest examination that (N) has passed?
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Skip to Section 4 9 <input type="checkbox"/> Not stated (N.S.)	01 <input type="checkbox"/> Illness (ILL) 02 <input type="checkbox"/> Financial Problem (FP) 03 <input type="checkbox"/> Transport Problems (TP) 04 <input type="checkbox"/> Working (W) 05 <input type="checkbox"/> Too young (TY) 06 <input type="checkbox"/> No school available (NSA) 07 <input type="checkbox"/> No space in school (NSS) 08 <input type="checkbox"/> Pregnant/young mother (PYM) 09 <input type="checkbox"/> Babysitting (BS) 10 <input type="checkbox"/> Apprenticeship (A) 11 <input type="checkbox"/> Not worth going (NWG) 12 <input type="checkbox"/> Completed (C) 13 <input type="checkbox"/> Other (O) 99 <input type="checkbox"/> Not stated (N.S.)	01 <input type="checkbox"/> Nursery/Kindergarten School (NK) 10 <input type="checkbox"/> Private Primary (PP) 11 <input type="checkbox"/> Government & Assisted Primary (GAP) 20 <input type="checkbox"/> Junior Secondary (JS) 21 <input type="checkbox"/> Trade/Vocational/Commercial (TVC) 22 <input type="checkbox"/> Youth Camp (YC) 30 <input type="checkbox"/> Senior Comprehensive (SC) 31 <input type="checkbox"/> Private Secondary (PS) 32 <input type="checkbox"/> Government & Assisted Secondary (GAS) 33 <input type="checkbox"/> Composite (C) 34 <input type="checkbox"/> Technical Institute (TI) 40 <input type="checkbox"/> Adult/Extra Mural Classes (AEM) 60 <input type="checkbox"/> University (U) 70 <input type="checkbox"/> YTEPP (YT) 90 <input type="checkbox"/> Special School (SS) 98 <input type="checkbox"/> Other (O) 99 <input type="checkbox"/> Not stated (NS)	(including part-time students) 01 <input type="checkbox"/> None 02 <input type="checkbox"/> School Leaving 03 <input type="checkbox"/> CXG Basic 04 <input type="checkbox"/> G.C.E. 'O' / CXG Gen. Prof. 1 or 2 05 <input type="checkbox"/> G.C.E. 'O' / CXG Gen Prof. 3 or 4; S.C. Grade III 06 <input type="checkbox"/> G.C.E. 'O' / CXG Gen Prof. 5 and over; Grades I, II 07 <input type="checkbox"/> G.C.E. 'A' / HSC 1 or 2 08 <input type="checkbox"/> G.C.E. 'A' / HSC 3 and over 09 <input type="checkbox"/> Diploma/or Equivalent Certificate of Achievement 10 <input type="checkbox"/> Degree 98 <input type="checkbox"/> Other 99 <input type="checkbox"/> Not stated
32	33-34	35-36	37-38
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> ILL 06 <input type="checkbox"/> NSA 02 <input type="checkbox"/> FP 07 <input type="checkbox"/> NSS 11 <input type="checkbox"/> NWG 03 <input type="checkbox"/> TP 08 <input type="checkbox"/> PYM 12 <input type="checkbox"/> C 04 <input type="checkbox"/> W 09 <input type="checkbox"/> BS 13 <input type="checkbox"/> O 05 <input type="checkbox"/> TY 10 <input type="checkbox"/> A 99 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> NK 30 <input type="checkbox"/> SC 60 <input type="checkbox"/> U 10 <input type="checkbox"/> PP 31 <input type="checkbox"/> PS 70 <input type="checkbox"/> YT 11 <input type="checkbox"/> GAP 32 <input type="checkbox"/> GAS 90 <input type="checkbox"/> SS 20 <input type="checkbox"/> JS 33 <input type="checkbox"/> C 98 <input type="checkbox"/> O 21 <input type="checkbox"/> TVC 34 <input type="checkbox"/> TI 99 <input type="checkbox"/> NS 22 <input type="checkbox"/> YC 40 <input type="checkbox"/> AEM	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 98 <input type="checkbox"/> 06 <input type="checkbox"/> 99 <input type="checkbox"/>
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> ILL 06 <input type="checkbox"/> NSA 02 <input type="checkbox"/> FP 07 <input type="checkbox"/> NSS 11 <input type="checkbox"/> NWG 03 <input type="checkbox"/> TP 08 <input type="checkbox"/> PYM 12 <input type="checkbox"/> C 04 <input type="checkbox"/> W 09 <input type="checkbox"/> BS 13 <input type="checkbox"/> O 05 <input type="checkbox"/> TY 10 <input type="checkbox"/> A 99 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> NK 30 <input type="checkbox"/> SC 60 <input type="checkbox"/> U 10 <input type="checkbox"/> PP 31 <input type="checkbox"/> PS 70 <input type="checkbox"/> YT 11 <input type="checkbox"/> GAP 32 <input type="checkbox"/> GAS 90 <input type="checkbox"/> SS 20 <input type="checkbox"/> JS 33 <input type="checkbox"/> C 98 <input type="checkbox"/> O 21 <input type="checkbox"/> TVC 34 <input type="checkbox"/> TI 99 <input type="checkbox"/> NS 22 <input type="checkbox"/> YC 40 <input type="checkbox"/> AEM	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 98 <input type="checkbox"/> 06 <input type="checkbox"/> 99 <input type="checkbox"/>
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> ILL 06 <input type="checkbox"/> NSA 02 <input type="checkbox"/> FP 07 <input type="checkbox"/> NSS 11 <input type="checkbox"/> NWG 03 <input type="checkbox"/> TP 08 <input type="checkbox"/> PYM 12 <input type="checkbox"/> C 04 <input type="checkbox"/> W 09 <input type="checkbox"/> BS 13 <input type="checkbox"/> O 05 <input type="checkbox"/> TY 10 <input type="checkbox"/> A 99 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> NK 30 <input type="checkbox"/> SC 60 <input type="checkbox"/> U 10 <input type="checkbox"/> PP 31 <input type="checkbox"/> PS 70 <input type="checkbox"/> YT 11 <input type="checkbox"/> GAP 32 <input type="checkbox"/> GAS 90 <input type="checkbox"/> SS 20 <input type="checkbox"/> JS 33 <input type="checkbox"/> C 98 <input type="checkbox"/> O 21 <input type="checkbox"/> TVC 34 <input type="checkbox"/> TI 99 <input type="checkbox"/> NS 22 <input type="checkbox"/> YC 40 <input type="checkbox"/> AEM	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 98 <input type="checkbox"/> 06 <input type="checkbox"/> 99 <input type="checkbox"/>
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> ILL 06 <input type="checkbox"/> NSA 02 <input type="checkbox"/> FP 07 <input type="checkbox"/> NSS 11 <input type="checkbox"/> NWG 03 <input type="checkbox"/> TP 08 <input type="checkbox"/> PYM 12 <input type="checkbox"/> C 04 <input type="checkbox"/> W 09 <input type="checkbox"/> BS 13 <input type="checkbox"/> O 05 <input type="checkbox"/> TY 10 <input type="checkbox"/> A 99 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> NK 30 <input type="checkbox"/> SC 60 <input type="checkbox"/> U 10 <input type="checkbox"/> PP 31 <input type="checkbox"/> PS 70 <input type="checkbox"/> YT 11 <input type="checkbox"/> GAP 32 <input type="checkbox"/> GAS 90 <input type="checkbox"/> SS 20 <input type="checkbox"/> JS 33 <input type="checkbox"/> C 98 <input type="checkbox"/> O 21 <input type="checkbox"/> TVC 34 <input type="checkbox"/> TI 99 <input type="checkbox"/> NS 22 <input type="checkbox"/> YC 40 <input type="checkbox"/> AEM	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 98 <input type="checkbox"/> 06 <input type="checkbox"/> 99 <input type="checkbox"/>
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> ILL 06 <input type="checkbox"/> NSA 02 <input type="checkbox"/> FP 07 <input type="checkbox"/> NSS 11 <input type="checkbox"/> NWG 03 <input type="checkbox"/> TP 08 <input type="checkbox"/> PYM 12 <input type="checkbox"/> C 04 <input type="checkbox"/> W 09 <input type="checkbox"/> BS 13 <input type="checkbox"/> O 05 <input type="checkbox"/> TY 10 <input type="checkbox"/> A 99 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> NK 30 <input type="checkbox"/> SC 60 <input type="checkbox"/> U 10 <input type="checkbox"/> PP 31 <input type="checkbox"/> PS 70 <input type="checkbox"/> YT 11 <input type="checkbox"/> GAP 32 <input type="checkbox"/> GAS 90 <input type="checkbox"/> SS 20 <input type="checkbox"/> JS 33 <input type="checkbox"/> C 98 <input type="checkbox"/> O 21 <input type="checkbox"/> TVC 34 <input type="checkbox"/> TI 99 <input type="checkbox"/> NS 22 <input type="checkbox"/> YC 40 <input type="checkbox"/> AEM	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 98 <input type="checkbox"/> 06 <input type="checkbox"/> 99 <input type="checkbox"/>
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> ILL 06 <input type="checkbox"/> NSA 02 <input type="checkbox"/> FP 07 <input type="checkbox"/> NSS 11 <input type="checkbox"/> NWG 03 <input type="checkbox"/> TP 08 <input type="checkbox"/> PYM 12 <input type="checkbox"/> C 04 <input type="checkbox"/> W 09 <input type="checkbox"/> BS 13 <input type="checkbox"/> O 05 <input type="checkbox"/> TY 10 <input type="checkbox"/> A 99 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> NK 30 <input type="checkbox"/> SC 60 <input type="checkbox"/> U 10 <input type="checkbox"/> PP 31 <input type="checkbox"/> PS 70 <input type="checkbox"/> YT 11 <input type="checkbox"/> GAP 32 <input type="checkbox"/> GAS 90 <input type="checkbox"/> SS 20 <input type="checkbox"/> JS 33 <input type="checkbox"/> C 98 <input type="checkbox"/> O 21 <input type="checkbox"/> TVC 34 <input type="checkbox"/> TI 99 <input type="checkbox"/> NS 22 <input type="checkbox"/> YC 40 <input type="checkbox"/> AEM	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 98 <input type="checkbox"/> 06 <input type="checkbox"/> 99 <input type="checkbox"/>
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> ILL 06 <input type="checkbox"/> NSA 02 <input type="checkbox"/> FP 07 <input type="checkbox"/> NSS 11 <input type="checkbox"/> NWG 03 <input type="checkbox"/> TP 08 <input type="checkbox"/> PYM 12 <input type="checkbox"/> C 04 <input type="checkbox"/> W 09 <input type="checkbox"/> BS 13 <input type="checkbox"/> O 05 <input type="checkbox"/> TY 10 <input type="checkbox"/> A 99 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> NK 30 <input type="checkbox"/> SC 60 <input type="checkbox"/> U 10 <input type="checkbox"/> PP 31 <input type="checkbox"/> PS 70 <input type="checkbox"/> YT 11 <input type="checkbox"/> GAP 32 <input type="checkbox"/> GAS 90 <input type="checkbox"/> SS 20 <input type="checkbox"/> JS 33 <input type="checkbox"/> C 98 <input type="checkbox"/> O 21 <input type="checkbox"/> TVC 34 <input type="checkbox"/> TI 99 <input type="checkbox"/> NS 22 <input type="checkbox"/> YC 40 <input type="checkbox"/> AEM	01 <input type="checkbox"/> 07 <input type="checkbox"/> 02 <input type="checkbox"/> 08 <input type="checkbox"/> 03 <input type="checkbox"/> 09 <input type="checkbox"/> 04 <input type="checkbox"/> 10 <input type="checkbox"/> 05 <input type="checkbox"/> 98 <input type="checkbox"/> 06 <input type="checkbox"/> 99 <input type="checkbox"/>

