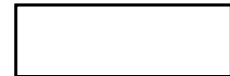




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IMPORTANT!!!

Transfer ED, Block and Household Numbers to the top of EACH individual questionnaire from Household Questionnaire



Mark multiple choice boxes like this

ED No

Block No

Household No

INTERVIEWER:

Whenever a dotted line (...) appears in a question, call the name of the person to whom the information relates, if it is not the respondent himself/herself. Else say "You"/"Your". X the appropriate box. Please do not write over the responses:

SECTION 5: GENERAL CHARACTERISTICS

For All Persons

43: Please fill in this person's name and assigned number.

44: What is your/.....relationship to the head of the household?

- 1 Head
- 2 Spouse/Partner of Head
- 3 Child of Head and Spouse/Partner
- 4 Child of Head only
- 5 Child of Spouse/Partner only
- 6 Spouse/Partner of Child of Head
- 7 Grandchild of Head/Spouse/Partner
- 8 Parents of Head/Spouse/Partner
- 9 Other Relative of Head/Spouse/Partner
- 10 Non-Relative
- 99 Don't know/Not Stated

45: What is your/.....'s sex?

- 1 Male
- 2 Female
- 9 Don't know/Not stated

46: What is your/.....'s date of birth?

Day Month Year

/ /

- 9 Don't know/Not stated

47: What was your/.....'s age at his/her last birthday?

48: To which ethnic group do you/ does.....belong?

- 1 African/Black/Negro
- 2 Amerindian/Carib
- 3 Asian
- 4 Caucasian/White
- 5 Chinese
- 6 East Indian/Indian
- 7 Mixed (Black/White)
- 8 Mixed (Other)
- 9 Portuguese
- 10 Hispanic
- 11 Syrian/Lebanese
- 88 Other ethnic group (specify) _____
- 99 Don't know/Not stated

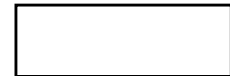
49: What is your/.....'s religious affiliation/denomination?

- 1 Adventist
- 2 Anglican
- 3 Baha'i
- 4 Baptist
- 5 Bretheren
- 6 Church of God
- 7 Evangelical
- 8 Hindu
- 9 Jehovah witness
- 10 Judaism
- 11 Methodist
- 12 Moravian
- 13 Mormon
- 14 Muslim/Islam
- 15 Nazarene
- 16 None/No religion
- 17 Pentecostal
- 18 Presbyterian
- 19 Rastafarian
- 20 Roman Catholic
- 21 Salvation Army
- 22 Wesleyan Holiness
- 88 Other (Specify) _____
- 99 DK/NS



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Remember to mark multiple choice boxes like this



SECTION 6: DISABILITY AND HEALTH

For All Persons

50. Do you/does..... have difficulty

**INTERVIEWER: READ OPTIONS BELOW.
MULTIPLE RESPONSES ALLOWED.**

Rate responses as follows:

- 1 No - No Difficulty** **3 Yes - Lots of Difficulty** **9 DK/NS**
- 2 Yes - Some Difficulty** **4 Cannot do (it) at all**

- | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Seeing (even with glasses)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| 2. Hearing (even using hearing aid)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| 3. Walking, standing, or climbing stairs? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| 4. Remembering or concentrating? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| 5. Self care? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| 6. With upper body function? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |
| 7. Communicating because of a physical, mental or emotional health condition | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 9 |

SAMPLE

If No Difficulty for all options, Skip to Q52.

51: What is the origin of your/.....'s disability?

INTERVIEWER: READ OPTIONS SELECTED BY RESPONDENTS IN Q50. MULTIPLE REPOSSES ALLOWED.

- 1. From Birth** **2. Illness** **3. Accident** **4. Old age** **8. Other (Specify)**
- 9. DK/NS**

- | | |
|---|--------------------------|
| 1. Seeing, even with glasses? | <input type="checkbox"/> |
| 2. Hearing, even using a hearing aid? | <input type="checkbox"/> |
| 3. Walking, standing or climbing | <input type="checkbox"/> |
| 4. Remembering or concentrating? | <input type="checkbox"/> |
| 5. With self-care | <input type="checkbox"/> |
| 6. With upper body function? | <input type="checkbox"/> |
| 7. Communicating because of a physical, mental, or emotional health condition | <input type="checkbox"/> |

52: Do you/doeshave any of the following illnesses?

