

CONFIDENTIAL

Island

EA

-

Village

HH Number

KIRIBATI ISLANDS
Population and Housing Census
07 November 2010

1

Private HH

2

Institution

3

Response Type

Enu. ID

Form

of

Name of institution:

FOR ALL PERSONS	Person 1	Person 2	Person 3	Person 4	Person 5	Person 6
P1. What is this person’s <i>name</i> ? <i>List all who stayed in this household on census night under Person 1, Person 2 etc.</i> <i>(List Head as Person 1)</i>	<div>First name</div> <div>Last name</div>					
P2. What is<name> <i>relationship</i> to head of household? (for INSTITUTION enter eg. student, prisoner, etc.,)						
P3. What is <name> <i>sex</i> ?	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female
P4. What is <name> date of <i>birth</i> and <i>age</i> ? <i>If baby less than 1 year old, code age as ‘000’</i>	<div>DD / MM / YYYY</div> <div>Age</div>	<div>DD / MM / YYYY</div> <div>Age</div>	<div>DD / MM / YYYY</div> <div>Age</div>	<div>DD / MM / YYYY</div> <div>Age</div>	<div>DD / MM / YYYY</div> <div>Age</div>	<div>DD / MM / YYYY</div> <div>Age</div>
P5. Is <name> biological mother still alive? If “N” or “Don’t know” <i>GO TO P7</i>	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t know	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t know	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t know	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t know	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t know	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t know
P6. Is she living in this HH? (If “Y” state mother’s person number)	1 <input type="checkbox"/> Y => 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y => 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y => 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y => 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y => 2 <input type="checkbox"/> N	1 <input type="checkbox"/> Y => 2 <input type="checkbox"/> N
P7. Is <name> biological father still alive?	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t know	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t know	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t know	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t know	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t know	1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t know
P8. What is <name> <i>ethnic</i> origin? <i>1.Kiribati , 2.IKiribati/Tuvalu, 3.IKiribati/Other,, 4.Tuvalu. 5.Australia., 6.NZ , 7.Fiji, 8.Other</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
P9. What is <name> <i>marital status</i> ? <i>1. Never married, 2. Married, 3. Widowed, 4. Divorced 5. Separated 6. Other</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>
P10. What is <name> <i>religion</i> ? <i>1. Catholic, 2. KPC, 3. SDA, 4. COG, 5. Mormon, 6. AOG, 7.Bahai, 8. Te Koaua, 9. Muslim 10. None, 11. Not Stated, 12. Other (Specify</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> <div>12</div>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> <div>12</div>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> <div>12</div>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> <div>12</div>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> <div>12</div>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> <div>12</div>
P11. What is <name> <i>place of usual residence</i> ? <i>1. Same island as at the top of this questionnaire for Household, 2. Another island in country OR another country (specify).</i>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>
P12. What is <name> <i>home island</i> ? <i>1. Same island as at the top of this questionnaire for Household, 2. Another island in country OR another country (specify).</i>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>
P13. What is <name> <i>place of birth</i> ? <i>1. Same island as at the top of this questionnaire for Household, 2. Elsewhere in country OR other country (specify).</i>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>
FOR ALL PERSONS AGED 3 YRS AND OVER						
P14. Where was <name> <i>living one year ago</i> (Nov. 2009)? <i>1. Same island as at the top of this questionnaire for Household, 2. Elsewhere in country OR other country (specify).</i>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div>2</div>	1 <input type="checkbox"/> Same island <div></div>			