SECTION 4. EMPLOYMENT - 15 YEARS OLD AND OVER													
P A G E	I N D I V I D U A L N U M B E R	56. Did (M) ever work or have a job?	57. How many months did (M) work during the past 12 months?	58. Is (M) covered by National Insurance?	59. Did (M) work or have a job last week?	60. When last did (M) work?	61. What was the main reason why (M) left last job?						
		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No → Go to Q.62 9 <input type="checkbox"/> Not stated → Go to Q.62		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know (D.K.) 9 <input type="checkbox"/> Not stated (N.S.)	1 <input type="checkbox"/> Yes → Skip to Q.65 2 <input type="checkbox"/> No	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Month Year					01 <input type="checkbox"/> New job (N.J.) 02 <input type="checkbox"/> Illness (ILL) 03 <input type="checkbox"/> Fired (F) 04 <input type="checkbox"/> Retired (R) 05 <input type="checkbox"/> To return to school (T.R.S.) 06 <input type="checkbox"/> Retrenched/Laid off (R.L.) 07 <input type="checkbox"/> Did not want to work (D.N.W.) 08 <input type="checkbox"/> No more work available (N.W.A.) 98 <input type="checkbox"/> Other (O) 99 <input type="checkbox"/> Not stated (N.S.)		
25-26	27-28	29	30-31	32	33	34-37	38-39						
07	01	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Month Year					1 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> ILL 3 <input type="checkbox"/> F. 4 <input type="checkbox"/> R. 5 <input type="checkbox"/> T.R.S. 06 <input type="checkbox"/> R.L. 07 <input type="checkbox"/> D.N.W. 08 <input type="checkbox"/> N.W.A. 98 <input type="checkbox"/> O. 99 <input type="checkbox"/> N.S.
07	02	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Month Year					1 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> ILL 3 <input type="checkbox"/> F. 4 <input type="checkbox"/> R. 5 <input type="checkbox"/> T.R.S. 06 <input type="checkbox"/> R.L. 07 <input type="checkbox"/> D.N.W. 08 <input type="checkbox"/> N.W.A. 98 <input type="checkbox"/> O. 99 <input type="checkbox"/> N.S.
07	03	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Month Year					1 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> ILL 3 <input type="checkbox"/> F. 4 <input type="checkbox"/> R. 5 <input type="checkbox"/> T.R.S. 06 <input type="checkbox"/> R.L. 07 <input type="checkbox"/> D.N.W. 08 <input type="checkbox"/> N.W.A. 98 <input type="checkbox"/> O. 99 <input type="checkbox"/> N.S.
07	04	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Month Year					1 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> ILL 3 <input type="checkbox"/> F. 4 <input type="checkbox"/> R. 5 <input type="checkbox"/> T.R.S. 06 <input type="checkbox"/> R.L. 07 <input type="checkbox"/> D.N.W. 08 <input type="checkbox"/> N.W.A. 98 <input type="checkbox"/> O. 99 <input type="checkbox"/> N.S.
07	05	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Month Year					1 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> ILL 3 <input type="checkbox"/> F. 4 <input type="checkbox"/> R. 5 <input type="checkbox"/> T.R.S. 06 <input type="checkbox"/> R.L. 07 <input type="checkbox"/> D.N.W. 08 <input type="checkbox"/> N.W.A. 98 <input type="checkbox"/> O. 99 <input type="checkbox"/> N.S.
07	06	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Months			1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> D.K. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Month Year					1 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> ILL 3 <input type="checkbox"/> F. 4 <input type="checkbox"/> R. 5 <input type="checkbox"/> T.R.S. 06 <input type="checkbox"/> R.L. 07 <input type="checkbox"/> D.N.W. 08 <input type="checkbox"/> N.W.A. 98 <input type="checkbox"/> O. 99 <input type="checkbox"/> N.S.

62. Did (W) look for work last week?	63.
1 <input type="checkbox"/> Yes → Skip to Q.64	
2 <input type="checkbox"/> No	
9 <input type="checkbox"/> Not stated (W.S.)	
If No in both Q.56 and Q.62 then Skip to Q.72	
A then worked no job but with	
40	
1 <input type="checkbox"/> Yes	01
2 <input type="checkbox"/> No	02
9 <input type="checkbox"/> N.S.	03
	04
	05
	06
1 <input type="checkbox"/> Yes	01
2 <input type="checkbox"/> No	02
9 <input type="checkbox"/> N.S.	03
	04
	05
	06
1 <input type="checkbox"/> Yes	01
2 <input type="checkbox"/> No	02
9 <input type="checkbox"/> N.S.	03
	04
	05
	06
1 <input type="checkbox"/> Yes	01
2 <input type="checkbox"/> No	02
9 <input type="checkbox"/> N.S.	03
	04
	05
	06
1 <input type="checkbox"/> Yes	01
2 <input type="checkbox"/> No	02
9 <input type="checkbox"/> N.S.	03
	04
	05
	06
1 <input type="checkbox"/> Yes	01
2 <input type="checkbox"/> No	02
9 <input type="checkbox"/> N.S.	03
	04
	05
	06
1 <input type="checkbox"/> Yes	01
2 <input type="checkbox"/> No	02
9 <input type="checkbox"/> N.S.	03
	04
	05
	06

SECTION 4. EMPLOYMENT - 15 YEARS OLD AND OVER - Continued

62. Did (W) look for work last week?	63. Why did (W) not seek work last week?	64. Did (W) work or have a job for the first time within the past six months?	65. What category of worker does (W) belong to?
1 <input type="checkbox"/> Yes Skip to Q.64 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated (N.S.) If No in both Q.56 and Q.62 then Skip to Q.72	01 <input type="checkbox"/> At school (A.S.) 02 <input type="checkbox"/> Housekeeping (H.K.) 03 <input type="checkbox"/> Retired (R) 04 <input type="checkbox"/> Disabled (D) 05 <input type="checkbox"/> Temporary illness (TI) 06 <input type="checkbox"/> Did not want work (DNW) 07 <input type="checkbox"/> Awaiting results of applications (A.P.) 08 <input type="checkbox"/> Knew of no vacancy (K.N.V) 09 <input type="checkbox"/> Presently employed (P.E) 10 <input type="checkbox"/> Discouraged (DCD) 98 <input type="checkbox"/> Other (O) 99 <input type="checkbox"/> Not stated (N.S.)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Not stated (N.S.) <i>first time</i>	0 <input type="checkbox"/> Statutory Board/Similar Bodies (S.B.) 1 <input type="checkbox"/> Government State Enterprise (G.S.E.) 2 <input type="checkbox"/> Central or Local Government (C/L.G.) 3 <input type="checkbox"/> Private Enterprise (P.E.) 4 <input type="checkbox"/> Unpaid Worker (U.W) 5 <input type="checkbox"/> Learner/Apprentice (L.A.) 6 <input type="checkbox"/> Own Account Worker (O.A.W.) (No paid help) 7 <input type="checkbox"/> Employer (E) 8 <input type="checkbox"/> Not applicable (N.A.) 9 <input type="checkbox"/> Not stated (N.S.) <i>Wks type</i>
40	41-42	43	44
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> A.S. 07 <input type="checkbox"/> A.P. 02 <input type="checkbox"/> H.K. 08 <input type="checkbox"/> K.N.V 03 <input type="checkbox"/> R. 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D. 10 <input type="checkbox"/> DCD 05 <input type="checkbox"/> T.I 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	0 <input type="checkbox"/> S.B 5 <input type="checkbox"/> L/A 1 <input type="checkbox"/> G.S.E 6 <input type="checkbox"/> O.A.W 2 <input type="checkbox"/> C/L.G 7 <input type="checkbox"/> E. 3 <input type="checkbox"/> P.E. 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> U.W. 9 <input type="checkbox"/> N.S.
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> A.S. 07 <input type="checkbox"/> A.P. 02 <input type="checkbox"/> H.K. 08 <input type="checkbox"/> K.N.V 03 <input type="checkbox"/> R. 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D. 10 <input type="checkbox"/> DCD 05 <input type="checkbox"/> T.I 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	0 <input type="checkbox"/> S.B 5 <input type="checkbox"/> L/A 1 <input type="checkbox"/> G.S.E 6 <input type="checkbox"/> O.A.W 2 <input type="checkbox"/> C/L.G 7 <input type="checkbox"/> E. 3 <input type="checkbox"/> P.E. 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> U.W. 9 <input type="checkbox"/> N.S.
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> A.S. 07 <input type="checkbox"/> A.P. 02 <input type="checkbox"/> H.K. 08 <input type="checkbox"/> K.N.V 03 <input type="checkbox"/> R. 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D. 10 <input type="checkbox"/> DCD 05 <input type="checkbox"/> T.I 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	0 <input type="checkbox"/> S.B 5 <input type="checkbox"/> L/A 1 <input type="checkbox"/> G.S.E 6 <input type="checkbox"/> O.A.W 2 <input type="checkbox"/> C/L.G 7 <input type="checkbox"/> E. 3 <input type="checkbox"/> P.E. 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> U.W. 9 <input type="checkbox"/> N.S.
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> A.S. 07 <input type="checkbox"/> A.P. 02 <input type="checkbox"/> H.K. 08 <input type="checkbox"/> K.N.V 03 <input type="checkbox"/> R. 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D. 10 <input type="checkbox"/> DCD 05 <input type="checkbox"/> T.I 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	0 <input type="checkbox"/> S.B 5 <input type="checkbox"/> L/A 1 <input type="checkbox"/> G.S.E 6 <input type="checkbox"/> O.A.W 2 <input type="checkbox"/> C/L.G 7 <input type="checkbox"/> E. 3 <input type="checkbox"/> P.E. 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> U.W. 9 <input type="checkbox"/> N.S.
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> A.S. 07 <input type="checkbox"/> A.P. 02 <input type="checkbox"/> H.K. 08 <input type="checkbox"/> K.N.V 03 <input type="checkbox"/> R. 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D. 10 <input type="checkbox"/> DCD 05 <input type="checkbox"/> T.I 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	0 <input type="checkbox"/> S.B 5 <input type="checkbox"/> L/A 1 <input type="checkbox"/> G.S.E 6 <input type="checkbox"/> O.A.W 2 <input type="checkbox"/> C/L.G 7 <input type="checkbox"/> E. 3 <input type="checkbox"/> P.E. 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> U.W. 9 <input type="checkbox"/> N.S.
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> A.S. 07 <input type="checkbox"/> A.P. 02 <input type="checkbox"/> H.K. 08 <input type="checkbox"/> K.N.V 03 <input type="checkbox"/> R. 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D. 10 <input type="checkbox"/> DCD 05 <input type="checkbox"/> T.I 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	0 <input type="checkbox"/> S.B 5 <input type="checkbox"/> L/A 1 <input type="checkbox"/> G.S.E 6 <input type="checkbox"/> O.A.W 2 <input type="checkbox"/> C/L.G 7 <input type="checkbox"/> E. 3 <input type="checkbox"/> P.E. 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> U.W. 9 <input type="checkbox"/> N.S.
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	01 <input type="checkbox"/> A.S. 07 <input type="checkbox"/> A.P. 02 <input type="checkbox"/> H.K. 08 <input type="checkbox"/> K.N.V 03 <input type="checkbox"/> R. 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D. 10 <input type="checkbox"/> DCD 05 <input type="checkbox"/> T.I 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	0 <input type="checkbox"/> S.B 5 <input type="checkbox"/> L/A 1 <input type="checkbox"/> G.S.E 6 <input type="checkbox"/> O.A.W 2 <input type="checkbox"/> C/L.G 7 <input type="checkbox"/> E. 3 <input type="checkbox"/> P.E. 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> U.W. 9 <input type="checkbox"/> N.S.

