

TOKELAU
CENSUS FORM
2001

Formof.....

Collection Authority

The information asked for is collected under the authority of the Statistics Act. Your co-operation in completing this form is important to the success of the census.

Privacy

Your privacy is protected by law. No one outside the office can see your form or link your answers with your name and address.

Coverage

All persons present on census night must be counted whether they are family members or not. Check whether persons who spent census night in the household but have since gone away are included.

C1 What is the address of this dwelling?

Please use BLOCK letters

Island _ _ _ _ _

Village _ _ _ _ _

E A _ _ _ _ _

Housing Number _ _ _ _ _

Household Number_ _ _ _ _

Go to back page and complete questions C2 and C3

Please answer the following questions for this dwelling

<p>H 1 Type of building (main building)</p>	<p>1 <input type="checkbox"/> Tokelauan Fale</p> <p>2 <input type="checkbox"/> European House</p> <p>3 <input type="checkbox"/> Mixed-style</p> <p>4 <input type="checkbox"/> European House plus Tokelauan Fale (describe)</p> <p>-----</p> <p>-----</p> <p>5 <input type="checkbox"/> Other -----</p> <p>-----</p>
<p>H 2 Floor materials</p>	<p>1 <input type="checkbox"/> coral pebbles</p> <p>2 <input type="checkbox"/> concrete</p> <p>3 <input type="checkbox"/> wood</p> <p>4 <input type="checkbox"/> Other -----</p> <p>-----</p>
<p>H 3 Roofing materials</p>	<p>1 <input type="checkbox"/> Thatch</p> <p>2 <input type="checkbox"/> Roofing iron</p> <p>3 <input type="checkbox"/> Other -----</p> <p>-----</p>
<p>H 4 Materials of outer walls</p>	<p>1 <input type="checkbox"/> open posts/blinds</p> <p>2 <input type="checkbox"/> wood</p> <p>3 <input type="checkbox"/> concrete</p> <p>4 <input type="checkbox"/> Other -----</p> <p>-----</p>
<p>H 5 Period building first constructed?</p>	<p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>1 <input type="checkbox"/> 2 - 4 years ago</p> <p>2 <input type="checkbox"/> 5 - 9 years ago</p> <p>3 <input type="checkbox"/> 10 - 19 years ago</p> <p>4 <input type="checkbox"/> 20 - 49 years ago</p> <p>5 <input type="checkbox"/> More than 50 years ago</p>
<p>H 6 Number of rooms</p>	<p><input type="text"/> <input type="text"/></p>

Please answer the following questions for this dwelling

H 7 Toilet facilities

- 1 Tank flush - private/inside dwelling
- 2 Tank flush - private/outside dwelling
- 3 Tank flush - share with others
- 4 Pour flush - private/inside dwelling
- 5 Pour flush - private/outside dwelling
- 6 Pour flush - share with others
- 7 Over water
- 8 None

H 8 Main source of drinking water

- 1 Own water tank
- 2 Water tank shared with other household
- 3 Other _____

H 9 Main source of water for personal washing

- 1 Shower facility - private/inside dwelling
- 2 Shower facility - private/outside dwelling
- 3 Shower facility - share with others
- 4 Lagoon/Ocean

H 10 Main source of lighting

- 1 Generator (community)
- 2 Generator (private)
- 3 Solar
- 4 Coleman
- 5 Hurricane light
- 6 Other _____

H 11 Main source of cooking

- 1 Tokelauan Umu
- 2 Firewood
- 3 Kerosene stove
- 4 Gas stove
- 5 Other _____

Please answer the following questions for this dwelling

H 12 How is household waste disposed ?

- 1 Buried
- 2 Burned
- 3 Disposed into rivers/seas
- 4 Disposed in backyard
- 5 Other _____

H 13 Does this household own any of the following items ?

Tick box if yes		Yes	No
1 <input type="checkbox"/>	Radio If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="checkbox"/>	Cassette/CD player If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="checkbox"/>	TV/Video If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="checkbox"/>	Refrigerator If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="checkbox"/>	Washing machine If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
6 <input type="checkbox"/>	Sewing machine If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
7 <input type="checkbox"/>	Traditional canoe If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
8 <input type="checkbox"/>	Aluminium boat If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
9 <input type="checkbox"/>	Wooden boat If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
10 <input type="checkbox"/>	Fibre-glass boat If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>
11 <input type="checkbox"/>	Outboard motor If yes, is it in working order ?	<input type="checkbox"/>	<input type="checkbox"/>

H 14 Does this household own any animals that produce food ?

- (Write number in box)
- Pigs (female)
- Pigs (male)
- Chickens

H 15 Are any close family members of the head of this household living overseas (i.e. not just visiting) ?

- 1 Yes, husband or wife If yes, write country
- 2 Yes, sons or daughters (If yes, write number in each place) :
 - 1 Samoa
 - 2 New Zealand
 - 3 Other Pacific Islands
 - 4 Other
- 3 Yes, mother or father If yes, Father in (country)
Mother in (country)

Please answer the following questions for this dwelling

H 16 Do any of the people living overseas (H15) ever send money to help support this household ?

- 1 Yes
 2 No

H 17 Does this household receive income from any of the following sources ?

