



2015 Census of Population, Housing and Agriculture

BUREAU OF BUDGET AND PLANNING

OFFICE OF PLANNING AND STATISTICS

IN ACCORDANCE WITH THE REPUBLIC OF PALAU STATISTICS ACT OF 2011,
ALL INFORMATION IN THIS FORM WILL BE KEPT STRICTLY CONFIDENTIAL

CENSUS MODULES

CS. COVER SHEET

R. HOUSEHOLD ROSTER

B. AGRICULTURE

D. FERTILITY AND MORTALITY

A. HOUSING

C. DEMOGRAPHIC INFORMATION

E. ECONOMIC ACTIVITIES

HOUSEHOLD DETAILS

CS1. HOUSEHOLDER

Last name

First name

HOUSEHOLD SIZE

CS8-1. Males

CS8-2. Females

CS8-3. TOTAL

CS2. Phone Number (optional)

CS3. STATE

CS4. HAMLET

FIELD STAFF

CS5-1. ENUMERATOR

CS5-2

Signature

CS6-1. SUPERVISOR

CS6-2

Signature

CS7. UNIQUE HOUSEHOLD CODE

State
1 digit

Hamlet
2 digits

EA
1 digit

HH
2 digits

(if occupied) FORM # of

ENUMERATION COMPLETED

DATA ENTRY COMPLETED

Interview (Time)

Next Visit (Planned)

Visit No.	Date	Enumerator Name	Start	End	Result Code	Date	Time
1			h	h			h
2			h	h			h
3			h	h			h

COMMENTS

CS9. FINAL INTERVIEW STATUS

RESULT/STATUS CODE:

1. Complete
2. No HH Member home; No competent respondent available
3. Entire household absent for period
4. Postponed
5. Refused
6. Vacant; Not a dwelling
7. Dwelling destroyed
8. Dwelling not found
9. Other (write in)

HOUSEHOLD ROSTER: ALL INDIVIDUALS

Please give me the name of each person who was sleeping here at 12.01 AM (Monday, April 16th, 2015), including all persons staying here who have no other home. Also list any person who usually resides here, but was visiting another country, another island and another house, on the Census night. Begin with head or acting head. Please include babies, children, old people and visitors.

Household Member [HM]

The head or acting head is the member who owned the home, bought the home, or rented it. If there is no such person, start with any adult member.

	R1. PERSON NAME		R2. SEX	R3. AGE IN COMPLETED YEARS	R4. RELATIONSHIP TO HOUSEHOLD HEAD	R5. WHERE DO THESE PEOPLE USUALLY LIVE?
[HM]	- Usual residents: roommates, boarders, live-in employees, etc. - Persons temporarily in another country: business trip, holiday, hospital - People who stay here most of the week while working even if they have a home elsewhere - Babies just born in the hospital TO EXCLUDE - Persons away in institutions: prison, nursing home - College students living elsewhere while in college - High school students in boarding schools (living in dormitories)		1 = Male 2 = Female Write the appropriate code in the box	enter 000 for child under 1 year	01. Head/Acting head 02. Spouse (Husband/wife) 03. Unmarried Partner 04. Child (Natural or adopted) 05. Stepchild 06. Brother/Sister 07. Nephew/Niece 08. Father/Mother (-in-law) 09. Grand/Great Grandchild 10. Other Relative 11. Roomer/Boarder 12. Domestic Worker/Helper 13. Other non-relative	For people listed who do not USUALLY live here, what is the location of ...'s usual residence? Use State and Hamlet codes for Palau, or write in country name. For usual residents NOT here on April 16 th , enter the State and Hamlet code for this residence.
01	Last name	Middle initial				
	First name					
02	Last name	Middle initial				
	First name					
03	Last name	Middle initial				
	First name					
04	Last name	Middle initial				
	First name					
05	Last name	Middle initial				
	First name					
06	Last name	Middle initial				
	First name					
07	Last name	Middle initial				
	First name					
08	Last name	Middle initial				
	First name					
09	Last name	Middle initial				
	First name					
10	Last name	Middle initial				
	First name					
11	Last name	Middle initial				
	First name					
12	Last name	Middle initial				
	First name					

SECTION A: HOUSING

A1-1. When you told me the names of persons living here on April 16th, did you leave anyone out because you were not sure if the person should be listed?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

A1-2. When you told me the names of persons living here on April 16th, did you include anyone even though you were not sure that the person should be listed?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

Determine if persons should be added to or removed from the Household Roster based on the instructions for Item R1

A2. Which best describes this building?