SECTION 4 EMPLOYMENT - 15 YEARS OLD AND OVER - Concluded

INDIVIDUAL NUMBER		SECTION 4 EMPLOYMENT - 15 YEARS OLD AND OVER - Concluded		PERSONS 15 YEARS OLD AND OVER WHO HAVE MORE THAN ONE JOB		
PAGE NUMBER	INDIVIDUAL NUMBER	66. What kind of work was (N) doing/ applied for? Interviewer: For persons who ever worked but did not have a job last week, please indicate occupation last held.	67. How many hours did (N) work last week? 00 <input type="checkbox"/> None 01 <input type="checkbox"/> Under 1 hr. 02 <input type="checkbox"/> 1- 8 hrs. 03 <input type="checkbox"/> 9-16 hrs. 04 <input type="checkbox"/> 17-24 hrs. 05 <input type="checkbox"/> 25-32 hrs. 06 <input type="checkbox"/> 33-40 hrs. 07 <input type="checkbox"/> 41-50 hrs. 08 <input type="checkbox"/> 51-60 hrs. 09 <input type="checkbox"/> 61-70 hrs. 10 <input type="checkbox"/> 71+ hrs. 99 <input type="checkbox"/> Not stated If 00-05 Go to Q.68 If 06-99 Skip to Q.69 <i>mw 1/2 hr</i> <i>m hrs wkly</i>	68. What is the reason for working less than 33 hours? 1 <input type="checkbox"/> No more work available (N.W.A.) 2 <input type="checkbox"/> New job (N.J.) 3 <input type="checkbox"/> Illness (ILL) 4 <input type="checkbox"/> Temporary laid off (T.L.) 5 <input type="checkbox"/> Own choice (O.C.) 6 <input type="checkbox"/> Vacation (V) 7 <input type="checkbox"/> Other (O) 8 <input type="checkbox"/> Not applicable (N.A.) 9 <input type="checkbox"/> Not stated (N.S.) <i>why 15 33</i>	69. What kind of work was (N) doing last week in his/her secondary job? <i>sw + k type</i>	70. How many hours did (N) work last week in his/her secondary job? 00 <input type="checkbox"/> None 01 <input type="checkbox"/> Under 1 hr. 02 <input type="checkbox"/> 1- 8 hrs. 03 <input type="checkbox"/> 9-16 hrs. 04 <input type="checkbox"/> 17-24 hrs. 05 <input type="checkbox"/> 25-32 hrs. 06 <input type="checkbox"/> 33-40 hrs. 07 <input type="checkbox"/> 41-50 hrs. 08 <input type="checkbox"/> 51-60 hrs. 09 <input type="checkbox"/> 61-70 hrs. 10 <input type="checkbox"/> 71+ hrs. 99 <input type="checkbox"/> Not stated <i>shrs wkly</i>
		25-26	27-28	29-32	33-34	35
08	01	(a) Occupation: (b) Job Title	00 <input type="checkbox"/> N 06 <input type="checkbox"/> 33-40 01 <input type="checkbox"/> <1 07 <input type="checkbox"/> 41-50 02 <input type="checkbox"/> 1- 8 08 <input type="checkbox"/> 51-60 03 <input type="checkbox"/> 9-16 09 <input type="checkbox"/> 61-70 04 <input type="checkbox"/> 17-24 10 <input type="checkbox"/> 71+ 05 <input type="checkbox"/> 25-32 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N.W.A. 6 <input type="checkbox"/> V 2 <input type="checkbox"/> N.J. 7 <input type="checkbox"/> O. 3 <input type="checkbox"/> ILL 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> T.L. 9 <input type="checkbox"/> N.S. 5 <input type="checkbox"/> O.C.	(a) Occupation: (b) Job Title	00 <input type="checkbox"/> N 06 <input type="checkbox"/> 33-40 01 <input type="checkbox"/> <1 07 <input type="checkbox"/> 41-50 02 <input type="checkbox"/> 1- 8 08 <input type="checkbox"/> 51-60 03 <input type="checkbox"/> 9-16 09 <input type="checkbox"/> 61-70 04 <input type="checkbox"/> 17-24 10 <input type="checkbox"/> 71+ 05 <input type="checkbox"/> 25-32 99 <input type="checkbox"/> N.S.
	02	(a) Occupation: (b) Job Title	00 <input type="checkbox"/> N 06 <input type="checkbox"/> 33-40 01 <input type="checkbox"/> <1 07 <input type="checkbox"/> 41-50 02 <input type="checkbox"/> 1- 8 08 <input type="checkbox"/> 51-60 03 <input type="checkbox"/> 9-16 09 <input type="checkbox"/> 61-70 04 <input type="checkbox"/> 17-24 10 <input type="checkbox"/> 71+ 05 <input type="checkbox"/> 25-32 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N.W.A. 6 <input type="checkbox"/> V 2 <input type="checkbox"/> N.J. 7 <input type="checkbox"/> O. 3 <input type="checkbox"/> ILL 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> T.L. 9 <input type="checkbox"/> N.S. 5 <input type="checkbox"/> O.C.	(a) Occupation: (b) Job Title	00 <input type="checkbox"/> N 06 <input type="checkbox"/> 33-40 01 <input type="checkbox"/> <1 07 <input type="checkbox"/> 41-50 02 <input type="checkbox"/> 1- 8 08 <input type="checkbox"/> 51-60 03 <input type="checkbox"/> 9-16 09 <input type="checkbox"/> 61-70 04 <input type="checkbox"/> 17-24 10 <input type="checkbox"/> 71+ 05 <input type="checkbox"/> 25-32 99 <input type="checkbox"/> N.S.
	03	(a) Occupation: (b) Job Title	00 <input type="checkbox"/> N 06 <input type="checkbox"/> 33-40 01 <input type="checkbox"/> <1 07 <input type="checkbox"/> 41-50 02 <input type="checkbox"/> 1- 8 08 <input type="checkbox"/> 51-60 03 <input type="checkbox"/> 9-16 09 <input type="checkbox"/> 61-70 04 <input type="checkbox"/> 17-24 10 <input type="checkbox"/> 71+ 05 <input type="checkbox"/> 25-32 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N.W.A. 6 <input type="checkbox"/> V 2 <input type="checkbox"/> N.J. 7 <input type="checkbox"/> O. 3 <input type="checkbox"/> ILL 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> T.L. 9 <input type="checkbox"/> N.S. 5 <input type="checkbox"/> O.C.	(a) Occupation: (b) Job Title	00 <input type="checkbox"/> N 06 <input type="checkbox"/> 33-40 01 <input type="checkbox"/> <1 07 <input type="checkbox"/> 41-50 02 <input type="checkbox"/> 1- 8 08 <input type="checkbox"/> 51-60 03 <input type="checkbox"/> 9-16 09 <input type="checkbox"/> 61-70 04 <input type="checkbox"/> 17-24 10 <input type="checkbox"/> 71+ 05 <input type="checkbox"/> 25-32 99 <input type="checkbox"/> N.S.
	04	(a) Occupation: (b) Job Title	00 <input type="checkbox"/> N 06 <input type="checkbox"/> 33-40 01 <input type="checkbox"/> <1 07 <input type="checkbox"/> 41-50 02 <input type="checkbox"/> 1- 8 08 <input type="checkbox"/> 51-60 03 <input type="checkbox"/> 9-16 09 <input type="checkbox"/> 61-70 04 <input type="checkbox"/> 17-24 10 <input type="checkbox"/> 71+ 05 <input type="checkbox"/> 25-32 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N.W.A. 6 <input type="checkbox"/> V 2 <input type="checkbox"/> N.J. 7 <input type="checkbox"/> O. 3 <input type="checkbox"/> ILL 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> T.L. 9 <input type="checkbox"/> N.S. 5 <input type="checkbox"/> O.C.	(a) Occupation: (b) Job Title	00 <input type="checkbox"/> N 06 <input type="checkbox"/> 33-40 01 <input type="checkbox"/> <1 07 <input type="checkbox"/> 41-50 02 <input type="checkbox"/> 1- 8 08 <input type="checkbox"/> 51-60 03 <input type="checkbox"/> 9-16 09 <input type="checkbox"/> 61-70 04 <input type="checkbox"/> 17-24 10 <input type="checkbox"/> 71+ 05 <input type="checkbox"/> 25-32 99 <input type="checkbox"/> N.S.
	05	(a) Occupation: (b) Job Title	00 <input type="checkbox"/> N 06 <input type="checkbox"/> 33-40 01 <input type="checkbox"/> <1 07 <input type="checkbox"/> 41-50 02 <input type="checkbox"/> 1- 8 08 <input type="checkbox"/> 51-60 03 <input type="checkbox"/> 9-16 09 <input type="checkbox"/> 61-70 04 <input type="checkbox"/> 17-24 10 <input type="checkbox"/> 71+ 05 <input type="checkbox"/> 25-32 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N.W.A. 6 <input type="checkbox"/> V 2 <input type="checkbox"/> N.J. 7 <input type="checkbox"/> O. 3 <input type="checkbox"/> ILL 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> T.L. 9 <input type="checkbox"/> N.S. 5 <input type="checkbox"/> O.C.	(a) Occupation: (b) Job Title	00 <input type="checkbox"/> N 06 <input type="checkbox"/> 33-40 01 <input type="checkbox"/> <1 07 <input type="checkbox"/> 41-50 02 <input type="checkbox"/> 1- 8 08 <input type="checkbox"/> 51-60 03 <input type="checkbox"/> 9-16 09 <input type="checkbox"/> 61-70 04 <input type="checkbox"/> 17-24 10 <input type="checkbox"/> 71+ 05 <input type="checkbox"/> 25-32 99 <input type="checkbox"/> N.S.
	06	(a) Occupation: (b) Job Title	00 <input type="checkbox"/> N 06 <input type="checkbox"/> 33-40 01 <input type="checkbox"/> <1 07 <input type="checkbox"/> 41-50 02 <input type="checkbox"/> 1- 8 08 <input type="checkbox"/> 51-60 03 <input type="checkbox"/> 9-16 09 <input type="checkbox"/> 61-70 04 <input type="checkbox"/> 17-24 10 <input type="checkbox"/> 71+ 05 <input type="checkbox"/> 25-32 99 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> N.W.A. 5 <input type="checkbox"/> V 2 <input type="checkbox"/> N.J. 7 <input type="checkbox"/> O. 3 <input type="checkbox"/> ILL 8 <input type="checkbox"/> N.A. 4 <input type="checkbox"/> T.L. 9 <input type="checkbox"/> N.S. 5 <input type="checkbox"/> O.C.	(a) Occupation: (b) Job Title	00 <input type="checkbox"/> N 06 <input type="checkbox"/> 33-40 01 <input type="checkbox"/> <1 07 <input type="checkbox"/> 41-50 02 <input type="checkbox"/> 1- 8 08 <input type="checkbox"/> 51-60 03 <input type="checkbox"/> 9-16 09 <input type="checkbox"/> 61-70 04 <input type="checkbox"/> 17-24 10 <input type="checkbox"/> 71+ 05 <input type="checkbox"/> 25-32 99 <input type="checkbox"/> N.S.

