

Appendix 4: Household Questionnaires

FEDERATED STATES OF MICRONESIA

POHNPEI STATE

POPULATION CENSUS 1985

HOUSEHOLD QUESTIONNAIRE

THIS IS A CONFIDENTIAL DOCUMENT:
The information in this questionnaire shall not be used for other than strictly statistical purposes nor shall it be revealed in any identifiable form by the Census Office.

1. LOCATION (address)	NAME OR NUMBER	CODE
1a. MUNICIPALITY		
1b. ENUMERATION DISTRICT	<input type="text"/> <input type="text"/>	
1c. HOUSE NUMBER (see map)	<input type="text"/> <input type="text"/> <input type="text"/>	
1d. HOUSEHOLD NUMBER (see recordbook)	private household <input type="text"/> <input type="text"/> <input type="text"/> grouphousehold <input type="text"/> <input type="text"/> <input type="text"/>	
2. PERSONNEL	NAME (last name, first name)	DATE OF VISIT
2a. ENUMERATOR		
2b. SUPERVISOR		
3. FORMS	NUMBER	
3a. QUESTIONNAIRE	<input type="text"/> <input type="text"/> <input type="text"/>	
3b. SHEETS OF QUESTIONNAIRE	----- OF QUEST. -----	
3c. This QUESTIONNAIRE is continued on another sheet	<input type="checkbox"/> YES <input type="checkbox"/> NO	

QUESTIONS to be answered by everybody present in the household on CENSUS NIGHT include members and visitors present. Members **ABSENT** must be entered in Block 2 (see back page)

QUESTIONS	PERSON 1	CODE
4. NAME (used for official purposes only, last and first)	LAST _____ FIRST _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
5. RELATIONSHIP to (acting) head of the household (see BLOCK 1, write also the code)	RELATION _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
6. S E X (tick box MALE OR FEMALE)	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input style="width: 20px; height: 20px;" type="text"/>
7. A G E at last birthday in completed years or months, for babies less than 1 yr old. If UNKNOWN estimate age	AGE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> in <input type="checkbox"/> YR <input type="checkbox"/> MO	<input style="width: 20px; height: 20px;" type="text"/>
8. BIRTHDATE. Write MONTH (MM) and YEAR (YY). If UNKNOWN write only estimated YEAR.	BIRTHDATE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> M M Y Y	<input style="width: 20px; height: 20px;" type="text"/>
9. BIRTHPLACE. Pohnpei: Specify Mun. or Town. If Hospital specify Mun. or Town where mother usually resided at time of birth. Other State in FSM. tick appropriate box. Outside FSM specify Country.	POHNPEI _____ OTHER STATE _____ COUNTRY _____ HOSPITAL <input type="checkbox"/> YES <input type="checkbox"/> NO MUN. <input type="checkbox"/> K <input type="checkbox"/> T <input type="checkbox"/> Y TOWN _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
10. CITIZENSHIP. FSM or NON-FSM. Specify STATE or COUNTRY tick appropriate box	STATE _____ COUNTRY _____ <input type="checkbox"/> FSM <input type="checkbox"/> NON-FSM	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
11. MARITAL STATUS. Tick appropriate box (single; married; divorced-not remarried or widowed-not remarried)	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W	<input style="width: 20px; height: 20px;" type="text"/>
12. USUAL RESIDENCE. If in this household tick box SAME. If OUTSIDE this household specify MUNICIPALITY or TOWN and STATE, or COUNTRY.	USUAL RESIDENCE <input type="checkbox"/> SAME MUN/TOWN _____ STATE _____ COUNTRY _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
13. USUAL RESIDENCE ONE YEAR AGO. If SAME as presently tick box SAME. In case you MOVED specify MUNICIPALITY or TOWN and STATE, or COUNTRY.	ONE YEAR AGO <input type="checkbox"/> SAME MUN/TOWN _____ STATE _____ COUNTRY _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
14. ONLY for WOMEN BORN IN 1971 OR BEFORE (Women of 14 +) CONSIDER ONLY NATURAL CHILDREN (not adopted or foster)	N A T U R A L C H I L D R E N	
a. TOTAL NUMBER of BABIES EVER BORN ALIVE	a. TOTAL NUMBER <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
b. HOW MANY of these children are STILL ALIVE	b. CHILDREN ALIVE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
c. BIRTHDATE of last born child (MONTH-MM, YEAR-YY) If UNKNOWN: estimate MONTH and YEAR for babies less than one year, other children estimate year	c. BIRTHDATE <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> M M Y Y	<input style="width: 20px; height: 20px;" type="text"/>
d. Is this last born child STILL ALIVE (YES or NO)	d. LAST CHILD ALIVE <input type="checkbox"/> YES or <input type="checkbox"/> NO	<input style="width: 20px; height: 20px;" type="text"/>
e. SEX of this last born child (MALE or FEMALE)	e. SEX of last child <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input style="width: 20px; height: 20px;" type="text"/>

