

CONFIDENTIAL



FORM C.S.S.P. - 2/93
W.E.F. - Qtr. 2/93

REPUBLIC OF TRINIDAD AND TOBAGO
CENTRAL STATISTICAL OFFICE
CONTINUOUS SAMPLE SURVEY OF POPULATION

Questionnaire type			County/Ward	E.D. number							Household number				Schedule number	Period	Qtr.	Year	Visit	I den. H/H
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
C	P	1																		

Name of respondent:

Address of household:

Town/Village:

Country/Ward:

Phone: Household size:

Month/Segment: c.c. 22-23

Result code: c.c. 24

1 <input type="checkbox"/> Completed	3 <input type="checkbox"/> No contact	5 <input type="checkbox"/> Demolished	7 <input type="checkbox"/> Refused
2 <input type="checkbox"/> Partially Completed	4 <input type="checkbox"/> Closed	6 <input type="checkbox"/> Vacant	8 <input type="checkbox"/> Other (specify)

Sector: c.c. 25

Enumerator's No.: c.c. 26-27

Enumerator's Name: Date:

Supervisor: Date:

Editor: Date:

Coder: Date:

Second edit: Date:

Record of Visits		
Date	Time	Result

		<p>1. NAME OF RESIDENTS</p> <p>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?</p> <p>Interviewer:</p> <p>Remember to probe for elderly folks, infants, new born babies and persons who are temporarily absent from the household and who would be returning within a six month period.</p>
Page No.	Individual No.	
28	29-30	
1	01	<p>..... Surname</p> <p>..... First Name</p>
1	02	<p>..... Surname</p> <p>..... First Name</p>
1	03	<p>..... Surname</p> <p>..... First Name</p>
1	04	<p>..... Surname</p> <p>..... First Name</p>
1	05	<p>..... Surname</p> <p>..... First Name</p>
1	6	<p>..... Surname</p> <p>..... First Name</p>

TO BE ANSWERED BY ALL PERSONS				
2. RELATIONSHIP TO HEAD OF HOUSEHOLD What is the relationship of (N) to the head of household?	3. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	4. AGE What was (N) age at last birthday?	5. ETHNIC GROUP To which ethnic group does (N) belong?	6. HIGHEST LEVEL OF (NON-VOCATIONAL) EDUCATIONAL ATTAINMENT What is (N) highest level of educational attainment? Indicate highest level of education. e.g. If Primary, highest class reached or currently in, or if passed school leaving exam etc.' If Secondary, form currently in or reached. If exams passed, highest exams passed If University, indicate whether or not a degree was obtained etc.
1 Head (H)			1 African	
2 Spouse/partner of head (S/P.H.)			2 Indian	
3 Ch			3 Chinese	
4 Partner of head/spouse/partner (P.H/S/P)			4 Syrian/Lebanese (S/L)	
5 Other relative (O.R.)			5 White/Caucasian	
6 Non-relative (N.R.)			6 Mixed	
7 Domestic employee (D.E.)			7 Other ethnic group (O.E.G.)	
9 Not stated (N.S.)			9 Not stated (N.S.)	
31	32	33-34	35	36-37
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 <input type="checkbox"/>	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. <input type="checkbox"/> <input type="checkbox"/>
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 <input type="checkbox"/>	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. <input type="checkbox"/> <input type="checkbox"/>
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 <input type="checkbox"/>	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. <input type="checkbox"/> <input type="checkbox"/>
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 <input type="checkbox"/>	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. <input type="checkbox"/> <input type="checkbox"/>
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 <input type="checkbox"/>	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. <input type="checkbox"/> <input type="checkbox"/>
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 <input type="checkbox"/>	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. <input type="checkbox"/> <input type="checkbox"/>
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 <input type="checkbox"/>	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. <input type="checkbox"/> <input type="checkbox"/>

TO BE ANSWERED BY ALL PERSONS				
7. PLACE OF BIRTH Where was (N) place of birth? <div> <div>1</div> <div>Trinidad and Tobago</div> <div>→ Skip to Q. 8</div> </div> <div> <div>2</div> <div>Foreign/ abroad</div> <div>→ Skip to Q. 9</div> </div> <div> <div>9</div> <div>Not stated</div> <div>→ Skip to Q. 10</div> </div>	8. ADDRESS What was the address of (N) mother when (N) <div>_____</div> Town/Village <div>_____</div> County/Ward	9. COUNTRY OF BIRTH In what country was (N) born? 	10. LAST ADDRESS What was (N) last area of residence? <div>_____</div> Town/Village <div>_____</div> County/Ward/Country	11. NUMBER OF YEARS IN PRESENT AREA OF RESIDENCE How many years has (N) been living at present area of residence?
38	39-40	41-42	43-44	45-46
1 <input type="checkbox"/> T & T 2 <input type="checkbox"/> Abroad 3 <input type="checkbox"/> N.S. <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> Years <div><div></div><div></div></div>
1 <input type="checkbox"/> T & T 2 <input type="checkbox"/> Abroad 3 <input type="checkbox"/> N.S. <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> Years <div><div></div><div></div></div>
1 <input type="checkbox"/> T & T 2 <input type="checkbox"/> Abroad 3 <input type="checkbox"/> N.S. <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> Years <div><div></div><div></div></div>
1 <input type="checkbox"/> T & T 2 <input type="checkbox"/> Abroad 3 <input type="checkbox"/> N.S. <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> Years <div><div></div><div></div></div>
1 <input type="checkbox"/> T & T 2 <input type="checkbox"/> Abroad 3 <input type="checkbox"/> N.S. <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> Years <div><div></div><div></div></div>
1 <input type="checkbox"/> T & T 2 <input type="checkbox"/> Abroad 3 <input type="checkbox"/> N.S. <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> Years <div><div></div><div></div></div>