PERSONS 15 YEARS + WHO ARE WORKING

71. What is (N) gross monthly income (nearest dollar?)

INTERVIEWER

(a) For own account workers and Employers Income - Income less business expenses.

(b) Enter Income e.g. \$500

00500

42-56

1. Main Job

2. Secondary Job

3. Other Jobs

1. Main Job

2. Secondary Job

3. Other Jobs

1. Main Job

2. Secondary Job

3. Other Jobs

1. Main Job

2. Secondary Job

3. Other Jobs

1. Main Job

2. Secondary Job

3. Other Jobs

1. Main Job

2. Secondary Job

3. Other Jobs

SECTION 5. INCOME
(Relates to cash and non-cash income)

PERSONS 15 YEARS + WHO ARE WORKING	PUBLIC ASSISTANCE AND OTHER WELFARE PROGRAMMES Does (N) receive any of the following forms of Government Assistance?			
<p>71. What is (N) gross monthly income (nearest dollar?)</p> <p>INTERVIEWER</p> <p>(a) For own account workers and Employers Income - Income less business expenses.</p> <p>(b) Enter Income e.g. \$500</p> <p align="center">00500</p> <p><i>My income</i> <i>2 income</i> <i>0 income</i></p>	<p>72. Did (N) ever apply for any of the following forms of Government Assistance</p> <p>(a) Old Age Pension</p> <p>(b) Public Assistance</p> <p>(c) Food Basket/ meals under ECHO</p> <p>(d) Other</p> <p>1 <input type="checkbox"/> Yes → Skip to Q.74(a)</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> Not stated (N.S.)</p>	<p>73. Why didn't (N) apply?</p> <p>1 <input type="checkbox"/> Do not consider myself eligible (DCE)</p> <p>2 <input type="checkbox"/> Do not want stigma (DMS)</p> <p>3 <input type="checkbox"/> Too much trouble (TMT)</p> <p>4 <input type="checkbox"/> Ignorance Don't know how to get (I/D.K.)</p> <p>5 <input type="checkbox"/> Other (O) (Next section)</p> <p>9 <input type="checkbox"/> Not stated (N.S.)</p>	<p>74. (a) Did (N) receive any of these benefits?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No → Go to Q.75</p> <p>(b) How often (NB for food baskets/Meals) under ECHO?</p> <p>1 <input type="checkbox"/> Daily (D)</p> <p>2 <input type="checkbox"/> Weekly (W)</p> <p>3 <input type="checkbox"/> Monthly (M)</p> <p>4 <input type="checkbox"/> Occasionally (O)</p>	<p>75. Why didn't (N) receive?</p> <p>1 <input type="checkbox"/> Currently being processed (CBP)</p> <p>2 <input type="checkbox"/> Did not qualify (DNQ)</p> <p>3 <input type="checkbox"/> Don't know (D.K.)</p>
42-56	57	58	59-60	61
<p>1. Main Job</p> <p>2. Secondary Job</p> <p>3. Other Jobs</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> DCE 4 <input type="checkbox"/> I/DK</p> <p>2 <input type="checkbox"/> DMS 5 <input type="checkbox"/> O</p> <p>3 <input type="checkbox"/> TMT 9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> D 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> W 4 <input type="checkbox"/> O</p>	<p>1 <input type="checkbox"/> (CBP)</p> <p>2 <input type="checkbox"/> (DNQ)</p> <p>3 <input type="checkbox"/> (D.K.)</p>
<p>1. Main Job</p> <p>2. Secondary Job</p> <p>3. Other Jobs</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> DCE 4 <input type="checkbox"/> I/DK</p> <p>2 <input type="checkbox"/> DMS 5 <input type="checkbox"/> O</p> <p>3 <input type="checkbox"/> TMT 9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> D 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> W 4 <input type="checkbox"/> O</p>	<p>1 <input type="checkbox"/> (CBP)</p> <p>2 <input type="checkbox"/> (DNQ)</p> <p>3 <input type="checkbox"/> (D.K.)</p>
<p>1. Main Job</p> <p>2. Secondary Job</p> <p>3. Other Jobs</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> DCE 4 <input type="checkbox"/> I/DK</p> <p>2 <input type="checkbox"/> DMS 5 <input type="checkbox"/> O</p> <p>3 <input type="checkbox"/> TMT 9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> D 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> W 4 <input type="checkbox"/> O</p>	<p>1 <input type="checkbox"/> (CBP)</p> <p>2 <input type="checkbox"/> (DNQ)</p> <p>3 <input type="checkbox"/> (D.K.)</p>
<p>1. Main Job</p> <p>2. Secondary Job</p> <p>3. Other Jobs</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> DCE 4 <input type="checkbox"/> I/DK</p> <p>2 <input type="checkbox"/> DMS 5 <input type="checkbox"/> O</p> <p>3 <input type="checkbox"/> TMT 9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> D 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> W 4 <input type="checkbox"/> O</p>	<p>1 <input type="checkbox"/> (CBP)</p> <p>2 <input type="checkbox"/> (DNQ)</p> <p>3 <input type="checkbox"/> (D.K.)</p>
<p>1. Main Job</p> <p>2. Secondary Job</p> <p>3. Other Jobs</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> DCE 4 <input type="checkbox"/> I/DK</p> <p>2 <input type="checkbox"/> DMS 5 <input type="checkbox"/> O</p> <p>3 <input type="checkbox"/> TMT 9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> D 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> W 4 <input type="checkbox"/> O</p>	<p>1 <input type="checkbox"/> (CBP)</p> <p>2 <input type="checkbox"/> (DNQ)</p> <p>3 <input type="checkbox"/> (D.K.)</p>
<p>1. Main Job</p> <p>2. Secondary Job</p> <p>3. Other Jobs</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> DCE 4 <input type="checkbox"/> I/DK</p> <p>2 <input type="checkbox"/> DMS 5 <input type="checkbox"/> O</p> <p>3 <input type="checkbox"/> TMT 9 <input type="checkbox"/> N.S.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> D 3 <input type="checkbox"/> M</p> <p>2 <input type="checkbox"/> W 4 <input type="checkbox"/> O</p>	<p>1 <input type="checkbox"/> (CBP)</p> <p>2 <input type="checkbox"/> (DNQ)</p> <p>3 <input type="checkbox"/> (D.K.)</p>

SECTION 6. EXPENDITURE AND MISC. INCOME (to be answered by Head of Household or informed adult)

PART I - ANNUAL EXPENDITURE

29-31	32			33-37			
	76(a) Have you spent on any during the last twelve months <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	Yes	No	76(b) How much did you spend? Amount ST T.			
101	Life Insurance	1[]	2[]				
102	Fire Insurance	1[]	2[]				
103	Automobile Insurance	1[]	2[]				
104	Repayment of Loans	1[]	2[]				
105	Legal Services	1[]	2[]				
106	Income Tax	1[]	2[]				
107	Other Taxes (excluding VAT)	1[]	2[]				
108	Credit Union Shares	1[]	2[]				
109	Other Financial	1[]	2[]				
Other Annual Expenses							
201	Transport-Own Vehicles (Cars, bikes, etc.)	1[]	2[]				
202	Furniture and Furnishings	1[]	2[]				
203	Repairs to house	1[]	2[]				
204	Household Appliances and Equipment	1[]	2[]				
205	Other Household Supplies	1[]	2[]				
206	School Books	1[]	2[]				
207	School Uniforms	1[]	2[]				
208	Vacation	1[]	2[]				
209	All Other Annual	1[]	2[]				

PART 2. QUARTERLY EXPENDITURE

	77(a) Have you spent on any during the last three months?	Yes	No	77(b) How much did you spend?			
301	Adult Shoes	1[]	2[]				
302	Adult Clothing	1[]	2[]				
303	Children Shoes	1[]	2[]				
304	Children Clothing	1[]	2[]				
305	Medical Expenses	1[]	2[]				
306	Vehicle Repairs, Tyres and Other Vehicle Expenses	1[]	2[]				
307	Kitchen Utensils and Cutlery	1[]	2[]				
308	School Fees	1[]	2[]				
309	Domestic Help	1[]	2[]				
310	All Other Quarterly	1[]	2[]				

78. Miscellaneous Income
Does this household receive any of the following?

(If any state amount received in the last month)

c.c.

1. Support for children from parents who live elsewhere

1 ☐ Yes 2 ☐ No

ST.T.

--	--	--	--	--

38-42

2. Other relatives and friends in Trinidad and Tobago

1 ☐ Yes 2 ☐ No

ST.T.

--	--	--	--	--

43-47

3. Other relatives and friends living abroad

1 ☐ Yes 2 ☐ No

ST.T.

--	--	--	--	--

48-52

4. Interest from loans made by household members or from money deposited in a bank

1 ☐ Yes 2 ☐ No

ST.T.

--	--	--	--	--

53-57

79. Type of Dwelling
How would you describe it?

- 01 ☐ Separate
02 ☐ Flat/apartment
03 ☐ Town house
04 ☐ Other

80. MATERIALS OF CONSTRUCTION

- 1 ☐ Brick (unplastered)
5 ☐ Wood

81. TOILET FACILITIES

(a) What type?

- 1 ☐
2 ☐

(b) Are there any other facilities?

- 1 ☐

82. Is this kitchen fitted with a refrigerator?

- 1 ☐ Excluded

83. NUMBER OF BED ROOMS

How many bedrooms occupied by sleeping quarters?

- 0 ☐

84. NUMBER OF ROOMS

How many rooms?

- 1 ☐ 2 ☐

INTERVIEWER:

A dwelling unit of the owner's living

85. TENANCY

(a) What type?

- 1 ☐ O.
5 ☐ R.

(b) Land on which the dwelling is situated?

- 1 ☐ O.
5 ☐ R.

86. RENTED DWELLING

How much do you pay for rent?

87 (a) OWNER OCCUPANCY

Do you make any repairs?

- 1 ☐

87 (b) How much do you pay for rent?

87 (c) How much do you pay for the rent?