QUESTIONS to be answered by everybody present in the household on Census Night

PERSON 2	CODE	PERSON 3	CODE	PERSON 4	CODE
LAST FIRST	<input type="text"/>	LAST FIRST	<input type="text"/>	LAST FIRST	<input type="text"/>
RELATION	<input type="text"/>	RELATION	<input type="text"/>	RELATION	<input type="text"/>
MALE or FEMALE	<input type="text"/>	MALE or FEMALE	<input type="text"/>	MALE or FEMALE	<input type="text"/>
AGE <input type="text"/> <input type="text"/> <input type="text"/> in YR MO		AGE <input type="text"/> <input type="text"/> <input type="text"/> in YR MO		AGE <input type="text"/> <input type="text"/> <input type="text"/> in YR MO	
BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y		BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y		BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	
POHNPEI OTHER STATE COUNTRY HOSP. Y N K T Y MUN. TOWN.	<input type="text"/>	POHNPEI OTHER STATE COUNTRY HOSP. Y N K T Y MUN. TOWN.	<input type="text"/>	POHNPEI OTHER STATE COUNTRY HOSP. Y N K T Y MUN. TOWN.	<input type="text"/>
STATE COUNTRY FSM NON-FSM	<input type="text"/>	STATE COUNTRY FSM NON-FSM	<input type="text"/>	STATE COUNTRY FSM NON-FSM	<input type="text"/>
S M D W	<input type="text"/>	S M D W	<input type="text"/>	S M D W	<input type="text"/>
USUAL RESIDENCE MUN/TOWN STATE COUNTRY SAME	<input type="text"/>	USUAL RESIDENCE MUN/TOWN STATE COUNTRY SAME	<input type="text"/>	USUAL RESIDENCE MUN/TOWN STATE COUNTRY SAME	<input type="text"/>
ONE YEAR AGO MUN/TOWN STATE COUNTRY SAME	<input type="text"/>	ONE YEAR AGO MUN/TOWN STATE COUNTRY SAME	<input type="text"/>	ONE YEAR AGO MUN./TOWN STATE COUNTRY SAME	<input type="text"/>
NATURAL CHILDREN		NATURAL CHILDREN		NATURAL CHILDREN	
a. TOTAL NUMBER <input type="text"/> <input type="text"/>		a. TOTAL NUMBER <input type="text"/> <input type="text"/>		a. TOTAL NUMBER <input type="text"/> <input type="text"/>	
b. CHILDREN ALIVE <input type="text"/> <input type="text"/>		b. CHILDREN ALIVE <input type="text"/> <input type="text"/>		b. CHILDREN ALIVE <input type="text"/> <input type="text"/>	
c. BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y		c. BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y		c. BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	
d. LAST CHILD ALIVE YES or NO <input type="text"/>		d. LAST CHILD ALIVE YES or NO <input type="text"/>		d. LAST CHILD ALIVE YES or No <input type="text"/>	
e. SEX of last child MALE or FEMALE <input type="text"/>		e. SEX of last child MALE or FEMALE <input type="text"/>		e. SEX of last child MALE or FEMALE <input type="text"/>	

QUESTIONS to be answered by everybody present in the household on CENSUS NIGHT
include members and visitors present. Members ABSENT must be entered in Block 2 (see back page)

