



# 2020 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	<input type="text"/>	HOUSEHOLD SIZE
	First name	<input type="text"/>	
CS2. Phone Number (optional)		<input type="text"/>	
CS3. STATE	<input type="text"/>	CS4. HAMLET	<input type="text"/>
FIELD STAFF			
CS5-1. ENUMERATOR	<input type="text"/>	CS5-2	<input type="text"/> <input type="text"/> Signature <input type="text"/>
CS6-1. SUPERVISOR	<input type="text"/>	CS6-2	<input type="text"/> <input type="text"/> Signature <input type="text"/>
CS7. UNIQUE HOUSEHOLD CODE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(if occupied) FORM # <input type="text"/> of <input type="text"/>	
	State 1 digit	Hamlet 2 digits	EA 1 digit
			HH 2 digits
ENUMERATION COMPLETED		<input type="text"/> <input type="text"/> <input type="text"/>	DATA ENTRY COMPLETED <input type="text"/> <input type="text"/> <input type="text"/>

Visit No.	Date	Enumerator Name	Interview (Time)		Result Code	Next Visit (Planned)		RESULT/STATUS CODE:
			Start	End		Date	Time	
1	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	h	h	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	h	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) <input type="text"/>
2	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	h	h	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	h	
3	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	h	h	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	h	

COMMENTS

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**CS9. FINAL INTERVIEW STATUS**

# HOUSEHOLD ROSTER: ALL INDIVIDUALS

Please give me the name of each person who was sleeping here **at 12.01 AM (Monday, April 13<sup>th</sup>, 2020)**, 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.**

## R4. RELATIONSHIP TO HOUSEHOLD HEAD

01. Head/Acting head
02. Spouse
03. Unmarried Partner
04. Child (Natural or adopted)
05. Stepchild
06. Brother/Sister
07. Nephew/Niece
08. Father/Mother
09. Grand/Great Grandchild
10. Other Relative
11. Roomer/Boarder
12. Domestic Worker/Helper
13. Other non-relative

## R5. WHERE DO THESE PEOPLE USUALLY LIVE?

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 13<sup>th</sup>, enter the State and Hamlet code for this residence.

[HM]	R1. PERSON NAME - 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 <b>TO EXCLUDE</b> - Persons away in institutions: prison, nursing home - College students living elsewhere while in college - High school students in boarding schools (living in dormitories) - Babies born after April 13, 2020 - Persons who came to Palau after April 13, 2020 (if citizen or resident who was traveling, to include)	R2. SEX 1 = Male 2 = Female Write the appropriate code in the box	R3. AGE IN COMPLETED YEARS enter 000 for child under 1 year	R4. RELATIONSHIP TO HOUSEHOLD HEAD	R5. WHERE DO THESE PEOPLE USUALLY LIVE?
01	Last name <input type="text"/> Middle initial <input type="text"/> First name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	Last name <input type="text"/> Middle initial <input type="text"/> First name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	Last name <input type="text"/> Middle initial <input type="text"/> First name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	Last name <input type="text"/> Middle initial <input type="text"/> First name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05	Last name <input type="text"/> Middle initial <input type="text"/> First name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06	Last name <input type="text"/> Middle initial <input type="text"/> First name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07	Last name <input type="text"/> Middle initial <input type="text"/> First name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08	Last name <input type="text"/> Middle initial <input type="text"/> First name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09	Last name <input type="text"/> Middle initial <input type="text"/> First name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	Last name <input type="text"/> Middle initial <input type="text"/> First name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Last name <input type="text"/> Middle initial <input type="text"/> First name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	Last name <input type="text"/> Middle initial <input type="text"/> First name <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# SECTION A: HOUSING

**A1-1.** When you told me the names of persons living here on April 13<sup>th</sup>, 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 13<sup>th</sup>, 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.

1. A one-family house detached from any other house
2. A one-family house attached to one or more houses
3. A building with 1 to 9 apartments
4. A building with 10 or 19 apartments
5. A building with 20 or more apartments
6. A boat, houseboat, or yacht
7. Private Institution (dormitory, prison, hospital, etc.)
8. Temporary structure, e.g. barracks
9. Other (specify)

**If selected 7 and 8, SKIP TO A7**

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

- 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 style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>

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

**A8.** About when was this building built?

- |                 |                    |
|-----------------|--------------------|
| 1. 2018 or 2019 | 6. 1990 to 1999    |
| 2. 2017 to 2018 | 7. 1981 to 1989    |
| 3. 2016 to 2017 | 8. 1980 or earlier |
| 4. 2010 to 2015 | 9. Don't know      |
| 5. 2000 to 2009 |                    |