Tick box if yes		(If yes, Tick one)		
		Every month or more often	Several times each year	Once a year or less often
1	<input type="checkbox"/> Regular TPS salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/> Casual TPS salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/> Allowances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/> Remittance from family overseas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/> Contributions from other households	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/> Sale of copra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/> Sale of handicraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/> Sale of pigs, chicken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/> Sale of fish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<input type="checkbox"/> Old age pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<input type="checkbox"/> Government superannuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<input type="checkbox"/> Other _____			
13	<input type="checkbox"/> Other2 _____			
14	<input type="checkbox"/> Other3 _____			

THE FOLLOWING QUESTIONS TO BE ASKED FOR EACH MAN, WOMAN AND CHILD PRESENT IN THE HOUSEHOLD ON CENSUS NIGHT.

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Please use BLOCK letters.

Respondent 01

Respondent 02

Q1 Name of each person *including visitors* who spent census night in this dwelling:

Q2 Is *name* male or female?

Q3 What is *name's* relationship to the head of this household?

Q4 What was *name's* date of birth?

Q5 What was *name's* age last birthday?

Q6 Where does *name* usually live?

Q7 What is *name's* citizenship?

First or given name

 Surname or family name

1 Male
 2 Female

1 Head of household
 2 Spouse
 3 Son or daughter
 4 Stepchild/adopted child
 5 Mother or father
 6 Brother or sister
 7 Other relationship

 8 Unrelated

Day Month Year
 / /

years

The address shown on the front of this form
 Elsewhere in Tokelau

 Other country

Citizen of Tokelau
 Other citizenship

First or given name

 Surname or family name

1 Male
 2 Female

1 Head of household
 2 Spouse
 3 Son or daughter
 4 Stepchild/adopted child
 5 Mother or father
 6 Brother or sister
 7 Other relationship

 8 Unrelated

Day Month Year
 / /

years

The address shown on the front of this form
 Elsewhere in Tokelau

 Other country

Citizen of Tokelau
 Other citizenship

Respondent 03

Respondent 04

Respondent 05

Respondent 06

<p>First or given name <input type="text"/></p> <p>Surname or family name <input type="text"/></p>	<p>First or given name <input type="text"/></p> <p>Surname or family name <input type="text"/></p>	<p>First or given name <input type="text"/></p> <p>Surname or family name <input type="text"/></p>	<p>First or given name <input type="text"/></p> <p>Surname or family name <input type="text"/></p>
<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>	<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>	<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>	<p>1 <input type="checkbox"/> Male</p> <p>2 <input type="checkbox"/> Female</p>
<p>1 <input type="checkbox"/> Head of household</p> <p>2 <input type="checkbox"/> Spouse</p> <p>3 <input type="checkbox"/> Son or daughter</p> <p>4 <input type="checkbox"/> Stepchild/adopted child</p> <p>5 <input type="checkbox"/> Mother or father</p> <p>6 <input type="checkbox"/> Brother or sister</p> <p>7 <input type="checkbox"/> Other relationship</p> <p>-----</p> <p>-----</p> <p>8 <input type="checkbox"/> Unrelated</p>	<p>1 <input type="checkbox"/> Head of household</p> <p>2 <input type="checkbox"/> Spouse</p> <p>3 <input type="checkbox"/> Son or daughter</p> <p>4 <input type="checkbox"/> Stepchild/adopted child</p> <p>5 <input type="checkbox"/> Mother or father</p> <p>6 <input type="checkbox"/> Brother or sister</p> <p>7 <input type="checkbox"/> Other relationship</p> <p>-----</p> <p>-----</p> <p>8 <input type="checkbox"/> Unrelated</p>	<p>1 <input type="checkbox"/> Head of household</p> <p>2 <input type="checkbox"/> Spouse</p> <p>3 <input type="checkbox"/> Son or daughter</p> <p>4 <input type="checkbox"/> Stepchild/adopted child</p> <p>5 <input type="checkbox"/> Mother or father</p> <p>6 <input type="checkbox"/> Brother or sister</p> <p>7 <input type="checkbox"/> Other relationship</p> <p>-----</p> <p>-----</p> <p>8 <input type="checkbox"/> Unrelated</p>	<p>1 <input type="checkbox"/> Head of household</p> <p>2 <input type="checkbox"/> Spouse</p> <p>3 <input type="checkbox"/> Son or daughter</p> <p>4 <input type="checkbox"/> Stepchild/adopted child</p> <p>5 <input type="checkbox"/> Mother or father</p> <p>6 <input type="checkbox"/> Brother or sister</p> <p>7 <input type="checkbox"/> Other relationship</p> <p>-----</p> <p>-----</p> <p>8 <input type="checkbox"/> Unrelated</p>
<p>Day Month Year</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Day Month Year</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Day Month Year</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>Day Month Year</p> <p><input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><input type="text"/> <input type="text"/> years</p>			
<p><input type="checkbox"/> The address shown on the front of this form</p> <p><input type="checkbox"/> Elsewhere in Tokelau</p> <p>-----</p> <p>-----</p> <p>-----</p> <p><input type="checkbox"/> Other country</p> <p>-----</p> <p>-----</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> The address shown on the front of this form</p> <p><input type="checkbox"/> Elsewhere in Tokelau</p> <p>-----</p> <p>-----</p> <p>-----</p> <p><input type="checkbox"/> Other country</p> <p>-----</p> <p>-----</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> The address shown on the front of this form</p> <p><input type="checkbox"/> Elsewhere in Tokelau</p> <p>-----</p> <p>-----</p> <p>-----</p> <p><input type="checkbox"/> Other country</p> <p>-----</p> <p>-----</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> The address shown on the front of this form</p> <p><input type="checkbox"/> Elsewhere in Tokelau</p> <p>-----</p> <p>-----</p> <p>-----</p> <p><input type="checkbox"/> Other country</p> <p>-----</p> <p>-----</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p>
<p><input type="checkbox"/> Citizen of Tokelau</p> <p><input type="checkbox"/> Other citizenship</p> <p>-----</p> <p>-----</p> <p><input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> Citizen of Tokelau</p> <p><input type="checkbox"/> Other citizenship</p> <p>-----</p> <p>-----</p> <p><input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> Citizen of Tokelau</p> <p><input type="checkbox"/> Other citizenship</p> <p>-----</p> <p>-----</p> <p><input type="text"/> <input type="text"/></p>	<p><input type="checkbox"/> Citizen of Tokelau</p> <p><input type="checkbox"/> Other citizenship</p> <p>-----</p> <p>-----</p> <p><input type="text"/> <input type="text"/></p>