175=

147, 149, 171

SECTION 7. HOUSING AND RELATED - HEAD OF HOUSEHOLD ONLY		C.C.
CHARACTERISTICS OF DWELLING UNIT		
PAGE NUMBER	<p>79. Type of Dwelling Unit 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</p> <p>02 <input type="checkbox"/> Flat/apartment 06 <input type="checkbox"/> Barrack 10 <input type="checkbox"/> Other</p> <p>03 <input type="checkbox"/> Town house/WAFDA 07 <input type="checkbox"/> Out-room 11 <input type="checkbox"/> No fixed abode</p> <p>04 <input type="checkbox"/> Double house/duplex 08 <input type="checkbox"/> Other private dwelling 99 <input type="checkbox"/> Not stated</p>	29-30
	<p>80. MATERIALS 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"/> None</p> <p>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
25-26	<p>81. 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</p> <p>2 <input type="checkbox"/> WC linked to sewer 4 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not stated</p> <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>	32
	<p>82. Is this kitchen used by your household only or do other households use the same facilities?</p> <p>1 <input type="checkbox"/> Exclusive 2 <input type="checkbox"/> Shared 3 <input type="checkbox"/> None</p>	33
	<p>83. NUMBER OF BEDROOMS</p> <p>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>	34
	<p>84. 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>	35
	<p>INTERVIEWER:</p> <p>A dwelling unit must have a separate entrance and not be accessed or entered through some one else's living arrangements.</p> <p>85. 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</p> <p>5 <input type="checkbox"/> Rent Free 6 <input type="checkbox"/> Squatted 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not stated</p> <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</p> <p>5 <input type="checkbox"/> Rent free 6 <input type="checkbox"/> Squatted 7 <input type="checkbox"/> Other 9 <input type="checkbox"/> Not stated</p>	36
	<p>86. RENTED DWELLING UNITS</p> <p>How much does your household pay in rent for this dwelling per month? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ST.T</p> <p>Skip to Q. 90</p>	37
	<p>87 (a) OWNER OCCUPIED DWELLING UNITS</p> <p>Do you make mortgage payments for this dwelling?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>Skip to Q. 88</p>	38
	<p>87 (b) How much is your monthly mortgage payment? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ST.T</p>	39-42
	<p>87 (c) How much would you be willing to accept per month, for the rental of your unfurnished home? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ST.T</p>	43

SECTION 7. HOUSING AND RELATED - HEAD OF HOUSEHOLD ONLY		c.c
PAGE NUMBER	88. Do you pay taxes for this dwelling? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Skip to Q.90	29
	89. How much taxes do you pay for this dwelling? [] [] [] [] ST.T.	30-33
	90. WATER SUPPLY What is your water supply? 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	34
	91. How often do you obtain water? 1 <input type="checkbox"/> Daily 3 <input type="checkbox"/> Twice weekly 2 <input type="checkbox"/> More than three (3) times weekly 4 <input type="checkbox"/> Less than twice weekly	35
	92. Do you at present have the facilities to store the water you would need for 5 days? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	36
	93. Do you receive water bills? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Skip to Q.96	37
	94. How much was the last water bill for your household (excluding arrears)? [] [] [] [] ST.T.	38-41
	95. What period of time was covered by this bill? 1 <input type="checkbox"/> Quarter 2 <input type="checkbox"/> Year	42
	96. How far from the dwelling is water supply source, if not piped into yard? [] [] Miles	43-44
	97. What is the source of lighting for this dwelling? 1 <input type="checkbox"/> Electricity 3 <input type="checkbox"/> Other 2 <input type="checkbox"/> Kerosene 4 <input type="checkbox"/> None	45
98. How much was the last electricity bill (excluding arrears)? [] [] [] ST.T.	46-48	
99. How many days of consumption did this bill cover? [] [] Days	49-50	
100. Does this dwelling have a working telephone? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	51	
25-26	101. DURABLE GOODS Does your household have any of the following items? Cars, other vehicles 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S. Sewing machine 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S. Motorbikes 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. Refrigerators/Freezers 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. Lawn mower 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. Bicycles 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S. Radio/Cassette Players 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S. Fans 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S. Air Conditioners 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S. Chairs 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	52-69

SEC

TO BE ANSWERED BY HEAD OF HOUSEHOLD OR INFORMED ADULT

FOOD EXPENDITURE											
		32			33-36			37-40			
29-31	102	HAVE YOU PURCHASED ANY....IN THE LAST WEEK/MONTH?			103	HOW MUCH DID YOU SPEND ON.... DURING THE LAST SEVEN DAYS?			104	HOW MUCH DID YOU SPEND ON.... DURING THE LAST FOUR WEEKS?	
		<div>1 YES</div> <div>2 NO SKIP TO Q. 105</div> <div>9 NOT REPORTED SKIP TO Q. 105</div>									
		1-YES	2-NO	9-NR		AMOUNT (\$)				AMOUNT (\$)	
	029	Other Syrups & Sweeteners (Honey etc)									
	030	Sweets, Mints Candies and Chocolate									
	031	Spices and Herbs (curry yeast ginger)									
	032	Fresh Seasonings (celery chive...									
	033	Edible Oils (Corn, Soya Coconut etc)									
	034	Butter, Ghee Margarine etc.									
	035	Dried Peas and Beans									
	036	Relishes (Mayonnaise Ketchup etc)									
	037	Canned and Prepared Foods									
	038	Snacks (Corn curls, Chips Popcorn etc)									
	039	Nuts (Peanut Cashew nuts, Imported...)									
	040	Meals Out (Pizza, Roti Chinese etc)									
	041	Dried Packaged Foods (Macaroni...)									
	042	Other Foods									

TO BE ANSWERED BY

[illegible]

TO BE ANSWERED BY HEAD OF HOUSEHOLD OR INFORMED ADULT

[illegible]

TO BE ANSWERED BY HEAD OF HOUSEHOLD OR INFORMED ADULT										
		FOOD EXPENDITURE								
		32			33-36			37-40		
27-28	29-31	102 HAVE YOU PURCHASED ANY...IN THE LAST WEEK/MONTH?			103 HOW MUCH DID YOU SPEND ON.... DURING THE LAST SEVEN DAYS?			104 HOW MUCH DID YOU SPEND ON.... DURING THE LAST FOUR WEEKS?		
		<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO SKIP TO Q. 105 <input type="checkbox"/> 9 NOT REPORTED SKIP TO Q. 105								
		1-YES	2-NO	9-NR	AMOUNT (\$)			AMOUNT (\$)		
	015	Rice	1[]	2[]	9[]					
	016	Other Cereal (Oats, Sego etc.)	1[]	2[]	9[]					
	017	Dried Pack-aged Cereals	1[]	2[]	9[]					
	018	Cornmeal & Flour etc.	1[]	2[]	9[]					
	019	Bread	1[]	2[]	9[]					
	020	Other baked products (Pastries...)	1[]	2[]	9[]					
	021	Potatoes (White Irish)	1[]	2[]	9[]					
	022	Ground Provisions	1[]	2[]	9[]					
	023	Starchy Fruits (e.g. Breadfruit)	1[]	2[]	9[]					
	024	Vegetables (Tomatoes Carrots etc)	1[]	2[]	9[]					
	025	Fresh Fruits	1[]	2[]	9[]					
	026	Alcoholic Beverages & Tobacco	1[]	2[]	9[]					
	027	Non-Alcoholic Beverages /Fruit Drink	1[]	2[]	9[]					
	028	Sugar	1[]	2[]	9[]					

[illegible]

SECTION 8 FOOD EXPENDITURE

		FOOD GIFT	
27-28	29-31	105 DURING WEEKS ANY OF THESE MONTHS GIFT?	
		1. YES	
		2. NO	
		9. NR	
		1 YES	
		1[]	2
		1[]	3
		1[]	4
		1[]	5
		1[]	6
		1[]	7
		1[]	8
		1[]	9
		1[]	10
		1[]	11
		1[]	12
		1[]	13
		1[]	14
		1[]	15
		1[]	16
		1[]	17
		1[]	18
		1[]	19
		1[]	20
		1[]	21
		1[]	22
		1[]	23
		1[]	24
		1[]	25
		1[]	26
		1[]	27
		1[]	28
		1[]	29
		1[]	30
		1[]	31

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	

Sample 02/18/20



CONFIDENTIAL

FORM S.L.C. 8/92

REPUBLIC OF TRINIDAD AND TOBAGO
CENTRAL STATISTICAL OFFICE
SURVEY OF LIVING CONDITIONS
MAY - JUNE, 1992

Questionnaire type			County/Ward		E.D. number					Household number			Schedule number		Period	Qtr.	Year			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19		
S	L	1																		

Name of respondent:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Address of household:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Town/Village:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County/Ward:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone:

--	--	--	--	--	--	--	--

Household size: c.c. 20-21

--	--

Result code: c.c. 22 1 ☐ Completed 3 ☐ No contact 5 ☐ Demolished 7 ☐ Refused
2 ☐ Partially completed 4 ☐ Closed 6 ☐ Vacant 8 ☐ Other (specify)

Sub-sample: c.c. 23

--

Enumerator's No.: c.c. 24

--

Enumerator's Name: Date:

Supervisor: Date:

Editor: Date:

Coder: Date:

Anthropometrist: Date:

SECTION 2. HEALTH - (ANTHROPOMETRICS)

INDIVIDUAL NUMBER		1. NAME OF CHILDREN	FOR CHILDREN UNDER 5 YEARS OLD		
			24. Was (M) measured/ weighed?	25(a). Date of measurement? (D.O.M.)	26. What was (M) weight/ length?
		<p>Interviewer:</p> <p>Write the names of all children under 5 years old, ensuring that they all correspond with the individual numbers from page one.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No → Skip to Q.27</p> <p>3 <input type="checkbox"/> Don't know (D.K.)</p>	<p>25(a). Date of measurement? (D.O.M.)</p> <p>Day/ Month/ Year</p> <p>25(b). Date of Birth (D.O.B.)</p> <p>Day/ Month/ Year</p>	<p>Weight (kgs)</p> <p>length (cm)</p>
25-26	27-28		29	30-35	36-43
03	01	<p>Surname</p> <p>First name</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> D.K.</p>	<p>(a) D.O.M.</p> <p>Day/ Month/Year</p> <p>(b) D.O.B.</p> <p>Day/ Month/ Year</p>	<p>kgs</p> <p>cm</p>
03	02	<p>Surname</p> <p>First name</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> D.K.</p>	<p>(a) D.O.M.</p> <p>Day/ Month/Year</p> <p>(b) D.O.B.</p> <p>Day/ Month/ Year</p>	<p>kgs</p> <p>cm</p>
03	03	<p>Surname</p> <p>First name</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> D.K.</p>	<p>(a) D.O.M.</p> <p>Day/ Month/Year</p> <p>(b) D.O.B.</p> <p>Day/ Month/ Year</p>	<p>kgs</p> <p>cm</p>
03	04	<p>Surname</p> <p>First name</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> D.K.</p>	<p>(a) D.O.M.</p> <p>Day/ Month/Year</p> <p>(b) D.O.B.</p> <p>Day/ Month/ Year</p>	<p>kgs</p> <p>cm</p>
03	05	<p>Surname</p> <p>First name</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> D.K.</p>	<p>(a) D.O.M.</p> <p>Day/ Month/Year</p> <p>(b) D.O.B.</p> <p>Day/ Month/ Year</p>	<p>kgs</p> <p>cm</p>
03	06	<p>Surname</p> <p>First name</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> D.K.</p>	<p>(a) D.O.M.</p> <p>Day/ Month/Year</p> <p>(b) D.O.B.</p> <p>Day/ Month/ Year</p>	<p>kgs</p> <p>cm</p>