- Write the appropriate code in the box

**A9a.** What is the MAIN type of material used for the outside walls of this building?

- |                     |                        |
|---------------------|------------------------|
| 1. Poured concrete  | 6. Metal on concrete   |
| 2. Concrete blocks  | 7. Prefabricated walls |
| 3. Metal            | 8. Cement board        |
| 4. Wood             | 7. Other               |
| 5. Wood on concrete |                        |

- Write the appropriate code in the box

## SECTION A: HOUSING (continued)

**A9b.** Are the walls insulated?  1. Yes  2. No  
*Mark the appropriate box with an X*

**A10a.** 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*

**A10b.** Is the roof insulated?  1. Yes  2. No  
*Mark the appropriate box with an X*

**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. Metal posts
5. 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, hot and cold piped water in this unit
2. No, only cold piped water in this unit
3. No, only cold piped water outside this unit
4. 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*

**A18a.** Does this house/apartment have electric power?  
 1. Yes  2. No  
*Mark the appropriate box with an X*

**A18b.** Do you have solar panels?  1. Yes  2. No  
 If Yes:  A. On-grid  B. Off-grid  
*Mark the appropriate box with an X*

**A19a.** 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. Television	<input type="checkbox"/> 5. Refrigerator/Freezer
<input type="checkbox"/> 3. Personal Computer/Laptop	<input type="checkbox"/> 6. Internet
	<input type="checkbox"/> 7. Cellphones <input type="text"/>

**A19b.** Are any of these appliances energy efficient? *tick all that apply*

<input type="checkbox"/> 1. Personal Computer/Laptop	<input type="checkbox"/> 3. Refrigerator/Freezer
<input type="checkbox"/> 2. Microwave Oven	<input type="checkbox"/> 4. Television
	<input type="checkbox"/> 5. Internet

**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*

**A21a.** 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*

**A21b.** Is it energy-saver?

1. Yes  2. No  
*Mark the appropriate box with an X*

**A22.** Do you get water from:

1. A public system only?
2. A cistern, tanks, or drums only?
3. 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?

<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 3. No, use bottled water
<input type="checkbox"/> 2. No, use rainwater	<input type="checkbox"/> 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?

<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 3. No, use bottled water
<input type="checkbox"/> 2. No, use rainwater	<input type="checkbox"/> 4. No, use both rainwater and bottled water

*Write the appropriate code in the box*

## SECTION A: HOUSING (continued)

## SECTION B: CORE AGRICULTURE AND FISHING

**A25.** Is this building connected to a public sewer?

1. Yes, connected to public sewer
2. No, connected to septic tank or holding tank
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 (summerhouse, outside kitchen)
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, Butane)
- 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 #

**A30a.** If any boat, how many of each type is kept at home for use by members of this household?

- | For Business                          | For Recreation                        |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Canoe        | <input type="checkbox"/> Canoe        |
| <input type="checkbox"/> Kayak        | <input type="checkbox"/> Kayak        |
| <input type="checkbox"/> Sailing boat | <input type="checkbox"/> Sailing boat |
| <input type="checkbox"/> Power boat   | <input type="checkbox"/> Power boat   |

**A30b.** If any Power boat selected:

What type of engine:

Main use: Tick all that apply

- 1. Commercial
- 2. Recreation
- 3. Subsistence

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?

\$

**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 13<sup>th</sup>, 2019 to April 13<sup>th</sup>, 2020.

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.** Does your household own all the crops? (not communal or shared with another household)

1. Yes  2. No

*Mark the appropriate box with an X*

**BS-3.** Does this household own all the 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 make(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 (Biskang, Balech)
- 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 marine food 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