**INTERVIEWER: READ OPTIONS BELOW.
MULTIPLE RESPONSES ALLOWED.**

- | | |
|---|--|
| <input type="checkbox"/> 1 AIDS | <input type="checkbox"/> 11 HIV |
| <input type="checkbox"/> 2 Allergies | <input type="checkbox"/> 12 Hypertension |
| <input type="checkbox"/> 3 Anemia | <input type="checkbox"/> 13 Kidney diseases |
| <input type="checkbox"/> 4 Arthritis | <input type="checkbox"/> 14 Lupus |
| <input type="checkbox"/> 5 Asthma | <input type="checkbox"/> 15 Mental illness |
| <input type="checkbox"/> 6 Cancer | <input type="checkbox"/> 16 Sickle cell |
| <input type="checkbox"/> 7 Carpal Tunnel Syndrome | <input type="checkbox"/> 17 Stroke |
| <input type="checkbox"/> 8 Diabetes | <input type="checkbox"/> 88 Other (Specify)_____ |
| <input type="checkbox"/> 9 Glaucoma | <input type="checkbox"/> 99 DK/NS |
| <input type="checkbox"/> 10 Heart disease | |

53: Are you/ is....covered by insurance (health, life, national, other)?

- 1 Yes
- 2 No **(SKIP TO SECTION 7)**
- 9 DK/NS **(SKIP TO SECTION 7)**

54: Which of the following insurance plan(s) do you/does.....have? (MULTIPLE REPOSSES ALLOWED)

- | | |
|--|--|
| <input type="checkbox"/> 1 Social Security | <input type="checkbox"/> 6 Endowment with Health |
| <input type="checkbox"/> 2 Life Only | <input type="checkbox"/> 7 Endowment |
| <input type="checkbox"/> 3 Life and Health | <input type="checkbox"/> 8 Other (Specify)_____ |
| <input type="checkbox"/> 4 Group Health | <input type="checkbox"/> 9 DK/NS |
| <input type="checkbox"/> 5 Individual Health | |

SECTION 7: INTERNET USE

For All Persons

55: Have you /has.....used the internet within the past 3 months?

- 1 Yes
- 2 No **(SKIP TO SECTION 8)**
- 9 DK/NS **(SKIP TO SECTION 8)**

56: Where did you/has....used the Internet within the past 3 months? (MULTIPLE REPOSSES ALLOWED)

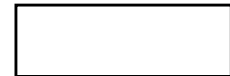
- | | |
|---|--|
| <input type="checkbox"/> 1 Home | <input type="checkbox"/> 6 Other mobile access device |
| <input type="checkbox"/> 2 Work | <input type="checkbox"/> 7 Family/friends house (fixed line) |
| <input type="checkbox"/> 3 School | <input type="checkbox"/> 8 Other (specify)_____ |
| <input type="checkbox"/> 4 Internet Cafe | <input type="checkbox"/> 9 DK/NS |
| <input type="checkbox"/> 5 Cellular phone | |

Remember to mark multiple choice boxes like this



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Remember to mark multiple choice boxes like this



SECTION 8: BIRTHPLACE AND RESIDENCE

For All Persons

57: Where do you/does... usually live?

1 At this address

Parish _____ Village _____

2 Elsewhere

Parish _____ Village _____

3 In another village

Parish _____ Village _____

4 Abroad

Name of country _____

INTERVIEWER: For persons born in Antigua & Barbuda what is required at Q58 is the mother's usual residence at the time of birth.

58: Where were you/was...born?

1 In this country (SKIP TO Q61)

Parish _____ Village _____

2 Abroad

Name of country _____

59: In what year did you /... first come to live in Antigua and Barbuda?

Year

60: What is the main reason for your present residence in Antigua and Barbuda?

1. Economic Activity under Free Movement

- 1.1 Skilled CARICOM national _____
- 1.2 Service Provider
- 1.3 Rights of Establishment/Commercial presence
- 1.4 Employee of non-wage earner
- 2 Other Economic Activity
- 3 Dependent
- 8 Other (Specify) _____

Go to Q65

Q61 TO Q64 ARE FOR LOCAL BORN ONLY

61: Have you/has... ever lived in another country?

1 Yes 2 No (SKIP TO Q65) 9 DK/NS (SKIP TO Q 65)

62: In which country did you/... last live?

Name of country _____

Q63 and Q64 are for local born who answered yes to Q61

63: In what year did you/... return to live in Antigua & Barbuda?

Year

64: What is the main reason for you/... to return to live in Antigua & Barbuda?

- 1 Regard it as home
- 2 Family is here
- 3 Involuntary return
- 4 To start a business
- 5 Employment/work
- 6 Education
- 7 Retired
- 8 Homesick
- 88 Other (Specify) _____

65: In what year did you/...last come to live in this Parish?

Year 1 Never moved (SKIP TO Q67)

66: In which Parish and Village did you/... last live?

