

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

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

Please answer the following questions for this dwelling

H 7 Toilet facilities	<div><div>1</div><div><input type="checkbox"/></div><div>Tank flush - private/inside dwelling</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Tank flush - private/outside dwelling</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Tank flush - share with others</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>Pour flush - private/inside dwelling</div></div> <div><div>5</div><div><input type="checkbox"/></div><div>Pour flush - private/outside dwelling</div></div> <div><div>6</div><div><input type="checkbox"/></div><div>Pour flush - share with others</div></div> <div><div>7</div><div><input type="checkbox"/></div><div>Over water</div></div> <div><div>8</div><div><input type="checkbox"/></div><div>None</div></div>
H 8 Main source of drinking water	<div><div>1</div><div><input type="checkbox"/></div><div>Own water tank</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Water tank shared with other household</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Other _ _ _ _ _ _ _ _ _ _</div><div>_ _ _ _ _ _ _ _ _ _</div></div>
H 9 Main source of water for personal washing	<div><div>1</div><div><input type="checkbox"/></div><div>Shower facility - private/inside dwelling</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Shower facility - private/outside dwelling</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Shower facility - share with others</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>Lagoon/Ocean</div></div>
H 10 Main source of lighting	<div><div>1</div><div><input type="checkbox"/></div><div>Generator (community)</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Generator (private)</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Solar</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>Coleman</div></div> <div><div>5</div><div><input type="checkbox"/></div><div>Hurricane light</div></div> <div><div>6</div><div><input type="checkbox"/></div><div>Other _ _ _ _ _ _ _ _ _ _</div><div>_ _ _ _ _ _ _ _ _ _</div></div>
H 11 Main source of cooking	<div><div>1</div><div><input type="checkbox"/></div><div>Tokelauan Umu</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Firewood</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Kerosene stove</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>Gas stove</div></div> <div><div>5</div><div><input type="checkbox"/></div><div>Other _ _ _ _ _ _ _ _ _ _</div><div>_ _ _ _ _ _ _ _ _ _</div></div>

Please answer the following questions for this dwelling

H 12 How is household waste disposed ?	<div><div>1<input type="checkbox"/> Buried</div><div>2<input type="checkbox"/> Burned</div><div>3<input type="checkbox"/> Disposed into rivers/seas</div><div>4<input type="checkbox"/> Disposed in backyard</div><div>5<input type="checkbox"/> Other _____</div><div>_____</div></div>																																																
H 13 Does this household own any of the following items ?	<table><thead><tr><th>Tick box if yes</th><th></th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>1<input type="checkbox"/> Radio</td><td>If yes, is it in working order ?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>2<input type="checkbox"/> Cassette/CD player</td><td>If yes, is it in working order ?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>3<input type="checkbox"/> TV/Video</td><td>If yes, is it in working order ?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>4<input type="checkbox"/> Refrigerator</td><td>If yes, is it in working order ?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>5<input type="checkbox"/> Washing machine</td><td>If yes, is it in working order ?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>6<input type="checkbox"/> Sewing machine</td><td>If yes, is it in working order ?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>7<input type="checkbox"/> Traditional canoe</td><td>If yes, is it in working order ?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>8<input type="checkbox"/> Aluminium boat</td><td>If yes, is it in working order ?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>9<input type="checkbox"/> Wooden boat</td><td>If yes, is it in working order ?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10<input type="checkbox"/> Fibre-glass boat</td><td>If yes, is it in working order ?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>11<input type="checkbox"/> Outboard motor</td><td>If yes, is it in working order ?</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></tbody></table>	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"/>
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H 14 Does this household own any animals that produce food ?	<div>(Write number in box)</div> <div><div><div><div></div><div></div></div></div> Pigs (female)</div> <div><div><div><div></div><div></div></div></div> Pigs (male)</div> <div><div><div><div></div><div></div></div></div> Chickens</div>																																																

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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																																																																
H 17 Does this household receive income from any of the following sources ?	<table><tr><td>Tick box if yes</td><td colspan="3">(If yes, Tick one)</td></tr><tr><td></td><td>Every month or more often</td><td>Several times each year</td><td>Once a year or less often</td></tr><tr><td>1 <input type="checkbox"/> Regular TPS salary</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>2 <input type="checkbox"/> Casual TPS salary</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>3 <input type="checkbox"/> Allowances</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>4 <input type="checkbox"/> Remittance from family overseas</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>5 <input type="checkbox"/> Contributions from other households</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>6 <input type="checkbox"/> Sale of copra</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>7 <input type="checkbox"/> Sale of handicraft</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>8 <input type="checkbox"/> Sale of pigs, chicken</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>9 <input type="checkbox"/> Sale of fish</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>10 <input type="checkbox"/> Old age pension</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>11 <input type="checkbox"/> Government superannuation</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>12 <input type="checkbox"/> Other</td><td colspan="3">-----</td></tr><tr><td>13 <input type="checkbox"/> Other2</td><td colspan="3">-----</td></tr><tr><td>14 <input type="checkbox"/> Other3</td><td colspan="3">-----</td></tr></table>	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	-----		
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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