Please use BLOCK letters.

Respondent 01

Respondent 02

Q8 Where was *name* born?
(usual residence of mother)

1 The address shown on the front of this form

2 Elsewhere in Tokelau

3 Other country

1 The address shown on the front of this form

2 Elsewhere in Tokelau

3 Other country

Q9 When did *name* move here?

Year

Year

Q10 What is *name's* religion?

1 Congregational christian

2 Roman Catholic

3 Jehovah's Witness

4 7th Day Adventist

5 Not disclosed/specified

6 Other -----

1 Congregational christian

2 Roman Catholic

3 Jehovah's Witness

4 7th Day Adventist

5 Not disclosed/specified

6 Other -----

Only continue for persons aged 5 years or more

Q 11 What is *name's* ethnic origin?

1 Tokelauan

2 Part Tokelauan/Samoan

3 Part Tokelauan/Tuvaluan

4 Part Tokelauan/
Other Pacific Island

5 Part Tokelauan/European

6 Samoan

7 Tuvaluan

8 Other Pacific Islands

9 European

10 Other -----

1 Tokelauan

2 Part Tokelauan/Samoan

3 Part Tokelauan/Tuvaluan

4 Part Tokelauan/
Other Pacific Island

5 Part Tokelauan/European

6 Samoan

7 Tuvaluan

8 Other Pacific Islands

9 European

10 Other -----

Respondent 03

Respondent 04

Respondent 05

Respondent 06

<p>1 <input type="checkbox"/> The address shown on the front of this form</p> <p>2 <input type="checkbox"/> Elsewhere in Tokelau</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>3 <input type="checkbox"/> Other country</p> <p>-----</p> <p>-----</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>1 <input type="checkbox"/> The address shown on the front of this form</p> <p>2 <input type="checkbox"/> Elsewhere in Tokelau</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>3 <input type="checkbox"/> Other country</p> <p>-----</p> <p>-----</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>1 <input type="checkbox"/> The address shown on the front of this form</p> <p>2 <input type="checkbox"/> Elsewhere in Tokelau</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>3 <input type="checkbox"/> Other country</p> <p>-----</p> <p>-----</p> <p><input type="text"/><input type="text"/><input type="text"/></p>	<p>1 <input type="checkbox"/> The address shown on the front of this form</p> <p>2 <input type="checkbox"/> Elsewhere in Tokelau</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>3 <input type="checkbox"/> Other country</p> <p>-----</p> <p>-----</p> <p><input type="text"/><input type="text"/><input type="text"/></p>
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Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<p>1 <input type="checkbox"/> Congregational christian</p> <p>2 <input type="checkbox"/> Roman Catholic</p> <p>3 <input type="checkbox"/> Jehovah's Witness</p> <p>4 <input type="checkbox"/> 7th Day Adventist</p> <p>5 <input type="checkbox"/> Not disclosed/specified</p> <p>6 <input type="checkbox"/> Other -----</p> <p>-----</p> <p><input type="text"/><input type="text"/></p>	<p>1 <input type="checkbox"/> Congregational christian</p> <p>2 <input type="checkbox"/> Roman Catholic</p> <p>3 <input type="checkbox"/> Jehovah's Witness</p> <p>4 <input type="checkbox"/> 7th Day Adventist</p> <p>5 <input type="checkbox"/> Not disclosed/specified</p> <p>6 <input type="checkbox"/> Other -----</p> <p>-----</p> <p><input type="text"/><input type="text"/></p>	<p>1 <input type="checkbox"/> Congregational christian</p> <p>2 <input type="checkbox"/> Roman Catholic</p> <p>3 <input type="checkbox"/> Jehovah's Witness</p> <p>4 <input type="checkbox"/> 7th Day Adventist</p> <p>5 <input type="checkbox"/> Not disclosed/specified</p> <p>6 <input type="checkbox"/> Other -----</p> <p>-----</p> <p><input type="text"/><input type="text"/></p>	<p>1 <input type="checkbox"/> Congregational christian</p> <p>2 <input type="checkbox"/> Roman Catholic</p> <p>3 <input type="checkbox"/> Jehovah's Witness</p> <p>4 <input type="checkbox"/> 7th Day Adventist</p> <p>5 <input type="checkbox"/> Not disclosed/specified</p> <p>6 <input type="checkbox"/> Other -----</p> <p>-----</p> <p><input type="text"/><input type="text"/></p>
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Only continue for persons aged 5 years or more