QUESTIONS	PERSON 5	CODE
4. NAME (used for official purposes only, last and first)	LAST _____ FIRST _____	<input type="text"/>
5. RELATIONSHIP to (acting) head of the household (see BLOCK 1, write also the code)	RELATION _____	<input type="text"/>
6. S E X (tick box MALE OR FEMALE)	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="checkbox"/>
7. A G E at last birthday in completed years or months, for babies less than 1 yr old. If UNKNOWN estimate age	AGE <input type="text"/> <input type="text"/> <input type="text"/> in <input type="text"/> YR <input type="text"/> MO	<input type="text"/>
8. BIRTHDATE. Write MONTH (MM) and YEAR (YY). If UNKNOWN write only estimated YEAR.	BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	<input type="text"/>
9. BIRTHPLACE. Pohnpei: Specify Mun. or Town. If Hospital specify Mun. or Town where mother usually resided at time of birth. Other State in FSM. tick appropriate box. Outside FSM specify Country.	POHNSPEI _____ OTHER STATE _____ COUNTRY _____ HOSPITAL YES <input type="checkbox"/> NO <input type="checkbox"/> MUN. K T Y _____ TOWN _____	<input type="text"/>
10. CITIZENSHIP. FSM or NON-FSM. Specify STATE or COUNTRY tick appropriate box	STATE _____ COUNTRY _____ <input type="checkbox"/> FSM <input type="checkbox"/> NON-FSM	<input type="text"/>
11. MARITAL STATUS. Tick appropriate box (single; married; divorced-not remarried or widowed-not remarried)	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W	<input type="text"/>
12. USUAL RESIDENCE. If in this household tick box SAME . If outside this household specify MUNICIPALITY or TOWN and STATE, or COUNTRY.	USUAL RESIDENCE _____ <input type="checkbox"/> S A M E MUN/TOWN _____ STATE _____ COUNTRY _____	<input type="text"/>
13. USUAL RESIDENCE ONE YEAR AGO. If SAME as presently tick box SAME. In case you MOVED specify MUNICIPALITY or TOWN and STATE, or COUNTRY.	ONE YEAR AGO _____ <input type="checkbox"/> S A M E MUN/TOWN _____ STATE _____ COUNTRY _____	<input type="text"/>
14. ONLY for WOMEN BORN IN 1971 OR BEFORE (Women of 14 +) CONSIDER ONLY NATURAL CHILDREN (not adopted or foster)	N A T U R A L C H I L D R E N	<input type="text"/>
a. TOTAL NUMBER of BABIES EVER BORN ALIVE	a. TOTAL NUMBER <input type="text"/> <input type="text"/>	<input type="text"/>
b. HOW MANY of these children are STILL ALIVE	b. CHILDREN ALIVE <input type="text"/> <input type="text"/>	<input type="text"/>
c. BIRTHDATE of last born child (MONTH-MM, YEAR-YY) If UNKNOWN: estimate MONTH and YEAR for babies less than one year, other children estimate year	c. BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	<input type="text"/>
d. Is this last born child STILL ALIVE (YES or NO)	d. LAST CHILD ALIVE <input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="text"/>
e. SEX of this last born child (MALE or FEMALE)	e. SEX of last child <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="text"/>