Parish _____ Village _____

Q67 to Q71 are for 5 years old and over

67: Did you/... live at this address five years ago?

1 Yes (SKIP TO Q71) 2 No

68: In which country or parish and village did you/...live five years ago?

1 In another Parish and village

Parish _____ Village _____

2 Abroad

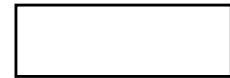
Name of country _____

Remember to mark multiple choice boxes like this



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Remember to mark multiple choice boxes like this



SECTION 8: BIRTHPLACE AND RESIDENCE
concluded

Q69 to Q73 are for 10 years and over

69: Did you/... live at this address ten years ago?

- 1 Yes (SKIP TO Q71) 2 No

70: In which country or parish and village did you/...live ten years ago?

- 1 In another Parish and village
Parish _____ Village _____

- 2 Abroad
Name of country _____

71: Which country or countries are you/... a citizen of ? (List up to two countries).

1. _____ 2. _____

SECTION 9: EDUCATION For All Persons

72: Are you/is.....currently in an educational institution

- 1 Yes, fulltime
 2 Yes, part-time
 3 No. (SKIP TO Q75)

73: What type of educational institution are you/is.....attending?

- 1 Day care/nursery 9 Sixth Form (A' level)
 2 Pre-school 10 Post Secondary School
 3 Gov. Primary School 11 Voc/Trade/(Post primary)
 4 Private Primary School 12 Adult/Continue classes
 5 Gov. Assisted Primary 13 University
 6 Special education 88 Other (Specify) _____
 7 Secondary 99 DK/NS
 8 Community/State College

74: Please give the name and address of the school or institution that you are/...is attending?

Name _____

Address _____

SECTION 9: EDUCATION For All Persons
concluded

75: What is the HIGHEST level of education that you have/...has attained?

- 1 None/ No schooling 10 Sixth Form (A'level) - Lower
 2 Day care/nursery 11 Sixth Form (A'level) - Upper
 3 Pre-school 12 Post Secondary
 4 Infant/Kindergarten 13 Post Sec/Pre-University/College
 5 Primary/elementary (1-3) 14 Post Primary-Vocational/Trade
 6 Primary/elementary (4-7) 15 Special School/Education
 7 Junior Secondary 16 University
 8 Secondary (Form 1-3) 88 Other (Specify) _____
 9 Secondary (Form 4-5)
 99 DK/NS

76: What is the HIGHEST examination you have/...has ever passed?

- 1 None 9 Bachelor's Degree
 2 School leaving certificate 10 Post Graduate Diploma
 3 High School Certificate 11 Professional Certificate
 4 Cambridge School/CXC 12 Masters Degree
 5 GCE O'levels/CXC General 13 Doctoral Degree
 6 GCE A' levels 1234+ CAPE 1+ 88 Other (Specify) _____
 7 College Certificate/Diploma 99 DK/NS
 8 Associate Degree

SECTION 10: TRAINING For Persons 15 years and over

77: Have you/has...ever received or attempted any skills training or are you/... currently receiving any skills training to equip you/... for employment, occupation/profession?

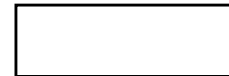
- 1 Yes
 2 No (SKIP TO SECTION 11)
 9 DK/NS (SKIP TO SECTION 11)

78: Which category of training status applies to you/...?

- 1 Completed training
 2 Undergoing training currently
 3 Attempted training but not completed
 9 DK/NS

79: What is the field(s) for which the highest level of training was completed, attempted or is undergoing by you/...?

Remember to mark multiple choice boxes like this



SECTION 10: TRAINING
For Persons 15 years and over concluded

80: What was the MAIN method used by you/...to train in this field? (SINGLE RESPONSE)

- 1 On the job
- 2 Apprenticeship
- 3 Correspondence/distance learning/on-line
- 4 Secondary School
- 5 Vocational/Trade school/Technical Institution
- 6 Commercial/Secretarial School
- 7 Business/Computer School
- 8 University (on campus)
- 9 Private Study
- 88 Other (Specify) _____
- 99 DK/NS

81: How long was the period of your/... 's HIGHEST level of training? (SINGLE RESPONSE)

- 1 Under 3 months
- 2 3 months and less than 6 months
- 3 6 months and less than 1 year
- 4 1 year and less than 1.5 years
- 5 1.5 years and less than 2 years
- 6 2 years and less than 3 years
- 7 3 years and less than 4 years
- 8 4 years and over
- 9 DK/NS

82: What type of qualification or certification did you/...receive on completion of the training at the HIGHEST level? (SINGLE RESPONSE)

- 1 None
- 2 Certificate with exam
- 3 Certificate without exam
- 4 Diploma
- 5 Advanced Diploma
- 6 Associate Degree
- 7 First Degree
- 8 Post Grad. Degree
- 9 Professional Qualification
- 88 Other (Specify)
- 99 DK/NS

83: Is your/... recent training related to your/...present job?

