



TUVALU GOVERNMENT
POPULATION & HOUSING CENSUS 2012

Form of

HOUSEHOLD & PERSONAL QUESTIONNAIRE

Collection Authority

This Census is taken under the authority of the Statistics Act.
All information obtained will be kept confidential and used for statistical purposes only.

C1. ISLAND:

C2. VILLAGE:

C3. ENUMERATION AREA:

C4. HOUSEHOLD NO:

C5. GPS CODE:

C6. DWELLING TYPE:

1. Household ☐

(Name of Household Head)

2. Institution ☐

(Name of Institution)

C7. STATUS

1. Completed ☐

2. Partially ☐

3. Vacant ☐

4. Demolished ☐

5. Refused ☐

6. Other ☐

C8. ENUMERATOR:

C9. SUPERVISOR:

C10. SUMMARY: Table1 and Table2

	Males	Females	Total
Table1	<input type="text"/>	<input type="text"/>	<input type="text"/>
Table2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Totals	<input type="text"/>	<input type="text"/>	<input type="text"/>

C11. CHECKS

Signature

Date

1. Supervisor:

2. Received

TABLE1: PERSONS PRESENT ON CENSUS NIGHT

PERSON NUMBER	FIRST NAME	SURNAME	SEX	AGE
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				

QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
H1	Type of living quarters	One family house detached from any other house 1 <input type="checkbox"/> One family house attached to one or more houses 2 <input type="checkbox"/> Building with two or more apartments 3 <input type="checkbox"/> Building with two or more households which share a kitchen/toilet 4 <input type="checkbox"/> Dwelling attached to a shop or other non-resident building 5 <input type="checkbox"/> Lodging house 6 <input type="checkbox"/> Other <input type="text"/> 7 <input type="checkbox"/> (specify)		
H2	House ownership	Own this house 1 <input type="checkbox"/> Rent this house 2 <input type="checkbox"/> Personal arrangements 3 <input type="checkbox"/> Other <input type="text"/> 4 <input type="checkbox"/> (specify)		GO TO H5 GO TO H5 GO TO H5
H3	House is rented from	Government 1 <input type="checkbox"/> Kaupule/Council 2 <input type="checkbox"/> Corporation 3 <input type="checkbox"/> Private individual 4 <input type="checkbox"/> Other <input type="text"/> 5 <input type="checkbox"/> (specify)		
H4	How much rent is paid monthly?	Rent paid <input type="text"/> <input type="text"/> <input type="text"/> Subsidy <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
H5	Land ownership arrangement on which house is built?	Own land 1 <input type="checkbox"/> Government lease 2 <input type="checkbox"/> Private lease 3 <input type="checkbox"/> Personal arrangements 4 <input type="checkbox"/> No arrangements 5 <input type="checkbox"/> Other <input type="text"/> 6 <input type="checkbox"/> (specify)		
H6	Main house construction (Record observation)	Permanent - concrete 1 <input type="checkbox"/> Local 3 <input type="checkbox"/> Permanent - timber 2 <input type="checkbox"/> Combination 4 <input type="checkbox"/> Other <input type="text"/> 5 <input type="checkbox"/> (specify)		
H7	Main material of the floor (Record observation)	Natural floor Sand 1 <input type="checkbox"/> Gravel 2 <input type="checkbox"/> Rudimentary floor Wood planks 3 <input type="checkbox"/> Coconut midribs 4 <input type="checkbox"/> Finished floor Paraquet or polished wood 5 <input type="checkbox"/> Ceramic tiles 6 <input type="checkbox"/> Cement 7 <input type="checkbox"/> Carpet 8 <input type="checkbox"/> Other <input type="text"/> 9 <input type="checkbox"/> (specify)		

QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
H8	Main material of the roof (Record observation)	Natural roofing Coconut thatch 1 <input type="checkbox"/> Pandanus thatch 2 <input type="checkbox"/> Rudimentary roofing Wood planks 3 <input type="checkbox"/> Finished roofing Metal 4 <input type="checkbox"/> Other <input type="text"/> 5 <input type="checkbox"/> (specify)	GO TO H10 GO TO H10 GO TO H10 GO TO H10	
H9	Type of roofing (Record observation)	Gable roofing 1 <input type="checkbox"/> Mono-pitch roofing 2 <input type="checkbox"/> Flat roof 3 <input type="checkbox"/> Hip coned roof 4 <input type="checkbox"/> Other 5 <input type="checkbox"/>		
H10	Main material of the exterior walls (Record observation)	Natural walls Coconut midribs 1 <input type="checkbox"/> Lapalapa 2 <input type="checkbox"/> No wall 3 <input type="checkbox"/> Rudimentary walls Plywood 4 <input type="checkbox"/> Hardiflex 5 <input type="checkbox"/> Reused wood 6 <input type="checkbox"/> Cardboard 7 <input type="checkbox"/> Finished walls Cement 8 <input type="checkbox"/> Cement blocks 9 <input type="checkbox"/> Wood planks/shingles 10 <input type="checkbox"/> Other <input type="text"/> 11 <input type="checkbox"/> (specify)		
H11	Number of sleeping rooms	Rooms <input type="text"/>		
H12	Type of kitchen	Traditional 1 <input type="checkbox"/> Modern 2 <input type="checkbox"/> Traditional and modern 3 <input type="checkbox"/>		
H13	Floor area of house	<input type="text"/>		
H14	Water storage volume	Plastic tank <input type="text"/> Concrete tank <input type="text"/> Cistern <input type="text"/> Total <input type="text"/>		
H15	What is the <u>main</u> source of drinking water for members of your household?	Cistern/tank Piped into dwelling 1 <input type="checkbox"/> Piped into yard/plot 2 <input type="checkbox"/> Cistern/tank Owned by community 3 <input type="checkbox"/> Owned by neighbour 4 <input type="checkbox"/> Dug well Protected well 5 <input type="checkbox"/> Unprotected well 6 <input type="checkbox"/> Tanker truck 7 <input type="checkbox"/> Bottled water 8 <input type="checkbox"/> Other <input type="text"/> 9 <input type="checkbox"/> (specify)		

QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
H16	What is the <u>main</u> source of water used by your household for other purposes such as cooking and hand washing?	Cistern/tank Piped into dwelling 1 <input type="checkbox"/> Piped into yard/plot 2 <input type="checkbox"/> Cistern/tank Owned by community 3 <input type="checkbox"/> Owned by neighbour 4 <input type="checkbox"/> Dug well Protected well 5 <input type="checkbox"/> Unprotected well 6 <input type="checkbox"/> Tanker truck 7 <input type="checkbox"/> Bottled water 8 <input type="checkbox"/> Other <input type="text"/> 9 <input type="checkbox"/> (specify)		
H17	What kind of toilet facility do members of your family <u>mainly</u> use?	Flush or pour flush toilet Flush to septic tank 1 <input type="checkbox"/> Flush to pit latrine 2 <input type="checkbox"/> Flush to somewhere else 3 <input type="checkbox"/> Flush do not know where 4 <input type="checkbox"/> Pit latrine Ventilated improved pit latrine 5 <input type="checkbox"/> Pit latrine with slab 6 <input type="checkbox"/> Pit latrine without slab/open pit 7 <input type="checkbox"/> Composting toilet 8 <input type="checkbox"/> No facility/bush/beach 9 <input type="checkbox"/> Other <input type="text"/> 10 <input type="checkbox"/> (specify)		
H18	Main source of cooking energy?	Electricity 1 <input type="checkbox"/> Gas 2 <input type="checkbox"/> Kerosene 3 <input type="checkbox"/> Other <input type="text"/> 6 <input type="checkbox"/> (specify)	Wood 4 <input type="checkbox"/> Coconut parts 5 <input type="checkbox"/>	
H19	Which source of cooking energy do you prefer most?	Electricity 1 <input type="checkbox"/> Gas 2 <input type="checkbox"/> Kerosene 3 <input type="checkbox"/> Other <input type="text"/> 6 <input type="checkbox"/> (specify)	Wood 4 <input type="checkbox"/> Coconut parts 5 <input type="checkbox"/>	
H20	Why do you prefer this source of cooking energy?	Affordable 1 <input type="checkbox"/> Available 2 <input type="checkbox"/> Safe 3 <input type="checkbox"/>	Efficient 4 <input type="checkbox"/> Reliable 5 <input type="checkbox"/> Other 6 <input type="checkbox"/>	
H21	What method of cooking is <u>mainly</u> used by this household?	Traditional 1 <input type="checkbox"/> Modern 2 <input type="checkbox"/> Traditional and modern 3 <input type="checkbox"/>		
H22	Why do you prefer this method of cooking?	Affordable 1 <input type="checkbox"/> Available 2 <input type="checkbox"/> Efficient 3 <input type="checkbox"/>		

QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP																																																
H23	Main source of lightning?	Electricity 1 <input type="checkbox"/> Solar 2 <input type="checkbox"/> Other <input type="text"/> (specify) 5 <input type="checkbox"/>	Kerosene 3 <input type="checkbox"/> Generator 4 <input type="checkbox"/>																																																	
H24	Why is it the main source of lighting?	Affordable 1 <input type="checkbox"/> Only source available 2 <input type="checkbox"/> Other <input type="text"/> (specify) 3 <input type="checkbox"/>																																																		
H25	How do you find the electricity supply?	No connection 1 <input type="checkbox"/> Reliable 2 <input type="checkbox"/> Unreliable 3 <input type="checkbox"/> Other 4 <input type="checkbox"/>		GO TO H27																																																
H26	Were any of the following household electrical appliances damaged due to the unreliability of the electricity supply in the last 5 years? 1=YES, 2=NO	<table border="0"> <tr> <td>Rice cooker</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>Stereo</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> </tr> <tr> <td>Electric kettle</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>TV monitor</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> </tr> <tr> <td>Freezer</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>Video deck</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> </tr> <tr> <td>Refrigerator</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>Radio</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> </tr> <tr> <td>Washing machine</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>Desktop</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> </tr> <tr> <td>Iron</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>Laptop</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> </tr> <tr> <td>Electric fan</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>Other</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> </tr> </table>	Rice cooker	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Stereo	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Electric kettle	1 <input type="checkbox"/> 2 <input type="checkbox"/>	TV monitor	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Freezer	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Video deck	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Refrigerator	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Radio	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Washing machine	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Desktop	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Iron	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Laptop	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Electric fan	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Other	1 <input type="checkbox"/> 2 <input type="checkbox"/>																						
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Refrigerator	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Radio	1 <input type="checkbox"/> 2 <input type="checkbox"/>																																																	
Washing machine	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Desktop	1 <input type="checkbox"/> 2 <input type="checkbox"/>																																																	
Iron	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Laptop	1 <input type="checkbox"/> 2 <input type="checkbox"/>																																																	
Electric fan	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Other	1 <input type="checkbox"/> 2 <input type="checkbox"/>																																																	
H27	Main form of household waste disposal	Collected by Kaupule 1 <input type="checkbox"/> Authorised collection sites 2 <input type="checkbox"/> Recycling 3 <input type="checkbox"/> Other <input type="text"/> (specify) 7 <input type="checkbox"/>	Burn 4 <input type="checkbox"/> Bury 5 <input type="checkbox"/> Composting 6 <input type="checkbox"/>																																																	
H28	a) Does any member of this household grow any of the following crops? 1=YES, 2=NO (If YES, ASK part b) b) For what purpose is the crop grown for? 3=Mainly subsistence 4=Mainly commercial 5=Both c) How often is the crop harvested? 6=Every week 7=Every fortnight 8=Once monthly 9=Occasionally	<table border="0"> <tr> <td>Coconut</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> </tr> <tr> <td>Breadfruit</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> </tr> <tr> <td>Pulaka</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> </tr> <tr> <td>Talo</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> </tr> <tr> <td>Banana</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> </tr> <tr> <td>Pandanus</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> </tr> <tr> <td>Sweet potato</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> </tr> <tr> <td>Felo</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> </tr> <tr> <td>Pumpkin</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> </tr> <tr> <td>Bele</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> </tr> <tr> <td>Tapioca</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> </tr> </table>	Coconut	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Breadfruit	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Pulaka	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Talo	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Banana	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Pandanus	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Sweet potato	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Felo	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Pumpkin	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Bele	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Tapioca	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Other	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>		
Coconut	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																																	
Breadfruit	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																																	
Pulaka	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																																	
Talo	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																																	
Banana	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																																	
Pandanus	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																																	
Sweet potato	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																																	
Felo	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																																	
Pumpkin	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																																	
Bele	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																																	
Tapioca	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																																	
Other	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>																																																	
H29	Does any member of the household cut toddy?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>		GO TO H31																																																
H30	How many litres of toddy are usually collected in a day?	1 - 5 litres 1 <input type="checkbox"/> 6-10 litres 2 <input type="checkbox"/> 11-15 litres 3 <input type="checkbox"/> More than 15 litres 4 <input type="checkbox"/>																																																		

QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP																																																							
H31	Does this household have a home garden?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>		GO TO H35																																																							
	How big is your home garden?	10 metres ² or less 1 <input type="checkbox"/> 11 to 15 metres ² 2 <input type="checkbox"/> 16 to 20 metres ² 3 <input type="checkbox"/>	21 to 25 metres ² 4 <input type="checkbox"/> 26 to 30 metres ² 5 <input type="checkbox"/> More than 30 metres ² 6 <input type="checkbox"/>																																																								
H33	a) Do you grow these vegetables in your home garden? 1=YES, 2=NO (If YES, ASK Part b and c) b) How many kilograms do you harvest of each vegetable from your garden in a week? c) How many crop cycles did you plant in the last 12 months for each vegetable in your home garden?	<table border="0"> <tr> <td>Cabbage</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>Kilograms</td> <td><input type="text"/></td> <td>Cycles</td> <td><input type="text"/></td> </tr> <tr> <td>Cucumber</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>Tomato</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>Pepper</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>Egg plant</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>Pawpaw</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> <tr> <td>Other</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> </tr> </table>	Cabbage	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Kilograms	<input type="text"/>	Cycles	<input type="text"/>	Cucumber	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>	Tomato	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>	Pepper	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>	Egg plant	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>	Pawpaw	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>	Other	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>															
Cabbage	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Kilograms	<input type="text"/>	Cycles	<input type="text"/>																																																						
Cucumber	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>																																																						
Tomato	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>																																																						
Pepper	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>																																																						
Egg plant	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>																																																						
Pawpaw	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>																																																						
Other	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>																																																						
H34	a) What kind of fertilizers does the household use in the home garden? 1=YES, 2=NO (If YES, ASK part b) b) How often is the fertilizer used? 3=Once per week 4=Twice per week 5=Thrice per week	<table border="0"> <tr> <td>Organic</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>Number of times</td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> </tr> <tr> <td>Chemical</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> </tr> <tr> <td>Animal waste</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> </tr> </table>	Organic	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Number of times	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Chemical	1 <input type="checkbox"/> 2 <input type="checkbox"/>		3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Animal waste	1 <input type="checkbox"/> 2 <input type="checkbox"/>		3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>																																													
Organic	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Number of times	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>																																																								
Chemical	1 <input type="checkbox"/> 2 <input type="checkbox"/>		3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>																																																								
Animal waste	1 <input type="checkbox"/> 2 <input type="checkbox"/>		3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>																																																								
H35	What is the total area of all the land used for agricultural purposes?	Local units <input type="text"/> Hectares <input type="text"/>																																																									
	How many parcels of land are used for agricultural purposes?	<input type="text"/>																																																									
H37	a) Does this household own any of the following livestock, poultry or pets? 1=YES or 2=NO (If YES ASK part b) b) How many of the following animals does this household own?	<table border="0"> <tr> <td>Pigs</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>Local Breed</td> <td><input type="text"/></td> <td>Cross Breed</td> <td><input type="text"/></td> <td>Pure Breed</td> <td><input type="text"/></td> <td>Total</td> <td><input type="text"/></td> </tr> <tr> <td>Chickens</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>Ducks</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>Goats</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>Dogs</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>Cats</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td></td> <td><input type="text"/></td> <td></td> </tr> </table>	Pigs	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Local Breed	<input type="text"/>	Cross Breed	<input type="text"/>	Pure Breed	<input type="text"/>	Total	<input type="text"/>	Chickens	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		Ducks	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		Goats	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		Dogs	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		Cats	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
Pigs	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Local Breed	<input type="text"/>	Cross Breed	<input type="text"/>	Pure Breed	<input type="text"/>	Total	<input type="text"/>																																																		
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Cats	1 <input type="checkbox"/> 2 <input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>																																																				
H38	a) What type of housing does the household use for keeping these livestock? 1=No animals 2=Modern 3=Local 4=Both 5=No housing b) How were the animals waste kept? 6=No animals 7=Septic tank 8=Pit 9=Open flush	<table border="0"> <tr> <td>Pigs</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td>Waste</td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td>Distance</td> <td>10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/></td> </tr> <tr> <td>Chickens</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td></td> <td>10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/></td> </tr> <tr> <td>Ducks</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td></td> <td>10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/></td> </tr> <tr> <td>Goats</td> <td>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/></td> <td></td> <td>6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/></td> <td></td> <td>10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/></td> </tr> </table>	Pigs	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	Waste	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	Distance	10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	Chickens	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>		10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	Ducks	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>		10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	Goats	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>		6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>		10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>																																	
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	c) How far is your household from the place you keep your animals?	10=No animals 11=Less than 50 metres 12=51 to 100 metres	13=101 to 150 metres 14=More than 150 metres																																																								

QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP	
H39	a) Does any member of the household catch 1=YES, 2=NO (IF YES, ASK PART b and c)	Birds?	a) Yes/No 1 <input type="checkbox"/> 2 <input type="checkbox"/>	b) Purpose 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	c) Frequency 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
	b) Was it for 3=Own use only? 4=Sale only? 5=Own use and sale?	Tupa?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
H40	a) Does any member of this household catch fish or collect shellfish by 1=YES, 2=NO (IF YES, ASK part b)	Collecting on reef flat?	a) Yes/No 1 <input type="checkbox"/> 2 <input type="checkbox"/>	b) Purpose 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	c) Frequency 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
	b) Was it for 3=Mainly subsistence 4=Mainly commercial 5=Both	Collecting on lagoon flat?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
H41	What type of fishing method is commonly used?	Collecting on the ocean flat?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
		Reef fishing?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
H42	What type of shellfish is usually collected?	Lagoon fishing?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
		Ocean fishing?	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>
H43	About how much kilogram of fish is caught in a week?				
H44	How often does this household buy fish or shellfish? 1=Never 4=Once a month 2=Once a week 5=Other 3=More than once a week				
H45	a) Does any member of this household make the following handicrafts? 1=YES, 2=NO (IF YES, ASK part b)	Necklace	a) Yes/No 1 <input type="checkbox"/> 2 <input type="checkbox"/>	b) Purpose 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
	b) Was it for 3=Mainly for subsistence 4=Mainly commercial 5=Both	Mat	1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP	
H46	Does this household own the following items? (RECORD THE NUMBER OF ITEMS OWNED AND IN GOOD WORKING ORDER. IF NONE, ENTER ZERO '0')	Cooking appliances	Transport		
		Electric stove	Car		
H47	Do members of this household have access to these ICT items at home? 1=YES, 2=NO	Gas stove	Truck		
		Kerosene stove	Van/Bus		
H48	What types of Internet access does this household have? 1=YES, 2=NO	Rice cooker	Motor bike		
		Electric kettle	Bicycle		
H49	Does this household have a cultural artifact in possession? 1=YES, 2=NO	Household appliances	Hand cart		
		Freezer	Fishing		
H49		Refrigerator	Boat		
		Washing machine	Outboard motor		
H49		Sewing machine	Canoe		
		Iron	ICT goods		
H49		Electric fan	Radio		
		Food safe	Fixed telephone		
H49		Entertainment appliances	Mobile phone		
		Stereo	Desk top		
H49		TV monitor	Laptop		
		Video deck			
H49		Video/digital camera			
		Agricultural tools			
H49		Spade			
		Shovel			
H49		Rake			
		Bush knife			
H49					

QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
H50 a) Did any member of this household receive cash from the following sources in the last 12 months? 1=YES, 2=NO (IF YES, ASK part b) b) How often is the cash received? 3=Every month 4=Every 2-6 months 5=Once a year 6=Occasionally	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">a) Yes/No</th> <th style="width:50%;">b) Frequency</th> </tr> <tr> <td>Wages/salary 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Remittances 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Rent of building 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Rent of land 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Rent of equipment 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Senior citizens pay 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Pensions 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Handicraft sales 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Fish sales 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Animal sales 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Crop sales 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Gifts 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Own business 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Investments 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> <tr> <td>Other 1 <input type="checkbox"/> 2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/></td> </tr> </table>	a) Yes/No	b) Frequency	Wages/salary 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Remittances 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Rent of building 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input 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<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Animal sales 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Crop sales 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Gifts 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Own business 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Investments 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Other 1 <input type="checkbox"/> 2 <input 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Other 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>																																	
H51 From where were the remittances received from? 1=Within Tuvalu only 2=Outside Tuvalu only 3=Within and outside Tuvalu	No remittances 1 <input type="checkbox"/> Within Tuvalu only 2 <input type="checkbox"/> Outside Tuvalu only 3 <input type="checkbox"/> Within and outside Tuvalu 4 <input type="checkbox"/>																																	
H52 Has this household ever been affected by the 1=YES, 2=NO	King tide in the last 3 years? 1 <input type="checkbox"/> 2 <input type="checkbox"/> Storm surge in the last 5 years? 1 <input type="checkbox"/> 2 <input type="checkbox"/>																																	
H53 Have any members of this household died in the past 3 years?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	GO TO H55																																
H54 For any residents who died during the last 3 years, a) provide details of sex, age, date of death b) If FEMALE aged 15-49 at the time of death, was she: 1=Pregnant 3= Within 6 weeks of pregnancy or childbirth 2=Giving birth 4= Don't know	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Sex</th> <th style="width:10%;">Age</th> <th style="width:20%;">Date of death</th> <th style="width:20%;">b) Female 16-49 years</th> </tr> <tr> <td>M F</td> <td></td> <td></td> <td>1 2 3 4</td> </tr> <tr> <td>M F</td> <td></td> <td></td> <td>1 2 3 4</td> </tr> <tr> <td>M F</td> <td></td> <td></td> <td>1 2 3 4</td> </tr> <tr> <td>M F</td> <td></td> <td></td> <td>1 2 3 4</td> </tr> <tr> <td>M F</td> <td></td> <td></td> <td>1 2 3 4</td> </tr> </table>	Sex	Age	Date of death	b) Female 16-49 years	M F			1 2 3 4	M F			1 2 3 4	M F			1 2 3 4	M F			1 2 3 4	M F			1 2 3 4									
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M F			1 2 3 4																															
M F			1 2 3 4																															
INTERVIEWER TO READ OUT THE DEFINITION OF DISABILITY																																		
H55 Is there any member of this household who falls under the definition of disability and is aged 60 years and under?	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	GO TO H57																																
H56 Please provide the details of	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:60%;">Names</th> <th style="width:40%;">Person Number</th> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>	Names	Person Number																															
Names	Person Number																																	
H57 GO BACK AND CHECK ALL QUESTIONS THEN GO TO INDIVIDUAL QUESTIONNAIRE																																		