TO BE ANSWERED BY ALL PERSONS 15 YEARS OLD AND OVER					
Page No.	Individual No.	12. MARITAL/UNION STATUS	13. TRAINING ATTAINMENT	14. FIELD OF HIGHEST LEVEL OF TRAINING	15. MAIN EDUCATION METHOD/TYPE OF INSTITUTION OF HIGHEST LEVEL OF TRAINING
		<p>What is (N) marital/union status?</p> <p>Single (Living Alone) :</p> <p><input type="checkbox"/> Never married/had a partner (N.M.)</p> <p><input type="checkbox"/> Married but now living alone (M.L.A.)</p> <p><input type="checkbox"/> Had a partner but now living alone (H.P.L.A.)</p> <p>Married (Coupled) :</p> <p><input type="checkbox"/> Married living with husband/wife (M.L.W.H/W.)</p> <p><input type="checkbox"/> Living common law (C.L.)</p> <p><input type="checkbox"/> Not stated (N.S.)</p>	<p>Has (N) ever received/ attempted any special training to fit him/her for employment?</p> <p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 7 Don't know (D.K.)</p> <p>Go to Q. 14 Go to Q. 16</p> <p><input type="checkbox"/> 2 No <input type="checkbox"/> 9 Not Stated (N.S.)</p> <p>Go to Q. 16 Go to Q. 16</p> <p>INTERVIEWER :</p> <p>Probe for on-the-job training, apprenticeship, Youth Camps, Commercial Schools, Correspondence Courses, University etc.</p>	<p>What is the Field for which the highest level of training was completed/attempted or is undergoing?</p> <p>INTERVIEWER :</p> <p>Please probe respondent to give a detailed description of the field of study, e.g. Teacher training for pre-school and kindergarten; cookery and food preparation; chemical engineering, graphic art, auto and diesel mechanics, agricultural extension etc.</p>	<p>In (N) field of highest level of training what was the main educational method/ type of schooling used?</p> <p><input type="checkbox"/> On the job (J)</p> <p><input type="checkbox"/> Private study (P.S.)</p> <p><input type="checkbox"/> Secondary School (S.S.)</p> <p><input type="checkbox"/> Y.T.E.P.P. Vocational/Trade</p> <p><input type="checkbox"/> Commercial School (V.T.C.S.)</p> <p><input type="checkbox"/> Technical Institute (T.I.)</p> <p><input type="checkbox"/> Other Institutional Training (O.I.T.)</p> <p><input type="checkbox"/> University (U)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Not Stated (N.S.)</p>
28	29-30	31	32	33-37	38-39
2	01	1 <input type="checkbox"/> N.M. 4 <input type="checkbox"/> M.L.H/W 2 <input type="checkbox"/> M.L.A. 5 <input type="checkbox"/> C.L. 3 <input type="checkbox"/> H.P.L.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> D.K. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	Field _____ _____ _____ _____ _____	01 <input type="checkbox"/> J 06 <input type="checkbox"/> T.I. 02 <input type="checkbox"/> P.S. 07 <input type="checkbox"/> O.I.T. 03 <input type="checkbox"/> S.S. 08 <input type="checkbox"/> U 04 <input type="checkbox"/> Y.T.E.P.P. 10 <input type="checkbox"/> OTHER 05 <input type="checkbox"/> V.T.C.S. 99 <input type="checkbox"/> N.S.
2	02	1 <input type="checkbox"/> N.M. 4 <input type="checkbox"/> M.L.H/W 2 <input type="checkbox"/> M.L.A. 5 <input type="checkbox"/> C.L. 3 <input type="checkbox"/> H.P.L.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> D.K. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	Field _____ _____ _____ _____ _____	01 <input type="checkbox"/> J 06 <input type="checkbox"/> T.I. 02 <input type="checkbox"/> P.S. 07 <input type="checkbox"/> O.I.T. 03 <input type="checkbox"/> S.S. 08 <input type="checkbox"/> U 04 <input type="checkbox"/> Y.T.E.P.P. 10 <input type="checkbox"/> OTHER 05 <input type="checkbox"/> V.T.C.S. 99 <input type="checkbox"/> N.S.
2	03	1 <input type="checkbox"/> N.M. 4 <input type="checkbox"/> M.L.H/W 2 <input type="checkbox"/> M.L.A. 5 <input type="checkbox"/> C.L. 3 <input type="checkbox"/> H.P.L.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> D.K. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	Field _____ _____ _____ _____ _____	01 <input type="checkbox"/> J 06 <input type="checkbox"/> T.I. 02 <input type="checkbox"/> P.S. 07 <input type="checkbox"/> O.I.T. 03 <input type="checkbox"/> S.S. 08 <input type="checkbox"/> U 04 <input type="checkbox"/> Y.T.E.P.P. 10 <input type="checkbox"/> OTHER 05 <input type="checkbox"/> V.T.C.S. 99 <input type="checkbox"/> N.S.
2	04	1 <input type="checkbox"/> N.M. 4 <input type="checkbox"/> M.L.H/W 2 <input type="checkbox"/> M.L.A. 5 <input type="checkbox"/> C.L. 3 <input type="checkbox"/> H.P.L.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> D.K. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	Field _____ _____ _____ _____ _____	01 <input type="checkbox"/> J 06 <input type="checkbox"/> T.I. 02 <input type="checkbox"/> P.S. 07 <input type="checkbox"/> O.I.T. 03 <input type="checkbox"/> S.S. 08 <input type="checkbox"/> U 04 <input type="checkbox"/> Y.T.E.P.P. 10 <input type="checkbox"/> OTHER 05 <input type="checkbox"/> V.T.C.S. 99 <input type="checkbox"/> N.S.
2	05	1 <input type="checkbox"/> N.M. 4 <input type="checkbox"/> M.L.H/W 2 <input type="checkbox"/> M.L.A. 5 <input type="checkbox"/> C.L. 3 <input type="checkbox"/> H.P.L.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> D.K. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	Field _____ _____ _____ _____ _____	01 <input type="checkbox"/> J 06 <input type="checkbox"/> T.I. 02 <input type="checkbox"/> P.S. 07 <input type="checkbox"/> O.I.T. 03 <input type="checkbox"/> S.S. 08 <input type="checkbox"/> U 04 <input type="checkbox"/> Y.T.E.P.P. 10 <input type="checkbox"/> OTHER 05 <input type="checkbox"/> V.T.C.S. 99 <input type="checkbox"/> N.S.
2	06	1 <input type="checkbox"/> N.M. 4 <input type="checkbox"/> M.L.H/W 2 <input type="checkbox"/> M.L.A. 5 <input type="checkbox"/> C.L. 3 <input type="checkbox"/> H.P.L.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Yes 3 <input type="checkbox"/> D.K. 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	Field _____ _____ _____ _____ _____	01 <input type="checkbox"/> J 06 <input type="checkbox"/> T.I. 02 <input type="checkbox"/> P.S. 07 <input type="checkbox"/> O.I.T. 03 <input type="checkbox"/> S.S. 08 <input type="checkbox"/> U 04 <input type="checkbox"/> Y.T.E.P.P. 10 <input type="checkbox"/> OTHER 05 <input type="checkbox"/> V.T.C.S. 99 <input type="checkbox"/> N.S.

