

Region	District	Village	Enumeration Area	Household Number
H/hold Type	Total Buildings	Total Persons	Total Males	Total Females
POPULATION INTERVIEW SCHEDULE				
P1 - P17: ASK ALL PERSONS IN THE HOUSEHOLD AT "CENSUS MOMENT"				
NOVEMBER 6th 2006				
P1	Write the Person number			
	Write the Person name			
P2	If not present, where and why is this person absent?	1. Present No specify:	1. Present No specify:	
P3	Sex of this person	1. Male 2. Female	1. Male 2. Female	
P4	Relationship of this person to the Head of Household			
P5	Date of birth: (Day/Month/Year)	Day Month Year	Day Month Year	
P6	Completed Age by November 6th 2006			
P7	What is his/her country or countries of citizenships?	1. Samoan Specify other:	1. Samoan Specify other:	
P8	What is his/her country of nationality/ethnicity?	1. Samoan Specify other:	1. Samoan Specify other:	
P9	Is this person's biological mother still alive?	1. Yes 2. No 3. Not sure	1. Yes 2. No 3. Not sure	
P10	Is this person's biological father still alive?	1. Yes 2. No 3. Not sure	1. Yes 2. No 3. Not sure	
P11	What is his/her marital status?	1. Single 2. Married/Defacto 3. Div/Sep 4. Widow/er	1. Single 2. Married/Defacto 3. Div/Sep 4. Widow/er	
P12	Is this person contributing to the community as a matai?			
P13	If disabled, specify the type of disability			
P14	If disabled, is he/she able to look after himself/herself?			
P15	What languages are used to communicate in the family?	1. Samoan 2. English 3. Sam/Eng 4. Sign 5. Other	1. Samoan 2. English 3. Sam/Eng 4. Sign 5. Other	
P16	What is the village or country of residence at birth?	Village/Country:	Village/Country:	
P17	What is the village or country of usual residence?	Village/Country:	Village/Country:	
P18-P21: ASK ALL PERSONS 5 YEARS OF AGE AND OVER				
P18	Where did this person usually reside in November 2005?	Village/Country:	Village/Country:	
P19	Where did this person usually reside in November 2001?	Village/Country:	Village/Country:	
P20	What is the religious denomination of this person?			
P21	What is the highest educational level completed before 2006?			
P22-P25: ASK ALL PERSONS 5 - 24 YEARS OF AGE				
P22	Did this person attend school this year?	1. Full-time 2. Part-time only 3. No (P25)	1. Full-time 2. Part-time only 3. No (P25)	
P23	Please specify class/course taken and name of school			
P24	Did he/she ever drop-out before completion in 2006?	1. Yes- dropout 2. No- continued/completed (P26)	1. Yes- dropout 2. No- continued/completed (P26)	
P25	Why was this person not at school or dropped-out?			
P26-P36: ASK ALL PERSONS 10 YEARS OF AGE AND OVER				
P26	What is the highest qualification or certificate completed?			
P27	What is the main activity in the last 7 days?			
P28	What is the type of employment status?(SE:Self-employed)	1. Employer 2. Employee 3. SE 4. Donations 5. Unpaid	1. Employer 2. Employee 3. SE 4. Donations 5. Unpaid	
P29	What is the principle occupation? (job title)			
P30	What industry is this person working for?			
P31	How long have you worked in this job?	1. Less than one year 2. More than a year	1. Less than one year 2. More than a year	
P32	What is the weekly or annual salary/wages?	\$ \$	\$ \$	
P33	Specify office/company/family where this person works			
P34	Since November 2005, what were your last three paid jobs?	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	
P35	Why did you change jobs?			
P36	As a domestic worker, how many hours did you spend for these activities in the last 7 days (if none write 00)	Agricultural Crafts Fishing TOTAL	Agricultural Crafts Fishing TOTAL	
P37-P39: ASK ONLY PERSONS 15 - 24 YEARS OF AGE				
P37	Is he/she able to read a newspaper or Bible?	1. Yes 2. No Samoan English	1. Yes 2. No Samoan English	
P38	Is he/she able to write a sentence about himself/herself?	1. Yes 2. No Samoan English	1. Yes 2. No Samoan English	
P39	Does he/she understand a simple instruction?	1. Yes 2. No Samoan English	1. Yes 2. No Samoan English	
P40-P55 : ASK ALL FEMALES 15 - 49 YEARS OF AGE				
P40	Have you ever given birth to a live-born child?	1. Yes 2. No (End Questions)	1. Yes 2. No (End Questions)	
P41	Specify the total number of own-children ever born	Total Male Female	Total Male Female	
P42	Number of own children died	Total Male Female	Total Male Female	
P43	Number of own children still alive and living with you	Total Male Female	Total Male Female	
P44	Number of own children still alive but not living with you	Total Male Female	Total Male Female	
P45	Date of birth of your own last born child/twins/triplet?	Day Month Year	Day Month Year	
P46	Sex of last born child (if twins record the youngest first)	1. Male 2. Female	1. Male 2. Female	
P47	Is the last born child still alive?	1. Yes 2. No	1. Yes 2. No	
P48	Was this child immunized to prevent measles and rubella?	1. Yes 2. No Misela Rupela	1. Yes 2. No Misela Rupela	
P49	Who delivered your lastborn baby/babies?			