<div>Q1</div> <div>Name of each person <i>including visitors</i> who spent census night in this dwelling:</div>	<div>First or given name</div> <div></div> <div>Surname or family name</div> <div></div>	<div>First or given name</div> <div></div> <div>Surname or family name</div> <div></div>
<div>Q2</div> <div>Is <i>name</i> male or female?</div>	<div>1 <input type="checkbox"/> Male</div> <div>2 <input type="checkbox"/> Female</div>	<div>1 <input type="checkbox"/> Male</div> <div>2 <input type="checkbox"/> Female</div>
<div>Q3</div> <div>What is <i>name's</i> relationship to the head of this household?</div>	<div>1 <input type="checkbox"/> Head of household</div> <div>2 <input type="checkbox"/> Spouse</div> <div>3 <input type="checkbox"/> Son or daughter</div> <div>4 <input type="checkbox"/> Stepchild/adopted child</div> <div>5 <input type="checkbox"/> Mother or father</div> <div>6 <input type="checkbox"/> Brother or sister</div> <div>7 <input type="checkbox"/> Other relationship</div> <div></div> <div></div> <div>8 <input type="checkbox"/> Unrelated</div>	<div>1 <input type="checkbox"/> Head of household</div> <div>2 <input type="checkbox"/> Spouse</div> <div>3 <input type="checkbox"/> Son or daughter</div> <div>4 <input type="checkbox"/> Stepchild/adopted child</div> <div>5 <input type="checkbox"/> Mother or father</div> <div>6 <input type="checkbox"/> Brother or sister</div> <div>7 <input type="checkbox"/> Other relationship</div> <div></div> <div></div> <div>8 <input type="checkbox"/> Unrelated</div>
<div>Q4</div> <div>What was <i>name's</i> date of birth?</div>	<div>Day Month Year</div> <div><div></div><div></div> / <div></div><div></div> / <div></div><div></div><div></div><div></div></div>	<div>Day Month Year</div> <div><div></div><div></div> / <div></div><div></div> / <div></div><div></div><div></div><div></div></div>
<div>Q5</div> <div>What was <i>name's</i> age last birthday?</div>	<div><div></div><div></div> years</div>	<div><div></div><div></div> years</div>
<div>Q6</div> <div>Where does <i>name</i> usually live?</div>	<div><input type="checkbox"/> The address shown on the front of this form</div> <div><input type="checkbox"/> Elsewhere in Tokelau</div> <div></div> <div></div> <div></div> <div><input type="checkbox"/> Other country</div> <div></div> <div></div> <div><div></div><div></div><div></div></div>	<div><input type="checkbox"/> The address shown on the front of this form</div> <div><input type="checkbox"/> Elsewhere in Tokelau</div> <div></div> <div></div> <div></div> <div><input type="checkbox"/> Other country</div> <div></div> <div></div> <div><div></div><div></div><div></div></div>
<div>Q7</div> <div>What is <i>name's</i> citizenship?</div>	<div><input type="checkbox"/> Citizen of Tokelau</div> <div><input type="checkbox"/> Other citizenship</div> <div></div> <div></div> <div><div></div><div></div></div>	<div><input type="checkbox"/> Citizen of Tokelau</div> <div><input type="checkbox"/> Other citizenship</div> <div></div> <div></div> <div><div></div><div></div></div>

Respondent 03	Respondent 04	Respondent 05	Respondent 06
<div>First or given name</div> <div></div> <div>Surname or family name</div> <div></div>	<div>First or given name</div> <div></div> <div>Surname or family name</div> <div></div>	<div>First or given name</div> <div></div> <div>Surname or family name</div> <div></div>	<div>First or given name</div> <div></div> <div>Surname or family name</div> <div></div>
<div>1<div><input type="checkbox"/></div>Male</div> <div>2<div><input type="checkbox"/></div>Female</div>	<div>1<div><input type="checkbox"/></div>Male</div> <div>2<div><input type="checkbox"/></div>Female</div>	<div>1<div><input type="checkbox"/></div>Male</div> <div>2<div><input type="checkbox"/></div>Female</div>	<div>1<div><input type="checkbox"/></div>Male</div> <div>2<div><input type="checkbox"/></div>Female</div>
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<div><div><input type="checkbox"/></div> The address shown on the front of this form</div> <div><div><input type="checkbox"/></div> Elsewhere in Tokelau</div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div>	<div><div><input type="checkbox"/></div> The address shown on the front of this form</div> <div><div><input type="checkbox"/></div> Elsewhere in Tokelau</div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div>	<div><div><input type="checkbox"/></div> The address shown on the front of this form</div> <div><div><input type="checkbox"/></div> Elsewhere in Tokelau</div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div>	<div><div><input type="checkbox"/></div> The address shown on the front of this form</div> <div><div><input type="checkbox"/></div> Elsewhere in Tokelau</div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div>
<div><div><input type="checkbox"/></div> Other country</div> <div><div></div><div></div></div> <div><div></div><div></div></div>	<div><div><input type="checkbox"/></div> Other country</div> <div><div></div><div></div></div> <div><div></div><div></div></div>	<div><div><input type="checkbox"/></div> Other country</div> <div><div></div><div></div></div> <div><div></div><div></div></div>	<div><div><input type="checkbox"/></div> Other country</div> <div><div></div><div></div></div> <div><div></div><div></div></div>
<div><div><input type="checkbox"/></div> Citizen of Tokelau</div> <div><div><input type="checkbox"/></div> Other citizenship</div> <div><div></div><div></div></div> <div><div></div><div></div></div>	<div><div><input type="checkbox"/></div> Citizen of Tokelau</div> <div><div><input type="checkbox"/></div> Other citizenship</div> <div><div></div><div></div></div> <div><div></div><div></div></div>	<div><div><input type="checkbox"/></div> Citizen of Tokelau</div> <div><div><input type="checkbox"/></div> Other citizenship</div> <div><div></div><div></div></div> <div><div></div><div></div></div>	<div><div><input type="checkbox"/></div> Citizen of Tokelau</div> <div><div><input type="checkbox"/></div> Other citizenship</div> <div><div></div><div></div></div> <div><div></div><div></div></div>

Please use BLOCK letters.

Respondent 01

Respondent 02

<p>Q8 Where was <i>name</i> born? (usual residence of mother)</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>Q9 When did <i>name</i> move here?</p>	<p>Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
<p>Q10 What is <i>name's</i> religion?</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>

Only continue for persons aged 5 years or more

Q 11 What is <i>name's</i> ethnic origin?			
	1 <input type="checkbox"/>	Tokelauan	1 <input type="checkbox"/>
	2 <input type="checkbox"/>	Part Tokelauan/Samoan	2 <input type="checkbox"/>
	3 <input type="checkbox"/>	Part Tokelauan/Tuvaluan	3 <input type="checkbox"/>
	4 <input type="checkbox"/>	Part Tokelauan/ Other Pacific Island	4 <input type="checkbox"/>
	5 <input type="checkbox"/>	Part Tokelauan/European	5 <input type="checkbox"/>
	6 <input type="checkbox"/>	Samoan	6 <input type="checkbox"/>
	7 <input type="checkbox"/>	Tuvaluan	7 <input type="checkbox"/>
	8 <input type="checkbox"/>	Other Pacific Islands	8 <input type="checkbox"/>
	9 <input type="checkbox"/>	European	9 <input type="checkbox"/>
	10 <input type="checkbox"/>	Other _ _ _ _ _	10 <input type="checkbox"/>
		_ _ _ _ _	_ _ _ _ _