TO BE ANSWERED BY HEAD OF HOUSEHOLD OR INFORMED ADULT									
27-28	29-31	32		33 - 36		37		38 - 41	
		108 HAVE YOU PURCHASED OR SPENT ON ANY... DURING THE LAST FOUR WEEKS? 1 YES 2 NO 9 NOT STATED		109 HOW MUCH DID YOU SPEND ON... DURING THE LAST FOUR WEEKS? AMOUNT (\$)		110 DURING THE LAST FOUR WEEKS DID THIS HOUSEHOLD RECEIVE ANY... AS A GIFT? 1 YES 2 NO		111 HOW MUCH WOULD IT COST TO BUY THE ITEMS RECEIVED AS GIFT DURING THE LAST FOUR WEEKS? AMOUNT (\$)	
	043	LAUNDRY SUPPLIES (BLEACH, SOAP, STARCH...).	1[] 2[] 9[]	[] [] [] []		1[]	2[]	[] [] [] []	
	044	TOILETRIES AND PERSONAL CARE ITEMS	1[] 2[] 9[]	[] [] [] []		1[]	2[]	[] [] [] []	
	045	COOKING GAS AND RELATED ITEMS.	1[] 2[] 9[]	[] [] [] []		1[]	2[]	[] [] [] []	
	046	KITCHEN SUPPLIES (MATCHES, GARBAGE BAGS, NAPKINS...)	1[] 2[] 9[]	[] [] [] []		1[]	2[]	[] [] [] []	
	047	READING MATERIAL (MAGAZINES, NEWSPAPERS, NOVELS....).	1[] 2[] 9[]	[] [] [] []		1[]	2[]	[] [] [] []	
	048	GASOLINE, MOTOR OIL ETC.	1[] 2[] 9[]	[] [] [] []		1[]	2[]	[] [] [] []	
	049	RECREATION (CONCERTS, CINEMA PARTIES & OTHER ENTERTAINMENT).	1[] 2[] 9[]	[] [] [] []		1[]	2[]	[] [] [] []	
	050	SPORTING ACTIVITY CLUB MEMBERSHIP ETC.	1[] 2[] 9[]	[] [] [] []		1[]	2[]	[] [] [] []	
	051	TELEPHONE, TELEGRAM, CABLE AND STAMPS.	1[] 2[] 9[]	[] [] [] []		1[]	2[]	[] [] [] []	
	052	MEALS OUTSIDE THE HOME	1[] 2[] 9[]	[] [] [] []		1[]	2[]	[] [] [] []	
	053	HIRED TRANSPORT	1[] 2[] 9[]	[] [] [] []		1[]	2[]	[] [] [] []	
	054	OTHER	1[] 2[] 9[]	[] [] [] []		1[]	2[]	[] [] [] []	

P A G E N U M B E R		I N D I V I D U A L N U M B E R	INTERVIEWER
25-26	27-28		Interviewer: Write name of all children 5 years old ensuring that all correspond with the numbers in column 1.
03	01	 Surn First
03	02	 Surn First
03	03	 Surn First
03	04	 Surn First
03	05	 Sur First
03	06	 Sur First

Record Length: 120
Not Reported: 9's
Not Applicable: Blank

T+T
92

The following records have been defined:

Record Name	Short Name	Record Type Value (RECTYPE)
REC00-RECORD	REC00	00
REC01-RECORD	REC01	01
REC02-RECORD	REC02	02
REC03-RECORD	REC03	03
REC04-RECORD	REC04	04
REC05-RECORD	REC05	05
REC06-RECORD	REC06	06
REC07-RECORD	REC07	07
REC08-RECORD	REC08	08
REC09-RECORD	REC09	09
REC10-RECORD	REC10	10
REC11-RECORD	REC11	11
REC12-RECORD	REC12	12
REC13-RECORD	REC13	13
REC14-RECORD	REC14	14

The following COMMON items have been defined. They occur on all records.

Item (occurs)	Data	Item	Value Name	Values
Subitem (occurs)	Type	Position	Len.	
QUES-TYPE	A	1-3	3	LS1
CNTY-WARD <i>CNTYWARD</i>	N	4-5	2	10 20 30 31:36 41:45 51:55 61:65 71:74 81:86 91:98
ED-NUMBER <i>EDNUM</i>	N	6-10	5	00010:00299
HHOLD-NUMBER <i>HHNUM</i>	N	11-13	3	001:999
RECTYPE/ <i>RECTYPE</i>	N	14-15	2	REC00-RECORD 00 REC01-RECORD 01 REC02-RECORD 02 REC03-RECORD 03

The following COMMON items have been defined. They occur on all records.

Item (occurs)	Data	Item			
Subitem (occurs)	Type	Position	Len.	Value Name	Values
				REC04-RECORD	04
				REC05-RECORD	05
				REC06-RECORD	06
				REC07-RECORD	07
				REC08-RECORD	08
				REC09-RECORD	09
				REC10-RECORD	10
				REC11-RECORD	11
				REC12-RECORD	12
				REC13-RECORD	13
				REC14-RECORD	14
BATCH-NUMBER	BATCHING	N	78-80	3	000:200

Record Name: REC00-RECORD

Record Type: 00

Item (occurs)	Data	Item			
Subitem (occurs)	Type	Position	Len.	Value Name	Values
IND00 <i>IND00</i>	N	<u>16-17</u>	2		00
SCHEDULE-NUMBER <i>SCHEDNU</i>	N	18-19	2		00:99
PERIOD <i>PERIOD</i>	N	20	1		1:9
QUARTER <i>QUARTER</i>	N	21	1		1:4
YEAR <i>YEAR</i>	N	22-23	2		92
H SIZE <i>H SIZE</i>	N	24-25	2		01:40
RESULT-CODE <i>RESULT</i>	N	26	1		1:8
SUBSAMPLE <i>SUBSAMPLE</i>	N	27	1		1:9
ENUMERATOR-NO <i>ENUMER</i>	N	28	1		1:9

Record Name: REC00-RECORD

Record Type: 00

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
IND00	N	16-17	2		00
SCHEDULE-NUMBER	N	18-19	2		00:99
PERIOD	N	20	1		1:9
QUARTER	N	21	1		1:4
YEAR	N	22-23	2		92
HSIZE	N	24-25	2		01:40
RESULT-CODE	N	26	1		1:8
SUBSAMPLE	N	27	1		1:9
ENUMERATOR-NO	N	28	1		1:9

Record Name: REC01-RECORD

Record Type: 01

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
IND01	N	16-17	2		01:35
P02-RELATIONSHIP	N	18	1	HEAD	1
				SPOUSE	2
				CHILD	3
				PARENT	4
				OTHER-RELATIVE	5
				NON-RELATIVE	6
				DOMESTIC-EMPLOYEE	7
				NR	9
P03-SEX	N	19	1	MALE	1
			2	FEMALE	2
P04-AGE	N	20-21	2		00:98
				NR	99
P05-ETHNIC-GROUP	N	22	1	AFRICAN	1
				INDIAN	2
				CHINESE	3
				SYRIAN-LEBANESE	4
				WHITE-CAUCASION	5
				MIXED	6
				OTHER-GROUP	7
				NR	9
P06-ILLNESS	N	23	1	YES	1
				NO	2
				NR	9
P07-WHEN-BEGIN	N	24	1	WITHIN	1
				BEFORE	2
				NR	9
				NA	/
P08-NO-DAYS	N	25-26	2		00:28
				NR	99
				NA	//
P09-VISIT	N	27	1	YES	1
				NO	2
				NR	9
				NA	/

Note: / represents a blank character.

18
6320
02
6320

Record Name: REC01-RECORD

Record Type: 01

Item (occurs)	Data	Item	Value Name	Values
Subitem (occurs)	Type	Position	Len.	
P10-WHERE-VISIT	WH VISIT N	28	1	PUBLIC-HOSPITAL 1
				HEALTH-CENTRE 2
				PHARMACY 3
				PRIVATE-HOSPITAL 4
				DOCTOR-OFFICE 5
				OTHER 6
				NR 9
				NA /
P11-WHO-ATTENDED	WHO ATTEN N	29	1	NURSE 1
				PHARMACIST 2
				HEALER 3
				DOCTOR 4
				MIDWIFE 5
				OTHER 6
				NR 9
				NA /

Note: / represents a blank character.

Record Name: REC02-RECORD

Record Type: 02

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
IND02	N	16-17	2		01:35
P12-HOW-FAR Dist Distances	N	18-20	3	NR NA	000:998 999 ///
P13-TIME-TAKEN Time taken	N	21-23	3	NR NA	001:998 999 ///
P14-PAY-TRANSPOR Pay trans	N	24	1	YES NO NR NA	1 2 9 /
P15-TRAVEL-COST Travel cost	N	25-29	5	NR NA	00000:99998 99999 /////
P16-OVER-NIGHT Stayover	N	30	1	YES NO NR NA	1 2 9 /
P17-REQ-MEDICATI any medic	N	31	1	YES NO NR NA	1 2 9 /
P18-OBT-MEDICATI obt medic	N	32	1	YES NO NR NA	1 2 9 /
P19-WHY-NOT-REC Why not ob	N	33	1	PUBLIC-HEALTH-NA PRIVATE-NA NOT-AFFORD WITHOUT-MEDICATE OTHER NR NA	1 2 3 4 5 9 /
P20-MEDICAL-COST medic cost	A	34-38	5	NR	0 :99998 99999
-TOTAL-COST total cost	N	39-43	5	NR	00001:99998 99999

Note: / represents a blank character.

Record Name: REC02-RECORD

Record Type: 02

Item (occurs)	Data		Item		
Subitem (occurs)	Type	Position	Len.	Value Name	Values
				NA	/////
P22-COST-COVERED	N	44	1	YES	1
<i>no cost</i>				NO	2
				NR	9
P23-GET-VACCINE	N	45	1	YES	1
<i>Measure</i>				NO	2
				DONT-KNOW	3
				NR	9
				NA	/

Note: / represents a blank character.

Record Name: REC03-RECORD

Record Type: 03

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
IND03	N	16-17	2		
P24-MEASURED <i>measured</i>	N	18	1	YES NO DONT-KNOW NR NA	1 2 3 9 /
P25A-DATE-MEASUR <i>measured date</i>	N	19-24	6	NR NA	000001:000098 000099 ////////
P25B-BIRTH-DATE <i>Birth Date</i>	N	25-30	6	NR NA	000000:000998 000999 ////////
P26A-LENGTH <i>length</i>	N	31-34	4	NA	0055:0305 ////
P26B-WEIGHT <i>weight</i>	N	35-38	4	NR NA	0605:1187 9999 ////
P27-REGISTER <i>both neg</i>	N	39	1	YES NO NR NA	1 2 9 /
P28-DIARRHOEA <i>no diarrhoea any dia.</i>	N	40	1	YES NO NR NA	1 2 9 /
P29-INNOCULATION <i>Any shots</i>	A	41-49	9		
P291-YELLOW-FEVE <i>yellow fever</i>	N	41 42	1	YES-YELLOW-FEVER NA	1 /
P292-MEASLES <i>measles</i>	N	42 43	1	YES-MEASLES NA	2 /
P293-MUMPS <i>mumps</i>	N	43 44	1	YES-MUMPS NA	3 /
P294-RUBELLA <i>rubella</i>	N	44 45	1	YES-RUBELLA NA	4 /

Note: / represents a blank character.

Record Name: REC03-RECORD

Record Type: 03

Item (occurs)	Data Type	Position	Item Len.	Value Name	Values
P295-POLIO-1 Dpt 1	N	45 46	1	YES-POLIO-1ST NR NA	5 9 /
P296-POLIO-2 Dpt 2	N	46 47	1	YES-POLIO-2ND NR NA	6 9 /
P297-POLIO-3 Dpt 3	N	47 48	1	YES-POLIO-3RD NR NA	7 9 /
P298-POLIO-BOOST Dpt b	N	48 49	1	YES-POLIO-BOOSTE NR NA	8 9 /
P299-NOT-STATED Not statd	N	49 50	1	NR	9
P30-NATAL-CARE Not care	N	50-51	2		
P30A-PRE-NATAL pre nat	N	50 51	1	YES NO NR NA	1 2 9 /
P30B-POST-NATAL post nat	N	51 52	1	YES NO NR NA	1 2 9 /
P31-LAST-CHILD last child	N	52 53	1	YES NO NR NA	1 2 9 /
P32-BREAST-FED breast fed	N	53 54	1	LESS-ONE-MONTH MONTHS-1TO3 LT-THREE-MONTHS PARTIALLY-FED NEVER-FED NR NA	1 2 3 4 5 9 /

Note: / represents a blank character.

