



49822



FORM AC-1

CONFIDENTIAL

STATISTICS ACT CHAPTER 19:02

GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO

CENTRAL STATISTICAL OFFICE

IN COLLABORATION WITH

THE MINISTRY OF AGRICULTURE, LAND AND MARINE RESOURCES

2004 AGRICULTURAL CENSUS

QUESTIONNAIRE IDENTIFICATION

For optimum accuracy, please print carefully and avoid contact with the edges of the box. The following will serve as an example:

0 1 2 3 4 5 6 7 8 9

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Shade Circles Like This--> ●

Not Like This--> ⊗ ⊙

Region I.D.	Community Code	E.D. Number	List Entry Number	Questionnaire Number	Sequence Number	Number per Holder
<input type="text"/> of	<input type="text"/>					

Name of Holder _____ Telephone No: _____

Name of Respondent _____ Telephone No: _____

Address of Respondent: _____

Relationship to Holder: _____

Type of Holding: 1 CROP 2 LIVESTOCK 3 MIXED 8 OTHER _____ (Specify)

Name of Enumerator: _____

Date of completion of Questionnaire: _____ Signature of Enumerator: _____

Name of Field Supervisor: _____

Date Questionnaire checked by Supervisor: _____ Signature of Field Supervisor: _____

Name of Field Editor: _____

Date Field Edited: _____ Signature of Field Editor: _____

OFFICE EDITING AND CODING

Edited and coded by: _____



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INTERVIEWER: If the respondent i.e. the person who is providing the information for this questionnaire, is someone other than the holder, make sure that he/she understands that the word "you" and "your" when used in this questionnaire refers to the HOLDER.

SECTION 1 - IDENTIFICATION OF HOLDER, HOLDING AND HIRED MANAGER

IDENTIFICATION OF HOLDER (Complete in block letters from left to right)

1.1 Name of Holder (Individual/Household/Company/Institution)

[Grid for Surname/Family Name]

Surname/Family Name

[Grid for First/Given Name]

First/Given Name

[Grid for Alias Name]

Alias Name

1.2 To which ethnic group do you (the holder) belong?

- 1 African 2 Indian 3 Chinese 4 Syrian/Lebanese 5 Caucasian 6 Mixed 8 Other 9 Not Stated

1.3 Address of Holder

[Grid for Address Line 1]

No., Road, Street, Mile Post, Electricity Pole etc.

[Grid for Address Line 2]

No., Road, Street, Mile Post, Electricity Pole etc.

[Grid for Address Line 3]

Village/Community/Town

[Grid for Address Line 4]

Region/Borough

Community Code

[Grid for Community Code]

1.4 Address of Holding (if different from holder)

[Grid for Address Line 1]

No., Road, Street, Mile Post, Electricity Pole etc.

[Grid for Address Line 2]

No., Road, Street, Mile Post, Electricity Pole etc.

[Grid for Address Line 3]

Village/Community/Town

[Grid for Address Line 4]

Region/Borough

Community Code

[Grid for Community Code]

1.5 Do you live on your holding? 1 Yes 2 No

(Individual/Household, Joint Partnership only)

1.6 Who runs the day to day work on the holding?

- 1 Holder
- 2 Holder's Spouse
- 3 Other Household Member
- 4 Hired Manager
- 8 Other Person

1.7 Please indicate whether Male/Female.

- 1 Male
- 2 Female

NOTE: Please Complete Q1.8 and Q1.9 ONLY IF Option 4 is shaded in Q1.6

1.8 Name of Hired Manager if any? _____

1.9 Address of Hired Manager? _____

(If different from holding)

Telephone Number _____

1.10 Are you a Registered Farmer (holder)? 1 Yes 2 No (Skip to Section 2)

1.11 If Yes, please state latest Year of Registration?

[Grid for Year of Registration]



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SECTION 2 - GENERAL CHARACTERISTICS

TYPE OF ORGANISATION OF HOLDING

2.1 Which of the following best describes the type of organisation of your holding?

- 1 Individual/Household/Sole Proprietor
- 2 Joint Partnership *(Two or more individuals of different households or two or more households)*
State Name(s) and Address(es) of Other Partner(s) on the Remarks Page.
- 3 Co-operative Society
- 4 Private Company
- 5 State Enterprise
- 6 Government
- 8 Other type _____
(Specify)

2.2 Is there any processing of your agricultural produce on the holding e.g. canning of fruits or vegetables, making of jams or jellies or preserves, making of ghee etc.?

- 1 Yes
- 2 No *(Go to Question 2.3)*

if Yes, State:

(1) Name of Crop _____

--	--	--	--

 Main Product _____

--	--

(2) Name of Livestock _____

--	--

 Main Product _____

--	--

2.3 Is the holding part of an enterprise which is also engaged in OTHER economic activities?

- 1 Yes
- 2 No *(Skip to Question 2.5)*

2.4 What is the main other economic activity of the enterprise?

- 1 Agricultural Services _____
(Specify)
- 2 Forestry and Logging
- 3 Fishing (excluding Aquaculture)
- 4 Manufacturing/Processing
- 8 Other _____
(Specify)

2.5 SUMMARY OF HOLDER'S HOUSEHOLD MEMBERS

How many persons including yourself live in this household and share at least one daily meal?

Age Group	Total	Male	Female						
Total	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>		
Under 10 years old	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>		
10 years old and over	<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table>		