<p>1 <input type="checkbox"/> Tokelauan</p> <p>2 <input type="checkbox"/> Part Tokelauan/Samoan</p> <p>3 <input type="checkbox"/> Part Tokelauan/Tuvaluan</p> <p>4 <input type="checkbox"/> Part Tokelauan/Other Pacific Island</p> <p>5 <input type="checkbox"/> Part Tokelauan/European</p> <p>6 <input type="checkbox"/> Samoan</p> <p>7 <input type="checkbox"/> Tuvaluan</p> <p>8 <input type="checkbox"/> Other Pacific Islands</p> <p>9 <input type="checkbox"/> European</p> <p>10 <input type="checkbox"/> Other -----</p> <p>-----</p>	<p>1 <input type="checkbox"/> Tokelauan</p> <p>2 <input type="checkbox"/> Part Tokelauan/Samoan</p> <p>3 <input type="checkbox"/> Part Tokelauan/Tuvaluan</p> <p>4 <input type="checkbox"/> Part Tokelauan/Other Pacific Island</p> <p>5 <input type="checkbox"/> Part Tokelauan/European</p> <p>6 <input type="checkbox"/> Samoan</p> <p>7 <input type="checkbox"/> Tuvaluan</p> <p>8 <input type="checkbox"/> Other Pacific Islands</p> <p>9 <input type="checkbox"/> European</p> <p>10 <input type="checkbox"/> Other -----</p> <p>-----</p>	<p>1 <input type="checkbox"/> Tokelauan</p> <p>2 <input type="checkbox"/> Part Tokelauan/Samoan</p> <p>3 <input type="checkbox"/> Part Tokelauan/Tuvaluan</p> <p>4 <input type="checkbox"/> Part Tokelauan/Other Pacific Island</p> <p>5 <input type="checkbox"/> Part Tokelauan/European</p> <p>6 <input type="checkbox"/> Samoan</p> <p>7 <input type="checkbox"/> Tuvaluan</p> <p>8 <input type="checkbox"/> Other Pacific Islands</p> <p>9 <input type="checkbox"/> European</p> <p>10 <input type="checkbox"/> Other -----</p> <p>-----</p>	<p>1 <input type="checkbox"/> Tokelauan</p> <p>2 <input type="checkbox"/> Part Tokelauan/Samoan</p> <p>3 <input type="checkbox"/> Part Tokelauan/Tuvaluan</p> <p>4 <input type="checkbox"/> Part Tokelauan/Other Pacific Island</p> <p>5 <input type="checkbox"/> Part Tokelauan/European</p> <p>6 <input type="checkbox"/> Samoan</p> <p>7 <input type="checkbox"/> Tuvaluan</p> <p>8 <input type="checkbox"/> Other Pacific Islands</p> <p>9 <input type="checkbox"/> European</p> <p>10 <input type="checkbox"/> Other -----</p> <p>-----</p>
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Please use BLOCK letters.

Respondent 01

Respondent 02

Q12 Has *name* ever lived overseas for more than 6 months?

1 No ► Go to Q13

2 Yes (If yes, where)

1 Samoa

2 New Zealand

Other
3 Pacific Islands

4 Other

1 No ► Go to Q13

2 Yes (If yes, where)

1 Samoa

2 New Zealand

Other
3 Pacific Islands

4 Other

Q13 Where was *name* living five years ago?

1 The address shown on the front of this form

2 Elsewhere in Tokelau

3 Other country

1 The address shown on the front of this form

2 Elsewhere in Tokelau

3 Other country

Q14 What was the last school *name* attended?

