

1. Name

2. Relationship to Head of Household

3. Sex - Write M for Male, F for Female

4. Date of Birth  Month  Day  Year

5. Place of Birth (If born in hospital, give mother's usual place of residence)  Place  Country

6. Ethnic origin (e.g. Samoan, Part-Samoan, Caucasian, Tongan, Niuean, Korean, etc.)

7. Marital Status: Never Married (NM) Married (M) Widowed (W) Divorce or Separated (D)

8. Religion: Congregational (CC), Catholic (RC), Methodist (M), Mormon (LDS), Seventh Day Adventist (SDA), Other (give name), or Refuse.

9. If you are a holder of a Samoan title, write M and the Matai name and the village to which it belongs. If you are untitled, write UT and name of your matai and village to which it belongs. If you do not have a matai, write NO MATAI.  M/UT  Matai Name

10. Own Mother:

1. Place of Birth  Place  Country

2. If alive, where is she living now? If not alive, write DEAD.  Place  Country

3. Person number of Mother if present in this Household.

11. Own Father:

1. Place of Birth  Place  Country

2. If alive, where is he living now? If not alive, write DEAD.  Place  Country

12. Is this village your usual place of residence? If No, give place where you normally live.  Place

13. Education:

1. Are you presently attending school?

2. List all schools attended.

| Name of School | Where Located | No. Yrs. Attnd. |
|----------------|---------------|-----------------|
| 1.             |               |                 |
| 2.             |               |                 |
| 3.             |               |                 |
| 4.             |               |                 |
| 5.             |               |                 |

Total Years Attended

3. Highest Level Completed (Write grade, standard, form, etc.)

14. Employment:

I. Working in Agriculture

A. Are you working in Agriculture

If Yes

(1) Are you a matai using communal land?

(2) Are you an owner using freehold or leasehold land?

(3) Are you a holder of individually registered land?

(4) Are you rendering traditional service using siga land?

(5) Are you working for wages in commercial agriculture.

B. Are you working Full-time (FT) (35 hrs. or more) or Part-time (PT).

If Part-time (PT) give number of hrs. worked last week.

C. Did you sell produce (crops or livestock) for cash in the past year?

D. Is agriculture your principal source of income (more than half)?

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
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| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 |
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II. Working in Paid Employment (except Agriculture)

A. Are you in Paid Employment (except agriculture, I)?

(1) What sort of work do you do? (See list of occupations including owner or self-employed)

(2) Place of work (village)

(3) Name of employer (e.g. Dept. of Education, Van Camp, etc. Write owner if self-employed).

B. Are you working Full-time (FT) (35 hrs. or more) or Part-time (PT)?

If Part-time (PT) give no. of hrs. worked last week.

III. Receiving "Other" Income

Are you receiving cash income for which you do not presently work?

If Yes check type(s) which apply.

Retirement income (gov't. or commercial).

Veterans Benefit

Social Security

Regular support from siga in: Am. Samoa  Hawaii  U.S. Mainland  Elsewhere

Private Means (rentals, investment income, etc.)

IV. Dependents and working in Household

Are you a dependant, or working in household? (including children, persons not in paid employment, old people, etc.)

If Yes, are you dependant upon:

(1) A person working in communal agriculture? (I) (1 & 4)

(2) A person working in commercial agriculture? (I) (2, 3, 5)

(3) A person working in paid employment? (except agriculture?) (II)

(4) A person receiving "other" income? (If I)

Choose only ONE

V. Not working

A. Are you unemployed? Write Yes only if you have become unemployed within the past year, and are now looking for another job, or have recently left school and are still looking for paid employment. If Yes, write number of months unemployed.

B. Are you working in communal agriculture - or a dependant, who would take paid employment if a suitable job became available?

C. Are you temporarily on leave from a job to which you will return? (Sick leave, vacation, annual leave, maternity leave, etc.)

15. Own Children

For FEMALES born in 1960 or before ONLY

1. Number of children ever born alive

2. Number of children still living

3. Age of mother at her first live birth

Last live child born

1. Date of Birth  Month  Day  Yr.

2. Sex

3. Is this child still alive now?

4. If dead now, give date of death.  Month  Day  Yr.

|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
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| 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|