Include all apartments, flats, etc., even if vacant.

01. A one-family house detached from any other house
02. A one-family house attached to one or more houses
03. A building with 2 apartments
04. A building with 3 or 4 apartments
05. A building with 5 to 9 apartments
06. A building with 10 to 19 apartments
07. A building with 20 or more apartments
08. A boat, houseboat, or yacht
09. Private Institution (hotel, hospital, etc.)
10. Temporary structure
11. Other (specify)

☐ ☐ Write the appropriate code in the boxes.

(Other specify)

A3. Is this (house/apartment)

1. Owned by you or someone in this household with a mortgage or loan?
2. Owned by you or someone in this household free and clear? (no loan)
3. Rented? (with any payments made by member(s) of the household)
4. Occupied without payment? (including provided by employer)

☐ Write the appropriate code in the box

A4. Ask only if response to Item A3. is "1" or "2" (owns or is buying)

What is the value of this property; that is, how much do you think this house and land would sell for if it were for sale?

\$

A5. Ask only if response to Item A3. is "3" or "4"

What is the monthly rent? If rent is NOT PAID MONTHLY, see instructions on how to figure a monthly rent.

\$

VACANT UNITS: FOR ENUMERATOR USE

AV-1. Vacancy Status

1. For rent
2. For sale only
3. Rented or sold, not occupied
4. For seasonal, recreational, or occasional use
5. For migrant workers
6. Other vacant

☐ Write the appropriate code in the box

AV-2. Is this dwelling boarded up?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

AV-3. Months vacant

1. Less than 1
2. 1 up to 2
3. 2 up to 6
4. 6 up to 12
5. 12 up to 24
6. 24 or more
7. Don't know

☐ Write the appropriate code in the box

A6. Is there a household based enterprise attached to this dwelling (Such as a taxi, store/stall, or bakery)?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

If yes:

Type of Enterprise	Line # of Manager	# of household members usually/regularly involved
<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"/>

A7. What year did (Person listed on line 1) move into this house/apartment?

A8. About when was this building built?

1. 2014 or 2015
2. 2012 to 2013
3. 2010 to 2011
4. 2005 to 2009
5. 2000 to 2004
6. 1980 to 1999
7. 1960 to 1979
8. 1959 or earlier
9. Don't know

☐ Write the appropriate code in the box

SECTION A: HOUSING (continued)

A9. What is the MAIN type of material used for the outside walls of this building?

- | | |
|--------------------|----------------------|
| 1. Poured concrete | 5. Wood on concrete |
| 2. Concrete blocks | 6. Metal on concrete |
| 3. Metal | 7. Other |
| 4. Wood | |

Write the appropriate code in the box

A10. What is the MAIN type of material used for the roof of this building?

1. Poured concrete
2. Metal
3. Other

Write the appropriate code in the box

A11. What is the MAIN type of material used for the foundation of this building?

1. Concrete
2. Concrete posts or blocks
3. Wood pier or pilings
4. Other

Write the appropriate code in the box

A12. How many rooms do you have in this house/apartment?

Count living rooms, dining rooms, kitchens, and bedrooms, but do NOT count bathrooms, balconies, foyers, or halls.

Enter #

A13. How many bedrooms does this dwelling/apartment have?

Enter #

A14. Do you have hot and cold piped water?

1. Yes, in this unit
2. Yes, in this building
3. No, only cold piped water in this unit
4. No, only cold piped water in this building
5. No, only cold piped water outside this building
6. No piped water

Write the appropriate code in the box

A15. *If Yes*, what type of energy does your water heater use most?

1. Electricity
2. Gas
3. Solar
4. Other fuels

Write the appropriate code in the box

A16. Do you have a bathtub or shower?

1. Yes, in this unit
2. Yes, in this building
3. Yes, outside this unit/building
4. No

Write the appropriate code in the box

A17. Do you have a flush toilet?

1. Yes, in this unit
2. Yes, in this building
3. Yes, outside this building
4. No, outhouse or privy
5. No, other or none

Write the appropriate code in the box

A18. Does this house/apartment have electric power?