- 1 Yes
- 2 No
- 9 DK/NS

SECTION 11: ECONOMIC ACTIVITY
For Persons 15 years and over

84: What did you/... do during the past 12 months? (SINGLE RESPONSE)

- 1 Had a job and worked (GO TO Q85)
- 2 Had a job, but did not work (SKIP TO Q87)
- 3 Seeking first job _____
- 4 Seeking a job which was not the first
- 5 Did not seek but wanted work and was available
- 6 Attended school/Student
- 7 Did home duties
- 8 Retired, did not work
- 9 Disabled, unable to work
- 88 Other (Specify) _____
- 99 DK/NS

(SKIP TO Q97)

85: For how many months did you/..... work during the past 12 months?
Number of months

- | | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

86: Did you/.... work for pay, profit or family gain, during the past week? This includes helping in a family business or farm, street vending or any work. Note: Exclude Domestic Work at home (SINGLE RESPONSE)

IF YES, Did you?

- 1 Had a job and worked (SKIP TO Q88)
- 2 Had a job, but did not work (GO TO Q87)

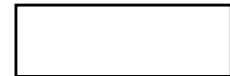
IF NO, What did you do during the past week?

- 3 Seeking first job _____
- 4 Seek job which was not first
- 5 Wanted work and available
- 6 Home Duties
- 7 Attended School
- 8 Retired - did not work
- 9 Disabled, unable to work
- 88 Other (Specify) _____

(SKIP TO Q97)

87: Why were you/...temporarily absent from your/ his/her job?

- 1 On vacation leave
- 2 Maternity/sick leave
- 3 Personal responsibility
- 4 Study/training leave
- 5 Strike/lock out
- 6 Temporary lay off
- 7 Currently in the off season
- 8 Sent on unpaid leave
- 88 Other reason (Specify) _____



SECTION 11: ECONOMIC ACTIVITY

For Persons 15 years and over

continued

88. What type of worker status applies to you /..... in your job?

- 1 Paid employee, / Government/Local and Central Gov.
- 2 Paid employee, State Owned Company/Statutory Body
- 3 Paid employee, Private Business
- 4 Paid employee, Private Home
- 5 Own business with paid employees
- 6 Own business without paid employee
- 7 Apprentice/Learner
- 8 Contributing family worker
- 9 Volunteer worker
- 88 Other (Specify) _____
- 99 DK/NS

GO TO Q89

SKIP TO Q92

(SKIP TO Q92)

89. What kind of accounts do you keep for this activity/business?

- 1 Complete set of written accounts
- 2 Only through informal records of orders, sales, purchases
- 3 Simplified written accounts
- 4 No records are kept.

90. Are you registered with the Social Security Scheme as a self-employed person or an employer?

- 1 Employer
- 2 Self-Employed
- 3 Not Registered

91. Estimate how much you/...earned from your business during the past month?

\$

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

92. Describe the type of work you do/...does in your/his/her main job?

Occupation: _____

93. What is the main business activity carried out at your/his/her workplace?

Industry _____

94. How many hours did you/...work during the past week?

--	--

Hours

- 99 DK/NS

95: Where is your/....place of work?

- 1 At a fixed place of work outside the home
- 2 Work at home (SKIP TO SECTION 12)
- 3 No fixed place of work (SKIP TO SECTION 12)
- 9 DK/NS

96: What is the name and address of your/his/her workplace?

Name _____

Address _____

97: Did you/... seek work during the past four weeks?

- 1 Yes (GO TO Q98)
- 2 No (SKIP TO Q99)

98: What did you/... actually do to find work or establish your/his/her own business?

- 1 Did nothing/Undertook no (active) steps (GO TO Q99)
- 2 Registered at a public employment exchange
- 3 Registered at a private employment agency
- 4 Checked at work-site, farms, factories
- 5 Looked up and responded to advertisements
- 6 Asked for assistance from friends, relatives
- 7 Tried to establish my/(his/her own business
- 8 Tried to work on a family farm or business
- 88 Other (Specify) _____
- 99 DK/NS

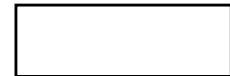
(SKIP TO Q100)

99: Why did you/... not seek work in the past four weeks? (SINGLE RESPONSE)

- 1 Already found job/made arrangements to start own business
- 2 Cannot find work, lack of business opportunities
- 3 Lack of finance, raw materials to start own business
- 4 Awaiting busy/high season
- 5 Awaiting recall from previous job
- 6 Thinks he/she lacks skills
- 7 Discrimination
- 8 Don't know where/how to seek
- 9 Household duties
- 10 Student
- 11 Illness/Disability
- 12 Family reason, pregnant, other personal reason
- 88 Other (Specify) _____



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SECTION 11: ECONOMIC ACTIVITY
For Persons 15 years and over concluded

100: If you would have been offered an opportunity to work during the last week would you have been able to start?