PERSON 6	CODE	PERSON 7	CODE	PERSON 8	CODE
LAST FIRST	<input type="text"/>	LAST FIRST	<input type="text"/>	LAST FIRST	<input type="text"/>
RELATION	<input type="text"/>	RELATION	<input type="text"/>	RELATION	<input type="text"/>
<input type="text"/> MALE or <input type="text"/> FEMALE	<input type="text"/>	<input type="text"/> MALE or <input type="text"/> FEMALE	<input type="text"/>	<input type="text"/> MALE or <input type="text"/> FEMALE	<input type="text"/>
AGE <input type="text"/> <input type="text"/> <input type="text"/> in YR MO		AGE <input type="text"/> <input type="text"/> <input type="text"/> in YR MO		AGE <input type="text"/> <input type="text"/> <input type="text"/> in YR MO	
BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y		BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y		BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	
POHNPEI OTHER STATE COUNTRY HOSP. Y N K T Y MUN. TOWN.	<input type="text"/>	POHNPEI OTHER STATE COUNTRY HOSP. Y N K T Y MUN. TOWN.	<input type="text"/>	POHNPEI OTHER STATE COUNTRY HOSP. Y N K T Y MUN. TOWN.	<input type="text"/>
STATE COUNTRY <input type="text"/> FSM <input type="text"/> NON-FSM	<input type="text"/>	STATE COUNTRY <input type="text"/> FSM <input type="text"/> NON-FSM	<input type="text"/>	STATE COUNTRY <input type="text"/> FSM <input type="text"/> NON-FSM	<input type="text"/>
<input type="text"/> S <input type="text"/> M <input type="text"/> D <input type="text"/> W	<input type="text"/>	<input type="text"/> S <input type="text"/> M <input type="text"/> D <input type="text"/> W	<input type="text"/>	<input type="text"/> S <input type="text"/> M <input type="text"/> D <input type="text"/> W	<input type="text"/>
USUAL RESIDENCE MUN/TOWN STATE COUNTRY <input type="text"/> SAME	<input type="text"/>	USUAL RESIDENCE MUN/TOWN STATE COUNTRY <input type="text"/> SAME	<input type="text"/>	USUAL RESIDENCE MUN/TOWN STATE COUNTRY <input type="text"/> SAME	<input type="text"/>
ONE YEAR AGO MUN/TOWN STATE COUNTRY <input type="text"/> SAME	<input type="text"/>	ONE YEAR AGO MUN/TOWN STATE COUNTRY <input type="text"/> SAME	<input type="text"/>	ONE YEAR AGO MUN./TOWN STATE COUNTRY <input type="text"/> SAME	<input type="text"/>
NATURAL CHILDREN		NATURAL CHILDREN		NATURAL CHILDREN	
a. TOTAL NUMBER <input type="text"/>		a. TOTAL NUMBER <input type="text"/>		a. TOTAL NUMBER <input type="text"/>	
b. CHILDREN ALIVE <input type="text"/>		b. CHILDREN ALIVE <input type="text"/>		b. CHILDREN ALIVE <input type="text"/>	
c. BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y		c. BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y		c. BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	
d. LAST CHILD ALIVE <input type="text"/> YES or <input type="text"/> NO	<input type="text"/>	d. LAST CHILD ALIVE <input type="text"/> YES or <input type="text"/> NO	<input type="text"/>	d. LAST CHILD ALIVE <input type="text"/> YES or <input type="text"/> No	<input type="text"/>
e. SEX of last child <input type="text"/> MALE or <input type="text"/> FEMALE	<input type="text"/>	e. SEX of last child <input type="text"/> MALE or <input type="text"/> FEMALE	<input type="text"/>	e. SEX of last child <input type="text"/> MALE or <input type="text"/> FEMALE	<input type="text"/>

QUESTIONS to be answered by everybody present in the household on CENSUS NIGHT include members and visitors present. Members ABSENT must be entered in Block 2 (see back page)