1 Still at school

2 Tokelau village school

3 Samoa secondary school

4 Other Pacific Is. secondary school

5 New Zealand secondary school

6 Other -----

7 Not in school

8 Never been to school
► Go to Q17

9 NOT SPECIFIED

1 Still at school

2 Tokelau village school

3 Samoa secondary school

4 Other Pacific Is. secondary school

5 New Zealand secondary school

6 Other -----

7 Not in school

8 Never been to school
► Go to Q17

9 NOT SPECIFIED

Respondent 03

Respondent 04

Respondent 05

Respondent 06

1 No ► Go to Q13

2 Yes (If yes, where)

1 Samoa

2 New Zealand

Other

3 Pacific Islands

4 Other

1 No ► Go to Q13

2 Yes (If yes, where)

1 Samoa

2 New Zealand

Other

3 Pacific Islands

4 Other

1 No ► Go to Q13

2 Yes (If yes, where)

1 Samoa

2 New Zealand

Other

3 Pacific Islands

4 Other

1 No ► Go to Q13

2 Yes (If yes, where)

1 Samoa

2 New Zealand

Other

3 Pacific Islands

4 Other

1 The address shown on the front of this form

2 Elsewhere in Tokelau

3 Other country

1 The address shown on the front of this form

2 Elsewhere in Tokelau

3 Other country

1 The address shown on the front of this form

2 Elsewhere in Tokelau

3 Other country

1 The address shown on the front of this form

2 Elsewhere in Tokelau

3 Other country

1 Still at school

2 Tokelau village school

3 Samoa secondary school

4 Other Pacific Is. secondary school

5 New Zealand secondary school

6 Other -----

7 Not in school

8 Never been to school
► Go to Q17

9 NOT SPECIFIED

1 Still at school

2 Tokelau village school

3 Samoa secondary school

4 Other Pacific Is. secondary school

5 New Zealand secondary school

6 Other -----

7 Not in school

8 Never been to school
► Go to Q17

9 NOT SPECIFIED

1 Still at school

2 Tokelau village school

3 Samoa secondary school

4 Other Pacific Is. secondary school

5 New Zealand secondary school

6 Other -----

7 Not in school

8 Never been to school
► Go to Q17

9 NOT SPECIFIED

1 Still at school

2 Tokelau village school

3 Samoa secondary school

4 Other Pacific Is. secondary school

5 New Zealand secondary school

6 Other -----

7 Not in school

8 Never been to school
► Go to Q17

9 NOT SPECIFIED

Respondent 03

Respondent 04

Respondent 05

Respondent 06

1 Still in school

2 Never been to school

3 Primer 1 - Standard 3

4 Standard 4 - Form 2

5 Form 3 - Form 4

6 Form 5 - Form 7

7 University

1 Still in school

2 Never been to school

3 Primer 1 - Standard 3

4 Standard 4 - Form 2

5 Form 3 - Form 4

6 Form 5 - Form 7

7 University

1 Still in school

2 Never been to school

3 Primer 1 - Standard 3

4 Standard 4 - Form 2

5 Form 3 - Form 4

6 Form 5 - Form 7

7 University

1 Still in school

2 Never been to school

3 Primer 1 - Standard 3

4 Standard 4 - Form 2

5 Form 3 - Form 4

6 Form 5 - Form 7

7 University

1 Primary/Form 2 Certificate

2 Leaving Certificate

3 School Certificate

4 University Entrance

5 Other _ _ _ _ _
_ _ _ _ _

1 Primary/Form 2 Certificate

2 Leaving Certificate

3 School Certificate

4 University Entrance

5 Other _ _ _ _ _
_ _ _ _ _

1 Primary/Form 2 Certificate

2 Leaving Certificate

3 School Certificate

4 University Entrance

5 Other _ _ _ _ _
_ _ _ _ _

1 Primary/Form 2 Certificate

2 Leaving Certificate

3 School Certificate

4 University Entrance

5 Other _ _ _ _ _
_ _ _ _ _

Only continue for persons aged 15 years or more

1 No ▶ Go to Q19

2 No, still studying for first qualification
▶ Go to Q19

3 Yes, trade certificate/apprenticeship

4 Yes, other qualification
_ _ _ _ _

1 No ▶ Go to Q19

2 No, still studying for first qualification
▶ Go to Q19

3 Yes, trade certificate/apprenticeship

4 Yes, other qualification
_ _ _ _ _

1 No ▶ Go to Q19

2 No, still studying for first qualification
▶ Go to Q19

3 Yes, trade certificate/apprenticeship

4 Yes, other qualification
_ _ _ _ _

1 No ▶ Go to Q19

2 No, still studying for first qualification
▶ Go to Q19

3 Yes, trade certificate/apprenticeship

4 Yes, other qualification
_ _ _ _ _

1 Bachelors degree

2 Post graduate degree

3 Other university qualification
_ _ _ _ _

4 Apprenticeship

5 Technical/Trade training

6 Nursing school

7 Theological college

8 Agricultural school

9 Other post-school qualification

_ _ _ _ _

1 Bachelors degree

2 Post graduate degree

3 Other university qualification
_ _ _ _ _

4 Apprenticeship

5 Technical/Trade training

6 Nursing school

7 Theological college

8 Agricultural school

9 Other post-school qualification

_ _ _ _ _

1 Bachelors degree

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4 Apprenticeship

5 Technical/Trade training

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8 Agricultural school

9 Other post-school qualification

_ _ _ _ _

1 Bachelors degree

2 Post graduate degree

3 Other university qualification
_ _ _ _ _

4 Apprenticeship

5 Technical/Trade training

6 Nursing school

7 Theological college

8 Agricultural school

9 Other post-school qualification

_ _ _ _ _

Please use BLOCK letters.

Respondent 01

Respondent 02

Q19 What is *name's* present marital status?

- 1 Never married
- 2 Married
- 3 Separated
- 4 Divorced
- 5 Widowed

- 1 Never married
- 2 Married
- 3 Separated
- 4 Divorced
- 5 Widowed

Q20 Last week, did *name* do any work?