SECTION 3 - DEMOGRAPHIC CHARACTERISTICS OF HOLDER AND HOLDER'S HOUSEHOLD MEMBERS 10 YEARS OLD AND OVER

INDIVIDUAL NO.	3.1. NAMES OF HOUSEHOLD MEMBERS	3.2. RELATIONSHIP TO HOLDER	3.3. SEX	3.4. AGE	3.5. MARITAL/UNION STATUS
	What are the names of persons 10 years old and over, including yourself, who live in this household and share at least one daily meal? INTERVIEWER: List the name of each member of the household age 10 years and over starting with the holder in Line 01	What is the relationship of (N) to Holder? <input type="checkbox"/> 0 Holder - Head(H.H.) <input type="checkbox"/> 1 Holder (H) <input type="checkbox"/> 2 Spouse/partner of Holder (S/P.H) <input type="checkbox"/> 3 Child of holder/spouse/partner (C.H/S/P) <input type="checkbox"/> 4 Grandchild of holder/spouse/partner (G.H/S/P) <input type="checkbox"/> 5 Parent of holder/spouse/partner (P.H/S/P) <input type="checkbox"/> 6 Other relative of holder (O.R.H) <input type="checkbox"/> 7 Domestic Employee (D.E.) <input type="checkbox"/> 8 Other non-relative (O.N.R) <input type="checkbox"/> 9 Not Stated (N.S.)	What is (N's) Sex? <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	What was (N's) Age at last Birthday?	(For persons 14 years and over) What is N's Marital/Union Status? <input type="checkbox"/> 1 Never Married nor had a partner(N.M) <input type="checkbox"/> 2 Married but now living alone (MLA) <input type="checkbox"/> 3 Had a partner but now living alone (P.L.A) <input type="checkbox"/> 4 Married living with partner (M.L.P) <input type="checkbox"/> 5 Married but now living Common Law (M.L.C.) <input type="checkbox"/> 6 Never married but now living Common Law (N.M.C.L) <input type="checkbox"/> 8 Not Applicable (N.A) <input type="checkbox"/> 9 Not Stated (N.S)
[] []	Surname	<input type="radio"/> 0 H.H <input type="radio"/> 5 P.H/S/P <input type="radio"/> 1 H <input type="radio"/> 6 O.R.H <input type="radio"/> 2 S/P.H. <input type="radio"/> 7 D.E <input type="radio"/> 3 C.H/S/P <input type="radio"/> 8 O.N.R <input type="radio"/> 4 G.H/S/P <input type="radio"/> 9 N.S	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	[] []	<input type="radio"/> 1 N.M <input type="radio"/> 5 M.L.C. <input type="radio"/> 2 M.L.A <input type="radio"/> 6 N.M.L.C <input type="radio"/> 3 P.L.A. <input type="radio"/> 8 N.A <input type="radio"/> 4 M.L.P. <input type="radio"/> 9 N.S
	First Name				
[] []	Surname	<input type="radio"/> 0 H.H <input type="radio"/> 5 P.H/S/P <input type="radio"/> 1 H <input type="radio"/> 6 O.R.H <input type="radio"/> 2 S/P.H. <input type="radio"/> 7 D.E <input type="radio"/> 3 C.H/S/P <input type="radio"/> 8 O.N.R <input type="radio"/> 4 G.H/S/P <input type="radio"/> 9 N.S	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	[] []	<input type="radio"/> 1 N.M <input type="radio"/> 5 M.L.C. <input type="radio"/> 2 M.L.A <input type="radio"/> 6 N.M.L.C <input type="radio"/> 3 P.L.A. <input type="radio"/> 8 N.A <input type="radio"/> 4 M.L.P. <input type="radio"/> 9 N.S
	First Name				
[] []	Surname	<input type="radio"/> 0 H.H <input type="radio"/> 5 P.H/S/P <input type="radio"/> 1 H <input type="radio"/> 6 O.R.H <input type="radio"/> 2 S/P.H. <input type="radio"/> 7 D.E <input type="radio"/> 3 C.H/S/P <input type="radio"/> 8 O.N.R <input type="radio"/> 4 G.H/S/P <input type="radio"/> 9 N.S	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	[] []	<input type="radio"/> 1 N.M <input type="radio"/> 5 M.L.C. <input type="radio"/> 2 M.L.A <input type="radio"/> 6 N.M.L.C <input type="radio"/> 3 P.L.A. <input type="radio"/> 8 N.A <input type="radio"/> 4 M.L.P. <input type="radio"/> 9 N.S
	First Name				
[] []	Surname	<input type="radio"/> 0 H.H <input type="radio"/> 5 P.H/S/P <input type="radio"/> 1 H <input type="radio"/> 6 O.R.H <input type="radio"/> 2 S/P.H. <input type="radio"/> 7 D.E <input type="radio"/> 3 C.H/S/P <input type="radio"/> 8 O.N.R <input type="radio"/> 4 G.H/S/P <input type="radio"/> 9 N.S	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	[] []	<input type="radio"/> 1 N.M <input type="radio"/> 5 M.L.C. <input type="radio"/> 2 M.L.A <input type="radio"/> 6 N.M.L.C <input type="radio"/> 3 P.L.A. <input type="radio"/> 8 N.A <input type="radio"/> 4 M.L.P. <input type="radio"/> 9 N.S
	First Name				
[] []	Surname	<input type="radio"/> 0 H.H <input type="radio"/> 5 P.H/S/P <input type="radio"/> 1 H <input type="radio"/> 6 O.R.H <input type="radio"/> 2 S/P.H. <input type="radio"/> 7 D.E <input type="radio"/> 3 C.H/S/P <input type="radio"/> 8 O.N.R <input type="radio"/> 4 G.H/S/P <input type="radio"/> 9 N.S	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	[] []	<input type="radio"/> 1 N.M <input type="radio"/> 5 M.L.C. <input type="radio"/> 2 M.L.A <input type="radio"/> 6 N.M.L.C <input type="radio"/> 3 P.L.A. <input type="radio"/> 8 N.A <input type="radio"/> 4 M.L.P. <input type="radio"/> 9 N.S
	First Name				
[] []	Surname	<input type="radio"/> 0 H.H <input type="radio"/> 5 P.H/S/P <input type="radio"/> 1 H <input type="radio"/> 6 O.R.H <input type="radio"/> 2 S/P.H. <input type="radio"/> 7 D.E <input type="radio"/> 3 C.H/S/P <input type="radio"/> 8 O.N.R <input type="radio"/> 4 G.H/S/P <input type="radio"/> 9 N.S	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	[] []	<input type="radio"/> 1 N.M <input type="radio"/> 5 M.L.C. <input type="radio"/> 2 M.L.A <input type="radio"/> 6 N.M.L.C <input type="radio"/> 3 P.L.A. <input type="radio"/> 8 N.A <input type="radio"/> 4 M.L.P. <input type="radio"/> 9 N.S
	First Name				
[] []	Surname	<input type="radio"/> 0 H.H <input type="radio"/> 5 P.H/S/P <input type="radio"/> 1 H <input type="radio"/> 6 O.R.H <input type="radio"/> 2 S/P.H. <input type="radio"/> 7 D.E <input type="radio"/> 3 C.H/S/P <input type="radio"/> 8 O.N.R <input type="radio"/> 4 G.H/S/P <input type="radio"/> 9 N.S	<input type="radio"/> 1 Male <input type="radio"/> 2 Female	[] []	<input type="radio"/> 1 N.M <input type="radio"/> 5 M.L.C. <input type="radio"/> 2 M.L.A <input type="radio"/> 6 N.M.L.C <input type="radio"/> 3 P.L.A. <input type="radio"/> 8 N.A <input type="radio"/> 4 M.L.P. <input type="radio"/> 9 N.S
	First Name				



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**SECTION 4 - EDUCATION AND TRAINING FOR ALL MEMBERS OF THE HOUSEHOLD
10 YEARS OLD AND OVER**