ALL PERSONS					
LINE No.	Name of each person including visitors who spent census night in this dwelling.	What is name's relationship to household head?	Is name Male or Female?	What was name's date of birth?	Age last birthday
	(FIRST NAME and SURNAME)		M=Male, F=Female		(WRITE '000' IF BABY < 1 YEAR OLD)
		CODEP02			
P00	P01	P02	P03	P04	P05
01			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
02			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
03			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
04			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
05			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
06			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
07			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
08			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
09			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
10			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
11			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
12			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
13			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		
14			M <input type="checkbox"/> 1 F <input type="checkbox"/> 2		

CODEP02

- | | |
|------------------------|-----------------|
| 1 Household head | 7 Grandchild |
| 2 Spouse | 8 Grand parent |
| 3 Son/Daughter | 9 Aunty/Uncle |
| 4 Adopted Son/Daughter | 10 Nephew/Niece |
| 5 Brother/Sister | 11 Cousin |
| 6 Father/Mother | 12 Unrelated |

ALL PERSONS

LINE No.	What is name's nationality?	Where does name usually live?	Is name a resident?	What is name's home island?
	1=Tuvaluan 2=Other country (SPECIFY)	1=Address in front 2=Other island/ country (SPECIFY)	Check P07 (IF NO, NEXT PERSON)	1=Address in front 2=Other island/ country (SPECIFY)
P00	P06	P07	IQ1	P08
01	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
02	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
03	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
04	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
05	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
06	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
07	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
08	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
09	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
10	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
11	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
12	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
13	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
14	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>

ALL PERSONS

LINE No.	Is name's biological mother still alive?	Is she living in this household?	Is name's biological father still alive?	Is he living in this household?	What is name's place of birth?	What is name's ethnicity?	What is name's religion?
	Y=YES N=NO (IF NO GO TO P11)	Y=YES, N=NO (IF YES, ENTER PERSON NUMBER)	Y=YES N=NO (IF NO GO TO P13)	Y=YES, N=NO (IF YES, ENTER PERSON NUMBER)	1=Address in front 2=Other islands/countries (SPECIFY)	CODEP14	CODEP15
P00	P9	P10	P11	P12	P13	P14	P15
01	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
02	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
03	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
04	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
05	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
06	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
07	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
08	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
09	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
10	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
11	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
12	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
13	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>
14	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/>

CODEP14

- 1 Tuvaluan
- 2 Tuvaluan/I-Kiribati
- 3 Tuvaluan/Other
- 4 Other

CODEP15

- 1 EKT
- 2 SDA
- 3 Jehova's Witness
- 4 Bahai
- 5 Brethren
- 6 AOG
- 7 Catholic
- 8 None
- 9 Refused
- 10 Other

LINE No.	Have name ever been affected by ciguatera food poisoning (CFG)?	How many times have name been affected by CFG?	For these poisoning incidences, what fish or shellfish did name eat?										What is the main symptom that name experienced ?	Is name affected by any form of disability?
	(IF NO GO TO P20)		ENTER: 1=YES or 2=NO											CHECK H56
			CODEP17	CODEP18					CODEP19	(IF NO GO TO I/Q2)				
P00	P16	P17	P18										P19	P20
01	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
02	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
03	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
04	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
05	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
06	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
07	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
08	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
09	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
10	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
11	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
12	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
13	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									
14	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2									

CODEP19

- 1 Numbness
- 2 Itchiness
- 3 Diarrhoea
- 4 Vomitting
- 5 Other

CODEP24

1 Relatives
2 Friends
3 Community
4 Organization
5 Government
6 No source

PERSONS AGED 3 YEARS AND ABOVE

LINE No.	Where was name living 2 years ago?		Is name currently attending a school or an institution?	What is the level of education name is currently attending now?	What is the <u>highest</u> education level name has completed?
	1=Address in front 2=Other islands/countries (SPECIFY)		(IF 3 GO TO P28; IF 4 GO TO IQ3)		
			CODEP26	CODEP27	CODEP27
P00	P25		P26	P27	P28
01	1		1 2 3 4		
02	1		1 2 3 4		
03	1		1 2 3 4		
04	1		1 2 3 4		
05	1		1 2 3 4		
06	1		1 2 3 4		
07	1		1 2 3 4		
08	1		1 2 3 4		
09	1		1 2 3 4		
10	1		1 2 3 4		
11	1		1 2 3 4		
12	1		1 2 3 4		
13	1		1 2 3 4		
14	1		1 2 3 4		