Respondent 03	Respondent 04	Respondent 05	Respondent 06
<div><div>1</div><div><input type="checkbox"/></div><div>The address shown on the front of this form</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Elsewhere in Tokelau</div><div><div></div><div></div><div></div></div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Other country</div><div><div></div><div></div><div></div></div></div> <div><div>Year</div><div><div></div><div></div><div></div><div></div></div></div>	<div><div>1</div><div><input type="checkbox"/></div><div>The address shown on the front of this form</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Elsewhere in Tokelau</div><div><div></div><div></div><div></div></div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Other country</div><div><div></div><div></div><div></div></div></div> <div><div>Year</div><div><div></div><div></div><div></div><div></div></div></div>	<div><div>1</div><div><input type="checkbox"/></div><div>The address shown on the front of this form</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Elsewhere in Tokelau</div><div><div></div><div></div><div></div></div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Other country</div><div><div></div><div></div><div></div></div></div> <div><div>Year</div><div><div></div><div></div><div></div><div></div></div></div>	<div><div>1</div><div><input type="checkbox"/></div><div>The address shown on the front of this form</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Elsewhere in Tokelau</div><div><div></div><div></div><div></div></div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Other country</div><div><div></div><div></div><div></div></div></div> <div><div>Year</div><div><div></div><div></div><div></div><div></div></div></div>
<div><div>1</div><div><input type="checkbox"/></div><div>Congregational christian</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Roman Catholic</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Jehovah’s Witness</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>7th Day Adventist</div></div> <div><div>5</div><div><input type="checkbox"/></div><div>Not disclosed/specified</div></div> <div><div>6</div><div><input type="checkbox"/></div><div>Other</div><div><div></div><div></div><div></div><div></div></div></div> <div><div></div><div></div></div>	<div><div>1</div><div><input type="checkbox"/></div><div>Congregational christian</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Roman Catholic</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Jehovah’s Witness</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>7th Day Adventist</div></div> <div><div>5</div><div><input type="checkbox"/></div><div>Not disclosed/specified</div></div> <div><div>6</div><div><input type="checkbox"/></div><div>Other</div><div><div></div><div></div><div></div><div></div></div></div> <div><div></div><div></div></div>	<div><div>1</div><div><input type="checkbox"/></div><div>Congregational christian</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Roman Catholic</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Jehovah’s Witness</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>7th Day Adventist</div></div> <div><div>5</div><div><input type="checkbox"/></div><div>Not disclosed/specified</div></div> <div><div>6</div><div><input type="checkbox"/></div><div>Other</div><div><div></div><div></div><div></div><div></div></div></div> <div><div></div><div></div></div>	<div><div>1</div><div><input type="checkbox"/></div><div>Congregational christian</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Roman Catholic</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Jehovah’s Witness</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>7th Day Adventist</div></div> <div><div>5</div><div><input type="checkbox"/></div><div>Not disclosed/specified</div></div> <div><div>6</div><div><input type="checkbox"/></div><div>Other</div><div><div></div><div></div><div></div><div></div></div></div> <div><div></div><div></div></div>

Only continue for persons aged 5 years or more

<div><div>1</div><div><input type="checkbox"/></div><div>Tokelauan</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Part Tokelauan/Samoan</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Part Tokelauan/Tuvaluan</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>Part Tokelauan/ Other Pacific Island</div></div> <div><div>5</div><div><input type="checkbox"/></div><div>Part Tokelauan/European</div></div> <div><div>6</div><div><input type="checkbox"/></div><div>Samoan</div></div> <div><div>7</div><div><input type="checkbox"/></div><div>Tuvaluan</div></div> <div><div>8</div><div><input type="checkbox"/></div><div>Other Pacific Islands</div></div> <div><div>9</div><div><input type="checkbox"/></div><div>European</div></div> <div><div>10</div><div><input type="checkbox"/></div><div>Other</div><div><div></div><div></div><div></div><div></div></div></div> <div><div></div><div></div></div>	<div><div>1</div><div><input type="checkbox"/></div><div>Tokelauan</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Part Tokelauan/Samoan</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Part Tokelauan/Tuvaluan</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>Part Tokelauan/ Other Pacific Island</div></div> <div><div>5</div><div><input type="checkbox"/></div><div>Part Tokelauan/European</div></div> <div><div>6</div><div><input type="checkbox"/></div><div>Samoan</div></div> <div><div>7</div><div><input type="checkbox"/></div><div>Tuvaluan</div></div> <div><div>8</div><div><input type="checkbox"/></div><div>Other Pacific Islands</div></div> <div><div>9</div><div><input type="checkbox"/></div><div>European</div></div> <div><div>10</div><div><input type="checkbox"/></div><div>Other</div><div><div></div><div></div><div></div><div></div></div></div> <div><div></div><div></div></div>	<div><div>1</div><div><input type="checkbox"/></div><div>Tokelauan</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Part Tokelauan/Samoan</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Part Tokelauan/Tuvaluan</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>Part Tokelauan/ Other Pacific Island</div></div> <div><div>5</div><div><input type="checkbox"/></div><div>Part Tokelauan/European</div></div> <div><div>6</div><div><input type="checkbox"/></div><div>Samoan</div></div> <div><div>7</div><div><input type="checkbox"/></div><div>Tuvaluan</div></div> <div><div>8</div><div><input type="checkbox"/></div><div>Other Pacific Islands</div></div> <div><div>9</div><div><input type="checkbox"/></div><div>European</div></div> <div><div>10</div><div><input type="checkbox"/></div><div>Other</div><div><div></div><div></div><div></div><div></div></div></div> <div><div></div><div></div></div>	<div><div>1</div><div><input type="checkbox"/></div><div>Tokelauan</div></div> <div><div>2</div><div><input type="checkbox"/></div><div>Part Tokelauan/Samoan</div></div> <div><div>3</div><div><input type="checkbox"/></div><div>Part Tokelauan/Tuvaluan</div></div> <div><div>4</div><div><input type="checkbox"/></div><div>Part Tokelauan/ Other Pacific Island</div></div> <div><div>5</div><div><input type="checkbox"/></div><div>Part Tokelauan/European</div></div> <div><div>6</div><div><input type="checkbox"/></div><div>Samoan</div></div> <div><div>7</div><div><input type="checkbox"/></div><div>Tuvaluan</div></div> <div><div>8</div><div><input type="checkbox"/></div><div>Other Pacific Islands</div></div> <div><div>9</div><div><input type="checkbox"/></div><div>European</div></div> <div><div>10</div><div><input type="checkbox"/></div><div>Other</div><div><div></div><div></div><div></div><div></div></div></div> <div><div></div><div></div></div>
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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

3

Other Pacific Islands

4

Other

1

☐

No ▶ Go to Q13

2

☐

Yes (If yes, where)