1. Yes 2. No

Mark the appropriate box with an X

A19. Does this house/apartment have any of the following? *tick all that apply*

- | | |
|--|--|
| <input type="checkbox"/> 1. Telephone | <input type="checkbox"/> 4. Microwave Oven |
| <input type="checkbox"/> 2. Cellphone | <input type="checkbox"/> 5. Refrigerator/Freezer |
| <input type="checkbox"/> 3. Personal Computer/Laptop | <input type="checkbox"/> 6. Television |

A20. Do you have a battery operated radio? Count car radios, transistors, and other battery operated sets in working order or needing only new battery for operation.

1. Yes 2. No

Mark the appropriate box with an X

A21. Do you have air conditioning?

1. Yes, a central air-conditioning system
2. Yes, 1 individual room unit
3. Yes, 2 or more individual room units
4. No

Write the appropriate code in the box

A22. Do you get water from:

1. A public system only?
2. A public system and cistern?
3. A cistern, tanks, or drums only?
4. A public standpipe?
5. Some other source like an individual well or a spring?

Write the appropriate code in the box

A23. Do you use the public water system for cooking?

1. Yes
2. No, use rainwater
3. No, use bottled water
4. No, use both rainwater and bottled water

Write the appropriate code in the box

A24. Do you use the public water system for drinking?

1. Yes
2. No, use rainwater
3. No, use bottled water
4. No, use both rainwater and bottled water

Write the appropriate code in the box

SECTION A: HOUSING (continued)

A25. Is this building connected to a public sewer?

1. Yes, connected to public sewer
2. No, connected to septic tank or cesspool
3. No, use other means

☐ Write the appropriate code in the box

A26. Are your MAIN cooking facilities inside or outside this house/apartment?

1. Inside this house/apartment
2. Outside this house/apartment
3. No cooking facilities

☐ Write the appropriate code in the box

A27. Which FUEL is used MOST for cooking in this (house/apartment)? *Tick all that apply*

- ☐ 1. Electricity
- ☐ 2. Gas: bottled or tank (LPG)
- ☐ 3. Kerosene
- ☐ 4. Biomass (charcoal, wood, etc.)
- ☐ 5. Other (write in)
- ☐ 6. No fuel used

A28. Do you have a sink with piped water?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

A29. How many automobiles, vans, and trucks of one-ton capacity or less are kept at home for use by members of this household?

Enter #

A30. If any boat, how many of each type is kept at home for use by members of this household?

For Business

Canoe

Kayak

Sailing boat

Power boat

For Recreation

Canoe

Kayak

Sailing boat

Power boat

What is the average monthly cost for:

A31. Electricity for this house/apartment?

\$

A32. Gas (not gasoline and kerosene) for this house/apartment?

\$

A33. Water for this house/apartment?

\$

A34. Kerosene, oil, coal, etc. for this house/apartment?

\$

SECTION B: CORE AGRICULTURE AND FISHING

B1. Did this household operate any land for agricultural purposes during the last agricultural year?

(or has any member of this household operated any land for agricultural purposes during the last agricultural year?) Last agricultural year refers to the period from April 16th, 2014 to April 16th, 2015.

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

B2. What is the total area of all the land used for agricultural purposes? (if known)

square meters

B3. How many parcels of land are used for agriculture?

That is, how many separate pieces of land make up this total area reported in B2.?

Enter #

Supplementary Agriculture and Fishing Questions

BS-1. During the last agricultural year, did this household have any of the following? *Tick all that apply*

- ☐ 1. Crops grown in this village
- ☐ 2. Crops grown in other places
- ☐ 3. Kitchen garden
- ☐ 4. Cropland rented from someone else
- ☐ 5. Permanent crops
- ☐ 6. Agricultural land left fallow

BS-2. Did this household grow any temporary crops during the last agricultural year?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

BS-3. Does this household now have any fruit trees or other permanent crops?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

Did this household have any? Mark the appropriate box with an X

BS-4. Temporary fallow land during the last agricultural year?

☐ 1. Yes ☐ 2. No

BS-5. Temporary meadows during the last agricultural year? (Land temporarily cultivated with forage crops, for mowing or pasture, for less than five years.)

☐ 1. Yes ☐ 2. No

BS-6. Permanent meadows during the last agricultural year? (Land used permanently for growing forage crops for five years or more, whether naturally or by cultivation.)

☐ 1. Yes ☐ 2. No

SECTION B: CORE AGRICULTURE AND FISHING

BS-7. Did this household have any land in other uses during the last agricultural year?

☐ 1. Yes ☐ 2. No

If yes:

BS7a. For what purpose? (write in: e.g., lease, etc.)

If leased.