INDIVIDUAL NO.	4.1. HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT	4.2. HIGHEST EXAMINATION EVER PASSED	4.3. TRAINING	4.4. TRAINING STATUS	4.5. CERTIFICATION OBTAINED ON COMPLETION OF TRAINING
	What is (N's) Highest Level of Educational Attainment? <input type="checkbox"/> 1 None (N) Skip to Question 4.3 <input type="checkbox"/> 2 Primary (P) <input type="checkbox"/> 3 Secondary (S) <input type="checkbox"/> 4 Technical/Vocational/Commercial (T.V.C) <input type="checkbox"/> 5 University (U) <input type="checkbox"/> 8 Other (O) <input type="checkbox"/> 9 Not Stated (N.S.)	What is the Highest Exam has (N) ever Passed? <input type="checkbox"/> 1 None (N) <input type="checkbox"/> 2 School Leaving (S.L.) <input type="checkbox"/> 3 CXC/GCE Certificate ('O') <input type="checkbox"/> 4 GCE 'A'/HSC Subjects ('A') <input type="checkbox"/> 5 Diploma/or Equivalent Certificate of Achievement (DIP) <input type="checkbox"/> 6 First Degree (F.D.) <input type="checkbox"/> 7 Higher Degree (H.D.) <input type="checkbox"/> 8 Other (O) <input type="checkbox"/> 9 Not Stated (N.S.) INTERVIEWER: Exclude Common Entrance and 14+ Exams	Has (N) ever attended, or is attending now, any Training Course(s) in Agriculture and/or Computer Literacy? <input type="checkbox"/> 1 Yes - <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't Know (D.K.) <input type="checkbox"/> 9 Not Stated (N.S.) (Skip to Question. 5.1)	What Course(s) has (N) attended or is attending now? <input type="checkbox"/> 01 Tree Crops (T.C) <input type="checkbox"/> 02 Non-Tree Crops (N.T.C) <input type="checkbox"/> 03 Poultry (P) <input type="checkbox"/> 04 Livestock (L) <input type="checkbox"/> 05 Bee Keeping (B) <input type="checkbox"/> 06 Aquaculture (A) <input type="checkbox"/> 07 Pest and Disease (P.D) <input type="checkbox"/> 08 Farm Management (F.M) <input type="checkbox"/> 09 Agric. Science and Economics (A.S.E) <input type="checkbox"/> 10 Computer Literacy (C.L) <input type="checkbox"/> 88 Other (O)	What certification did (N) obtain on completion of training at the highest level? <input type="checkbox"/> 0 None (N) <input type="checkbox"/> 1 Certification without examination (CNE) <input type="checkbox"/> 2 Certification with examination (CWE) <input type="checkbox"/> 3 Diploma (DIP) <input type="checkbox"/> 4 Degree (D) <input type="checkbox"/> 5 Post Graduate Degree (PGD) <input type="checkbox"/> 8 Other (O) <input type="checkbox"/> 9 Not Stated (N.S.)
	<input type="radio"/> 1 N <input type="radio"/> 5 U <input type="radio"/> 2 P <input type="radio"/> 8 O <input type="radio"/> 3 S <input type="radio"/> 9 N.S. <input type="radio"/> 4 T.V.C	<input type="radio"/> 1 N <input type="radio"/> 5 DIP <input type="radio"/> 9 N.S. <input type="radio"/> 2 S.L <input type="radio"/> 6 F.D. <input type="radio"/> 3 'O' <input type="radio"/> 7 H.D. <input type="radio"/> 4 'A' <input type="radio"/> 8 O	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 D.K. <input type="radio"/> 9 N.S.	<input type="radio"/> 1 T.C <input type="radio"/> 5 B <input type="radio"/> 9 ASE <input type="radio"/> 2 NTC <input type="radio"/> 6 A <input type="radio"/> 10 C.L. <input type="radio"/> 3 P <input type="radio"/> 7 P.D <input type="radio"/> 88 O <input type="radio"/> 4 L <input type="radio"/> 8 FM	<input type="radio"/> 0 N <input type="radio"/> 4 D <input type="radio"/> 1 CNE <input type="radio"/> 5 PGD <input type="radio"/> 2 CWE <input type="radio"/> 8 O <input type="radio"/> 3 DIP <input type="radio"/> 9 NS
	<input type="radio"/> 1 N <input type="radio"/> 5 U <input type="radio"/> 2 P <input type="radio"/> 8 O <input type="radio"/> 3 S <input type="radio"/> 9 N.S. <input type="radio"/> 4 T.V.C	<input type="radio"/> 1 N <input type="radio"/> 5 DIP <input type="radio"/> 9 N.S. <input type="radio"/> 2 S.L <input type="radio"/> 6 F.D. <input type="radio"/> 3 'O' <input type="radio"/> 7 H.D. <input type="radio"/> 4 'A' <input type="radio"/> 8 O	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 D.K. <input type="radio"/> 9 N.S.	<input type="radio"/> 1 T.C <input type="radio"/> 5 B <input type="radio"/> 9 ASE <input type="radio"/> 2 NTC <input type="radio"/> 6 A <input type="radio"/> 10 C.L. <input type="radio"/> 3 P <input type="radio"/> 7 P.D <input type="radio"/> 88 O <input type="radio"/> 4 L <input type="radio"/> 8 FM	<input type="radio"/> 0 N <input type="radio"/> 4 D <input type="radio"/> 1 CNE <input type="radio"/> 5 PGD <input type="radio"/> 2 CWE <input type="radio"/> 8 O <input type="radio"/> 3 DIP <input type="radio"/> 9 NS
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	<input type="radio"/> 1 N <input type="radio"/> 5 U <input type="radio"/> 2 P <input type="radio"/> 8 O <input type="radio"/> 3 S <input type="radio"/> 9 N.S. <input type="radio"/> 4 T.V.C	<input type="radio"/> 1 N <input type="radio"/> 5 DIP <input type="radio"/> 9 N.S. <input type="radio"/> 2 S.L <input type="radio"/> 6 F.D. <input type="radio"/> 3 'O' <input type="radio"/> 7 H.D. <input type="radio"/> 4 'A' <input type="radio"/> 8 O	<input type="radio"/> 1 Yes <input type="radio"/> 2 No <input type="radio"/> 3 D.K. <input type="radio"/> 9 N.S.	<input type="radio"/> 1 T.C <input type="radio"/> 5 B <input type="radio"/> 9 ASE <input type="radio"/> 2 NTC <input type="radio"/> 6 A <input type="radio"/> 10 C.L. <input type="radio"/> 3 P <input type="radio"/> 7 P.D <input type="radio"/> 88 O <input type="radio"/> 4 L <input type="radio"/> 8 FM	<input type="radio"/> 0 N <input type="radio"/> 4 D <input type="radio"/> 1 CNE <input type="radio"/> 5 PGD <input type="radio"/> 2 CWE <input type="radio"/> 8 O <input type="radio"/> 3 DIP <input type="radio"/> 9 NS



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SECTION 5 - ECONOMIC ACTIVITY - FOR ALL MEMBERS OF THE HOUSEHOLD 10 YEARS OLD AND OVER