1

Samoa

2

New Zealand

3

Other 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
<div><div>1<input type="checkbox"/> No ▶ Go to Q13</div><div>2<input type="checkbox"/> Yes (If yes, where)<div><div>1 Samoa<div><div></div><div></div></div></div><div>2 New Zealand<div><div></div><div></div></div></div><div>Other</div><div>3 Pacific Islands<div><div></div><div></div></div></div><div>4 Other<div><div></div><div></div></div></div></div></div></div>	<div><div>1<input type="checkbox"/> No ▶ Go to Q13</div><div>2<input type="checkbox"/> Yes (If yes, where)<div><div>1 Samoa<div><div></div><div></div></div></div><div>2 New Zealand<div><div></div><div></div></div></div><div>Other</div><div>3 Pacific Islands<div><div></div><div></div></div></div><div>4 Other<div><div></div><div></div></div></div></div></div></div>	<div><div>1<input type="checkbox"/> No ▶ Go to Q13</div><div>2<input type="checkbox"/> Yes (If yes, where)<div><div>1 Samoa<div><div></div><div></div></div></div><div>2 New Zealand<div><div></div><div></div></div></div><div>Other</div><div>3 Pacific Islands<div><div></div><div></div></div></div><div>4 Other<div><div></div><div></div></div></div></div></div></div>	<div><div>1<input type="checkbox"/> No ▶ Go to Q13</div><div>2<input type="checkbox"/> Yes (If yes, where)<div><div>1 Samoa<div><div></div><div></div></div></div><div>2 New Zealand<div><div></div><div></div></div></div><div>Other</div><div>3 Pacific Islands<div><div></div><div></div></div></div><div>4 Other<div><div></div><div></div></div></div></div></div></div>
<div><div>1<input type="checkbox"/> The address shown on the front of this form</div><div>2<input type="checkbox"/> Elsewhere in Tokelau<div><div>-----</div><div>-----</div><div>-----</div></div></div><div>3<input type="checkbox"/> Other country<div><div>-----</div><div>-----</div></div><div><div><div></div><div></div><div></div></div></div></div></div>	<div><div>1<input type="checkbox"/> The address shown on the front of this form</div><div>2<input type="checkbox"/> Elsewhere in Tokelau<div><div>-----</div><div>-----</div><div>-----</div></div></div><div>3<input type="checkbox"/> Other country<div><div>-----</div><div>-----</div></div><div><div><div></div><div></div><div></div></div></div></div></div>	<div><div>1<input type="checkbox"/> The address shown on the front of this form</div><div>2<input type="checkbox"/> Elsewhere in Tokelau<div><div>-----</div><div>-----</div><div>-----</div></div></div><div>3<input type="checkbox"/> Other country<div><div>-----</div><div>-----</div></div><div><div><div></div><div></div><div></div></div></div></div></div>	<div><div>1<input type="checkbox"/> The address shown on the front of this form</div><div>2<input type="checkbox"/> Elsewhere in Tokelau<div><div>-----</div><div>-----</div><div>-----</div></div></div><div>3<input type="checkbox"/> Other country<div><div>-----</div><div>-----</div></div><div><div><div></div><div></div><div></div></div></div></div></div>
<div><div>1<input type="checkbox"/> Still at school</div><div>2<input type="checkbox"/> Tokelau village school</div><div>3<input type="checkbox"/> Samoa secondary school</div><div>4<input type="checkbox"/> Other Pacific Is. secondary school</div><div>5<input type="checkbox"/> New Zealand secondary school</div><div>6<input type="checkbox"/> Other<div><div>-----</div><div>-----</div></div></div><div>7<input type="checkbox"/> Not in school</div><div>8<input type="checkbox"/> Never been to school ▶ Go to Q17</div><div>9<input type="checkbox"/> NOT SPECIFIED</div></div>	<div><div>1<input type="checkbox"/> Still at school</div><div>2<input type="checkbox"/> Tokelau village school</div><div>3<input type="checkbox"/> Samoa secondary school</div><div>4<input type="checkbox"/> Other Pacific Is. secondary school</div><div>5<input type="checkbox"/> New Zealand secondary school</div><div>6<input type="checkbox"/> Other<div><div>-----</div><div>-----</div></div></div><div>7<input type="checkbox"/> Not in school</div><div>8<input type="checkbox"/> Never been to school ▶ Go to Q17</div><div>9<input type="checkbox"/> NOT SPECIFIED</div></div>	<div><div>1<input type="checkbox"/> Still at school</div><div>2<input type="checkbox"/> Tokelau village school</div><div>3<input type="checkbox"/> Samoa secondary school</div><div>4<input type="checkbox"/> Other Pacific Is. secondary school</div><div>5<input type="checkbox"/> New Zealand secondary school</div><div>6<input type="checkbox"/> Other<div><div>-----</div><div>-----</div></div></div><div>7<input type="checkbox"/> Not in school</div><div>8<input type="checkbox"/> Never been to school ▶ Go to Q17</div><div>9<input type="checkbox"/> NOT SPECIFIED</div></div>	<div><div>1<input type="checkbox"/> Still at school</div><div>2<input type="checkbox"/> Tokelau village school</div><div>3<input type="checkbox"/> Samoa secondary school</div><div>4<input type="checkbox"/> Other Pacific Is. secondary school</div><div>5<input type="checkbox"/> New Zealand secondary school</div><div>6<input type="checkbox"/> Other<div><div>-----</div><div>-----</div></div></div><div>7<input type="checkbox"/> Not in school</div><div>8<input type="checkbox"/> Never been to school ▶ Go to Q17</div><div>9<input type="checkbox"/> NOT SPECIFIED</div></div>

Please use BLOCK letters.

Respondent 01

Respondent 02

Q15 Educational attainment - highest level reached:

- 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

Q16 Highest certificates/qualifications gained at school:

- 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

Q17 Has name undertaken any studies or training in an institution other than a primary or secondary school?

- 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
_ _ _ _ _

Q18 What is the *highest* qualification *name* has *completed* since leaving school?