Record Name: REC04-RECORD

Record Type: 04

Item (occurs)	Data	Item			
Subitem (occurs)	Type	Position	Len.	Value Name	Values
IND04	N	16-17	2		01:35
P33-ATTEN-SCHOOL	N	18	1	YES	1
ATTENSE				NO	2
CRATTSC				DONT-KNOW	3
				NR	9
P34-SCHOOL-TYPE	N	19-20	2	PRE-SCHOOL	01
SCHOOLTYPE				PRIVATE-PRIMARY	10
				GOVT-PRIMARY	11
				JUNIOR-SECONDARY	20
				TRADE-VOCATIONAL	21
				YOUTH-CAMP	22
				SENIOR-COMPREEN	30
				SENCODARY-PRIV	31
				ASST-SECONDARY	32
				COMPOSITE	33
				TECHNICAL-INSTIT	34
				ADULT-CLASSES	40
				UNIVERSITY	60
				SPECIAL-SCHOOL	90
				OTHER	98
				NR	99
				NA	//
P35-FEES-PAID	N	21	1	YES	1
FEES PAID				NO	2
SCHFEES				NR	9
				NA	/
P36-LIVE-HOME	N	22	1	YES	1
LIVEHOME				NO	2
				NR	9
				NA	/
P37-IN-SCHOOL	N	23	1		0:5
DAYS-IN-SCL				NR	9
				NA	/
P38-WEEK-DAY	N	24-29	6		
WEEK DAY					
P38A-WEEK-DAY1	N	24	1	NOT-MONDAY	1
WEDNES				NR	9
Wdnisc1				NA	/
P38B-WEEK-DAY2	N	25	1	NOT-TUESDAY	2
Wdnisc2				NR	9
				NA	/

Note: / represents a blank character.

Record Name: RECO4-RECORD

Record Type: 04

Item (occurs)	Data	Item			
Subitem (occurs)	Type	Position	Len.	Value Name	Values
P38C-WEEK-DAY3 <i>Wkd nisc 3</i>	N	26	1	NOT-WEDNESDAY NR NA	3 9 /
P38D-WEEK-DAY4 <i>Wkd nisc 4</i>	N	27	1	NOT-THURSDAY NR NA	4 9 /
P38E-WEEK-DAY5 <i>Wkd nisc 5</i>	N	28	1	NOT-FRIDAY NR NA	5 9 /
P38F-NOT-STATED Wkd nisc <i>Dyniscns</i>	N	29	1	NR	9 <i>Wkd nisc</i>
P39-REASON <i>Reason</i>	N	30-31	2	ILLNESS FINANCIAL-PROBLE TRANSPORT-PROBLE WORKING HOME-DUTIES NOT-WORTH-GOING SCHOOL-CLOSED TRUANT PREGNANT BABY-SITTING APPRENTICESHIP OTHER NR NA	01 02 03 04 05 06 07 08 09 10 11 12 99 //

Note: / represents a blank character.

Record Name: REC05-RECORD

Record Type: 05

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
INDN05 INDN05	N	16-17	2		
P40-TRVEL-TIME (TRAVELTIME) TIME SCH.	N	18-20	3	NR NA	000:120 999 ///
P41-HOW-FAR DISTSCH	N	21-22	2	NR NA	00:40 99 //
P42-MODE MODE TRANS	N	23	1	WALKING CYCLING MAXI-TAXI TAXI BUS PRIVATE-TRANSPOR NOT-APPLICABLE NR NA	1 2 3 4 5 6 7 9 /
P43-FREE-MEAL FREEMEAL	N	24	1	YES NO NR NA	1 2 9 /
P44-RECEIVE-MEAL RECIEVAL	N	25	1	YES NO NR NA	1 2 9 /
P45-LUNCH-COST LUNCH CST	N	26-27	2	NR NA	01:98 99 //
P46-TRAVEL-COST TRVLCOST	N	28-30	3	NR NA	000:998 999 ///
P47-ALL-BOOKS HASBOOKS	N	31	1	HAS-BOOKS-EXCLUS YES-BUT-SHARE NO NR NA	1 2 3 9 /
P48-NO-COST REC BOOKS	N	32	1	YES NO NR	1 2 9

Note: / represents a blank character.

Record Name: REC05-RECORD

Record Type: 05

Item (occurs)	Data	Item	
Subitem (occurs)	Type	Position	Len.
			Value Name
			Values
			NA
			/

Record Name: REC06-RECORD

Record Type: 06

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
IND06	N	16-17	2		01:35
P49-HOWGOT-BOOKS HWACGBKS	N	18	1	BORROWED-FORYEAR GOT-FROM-RELATIV PURCHASED-NEW BUY-SECOND-HAND BOTH-3-AND-4 OTHER NR NA	1 2 3 4 5 6 9 /
P50-NOT-HAVING REFNOBK	N	19	1	BOOKS-NOT-AVAILA COULD-NOT-AFFORD BOOK-IN-LIBRARY LOST-BOOKS TO-BE-PURCHASED OTHER NR NA	1 2 3 4 5 6 9 /
P51-ANY-LOAN HBBKLOAN	N	20	1	YES NO NR NA	1 2 9 /
P52-EVER-ATTEND EVATTSCH	N	21	1	YES NO NR NA	1 2 9 /
P53-WHY-NOT WNATTSCH	N	22-23	2	ILLNESS FINANCIAL-PROBLE TRANSPORT-PROBLE WORKING TOO-YOUNG SCHOOL-NOT-AVAIL NO-SPACE-IN-SCH PREGNANT BABYSITTING APPRENTICESHIP NOT-WORTH-GOING COMPLETED OTHER NR NA	01 02 03 04 05 06 07 08 09 10 11 12 13 99 //
P54-LAST-SCHOOL LSTSCHTY	N	24-25	2	NURSERY-KINDERGN	01

Note: / represents a blank character.

Record Name: REC06-RECORD

Record Type: 06

Item (occurs)	Data	Item			
Subitem (occurs)	Type	Position	Len.	Value Name	Values
				PRIVATE-PRIMARY	10
				GOVT-PRIMARY	11
				JUNIOR-SECONDARY	20
				TRADE-VOCATION	21
				YOUTH-CAMP	22
				SENIOR-COMPREHEN	30
				PRIV-SECONDARY	31
				ASST-SECONDARY	32
				COMPOSITE	33
				TECHNICAL-INSTIT	34
				ADULT-CLASSES	40
				UNIVERSITY	60
				YTEPP	70
				SPECIAL-SCHOOL	90
				OTHER	98
				NR	99
				NA	//
P55-EXAM-PASS	N	26-27	2	NONE	01
				SCHOOL-LEAVING	02
				CXC-BASIC	03
				ONE-OR-TWO-O	04
				THREE-OR-FOUR-O	05
				FIVE-AND-MORE-O	06
				ALEVEL-1OR2	07
				GCE-HSC-A-3OVER	08
				DIPLOMA	09
				DEGREE	10
				OTHER	98
				NR	99
				NA	//

HGST EXAM

Note: / represents a blank character.

Record Name: REC07-RECORD

Record Type: 07

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
IND07	N	16-17	2		01:35
P56-EVER-WORK EVERWORK	N	18	1	YES NO NR NA	1 2 9 /
P57-NO-MONTHS MONTHLY MONTHLY	N	19-20	2	NR NA	01:12 99 //
P58-NIS COVERED	N	21	1	YES NO DONT-KNOW NR NA	1 2 3 9 /
P59-WORK-LAST-WK WORKLWE	N	22	1	YES NO NR NA	1 2 9 /
P60-WHEN-LAST-WK WHENLWK	N	23-26	4	NR NA	0000:0998 0999 ////
P61-WHY-LEFT WHYLEFL	N	27-28	2	NEW-JOB ILLNESS FIRED RETIRED RETURN-TO-SCHOOL RETRENCHED-LAID NOT-WANT-WORK NO-MORE-WORK-AVA OTHER NR NA	01 02 03 04 05 06 07 08 98 99 //
P62-LOK-FOR-WORK LOOKWKLW	N	29	1	YES NO NR NA	1 2 9 /
P63-WHY-NOT-LOOK WNLBOKWK	N	30-31	2	AT-SCHOOL HOUSEKEEPING RETIRED DISABLE	01 02 03 04

Note: / represents a blank character.

Record Name: REC07-RECORD

Record Type: 07

Item (occurs)	Data		Item		
Subitem (occurs)	Type	Position	Len.	Value Name	Values
				TEMPORARY-ILLNES	05
				NOT-WANT-TO-WORK	06
				AWAITING-RESULTS	07
				KNEW-NO-VACANCY	08
				PRESENTLY-EMPLOY	09
				DISCOURAGE	10
				OTHER	98
				NR	99
				NA	//
P64-FIRST-TIME	N	32	1	YES	1
<i>FIRST WK</i>				NO	2
				NR	9
				NA	/
P65-TYPE-WORKER	N	33	1	STATUTORY-BOARD	0
<i>WKRTYPE</i>				GOVT-ENTERPRISE	1
				LOCAL-GOVERNMENT	2
				PRIVATE-ENTERPR	3
				UNPAID-WORKER	4
				LEARNER-APPRENT	5
				OWN-ACCOUNT-WORK	6
				EMPLOYER	7
				NOT-APPLICABLE	8
				NR	9
				NA	/

Note: / represents a blank character.

Record Name: REC08-RECORD

Record Type: 08

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
				NA	//
P71A-MAIN-JOB MJ INCOME	N	31-35	5	NR NA	00000:99998 99999 /////
P71B-SEC-JOB SJ INCOME	N	36-40	5	NR NA	00000:99998 99999 /////
P71C-OTHER-JOB OJ INCOME	N	41-45	5	NR NA	00000:99998 99999 /////
P72-EVER-APPLY AP GUTHLP	N	46	1	YES NO NR NA	1 2 9 /
P73-WHY-NOT UN GUTHLP -	N	47	1	NOT-ELIGIBLE DONT-WANT-STIGMA TOO-MUCH-TROUBLE IGNORANCE OTHER NR NA	1 2 3 4 5 9 /
P741-RECEIVE-BEN RECBENE	N	48	1	YES NO NR NA	1 2 9 /
P742-HOW-OFTEN FREQBENE	N	49	1	DAILY WEEKLY MONTHLY OCCACIONALLY NA	1 2 3 4 /
P75-NOT-RECEIVE WN BENE	N	50	1	CURRENTLY-PROCES NOT-QUALIFY DONT-KNOW NR NA	1 2 3 9 /

Note: / represents a blank character.