INDIVIDUAL NO.	5.1. ECONOMIC ACTIVITY PAST TWELVE MONTHS	5.2. EMPLOYMENT (Each Household Member) Was (N)?	5.3. HOURS WORKED PER WEEK	5.4. Does (N) have more than one occupation?	5.5. MAIN OCCUPATION	5.6. FARMING	5.7. GROSS INCOME
	Was (N) engaged in any of the following during the past twelve Months? (Include unpaid work.)		On average how many hours does (N) work per week?		What does (N) consider his/her main occupation?	Is Farming, a second or third Occupation?	On average what percentage of (N's) gross income received during a month comes from Farming?
	<input type="checkbox"/> 1 Agricultural work on Holding (A.W) <input type="checkbox"/> 2 Agricultural Work elsewhere (A.W.E.) <input type="checkbox"/> 3 Non-agricultural Work on holding (N.A.W.) <input type="checkbox"/> 4 Non-agricultural Work elsewhere (N.A.W.E.) <input type="checkbox"/> 5 Not Working but Seeking Work (N.W.S.) <input type="checkbox"/> 6 Not economically active (N.E.A.) <input type="checkbox"/> 9 Not Stated (N.S) For persons who shaded Boxes 3 to 9 do not ask Questions 5.2 - 5.7 Note: Agricultural work takes precedence over all other work.	<input type="checkbox"/> 1 Permanent (6 months and over) <input type="checkbox"/> 2 Seasonal (3-6 months) <input type="checkbox"/> 3 Occasional (Under 3 months.)	<input type="checkbox"/> 0 Under 1 hour <input type="checkbox"/> 1 1-8 hours <input type="checkbox"/> 2 9-16 hours <input type="checkbox"/> 3 17-24 hours <input type="checkbox"/> 4 25-32 hours <input type="checkbox"/> 5 33-40 hours <input type="checkbox"/> 6 41-50 hours <input type="checkbox"/> 7 51-60 hours <input type="checkbox"/> 8 61+ hours <input type="checkbox"/> 9 Not Stated (N.S)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No (Skip to Question 5.7.) <input type="checkbox"/> 3 Not Applicable (N/A) Skip to Question 5.7)	<input type="checkbox"/> 1 Farming (Go to Question 5.7.) <input type="checkbox"/> 2 Non-Farming <input type="checkbox"/> 3 Not Applicable (N/A)	<input type="checkbox"/> 1 2nd <input type="checkbox"/> 2 3rd <input type="checkbox"/> 3 No <input type="checkbox"/> 4 N/A	<input type="checkbox"/> 1 Less than 25% <input type="checkbox"/> 2 25%-49% <input type="checkbox"/> 3 50%-74% <input type="checkbox"/> 4 75% and Over <input type="checkbox"/> 5 Not Applicable (N/A)
<input type="checkbox"/>	<input type="checkbox"/> 1 A.W <input type="checkbox"/> 5 N.W.S <input type="checkbox"/> 2 A.W.E <input type="checkbox"/> 6 N.E.A <input type="checkbox"/> 3 N.A.W <input type="checkbox"/> 9 N.S <input type="checkbox"/> 4 N.A.W.E	<input type="checkbox"/> 1 P <input type="checkbox"/> 2 S <input type="checkbox"/> 3 O	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 Farming <input type="checkbox"/> 2 Non Farming <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 2nd <input type="checkbox"/> 2 3rd <input type="checkbox"/> 3 No <input type="checkbox"/> 4 N/A	<input type="checkbox"/> 1 Less than 25% <input type="checkbox"/> 2 25%-49% <input type="checkbox"/> 3 50%-74% <input type="checkbox"/> 4 75% and Over <input type="checkbox"/> 5 N/A
<input type="checkbox"/>	<input type="checkbox"/> 1 A.W <input type="checkbox"/> 5 N.W.S <input type="checkbox"/> 2 A.W.E <input type="checkbox"/> 6 N.E.A <input type="checkbox"/> 3 N.A.W <input type="checkbox"/> 9 N.S <input type="checkbox"/> 4 N.A.W.E	<input type="checkbox"/> 1 P <input type="checkbox"/> 2 S <input type="checkbox"/> 3 O	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 Farming <input type="checkbox"/> 2 Non Farming <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 2nd <input type="checkbox"/> 2 3rd <input type="checkbox"/> 3 No <input type="checkbox"/> 4 N/A	<input type="checkbox"/> 1 Less than 25% <input type="checkbox"/> 2 25%-49% <input type="checkbox"/> 3 50%-74% <input type="checkbox"/> 4 75% and Over <input type="checkbox"/> 5 N/A
<input type="checkbox"/>	<input type="checkbox"/> 1 A.W <input type="checkbox"/> 5 N.W.S <input type="checkbox"/> 2 A.W.E <input type="checkbox"/> 6 N.E.A <input type="checkbox"/> 3 N.A.W <input type="checkbox"/> 9 N.S <input type="checkbox"/> 4 N.A.W.E	<input type="checkbox"/> 1 P <input type="checkbox"/> 2 S <input type="checkbox"/> 3 O	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 Farming <input type="checkbox"/> 2 Non Farming <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 2nd <input type="checkbox"/> 2 3rd <input type="checkbox"/> 3 No <input type="checkbox"/> 4 N/A	<input type="checkbox"/> 1 Less than 25% <input type="checkbox"/> 2 25%-49% <input type="checkbox"/> 3 50%-74% <input type="checkbox"/> 4 75% and Over <input type="checkbox"/> 5 N/A
<input type="checkbox"/>	<input type="checkbox"/> 1 A.W <input type="checkbox"/> 5 N.W.S <input type="checkbox"/> 2 A.W.E <input type="checkbox"/> 6 N.E.A <input type="checkbox"/> 3 N.A.W <input type="checkbox"/> 9 N.S <input type="checkbox"/> 4 N.A.W.E	<input type="checkbox"/> 1 P <input type="checkbox"/> 2 S <input type="checkbox"/> 3 O	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 Farming <input type="checkbox"/> 2 Non Farming <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 2nd <input type="checkbox"/> 2 3rd <input type="checkbox"/> 3 No <input type="checkbox"/> 4 N/A	<input type="checkbox"/> 1 Less than 25% <input type="checkbox"/> 2 25%-49% <input type="checkbox"/> 3 50%-74% <input type="checkbox"/> 4 75% and Over <input type="checkbox"/> 5 N/A
<input type="checkbox"/>	<input type="checkbox"/> 1 A.W <input type="checkbox"/> 5 N.W.S <input type="checkbox"/> 2 A.W.E <input type="checkbox"/> 6 N.E.A <input type="checkbox"/> 3 N.A.W <input type="checkbox"/> 9 N.S <input type="checkbox"/> 4 N.A.W.E	<input type="checkbox"/> 1 P <input type="checkbox"/> 2 S <input type="checkbox"/> 3 O	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 Farming <input type="checkbox"/> 2 Non Farming <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 2nd <input type="checkbox"/> 2 3rd <input type="checkbox"/> 3 No <input type="checkbox"/> 4 N/A	<input type="checkbox"/> 1 Less than 25% <input type="checkbox"/> 2 25%-49% <input type="checkbox"/> 3 50%-74% <input type="checkbox"/> 4 75% and Over <input type="checkbox"/> 5 N/A
<input type="checkbox"/>	<input type="checkbox"/> 1 A.W <input type="checkbox"/> 5 N.W.S <input type="checkbox"/> 2 A.W.E <input type="checkbox"/> 6 N.E.A <input type="checkbox"/> 3 N.A.W <input type="checkbox"/> 9 N.S <input type="checkbox"/> 4 N.A.W.E	<input type="checkbox"/> 1 P <input type="checkbox"/> 2 S <input type="checkbox"/> 3 O	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 Farming <input type="checkbox"/> 2 Non Farming <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 2nd <input type="checkbox"/> 2 3rd <input type="checkbox"/> 3 No <input type="checkbox"/> 4 N/A	<input type="checkbox"/> 1 Less than 25% <input type="checkbox"/> 2 25%-49% <input type="checkbox"/> 3 50%-74% <input type="checkbox"/> 4 75% and Over <input type="checkbox"/> 5 N/A
<input type="checkbox"/>	<input type="checkbox"/> 1 A.W <input type="checkbox"/> 5 N.W.S <input type="checkbox"/> 2 A.W.E <input type="checkbox"/> 6 N.E.A <input type="checkbox"/> 3 N.A.W <input type="checkbox"/> 9 N.S <input type="checkbox"/> 4 N.A.W.E	<input type="checkbox"/> 1 P <input type="checkbox"/> 2 S <input type="checkbox"/> 3 O	<input type="checkbox"/> 0 <input type="checkbox"/> 5 <input type="checkbox"/> 1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 Farming <input type="checkbox"/> 2 Non Farming <input type="checkbox"/> 3 N/A	<input type="checkbox"/> 1 2nd <input type="checkbox"/> 2 3rd <input type="checkbox"/> 3 No <input type="checkbox"/> 4 N/A	<input type="checkbox"/> 1 Less than 25% <input type="checkbox"/> 2 25%-49% <input type="checkbox"/> 3 50%-74% <input type="checkbox"/> 4 75% and Over <input type="checkbox"/> 5 N/A



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SECTION 6 - EMPLOYMENT ON HOLDING (EXCLUDING MEMBERS OF HOUSEHOLD)

6.1. During the past 12 months did you **EMPLOY** any workers (excluding members of the household) to do **AGRICULTURAL** work on your holding?