BS7b. For what purpose was the land leased? Examples: hotel development, golf course, apartment construction, etc. (write in)

BS7c. How long is the land leased for? (write in)

BS7d. Does the leased land allow access to other agricultural land?

☐ 1. Yes ☐ 2. No

BS8. Irrigated land during the last agricultural year?

☐ 1. Yes ☐ 2. No

Is this household now raising any? Write in

BS-9. Cattle?

Enter #

BS-10. Pigs?

Enter #

BS-11. Goats?

Enter #

BS-12. Chickens?

Enter #

BS-13. Ducks?

Enter #

BS-14 Other livestock, such as horses?

Enter #

BS-15. Giant Clam?

☐ 1. Yes ☐ 2. No

BS-16. Milkfish?

☐ 1. Yes ☐ 2. No

BS-17. Other aquaculture?

☐ 1. Yes ☐ 2. No

BS-18. Which person(s) in this household take(s) the main decisions for the household's crop and livestock activities? Enter person's line # from Household Roster

Person 1

Person 2

Person 3

BS-19. In the last 12 months, what was the main use of the produce from this household's crop and livestock activities?

1. Sale for money
2. Exchange for other production
3. Home consumption
4. All the above

☐ Write the appropriate code in the box

BS-20. Does this household have any forest and other wooded land?

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

BS-21. Has any member of the household gone fishing in the last 12-months? If 2. go to section C

☐ 1. Yes ☐ 2. No

Mark the appropriate box with an X

If yes, what was the:

BS-22. Main purpose of fishing?

1. Home consumption
2. Sale
3. Mainly home consumption, but some for sale
4. Mainly sale, but some for home consumption
5. Other

☐ Write the appropriate code in the box

BS-23. Type of fishing activity? Tick all that apply

- ☐ 1. Net
- ☐ 2. Trolling
- ☐ 3. Spear
- ☐ 4. Hook & line
- ☐ 5. Gleaning (collecting from the sea)
- ☐ 6. Other (write in)

BS-24. Location of fishing activity? Tick all that apply

- ☐ 1. Mangroves
- ☐ 2. Lagoon
- ☐ 3. Reef
- ☐ 4. Offshore
- ☐ 5. Other (write in)

BS-25. Type of fish targeted? Tick all that apply

- ☐ 1. Invertebrates (sea cucumber, squid, octopus, lobster, clams, crabs)
- ☐ 2. Reef fish (grouper, parrot fish, rabbit fish, emperor, surgeon fish)
- ☐ 3. Pelagic fish (skipjack, tuna, wahoo, kawa kawa, rainbow runner, billfish)
- ☐ 4. Deepwater (snapper, sebus)
- ☐ 5. Other (eels, rays, shark, freshwater fish, turtle)

SECTION C: DEMOGRAPHIC INFORMATION, ORIGINS

	C1. WHAT IS ...'S ETHNIC ORIGIN OR RACE	C2. RELIGION	C3. DATE OF BIRTH	C4. BIRTHPLACE	C5. MARITAL STATUS	C6. CITIZENSHIP	C7. VISA STATUS
[HM]	1. Palauan 2. Carolinian 3. Asian 4. Caucasian 5. Black 6. Other <i>If appropriate ethnic or race code is not listed write it in the line for that Household Member</i>	1. Catholic 2. Evangelical 3. Seventh-Day Adventist 4. Assembly of God 5. Baptist 6. Muslim 7. Mormons 8. Modekngei 9. Other	mm/dd/yy	Enter the State and Hamlet codes (see codes for cover page) <i>- if born in a U.S. state or foreign country, write the name in the line for that Household Member.</i> <i>- if unknown, write name as legibly as possible</i>	What is ...'s present marital status? 1. Never Married 2. Legally Married (incl. traditional) 3. Consensually married 4. Widowed 5. Separated 6. Divorced <i>Write the appropriate code in the box</i>	What is ...'s citizenship country? 1. Palauan 2. Dual Palauan 3. U.S. 4. China 5. Bangladesh 6. Japan 7. FSM 8. Other (write in) <i>Write the appropriate code in the box</i> If 1, Go to C10 If 2, Go to C8	What is ...'s visa status? 1. Permanent Resident 2. Work 3. Business 4. Temporary/ Visitor 5. Other
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION C: DEMOGRAPHIC INFORMATION, ORIGINS (Cont')

