

KIRIBATI POPULATION CENSUS 2005

CONFIDENTIAL

		FOR OFFICE USE ONLY			
ISLAND					
VILLAGE					
EA NUMBER					

BOOK NUMBER			
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Houshold Number	Number of Persons	Houshold Number	Number of Persons	Houshold Number	Number of Persons	Houshold Number	Number of Persons
TOTAL A		TOTAL B		TOTAL C		TOTAL D	

SUMMARY	PERSONS
TOTAL A	
TOTAL B	
TOTAL C	
TOTAL D	

FOR OFFICE USE ONLY

ISLAND			
VILLAGE			
EA			
TOTAL PERSONS			
TOTAL HOUSEHOLD			

DATA PREPARATION	DATE	SIGNED
CODED		
ENTERED		
CORRECTED		
EDIT OK		

ENUMERATOR'S SIGNATURE

SUPERVISOR'S SIGNATURE

ENTERED IN ACCESS BY
Name: _____
Date : _____

RECORDED & SIGNED BY OFFICE SUPERVISOR
Name: _____
Date: _____

Enumerator's Name

Supervisor's Name

KIRIBATI POPULATION CENSUS 2005

PERSONAL QUESTIONNAIRE

HOUSEHOLD NO: _____	HOUSEHOLD TYPE: _____	NO. OF PERSONS: _____
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(use only *BLUE pens* & write in **CAPITAL** letters)

VILLAGE _____	EA NO _____
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FOR ALL PERSONS	all who stayed at census night	PERSON 1	PERSON 2	PERSON 3	PERSON 4	PERSON 5	PERSON 6	PERSON 7	PERSON 8
1.A NAME	usual name								
1.B FATHER	family name or father's name								
2. RELATIONSHIP	to head of household e.g wife,son,relative,etc								
3. SEX	m for male, f for female								
4. DATE OF BIRTH	if date unknown estimate yea	day month year	day month year	day month year	day month year	day month year	day month year	day month year	day month year
5. ETHNIC ORIGIN	dd-mm-yyyy e.g. 05-06-1960								
6. MARITAL STATUS	Ikiribati(K), IK/Tuvalu(K/T),IK/Other(K/O) Tuvalu, Aus,NZ,Fiji, etc								
7. REAL FATHER	never married, married,widowed,separated divorced, defacto marriage								
8. REAL MOTHER	alive or dead								
9. RELIGION	alive or dead, person no. If present								
10. HOME ISLAND	kpc, cath, etc.								
11. BIRTH PLACE	island if in Kiribati, for others, country								
12. RESIDENCE AT LAST CENSUS	island if in Kiribati, for others, country								
13. SCHOOL ATTENDANCE	At school(AS), left school(LS), never been to school(NB)								
14. EDUCATIONAL ATTAINMENT (qualification)	eg. Class 1-9,Form 1-7, Cert, Dip, Deg, Masters, PhD								
15. IN WHAT AREA /FIELD/SUBJECT	accounting, education, science,economics, carpentry, OR none								

HEALTH ISSUES (FOR 10 YEARS & OVER)		choose one of the following:	
16. DO YOU SMOKE?	regular(R), sometimes(S), never(N), no longer(Q)		
17. DOYOU DRINK ALCOHOL?	regular(R), sometimes(S), never(N), no longer(Q)		
18. DO YOU DRINK KAVA / YAQONA?	regular(R), sometimes(S), never(N), no longer(Q)		
19. DOYOU PLAY SPORT?	regular(R), sometimes(S), never(N), no longer(Q)		
20. DO YOU PARTICIPATE IN GROUPS eg youth(Y),women (W),church(C),village(V),None(N)			

FOR ALL PERSONS BORN IN 1990 OR BEFORE (i.e.15 years and over): TYPE OF ACTIVITY LAST WEEK	
21. TYPE OF ACTIVITY	cash work'(CW) or 'village work'(VW), if 'no work' reason e.g too old, inactive,disabled etc
22. CASH WORK STATUS	employer,employee, self employed (SE)
23. OCCUPATION	registry clerk, accounts clerk bus driver, etc
24. JOB STATUS	Part time (P/T) or Full time (F/T)
25. EMPLOYER	name of employer, e.g Koil, BKL,department
26. SEEKING JOB?	if government, business name yes or no

FOR ALL WOMEN BORN IN 1990 OR BEFORE (i.e. 15 years and over) - CHILDREN EVER BORN	
27. HOW MANY CHILDREN HAS THIS WOMAN BORN ALIVE	If none write 0
28. HOW MANY OF THEM ARE STILL ALIVE?	- as above -
29. HOW MANY HAVE DIED?	- as above -
30. HOW OLD IS YOUR FIRST BORN?	- Age -
31. WHEN WAS THE LAST CHILD BORN?	Date of Birth (ddmmyyyy) e.g. 05-06-1960

HOUSEHOLD QUESTIONNAIRE

Write YES or NO, or state NUMBERS in bold boxes (use the 1st column)

(use only BLUE pens)

1. HOUSING AND LANDS

(a) How is the main house constructed?

permanent(P), local(L), combination (C)

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(b) Who owns the house?

Govt (G), Council(C) or Priv(P)

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(c) Right over land?

Own(O), sub/lease(S), Private lease(L)

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Other, NS

2. FOOD (answer Yes or No in columns provided)

Does the household have plants

Nearby

Elsewhere

breadfruit

baba

banana

pawpaw

sweet potatoe

te berc

te kain

coconut

cabbages

Does this household cut toddy

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3. LIVESTOCK

How many does this household have?

Pigs local

cross breed (kaieinaki)

exhorted (tinaniku)

Chickens local

cross breed

exhortec

HOUSEHOLD PETS (how many?)

dogs

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4. FISHING

Does this household catch fish by: (Yes/No)

collecting on ocean fla

collecting on lagoon fla

ocean fishing

lagoon fishing

net fishing

5. CAPITAL GOODS

How many does this household own in good order:

FOOD EQUIPMENT

nets

cooler boxes

te uu (eel traps)

te maa

te nei ni baneaw

a refrigerator/ freeze

COMMUNICATION / TRANSPORT EQUIPMENT

canoes

skiffs(wa-uawa)

boats

outboard engine

car

motorbike

bicycle

a radic

a computer

Internet connector

a home phone

a mobile phone

a facsimile (fax)

a televisior

a CB radic

6. SOURCE OF LIGHTING (Yes/No)

solar

PUB power

kerosene lamp

Generator

7. WATER AND SANITATION

Source of drinking water (Yes/No)

a. rain water tanl

b. pipe system (PUB)

c. open well water

d. closed well water

e. water from shops

7. WATER AND SANITATION (continued)

Does this household have/use (Yes/No)

flush toilet

- PUB system

- Own septic tank

water seal toile

atollete/kamkamk

beach

bush

sea

8. CASH INFLOW (in the last month)

a) Did any member of this household receive cash in these ways (yes/no)

rent of lanc

rent of building

rent of other equipmen

from seaman remittance

other remittance

9. ENVIRONMENTAL ISSUES (Yes/No)

a) Does this household dispose rubbish by

Collection point (Council

Recycle system

Beach

Ground Pit (marua)

Other places not define

b) Does this household have

seawal

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