



# NIUE CENSUS 2011

## Housing and Dwelling Schedule



This Census is conducted under the legal authority of the Niue Statistics Act 2009

**WARNING: Divulging of any information collected from the census and mutilation or defacement of the schedule is prohibited according to section (12) and (13) of the Niue Statistics Act 2009**

Village Number: 


 H2. Males 


Household Number: 


 H3. Females 


H1. Name of household head \_\_\_\_\_ H4. Total Persons 


 H5. Family Units 

--	--

**H6 Record all persons who are temporarily overseas (Include only those absent for 12 months and less)**

Name	Sex	Date of Birth	Relationship to head of household	Reasons of absence	Length of absence
1		/ /			
2		/ /			
3		/ /			
4		/ /			
5		/ /			
6		/ /			
7		/ /			
8		/ /			
9		/ /			
10		/ /			

*Write the appropriate answer(s) in the box(es) provided*

<p><b>H7 Type of dwelling</b></p> <p>1. Hurricane <input type="checkbox"/></p> <p>2. Hurricane with extension <input type="checkbox"/></p> <p>3. Modern house <input type="checkbox"/></p> <p>4. Fale pauga <input type="checkbox"/></p> <p>5. Others (including touristsit accomodation, prison, hospital, etc) <input type="checkbox"/></p>	<p><b>H12 Amenities of dwelling</b></p> <table style="width: 100%;"> <tr><td>1. Toilet Long Drop</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>2. Toilet Water Seal</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>3. Toilet Flush</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>4. Sewage Natural Hole</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>5. Sewage Concrete Bottomless</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>6. Sewage Concrete complete</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>7. Hand Basin</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>8. Washing Tub</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>9. Bathtub</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>10. Shower</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>11. Kitchen sink</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>12. Food safe</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>13. Food cupboard</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>14. Electricity Public supply</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> <tr><td>15. Electricity Own generation</td><td>1. Yes 2. No</td><td><input type="checkbox"/></td></tr> </table>	1. Toilet Long Drop	1. Yes 2. No	<input type="checkbox"/>	2. Toilet Water Seal	1. Yes 2. No	<input type="checkbox"/>	3. Toilet Flush	1. Yes 2. No	<input type="checkbox"/>	4. Sewage Natural Hole	1. Yes 2. No	<input type="checkbox"/>	5. Sewage Concrete Bottomless	1. Yes 2. No	<input type="checkbox"/>	6. Sewage Concrete complete	1. Yes 2. No	<input type="checkbox"/>	7. Hand Basin	1. Yes 2. No	<input type="checkbox"/>	8. Washing Tub	1. Yes 2. No	<input type="checkbox"/>	9. Bathtub	1. Yes 2. No	<input type="checkbox"/>	10. Shower	1. Yes 2. No	<input type="checkbox"/>	11. Kitchen sink	1. Yes 2. No	<input type="checkbox"/>	12. Food safe	1. Yes 2. No	<input type="checkbox"/>	13. Food cupboard	1. Yes 2. No	<input type="checkbox"/>	14. Electricity Public supply	1. Yes 2. No	<input type="checkbox"/>	15. Electricity Own generation	1. Yes 2. No	<input type="checkbox"/>
1. Toilet Long Drop	1. Yes 2. No	<input type="checkbox"/>																																												
2. Toilet Water Seal	1. Yes 2. No	<input type="checkbox"/>																																												
3. Toilet Flush	1. Yes 2. No	<input type="checkbox"/>																																												
4. Sewage Natural Hole	1. Yes 2. No	<input type="checkbox"/>																																												
5. Sewage Concrete Bottomless	1. Yes 2. No	<input type="checkbox"/>																																												
6. Sewage Concrete complete	1. Yes 2. No	<input type="checkbox"/>																																												
7. Hand Basin	1. Yes 2. No	<input type="checkbox"/>																																												
8. Washing Tub	1. Yes 2. No	<input type="checkbox"/>																																												