QUESTIONS	PERSON 9	CODE
4. NAME (used for official purposes only, last and first)	LAST _____ FIRST _____	<input type="text"/> <input type="text"/>
5. RELATIONSHIP to (acting) head of the household (see BLOCK 1, write also the code)	RELATION _____	<input type="text"/> <input type="text"/>
6. S E X (tick box MALE OR FEMALE)	<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="checkbox"/>
7. A G E at last birthday in completed years or months, for babies less than 1 yr old. If UNKNOWN estimate age	AGE <input type="text"/> <input type="text"/> <input type="text"/> in <input type="text"/> YR <input type="text"/> MO	<input type="text"/> <input type="text"/>
8. BIRTHDATE. Write MONTH (MM) and YEAR (YY). If UNKNOWN write only estimated YEAR.	BIRTHDATE <input type="text"/> <input type="text"/> M M <input type="text"/> <input type="text"/> Y Y	<input type="text"/> <input type="text"/>
9. BIRTHPLACE. Pohnpei: Specify Mun. or Town. If Hospital specify Mun. or Town where mother usually resided at time of birth. Other State in FSM. tick appropriate box. Outside FSM specify Country.	POHNPEI _____ OTHER STATE _____ COUNTRY _____ HOSPITAL YES <input type="checkbox"/> NO <input type="checkbox"/> MUN. _____ K T Y TOWN _____	<input type="text"/> <input type="text"/>
10. CITIZENSHIP. FSM or NON-FSM. Specify STATE or COUNTRY tick appropriate box	STATE _____ COUNTRY _____ <input type="checkbox"/> FSM <input type="checkbox"/> NON-FSM	<input type="text"/> <input type="text"/>
11. MARITAL STATUS. Tick appropriate box (single; married; divorced-not remarried or widowed-not remarried)	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W	<input type="checkbox"/>
12. USUAL RESIDENCE. If in this household tick box SAME. IF OUTSIDE this household specify MUNICIPALITY or TOWN and STATE, or COUNTRY	USUAL RESIDENCE <input type="checkbox"/> SAME MUN/TOWN _____ STATE _____ COUNTRY _____	<input type="text"/> <input type="text"/>
13. USUAL RESIDENCE ONE YEAR AGO. If SAME as presently tick box SAME. In case you MOVED specify MUNICIPALITY or TOWN and STATE, or COUNTRY.	ONE YEAR AGO <input type="checkbox"/> SAME MUN/TOWN _____ STATE _____ COUNTRY _____	<input type="text"/> <input type="text"/>
14. ONLY for WOMEN BORN IN 1971 OR BEFORE (Women of 14 +) CONSIDER ONLY NATURAL CHILDREN (not adopted or foster)	N A T U R A L C H I L D R E N	
a. TOTAL NUMBER of BABIES EVER BORN ALIVE	a. TOTAL NUMBER <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b. HOW MANY of these children are STILL ALIVE	b. CHILDREN ALIVE <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c. BIRTHDATE of last born child (MONTH-MM, YEAR-YY) If UNKNOWN: estimate MONTH and YEAR for babies less than one year, other children estimate year	c. BIRTHDATE <input type="text"/> <input type="text"/> M M <input type="text"/> <input type="text"/> Y Y	<input type="text"/> <input type="text"/>
d. Is this last born child STILL ALIVE (YES or NO)	d. LAST CHILD ALIVE <input type="checkbox"/> YES or <input type="checkbox"/> NO	<input type="checkbox"/>
e. SEX of this last born child (MALE or FEMALE)	e. SEX of last child <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	<input type="checkbox"/>

PERSON 10	CODE	PERSON 11	CODE	PERSON 12	CODE
LAST FIRST	<input type="text"/>	LAST FIRST	<input type="text"/>	LAST FIRST	<input type="text"/>
RELATION	<input type="text"/>	RELATION	<input type="text"/>	RELATION	<input type="text"/>
<input type="text"/> MALE or <input type="text"/> FEMALE	<input type="text"/>	<input type="text"/> MALE or <input type="text"/> FEMALE	<input type="text"/>	<input type="text"/> MALE or <input type="text"/> FEMALE	<input type="text"/>
AGE <input type="text"/> <input type="text"/> <input type="text"/> in YR MO		AGE <input type="text"/> <input type="text"/> <input type="text"/> in YR MO		AGE <input type="text"/> <input type="text"/> <input type="text"/> in YR MO	
BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y		BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y		BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	
POHNPEI OTHER STATE COUNTRY HOSP. Y N K T Y MUN. K T Y TOWN.	<input type="text"/>	POHNPEI OTHER STATE COUNTRY HOSP. Y N K T Y MUN. K T Y TOWN.	<input type="text"/>	POHNPEI OTHER STATE COUNTRY HOSP. Y N K T Y MUN. K T Y TOWN.	<input type="text"/>
STATE COUNTRY FSM NON-FSM	<input type="text"/>	STATE COUNTRY FSM NON-FSM	<input type="text"/>	STATE COUNTRY FSM NON-FSM	<input type="text"/>
<input type="text"/> S <input type="text"/> M <input type="text"/> D <input type="text"/> W	<input type="text"/>	<input type="text"/> S <input type="text"/> M <input type="text"/> D <input type="text"/> W	<input type="text"/>	<input type="text"/> S <input type="text"/> M <input type="text"/> D <input type="text"/> W	<input type="text"/>
USUAL RESIDENCE MUN/TOWN STATE COUNTRY <input type="text"/> SAME	<input type="text"/>	USUAL RESIDENCE MUN/TOWN STATE COUNTRY <input type="text"/> SAME	<input type="text"/>	USUAL RESIDENCE MUN/TOWN STATE COUNTRY <input type="text"/> SAME	<input type="text"/>
ONE YEAR AGO MUN/TOWN STATE COUNTRY <input type="text"/> SAME	<input type="text"/>	ONE YEAR AGO MUN/TOWN STATE COUNTRY <input type="text"/> SAME	<input type="text"/>	ONE YEAR AGO MUN/TOWN STATE COUNTRY <input type="text"/> SAME	<input type="text"/>
NATURAL CHILDREN		NATURAL CHILDREN		NATURAL CHILDREN	
a. TOTAL NUMBER <input type="text"/>		a. TOTAL NUMBER <input type="text"/>		a. TOTAL NUMBER <input type="text"/>	
b. CHILDREN ALIVE <input type="text"/>		b. CHILDREN ALIVE <input type="text"/>		b. CHILDREN ALIVE <input type="text"/>	
c. BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y		c. BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y		c. BIRTHDATE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> M M Y Y	
d. LAST CHILD ALIVE YES or NO <input type="text"/>	<input type="text"/>	d. LAST CHILD ALIVE YES or NO <input type="text"/>	<input type="text"/>	d. LAST CHILD ALIVE YES or No <input type="text"/>	<input type="text"/>
e. SEX of last child MALE or FEMALE <input type="text"/>	<input type="text"/>	e. SEX of last child MALE or FEMALE <input type="text"/>	<input type="text"/>	e. SEX of last child MALE or FEMALE <input type="text"/>	<input type="text"/>