FOR ALL WOMEN AGED 12 YRS AND OVER		Person 1		Person 2		Person 3		Person 4		Person 5		Person 6			
F4. How many children of each sex did this woman give birth to who have <i>died</i> ?		M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>	M <input type="text"/> <input type="text"/> F <input type="text"/> <input type="text"/> T <input type="text"/> <input type="text"/>								
F5. What is the date of birth of this woman’s <i>last child born alive</i> ? (Including a child that may have died later) <i>If baby less than 1 year old, code age as ‘000’</i>		<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"/> Age	<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"/> Age	<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"/> Age	<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"/> Age	<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"/> Age	<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"/> Age								
FOR ALL PERSONS AGED 15 YRS AND OVER															
P20. Does <name> <i>smoke</i> ? 1. Regular, 2. Sometimes, 3. Never, 4. No longer		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
P21. Does <name> drink <i>alcohol</i> ? 1. Regular, 2. Sometimes, 3. Never, 4. No longer		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
P22. Does <name> drink <i>kava/yagona</i> 1. Regular, 2. Sometimes, 3. Never, 4. No longer		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
P23. What is the highest level of educational qualification <name> has achieved? <i>1. No school completed, 2. Primary leaving certificate, 3. Form 3 Certificate 4. Senior Secondary Certificate, 5. Diploma, 6. Some College without a degree, 7. Bachelor’s degree 8. Master’s Degree, 9. Doctoral degree, 10. Vocational 11. Other (specify).</i> (FOR ANSWERS 1 to 4 GO TO P25)		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
P24. In what area/field/subject did <name> study? (write field of education eg. law, computing, engineering, etc)		<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"/> <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"/> <input type="text"/> <input type="text"/>			
<div>Questions P25-P32 refer to last week</div>	P25. During the last week , did <name> do any work ? If ‘Yes’ GO TO P27 If ‘No’ GO TO NEXT QUESTION	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
	P26. During the last week , did <name> have a job at which he/she did not work ? If ‘No’ GO TO P30	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
	P27. What type of work/activity does <name> usually do? <i>Work for pay : 1. Employee (government), 2. Employee (private), 3. Employer; 4. Self-Employed 5. Voluntary work 6. Unpaid family work 7. Producing goods for sale 8. Producing goods for own consumption</i>	1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.		1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.		1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.		1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.		1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.		1 <input type="checkbox"/> Emp (gov) 2 <input type="checkbox"/> Emp (Priv) 3 <input type="checkbox"/> Employer 4 <input type="checkbox"/> Self-Emp 5 <input type="checkbox"/> Voluntary work 6 <input type="checkbox"/> Unpaid family work 7 <input type="checkbox"/> Producing goods for sale 8 <input type="checkbox"/> Producing goods for own cons.			
	P28. What is <name> main occupation ?	<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"/> <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"/> <input type="text"/> <input type="text"/>			
	P29. What is the main industry <name> works in? (state the name of employer) If ‘Head’ GO TO Household section otherwise GO TO next person	<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"/> <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"/> <input type="text"/> <input type="text"/>			
	P30. Did <name> actively look for work? If ‘Yes’ GO TO P32	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
	P31. Why didn’t <name> actively look for work? <i>1. Didn’t want to work, 2. Full time homemaker, 3. Student, 4. Disabled, 5. Believe no work avail. 6. Retired/Old age, 7. Weather/ No transport 8. Other</i>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>		1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>			
P32. Was <name> available to work?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No				
HOUSEHOLD AND HOUSING (If there are more than 6 people in HH, complete this section for 1st form ONLY)				H6. CAPITAL GOODS: How many does this household own in good order?						H13. Main toilet facility					
H1. Type of living quarters 1 <input type="checkbox"/> One family house detached 2 <input type="checkbox"/> One family house attached from any other house 3 <input type="checkbox"/> Building with two or more apartments 4 <input type="checkbox"/> Building with two or more HH which share a kitchen/toilet 5 <input type="checkbox"/> Dwelling attached to a shop or other non-residential building 6 <input type="checkbox"/> Lodging house 7 <input type="checkbox"/> Other				1 <input type="checkbox"/> Car 2 <input type="checkbox"/> Motorbike 3 <input type="checkbox"/> Bus 4 <input type="checkbox"/> Truck 5 <input type="checkbox"/> Bicycle 6 <input type="checkbox"/> Fridge/Freezer 7 <input type="checkbox"/> Gas stove 8 <input type="checkbox"/> Kerosene Stove 9 <input type="checkbox"/> DVD Deck 10 <input type="checkbox"/> Cassette Player 11 <input type="checkbox"/> Radio 12 <input type="checkbox"/> CB Radio 13 <input type="checkbox"/> Mobile Phone 14 <input type="checkbox"/> Telephone 15 <input type="checkbox"/> Internet connection 16 <input type="checkbox"/> Computer 17 <input type="checkbox"/> TV screen with no TV connection 18 <input type="checkbox"/> TV screen with TV connection 19 <input type="checkbox"/> Solar system 20 <input type="checkbox"/> Boat 21 <input type="checkbox"/> Canoe 22 <input type="checkbox"/> Outboat engine 23 <input type="checkbox"/> Skiff (wa uoua) 24 <input type="checkbox"/> Fishing nets 25 <input type="checkbox"/> Water pump manual 26 <input type="checkbox"/> Water pump solar 27 <input type="checkbox"/> Water pump electric 28 <input type="checkbox"/> Generator 29 <input type="checkbox"/> te maa 26 <input type="checkbox"/> te uu						1 <input type="checkbox"/> Flush toilet pub system 2 <input type="checkbox"/> Flush toilet own septic 3 <input type="checkbox"/> Pit latrine 4 <input type="checkbox"/> beach 5 <input type="checkbox"/> Atollete/kamkamka 6 <input type="checkbox"/> Sea 7 <input type="checkbox"/> Bush 8 <input type="checkbox"/> Other					