- 1 Fishing, gardening, handicraft, bread-baking or making toddy only ► Go to Q28
- 2 Yes, only other type of work ► Go to Q22
- 3 Yes, a combination of the above ► Go to Q22
- 4 No ► Go to Q21

- 1 Fishing, gardening, handicraft, bread-baking or making toddy only ► Go to Q28
- 2 Yes, only other type of work ► Go to Q22
- 3 Yes, a combination of the above ► Go to Q22
- 4 No ► Go to Q21

Q21 Last week, was *name* temporarily absent from work through sickness, or some other reason?

- 1 Yes
- 2 No ► Go to Q26

- 1 Yes
- 2 No ► Go to Q26

Q22 In the *main job* held last week, what was *name's* occupation?

Q23 What kind of business is done at the *main place* where *name* works?

Q24 In the *main job* held last week, was *name*:

- 1 Salaried member of TPS
- 2 Casual worker for TPS last week
- 3 Casual worker for TPS this year
- 4 Self-employed (own account worker)
- 5 Employee (work for wage/salary for someone else)
- 6 Unpaid family worker: main unpaid activity is *Kaiga* team work
- 7 Unpaid village worker: main unpaid activity is *aumaga* team work

- 1 Salaried member of TPS
- 2 Casual worker for TPS last week
- 3 Casual worker for TPS this year
- 4 Self-employed (own account worker)
- 5 Employee (work for wage/salary for someone else)
- 6 Unpaid family worker: main unpaid activity is *Kaiga* team work
- 7 Unpaid village worker: main unpaid activity is *aumaga* team work

Respondent 03

Respondent 04

Respondent 05

Respondent 06

<p>1 <input type="checkbox"/> Never married</p> <p>2 <input type="checkbox"/> Married</p> <p>3 <input type="checkbox"/> Separated</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Widowed</p>	<p>1 <input type="checkbox"/> Never married</p> <p>2 <input type="checkbox"/> Married</p> <p>3 <input type="checkbox"/> Separated</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Widowed</p>	<p>1 <input type="checkbox"/> Never married</p> <p>2 <input type="checkbox"/> Married</p> <p>3 <input type="checkbox"/> Separated</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Widowed</p>	<p>1 <input type="checkbox"/> Never married</p> <p>2 <input type="checkbox"/> Married</p> <p>3 <input type="checkbox"/> Separated</p> <p>4 <input type="checkbox"/> Divorced</p> <p>5 <input type="checkbox"/> Widowed</p>
<p>1 <input type="checkbox"/> Fishing, gardening, handicraft, bread-baking or making toddy only ► Go to Q28</p> <p>2 <input type="checkbox"/> Yes, only other type of work ► Go to Q22</p> <p>3 <input type="checkbox"/> Yes, a combination of the above ► Go to Q22</p> <p>4 <input type="checkbox"/> No ► Go to Q21</p>	<p>1 <input type="checkbox"/> Fishing, gardening, handicraft, bread-baking or making toddy only ► Go to Q28</p> <p>2 <input type="checkbox"/> Yes, only other type of work ► Go to Q22</p> <p>3 <input type="checkbox"/> Yes, a combination of the above ► Go to Q22</p> <p>4 <input type="checkbox"/> No ► Go to Q21</p>	<p>1 <input type="checkbox"/> Fishing, gardening, handicraft, bread-baking or making toddy only ► Go to Q28</p> <p>2 <input type="checkbox"/> Yes, only other type of work ► Go to Q22</p> <p>3 <input type="checkbox"/> Yes, a combination of the above ► Go to Q22</p> <p>4 <input type="checkbox"/> No ► Go to Q21</p>	<p>1 <input type="checkbox"/> Fishing, gardening, handicraft, bread-baking or making toddy only ► Go to Q28</p> <p>2 <input type="checkbox"/> Yes, only other type of work ► Go to Q22</p> <p>3 <input type="checkbox"/> Yes, a combination of the above ► Go to Q22</p> <p>4 <input type="checkbox"/> No ► Go to Q21</p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Go to Q26</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Go to Q26</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Go to Q26</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Go to Q26</p>
<p>-----</p> <p>-----</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>			
<p>-----</p> <p>-----</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>			
<p>1 <input type="checkbox"/> Salaried member of TPS</p> <p>2 <input type="checkbox"/> Casual worker for TPS last week</p> <p>3 <input type="checkbox"/> Casual worker for TPS this year</p> <p>4 <input type="checkbox"/> Self-employed (own account worker)</p> <p>5 <input type="checkbox"/> Employee (work for wage/salary for someone else)</p> <p>6 <input type="checkbox"/> Unpaid family worker: main unpaid activity is <i>Kaiga</i> team work</p> <p>7 <input type="checkbox"/> Unpaid village worker: main unpaid activity is <i>aumaga</i> team work</p> <p><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> Salaried member of TPS</p> <p>2 <input type="checkbox"/> Casual worker for TPS last week</p> <p>3 <input type="checkbox"/> Casual worker for TPS this year</p> <p>4 <input type="checkbox"/> Self-employed (own account worker)</p> <p>5 <input type="checkbox"/> Employee (work for wage/salary for someone else)</p> <p>6 <input type="checkbox"/> Unpaid family worker: main unpaid activity is <i>Kaiga</i> team work</p> <p>7 <input type="checkbox"/> Unpaid village worker: main unpaid activity is <i>aumaga</i> team work</p> <p><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> Salaried member of TPS</p> <p>2 <input type="checkbox"/> Casual worker for TPS last week</p> <p>3 <input type="checkbox"/> Casual worker for TPS this year</p> <p>4 <input type="checkbox"/> Self-employed (own account worker)</p> <p>5 <input type="checkbox"/> Employee (work for wage/salary for someone else)</p> <p>6 <input type="checkbox"/> Unpaid family worker: main unpaid activity is <i>Kaiga</i> team work</p> <p>7 <input type="checkbox"/> Unpaid village worker: main unpaid activity is <i>aumaga</i> team work</p> <p><input type="checkbox"/><input type="checkbox"/></p>	<p>1 <input type="checkbox"/> Salaried member of TPS</p> <p>2 <input type="checkbox"/> Casual worker for TPS last week</p> <p>3 <input type="checkbox"/> Casual worker for TPS this year</p> <p>4 <input type="checkbox"/> Self-employed (own account worker)</p> <p>5 <input type="checkbox"/> Employee (work for wage/salary for someone else)</p> <p>6 <input type="checkbox"/> Unpaid family worker: main unpaid activity is <i>Kaiga</i> team work</p> <p>7 <input type="checkbox"/> Unpaid village worker: main unpaid activity is <i>aumaga</i> team work</p> <p><input type="checkbox"/><input type="checkbox"/></p>