P50	Sex of your second last born child	1. Male 2. Female	1. Male 2. Female	
P51	Is that second last born child still alive?	1. Yes 2. No	1. Yes 2. No	
P52	Was this child immunized to prevent measles and rubella?	1. Yes 2. No Misela Rupela	1. Yes 2. No Misela Rupela	
P53	Sex of the eldest triplet	1. Male 2. Female	1. Male 2. Female	
P54	Is that third last born child still alive?	1. Yes 2. No	1. Yes 2. No	
P55	Was this child immunized to prevent measles and rubella?	1. Yes 2. No Misela Rupela	1. Yes 2. No Misela Rupela	

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P8	What is his/her country of nationality/ethnicity?	1. Samoan Specify other	1. Samoan Specify other	
P9	Is this person's biological mother still alive?	1. Yes 2. No 3. Not sure	1. Yes 2. No 3. Not sure	
P10	Is this person's biological father still alive?	1. Yes 2. No 3. Not sure	1. Yes 2. No 3. Not sure	
P11	What is his/her marital status?	1. Single 2. Married/Defacto 3. Div/Sep 4. Widow/er	1. Single 2. Married/Defacto 3. Div/Sep 4. Widow/er	
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P13	If disabled, specify the type of disability			
P14	If disabled, is he/she able to look after himself/herself?			
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P30	What industry is this person working for?			
P31	How long have you worked in this job?	1. Less than one year 2. More than a year	1. Less than one year 2. More than a year	
P32	What is the weekly or annual salary/wages?	\$ \$	\$ \$	
P33	Specify office/company/family where this person works			
P34	Since November 2005, what were your last three paid jobs?	1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	
P35	Why did you change jobs?			
P36	As a domestic worker, how many hours did you spend for these activities in the last 7 days (if none write 00)	Agricultural <input type="checkbox"/> <input type="checkbox"/> Fishing <input type="checkbox"/> <input type="checkbox"/> Crafts <input type="checkbox"/> <input type="checkbox"/> TOTAL <input type="checkbox"/> <input type="checkbox"/>	Agricultural <input type="checkbox"/> <input type="checkbox"/> Fishing <input type="checkbox"/> <input type="checkbox"/> Crafts <input type="checkbox"/> <input type="checkbox"/> TOTAL <input type="checkbox"/> <input type="checkbox"/>	
P37-P39: ASK ONLY PERSONS 15 - 24 YEARS OF AGE				
P37	Is he/she able to read a newspaper or Bible?	1. Yes 2. No Samoan <input type="checkbox"/> English <input type="checkbox"/>	1. Yes 2. No Samoan <input type="checkbox"/> English <input type="checkbox"/>	
P38	Is he/she able to write a sentence about himself/herself?	1. Yes 2. No Samoan <input type="checkbox"/> English <input type="checkbox"/>	1. Yes 2. No Samoan <input type="checkbox"/> English <input type="checkbox"/>	
P39	Does he/she understand a simple instruction?	1. Yes 2. No Samoan <input type="checkbox"/> English <input type="checkbox"/>	1. Yes 2. No Samoan <input type="checkbox"/> English <input type="checkbox"/>	
P40-P55 : ASK ALL FEMALES 15 - 49 YEARS OF AGE				
P40	Have you ever given birth to a live-born child?	1. Yes 2. No (End Questions)	1. Yes 2. No (End Questions)	
P41	Specify the total number of own-children ever born	T total <input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/>	T total <input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/>	
P42	Number of own children died	T total <input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/>	T total <input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/>	
P43	Number of own children still alive and living with you	T total <input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/>	T total <input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/>	
P44	Number of own children still alivebut not living with you	T total <input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/>	T total <input type="checkbox"/> <input type="checkbox"/> Male <input type="checkbox"/> <input type="checkbox"/> Female <input type="checkbox"/> <input type="checkbox"/>	
P45	Date of birth of your own last born child/twins/triplet?	Day <input type="checkbox"/> <input type="checkbox"/> Month <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Day <input type="checkbox"/> <input type="checkbox"/> Month <input type="checkbox"/> <input type="checkbox"/> Year <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
P46	Sex of last born child (if twins record the youngest first)	1. Male 2. Female	1. Male 2. Female	
P47	Is the last born child still alive?	1. Yes 2. No	1. Yes 2. No	
P48	Was this child immunized to prevent measles and rubella?	1. Yes 2. No Misela <input type="checkbox"/> Rupela <input type="checkbox"/>	1. Yes 2. No Misela <input type="checkbox"/> Rupela <input type="checkbox"/>	
P49	Who delivered your lastborn baby/babies?			
P50	Sex of your second last born child	1. Male 2. Female	1. Male 2. Female	
P51	Is that second last born child still alive?	1. Yes 2. No	1. Yes 2. No	
P52	Was this child immunized to prevent measles and rubella?	1. Yes 2. No Misela <input type="checkbox"/> Rupela <input type="checkbox"/>	1. Yes 2. No Misela <input type="checkbox"/> Rupela <input type="checkbox"/>	
P53	Sex of the eldest triplet	1. Male 2. Female	1. Male 2. Female	
P54	Is that third last born child still alive?	1. Yes 2. No	1. Yes 2. No	
P55	Was this child immunized to prevent measles and rubella?	1. Yes 2. No Misela <input type="checkbox"/> Rupela <input type="checkbox"/>	1. Yes 2. No Misela <input type="checkbox"/> Rupela <input type="checkbox"/>	