C8. INTERNATIONAL MIGRATION	C9. MIGRATION REASON	C10-1. MOTHER'S BIRTHPLACE	C10-2. BIOLOGICAL MOTHER ALIVE	C11-1. FATHER'S BIRTHPLACE	C11-2. BIOLOGICAL FATHER ALIVE
In what month and year did ... come to the Palau to stay? mm/yy <i>If entered Palau more than once, enter the most recent entry date</i>	Why did ... come to Palau the first time? 1. Employment 2. Spouse of employed person 3. Dependent of employed person 4. Family member of employed person 5. Student - attending school/college 6. Missionary 7. Medical reasons 8. Visiting/vacation 9. Other (write in)	Where was ...'s MOTHER born? (write in) <div>See codes for C4</div>	Is she still living? <i>Tik the appropriate box with an X</i>	Where was ...'s FATHER born? (write in) <div>See codes for C4</div>	Is he still living? <i>Tik the appropriate box with an X</i>
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SECTION C: DEMOGRAPHIC INFORMATION, EDUCATION & MIGRATION

SCHOOL ATTENDANCE						
CURRENT YEAR		PREVIOUS YEAR		EVER ATTENDED?		
C12.	C13.	C14.	C15.	C16.	C17.	
Has ... ever attended school anytime during the August 2014 to July 2015 school year? If 2, Go to C14	What is ...'s grade-level during the 2014/15 school-year?	Has ... ever attended school anytime during the LAST school-year, August 2013 to July 2014 year? If 2, Go to C16	What was ...'s grade-level during the 2013/14 school-year?	Has ... EVER been to school at least once during his/her life time? If 2, Go to C20	What was ...'s highest and completed school grade level?	
<div> <div> EDUCATION LEVEL CODE 31. No school completed 32. Nursery school 33. Kindergarten </div> <div> 1. to 11. 1st to 11th grade (<i>if 6th grade, enter '6'</i>) 12. High school, no degree 13. High school I graduate, or equivalent (GED or HISE) 14. Vocational Training: Including Japanese era students 15. Some college, no degree 16. Associate degree: Occupational College </div> <div> 17. Associate degree: Academic College 18. Bachelor's degree (e.g., BA, AB, BS) 19. Master's degree (e.g., MA, MS, MSW, MBA) 20. Professional degree (e.g, MD, DDS, LLB, JD) 21. Doctorate degree (e.g, Phd, EdD) </div> </div>						
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07	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>
08	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>
09	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>
10	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>
11	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>
12	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/>

SECTION C: DEMOGRAPHIC INFORMATION, EDUCATION & MIGRATION (Cont')

[illegible]

SECTION C: DEMOGRAPHIC INFORMATION, LANGUAGE AND HEALTH

	C22. SPEAK PALAUAN	C23. OTHER LANGUAGE	C24. LANGUAGE USED MOST	C25. LITERACY: READING	C26. LITERACY: WRITING	C27. HEALTH: VISION
[HM]	Does ... SPEAK Palauan at home? 1. Yes, Palauan and another language 2. No 3. es, Palauan only	What language does ... SPEAK? <i>(write in)</i>	Does ... SPEAK this language at home more than Palauan? 1. Yes, more often than Palauan 2. Both equally 3. No, less frequently than Palauan 4. Does not speak Palauan	Does ... have any difficulty:		
	Reading in any language? <i>(e.g., newspapers, magazines, religious books etc)</i>			Writing a letter in any language?	Seeing, even if wearing glasses?	
	1. No, No difficulty 2. Yes, some difficulty 3. Yes, lots of difficulty 4. Cannot do at all <i>Write the appropriate code in the box</i>					
01	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
03	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
04	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
06	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
08	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
09	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION C: DEMOGRAPHIC INFORMATION, LANGUAGE AND HEALTH (Cont')

C28. HEALTH: HEARING	C29. HEALTH: MOBILITY	C30. HEALTH: MEMORY	C31. HEALTH: HYGIENE	C32. HEALTH: COMMUNICATION
Does ... have any difficulty:				
Hearing, even if using a hearing aid?	Walking or climbing steps?	Remembering or concentrating?	Washing all over or dressing?	Communicating, understanding, or being understood?
1. No, No difficulty 2. Yes, some difficulty 3. Yes, lots of difficulty 4. Cannot do at all <i>Write the appropriate code in the box</i>				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION D: FERTILITY AND MORTALITY

For all females age 12 and over as of April 16th, 2015 (born before April 16th, 2003)