TO BE ANSWERED BY ALL PERSONS 15 YEARS OLD AND OVER

16. MAIN ACTIVITY	17. MONTHS WORKED	18. ECONOMIC ACTIVITY LAST WEEK	19. NUMBER OF JOBS	20. LAST WORKED	21. REASON FOR LEAVING LAST JOB	22. NEW ENTRANTS WITH JOBS
<p>Did (N) ever work or had a job?</p> <p><input type="checkbox"/> 1 Yes → Complete Q. 17 to Q. 18</p> <p><input type="checkbox"/> 2 No → Go to Q. 23</p> <p><input type="checkbox"/> 3 Not Stated → Go to Q. 23</p>	<p>How many months did (N) work during the past 12 months</p> <p>Interviewer: If none write None</p>	<p>Did (N) work or have a job last week?</p> <p><input type="checkbox"/> 1 Yes → Go to Q. 19</p> <p><input type="checkbox"/> 2 No → Skip to Q. 20</p> <p><input type="checkbox"/> 9 Not stated → Skip to Q. 20</p>	<p>How many jobs did (N) have last week?</p> <p><input type="checkbox"/> 1 1 Job</p> <p><input type="checkbox"/> 2 2 Jobs</p> <p><input type="checkbox"/> 3 3 Jobs</p> <p><input type="checkbox"/> 4 4 Jobs</p> <p><input type="checkbox"/> 5 5 or more Jobs → Skip to Q. 22</p>	<p>When last did (N) work?</p>	<p>What was the main reason why (N) left last job?</p> <p><input type="checkbox"/> 01 New Job (NJ)</p> <p><input type="checkbox"/> 02 Illness (ILL)</p> <p><input type="checkbox"/> 03 Fired (F)</p> <p><input type="checkbox"/> 04 Retired (R)</p> <p><input type="checkbox"/> 05 To return to school (T.R.S.)</p> <p><input type="checkbox"/> 06 Retrenched/Laid off (R.L.)</p> <p><input type="checkbox"/> 07 Did not want to work (D.N.W.)</p> <p><input type="checkbox"/> 08 No more work available (N.W.A.)</p> <p><input type="checkbox"/> 98 Other (O)</p> <p><input type="checkbox"/> 99 Not stated (N.S.)</p>	<p>Did (N) work or have a job for the first time within the past six months?</p> <p>Interviewer: If in Q.17 (N) worked <6 months then, this question must be asked.</p>
40	41-42	43	44	45-47	48-49	50
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> N.S.</p>	<p>.....</p> <p><input type="text"/> <input type="text"/></p> <p>Months</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"/> 1 Job</p> <p>2 <input type="checkbox"/> 2 Jobs</p> <p>3 <input type="checkbox"/> 3 Jobs</p> <p>4 <input type="checkbox"/> 4 Jobs</p> <p>5 <input type="checkbox"/> 5 + more</p> <p>—</p>	<p>.....</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>01 <input type="checkbox"/> N.J. 06 <input type="checkbox"/> R.L.</p> <p>02 <input type="checkbox"/> ILL 07 <input type="checkbox"/> D.N.W.</p> <p>03 <input type="checkbox"/> F 08 <input type="checkbox"/> N.W.A.</p> <p>04 <input type="checkbox"/> R 98 <input type="checkbox"/> O</p> <p>05 <input type="checkbox"/> T.R.S. 99 <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>.....</p> <p><input type="text"/> <input type="text"/></p> <p>Months</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"/> 1 Job</p> <p>2 <input type="checkbox"/> 2 Jobs</p> <p>3 <input type="checkbox"/> 3 Jobs</p> <p>4 <input type="checkbox"/> 4 Jobs</p> <p>5 <input type="checkbox"/> 5 + more</p>	<p>.....</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>01 <input type="checkbox"/> N.J. 06 <input type="checkbox"/> R.L.</p> <p>02 <input type="checkbox"/> ILL 07 <input type="checkbox"/> D.N.W.</p> <p>03 <input type="checkbox"/> F 08 <input type="checkbox"/> N.W.A.</p> <p>04 <input type="checkbox"/> R 98 <input type="checkbox"/> O</p> <p>05 <input type="checkbox"/> T.R.S. 99 <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>.....</p> <p><input type="text"/> <input type="text"/></p> <p>Months</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"/> 1 Job</p> <p>2 <input type="checkbox"/> 2 Jobs</p> <p>3 <input type="checkbox"/> 3 Jobs</p> <p>4 <input type="checkbox"/> 4 Jobs</p> <p>5 <input type="checkbox"/> 5 + more</p>	<p>.....</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>01 <input type="checkbox"/> N.J. 06 <input type="checkbox"/> R.L.</p> <p>02 <input type="checkbox"/> ILL 07 <input type="checkbox"/> D.N.W.</p> <p>03 <input type="checkbox"/> F 08 <input type="checkbox"/> N.W.A.</p> <p>04 <input type="checkbox"/> R 98 <input type="checkbox"/> O</p> <p>05 <input type="checkbox"/> T.R.S. 99 <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>.....</p> <p><input type="text"/> <input type="text"/></p> <p>Months</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"/> 1 Job</p> <p>2 <input type="checkbox"/> 2 Jobs</p> <p>3 <input type="checkbox"/> 3 Jobs</p> <p>4 <input type="checkbox"/> 4 Jobs</p> <p>5 <input type="checkbox"/> 5 + more</p>	<p>.....</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>01 <input type="checkbox"/> N.J. 06 <input type="checkbox"/> R.L.</p> <p>02 <input type="checkbox"/> ILL 07 <input type="checkbox"/> D.N.W.</p> <p>03 <input type="checkbox"/> F 08 <input type="checkbox"/> N.W.A.</p> <p>04 <input type="checkbox"/> R 98 <input type="checkbox"/> O</p> <p>05 <input type="checkbox"/> T.R.S. 99 <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>.....</p> <p><input type="text"/> <input type="text"/></p> <p>Months</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"/> 1 Job</p> <p>2 <input type="checkbox"/> 2 Jobs</p> <p>3 <input type="checkbox"/> 3 Jobs</p> <p>4 <input type="checkbox"/> 4 Jobs</p> <p>5 <input type="checkbox"/> 5 + more</p>	<p>.....</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>01 <input type="checkbox"/> N.J. 06 <input type="checkbox"/> R.L.</p> <p>02 <input type="checkbox"/> ILL 07 <input type="checkbox"/> D.N.W.</p> <p>03 <input type="checkbox"/> F 08 <input type="checkbox"/> N.W.A.</p> <p>04 <input type="checkbox"/> R 98 <input type="checkbox"/> O</p> <p>05 <input type="checkbox"/> T.R.S. 99 <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>.....</p> <p><input type="text"/> <input type="text"/></p> <p>Months</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"/> 1 Job</p> <p>2 <input type="checkbox"/> 2 Jobs</p> <p>3 <input type="checkbox"/> 3 Jobs</p> <p>4 <input type="checkbox"/> 4 Jobs</p> <p>5 <input type="checkbox"/> 5 + more</p>	<p>.....</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p>01 <input type="checkbox"/> N.J. 06 <input type="checkbox"/> R.L.</p> <p>02 <input type="checkbox"/> ILL 07 <input type="checkbox"/> D.N.W.</p> <p>03 <input type="checkbox"/> F 08 <input type="checkbox"/> N.W.A.</p> <p>04 <input type="checkbox"/> R 98 <input type="checkbox"/> O</p> <p>05 <input type="checkbox"/> T.R.S. 99 <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>

