



REPORT OF THE CENSUS OF POPULATION AND HOUSING 1991

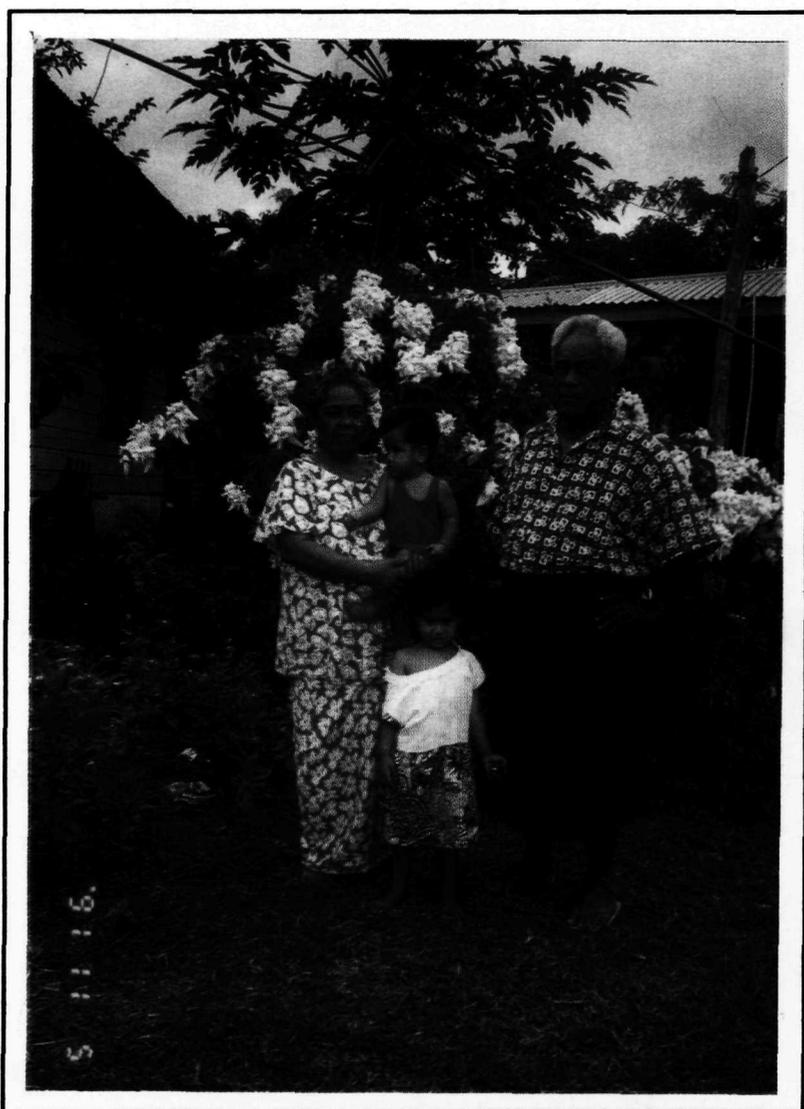


Photo by : Joselo H. Saldevar (UNV)

**Department of Statistics
Government of Western Samoa
Apia, Western Samoa**

GOVERNMENT OF WESTERN SAHARA
POPULATION INTERVIEW SCHEDULE

7. ANNEXES

PARISH/DISTRICT		BUILDING NUMBER	
VILLAGE		LIVING QUARTER NUMBER	
SEPARATION AREA		HOUSEHOLD NUMBER	

Household Type: 1 - Private

2 - Institution

MALES

FEMALES

TOTAL

HOUSEHOLD

PERSONS

PERSONS

PERSONS

THE QUESTIONNAIRES

P1	Person Serial Number	1 - 9							
P2	Name								
P3	Relationship to Head								
P4	Gender/Sex	1 - male	2 - female						
P5	Date of Birth	write day/month/year. If date unknown, estimate age. If less than 1 year, write 00.							
P6	Marital Status	1 - Single	2 - Married	3 - Separated/Divorced	4 - Widowed				
P7	Religion	1 - Congregation	2 - Catholic	3 - Methodist	4 - LDS	5 - S.D. Adventist	6 - Other Bel.	7 - No religion	8 - Not Stated
P8	Citizenship	(a) For Western Sahara citizens, write 50 (b) For others, write country of citizenship code							
P9	Place of Birth	FD/C	FD/C	FD/C	FD/C	FD/C	FD/C	FD/C	FD/C
P10	Place of Usual Residence (PUR)	VIL	VIL	VIL	VIL	VIL	VIL	VIL	VIL
P11	Place of Previous Usual Residence (PPUR)	VIL	VIL	VIL	VIL	VIL	VIL	VIL	VIL