	ANY BIRTHS	AGE AT FIRST BIRTH	CHILDREN EVER BORN			CHILDREN ALIVE AT HOME		
	D1.	D2. <i>in years</i>	D3-1. <i>Boys</i>	D3-2. <i>Girls</i>	D3-3. <i>Total</i>	D4-1. <i>Boys</i>	D4-2. <i>Girls</i>	D4-3. <i>Total</i>
[HM]	Has ... ever given birth to a live child, even if the child died soon after birth? 1. Yes 2. No 3. Don't know If 2 or 3, skip to next female household member	At what age did ... have her first child?	How many children has ... ever given birth to that were born alive?			How many of ...'s children are still alive and in this household? <i>Include adult children at home</i>		
01	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
02	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
03	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
04	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
05	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
06	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
07	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
08	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
09	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

SECTION D: FERTILITY AND MORTALITY (Cont')

CHILDREN ALIVE LIVING ELSEWHERE			CHILDREN NOT ALIVE			LAST CHILD: BIRTHDATE	LAST CHILD: SEX	LAST CHILD: ALIVE	LAST CHILD: DATE OF DEATH
D5-1. <i>Boys</i>	D5-2. <i>Girls</i>	D5-3. <i>Total</i>	D6-1. <i>Boys</i>	D6-2. <i>Girls</i>	D6-3. <i>Total</i>	D7. <i>year</i>	D8.	D9.	D10.
How many of ...’s children are still alive and are living elsewhere?			How many of ...’s children are no longer alive? <i>Include adult children</i>			When was ...’s last child born, even if the child died soon after birth? <i>Please give the year</i> yy	Is ...’s last child male or female? 1. Male 2. Female 3. Don't know	Is ...’s last child still alive? 1. Yes 2. No 3. Don't know <div>If 1 or 3, skip to next person</div>	When did ...’s last child born die? mm/dd/yy
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div></div>
<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<div><div></div><div></div><div></div></div>

SECTION E: ECONOMIC ACTIVITIES LAST WEEK

Please provide the main activity details for every member of this household, aged 12 years and older (born before April 16th, 2003)

E1. MAIN ACTIVITY		MAIN ACTIVITY SECTION			
		E2. TYPE OF ACTIVITY (occupation)	E3. WORKING INDUSTRY	E4. WORKING HOURS	E5. WILLING TO WORK MORE
[HM]	What was this ...'s main activity during last week ? (If away, due to holidays or illness, state what this person would normally be doing) Codes are enumerated on the box on the right. Write the appropriate code in the box. <div> If 01 to 08, go to E2 If 09 to 11, go to E6 If 12 to 13, go to E11 </div>	<i>Examples:</i> nurse, teacher, enumerator, security, cook, shop-keeper, farmer, fisherman	What industry did ... work in? Codes are enumerated on the box on the right. Write the appropriate code in the box.	How many hours did ... work in this main activity last week ? <div> If 30+ hrs, go to E6 If < 30 hrs, go to E5 </div>	Would ... be willing and able to work more hours in this main activity ?
	01	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	02	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	03	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	04	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	05	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	06	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	07	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	08	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	09	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	10	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	11	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
	12	<input type="text"/>	<input type="text"/>	<input type="text"/> hrs	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No

SECTION E: ECONOMIC ACTIVITIES LAST WEEK (Cont')

IN ADDITION TO THIS MAIN ACTIVITY, DID ... DO ANY OTHER ACTIVITY LAST WEEK				
E6. OTHER ACTIVITY	E7. TYPE OF ACTIVITY <i>(occupation)</i>	E8. WORKING INDUSTRY	E9. WORKING HOURS	E10. WILLING TO WORK MORE
Paid or unpaid (even just for 1 hour)? <i>Codes are enumerated on the box on the right. Write the appropriate code in the box.</i>	<u>Examples:</u> <i>nurse, teacher, enumerator, security, cook, shop-keeper, farmer, fisherman</i>	What industry did ... work in? <i>Codes are enumerated on the box on the right. Write the appropriate code in the box.</i>	How many hours did ... work in this <u>secondary activity</u> <u>last week?</u>	Would ... be willing and available to work more hours in this <u>secondary activity</u> <u>last week?</u>
If 01 to 08, go to E7 If 09 to 12, go to E11				
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No