TO BE ANSWERED BY ALL PERSONS 15 YEARS OLD AND OVER						
Page No.	Individual No.	23. LOOKED FOR WORK Did (N) look for work last week? <input type="checkbox"/> Yes → Go to Q. 24 <input type="checkbox"/> No → Go to Q. 25 <input type="checkbox"/> Not stated → Go to Q. 26	24. METHOD OF SEEKING WORK LAST WEEK How did (N) look for work last week? 1 Written application (W.A.) 2 Applied in person (A.P.) 3 Government Labour Exchange (G.E.) 4 Arranged to set up own business (A.S.B.) 5 Private employment exchange (P.E.) 6 Friends and relatives (F.R.) 7 Other (O) 9 Not Stated (N.S.) If Yes in Q. 16 then skip to Q. 28. If not, skip to Q. 27	25. REASON FOR NOT SEEKING WORK LAST WEEK Why (N) did not seek work last week? <input type="checkbox"/> 01 At school (A.S.) <input type="checkbox"/> 02 Housekeeping (H.K.) <input type="checkbox"/> 03 Retired @ <input type="checkbox"/> 04 Disabled (D) <input type="checkbox"/> 05 Temporary illness (T.I.) <input type="checkbox"/> 06 Did not want work (D.N.W.) <input type="checkbox"/> 07 Awaiting results of application (A.P.) <input type="checkbox"/> 08 Knew of no vacancy (K.N.V.) <input type="checkbox"/> 98 Other (O) <input type="checkbox"/> 99 Not stated (N.S.) If 06 or 09 in Q. 25 then skip to Q. 28	26. LAST LOOKED FOR WORK When last did (N) look for a job? <div style="border: 1px solid black; padding: 2px; display: inline-block;">If > 6 months</div> → Go to Q. 28 <div style="border: 1px solid black; padding: 2px; display: inline-block;">If > 6 months</div> → Complete Q. 27	27. NEW ENTRANTS SEEKING FIRS JOB Did (N) look for work for the first time within the past six months?
28	29-30	31	32	33-34	35-37	38
3	01	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> W.A. 5 <input type="checkbox"/> P.E. 2 <input type="checkbox"/> A.P. 6 <input type="checkbox"/> F.R. 3 <input type="checkbox"/> G.E. 7 <input type="checkbox"/> O 4 <input type="checkbox"/> A.S.B. 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.W. 03 <input type="checkbox"/> R 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D 10 <input type="checkbox"/> D.C.D 05 <input type="checkbox"/> T.I. 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W. 00 <input type="checkbox"/> N.S.	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
3	02	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.W. 03 <input type="checkbox"/> R 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D 10 <input type="checkbox"/> D.C.D 05 <input type="checkbox"/> T.I. 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W. 00 <input type="checkbox"/> N.S.	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
3	03	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> W.A. 5 <input type="checkbox"/> P.E. 2 <input type="checkbox"/> A.P. 6 <input type="checkbox"/> F.R. 3 <input type="checkbox"/> G.E. 7 <input type="checkbox"/> O 4 <input type="checkbox"/> A.S.B. 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.W. 03 <input type="checkbox"/> R 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D 10 <input type="checkbox"/> D.C.D 05 <input type="checkbox"/> T.I. 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W. 00 <input type="checkbox"/> N.S.	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
3	04	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> W.A. 5 <input type="checkbox"/> P.E. 2 <input type="checkbox"/> A.P. 6 <input type="checkbox"/> F.R. 3 <input type="checkbox"/> G.E. 7 <input type="checkbox"/> O 4 <input type="checkbox"/> A.S.B. 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.W. 03 <input type="checkbox"/> R 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D 10 <input type="checkbox"/> D.C.D 05 <input type="checkbox"/> T.I. 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W. 00 <input type="checkbox"/> N.S.	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
3	05	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> W.A. 5 <input type="checkbox"/> P.E. 2 <input type="checkbox"/> A.P. 6 <input type="checkbox"/> F.R. 3 <input type="checkbox"/> G.E. 7 <input type="checkbox"/> O 4 <input type="checkbox"/> A.S.B. 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.W. 03 <input type="checkbox"/> R 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D 10 <input type="checkbox"/> D.C.D 05 <input type="checkbox"/> T.I. 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W. 00 <input type="checkbox"/> N.S.	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.
3	06	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> W.A. 5 <input type="checkbox"/> P.E. 2 <input type="checkbox"/> A.P. 6 <input type="checkbox"/> F.R. 3 <input type="checkbox"/> G.E. 7 <input type="checkbox"/> O 4 <input type="checkbox"/> A.S.B. 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.W. 03 <input type="checkbox"/> R 09 <input type="checkbox"/> P.E. 04 <input type="checkbox"/> D 10 <input type="checkbox"/> D.C.D 05 <input type="checkbox"/> T.I. 98 <input type="checkbox"/> O 06 <input type="checkbox"/> D.N.W. 00 <input type="checkbox"/> N.S.	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> N.S.