CODEP26

- 1 Yes, full-time
- 2 Yes, part-time
- 3 No, left school
- 4 No, never attended

CODEP27

- 1 Old mission school
- 2 No level completed
- 3 Preschool year1
- 4 Preschool year2
- 5 Preschool year3
- 6 Primary class1
- 7 Primary class2
- 8 Primary class3
- 9 Primary class4
- 10 Primary class5
- 11 Primary class6
- 12 Primary class7
- 13 Primary class8
- 14 Secondary form3
- 15 Secondary form4
- 16 Secondary form5
- 17 Secondary form6
- 18 Form7 / AFP
- 19 Vocational
- 20 Tertiary

PERSONS AGED 6 YEARS AND ABOVE

LINE No.	Can name read and write a simple sentence in these languages - a) Tuvaluan, b) Nuian, c) English and d) Other languages?	
	1=Yes, 2=No	
P00	P29	
01	READ Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
02	WRITE Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
03	READ Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
04	WRITE Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
05	READ Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
06	WRITE Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
07	READ Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
08	WRITE Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
09	READ Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
10	WRITE Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
11	READ Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
12	WRITE Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
13	READ Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2
14	WRITE Tuvaluan	1 2 Nuian 1 2 English 1 2 Other 1 2

PERSONS AGED 6 YEARS AND ABOVE

LINE No.	Did name have use of a mobile telephone during some or all of the last 12 months?	Have name used a computer from any location in the last 12 months?	Has name used the Internet from any location in the last 12 months?	For which of the following activities did name use the Internet for private purposes in the last 12 months (from any location)?	Is name aged 15 years and above?
				ENTER: 1=YES or 2=NO	CHECK P05 (IF NO, NEXT PERSON)
			(IF NO GO TO IQ4)	CODEP33	IQ4
P00	P30	P31	P32	P33	
01	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
02	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
03	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
04	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
05	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
06	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
07	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
08	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
09	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15	Yes <input type="checkbox"/> No <input type="checkbox"/>

CODEP33

- 1 Getting information about goods and services
- 2 Getting information related to health and health services
- 3 Getting information from government organisations
- 4 Interacting with government organisations
- 5 Sending or receiving email
- 6 Telephoning over the internet/VoIP
- 7 Posting information or instant messaging
- 8 Purchasing or ordering goods and services
- 9 Internet banking
- 10 Education or learning activities (formal)

- 11 Playing or downloading video games or computer games
- 12 Downloading movies, images, music, watching TV or video, or listening to radio or music
- 13 Downloading software
- 14 Reading or downloading on-line newspapers or magazines, electronic books
- 15 Other activities

PERSONS AGED 15 YEARS AND OVER

LINE No.	Does name smoke?	Does name drink alcohol?	Does name drink kava?	What is the highest education qualification name has completed since leaving school?
	TICK ONE CODE ONLY			TICK ONE CODE ONLY
	CODEP34	CODEP35	CODEP36	CODEP37
P00	P34	P35	P36	P37
01	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
02	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
03	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
04	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
05	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
06	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
07	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
08	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
09	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
10	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
12	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
13	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>

CODEP37

- | | |
|---------------------------|--------------------------------|
| 1 No qualification | 10 Maritime certificate |
| 2 Still in school | 11 Trade certificate |
| 3 Primary School Leaver | 12 Teacher certificate |
| 4 CTC Leaver | 13 Nursing/Medical certificate |
| 5 Colony/Fiji Junior Cert | 14 Other certificate |
| 6 Form 5 Certificate/TSC | 15 Diploma |
| 7 Form 6 Certificate/PSSC | 16 Degree |
| 8 Form 7/AFP | 17 Masters/Post graduate |
| 9 Vocational | 18 Other qualification |

CODEP34/35/36

- 1 Never
- 2 Regular
- 3 Sometimes
- 4 No longer

PERSONS AGED 15 YEARS AND OVER

LINE No.	What is name's present marital status?	Does name have any traditional skills?	What traditional skills does name have?	What was name's main activity in the last week?
		(IF NO GO TO P41)	ENTER: 1=YES or 2=NO	
	CODEP38		CODEP40	CODEP41
P00	P38	P39	P40	P41
01	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
08	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
09	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
14	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

CODEP38

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

CODEP40

- 1 'Ta fale
- 2 'Ta vaka
- 3 Mulivaka
- 4 Umaga
- 5 Uaniu
- 6 Fai kaleve
- 7 Fai vailakai
- 8 Fai vaivao
- 9 Lima/Logo
- 10 'Fo/Po
- 11 'Laga
- 12 Mea-taulima
- 13 Folau
- 14 Other

PERSONS AGED 15 YEARS AND OVER

LINE No.	Is P41 = 1-8?	Is P41 = 9-11?	What was name's <u>main</u> occupation?
	Check P41 (IF YES GO TO P42)	Check P41 (IF YES GO TO P44) (GO TO P45)	(Please describe)
	IQ5	IQ6	P42
P00	IQ5	IQ6	P42
01	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
02	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
03	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
04	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
05	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
06	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
07	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
08	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
09	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
13	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
14	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PERSONS AGED 15 YEARS AND OVER