B L O C K 1 : RELATIONSHIP TO (ACTING) HEAD OF THE HOUSEHOLD

A. PRIVATE HOUSEHOLDS

ABBREV.	RELATION
H	HEAD
W	WIFE
HU	HUSBAND
S	SON
D	DAUGHTER
AS or AD	ADOPTED SON or DAUGHTER
FS or FD	FOSTER SON or DAUGHTER
GS or GD	GRAND SON or DAUGHTER
AGS or AGD	ADOPTED GRANDSON OR GRANDDAUGHTER
M	MOTHER
F	FATHER
B	BROTHER
S	SISTER
BIL or SIL	BROTHER or SISTER-IN-LAW
SIL or DIL	SON or DAUGHTER-IN-LAW
FIL or MIL	FATHER or MOTHER-IN-LAW
DREL	OTHER RELATIVE
NREL	NOT RELATED

B. GROUHOUSEHOLDS

ABBREV.	RELATION
I	INMATE
P	PATIENT
DS	DORMITORY STUDENT
CM	CREW MEMBER
HG	HOTEL GUEST
MI	MILITARY
OT	OTHER CATEGORY

* Block 4: ABBREVIATIONS (see questions 9,10,12 & 13)
 * STATE MUNICIPALITIES - TOWN

* KOSRAE = K	* KITI	:KI	* KAPINGAMARANGI	:KA
* POHNPEI = P	* KOLONIA	:KO	* MOKIL	:MO
* TRUK = T	* MADOLENIHMW	:MN	* NGATIK	:NG
* YAP = Y	* NETT	:NE	* NUKUORO	:NU
	* SOKEHS	:SO	* PINGELAP	:PI
	* U	:U		

B L O C K 2 : MEMBERS OF THE HOUSEHOLD ABSENT ON CENSUS NIGHT

NAME (LAST, FIRST)	CITIZEN		SEX	BIRTHDATE	WHEREABOUTS ON CENSUS NIGHT	STUDENT	DURATION																
	NON	FSM																					
	FSM	FSM	M	F	M	M	Y	Y	K	P	T	Y	GU	US	EL	UNK	Y	N	D	M	Y		
1.			M	F														Y	N	D	M	Y	
2.			M	F														Y	N	D	M	Y	
3.			M	F														Y	N	D	M	Y	
4.			M	F														Y	N	D	M	Y	
5.			M	F														Y	N	D	M	Y	
6.			M	F														Y	N	D	M	Y	
7.			M	F														Y	N	D	M	Y	
8.			M	F														Y	N	D	M	Y	
9.			M	F														Y	N	D	M	Y	
TOTAL																							

B L O C K 3 : TOTALS

- RESIDENTS PRESENT
- NON-RESIDENTS PRESENT
- RESIDENTS TEMPORARILY ABSENT

TOTALS

MALE FEMALE TOTAL

EXPLANATION OF BLOCK 2:

Whereabout on Census Night
 If ELSE : Specify :

- Hawaii - H
- Palau - P
- Marshalls - M
- Northern Marianas - N
- Others - O