**TO BE ANSWERED BY ALL PERSONS 15 YEARS OLD AND OVER WHO ARE WORKING,
WHO EVER WORKED OR WHO EVER SOUGHT EMPLOYMENT**

28. TYPE OF WORKER (Main Job)	29. OCCUPATION (MAIN JOB)	30. INDUSTRY (MAIN JOB)
<p>What category of worker does (N) belong to?</p> <p><input type="checkbox"/> 0 Statutory Boards/Similar Bodies (S.B.)</p> <p><input type="checkbox"/> 1 Government State Enterprise (G.S.E.)</p> <p><input type="checkbox"/> 2 Central or Local Government (C/L.G.)</p> <p><input type="checkbox"/> 3 Private Enterprise (P.E.)</p> <p><input type="checkbox"/> 4 Unpaid Worker (U.W.)</p> <p><input type="checkbox"/> 5 Learner/Apprentice (L/A)</p> <p><input type="checkbox"/> 6 Own Account Worker (O.A.W.) (No paid help)</p> <p><input type="checkbox"/> 7 Employer (E)</p> <p><input type="checkbox"/> 8 Not applicable (N.A.)</p> <p><input type="checkbox"/> 9 Not stated (N.S.)</p>	<p>What kind of work was (N) doing/applied for?</p> <p>Interviewer:</p> <p>For persons who ever worked but did not have a job last week, please indicate occupation last held.</p>	<p>(a) What is the name of the business/firm/ company in which (N) worked/is working/ looked for work?</p> <p>(b) Type of Business:</p> <p>What kind of business is carried on there?</p> <p>Interviewer:</p> <p>for persons who ever worked but did not have a job last week, please indicate industry where last employed.</p>
39	40-43	44-47
<p>0 <input type="checkbox"/> S.B. <input type="checkbox"/> L/A</p> <p>1 <input type="checkbox"/> G.S.E. <input type="checkbox"/> O.A.W.</p> <p>2 <input type="checkbox"/> C/L.G. <input type="checkbox"/> E</p> <p>3 <input type="checkbox"/> P.E. <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> U.W. <input type="checkbox"/> N.S</p>	<p>(a) Occupation:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Job Title:</p>	<p>(a) Name of Establishment:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Type of Business:</p>
<p>0 <input type="checkbox"/> S.B. <input type="checkbox"/> L/A</p> <p>1 <input type="checkbox"/> G.S.E. <input type="checkbox"/> O.A.W.</p> <p>2 <input type="checkbox"/> C/L.G. <input type="checkbox"/> E</p> <p>3 <input type="checkbox"/> P.E. <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> U.W. <input type="checkbox"/> N.S</p>	<p>(a) Occupation:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Job Title:</p>	<p>(a) Name of Establishment:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Type of Business:</p>
<p>0 <input type="checkbox"/> S.B. <input type="checkbox"/> L/A</p> <p>1 <input type="checkbox"/> G.S.E. <input type="checkbox"/> O.A.W.</p> <p>2 <input type="checkbox"/> C/L.G. <input type="checkbox"/> E</p> <p>3 <input type="checkbox"/> P.E. <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> U.W. <input type="checkbox"/> N.S</p>	<p>(a) Occupation:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Job Title:</p>	<p>(a) Name of Establishment:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Type of Business:</p>
<p>0 <input type="checkbox"/> S.B. <input type="checkbox"/> L/A</p> <p>1 <input type="checkbox"/> G.S.E. <input type="checkbox"/> O.A.W.</p> <p>2 <input type="checkbox"/> C/L.G. <input type="checkbox"/> E</p> <p>3 <input type="checkbox"/> P.E. <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> U.W. <input type="checkbox"/> N.S</p>	<p>(a) Occupation:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Job Title:</p>	<p>(a) Name of Establishment:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Type of Business:</p>
<p>0 <input type="checkbox"/> S.B. <input type="checkbox"/> L/A</p> <p>1 <input type="checkbox"/> G.S.E. <input type="checkbox"/> O.A.W.</p> <p>2 <input type="checkbox"/> C/L.G. <input type="checkbox"/> E</p> <p>3 <input type="checkbox"/> P.E. <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> U.W. <input type="checkbox"/> N.S</p>	<p>(a) Occupation:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Job Title:</p>	<p>(a) Name of Establishment:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Type of Business:</p>
<p>0 <input type="checkbox"/> S.B. <input type="checkbox"/> L/A</p> <p>1 <input type="checkbox"/> G.S.E. <input type="checkbox"/> O.A.W.</p> <p>2 <input type="checkbox"/> C/L.G. <input type="checkbox"/> E</p> <p>3 <input type="checkbox"/> P.E. <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> U.W. <input type="checkbox"/> N.S</p>	<p>(a) Occupation:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Job Title:</p>	<p>(a) Name of Establishment:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Type of Business:</p>
<p>0 <input type="checkbox"/> S.B. <input type="checkbox"/> L/A</p> <p>1 <input type="checkbox"/> G.S.E. <input type="checkbox"/> O.A.W.</p> <p>2 <input type="checkbox"/> C/L.G. <input type="checkbox"/> E</p> <p>3 <input type="checkbox"/> P.E. <input type="checkbox"/> N.A.</p> <p>4 <input type="checkbox"/> U.W. <input type="checkbox"/> N.S</p>	<p>(a) Occupation:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Job Title:</p>	<p>(a) Name of Establishment:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>(b) Type of Business:</p>