GOVERNMENT OF WESTERN SAMOA
POPULATION INTERVIEW SCHEDULE

FAIPULE DISTRICT:	
VILLAGE:	
ENUMERATION AREA:	

BUILDING NUMBER:	
LIVING QUARTER NUMBER:	
HOUSEHOLD NUMBER:	

Household Type: 1 - Private

2 - Institution

MALES

FEMALES

TOTAL

P1	Person Serial Number:					
P2	Name:					
P3	Relationship to Head:					
P4	Gender/Sex: 1 - Male 2 - Female					
P5	Date of Birth: Write day/month/year. If date unknown, estimate age. If less than 1 then write 00.	____/____/____ day month year Age:				
P6	Marital Status: 1 - Single 2 - Married 3 - Separated/Divorced 4 - Widowed					
P7	Religion: 1 - Congregation 2 - Catholic 3 - Methodist 4 - LDS 5 - S.D. Adventist 6 - Other Rel. 7 - No Religion 8 - Not Stated					
P8	Citizenship: (a) For Western Samoa citizens, write 50 (b) For Others, write country of citizenship code					
P9	Place of Birth: If born in hospital, state mother's usual residence at time of birth. If born in W.Samoa write district and village codes. If born overseas then write country code	FD/C _____ VIL	FD/C _____ VIL	FD/C _____ VIL	FD/C _____ VIL	FD/C _____ VIL
P10	Place of Usual Residence (PUR): If PUR is W.Samoa, write district and village codes. If PUR is overseas, then write country code	FD/C _____ VIL	FD/C _____ VIL	FD/C _____ VIL	FD/C _____ VIL	FD/C _____ VIL
P11	Place of Previous Usual Residence (PPUR): (on 5th November 86). If PPUR is W.Samoa, then write district and village codes. If it is not W.Samoa, then write country code. (Refer to manual for codes)	FD/C _____ VIL	FD/C _____ VIL	FD/C _____ VIL	FD/C _____ VIL	FD/C _____ VIL

POPULATION INTERVIEW SCHEDULE (continuation)

P12	Place Where Matai Title is Registered: If Under Matai, write district and village codes. If not under matai, write 49	FD _____	FD _____	FD _____	FD _____	FD _____
		VIL _____	VIL _____	VIL _____	VIL _____	VIL _____
P13	School Attendance: 0 - Not Applicable 1 - Government School 2 - Mission School 3 - Other School 4 - Not at School					
P14	Educational Attainment: Write highest class of formal education completed					

FOR ALL PERSONS BORN IN 1961 AND BEFORE (REFERENCE PERIOD 20-26 OCTOBER 1991)

P15	Able to Read and Write: 1 - Yes 2 - No					
P16	Type of Activity:					
P16b	Days worked during the last week					
P17	Principal Occupation: (Title of job or kind of work in which most time is spent). If not working write title of job or kind of work in which most of time was spent previously if applicable					
P17a	What type of task and duties carried out.					
P18	Employment Status: 1 - Employer 2 - Employee 3 - Self-employed worker 4 - Unpaid Worker					
P19	Type of Industry, Business or Service: State type of institution in which the work is done or kind of business or service carried out by the institution.					
P20	NUMBER OF HOURS SPENT ON SPECIFIC ACTIVITIES FOR FEMALES GIVEN CODE 8 IN P16. Total hours spent on the under-mentioned activities. a Assistance in household agriculture and allied activities? b In other household economic activities such as processing, sale and transportation of agricultural and allied products c Growing, picking, collecting of vegetables, fruits,nuts,herbs,leaves,firewood etc.					