9. Bathtub	1. Yes 2. No	<input type="checkbox"/>																																												
10. Shower	1. Yes 2. No	<input type="checkbox"/>																																												
11. Kitchen sink	1. Yes 2. No	<input type="checkbox"/>																																												
12. Food safe	1. Yes 2. No	<input type="checkbox"/>																																												
13. Food cupboard	1. Yes 2. No	<input type="checkbox"/>																																												
14. Electricity Public supply	1. Yes 2. No	<input type="checkbox"/>																																												
15. Electricity Own generation	1. Yes 2. No	<input type="checkbox"/>																																												
<p><b>H8 Number of rooms in the living quarter</b></p> <table style="width: 100%;"> <tr><td>1. Bedroom</td><td><input type="checkbox"/></td></tr> <tr><td>2. Kitchen</td><td><input type="checkbox"/></td></tr> <tr><td>3. Bathroom</td><td><input type="checkbox"/></td></tr> <tr><td>4. Laundry</td><td><input type="checkbox"/></td></tr> <tr><td>5. Garage</td><td><input type="checkbox"/></td></tr> <tr><td>6. Sitting room</td><td><input type="checkbox"/></td></tr> <tr><td>7. Dining</td><td><input type="checkbox"/></td></tr> <tr><td>8. Toilet</td><td><input type="checkbox"/></td></tr> <tr><td>9. Linen</td><td><input type="checkbox"/></td></tr> <tr><td>10. Others</td><td><input type="checkbox"/></td></tr> </table>	1. Bedroom	<input type="checkbox"/>	2. Kitchen	<input type="checkbox"/>	3. Bathroom	<input type="checkbox"/>	4. Laundry	<input type="checkbox"/>	5. Garage	<input type="checkbox"/>	6. Sitting room	<input type="checkbox"/>	7. Dining	<input type="checkbox"/>	8. Toilet	<input type="checkbox"/>	9. Linen	<input type="checkbox"/>	10. Others	<input type="checkbox"/>	<p><b>H13 Main means of cooking</b></p> <p>1. Electricity <input type="checkbox"/></p> <p>2. Gas <input type="checkbox"/></p> <p>3. Wood <input type="checkbox"/></p> <p>4. Charcoal <input type="checkbox"/></p> <p>5. Kerosene <input type="checkbox"/></p> <p>6. Others <input type="checkbox"/></p>																									
1. Bedroom	<input type="checkbox"/>																																													
2. Kitchen	<input type="checkbox"/>																																													
3. Bathroom	<input type="checkbox"/>																																													
4. Laundry	<input type="checkbox"/>																																													
5. Garage	<input type="checkbox"/>																																													
6. Sitting room	<input type="checkbox"/>																																													
7. Dining	<input type="checkbox"/>																																													
8. Toilet	<input type="checkbox"/>																																													
9. Linen	<input type="checkbox"/>																																													
10. Others	<input type="checkbox"/>																																													
<p><b>H9 Do you think that you or anyone in the household will be renovating or building a new house in the next 5 years?</b></p> <p>1. Renovate <span style="margin-left: 20px;">1. Yes 2. No</span> <input type="checkbox"/></p> <p>2. New <span style="margin-left: 20px;">1. Yes 2. No</span> <input type="checkbox"/></p>	<p><b>H14 Main means of hot water</b></p> <p>1. Electricity <input type="checkbox"/></p> <p>2. Gas <input type="checkbox"/></p> <p>3. Wood <input type="checkbox"/></p> <p>4. Solar Heater <input type="checkbox"/></p> <p>5. Others <input type="checkbox"/></p> <p>6. None <input type="checkbox"/></p>																																													
<p><b>H10 Tenure of living quarters</b></p> <p>1. Own outright <input type="checkbox"/></p> <p>2. Rent <input type="checkbox"/></p> <p>3. Lease <input type="checkbox"/></p> <p>4. Free with job <input type="checkbox"/></p> <p>5. Bying on mortgage <input type="checkbox"/></p>	<p><b>H11 Is the land this house built on titled?</b></p> <p>1. Yes <input type="checkbox"/></p> <p>2. No <input type="checkbox"/></p> <p>3. Don't know <input type="checkbox"/></p>																																													