TO BE ANSWERED BY ALL PERSONS 15 YEARS OLD AND OVER WHO ARE WORKING					
Page No.	Individual No.	31. SIZE OF BUSINESS (MAIN JOB) How many paid persons are employed in the business in which (N) is working? <div> <input type="checkbox"/> 0 None <input type="checkbox"/> 1 1 person <input type="checkbox"/> 2 2 persons <input type="checkbox"/> 3 3 persons <input type="checkbox"/> 4 4 persons <input type="checkbox"/> 5 5 persons <input type="checkbox"/> 6 6-9 persons <input type="checkbox"/> 7 10+ persons <input type="checkbox"/> 9 Not stated (N.S.) </div>	32. LOCATION OF BUSINESS (MAIN JOB) What is the location of the Business/Firm where (N) works? <div> 1 At Residence Skip to Q. 34 2 Fixed Business Enterprise Go to Q. 33 3 Mobile Business Enterprise Go to Q.33 9 Not stated Go to Q. 33 </div>	33. ADDRESS OF BUSINESS (MAIN JOB) What is the address of the Business/Firm where (N) works? <div> Town/Village County/Ward </div>	34. HOURS WORKED (ALL JOBS) How many hours did (N) work last week? <div> <input type="checkbox"/> 00 None <input type="checkbox"/> 06 33-40 hrs. <input type="checkbox"/> 01 Under 1 hr. <input type="checkbox"/> 07 41-50 hrs. <input type="checkbox"/> 02 1-8 hrs. <input type="checkbox"/> 08 51-60 hrs. <input type="checkbox"/> 03 9-16 hrs. <input type="checkbox"/> 09 61-70 hrs. <input type="checkbox"/> 04 17-24 hrs. <input type="checkbox"/> 10 71+ hrs. <input type="checkbox"/> 05 25-32 hrs. <input type="checkbox"/> 99 Not stated </div> <div> If 00-05 Go to Q. 35 If 06-99 Skip to Q. 36 </div>
28	29-30	31	32	33-34	35-36
4	01	<div> 0 <input type="checkbox"/> N 4 <input type="checkbox"/> 4 1 <input type="checkbox"/> 1 5 <input type="checkbox"/> 5 2 <input type="checkbox"/> 2 6 <input type="checkbox"/> 6-9 3 <input type="checkbox"/> 3 7 <input type="checkbox"/> 10+ 9 <input type="checkbox"/> N.S. </div>	<div> 1 <input type="checkbox"/> At Residence 2 <input type="checkbox"/> Fixed Business 3 <input type="checkbox"/> Mobile Business 9 <input type="checkbox"/> Not Stated </div>	<div> <div> <div></div> <div></div> </div> </div>	<div> 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. </div>
4	02	<div> 0 <input type="checkbox"/> N 4 <input type="checkbox"/> 4 1 <input type="checkbox"/> 1 5 <input type="checkbox"/> 5 2 <input type="checkbox"/> 2 6 <input type="checkbox"/> 6-9 3 <input type="checkbox"/> 3 7 <input type="checkbox"/> 10+ 9 <input type="checkbox"/> N.S. </div>	<div> 1 <input type="checkbox"/> At Residence 2 <input type="checkbox"/> Fixed Business 3 <input type="checkbox"/> Mobile Business 9 <input type="checkbox"/> Not Stated </div>	<div> <div> <div></div> <div></div> </div> </div>	<div> 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. </div>
4	03	<div> 0 <input type="checkbox"/> N 4 <input type="checkbox"/> 4 1 <input type="checkbox"/> 1 5 <input type="checkbox"/> 5 2 <input type="checkbox"/> 2 6 <input type="checkbox"/> 6-9 3 <input type="checkbox"/> 3 7 <input type="checkbox"/> 10+ 9 <input type="checkbox"/> N.S. </div>	<div> 1 <input type="checkbox"/> At Residence 2 <input type="checkbox"/> Fixed Business 3 <input type="checkbox"/> Mobile Business 9 <input type="checkbox"/> Not Stated </div>	<div> <div> <div></div> <div></div> </div> </div>	<div> 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. </div>
4	04	<div> 0 <input type="checkbox"/> N 4 <input type="checkbox"/> 4 1 <input type="checkbox"/> 1 5 <input type="checkbox"/> 5 2 <input type="checkbox"/> 2 6 <input type="checkbox"/> 6-9 3 <input type="checkbox"/> 3 7 <input type="checkbox"/> 10+ 9 <input type="checkbox"/> N.S. </div>	<div> 1 <input type="checkbox"/> At Residence 2 <input type="checkbox"/> Fixed Business 3 <input type="checkbox"/> Mobile Business 9 <input type="checkbox"/> Not Stated </div>	<div> <div> <div></div> <div></div> </div> </div>	<div> 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. </div>
4	05	<div> 0 <input type="checkbox"/> N 4 <input type="checkbox"/> 4 1 <input type="checkbox"/> 1 5 <input type="checkbox"/> 5 2 <input type="checkbox"/> 2 6 <input type="checkbox"/> 6-9 3 <input type="checkbox"/> 3 7 <input type="checkbox"/> 10+ 9 <input type="checkbox"/> N.S. </div>	<div> 1 <input type="checkbox"/> At Residence 2 <input type="checkbox"/> Fixed Business 3 <input type="checkbox"/> Mobile Business 9 <input type="checkbox"/> Not Stated </div>	<div> <div> <div></div> <div></div> </div> </div>	<div> 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. </div>
4	06	<div> 0 <input type="checkbox"/> N 4 <input type="checkbox"/> 4 1 <input type="checkbox"/> 1 5 <input type="checkbox"/> 5 2 <input type="checkbox"/> 2 6 <input type="checkbox"/> 6-9 3 <input type="checkbox"/> 3 7 <input type="checkbox"/> 10+ 9 <input type="checkbox"/> N.S. </div>	<div> 1 <input type="checkbox"/> At Residence 2 <input type="checkbox"/> Fixed Business 3 <input type="checkbox"/> Mobile Business 9 <input type="checkbox"/> Not Stated </div>	<div> <div> <div></div> <div></div> </div> </div>	<div> 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. </div>