ACTIVITY CODES FOR E3 AND E8

1. Agriculture and Forestry
2. Fisheries
3. Mining and Quarrying
4. Construction
5. Wholesale and Retail
6. Repair Motor Vehicles and Motorcycles
7. Transportation and Storage
8. Accommodation and Food Service
9. Financial and Insurance Activities
10. Real Estate Activities
11. Professional, Scientific and Technical Activities
12. Administrative and Support Service Activities
13. Water Supply, Sewage/Waste Management
14. Information and Communication
15. Education
16. Human Health and Social Work
17. Entertainment and Recreation

ACTIVITY CODES FOR E1 AND E6

Paid Employment

01. Employer (Producing goods or services for sale, running a business with paid employees)
02. Self-employed (Producing goods or services for sale, running a business without paid employees)
03. Employee, working for wages / salary in public sector (incl. NGO, UN agencies)
04. Employee, working for wages / salary in private sector

Un-paid employment

05. Producing goods for own and/or family consumption (self employed)
06. Unpaid family worker (family business/plantation)
07. Unpaid family worker, help with basic household duties inside (washing, cooking, cleaning, etc) and outside (gardening, maintaining lawn, etc)
08. Volunteer work (community, church, etc.)

Not in the labor force

09. Student - full time
10. Student - part time
11. Retired / Too old
12. None - Did not pursue any activity (no work)
13. Physically/Mentally Disabled

SECTION E: ECONOMIC ACTIVITIES LAST WEEK (Cont')

	ACTIVELY LOOK FOR A JOB	WHY NOT?	WILLING TO WORK MORE	
	E11.	E12.	E13.	
[HM]	Did ... actively look for work or for a job last week? If 1, go to E13 If 2, go to E12	Reason for not searching a job: 01. Student 02. Already have a full-time job 03. Don't want to work more 04. Physically/psychologically disabled 05. Believe no paid work available 06. Discouraged (stopped looking, cannot find anything) 07. Waiting for family/friends to find work for me or tell me about other jobs 08. Weather/no transport 09. Home Duties (babysitting, chores, etc.) 10. Other (observation)	Was ... available to work, or take on another job last week ?	
01	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
02	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
03	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
04	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
05	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
06	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
07	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
08	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
09	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
10	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
11	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
12	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs

SECTION E: ECONOMIC ACTIVITIES LAST YEAR

For questions about income received during 2014, if an exact amount is not known, accept a best estimate.

WORKED	WEEKS WORKED	WORKING HOURS	INCOME	NET INCOME
E14.	E15.	E16.	E17.	E18.
<p>Last year (2014), did ... work, even for a few days, at a paid job or in a business or farm?</p> <p>If 2, go to E19</p>	<p>How many weeks did ... WORK in 2014? <i>Include paid vacation, paid sick leave, and military service</i></p>	<p>During the weeks WORKED in 2014, how many hours did ... usually work each week?</p>	<p>How much ... earn in income from wages, salary, commissions, bonuses, or tips? Report amount before deductions for taxes, bonds, due s, etc.</p>	<p>How much did ... earn from (his/her) own nonfarm business, proprietorship, or partnership? Report net income after business or operating expenses. <i>Include paid vacation, paid sick leave, and military service</i></p>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/> <input type="text"/> week(s)	<input type="text"/> <input type="text"/> hrs	\$ <input type="text"/>	\$ <input type="text"/>

SECTION E: ACTIVITIES AND INCOME LAST YEAR

	Last year (2014), did ... grow any crops for own use or for sale?		Last year (2014), did ... do any fishing or aquaculture for own use or for sale?		Last year (2014), did ... raise any livestock or other animals for own use or for sale?		Last year (2014), did ... make any handicrafts for own use or for sale?	
[HM]	If Yes, Enter # of weeks worked and amount of total earnings in 2014							
	E19-1.	E19-2.	E20-1.	E20-2.	E21-1.	E21-2.	E22-1.	E22-2.
01	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []
02	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []
03	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []
04	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []
05	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []
06	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []
07	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []
08	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []
09	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []
10	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []
11	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []
12	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []	week(s) [] []	\$ [] []

SECTION E: ACTIVITIES AND INCOME LAST YEAR (Cont')