Please use BLOCK letters.

Respondent 01

Respondent 02

Q25 *Last week*, how many hours did *name* work in all jobs?

Number of hours worked

If Male ► Go to next respondent

If Female ► Go to Q30

Number of hours worked

If Male ► Go to next respondent

If Female ► Go to Q30

Q26 Did *name* actively look for work at any time in the *last four weeks*?

1 Yes

2 No

1 Yes

2 No

Q27 If *name* had found a job, could he or she have started work *last week*?

1 Yes, could have started work last week

2 No, full-time education

3 No, home duties

4 No, disabled

5 No, retired

6 No, other (specify)

If Male ► Go to next respondent

If Female ► Go to Q30

1 Yes, could have started work last week

2 No, full-time education

3 No, home duties

4 No, disabled

5 No, retired

6 No, other (specify)

If Male ► Go to next respondent

If Female ► Go to Q30

Only ask Q28 if worked in agriculture or fishing or handicraft

Q28 What did *name* mainly do?

1 Farming/Gardening

2 Fishing

3 Handicraft

4 Baking bread, making toddy

1 Farming/Gardening

2 Fishing

3 Handicraft

4 Baking bread, making toddy

Q29 For what purpose did *name* grow crops (fish, raise livestock, make handicrafts)?

1 For own or family use only

2 For own use and for sale

3 For sale only

If Male ► Go to next respondent

1 For own or family use only

2 For own use and for sale

3 For sale only

If Male ► Go to next respondent

Only continue for females aged 15 - 49 years

Respondent 03

Respondent 04

Respondent 05

Respondent 06

<input type="text"/> <input type="text"/> Number of hours worked If Male ► Go to next respondent If Female ► Go to Q30	<input type="text"/> <input type="text"/> Number of hours worked If Male ► Go to next respondent If Female ► Go to Q30	<input type="text"/> <input type="text"/> Number of hours worked If Male ► Go to next respondent If Female ► Go to Q30	<input type="text"/> <input type="text"/> Number of hours worked If Male ► Go to next respondent If Female ► Go to Q30
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
1 <input type="checkbox"/> Yes, could have started work last week 2 <input type="checkbox"/> No, full-time education 3 <input type="checkbox"/> No, home duties 4 <input type="checkbox"/> No, disabled 5 <input type="checkbox"/> No, retired 6 <input type="checkbox"/> No, other (specify) ----- ----- If Male ► Go to next respondent If Female ► Go to Q30	1 <input type="checkbox"/> Yes, could have started work last week 2 <input type="checkbox"/> No, full-time education 3 <input type="checkbox"/> No, home duties 4 <input type="checkbox"/> No, disabled 5 <input type="checkbox"/> No, retired 6 <input type="checkbox"/> No, other (specify) ----- ----- If Male ► Go to next respondent If Female ► Go to Q30	1 <input type="checkbox"/> Yes, could have started work last week 2 <input type="checkbox"/> No, full-time education 3 <input type="checkbox"/> No, home duties 4 <input type="checkbox"/> No, disabled 5 <input type="checkbox"/> No, retired 6 <input type="checkbox"/> No, other (specify) ----- ----- If Male ► Go to next respondent If Female ► Go to Q30	1 <input type="checkbox"/> Yes, could have started work last week 2 <input type="checkbox"/> No, full-time education 3 <input type="checkbox"/> No, home duties 4 <input type="checkbox"/> No, disabled 5 <input type="checkbox"/> No, retired 6 <input type="checkbox"/> No, other (specify) ----- ----- If Male ► Go to next respondent If Female ► Go to Q30