TO BE ANSWERED BY ALL PERSONS 15 YEARS OLD AND OVER WHO ARE WORKING

35. REASON FOR WORKING LESS THAN 33 HOURS What is the reason for working less than 33 hours?		36. WORK PATTERN (ALL JOBS)	
		a. How does (N) typically work on WEEKDAYS? (Monday-Friday)	b. How does (N) typically work on WEEKDAYS? (Saturday & Sunday)
<input type="checkbox"/> 1 No more work available (N.W.A.) <input type="checkbox"/> 2 New job (N.J.) <input type="checkbox"/> 3 Illness (ILL) <input type="checkbox"/> 4 Temporary layoff (T.L.) <input type="checkbox"/> 5 Own choice (O.C.) <input type="checkbox"/> 6 Vacation (V) <input type="checkbox"/> 7 Other (O) <input type="checkbox"/> 8 Not applicable (N.A.) <input type="checkbox"/> 9 Not stated (N.S.)	<input type="checkbox"/> 1 Morning eg. <input type="checkbox"/> 2 Afternoon <input type="checkbox"/> 3 Day <input type="checkbox"/> 4 Night <input type="checkbox"/> 5 Long Shift <input type="checkbox"/> 6 Alternate shift <input type="checkbox"/> 7 Don't work <input type="checkbox"/> 9 Not stated	<input type="checkbox"/> 1 Morning eg. (4.00 a.m. - 12.00 noon) <input type="checkbox"/> 2 Afternoon (12.00 noon - 6.00 p.m.) <input type="checkbox"/> 3 Day (4.00 a.m. - 6.00 p.m.) <input type="checkbox"/> 4 Night (6.00 p.m. - 4.00 a.m.) <input type="checkbox"/> 5 Long Shift (4.00 a.m. - 4.00 a.m.) <input type="checkbox"/> 6 Alternate shift <input type="checkbox"/> 7 Don't work <input type="checkbox"/> 9 Not stated	
37	38	39	
1 <input type="checkbox"/> N.W.A. 1 <input type="checkbox"/> O.C. 2 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> V. 3 <input type="checkbox"/> ILL 3 <input type="checkbox"/> O 4 <input type="checkbox"/> T.L. 4 <input type="checkbox"/> N.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	
1 <input type="checkbox"/> N.W.A. 1 <input type="checkbox"/> O.C. 2 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> V. 3 <input type="checkbox"/> ILL 3 <input type="checkbox"/> O 4 <input type="checkbox"/> T.L. 4 <input type="checkbox"/> N.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	
1 <input type="checkbox"/> N.W.A. 1 <input type="checkbox"/> O.C. 2 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> V. 3 <input type="checkbox"/> ILL 3 <input type="checkbox"/> O 4 <input type="checkbox"/> T.L. 4 <input type="checkbox"/> N.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	
1 <input type="checkbox"/> N.W.A. 1 <input type="checkbox"/> O.C. 2 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> V. 3 <input type="checkbox"/> ILL 3 <input type="checkbox"/> O 4 <input type="checkbox"/> T.L. 4 <input type="checkbox"/> N.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	
1 <input type="checkbox"/> N.W.A. 1 <input type="checkbox"/> O.C. 2 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> V. 3 <input type="checkbox"/> ILL 3 <input type="checkbox"/> O 4 <input type="checkbox"/> T.L. 4 <input type="checkbox"/> N.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	
1 <input type="checkbox"/> N.W.A. 1 <input type="checkbox"/> O.C. 2 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> V. 3 <input type="checkbox"/> ILL 3 <input type="checkbox"/> O 4 <input type="checkbox"/> T.L. 4 <input type="checkbox"/> N.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	
1 <input type="checkbox"/> N.W.A. 1 <input type="checkbox"/> O.C. 2 <input type="checkbox"/> N.J. 2 <input type="checkbox"/> V. 3 <input type="checkbox"/> ILL 3 <input type="checkbox"/> O 4 <input type="checkbox"/> T.L. 4 <input type="checkbox"/> N.A. 9 <input type="checkbox"/> N.S.	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	1 <input type="checkbox"/> Morning 1 <input type="checkbox"/> Long shift 2 <input type="checkbox"/> Afternoon 2 <input type="checkbox"/> Alt.shift 3 <input type="checkbox"/> Day 3 <input type="checkbox"/> Don't work 4 <input type="checkbox"/> Night 4 <input type="checkbox"/> Not stated	

