

SAMOA 2006 CENSUS

Region	<input type="text"/>	District	<input type="text"/>	Village	<input type="text"/>	E/Area	<input type="text"/>	Household number	<input type="text"/>	<input type="text"/>	<input type="text"/>
Household type	<input type="text"/>	Total buildings	<input type="text"/>	Total Household	<input type="text"/>	Total Males	<input type="text"/>	Total Females	<input type="text"/>	<input type="text"/>	<input type="text"/>
H1 - H6: BUILDING DETAILS											
H1	Circle the Building Number	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
H2	Type of building	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H3	Is it an occupied or vacant building?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H4	Materials of floor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H5	Materials of outer walls	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H6	Materials of roof	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>codes</i>	H2	1.Open Samoan fale 2.Open Samoa fale with extension 3.Closed Samoa fale 4.Closed Samoa fale with extension 5.Open European 6.Open European with extension 7.Closed European house 8.Closed European with extension 9.European house - 2 or more floors 10.Samoa fale - 2 floors 11. Others-specify:								
	<i>codes</i>	H3	1. Occupied 2.Occupied when required (faletalimalo) 3.Vacant house								
	<i>codes</i>	H4	1. Wood 2.Stone 3. Concrete 4. Sand 5.Others specify:								
	<i>codes</i>	H5	1. Open walls 2. Wood 3. Brick/Concrete 4. Metal sheets 5.Others specify:								
	<i>codes</i>	H6	1.Thatched 2. Metal sheets 3. Thatches & metal sheets 4. Others specify:								
H7 - H25: SOCIO-ECONOMIC STATUS OF THE HOUSEHOLD											
H7	Land ownership/tenure	1.Customary 2. Freehold 3. Leased 4. Government land 5.Church land 6. Employer's land									
H8	House ownership/tenure	1.Owned 2. Rented 3. Employer's house 4. Church/Congregation's house									
H9	Main source of water supply	1. Tap 2. Tap(shared) 3. Metered Tap 4. Metered Tap (shared) 5. Rainwater/ 6. Well/Spring									
H10	Main type of drinking water	1. Tap water 2. Metred tap water 3.Well/Spring water 4. Stored Rainwater 5.Paid purified water/(cooler)									
H11	Main source of lighting	1. Electricity 2. Electricity(cash power) 3. Kerosene/Benzene 4. Others									
H12	Sources of cooking fuel	1.Wood 2.Gas 3.Kerosene 4.Electricity 5.Charcoal 6.Wood/Gas 7.Wood/Kerosene 8.Wood/Electricity 9.Wood/Charcoal									
H13	Means of waste disposal	1.Use Public rubbish 3.Burned/buried at home 4.Dispose at sea 5.Dispose at bush									
H14	Type of toilet facility	1. Flush 2.Flush(shared) 3. Pour flush 4. Pour flush(shared) 5. Pit 6. Pit(shared)									
H15	Does the household have a telephone?	1. Yes - operating 2.Yes - not operating 3. No telephone									
H16	Does the household have a computer?	1. Yes - operating 2.Yes - not operating 3. No computer									

H17	Does the household have an internet line?	1. Yes - operating	2. Yes - not operating	3. No internet
H18	Does the household have a cellular phone?	1. Yes - operating	2. Yes - not operating	3. No cellular phone
H19	Does the household have a homezone telephone?	1. Yes - operating	2. Yes - not operating	3. No homezone telephone
H20	Does the household have a refrigerator/freezer?	1. Yes - operating	2. Yes - not operating	3. No refrigerator
H21	Does the household have a radio?	1. Yes - operating	2. Yes - not operating	3. No radio
H22	Does the household have a video or dvd?	1. Yes - operating	2. Yes - not operating	3. No video/dvd
H23	Does the household have a play-station?	1. Yes - operating	2. Yes - not operating	3. No playstation
H24	How many cars does the household own?	Private <input type="checkbox"/>	Commercial purpose <input type="checkbox"/>	<input type="checkbox"/>
H25	Name three main sources of income(Codebook)	1.	2.	3.
D1-D6: MATERNAL DEATHS BETWEEN NOVEMBER 2004- NOVEMBER 2006				
D1	Was there any female from this household who passed away between Nov 2004 Nov 2006 due to pregnancy or birth delivery problems	1. Yes	2. No (GO D7)	
	Name of deceased female			
D2	Date of birth of the deceased female	<input type="text"/>	<input type="text"/>	<input type="text"/>
D3	Date of death of the deceased female	<input type="text"/>	<input type="text"/>	<input type="text"/>
D4	Completed Age at death	<input type="text"/>	<input type="text"/>	<input type="text"/>
D5	Main cause of maternal death: 1.Pregnancy problem 2. Birth delivery problem	<input type="text"/>	<input type="text"/>	<input type="text"/>
D6	Who delivered the mother when she gave birth?			
D7- D12: HOUSEHOLD DEATHS BETWEEN NOVEMBER 2004- NOVEMBER 2006				
D7	Was there anybody from this household who passed away between November 2004 - November 2006	1. Yes	2. No - End Questions	
	Name of deceased person			
D8	Sex of the deceased person	<input type="text"/>	<input type="text"/>	<input type="text"/>
D9	Date of birth of the deceased person	<input type="text"/>	<input type="text"/>	<input type="text"/>
D10	Date of death of the deceased person	<input type="text"/>	<input type="text"/>	<input type="text"/>
D11	Completed age at death	<input type="text"/>	<input type="text"/>	<input type="text"/>
D12	Specify the main cause of death			