Record Name: REC08-RECORD

Record Type: 08

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
IND08	N	16-17	2		01:35
P66-OCCUPATION M WKKTYP E	N	18-21	4	NR NA	0000:9998 9999 ////
P67-HOURS-WORK M HRSWK L W ,	N	22-23	2	NONE UNDER-1HOUR ONE-8HOURS NINE-16HOURS SEVENTEEN-24HRS TWENTY-FIVE-32HR THIRTY-THREE-40H FORTY-ONE-50HRS FIFTY-ONE-60HRS SIXTY-ONE-70HRS GE-SEVENTY-ONE NR NA	00 01 02 03 04 05 06 07 08 09 10 99 //
P68-WHY-LESS-33 WHYLT33	N	24	1	NO-MORE-WORK NEW-JOB ILLNESS TEMP-LAID-OFF OWN-CHOICE VACATION OTHER NOT-APPLICABLE NR NA	1 2 3 4 5 6 7 8 9 /
P69-SECONDARY-JO SWRKTYPE	N	25-28	4	NR NA	0000:9998 9999 ////
P70-SECOND-HOURS S HRSWK L W	N	29-30	2	NONE UNDER-1HOUR ONE-8HRS NINE-16HRS SEVENTEEN-24HRS TWENTY-FIVE-32HR THIRTY-THREE-40H FORTY-ONE-50HRS FIFTY-ONE-60HRS SIXTY-ONE-70HRS GE-SEVENTY-ONE NR	00 01 02 03 04 05 06 07 08 09 10 99

Note: / represents a blank character.

Record Name: REC09-RECORD

Record Type: 09

Item (occurs)	Data	Item			
Subitem (occurs)	Type	Position	Len.	Value Name	Values
P76A-ITEM-NO	ITEM N BL	18-20	3		101:109 201:209
P76B-SPENT-YEAR	N	21	1	YES	1
HM SPENTLY SPENTLY				NO	2
				NR	9
P76C-HOW-MUCH	N	22-26 27-31	5		00001:99998 99999
HM SPNTLY				NR	

Record Name: REC10-RECORD

Record Type: 10

Item (occurs)	Data	Item			
Subitem (occurs)	Type	Position	Len.	Value Name	Values
P77A-ITEM-NO	N	18-20	3		301:310
P77B-HAVE-SPENT	N	21	1	YES	1
				NO	2
				NR	9
P77C-HOW-MUCH	N	22-26	5		00001:99998
				NR	99999

ITEMNBLO
Spent by
HMSPWTLQ - 27-31

Record Name: REC11-RECORD

Record Type: 11

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
P781-MISC-INCOME CHLDSPRT CHLDSPRT	N	18	1	YES NO NR	1 2 9
P781A-MISC-INCOM CHSPAMNT CHSPAMNT	N	19-22	4 5	NR NA	0000:9998 9999 ////
P782-RELATIVE RELASPT	N	23	1	YES NO NR	1 2 9
P782A-RELATIVE RESPAMNT	N	24-27	4 5	NR NA	0000:9998 9999 ////
P783-OTH-RELATIV OTRLSPRT	N	28	1	YES NO NR	1 2 9
P783A-OTH-RELITI OTRLAMNT	N	29-32	4 5	NR NA	0000:9998 9999 ////
P784-LOAN-INT LOANINT	N	33	1	YES NO NR	1 2 9
P784A-LOAN-INT INTAMNT	N	34-37	4 5	NR NA	0000:9998 9999 ////

Note: / represents a blank character.

Record Name: REC12-RECORD

Record Type: 12

Item (occurs)	Data	Item			
Subitem (occurs)	Type	Position	Len.	Value Name	Values
P79-TYPE-DWELL	N	18-19	2	SEPERATE-HOUSE	01
<i>Dwelling</i>				FLAT-APARTMENT	02
				TOWN-HOUSE-WAFDA	03
				DOUBLE-HOUSE	04
				PART-COMMERCIAL	05
				BARRACK	06
				OUT-ROOM	07
				OTH-PRIVATE-DWEL	08
				GROUP-DWELLING	09
				OTHER	10
				NO-FIXED-ABODE	11
				NR	99
P80-OUTERWALLS	N	20	1	BRICK	1
<i>Walls</i>				CONCRETE	2
				WOOD-AND-CONCRET	3
				NONE	4
				WOODS	5
				WATTLE-ABODE-TAP	6
				OTHER	7
				NR	9
P81A-TOILET-FAC	N	21	1	PIT	1
<i>Toilet Type</i>				WC-LINKED-SEWER	2
				SEWER-NT-LINK-WC	3
				OTHER	4
				NONE	5
				NR	9
P81B-TOILET-FAC	N	22	1	SHARED	1
<i>Toiletsh</i>				NOT-SHARED	2
				NOTAPPLICABLE	8
				NR	9
P82-KITCHEN-USE	N	23	1	EXCLUSIVE	1
<i>Kitchenish</i>				SHARED	2
				NONE	3
				NR	9
P83-NO-BEDROOMS	N	24	1	NONE	0
<i>Bedrooms</i>				ONE	1
				TWO	2
				THREE	3
				FOUR	4
				FIVE-AND-MORE	5
				NR	9

Record Name: REC12-RECORD

Record Type: 12

Item (occurs)	Data	Item			
Subitem (occurs)	Type	Position	Len.	Value Name	Values
P84-NO-ROOMS	N	25	1	ONE	1
				TWO	2
<i>rooms</i>				THREE	3
				FOUR	4
				FIVE	5
				SIX	6
				SEVEN	7
				EIGHT-AND-MORE	8
				NR	9
P85A-TENANCY-DWE	N	26	1	OWNED	1
<i>dw ownshp</i>				RENTED-PRIVATE	2
				GOVERNMENT-RENTE	3
				LEASED	4
				RENT-FREE	5
				SQUATTED	6
				OTHER	7
				NR	9
P85B-TENANCY-LAN	N	27	1	OWNED	1
<i>dw ownshp</i>				RENTED-PRIVATE	2
				GOVERNMENT-RENTE	3
				LEASED	4
				RENT-FREE	5
				SQUATTED	6
				OTHER	7
				NR	9
P86-RENTED-DWELL	N	28-31	4		0001:9998
<i>dw rent</i>				NR	9999
P87A-PAYMORTGAGE	N	32	1	YES	1
<i>mortgage</i>				NO	2
P87B-PAY-MONTHLY	N	33-36	4		0200:9998
<i>nth mort</i>				NR	9999
				NA	////
P87C-PAY-RENTAL	N	37-40	4		0040:9998
<i>Minrent</i>				NR	9999
				NA	////
P88-PAY-TAXES	N	41	1	YES	1
<i>taxes</i>				NO	2
				NR	9
				NA	/

Note: / represents a blank character.

Record Name: REC12-RECORD

Record Type: 12

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
P89-TAX-PAYED <i>dw tax pay</i>	N	42-45	4	NR NA	0040:9998 9999 ////
P90-WATER-SUPPLY <i>Water</i>	N	46	1	DWELLING-PIPE YARD-PIPE PRIV-PIPE-DWELL CATCHMENT-NO-PIP PUBLIC-STANDPIPE TRUCK-BORNE SPRING-RIVER OTHER NR	1 2 3 4 5 6 7 8 9
P91-SUPPLY-REQ <i>Freq water</i>	N	47	1	DAILY MORE-THAN-THREE TWICE-WEEKLY LESS-THAN-TWICE NR	1 2 3 4 9
P92-WATER-TANK <i>Wat Tank</i>	N	48	1	YES NO NR	1 2 9
P93-RECEIVE-BILL <i>Wat bill</i>	N	49	1	YES NO NR	1 2 9
P94-LAST-BILL <i>Amount last bill</i>	N	50-53	4	NR NA	0010:9998 9999 ////
P95-BILL-PERIOD <i>Freq billw</i>	N	54	1	QUARTER YEAR NR NA	1 2 9 /
P96-DISTANCE <i>Dist water</i>	N	55-56	2	NR	01:98 99
P97-LIGHTING <i>light</i>	N	57	1	ELECTRICITY KEROSENE OTHER NONE NR	1 2 3 4 9
P98-ELEC-BILL <i>elec bill</i>	N	58-60	3		001:998

Note: / represents a blank character.

Record Name: REC12-RECORD

Record Type: 12

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
				NR	999
P99-NO-DAYS <i>frq bill</i>	N	61-62	2	NR	01:98 99
P100-TELEPHONE <i>phone</i>	N	63	1	YES NO NR	1 2 9
P101A-CARS <i>Cars</i>	N	64	1	YES NO NR	1 2 9
P101B-MOTORBIKES <i>Bikes</i>	N	65	1	YES NO NR	1 2 9
P101C-FREEZERS <i>Freezers</i>	N	66	1	YES NO NR	1 2 9
P101D-STEREO <i>Stereo</i>	N	67	1	YES NO NR	1 2 9
P101E-TV <i>Tv set</i>	N	68	1	YES NO NR	1 2 9
P101F-STOVE <i>Stove</i>	N	69	1	YES NO NR	1 2 9
P101G-POLISHER <i>Polisher</i>	N	70	1	YES NO NR	1 2 9
P101H-RADIO <i>Radio</i>	N	71	1	YES NO NR	1 2 9
P101I-AIR-CONDIT <i>Aircond</i>	N	72	1	YES NO NR	1 2 9
P101J-SEWING-MAC <i>Sewingma -</i>	N	73	1	YES NO NR	1 2 9

Record Name: REC12-RECORD

Record Type: 12

Item (occurs) Subitem (occurs)	Data Type	Position	Item Len.	Value Name	Values
P101K-VACUUM <i>Vacuumcl</i>	N	74	1	YES NO NR	1 2 9
P101L-WASHING-MA <i>Washmac</i>	N	75	1	YES NO NR	1 2 9
P101M-WATER-HEAT <i>Hotwater</i>	N	76	1	YES NO NR	1 2 9
P101N-CLOTHS-DRY <i>Dryer</i>	N	77	1	YES NO NR	1 2 9
P101O-LAWN-MOWER <i>lawnmower</i>	N	78	1	YES NO NR	1 2 9
P101P-BICYCLES <i>Bicycles</i>	N	79	1	YES NO NR	1 2 9
P101Q-FANS <i>Fans</i>	N	80	1	YES NO NR	1 2 9
P101R-CHAIRS <i>chairs</i>	N	81	1	YES NO NR	1 2 9

Record Name: REC13-RECORD

Record Type: 13

Item (occurs)	Data	Item			
Subitem (occurs)	Type	Position	Len.	Value Name	Values
ITEMNO <i>ITEMNB</i>	N	18-20	3		001:042
P102-PURCHASED	N	21	1	YES	1
PURCHASE <i>BOUGHT</i>				NO	2
				NR	9
P103-SPEND-WEEK	N	22-25	4		0000:9998
<i>SPENT LW</i>				NR	9999
P104-SPEND-MONTH	N	26-29	4		0000:9998
<i>SPENT LT</i>				NR	9999
P105-EATEN	N	30	1	YES	1
<i>EATEN LM</i>				NO	2
				NR	9
P106-COST-EATEN	N	31-34	4		0000:9998
<i>EATENCST</i>				NR	9999
P107-COST-BUY	N	35-38	4		0000:9998
BUY <i>PROD CST</i>				NR	9999

Record Name: REC14-RECORD

Record Type: 14

Item (occurs)	Data	Item			
Subitem (occurs)	Type	Position	Len.	Value Name	Values
ITEMO <i>oth itemn</i>	N	18-20	3		043:054
P108-PURCHASE	N	21	1	YES	1
<i>oth bought</i>				NO	2
				NR	9
P109-LAST-WEEK	N	22-25	4		0000:9998
<i>othsptw</i>				NR	9999
P110-RECEIVENTH	N	26	1	YES	1
<i>recgift</i>				NO	2
				NR	9
P111-LAST-MONTH	N	27-30	4		0000:9998
<i>th gift</i>				NR	9999