How much did ... receive in Social Security payments or from retirement, survivor, or disability pension(s) in 2014? <i>For Social Security, include income payments to retired workers, dependents, and disable workers. For retirement, include payments from companies, unions, Federal or Palau government, and U.S. military.</i>	How much did ... receive from unemployment compensation, child support or alimony, or any other REGULAR source of income? <i>Do NOT include lump-sum payments such as money from an inheritance or the sale property.</i>	What was ...'s total income in 2014?	How much money did ... send out of Palau and/or receive from outside of Palau?
Enter amount of total earnings in 2014			
E23.	E24.	E25.	E26.
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Sent \$ <input type="text"/> Received \$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Sent \$ <input type="text"/> Received \$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Sent \$ <input type="text"/> Received \$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Sent \$ <input type="text"/> Received \$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Sent \$ <input type="text"/> Received \$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Sent \$ <input type="text"/> Received \$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Sent \$ <input type="text"/> Received \$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Sent \$ <input type="text"/> Received \$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Sent \$ <input type="text"/> Received \$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Sent \$ <input type="text"/> Received \$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Sent \$ <input type="text"/> Received \$ <input type="text"/>
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	Sent \$ <input type="text"/> Received \$ <input type="text"/>

HAMLET NAMES	STATE CODE	HAMLET CODE	EA CODE RANGE	HAMLET NAMES	STATE CODE	HAMLET CODE	EA CODE RANGE
KAYANGEL				AIMELIIK			
Dimes	G	01	A only	Ngchemiangel	M	01	A only
Dilong	G	02	A only	Medorm	M	02	A only
NGARCHELONG				Elechui	M	03	A only
Iyebukel	F	01	A only	Ngerkeai	M	04	A only
Mengellang	F	02	A only	Imul	M	05	A only
Ngebei	F	03	A only	NGATPANG			
Ngerbau	F	04	A only	Ngatpang	L	01	A only
Ngruil	F	05	A only	Ibobang	L	02	A only
Ollei	F	06	A only	NGARDMAU			
Ngeiungel	F	07	A only	Ngerutoi	H	01	A only
Badrulchau	F	08	A only	Ngetbong	H	02	A only
NGARAARD				Urdmau	H	03	A only
Chelab	E	01	A only	NGAREMLENGUI			
Choll	E	02	A only	Imeong	K	01	A only
Ngebuked	E	03	A only	Ngchemesed	K	02	A only
Ngkekiau	E	04	A only	Ngermetengel	K	03	A only
Ulimang	E	05	A only	Ngereklelong	K	04	A only
NGIWAL				Ngerutchei	K	05	A only
Ngellau	D	01	A only	ANGAUR			
Ngercheluuk	D	02	A only	Rois	S	01	A only
Ngermechau	D	03	A only	Ngebeianged	S	02	A only
Ngersngai	D	04	A only	Ngermasech	S	03	A only
MELEKEOK				Ngerbelau	S	04	A only
Ngeburch	C	01	A only	PELELIU			
Ngeruliang	C	02	A only	Ngerdelolk	R	01	A only
Ngermelech	C	03	A only	Ngesias	R	02	A only
Ukaeb	C	04	A only	Ngerchol	R	03	A only
Ngerang	C	05	A only	Ngerkeiukl	R	04	A only
Ngerubesang	C	06	A only	Teliu	R	05	A only
Melekeok	C	07	A only	KOROR			
NGCHESAR				Dngeronger	B	01	A through D
Ngchesar	P	01	A only	Idid	B	03	A through C
Ngeriungs	P	02	A only	Iyebukel	B	04	A through C
Ngerngesang	P	03	A only	Ikelaui	B	05	A through C
Ngerkesou	P	04	A only	Madalaui	B	06	A through K
Ngersuul	P	05	A only	Meketii	B	07	A through C
Ngeruikl	P	06	A only	Meyuns	B	08	A through E
AIRAI				Ngerbeched	B	09	A through H
Ordomei	N	01	A through G	Ngerchemai	B	10	A through H
Ngerusar	N	02	A through E	Ngerkebesang	B	11	A through E
Ngeruluobel	N	03	A through B	Ngerkesowaol	B	12	A through C
Ngetkib	N	04	A through C	Ngermid	B	13	A through F
Oikull	N	05	A only	Rock Islands	B	14	A only
Ngchesechang	N	06	A only	HATOHOBEL			
SONSOROL				Hatohobei	Y	1A	A only
Sonsorol	T	15	A only				

Household numbers (or Dwelling code) will be numbered within each EA 01 to 99. For EAs with 100+

Households use letters for the first digit, starting with A.

For example: Household 100 = A0, 101=A1, 102=A2, . . . , household 110 = B0, 111 = B1, . . . 120 = C0, 121 = C1, etc.