H2. Housing and Lands a. Main house construction? 1. Permanent, 2. Local 3. Combination, 4. Other 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> b. House owner? 1. Government, 2. Council, 3. Private Own, 4. Private Rent, 5. Other 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> c. Right over land? 1.Own, 2.Government lease, 3.Private lease, 4. Personal agreement 5. Other 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> d. Age of building in years <input type="text"/> <input type="text"/> <input type="text"/>				H7. Main form of Household solid waste disposal 1 <input type="checkbox"/> Road side point 2 <input type="checkbox"/> Community pile point 3 <input type="checkbox"/> Beach 4 <input type="checkbox"/> Sea 5 <input type="checkbox"/> Ground pit (te marua) 6 <input type="checkbox"/> Burn 7 <input type="checkbox"/> Other places						H14. Does this household have a seawall ? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
H3. Main material used for: Wood/Masonite Metal/iron/aluminum Concrete, cement, brick Traditional materials Other a. Construction of walls 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> b. Construction of floor 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> c. Construction of roof 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>				H8. Main source of cooking energy 1 <input type="checkbox"/> Copra mill residual 2 <input type="checkbox"/> Kerosene 3 <input type="checkbox"/> Wood/coconut shells 4 <input type="checkbox"/> Gas 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> Electricity						H15. Does this household segregate (separate organic, inorganic and recyclable waste) its solid waste before collection by the council? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
d. Number of rooms? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5+ <input type="checkbox"/>				H9. Main source of lightining 1 <input type="checkbox"/> Solar 2 <input type="checkbox"/> PUB power (electricity) 3 <input type="checkbox"/> Kerosene 4 <input type="checkbox"/> Own generator 5 <input type="checkbox"/> Other						H16. CASH INFLOW: Did any member of this HH receive cash in these ways in the last month? 1. Yes, 2. No a. Wages/salary 1 <input type="checkbox"/> 2 <input type="checkbox"/> b. Rent of building 1 <input type="checkbox"/> 2 <input type="checkbox"/> c. From seaman remittance 1 <input type="checkbox"/> 2 <input type="checkbox"/> d. Rent of land 1 <input type="checkbox"/> 2 <input type="checkbox"/> e. Sale of fish/crops/handicrafts 1 <input type="checkbox"/> 2 <input type="checkbox"/> f. Other remittances 1 <input type="checkbox"/> 2 <input type="checkbox"/> g. Own business (please specify) <input type="text"/> <input type="text"/> <input type="text"/>					
H4. Does this household grow ? (Check box) near by else-where near by else-where a. Breadfruit <input type="checkbox"/> <input type="checkbox"/> b. Te bero <input type="checkbox"/> <input type="checkbox"/> c. Babai <input type="checkbox"/> <input type="checkbox"/> d. Te kaina <input type="checkbox"/> <input type="checkbox"/> e. Banana <input type="checkbox"/> <input type="checkbox"/> f. Coconut dwarf <input type="checkbox"/> <input type="checkbox"/> g. Pawpaw <input type="checkbox"/> <input type="checkbox"/> h. Coconut local <input type="checkbox"/> <input type="checkbox"/> i. Sweet potatoes <input type="checkbox"/> <input type="checkbox"/> j. Cabbage <input type="checkbox"/> <input type="checkbox"/> k. Doest this household cut toddy? <input type="checkbox"/> <input type="checkbox"/> l. Other <input type="checkbox"/> <input type="checkbox"/>				H10. Main source of drinking water 1 <input type="checkbox"/> Rain water tank 2 <input type="checkbox"/> Pipe system (PUB) 3 <input type="checkbox"/> Open well water 4 <input type="checkbox"/> Protected well water 5 <input type="checkbox"/> Bottle water (shop) 6 <input type="checkbox"/> Other						H17. Have any residents of this household died during the last 3 years ? 1 <input type="checkbox"/> Y 2 <input type="checkbox"/> N 3 <input type="checkbox"/> Don’t Know If ‘Y’ then provide details below : Sex Age Date of death 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F <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"/> 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F <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"/> 1 <input type="checkbox"/> M 2 <input type="checkbox"/> F <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"/> If Female aged 15-49 at the time of death was she? 1. Yes, 2. No. 3. Don’t know a. Pregnant 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> b. Giving birth 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> c. Within 6 weeks after pregnancy or childbirth 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
H5. Livestocks and pets ? local breed cross breed exotic a. how many pigs does this HH have? <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"/> b. how many chickens does this HH have? <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"/> c. how many dogs ? <input type="text"/> <input type="text"/>				H11. Main source of washing water 1 <input type="checkbox"/> Rain water tank 2 <input type="checkbox"/> Pipe system (PUB) 3 <input type="checkbox"/> Open well water 4 <input type="checkbox"/> Protected well water 5 <input type="checkbox"/> Other						H12. Does this household catch fish by? (1. Yes, 2.No) a. Collection (lagoon & reef) 1 <input type="checkbox"/> 2 <input type="checkbox"/> b. Collection on ocean 1 <input type="checkbox"/> 2 <input type="checkbox"/> c. Lagoon fishing 1 <input type="checkbox"/> 2 <input type="checkbox"/> d. Ocean fishing 1 <input type="checkbox"/> 2 <input type="checkbox"/> e. Reef fishing 1 <input type="checkbox"/> 2 <input type="checkbox"/>					
Total persons enumerated in this HH Name Signature Date															
MALES <input type="text"/> <input type="text"/> <input type="text"/> Interview Completed (Enumerator)															
FEMALES <input type="text"/> <input type="text"/> <input type="text"/> Form Checked (Supervisor)															
TOTAL <input type="text"/> <input type="text"/> <input type="text"/> Form checked (Office editor)															