- 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
☐☐ _ _ _ _ _

Respondent 03	Respondent 04	Respondent 05	Respondent 06
<div>1 <input type="checkbox"/> Still in school</div> <div>2 <input type="checkbox"/> Never been to school</div> <div>3 <input type="checkbox"/> Primer 1 - Standard 3</div> <div>4 <input type="checkbox"/> Standard 4 - Form 2</div> <div>5 <input type="checkbox"/> Form 3 - Form 4</div> <div>6 <input type="checkbox"/> Form 5 - Form 7</div> <div>7 <input type="checkbox"/> University</div>	<div>1 <input type="checkbox"/> Still in school</div> <div>2 <input type="checkbox"/> Never been to school</div> <div>3 <input type="checkbox"/> Primer 1 - Standard 3</div> <div>4 <input type="checkbox"/> Standard 4 - Form 2</div> <div>5 <input type="checkbox"/> Form 3 - Form 4</div> <div>6 <input type="checkbox"/> Form 5 - Form 7</div> <div>7 <input type="checkbox"/> University</div>	<div>1 <input type="checkbox"/> Still in school</div> <div>2 <input type="checkbox"/> Never been to school</div> <div>3 <input type="checkbox"/> Primer 1 - Standard 3</div> <div>4 <input type="checkbox"/> Standard 4 - Form 2</div> <div>5 <input type="checkbox"/> Form 3 - Form 4</div> <div>6 <input type="checkbox"/> Form 5 - Form 7</div> <div>7 <input type="checkbox"/> University</div>	<div>1 <input type="checkbox"/> Still in school</div> <div>2 <input type="checkbox"/> Never been to school</div> <div>3 <input type="checkbox"/> Primer 1 - Standard 3</div> <div>4 <input type="checkbox"/> Standard 4 - Form 2</div> <div>5 <input type="checkbox"/> Form 3 - Form 4</div> <div>6 <input type="checkbox"/> Form 5 - Form 7</div> <div>7 <input type="checkbox"/> University</div>
<div>1 <input type="checkbox"/> Primary/Form 2 Certificate</div> <div>2 <input type="checkbox"/> Leaving Certificate</div> <div>3 <input type="checkbox"/> School Certificate</div> <div>4 <input type="checkbox"/> University Entrance</div> <div>5 <input type="checkbox"/> Other _ _ _ _ _</div> <div>_____</div>	<div>1 <input type="checkbox"/> Primary/Form 2 Certificate</div> <div>2 <input type="checkbox"/> Leaving Certificate</div> <div>3 <input type="checkbox"/> School Certificate</div> <div>4 <input type="checkbox"/> University Entrance</div> <div>5 <input type="checkbox"/> Other _ _ _ _ _</div> <div>_____</div>	<div>1 <input type="checkbox"/> Primary/Form 2 Certificate</div> <div>2 <input type="checkbox"/> Leaving Certificate</div> <div>3 <input type="checkbox"/> School Certificate</div> <div>4 <input type="checkbox"/> University Entrance</div> <div>5 <input type="checkbox"/> Other _ _ _ _ _</div> <div>_____</div>	<div>1 <input type="checkbox"/> Primary/Form 2 Certificate</div> <div>2 <input type="checkbox"/> Leaving Certificate</div> <div>3 <input type="checkbox"/> School Certificate</div> <div>4 <input type="checkbox"/> University Entrance</div> <div>5 <input type="checkbox"/> Other _ _ _ _ _</div> <div>_____</div>

Only continue for persons aged 15 years or more

<div>1 <input type="checkbox"/> No ▶ Go to Q19</div> <div>2 <input type="checkbox"/> No, still studying for first qualification ▶ Go to Q19</div> <div>3 <input type="checkbox"/> Yes, trade certificate/apprenticeship</div> <div>4 <input type="checkbox"/> Yes, other qualification</div> <div>_____</div>	<div>1 <input type="checkbox"/> No ▶ Go to Q19</div> <div>2 <input type="checkbox"/> No, still studying for first qualification ▶ Go to Q19</div> <div>3 <input type="checkbox"/> Yes, trade certificate/apprenticeship</div> <div>4 <input type="checkbox"/> Yes, other qualification</div> <div>_____</div>	<div>1 <input type="checkbox"/> No ▶ Go to Q19</div> <div>2 <input type="checkbox"/> No, still studying for first qualification ▶ Go to Q19</div> <div>3 <input type="checkbox"/> Yes, trade certificate/apprenticeship</div> <div>4 <input type="checkbox"/> Yes, other qualification</div> <div>_____</div>	<div>1 <input type="checkbox"/> No ▶ Go to Q19</div> <div>2 <input type="checkbox"/> No, still studying for first qualification ▶ Go to Q19</div> <div>3 <input type="checkbox"/> Yes, trade certificate/apprenticeship</div> <div>4 <input type="checkbox"/> Yes, other qualification</div> <div>_____</div>
<div>1 <input type="checkbox"/> Bachelors degree</div> <div>2 <input type="checkbox"/> Post graduate degree</div> <div>3 <input type="checkbox"/> Other university qualification</div> <div>_____</div> <div>4 <input type="checkbox"/> Apprenticeship</div> <div>5 <input type="checkbox"/> Technical/Trade training</div> <div>6 <input type="checkbox"/> Nursing school</div> <div>7 <input type="checkbox"/> Theological college</div> <div>8 <input type="checkbox"/> Agricultural school</div> <div>9 <input type="checkbox"/> Other post-school qualification</div> <div><input type="text"/><input type="text"/> _____</div>	<div>1 <input type="checkbox"/> Bachelors degree</div> <div>2 <input type="checkbox"/> Post graduate degree</div> <div>3 <input type="checkbox"/> Other university qualification</div> <div>_____</div> <div>4 <input type="checkbox"/> Apprenticeship</div> <div>5 <input type="checkbox"/> Technical/Trade training</div> <div>6 <input type="checkbox"/> Nursing school</div> <div>7 <input type="checkbox"/> Theological college</div> <div>8 <input type="checkbox"/> Agricultural school</div> <div>9 <input type="checkbox"/> Other post-school qualification</div> <div><input type="text"/><input type="text"/> _____</div>	<div>1 <input type="checkbox"/> Bachelors degree</div> <div>2 <input type="checkbox"/> Post graduate degree</div> <div>3 <input type="checkbox"/> Other university qualification</div> <div>_____</div> <div>4 <input type="checkbox"/> Apprenticeship</div> <div>5 <input type="checkbox"/> Technical/Trade training</div> <div>6 <input type="checkbox"/> Nursing school</div> <div>7 <input type="checkbox"/> Theological college</div> <div>8 <input type="checkbox"/> Agricultural school</div> <div>9 <input type="checkbox"/> Other post-school qualification</div> <div><input type="text"/><input type="text"/> _____</div>	<div>1 <input type="checkbox"/> Bachelors degree</div> <div>2 <input type="checkbox"/> Post graduate degree</div> <div>3 <input type="checkbox"/> Other university qualification</div> <div>_____</div> <div>4 <input type="checkbox"/> Apprenticeship</div> <div>5 <input type="checkbox"/> Technical/Trade training</div> <div>6 <input type="checkbox"/> Nursing school</div> <div>7 <input type="checkbox"/> Theological college</div> <div>8 <input type="checkbox"/> Agricultural school</div> <div>9 <input type="checkbox"/> Other post-school qualification</div> <div><input type="text"/><input type="text"/> _____</div>

Please use BLOCK letters.