PERSONS 15 YEARS OLD AND OVER WHO HAVE MORE THAN ONE JOB			PERSONS 15 YEARS + WHO ARE WORKING	
Page No.	Individual No.	37. SECONDARY JOB What kind of work was (N) doing last week as a SECONDARY JOB? (If UNPAID, please state)	38. HOURS WORKED (SECONDARY JOB) How many hours did (N) work last week in his/her secondary job? 00 <input type="checkbox"/> None 06 <input type="checkbox"/> 33 - 40 hrs. 01 <input type="checkbox"/> Under 1 hr. 07 <input type="checkbox"/> 41 - 50 hrs. 02 <input type="checkbox"/> 1 - 8 hrs; 08 <input type="checkbox"/> 51 - 60 hrs. 03 <input type="checkbox"/> 9 - 16 hrs. 09 <input type="checkbox"/> 61 - 70 hrs. 04 <input type="checkbox"/> 17 - 24 hrs. 10 <input type="checkbox"/> 71 hrs 05 <input type="checkbox"/> 25 - 32 hrs. 99 <input type="checkbox"/> Not stated	39. GROSS MONTHLY EARNED INCOME (NEAREST DOLLAR) What is (N) gross monthly income? INTERVIEWER: (a) For own account workers and Employers Income = Income less business expenses. (b) Enter income e.g. \$500 <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 0 5 0 0</div>
		28	29-30	31 - 34
5	01	Occupation:..... Job Title: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div>	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. Main Job <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 2. Secondary Job <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 3. Other Jobs <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
5	02	Occupation:..... Job Title: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div>	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. Main Job <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 2. Secondary Job <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 3. Other Jobs <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
5	03	Occupation:..... Job Title: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div>	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. Main Job <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 2. Secondary Job <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 3. Other Jobs <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
5	04	Occupation:..... Job Title: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div>	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. Main Job <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 2. Secondary Job <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 3. Other Jobs <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
5	05	Occupation:..... Job Title: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div>	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. Main Job <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 2. Secondary Job <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 3. Other Jobs <div style="border: 1px solid black; width: 100px; height: 15px;"></div>
5	06	Occupation:..... Job Title: <div style="border: 1px solid black; width: 100px; height: 15px; margin-top: 5px;"></div>	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. Main Job <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 2. Secondary Job <div style="border: 1px solid black; width: 100px; height: 15px;"></div> 3. Other Jobs <div style="border: 1px solid black; width: 100px; height: 15px;"></div>

C.S.S.P. HOUSING SUPPLEMENT									
		Page number	Individual number	Household size	Sub-sample number				
		28	29 - 30	31 - 32	33				
		0	0 0						
Q	HEAD OF HOUSEHOLD ONLY								c.c.
40	TENANCY What type of tenancy do you hold in respect of dwelling unit? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>1 <input type="checkbox"/> Owned</div> <div>3 <input type="checkbox"/> Rented Private - Unfurnished</div> <div>5 <input type="checkbox"/> Rent Free</div> <div>7 <input type="checkbox"/> Other</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>2 <input type="checkbox"/> Rented - Private Furnished</div> <div>4 <input type="checkbox"/> Rented Government</div> <div>6 <input type="checkbox"/> Squatted</div> <div>9 <input type="checkbox"/> Not stated</div> </div>								34
41	RENTED DWELLING UNITS How much does your household pay in rent/lease for this dwelling unit per month? <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 10px;">\$T.T.</div> </div>								35-38
42	TYPE OF DWELLING UNIT How would you describe the type of dwelling unit that your household occupies? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>01 <input type="checkbox"/> Separate house</div> <div>05 <input type="checkbox"/> Wafda</div> <div>08 <input type="checkbox"/> Barracks</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>02 <input type="checkbox"/> Flat/apartment</div> <div>06 <input type="checkbox"/> Double house/duplex</div> <div>09 <input type="checkbox"/> Out-room</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>03 <input type="checkbox"/> Town house</div> <div>07 <input type="checkbox"/> Part of Commercial/Industrial building</div> <div>10 <input type="checkbox"/> Other</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>04 <input type="checkbox"/> Condominium</div> <div>99 <input type="checkbox"/> Not stated</div> </div>								39-40
43	MATERIALS OF OUTERWALLS How would you describe the type of dwelling unit that your household occupies? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>1 <input type="checkbox"/> Brick (plastered or unplastered)/Concrete</div> <div>3 <input type="checkbox"/> Wood and Brick/Concrete</div> <div>5 <input type="checkbox"/> Other</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>2 <input type="checkbox"/> Wood</div> <div>4 <input type="checkbox"/> Wattle/Tapia</div> <div>9 <input type="checkbox"/> Not stated</div> </div>								41
44	TOILET FACILITIES What type of toilet facilities does the Household have? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>1 <input type="checkbox"/> Pit</div> <div>3 <input type="checkbox"/> WC not linked to sewer</div> <div>5 <input type="checkbox"/> None</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>2 <input type="checkbox"/> WC linked to sewer</div> <div>4 <input type="checkbox"/> Other</div> <div>9 <input type="checkbox"/> Not stated</div> </div>								42
45	NUMBER OF ROOMS How many rooms are there in your dwelling unit? (Do not count bathrooms, porches, kitchens, etc.) <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>1 <input type="checkbox"/></div> <div>2 <input type="checkbox"/></div> <div>3 <input type="checkbox"/></div> <div>4 <input type="checkbox"/></div> <div>5 <input type="checkbox"/></div> <div>6 <input type="checkbox"/></div> <div>7+ <input type="checkbox"/></div> <div>9 <input type="checkbox"/> Not stated</div> </div>								43
46	NUMBER OF BEDROOMS 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). <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>0 <input type="checkbox"/></div> <div>1 <input type="checkbox"/></div> <div>2 <input type="checkbox"/></div> <div>3 <input type="checkbox"/></div> <div>4 <input type="checkbox"/></div> <div>5+ <input type="checkbox"/></div> <div>9 <input type="checkbox"/></div> </div>								44
47	WATER SUPPLY What is your water supply? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>1 <input type="checkbox"/> Public piped into dwelling</div> <div>4 <input type="checkbox"/> Private catchment not piped</div> <div>7 <input type="checkbox"/> Other</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>2 <input type="checkbox"/> Public piped into yard</div> <div>5 <input type="checkbox"/> Public standpipe</div> <div>9 <input type="checkbox"/> Not stated</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>3 <input type="checkbox"/> Private piped into dwelling</div> <div>6 <input type="checkbox"/> Truck borne (and not piped into dwelling)</div> </div>								45
48	SOURCE OF LIGHTING What is the source of lighting for this dwelling? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>1 <input type="checkbox"/> Electricity</div> <div>3 <input type="checkbox"/> Other</div> <div>9 <input type="checkbox"/> Not stated</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>2 <input type="checkbox"/> Kerosene</div> <div>4 <input type="checkbox"/> None</div> </div>								46
49	RENOVATION/ALTERATION Were there any renovations/alterations to this dwelling unit during the last quarter? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div> <div>3 <input type="checkbox"/> Don't know</div> <div>9 <input type="checkbox"/> Not stated</div> </div>								47

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	
C.S.O. Printing Unit	