



GOVERNMENT OF THE REPUBLIC OF TRINIDAD AND TOBAGO  
MINISTRY OF PLANNING AND DEVELOPMENT  
CENTRAL STATISTICAL OFFICE  
PINEAPPLE SURVEY

PERIOD: .....

SECTION 1: IDENTIFICATION CHARACTERISTICS

1.1 Name of Holder .....  
(In block letters): .....

1.2 Home Address of Holder .....  
(In block letters): .....

1.3 What is the total acreage of your agricultural land in Trinidad and Tobago? .....

1.4 Do you have any pineapple under cultivation presently?

1  Yes                      2  No

1.5 How many parcels of land do you have under pineapple cultivation?

1.6 What is the location and area of each parcel?

Parcel/Holding	Acreage	Region/County
1		
2		
3		
4		
5		

1.7 Telephone Contact No.:

SECTION 2: PINEAPPLE CULTIVATION

2.1 How many acres/hectares of pineapples did you have under cultivation during the last three (3) months?

Month	Acreage	Code
1		
2		
3		

**SECTION 2: PINEAPPLE CULTIVATION (Con't)**

2.2 What is/are the date/s of planting of the pineapple presently under cultivation?

Date of Planting (Month/Year)	Acres/Hectares

2.3 How many acres/hectares of pineapple do you expect to plant in the next three (3) months?

Month	Acres/Hectares
1	
2	
3	

**SECTION 3: PRODUCTION SALES**

3.1 Please give details on the production and sale of pineapple during the last three (3) months?

Month	Quantity Harvested	Quantity Sold				Exported	
		Wholesale		Retail		Quantity	Average Price
		Quantity	Average Price	Quantity	Average Price		

3.2 How much pineapple do you expect to reap during the next three (3) months?

Month	Quantity Expected to be Reaped

**SECTION 4: FARM EMPLOYMENT**

4.1 How many workers were employed on your pineapple farm during the week ending .....

Type of Worker	Total	Permanent	Casual	Occasional
Hired Labour				
Un-paid				
<b>TOTAL</b>				

**SECTION 5: PROBLEMS FACED BY FARMERS**

5.1 Please list the two (2) major problems that affect your pineapple production?

- 1. ....
- 2. ....

5.2 How do you think these problems could be addressed?

- 1. ....
- 2. ....

**SECTION 6: ENUMERATOR'S REMARKS**

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6.1 Name of Respondent: ..... Relationship to Holder .....

(In Block Letters)

6.2 Name of Enumerator: .....

6.3 Checked by Supervisor: ..... Date .....

6.4 Edited by: ..... Date .....

6.5 Signature of Enumerator: ..... Date .....