	<b>C1. WHAT IS ...'S ETHNIC ORIGIN OR RACE</b>	<b>C2. RELIGION OR CHURCH</b>	<b>C3. DATE OF BIRTH</b>	<b>C4. BIRTHPLACE</b>	<b>C5. MARITAL STATUS</b>	<b>C6. CITIZENSHIP</b>	<b>C7. VISA STATUS</b>
[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. Modekngai 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. Philippines 9. Other ( <i>write in</i> ) <i>Write the appropriate code in the box</i> <b>If 1, Go to C10</b> <b>If 2, Go to C8</b>	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"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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. MOTHER ALIVE	C11-1. FATHER'S BIRTHPLACE	C11-2. FATHER ALIVE
In what month and year did ... come to the Palau to stay? <b>mm/yy</b>  <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 ( <i>write in</i> )	Where was ...'s MOTHER born? ( <i>write in</i> )  <div style="border: 1px solid black; padding: 2px; text-align: center;">See codes for C6</div>	Is she still living? <i>Tik the appropriate box with an X</i>	Where was ...'s FATHER born? ( <i>write in</i> )  <div style="border: 1px solid black; padding: 2px; text-align: center;">See codes for C6</div>	Is he still living? <i>Tik the appropriate box with an X</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	<input type="text"/>	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
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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 2019 to July 2020 school year?  <b>If 2, Go to C14</b>	What is ...'s grade-level during the 2019/20 school-year?	Has ... ever attended school anytime during the LAST school-year, August 2018 to July 2019 year?  <b>If 2, Go to C16</b>	What was ...'s grade-level during the 2018/19 school-year?	Has ... EVER been to school at least once during his/her life time?  <b>If 2, Go to C20</b>	What was ...'s highest and completed school grade level?	
<p><b>EDUCATION LEVEL CODE</b></p> <p>31. No school completed 32. Nursery school 33. Kindergarten</p> <p>1. to 11. 1st to 11th grade (if 6<sup>th</sup> grade, enter '6') 12. High school, no degree 13. High school graduate, or equivalent (GED or HISE) 14. Vocational Training: Including Japanese era students 15. Some college, no degree 16. Associate degree: Occupational College</p> <p>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)</p>						
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02	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/> <input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/> <input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/> <input type="radio"/>
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12	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/> <input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/> <input type="radio"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="radio"/> <input type="radio"/>

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

C18. KIND OF SCHOOL	C19. ACADEMIC MAJOR	C20. VOTING	INTERNAL MIGRATION	
			C21-1.	C21-2.
What kind of school is this? 1. Public (Head Start Program - 12) 2. Private (Kinder - 12) 3. Home-School or Others 4. Vocation, Technical, Certification 5. PCC (campus or online) 6. College or University (campus or online) - not PCC  <div style="border: 1px solid black; padding: 2px; display: inline-block;">If 1-4, Go to C21</div>	<i>If high school graduate or above,</i> What was ...'s major in college or vocational school? <i>(write in)</i>	<i>IF AGE 18+</i> Where is ... registered to vote?  <i>Enter State and Hamlet codes if in Palau, (see codes for cover page) if registered in another country: write in</i>	Did ... live in this house or apartment 5 years ago (on April 13 <sup>th</sup> , 2015)? 1. Yes 2. No 3. Born after April 13 <sup>th</sup> , 2015  <div style="border: 1px solid black; padding: 2px; display: inline-block;">If 1 or 3, Go to next person</div>	Where did ... live 5 years ago? <i>Enter State and Hamlet codes if in Palau, (see codes for cover page) else Write the appropriate code in the box</i>
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## 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 only 2. Yes, Palauan and another language 3. No	What language does ... SPEAK? ( <i>write in</i> )  <i>If speak Palauan only at home, what other language do you speak?</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:		
	If No, go to C25			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"/>
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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>				
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

## SECTION D: FERTILITY AND MORTALITY

For all females age 12 and over as of April 13<sup>th</sup>, 2020 (born before April 13<sup>th</sup>, 2008)

	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  <b>If 2 or 3, skip to next female household member</b>	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 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 13<sup>th</sup>, 2008)

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 <b>main activity</b> during <b>last week</b> ? (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.  <b>If 01 to 08, go to E2</b> <b>If 09 to 11, go to E6</b> <b>If 12 to 13, go to E11</b>	<i>Examples:</i> <i>nurse, teacher, enumerator, security, cook, shop-keeper, farmer, fisherman</i>	What <b>industry</b> 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 <b>main activity last week</b> ?  <b>If 30+ hrs, go to E6</b> <b>If &lt; 30 hrs, go to E5</b>	Would ... be willing and able to work more hours in this <b>main activity</b> ?
	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')

	ACTIVELY LOOK FOR A JOB	WHY NOT?	WILLING TO WORK MORE	
	E11.	E12.	E13.	
[HM]	Did ... actively look for <b>work</b> or for a <b>job</b> last week?  If 1, go to E13 If 2, go to E12	<b>Reason for not searching a job:</b> 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. Care for non-minors 08. Weather/no transport 09. Home Duties (babysitting, chores, etc.) 10. Other (observation)	Was ... available to work, or take on another job <b>last week</b> ?	
01	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
02	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
03	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
04	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
05	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
06	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
07	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
08	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
09	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
10	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
11	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs
12	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/>	<input type="radio"/> 1. Yes <input type="radio"/> 2. No	<input type="checkbox"/> <input type="checkbox"/> hrs

# SECTION E: ECONOMIC ACTIVITIES LAST YEAR

For questions about income received during 2019, 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 (2019), did ... work, even for a few days, at a paid job or in a business or farm?</p> <p><b>If 2, go to E19</b></p>	<p>How many weeks did ... WORK in 2019? <i>Include paid vacation, paid sick leave, and military service</i></p>	<p>During the weeks WORKED in 2019, 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, dues, 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"/>