Respondent 01

Respondent 02

<div>Q19</div> <div>What is <i>name</i>'s present marital status?</div>	<div>1 <input type="checkbox"/> Never married</div> <div>2 <input type="checkbox"/> Married</div> <div>3 <input type="checkbox"/> Separated</div> <div>4 <input type="checkbox"/> Divorced</div> <div>5 <input type="checkbox"/> Widowed</div>	<div>1 <input type="checkbox"/> Never married</div> <div>2 <input type="checkbox"/> Married</div> <div>3 <input type="checkbox"/> Separated</div> <div>4 <input type="checkbox"/> Divorced</div> <div>5 <input type="checkbox"/> Widowed</div>
<div>Q20</div> <div>Last week, did <i>name</i> do any work?</div>	<div>1 <input type="checkbox"/> Fishing, gardening, handicraft, bread-baking or making toddy only ▶ Go to Q28</div> <div>2 <input type="checkbox"/> Yes, only other type of work ▶ Go to Q22</div> <div>3 <input type="checkbox"/> Yes, a combination of the above ▶ Go to Q22</div> <div>4 <input type="checkbox"/> No ▶ Go to Q21</div>	<div>1 <input type="checkbox"/> Fishing, gardening, handicraft, bread-baking or making toddy only ▶ Go to Q28</div> <div>2 <input type="checkbox"/> Yes, only other type of work ▶ Go to Q22</div> <div>3 <input type="checkbox"/> Yes, a combination of the above ▶ Go to Q22</div> <div>4 <input type="checkbox"/> No ▶ Go to Q21</div>
<div>Q21</div> <div><i>Last week</i>, was <i>name</i> temporarily absent from work through sickness, or some other reason?</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No ▶ Go to Q26</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No ▶ Go to Q26</div>
<div>Q22</div> <div>In the <i>main job</i> held <i>last week</i>, what was <i>name</i>'s occupation?</div>	<div>-----</div> <div>-----</div> <div><div><div></div><div></div><div></div></div></div>	<div>-----</div> <div>-----</div> <div><div><div></div><div></div><div></div></div></div>
<div>Q23</div> <div>What kind of business is done at the <i>main place</i> where <i>name</i> works?</div>	<div>-----</div> <div>-----</div> <div><div><div></div><div></div><div></div></div></div>	<div>-----</div> <div>-----</div> <div><div><div></div><div></div><div></div></div></div>
<div>Q24</div> <div>In the <i>main job</i> held <i>last week</i>, was <i>name</i>:</div>	<div>1 <input type="checkbox"/> Salaried member of TPS</div> <div>2 <input type="checkbox"/> Casual worker for TPS last week</div> <div>3 <input type="checkbox"/> Casual worker for TPS this year</div> <div>4 <input type="checkbox"/> Self-employed (own account worker)</div> <div>5 <input type="checkbox"/> Employee (work for wage/salary for someone else)</div> <div>6 <input type="checkbox"/> Unpaid family worker: main unpaid activity is <i>Kaiga</i> team work</div> <div>7 <input type="checkbox"/> Unpaid village worker: main unpaid activity is <i>aumaga</i> team work</div> <div><div><div></div><div></div></div></div>	<div>1 <input type="checkbox"/> Salaried member of TPS</div> <div>2 <input type="checkbox"/> Casual worker for TPS last week</div> <div>3 <input type="checkbox"/> Casual worker for TPS this year</div> <div>4 <input type="checkbox"/> Self-employed (own account worker)</div> <div>5 <input type="checkbox"/> Employee (work for wage/salary for someone else)</div> <div>6 <input type="checkbox"/> Unpaid family worker: main unpaid activity is <i>Kaiga</i> team work</div> <div>7 <input type="checkbox"/> Unpaid village worker: main unpaid activity is <i>aumaga</i> team work</div> <div><div><div></div><div></div></div></div>