1 Yes - Complete Question 6.2

2 No - Skip to Section 7

6.2. How many workers did you employ on your holding during the PAST 12 months?

Age Group	Sex	TYPE OF WORKER				TOTAL
		Hired Manager	Hired labour			
			Permanent (6 months and over)	Seasonal (3-6 months)	Occasional (Under 3 months)	
10- 14 Years	Male					
10-14 Years	Female					
15-24 Years	Male					
15-24 Years	Female					
25-34 Years	Male					
25-34 Years	Female					
35-44 Years	Male					
35-44 Years	Female					
45-54 Years	Male					
45-54 Years	Female					
55-64 Years	Male					
55-64 Years	Female					
65 Years and Over	Male					
65 Years and Over	Female					
TOTAL ALL AGES	Male					
TOTAL ALL AGES	Female					
TOTAL ALL	Both Sexes					



SECTION 7 - LOCATION, SIZE, TENURE AND LAND USE OF HOLDINGS - Continued

LAND USE - Continued

7.4 For each Parcel of Land Identified, please state the area of the present Land Use in ACRES

7.4.3 Natural Pasture	7.4.4 Resting Lands (Fallow)	7.4.5 New Lands Being Prepared for Crops or Pasture	7.4.6 Abandoned and Semi- Abandoned Crop and Pasture Lands	7.4.7 Forest and Lastrajo	7.4.8 Built on and Service Areas	7.4.9 All Other Lands	Parcel Number
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SQUARE FEET	ACRES
500	0.011
1000	0.023
1500	0.034
2 000	0.046
2 500	0.057
3 000	0.069
5 000	0.115
10 000	0.230

HECTARES	ACRES
1/4	0.618
1/2	1.236
3/4	1.853
1	2.471
2	4.94
3	7.41
4	9.88
5	12.35



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SECTION 9 - PASTURE, ORNAMENTAL PLANTS, FLOWERS AND NURSERIES

9.1 Do you grow any type of grass or legume for fodder or forage purposes on your holding?

 1 Yes 2 No - Skip to Question 9.39.2 List all grasses and legumes under cultivation on your holding as at date of visit.

Code	9.2.1 Types of Grass/ Legume	9.2.2 Area Under Cultivation(Acres)
3101	Elephant Grass	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3102	Guinea Grass	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3103	Pangola Grass	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3104	Para Grass	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3105	Tanner Grass	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3106	Mixed Grasses	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3107	Other Cultivated Grasses	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3108	Leucaena	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3109	Gliricidia	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3110	Other Legumes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
TOTAL ALL TYPES		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

9.3 Do you have any green houses or grow nursery products, Flowers or Ornamental Plants for sale on your holding? 1 Yes 2 No - Skip to Section 109.4 State area under cultivation as at date of visit.

Code	9.4.1 Nurseries and Green Houses	Unit	Area Under Cultivation	
			9.4.2 Grown in Open	9.4.3 Grown Under Cover
4001	Vegetables	Square feet	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4002	Tree Crops	Square feet	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4003	Mixed	Square feet	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4100	Flowers, Ornamental Plants	Square feet	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4200	Green Houses	Square feet	9 9 9 9 9 9	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

9.5 List number of Ornamental Plants and Flowers under cultivation as at date of visit and amount harvested and sold in 2003.

9.5.1 Code	9.5.2 Ornamental Plants/Flowers	Number of Plants		9.5.5 Number of Blooms, Cuttings, Plants Harvested in 2003	9.5.6 Number sold in 2003
		9.5.3 Mature	9.5.4 Immature		
4101	Anthuriums	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4102	Chrysanthemums	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4103	Gerberas	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4104	Ginger Lillies	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4105	Heliconias	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4106	Orchids	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4107	Roses	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4108	Potted Plants	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4109	Shrubs and Trees (Cuttings and Plants)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>



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SECTION 11 - METHOD OF DISPOSAL OF HARVESTS

Please indicate what percentage of your Harvest was disposed of in the following categories in 2003.

11.1 Crop Code <i>(Copy from Section 9.5.1 and Section 10.1)</i>	11.2 Total Amount Harvested In 2003 <i>(Copy from Section 9.5.5 and Section 10.5)</i>	Sale		11.5 Home Use/ Gifts	11.6 Fed to Animals	11.7 Loss through spoilage	11.8 Loss through theft	11.9 Kept for Planting Material	11.10 Other (Stock etc)
		11.3 Whole-Sale	11.4 Retail						
Percentage (%) (Each row must add up to 100%)									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SECTION 12 - LIVESTOCK, POULTRY AND APIARIES - Continued12.5. For each type of pig on your holding as at date of visit, please provide the following information.

Code	12.5.1 Breed Type	12.5.2 Total	12.5.3 Type of Pig					
			Sows	Boars	Gilts	Fatteners	Weaners	Piglets
40	TOTAL PIGS							
41	Large white/ Yorkshire							
42	Duroc							
43	Hampshire/ Saddleback							
44	Crossbred							
48	Other							

12.6. For each type of poultry on your holding as at date of visit, please provide the following information.

Code	12.6.1 Type	12.6.2. Number on Holding as at date of visit	12.6.3. Capacity			12.6.4. Number sold/Delivered under Contract in 2003
			Number of Pens	Area of Pens (sq.ft.)	Open Yard	
51	Broilers				<input type="radio"/>	
52	Layers				<input type="radio"/>	
53	Breeders				<input type="radio"/>	
54	Ducks				<input type="radio"/>	
55	Turkeys				<input type="radio"/>	
56	Yard/Common Fowl				<input type="radio"/>	
58	Other				<input type="radio"/>	

12.7. Bee-Keeping12.7.1. How many colonies do you have as at date of visit. (Number)

12.7.2. How many Apiaries do you have?

 (Number)

12.7.3. How much honey was harvested from your colonies in 2003?

 (Gallons)

12.7.4. How much Beeswax was harvested from your colonies in 2003?

 (lbs.)12.8. For each type of Other Livestock on your holding as at date of visit, please provide the following information.