## SECTION E: ACTIVITIES AND INCOME LAST YEAR

		Last year (2019), did ... grow any crops for own use or for sale?		Last year (2019), did ... do any fishing or aquaculture for own use or for sale?		Last year (2019), did ... raise any livestock or other animals for own use or for sale?		Last year (2019), did ... make any handicrafts for own use or for sale?	
[HM]	<i>If Yes, Enter # of weeks worked and amount of total earnings in 2019</i>								
	<b>E19-1.</b>	<b>E19-2.</b>	<b>E20-1.</b>	<b>E20-2.</b>	<b>E21-1.</b>	<b>E21-2.</b>	<b>E22-1.</b>	<b>E22-2.</b>	
	week(s)	\$	week(s)	\$	week(s)	\$	week(s)	\$	
01	<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"/> <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"/>	<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"/>
03	<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"/> <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"/>	<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"/>
05	<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"/> <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"/>	<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"/>
07	<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"/> <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"/>	<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"/>
09	<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"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
10	<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"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
11	<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"/> <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"/>	<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"/>

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

<p>How much did ... receive in Social Security payments or from retirement, survivor, or disability pension(s) in 2019?</p> <p><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></p>	<p>How much did ... receive from unemployment compensation, child support or alimony, or any other REGULAR source of income?</p> <p><i>Do NOT include lump-sum payments such as money from an inheritance or the sale property.</i></p>	<p>What was ...'s total income in 2019?</p>	<p>How much money did ... send out of Palau and/or receive from outside of Palau?</p>
<p>Enter amount of total earnings in 2019</p>			
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"/>
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\$ <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
<b>KAYANGEL</b>				<b>AIMELIIK</b>			
Dimes	G	01	A only	Ngchemiangel	M	01	A only
Dilong	G	02	A only	Medorm	M	02	A only
<b>NGARCHELONG</b>				<b>NGATPANG</b>			
Iyebukel	F	01	A only	Elechui	M	03	A only
Mengellang	F	02	A only	Ngerkeai	M	04	A only
Ngebei	F	03	A only	Imul	M	05	A only
Ngerbau	F	04	A only	<b>NGARDMAU</b>			
Ngruil	F	05	A only	Ngerutoi	H	01	A only
Ollei	F	06	A only	Ngetbong	H	02	A only
Ngeiungel	F	07	A only	Urdmau	H	03	A only
Badrulchau	F	08	A only	<b>NGAREMLENGUI</b>			
<b>NGARAARD</b>				<b>ANGAUR</b>			
Chelab	E	01	A only	Imeong	K	01	A only
Choll	E	02	A only	Ngchemesed	K	02	A only
Ngebuked	E	03	A only	Ngermetengel	K	03	A only
Ngkekiau	E	04	A only	Ngereklelong	K	04	A only
Ulimang	E	05	A only	Ngerutchei	K	05	A only
<b>NGIWAL</b>				<b>PELELIU</b>			
Ngellau	D	01	A only	Ngerdelolk	R	01	A only
Ngercheluuk	D	02	A only	Ngesias	R	02	A only
Ngermechau	D	03	A only	Ngerchol	R	03	A only
Ngersngai	D	04	A only	Ngerkeiukl	R	04	A only
<b>MELEKEOK</b>				<b>KOROR</b>			
Ngeburch	C	01	A only	Dngeronger	B	01	A through D
Ngeruliang	C	02	A only	Idid	B	03	A through C
Ngermelech	C	03	A only	Iyebukel	B	04	A through C
Ukaeb	C	04	A only	Ikelaui	B	05	A through C
Ngerang	C	05	A only	Madalaih	B	06	A through K
Ngerubesang	C	06	A only	Meketii	B	07	A through C
Melekeok	C	07	A only	Meyuns	B	08	A through E
<b>NGCHESAR</b>				<b>HATOHOBEL</b>			
Ngchesar	P	01	A only	Ngerbeched	B	09	A through H
Ngeriungs	P	02	A only	Ngerchemai	B	10	A through H
Ngerngesang	P	03	A only	Ngerkebesang	B	11	A through E
Ngerkesou	P	04	A only	Ngerkesowaol	B	12	A through C
Ngersuul	P	05	A only	Ngermid	B	13	A through F
Ngeruikl	P	06	A only	Rock Islands	B	14	A only
<b>AIRAI</b>				<b>HATOHOBEL</b>			
Ordomei	N	01	A through G	Hatohobei	Y	1A	A only
Ngerusar	N	02	A through E				
Ngeruluobel	N	03	A through B				
Ngetkib	N	04	A through C				
Oikull	N	05	A only				
Ngchesechang	N	06	A only				
<b>SONSOROL</b>							
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.