<b>H15 Sources of Water</b> <span style="float:right">1.Yes 2.No</span> 1. Public Water <input type="checkbox"/> <input type="checkbox"/> 2. Public Water (indoor) <input type="checkbox"/> <input type="checkbox"/> 3. Public Water (outdoor) <input type="checkbox"/> <input type="checkbox"/> 4. Public Water to Tank <input type="checkbox"/> <input type="checkbox"/> 5. Rain Water in Tank <input type="checkbox"/> <input type="checkbox"/> 6. Water Wall <input type="checkbox"/> <input type="checkbox"/> 7. Others <input type="checkbox"/> <input type="checkbox"/>	<b>H22 Communication appliances</b> <span style="float:right">(write actual number)</span> 1. Automatic Telephone <input type="checkbox"/> 2. Cordless Telephone <input type="checkbox"/> 3. Cellular Telephone <input type="checkbox"/> 4. Mobile Telephone <input type="checkbox"/> 5. Smart phones <input type="checkbox"/> 6. Radio <input type="checkbox"/> 7. Desktop Computer <input type="checkbox"/> 8. Laptop Computer <input type="checkbox"/> 9. Fax Machine <input type="checkbox"/> 10. Computer printer <input type="checkbox"/> 11. Internet Connect Dial Up <span style="float:right">1.Yes 2.No</span> 12. Internet Connect Wifi <span style="float:right">1.Yes 2.No</span>																								
<b>H16 Number of Fishing Vessels</b> <span style="float:right">(write actual number)</span> 1. Canoe <input type="checkbox"/> 2. Aluminium Dinghy <input type="checkbox"/> 3. Inflatable Dinghy <input type="checkbox"/> 4. Boat <input type="checkbox"/> 5. Others <input type="checkbox"/> 6. Outboard Motor <input type="checkbox"/>	<b>H23 Electricity Energy Efficiency and hourly usage per week</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%; text-align:center">equipments</th> <th style="width:20%; text-align:center">hours</th> </tr> </thead> <tbody> <tr><td>1. Electric Stove</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>2. Automatic Washing Machine</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>3. Iron</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>4. Microwave</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5. Electric jug</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6. Freezer size</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td></td> <td style="text-align:center">1.S    2.M    3.L</td> <td></td> </tr> </tbody> </table>		equipments	hours	1. Electric Stove	<input type="checkbox"/>	<input type="checkbox"/>	2. Automatic Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>	3. Iron	<input type="checkbox"/>	<input type="checkbox"/>	4. Microwave	<input type="checkbox"/>	<input type="checkbox"/>	5. Electric jug	<input type="checkbox"/>	<input type="checkbox"/>	6. Freezer size	<input type="checkbox"/>	<input type="checkbox"/>		1.S    2.M    3.L	
	equipments	hours																							
1. Electric Stove	<input type="checkbox"/>	<input type="checkbox"/>																							
2. Automatic Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>																							
3. Iron	<input type="checkbox"/>	<input type="checkbox"/>																							
4. Microwave	<input type="checkbox"/>	<input type="checkbox"/>																							
5. Electric jug	<input type="checkbox"/>	<input type="checkbox"/>																							
6. Freezer size	<input type="checkbox"/>	<input type="checkbox"/>																							
	1.S    2.M    3.L																								
<b>H17 Number of vehicles using petrol</b> <span style="float:right">(write actual number)</span> 1. Motorbike <input type="checkbox"/> 2. Car <input type="checkbox"/> 3. Van <input type="checkbox"/> 4. Truck <input type="checkbox"/> 5. Wheel drive <input type="checkbox"/> 6. Others <input type="checkbox"/>	<b>H24 Exercise &amp; Equipments and hourly usage per week</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%; text-align:center">equipments</th> <th style="width:20%; text-align:center">hours</th> </tr> </thead> <tbody> <tr><td>1. Sport</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>2. Walking</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>3. Joggin</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>4. Bicycle</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>5. Cycling machine</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>6. Weights</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		equipments	hours	1. Sport	<input type="checkbox"/>	<input type="checkbox"/>	2. Walking	<input type="checkbox"/>	<input type="checkbox"/>	3. Joggin	<input type="checkbox"/>	<input type="checkbox"/>	4. Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	5. Cycling machine	<input type="checkbox"/>	<input type="checkbox"/>	6. Weights	<input type="checkbox"/>	<input type="checkbox"/>			
	equipments	hours																							
1. Sport	<input type="checkbox"/>	<input type="checkbox"/>																							
2. Walking	<input type="checkbox"/>	<input type="checkbox"/>																							
3. Joggin	<input type="checkbox"/>	<input type="checkbox"/>																							
4. Bicycle	<input type="checkbox"/>	<input type="checkbox"/>																							
5. Cycling machine	<input type="checkbox"/>	<input type="checkbox"/>																							
6. Weights	<input type="checkbox"/>	<input type="checkbox"/>																							