LINE No.	What is the <u>main</u> industry name works in? (Please describe) (If government employee, state the name of the ministry and department) (If others, state the name of the employer or business)
P00	P43
01	
02	
03	
04	
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	

Is P41 = 1-5?
Check P41 (IF YES GO TO IQ8) (GO TO P45)
IQ7
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>
Yes <input type="checkbox"/>
No <input type="checkbox"/>

PERSONS AGED 15 YEARS AND OVER

LINE No.	Apart from name's main activity as stated earlier, what is name's secondary (part-time) activity?	Did name actively look for paid work in the last week?	Why did not name look for work?	Was name willing and available to start work?
	(GO TO IQ8)	(IF YES GO TO P47)		
	CODEP44		CODEP46	
P00	P44	P45	P46	P47
01	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
02	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
03	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
04	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
05	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
06	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
07	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
08	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
09	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
10	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
11	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
12	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
13	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2
14	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	1 2 3 4 5 6 7	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2

CODEP44

- 1 Part-time working for wages
- 2 Unpaid worker in family business
- 3 Producing goods mainly for sale
- 4 Producing goods mainly for own use
- 5 Tending the livestock/garden
- 6 Other
- 7 None

CODEP46

- 1 Attending school
- 2 Did not want to work
- 3 Believes no paid work available
- 4 Discouraged
- 5 Weather/No transport
- 6 Disabled
- 7 Other

FEMALES AGED 15+

Is name Male or Female?	Has name ever given birth, even if the child later died?	How many live born children of each sex, have in total been born by name?
Check P03 (IF MALE NEXT PERSON)	(IF NO, GO TO IQ9)	M=MALE F=FEMALE T=TOTAL
IQ8	F1	F2
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> T <input type="text"/>
Female <input type="checkbox"/>		F <input type="text"/>
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> T <input type="text"/>
Female <input type="checkbox"/>		F <input type="text"/>
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> T <input type="text"/>
Female <input type="checkbox"/>		F <input type="text"/>
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> T <input type="text"/>
Female <input type="checkbox"/>		F <input type="text"/>
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> T <input type="text"/>
Female <input type="checkbox"/>		F <input type="text"/>
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> T <input type="text"/>
Female <input type="checkbox"/>		F <input type="text"/>
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> T <input type="text"/>
Female <input type="checkbox"/>		F <input type="text"/>
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> T <input type="text"/>
Female <input type="checkbox"/>		F <input type="text"/>
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> T <input type="text"/>
Female <input type="checkbox"/>		F <input type="text"/>
Male <input type="checkbox"/>	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	M <input type="text"/> T <input type="text"/>
Female <input type="checkbox"/>		F <input type="text"/>

FEMALES AGED 15 YEARS AND OVER

LINE No.	How many children of each sex have been born alive to name and are living with her?	How many children of each sex have been born alive to name and are living elsewhere inside Tuvalu?	How many children of each sex have been born alive to name and are living elsewhere outside Tuvalu?	How many children of each sex did name give birth to who have died?	What is the date of birth, age and sex of name's last born?
	M=MALE F=FEMALE T=TOTAL	M=MALE F=FEMALE T=TOTAL	M=MALE F=FEMALE T=TOTAL	M=MALE F=FEMALE T=TOTAL	Date of Birth (DOB): dd/mm/yy Sex: M=Male, F=Female
P00	F3	F4	F5	F6	F7
01	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
02	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
03	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
04	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
05	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
06	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
07	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
08	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
09	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
10	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
11	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
12	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
13	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>
14	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/>	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/> SEX <input type="text"/> M <input type="text"/> F <input type="text"/>

FEMALES AGED 15 YEARS AND OVER

LINE No.	Is name never married?	What island community is name actively participating in?
	Check P38 (If YES, NEXT PERSON)	1=Address in front 2=Outer island/ country (SPECIFY) (NEXT PERSON)
P00	IQ9	F8
01	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
02	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
03	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
04	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
05	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
06	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
07	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
08	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
09	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
10	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
11	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
12	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
13	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>
14	Yes <input type="text"/> No <input type="text"/>	1 <input type="text"/> 2 <input type="text"/>

COMMENTS

Question Nos.	Person ID	INTERVIEWER	SUPERVISOR

COMMENTS

Question Nos.	Person ID	INTERVIEWER	SUPERVISOR

TABLE2: PERSONS OUT OF COUNTRY ON CENSUS NIGHT

PERSON NUMBER	FIRST NAME	SURNAME	SEX	AGE	HOME ISLAND
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					