Only ask Q28 if worked in agriculture or fishing or handicraft

1 <input type="checkbox"/> Farming/Gardening 2 <input type="checkbox"/> Fishing 3 <input type="checkbox"/> Handicraft 4 <input type="checkbox"/> Baking bread, making toddy	1 <input type="checkbox"/> Farming/Gardening 2 <input type="checkbox"/> Fishing 3 <input type="checkbox"/> Handicraft 4 <input type="checkbox"/> Baking bread, making toddy	1 <input type="checkbox"/> Farming/Gardening 2 <input type="checkbox"/> Fishing 3 <input type="checkbox"/> Handicraft 4 <input type="checkbox"/> Baking bread, making toddy	1 <input type="checkbox"/> Farming/Gardening 2 <input type="checkbox"/> Fishing 3 <input type="checkbox"/> Handicraft 4 <input type="checkbox"/> Baking bread, making toddy
1 <input type="checkbox"/> For own or family use only 2 <input type="checkbox"/> For own use and for sale 3 <input type="checkbox"/> For sale only If Male ► Go to next respondent	1 <input type="checkbox"/> For own or family use only 2 <input type="checkbox"/> For own use and for sale 3 <input type="checkbox"/> For sale only If Male ► Go to next respondent	1 <input type="checkbox"/> For own or family use only 2 <input type="checkbox"/> For own use and for sale 3 <input type="checkbox"/> For sale only If Male ► Go to next respondent	1 <input type="checkbox"/> For own or family use only 2 <input type="checkbox"/> For own use and for sale 3 <input type="checkbox"/> For sale only If Male ► Go to next respondent

Only continue for females aged 15 - 49 years

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Please use BLOCK letters.

Respondent 01

Respondent 02

Q30 Has <i>name</i> ever given birth to a baby, even if the baby later died?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ► Go to next respondent	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ► Go to next respondent
Q31 How many children that <i>name</i> gave birth to are living in this household?	<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females
Q32 How many children <i>name</i> gave birth to are living somewhere else?	<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females
Q33 How many children <i>name</i> gave birth to have died?	<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females
Q34 Am I right, altogether <i>name</i> gave birth to.....babies?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Q35 What was the date of birth of the last baby <i>name</i> gave birth to?	Day Month Year <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Day Month Year <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q36 Is that child still alive?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ► Write the date of death Day Month Year <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ► Write the date of death Day Month Year <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q37 Are <i>name's</i> biological (birth or real) father and mother alive?	Father alive? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown Mother alive? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown Write <i>name</i> mother's number from C2 if mother is alive and living in this household <input type="text"/> <input type="text"/>	Father alive? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown Mother alive? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown Write <i>name</i> mother's number from C2 if mother is alive and living in this household <input type="text"/> <input type="text"/>

Respondent 03

Respondent 04

Respondent 05

Respondent 06

<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Go to next respondent</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Go to next respondent</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Go to next respondent</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Go to next respondent</p>
<p><input type="checkbox"/> Males</p> <p><input type="checkbox"/> Females</p>			
<p><input type="checkbox"/> Males</p> <p><input type="checkbox"/> Females</p>			
<p><input type="checkbox"/> Males</p> <p><input type="checkbox"/> Females</p>			
<p><input type="text" value=""/><input type="text" value=""/></p>			
<p>Day Month Year</p> <p><input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p>	<p>Day Month Year</p> <p><input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p>	<p>Day Month Year</p> <p><input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p>	<p>Day Month Year</p> <p><input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p>
<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Write the date of death</p> <p>Day Month Year</p> <p><input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Write the date of death</p> <p>Day Month Year</p> <p><input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Write the date of death</p> <p>Day Month Year</p> <p><input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No ► Write the date of death</p> <p>Day Month Year</p> <p><input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/> / <input type="text" value=""/><input type="text" value=""/><input type="text" value=""/><input type="text" value=""/></p>
<p>Father alive? 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Unknown</p> <p>Mother alive? 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Unknown</p> <p>Write <i>name</i> mother's number from C2 if mother is alive and living in this household</p> <p><input type="text" value=""/><input type="text" value=""/></p>	<p>Father alive? 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Unknown</p> <p>Mother alive? 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Unknown</p> <p>Write <i>name</i> mother's number from C2 if mother is alive and living in this household</p> <p><input type="text" value=""/><input type="text" value=""/></p>	<p>Father alive? 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Unknown</p> <p>Mother alive? 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Unknown</p> <p>Write <i>name</i> mother's number from C2 if mother is alive and living in this household</p> <p><input type="text" value=""/><input type="text" value=""/></p>	<p>Father alive? 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Unknown</p> <p>Mother alive? 1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Unknown</p> <p>Write <i>name</i> mother's number from C2 if mother is alive and living in this household</p> <p><input type="text" value=""/><input type="text" value=""/></p>

C2 What is the name of each person present in this household on census night?

Person Number	Name	Sex	Relationship to Head
01			
02			
03			
04			
05			
06			
07			
08			
09			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

C3 Persons usually staying in this household, but absent on census night because they are visiting family or friends elsewhere

Person Number	Relationship to Head of Household	Name	Sex	Current Residence
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				

Go to question H1 on page 2