Code	12.8.1 Type of other Livestock	12.8.2. Number on Holding as at date of visit	12.8.3. Number sold in 2003
1.	Horse (for Agricultural purposes only)		
2.	Mule/Donkey		
3.	Rabbit		
4.	Deer		
5.	Agouti		
6.	Tattoo		
7.	Lappe		



SECTION 13 - METHOD OF DISPOSAL FOR LIVESTOCK/PRODUCTS

13.1. How did you dispose of your Farm products in 2003?

13.1.1. Method of Disposal		Number Sold/Delivered <u>Live</u> under Contract or Other Disposal in 2003					
		13.1.2. Cattle/ Buffalo	13.1.3. Goat/ Sheep	13.1.4. Pigs	13.1.5. Poultry	13.1.6. Milk (Gallons)	
Code	1. LIVE	Number				Code	2. MILK
	TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		TOTAL
101	Butchers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	201	Nestle Trinidad Food Products
102	Other Farmers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	202	Other Processors
103	Processors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	203	Other Households
104	Contractors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	204	Home Use/Gifts
105	Pluck Shops	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	205	Feed to Calves Kids/Lambs
106	Religious	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	208	Other
107	Other Households	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
108	Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

13.1.1. Method of Disposal		Quantity Sold/Other Disposal in 2003				
		13.1.7. Beef	13.1.8. Mutton/ Goat	13.1.9. Pork	13.1.10. Poultry	13.1.11. Eggs
Code	3. MEAT/ EGGS/ HONEY	POUNDS (LBS.)			DOZENS	GALLONS
	TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
301	Supermarkets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
302	Restaurants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
303	Hotels	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
304	Retail Vendors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
305	Processors	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
306	Other Farmers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
307	Other Households	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
308	Home Use/Gifts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
309	Hatcheries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
310	Municipal Markets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
311	Highways/ Roadways	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
312	Religious	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 14 - AQUACULTURE

14.1. Do you carry out any fish farming or other type of aquaculture on your holding?

- 1 Yes
- 2 No - Skip to Section 15

Please provide the following information concerning your fish farming operations as at date of visit.

Code	14.1.1. Type of System	14.1.2. Number	14.1.3. Size			
			Total Area (Square Feet)			
1	Ponds	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2	Cages	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Tanks	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4	Rice fields	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	Raceways	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8	Other _____ (Specify)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	TOTAL	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

14.2. For each type of fish or other aquatic species on your holding as at date of visit, please provide the following information?

Code	14.2.1. Type	14.2.2. Quantity on Holding as at date of visit	14.2.3. Quantity Sold in 2003	
			Quantity	Unit
71	Ornamental Fish	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number
72	Tilapia	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	lbs.
73	Cascadura	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	lbs.
74	Cray Fish	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	lbs.
78	Other _____ (Specify)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	lbs.

14.3. What is your main source of supply of fingerlings/young species?

- 1 Self
- 2 Other Holders
- 3 Ministry of Agriculture
- 8 Other _____
(Specify)

14.4. What is your main source of water supply for aquaculture farming?

- 1 Pipeborne
- 2 River
- 3 Spring/Well
- 4 Rain/Catchment
- 8 Other _____
(Specify)

14.5. How did you dispose of fish or other aquatic species on your farm in 2003?

Type of Outlet	Percentage	Type of Outlet	Percentage
01 Pet Shop	<input type="text"/> <input type="text"/>	06 Municipal Market	<input type="text"/> <input type="text"/>
02 Processors	<input type="text"/> <input type="text"/>	07 Highways/Roadways	<input type="text"/> <input type="text"/>
03 Supermarkets	<input type="text"/> <input type="text"/>	08 Home Use/Gifts	<input type="text"/> <input type="text"/>
04 Restaurants/Hotels	<input type="text"/> <input type="text"/>	09 Exports	<input type="text"/> <input type="text"/>
05 Other Households	<input type="text"/> <input type="text"/>	10 Other	<input type="text"/> <input type="text"/>
		TOTAL	100

(Specify)



SECTION 15 - MACHINERY AND EQUIPMENT

15. Which of the following types of agricultural machinery and equipment were used for agricultural purposes on your holding during the past 12 months?

Machinery and Equipment Code	15.1. Type of Machinery/ Equipment	15.2. Sex of Operator (More than one circle can be shaded)		15.3. Indicate whether used wholly or partly for Agriculture Production		15.4. Number Used		
		M	F	1. Wholly	2. Partly	Owned	Rented	Other
<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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SECTION 16 - FARM BUILDINGS16.1. Did you use any non-residential buildings for agricultural purposes during the past 12 months? 1 Yes 2 No - Skip to Section 1716.2. For each non-residential building used for agricultural purposes during the past 12 months please provide the following information:

Code	16.2.1. Main Use of Buildings	16.2.2. Area (Square feet)	16.2.3. Type of Tenure			16.2.4. If Owned indicate whether the building was designed by:		
			Owned	Rented/Leased	Other	Self	Professional	Other
1	Rearing Poultry	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
2	Rearing other Livestock	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
3	Storing Agricultural Products	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
4	Storing Agri Machinery and Equipment	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
5	Storing Agricultural Inputs	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
6	Green Houses/Nurseries under Cover	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
7	Offices	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
8	Drying Houses	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
9	Other Agricultural Purposes	<input type="text"/>	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

SECTION 17 - PRODUCTION PROBLEMS17.1. Did you (the holder) encounter any problems in farming during the past 12 months? 1 Yes 2 No - Skip to Section 18

17.2. What were the major problems encountered? (More than one circle can be shaded)

- 01 Praedial Larceny 07 Poor Weather Conditions 13 Poor/No Access Roads
 02 Flooding 08 Destruction by Disease 14 Fire
 03 Financial Problems 09 Destruction by Animals/Birds/Insects 15 Security of Tenure
 04 Marketing Problems 10 High Cost of Farm Inputs
 05 Inadequate Water Supply 11 Difficulty in obtaining Labour 88 Other _____
 06 Difficulty in obtaining Credit 12 Low Labour Productivity (Specify)

SECTION 18 - PRAEDIAL AND OTHER LARCENY18.1. During the past 12 months, did you lose any Crop, Livestock, Tools, Equipment, Plants, Seeds, Chemical or Fertilizers through theft? 1 Yes 2 No - Skip to Section 19

Code	18.2. Type of Loss	18.3. Frequency of Loss			18.4. Estimated Value of Total Loss
		1 Once	2 Twice	3 Three times and more	\$
1.	Crop	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="text"/>
2.	Livestock	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="text"/>
3.	Plants/Seedlings	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="text"/>
4.	Seeds	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="text"/>
5.	Chemicals	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="text"/>
6.	Fertilizers	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="text"/>
7.	Tools and Equipment	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="text"/>



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SECTION 19 - WATER SUPPLY AND IRRIGATION

19.1. What were the sources of water supply on your holding for purposes other than irrigation during the past 12 months? (More than one circle can be shaded)

- 1 Public Piped into Holding
- 2 Private Piped into Holding
- 3 Public Standpipe
- 4 Truck Borne
- 5 Private Catchment (Including stored rainfall)
- 6 Natural Spring/Stream/River
- 7 Well/Pond/Bore hole
- 8 Other _____ (Specify)