Respondent 03	Respondent 04	Respondent 05	Respondent 06
<div><div>1</div><div><input type="checkbox"/> Never married</div></div> <div><div>2</div><div><input type="checkbox"/> Married</div></div> <div><div>3</div><div><input type="checkbox"/> Separated</div></div> <div><div>4</div><div><input type="checkbox"/> Divorced</div></div> <div><div>5</div><div><input type="checkbox"/> Widowed</div></div>	<div><div>1</div><div><input type="checkbox"/> Never married</div></div> <div><div>2</div><div><input type="checkbox"/> Married</div></div> <div><div>3</div><div><input type="checkbox"/> Separated</div></div> <div><div>4</div><div><input type="checkbox"/> Divorced</div></div> <div><div>5</div><div><input type="checkbox"/> Widowed</div></div>	<div><div>1</div><div><input type="checkbox"/> Never married</div></div> <div><div>2</div><div><input type="checkbox"/> Married</div></div> <div><div>3</div><div><input type="checkbox"/> Separated</div></div> <div><div>4</div><div><input type="checkbox"/> Divorced</div></div> <div><div>5</div><div><input type="checkbox"/> Widowed</div></div>	<div><div>1</div><div><input type="checkbox"/> Never married</div></div> <div><div>2</div><div><input type="checkbox"/> Married</div></div> <div><div>3</div><div><input type="checkbox"/> Separated</div></div> <div><div>4</div><div><input type="checkbox"/> Divorced</div></div> <div><div>5</div><div><input type="checkbox"/> Widowed</div></div>
<div><div>1</div><div><input type="checkbox"/> Fishing, gardening, handicraft, bread-baking or making toddy only ▶ Go to Q28</div></div> <div><div>2</div><div><input type="checkbox"/> Yes, only other type of work ▶ Go to Q22</div></div> <div><div>3</div><div><input type="checkbox"/> Yes, a combination of the above ▶ Go to Q22</div></div> <div><div>4</div><div><input type="checkbox"/> No ▶ Go to Q21</div></div>	<div><div>1</div><div><input type="checkbox"/> Fishing, gardening, handicraft, bread-baking or making toddy only ▶ Go to Q28</div></div> <div><div>2</div><div><input type="checkbox"/> Yes, only other type of work ▶ Go to Q22</div></div> <div><div>3</div><div><input type="checkbox"/> Yes, a combination of the above ▶ Go to Q22</div></div> <div><div>4</div><div><input type="checkbox"/> No ▶ Go to Q21</div></div>	<div><div>1</div><div><input type="checkbox"/> Fishing, gardening, handicraft, bread-baking or making toddy only ▶ Go to Q28</div></div> <div><div>2</div><div><input type="checkbox"/> Yes, only other type of work ▶ Go to Q22</div></div> <div><div>3</div><div><input type="checkbox"/> Yes, a combination of the above ▶ Go to Q22</div></div> <div><div>4</div><div><input type="checkbox"/> No ▶ Go to Q21</div></div>	<div><div>1</div><div><input type="checkbox"/> Fishing, gardening, handicraft, bread-baking or making toddy only ▶ Go to Q28</div></div> <div><div>2</div><div><input type="checkbox"/> Yes, only other type of work ▶ Go to Q22</div></div> <div><div>3</div><div><input type="checkbox"/> Yes, a combination of the above ▶ Go to Q22</div></div> <div><div>4</div><div><input type="checkbox"/> No ▶ Go to Q21</div></div>
<div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No ▶ Go to Q26</div></div>	<div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No ▶ Go to Q26</div></div>	<div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No ▶ Go to Q26</div></div>	<div><div>1</div><div><input type="checkbox"/> Yes</div></div> <div><div>2</div><div><input type="checkbox"/> No ▶ Go to Q26</div></div>
<div><div>-----</div><div>-----</div><div><div><div></div><div></div><div></div></div></div></div>	<div><div>-----</div><div>-----</div><div><div><div></div><div></div><div></div></div></div></div>	<div><div>-----</div><div>-----</div><div><div><div></div><div></div><div></div></div></div></div>	<div><div>-----</div><div>-----</div><div><div><div></div><div></div><div></div></div></div></div>
<div><div>-----</div><div>-----</div><div><div><div></div><div></div><div></div></div></div></div>	<div><div>-----</div><div>-----</div><div><div><div></div><div></div><div></div></div></div></div>	<div><div>-----</div><div>-----</div><div><div><div></div><div></div><div></div></div></div></div>	<div><div>-----</div><div>-----</div><div><div><div></div><div></div><div></div></div></div></div>
<div><div>1</div><div><input type="checkbox"/> Salaried member of TPS</div></div> <div><div>2</div><div><input type="checkbox"/> Casual worker for TPS last week</div></div> <div><div>3</div><div><input type="checkbox"/> Casual worker for TPS this year</div></div> <div><div>4</div><div><input type="checkbox"/> Self-employed (own account worker)</div></div> <div><div>5</div><div><input type="checkbox"/> Employee (work for wage/salary for someone else)</div></div> <div><div>6</div><div><input type="checkbox"/> Unpaid family worker: main unpaid activity is <i>Kaiga</i> team work</div></div> <div><div>7</div><div><input type="checkbox"/> Unpaid village worker: main unpaid activity is <i>aumaga</i> team work</div><div><div><div></div><div></div></div></div></div>	<div><div>1</div><div><input type="checkbox"/> Salaried member of TPS</div></div> <div><div>2</div><div><input type="checkbox"/> Casual worker for TPS last week</div></div> <div><div>3</div><div><input type="checkbox"/> Casual worker for TPS this year</div></div> <div><div>4</div><div><input type="checkbox"/> Self-employed (own account worker)</div></div> <div><div>5</div><div><input type="checkbox"/> Employee (work for wage/salary for someone else)</div></div> <div><div>6</div><div><input type="checkbox"/> Unpaid family worker: main unpaid activity is <i>Kaiga</i> team work</div></div> <div><div>7</div><div><input type="checkbox"/> Unpaid village worker: main unpaid activity is <i>aumaga</i> team work</div><div><div><div></div><div></div></div></div></div>	<div><div>1</div><div><input type="checkbox"/> Salaried member of TPS</div></div> <div><div>2</div><div><input type="checkbox"/> Casual worker for TPS last week</div></div> <div><div>3</div><div><input type="checkbox"/> Casual worker for TPS this year</div></div> <div><div>4</div><div><input type="checkbox"/> Self-employed (own account worker)</div></div> <div><div>5</div><div><input type="checkbox"/> Employee (work for wage/salary for someone else)</div></div> <div><div>6</div><div><input type="checkbox"/> Unpaid family worker: main unpaid activity is <i>Kaiga</i> team work</div></div> <div><div>7</div><div><input type="checkbox"/> Unpaid village worker: main unpaid activity is <i>aumaga</i> team work</div><div><div><div></div><div></div></div></div></div>	<div><div>1</div><div><input type="checkbox"/> Salaried member of TPS</div></div> <div><div>2</div><div><input type="checkbox"/> Casual worker for TPS last week</div></div> <div><div>3</div><div><input type="checkbox"/> Casual worker for TPS this year</div></div> <div><div>4</div><div><input type="checkbox"/> Self-employed (own account worker)</div></div> <div><div>5</div><div><input type="checkbox"/> Employee (work for wage/salary for someone else)</div></div> <div><div>6</div><div><input type="checkbox"/> Unpaid family worker: main unpaid activity is <i>Kaiga</i> team work</div></div> <div><div>7</div><div><input type="checkbox"/> Unpaid village worker: main unpaid activity is <i>aumaga</i> team work</div><div><div><div></div><div></div></div></div></div>

Please use BLOCK letters.

Respondent 01

Respondent 02

<div>Q25</div> <div>Last week, how many hours did <i>name</i> work in all jobs?</div>	<div><div><div></div><div></div></div>Number of hours worked</div> <div>If Male ▶ Go to next respondent</div> <div>If Female ▶ Go to Q30</div>	<div><div><div></div><div></div></div>Number of hours worked</div> <div>If Male ▶ Go to next respondent</div> <div>If Female ▶ Go to Q30</div>
<div>Q26</div> <div>Did <i>name</i> actively look for work at any time in the last four weeks?</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
<div>Q27</div> <div>If <i>name</i> had found a job, could he or she have started work last week?</div>	<div>1 <input type="checkbox"/> Yes, could have started work last week</div> <div>2 <input type="checkbox"/> No, full-time education</div> <div>3 <input type="checkbox"/> No, home duties</div> <div>4 <input type="checkbox"/> No, disabled</div> <div>5 <input type="checkbox"/> No, retired</div> <div>6 <input type="checkbox"/> No, other (specify)</div> <div><div></div><div></div></div> <div>If Male ▶ Go to next respondent</div> <div>If Female ▶ Go to Q30</div>	<div>1 <input type="checkbox"/> Yes, could have started work last week</div> <div>2 <input type="checkbox"/> No, full-time education</div> <div>3 <input type="checkbox"/> No, home duties</div> <div>4 <input type="checkbox"/> No, disabled</div> <div>5 <input type="checkbox"/> No, retired</div> <div>6 <input type="checkbox"/> No, other (specify)</div> <div><div></div><div></div></div> <div>If Male ▶ Go to next respondent</div> <div>If Female ▶ Go to Q30</div>
<div>Only ask Q28 if worked in agriculture or fishing or handicraft</div>		
<div>Q28</div> <div>What did <i>name</i> mainly do?</div>	<div>1 <input type="checkbox"/> Farming/Gardening</div> <div>2 <input type="checkbox"/> Fishing</div> <div>3 <input type="checkbox"/> Handicraft</div> <div>4 <input type="checkbox"/> Baking bread, making toddy</div>	<div>1 <input type="checkbox"/> Farming/Gardening</div> <div>2 <input type="checkbox"/> Fishing</div> <div>3 <input type="checkbox"/> Handicraft</div> <div>4 <input type="checkbox"/> Baking bread, making toddy</div>
<div>Q29</div> <div>For what purpose did <i>name</i> grow crops (fish, raise livestock, make handicrafts)?</div>	<div>1 <input type="checkbox"/> For own or family use only</div> <div>2 <input type="checkbox"/> For own use and for sale</div> <div>3 <input type="checkbox"/> For sale only</div> <div>If Male ▶ Go to next respondent</div>	<div>1 <input type="checkbox"/> For own or family use only</div> <div>2 <input type="checkbox"/> For own use and for sale</div> <div>3 <input type="checkbox"/> For sale only</div> <div>If Male ▶ Go to next respondent</div>
<div>Only continue for females aged 15 - 49 years</div>		