- 1 Yes
- 2 No
- 2.1 In school, training
- 2.2 Retirement/Old age
- 2.3 Illness/Disability
- 2.4 Family duties
- 2.5 Other (Specify) _____

SECTION 12: MARITAL AND UNION STATUS
For Persons 15 years and over

101: What is your/... 's legal marital status?

- 1 Single/Never married
- 2 Married
- 3 Divorced
- 4 Widowed
- 5 Legally separated
- 9 DK/NS

102: What is your/... 's present union status?

- 1 Married and living with spouse (SKIP TO Q104)
- 2 Common law/de facto marriage
- 3 Visiting partner
- 4 Not in union presently (GO TO Q103)
- 9 DK/NS

103: Have you/... ever been in a common-law union?

- 1 Yes (SKIP TO SECTION 13)
- 2 No (SKIP TO SECTION 13)
- 9 DK/NS

104: How old were/was you/... when you/he/she was first married or in a union for the first time?

Age

SECTION 13: FERTILITY
For women 15 years and over

105: How many live born children have you/has....ever had and how many are males and females?

(IF ZERO, enter 00 & Go to Section 14)

Total	M	F
<input type="text"/>	<input type="text"/>	<input type="text"/>

106: How many of your /... 's live born children are still alive?

Total	M	F
<input type="text"/>	<input type="text"/>	<input type="text"/>

107: How old were you/was...when you/she had your/her first live born child?

Age

108: How old were you/was... when you/she had your/her last live born child?

Age

109: What was the date of birth of the last child born alive to you?

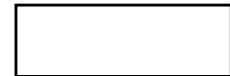
Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

SAMPLE



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Remember to mark multiple choice boxes like this ☒



SECTION 13: FERTILITY
For women 15 years and over concluded

SECTION 14: INCOME AND LIVELIHOOD
For Persons 15 Years and Over

110: How many live births did you/...have in the past 12 months?

- 1 None (GO TO SECTION 14)
- 2 One birth with one baby
- 3 Two separate births
- 4 Twins
- 5 Three or more
- 9 DK/NS

Q111 TO Q113 APPLY ONLY TO FEMALES UNDER 50. ALL OTHERS GO TO SECTION

111: What is/are the sex(es) of this child/these children?
(Born within the last 12 months)

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Boys | | | | Girls | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

112: Have any of these children died?

- 1 Yes
- 2 No (GO TO SECTION 14)
- 9 DK/NS (GO TO SECTION 14)

113: Of what sex and age, in months, was each child that died in the past 12 months?

	How many months old was .../ when he/she died?	Sex of deceased
1	<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
2	<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
3	<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F
4	<input type="text"/> <input type="text"/>	<input type="checkbox"/> 1 M <input type="checkbox"/> 2 F

114: Do you /does ...normally receive your wage/salary from your main job at the end of every....? (PAID EMPLOYEES ONLY)

- 1 Day
- 2 Week
- 3 Fortnight
- 4 Month
- 8 Other (Specify)_____

115: In which category on this flashcard did your/... pay/income fall during the last pay period from your main job?

Income Group

116: What are your/... sources of livelihood? (Indicate as many sources as supply)

- 1 Disability benefits
- 2 Employment
- 3 Investment
- 4 Other public assistance
- 5 Pension (local)
- 6 Pension (overseas)
- 7 Remittances (overseas)
- 8 Savings/Interest on savings
- 9 Social security benefits
- 10 Subsistence farming
- 11 Support from friends/relatives (overseas - cash/kind)
- 12 Support from friends/relatives (local cash/kind)
- 13 Unemployment benefit
- 88 Other (Specify)_____
- 99 DK/NS

117: Approximately how much money did you/... receive last year from family and or friends abroad?

\$

SECTION 15: WHERE SPENT CENSUS NIGHT

118: Where did you/.....spend census night?

- 1 At this address
- 2 Elsewhere in this country
- 3 Abroad (END INTERVIEW)

119: What part of the country was that? Please specify.

Remember to mark multiple choice boxes like this ☒