19.2. Have you (the holder) irrigated any part of your Holding during the past 12 months?

- 1 Yes
- 2 No - Skip to Section 20

19.3. State the Area irrigated and the main type of Irrigation System used during the past 12 months.

Code	19.3.1 Type of Irrigation System	19.3.2 Area Irrigated (Acres)										
1.	Drip or Trickle System	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>										
2.	Sprinkler System	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>										
3.	Flooding	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>										
4.	Splash or Furrows	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>										
5.	Other	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>										

19.4. What were the sources of Water Supply for Irrigation purposes during the past 12 months? (More than one circle can be shaded)

- 1 Public piped into holding
- 2 Private piped into holding
- 3 Public Stand pipe
- 4 Truck Borne
- 5 Private Catchment (Including Stored rainfall)
- 6 Natural Spring/Stream/River
- 7 Well/Pond/Borehole
- 8 Other _____ (Specify)

19.5. What are your methods of distributing/regulating Water for Irrigation purposes? (More than one circle can be shaded)

- 1 Pump
- 2 Gravity
- 3 Gate Valves
- 4 Stuiice Gate
- 8 Other _____ (Specify)

If 2 - 8 Skip to Section 20

19.6. What type of Pump do you (the holder) use? (More than one circle can be shaded)

- 1 Wind
- 2 Diesel
- 3 Electric
- 4 Gas
- 5 Solar
- 8 Other _____ (Specify)



SECTION 20 - DRAINAGE AND DISPOSAL OF FARM WASTE

20.1. Did you (the holder) have any Drainage problems on your holding during the past 12 months?

- 1 Yes 2 No

20.2. Are there any installed/constructed Drainage Systems in your holding?

- 1 Yes 2 No - Skip to Question 20.4

20.3. What is the Total Area serviced by the drainage systems? _____ Acres

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

20.4. Is any part of your Holding subject to flooding?

- 1 Yes 2 No - Skip to Question 20.7

20.5. If Yes, what is the Area affected? _____ Acres

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

20.6. On average, how often does flooding occur on your holding per year?

- 1 Once 2 Twice 3 Times and More

20.7. How is Waste Water normally disposed of from your Holding? (More than one circle can be shaded)

- 1 Flow into River/Ravine/Sea 5 Pumping through open/covered drains
 2 Flow into Recycling System 8 Other
 3 By Ground Percolation 9 Not Applicable
 4 Flow into WASA System

20.8. How is the Farm's Solid Waste normally disposed of? (More than one circle can be shaded)

- 1 River/Ravine 4 Burial 7 Recycle
 2 Burning 5 Sale 8 Other
 3 Dumping 6 Left to decompose



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SECTION 21 - SEEDS, FERTILIZERS AND CHEMICALS

21.1. Have you (the Holder) used any Seeds/Seedlings during the past 12 months? 1 Yes 2 No - Go to Question 21.2

If Yes - State the following:

Crop Code	21.1.1. Name of Crop	21.1.2. Main Variety of Seeds/Seedlings		21.1.3. Area Planted	
		High Yielding Variety	Traditional Variety	High Yielding Acres	Traditional Acres
		<input type="radio"/> 1	<input type="radio"/> 2	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="radio"/> 1	<input type="radio"/> 2	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="radio"/> 1	<input type="radio"/> 2	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="radio"/> 1	<input type="radio"/> 2	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="radio"/> 1	<input type="radio"/> 2	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="radio"/> 1	<input type="radio"/> 2	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="radio"/> 1	<input type="radio"/> 2	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="radio"/> 1	<input type="radio"/> 2	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="radio"/> 1	<input type="radio"/> 2	<input type="text"/>	<input type="text"/>

21.2. Have you (the Holder) ever had a soil test done on your holding?

 1 Yes 2 No21.3. Have you (the Holder) used any Fertilizers including Manure during the Past 12 Months? 1 Yes 2 No Skip to Question 21.5

21.4. Please state the type of Fertilizers, Area Fertilized, the Average Amount Used and Frequency for use.

Code	21.4.1. TYPE	21.4.2. Total Area Fertilized	21.4.3. Amount Used	21.4.4. No. of Applications Past Year
		ACRES	Quantity (lbs.)	
1.	Lime/Limestone	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	Sulphate of Ammonia	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Urea	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	Super Phosphate	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	Mixed Fertilizers	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	Foliar Fertilizers	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	Calnitro	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	Manure/Compost	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 21 - SEEDS, FERTILIZERS AND CHEMICALS - Continued

21.5 Have you (the Holder) used any Insecticides, Fungicides or Weedicides, or other Agricultural Chemicals during the past 12 months?

- 1 Yes 2 No Skip to Section 22

21.6. Please state the type of Chemical Used, the Area Treated and number of Animals Treated.

Code	21.6.1. Type	21.6.2. Total Area Treated (Acres)	21.6.3. Number of Animals Treated
1.	Insecticides/Pesticides	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.	Bactericides	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.	Fungicides	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.	Weedicides/Herbicides	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.	Other	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 22 - FINANCING

22.1. Did you (the Holder) obtain Financing for your Agricultural Operations during the Past 12 Months?

- 1 Yes 2 No (Skip to question 22.3)

22.2. State the source of Financing/Credit for your Agricultural Operations. (More than one circle can be shaded).

- 1 Agricultural Development Bank 4 Family/Relative 8 Other
 2 Commercial Bank 5 Other Institutions
 3 Credit Union 6 Agro Shop

22.3. Were there any problems in acquiring Agricultural Financing?

- 1 Yes 2 No (Skip to Section 23)

22.4. State Problem(s) encountered in acquiring Agricultural Financing. (More than one circle can be shaded).

- 1 Interest Rates too High 4 Lack of other Collateral/Security
 2 Too long in Processing Loan 5 Inadequate Farmer's Contribution to Direct Cost
 3 Lack of Land Title 8 Other _____

(Specify)



SECTION 23 - MARKET INFORMATION

23.1. Who sources the Marketing Information for your Holding? (More than one circle can be shaded)

- | | | |
|--|------------------------------|--------------------------------|
| <input type="radio"/> 1 Holder | <input type="radio"/> 1 Male | <input type="radio"/> 2 Female |
| <input type="radio"/> 2 Spouse/Partner | <input type="radio"/> 1 Male | <input type="radio"/> 2 Female |
| <input type="radio"/> 3 Hired Manager | <input type="radio"/> 1 Male | <input type="radio"/> 2 Female |
| <input type="radio"/> 4 Other _____
(Specify) | <input type="radio"/> 1 Male | <input type="radio"/> 2 Female |

23.2. Who does the marketing of your produce? (More than one circle can be shaded)

- | | | |
|---|------------------------------|--------------------------------|
| <input type="radio"/> 01 Holder | <input type="radio"/> 1 Male | <input type="radio"/> 2 Female |
| <input type="radio"/> 02 Spouse/Partner | <input type="radio"/> 1 Male | <input type="radio"/> 2 Female |
| <input type="radio"/> 08 Other | <input type="radio"/> 1 Male | <input type="radio"/> 2 Female |

23.3. Where do you (the Holder) normally obtain information or knowledge about Marketing of your Agricultural Products? (More than one circle can be shaded).