Respondent 03	Respondent 04	Respondent 05	Respondent 06
<div><div><div></div><div></div></div>Number of hours worked</div> <div>If Male ▶ Go to next respondent</div> <div>If Female ▶ Go to Q30</div>	<div><div><div></div><div></div></div>Number of hours worked</div> <div>If Male ▶ Go to next respondent</div> <div>If Female ▶ Go to Q30</div>	<div><div><div></div><div></div></div>Number of hours worked</div> <div>If Male ▶ Go to next respondent</div> <div>If Female ▶ Go to Q30</div>	<div><div><div></div><div></div></div>Number of hours worked</div> <div>If Male ▶ Go to next respondent</div> <div>If Female ▶ Go to Q30</div>
<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>	<div>1 <input type="checkbox"/> Yes</div> <div>2 <input type="checkbox"/> No</div>
<div>1 <input type="checkbox"/> Yes, could have started work last week</div> <div>2 <input type="checkbox"/> No, full-time education</div> <div>3 <input type="checkbox"/> No, home duties</div> <div>4 <input type="checkbox"/> No, disabled</div> <div>5 <input type="checkbox"/> No, retired</div> <div>6 <input type="checkbox"/> No, other (specify)</div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div>If Male ▶ Go to next respondent</div> <div>If Female ▶ Go to Q30</div>	<div>1 <input type="checkbox"/> Yes, could have started work last week</div> <div>2 <input type="checkbox"/> No, full-time education</div> <div>3 <input type="checkbox"/> No, home duties</div> <div>4 <input type="checkbox"/> No, disabled</div> <div>5 <input type="checkbox"/> No, retired</div> <div>6 <input type="checkbox"/> No, other (specify)</div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div>If Male ▶ Go to next respondent</div> <div>If Female ▶ Go to Q30</div>	<div>1 <input type="checkbox"/> Yes, could have started work last week</div> <div>2 <input type="checkbox"/> No, full-time education</div> <div>3 <input type="checkbox"/> No, home duties</div> <div>4 <input type="checkbox"/> No, disabled</div> <div>5 <input type="checkbox"/> No, retired</div> <div>6 <input type="checkbox"/> No, other (specify)</div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div>If Male ▶ Go to next respondent</div> <div>If Female ▶ Go to Q30</div>	<div>1 <input type="checkbox"/> Yes, could have started work last week</div> <div>2 <input type="checkbox"/> No, full-time education</div> <div>3 <input type="checkbox"/> No, home duties</div> <div>4 <input type="checkbox"/> No, disabled</div> <div>5 <input type="checkbox"/> No, retired</div> <div>6 <input type="checkbox"/> No, other (specify)</div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div>If Male ▶ Go to next respondent</div> <div>If Female ▶ Go to Q30</div>
<div>Only ask Q28 if worked in agriculture or fishing or handicraft</div>			
<div>1 <input type="checkbox"/> Farming/Gardening</div> <div>2 <input type="checkbox"/> Fishing</div> <div>3 <input type="checkbox"/> Handicraft</div> <div>4 <input type="checkbox"/> Baking bread, making toddy</div>	<div>1 <input type="checkbox"/> Farming/Gardening</div> <div>2 <input type="checkbox"/> Fishing</div> <div>3 <input type="checkbox"/> Handicraft</div> <div>4 <input type="checkbox"/> Baking bread, making toddy</div>	<div>1 <input type="checkbox"/> Farming/Gardening</div> <div>2 <input type="checkbox"/> Fishing</div> <div>3 <input type="checkbox"/> Handicraft</div> <div>4 <input type="checkbox"/> Baking bread, making toddy</div>	<div>1 <input type="checkbox"/> Farming/Gardening</div> <div>2 <input type="checkbox"/> Fishing</div> <div>3 <input type="checkbox"/> Handicraft</div> <div>4 <input type="checkbox"/> Baking bread, making toddy</div>
<div>1 <input type="checkbox"/> For own or family use only</div> <div>2 <input type="checkbox"/> For own use and for sale</div> <div>3 <input type="checkbox"/> For sale only</div> <div>If Male ▶ Go to next respondent</div>	<div>1 <input type="checkbox"/> For own or family use only</div> <div>2 <input type="checkbox"/> For own use and for sale</div> <div>3 <input type="checkbox"/> For sale only</div> <div>If Male ▶ Go to next respondent</div>	<div>1 <input type="checkbox"/> For own or family use only</div> <div>2 <input type="checkbox"/> For own use and for sale</div> <div>3 <input type="checkbox"/> For sale only</div> <div>If Male ▶ Go to next respondent</div>	<div>1 <input type="checkbox"/> For own or family use only</div> <div>2 <input type="checkbox"/> For own use and for sale</div> <div>3 <input type="checkbox"/> For sale only</div> <div>If Male ▶ Go to next respondent</div>
<div>Only continue for females aged 15 - 49 years</div>			

Please use BLOCK letters.

Respondent 01

Respondent 02

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

Respondent 03	Respondent 04	Respondent 05	Respondent 06
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	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
<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females
<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females
<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females	<input type="checkbox"/> Males <input type="checkbox"/> Females
<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"/>	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"/>	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"/>	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"/>	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"/>
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"/>	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"/>

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