WESTERN SAMOA
HOUSING QUESTIONNAIRE

Name of Enumerator:	Faipule District:
Name of Household Head:	Village:
	Enumeration Area:
	Building Number:
	Living Quarter Number:
	Household Number:
	Household Type: 1 - Private 2 - Institutional

Please mark the correct box. (x)

For every building in which one or more Living Quarters are located.

H1. Type of Building:

<input type="checkbox"/> 1 Samoan Fale (thatched/iron roof)	<input type="checkbox"/> 2 Samoan Fale with extension	<input type="checkbox"/> 3 Open European House (One Floor)	<input type="checkbox"/> 7 Others
<input type="checkbox"/> 4 Open European House (Two Floors)	<input type="checkbox"/> 5 Closed European House (One Floor)	<input type="checkbox"/> 6 Closed European House (Two Floors)	

H2. Occupancy Status:

<input type="checkbox"/> 1 Vacant	<input type="checkbox"/> 2 Occupied
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H3. Tenure of Land in which building is located:

<input type="checkbox"/> 1 Customary	<input type="checkbox"/> 2 Freehold	<input type="checkbox"/> 3 Government	<input type="checkbox"/> 4 Mission
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H4. Main construction material of floor:

<input type="checkbox"/> 1 Wood	<input type="checkbox"/> 2 Stone	<input type="checkbox"/> 3 Concrete	<input type="checkbox"/> 4 Other
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H5. Main construction material of outer walls:

<input type="checkbox"/> 1 Open Wall (Posts)	<input type="checkbox"/> 2 Wood	<input type="checkbox"/> 3 Brick/Concrete
<input type="checkbox"/> 4 Metal Sheet	<input type="checkbox"/> 5 Other	

HOUSING QUESTIONNAIRE (continuation)

H6. Main covering material of roof:

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> 1 Thatched | <input type="checkbox"/> 2 Metal Sheet | <input type="checkbox"/> 3 Thatched/Metal Sheet |
| <input type="checkbox"/> 4 Other | | |

H7. Source of Water Supply:

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> 1 Piped water exclusive | <input type="checkbox"/> 2 Piped water shared | <input type="checkbox"/> 3 Well |
| <input type="checkbox"/> 4 River/Lake | <input type="checkbox"/> 5 Rain | <input type="checkbox"/> 6 Other |

H8. Type of Lighting:

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> 1 Electricity | <input type="checkbox"/> 2 Benzine/Kerosene | <input type="checkbox"/> 3 Other |
|--|---|----------------------------------|

H9. Toilet Facilities:

- | | |
|--|---|
| <input type="checkbox"/> 1 Flush with septic tank exclusive | <input type="checkbox"/> 2 Flush with septic tank shared |
| <input type="checkbox"/> 3 Pisikoa type exclusive | <input type="checkbox"/> 4 Pisikoa type shared |
| <input type="checkbox"/> 5 Pit without septic tank exclusive | <input type="checkbox"/> 6 Pit without septic tank shared |
| <input type="checkbox"/> 7 Others | |

H10. Tenure of Living Quarters:

- | | | | |
|----------------------------------|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> 1 Owned | <input type="checkbox"/> 2 Rented | <input type="checkbox"/> 3 Provided with Job | <input type="checkbox"/> 4 Others |
|----------------------------------|-----------------------------------|--|-----------------------------------|

H11. Ownership of Radio:

- | | |
|--------------------------------|-------------------------------|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No |
|--------------------------------|-------------------------------|

H12. Ownership of TV:

- | | |
|--------------------------------|-------------------------------|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No |
|--------------------------------|-------------------------------|

H13. Ownership of Video:

- | | |
|--------------------------------|-------------------------------|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No |
|--------------------------------|-------------------------------|

H14. Type of Cooking Fuel:

- | | | |
|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 Electricity | <input type="checkbox"/> 2 Gas | <input type="checkbox"/> 3 Kerosene |
| <input type="checkbox"/> 4 Wood | <input type="checkbox"/> 5 Other | |

H15. Presence of physically/mentally disabled person(s) in household:

- | | |
|--------------------------------|-------------------------------|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No |
|--------------------------------|-------------------------------|