- | | | |
|--|---|--------------------------------|
| <input type="radio"/> 01 NAMDEVCO | <input type="radio"/> 06 Other Farmers | <input type="radio"/> 88 Other |
| <input type="radio"/> 02 THA | <input type="radio"/> 07 Agricultural Supply Shops | |
| <input type="radio"/> 03 MALMR | <input type="radio"/> 08 U.W.I./CARDI | |
| <input type="radio"/> 04 Agricultural Development Bank | <input type="radio"/> 09 Internet | |
| <input type="radio"/> 05 Media/Journals/Periodicals | <input type="radio"/> 10 Wholesale and Retail Markets | |

23.4. What type of Marketing Information do you (the Holder) normally require? (More than one circle can be shaded).

- | | | |
|--|--|--|
| <input type="radio"/> 1 Prices | <input type="radio"/> 4 Local Market Requirements | <input type="radio"/> 8 Other _____
(Specify) |
| <input type="radio"/> 2 Volume/Quantity | <input type="radio"/> 5 Information on other farmers | |
| <input type="radio"/> 3 Availability/Requirement of Export Markets | <input type="radio"/> 6 None | |

23.5. Are you (the Holder) satisfied with Marketing Information received?

- 1 Yes - Skip to Question 23.7 2 No

23.6. State Problem(s) encountered in receiving Marketing Information. (More than one circle can be shaded).

- | | |
|--|---|
| <input type="radio"/> 1 Sourcing Information | <input type="radio"/> 4 Understanding the Information |
| <input type="radio"/> 2 Type of Information | <input type="radio"/> 8 Other _____
(Specify) |
| <input type="radio"/> 3 Frequency of Information | |

23.7. State Problem(s) encountered in the marketing of your products. (More than one circle can be shaded).

- | | | |
|--|--|-------------------------------|
| <input type="radio"/> 1 Loss of Market/No Demand | <input type="radio"/> 4 Low Prices | <input type="radio"/> 8 Other |
| <input type="radio"/> 2 High Cost of Transport | <input type="radio"/> 5 Lack of Market Space | |
| <input type="radio"/> 3 Post Harvest Loss | <input type="radio"/> 6 None | |

23.8. Is a Computer used in the management of your farm business?

- 1 Yes 2 No

ENUMERATOR'S REMARKS

CONVERSION TABLES

BOTTLES(26ozs)TO GALLONS

<u>BOTTLES</u>	<u>GALLON</u>
1	0.17
2	0.34
3	0.51
4	0.68
5	0.85
6	1.00

LITRES/KILOGRAMS TO POUNDS

<u>TYPE</u>	<u>POUND</u>
1 litre	2.20
1 Kg.	2.20

LITRES TO GALLONS

<u>LITRE</u>	<u>GALLON</u>
1	0.22
2	0.44
3	0.66
4	0.88
5	1.10

**CENTRAL STATISTICAL OFFICE
2004 AGRICULTURAL CENSUS
LIST OF CODES**

CROP CODES

1. TREE CROP (PERMANENT)

11 - Non-Orchard		Reporting Unit
1101	Banana	lb
1102	Breadfruit	lb
1103	Breadfruit (Chataigne)	lb
1104	Cocoa	lb
1105	Coconuts-Copra	lb
1106	Coconut-Dry	Number
1107	Coconut-green	Number
1108	Coffee	lb
1109	Green-Fig	lb
1110	Nutmeg	lb
1111	Peewah	lb
1112	Plantain/Moko	lb
1113	Rubber	lb
1114	Tonca Beans	lb
1115	Other Non-Orchard Crops	lb

12 - Orchard

1201	Avocado Pear	Number
1202	Carambola	Number
1203	Cashew Nut	lb
1204	Cherries	lb
1205	Grapefruit	Number
1206	Gurava	lb
1207	Lime	Number
1208	Mangoes	Number
1209	Oranges	Number
1210	Paw Paw	lb
1211	Pineapple	lb
1212	Plums	lb
1213	Pommecythere	Number
1214	Pommerac	Number
1215	Portugal/Mandarin/Tangerine	Number
1216	Sapodilla	Number
1217	Soursop	Number
1218	Mixed Tree crop (Orchard and Non-Orchard)	Number
1219	Other Citrus	Number
1220	Other Orchard Crop	Number

2 - NON TREE CROPS TEMPORARY

21 - Pulses and Grains

2101	Black 'eye Peas	lb
2102	Bodi	Bundle
2103	Corn -Dry	lb
2104	Corn - Green	Number
2105	Pigeon Peas- Dry	lb
2106	Pigeon Peas - Green	lb
2107	Red Kidney Beans	lb
2108	Rice - Husked	lb
2109	Rice - Paddy	lb
2110	Salad Beans (String)	lb
2111	Seim	lb
2112	Sesame Beans	lb
2113	Soya Beans	lb
2114	Mixed Pulse and Grains	lb
2115	Pulses and Grains NEC	lb

22 - Root Crops

2201	Beet Root	lb
2202	Carrot	lb
2203	Cassava	lb
2204	Cush Cush	lb
2205	Dasheen	lb
2206	Eddoes	lb
2207	Ginger	lb
2208	Morai/Raddish	lb
2209	Sweet potatoes	lb
2210	Tannia	lb
2211	Topitambo	lb
2212	Yam	lb
2213	Mixed Root Crop	lb
2214	Other Root Crop NEC	lb

2 NON TREE CROP (TEMPORARY)

23 - Leafy Vegetables		Reporting Unit
2301	Broccoli	lb
2302	Cabbage	lb
2303	Cauliflower	lb
2304	Celery	Bundle
2305	Chive	Bundle
2306	Dasheen Bush	Bundle
2307	Lettuce	Head
2308	Mustard	Bundle
2309	Patchoi	Bundle
2310	Shadow Beni	Bundle
2311	Spanish (Bhagi)	Bundle
2312	Water Cress	Bundle
2313	Other Leafy Vegetables	Bundle

24 - Fruit-Bearing Vegetables

2401	Cantaloupe	lb
2402	Caralie	lb
2403	Christophene	lb
2404	Cucumbers	lb
2405	Hot Peppers	Number
2406	Melongene	lb
2407	Ochroes	Number
2408	Pimentos	Number
2409	Pumpkin	lb
2410	Squash	lb
2411	Sweet Peppers	lb
2412	Tomatoes	lb
2413	Water Melon	lb
2414	Fruit Bearing Vegetables n.e.c.	lb

25 - Other Crops

2501	Anise	lb
2502	Barbadine	lb
2503	Herbs	Bundle
2504	Mushrooms	lb
2505	Passion Fruit	Number
2506	Peanuts	lb
2507	Sorrel	lb
2508	Sugar Cane	Ton
2509	Thyme	Bundle
2510	Tobacco	lb
2511	Temporary/ Non-Tree Crops n.e.c.	lb

LIVESTOCK AND POULTRY CODES

10	Cattle/Buffalo
20	Sheep
30	Goats
40	Pigs
50	Poultry
60	Bee Keeping
70	Aquaculture
80	Rabbits

PROCESSING/PRODUCT CODES

01	Canned/Bottles/Packaged Fruits
02	Canned/Bottles/Packaged Vegetables
03	Preserved Fruits
04	Preserved Vegetables
05	Pepper Sauce
06	Mixed Seasoning
07	Jams/Jellies
08	Confectionery
09	Cheese
10	Ghee
11	Other Dairy Products
12	Ham
13	Sausage
14	Pudding
15	Smoked/Salted Fish
16	Other n.e.c.