<b>H18 Number of vehicles using diesel</b> <span style="float:right">(write actual number)</span> 1. Motorbike <input type="checkbox"/> 2. Car <input type="checkbox"/> 3. Van <input type="checkbox"/> 4. Truck <input type="checkbox"/> 5. Wheel drive <input type="checkbox"/> 6. Others <input type="checkbox"/>	<b>H25 Agriculture Items</b> <span style="float:right">(write actual number)</span> 1. Knapsack Sprayer <input type="checkbox"/> 2. Metal husker <input type="checkbox"/> 3. Firearm <input type="checkbox"/> 4. Bushknife <input type="checkbox"/> 5. Brushcutter <input type="checkbox"/> 6. Axe <input type="checkbox"/> 7. Chainsaw <input type="checkbox"/> 8. Motormower <input type="checkbox"/>																								
<b>H19 Kitchen appliances</b> <span style="float:right">(write actual number)</span> 1. Refrigerator (freezer and cooler) <input type="checkbox"/> 2. Cooler (only) <input type="checkbox"/> 3. Freezer (only) <input type="checkbox"/> 4. Gas Stoves <input type="checkbox"/> 5. Three Phase stove <input type="checkbox"/> 6. Single Phase stove <input type="checkbox"/> 7. Electric Element <input type="checkbox"/> 8. BBQ <input type="checkbox"/> 9. Electric Frying Pan <input type="checkbox"/> 10. Rice Cooker <input type="checkbox"/> 11. Electric Toaster <input type="checkbox"/> 12. Wood Range Stove <input type="checkbox"/> 13. Microwave <input type="checkbox"/> 14. Electric jug <input type="checkbox"/> 15. Deep Fryer <input type="checkbox"/> 16. Kerosene Sotve <input type="checkbox"/> 17. Bread Maker <input type="checkbox"/> 18. Sandwich Maker <input type="checkbox"/> 19. Food Processor <input type="checkbox"/> 20. Electric Coconut Scraper <input type="checkbox"/> 21. Crock-pot <input type="checkbox"/> 22. Coffee maker <input type="checkbox"/> 23. Gas element <input type="checkbox"/>	<b>H26 Number of taro plantations and number of destroyed or affected by feral pigs</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;"></th> <th style="width:20%; text-align:center">tot plantations</th> <th style="width:20%; text-align:center">tot destroyed</th> </tr> </thead> <tbody> <tr><td>1. 3 months</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>2. 6 months</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>3. 9 months</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		tot plantations	tot destroyed	1. 3 months	<input type="checkbox"/>	<input type="checkbox"/>	2. 6 months	<input type="checkbox"/>	<input type="checkbox"/>	3. 9 months	<input type="checkbox"/>	<input type="checkbox"/>												
	tot plantations	tot destroyed																							
1. 3 months	<input type="checkbox"/>	<input type="checkbox"/>																							
2. 6 months	<input type="checkbox"/>	<input type="checkbox"/>																							
3. 9 months	<input type="checkbox"/>	<input type="checkbox"/>																							
<b>H20 Other household appliances</b> <span style="float:right">(write actual number)</span> 1. Portable Fan <input type="checkbox"/> 2. Ceiling Fan <input type="checkbox"/> 3. Air condition <input type="checkbox"/> 4. Treadle sewing machine <input type="checkbox"/> 5. Electric Sewing Machine <input type="checkbox"/> 6. Automatic Washer <input type="checkbox"/> 7. Wringer <input type="checkbox"/> 8. Vacuum cleaner <input type="checkbox"/> 9. Generator <input type="checkbox"/> 10. Electric Water Pump <input type="checkbox"/> 11. Iron <input type="checkbox"/>	<b>H27 Number of pigs and pig sties, breeding stock and others</b> 1. Sty <input type="checkbox"/> 2. Boars <input type="checkbox"/> 3. Sows <input type="checkbox"/> 4. Others <input type="checkbox"/>																								
<b>H21 Leisure appliances</b> <span style="float:right">(write actual number)</span> 1. Stereo <input type="checkbox"/> 2. Television Set <input type="checkbox"/> 3. DVD / VCD Player <input type="checkbox"/> 4. DVD Camera <input type="checkbox"/> 5. Still camers <input type="checkbox"/> 6. Digital camera <input type="checkbox"/> 7. Playstation / Xbox <input type="checkbox"/> 8. BSB/MP3/MP4/Ipod <input type="checkbox"/> 9. Music keyboard <input type="checkbox"/> 10. Piano Organ <input type="checkbox"/> 11. Guitar Ukulele <input type="checkbox"/> 12. Sky TV <input type="checkbox"/>	<b>H28 Number of free range pigs . Breeding stock and others</b> 1. Free range <input type="checkbox"/> 2. Boars <input type="checkbox"/> 3. Sows <input type="checkbox"/> 4. Others <input type="checkbox"/>																								
<b>H22 Other household appliances</b> <span style="float:right">(write actual number)</span> 1. Portable Fan <input type="checkbox"/> 2. Ceiling Fan <input type="checkbox"/> 3. Air condition <input type="checkbox"/> 4. Treadle sewing machine <input type="checkbox"/> 5. Electric Sewing Machine <input type="checkbox"/> 6. Automatic Washer <input type="checkbox"/> 7. Wringer <input type="checkbox"/> 8. Vacuum cleaner <input type="checkbox"/> 9. Generator <input type="checkbox"/> 10. Electric Water Pump <input type="checkbox"/> 11. Iron <input type="checkbox"/>	<b>H29 Number of chickens Breeding stock and others</b> 1. House <input type="checkbox"/> 2. Roosters <input type="checkbox"/> 3. Hens <input type="checkbox"/> 4. Others <input type="checkbox"/>																								
<b>H23 Leisure appliances</b> <span style="float:right">(write actual number)</span> 1. Stereo <input type="checkbox"/> 2. Television Set <input type="checkbox"/> 3. DVD / VCD Player <input type="checkbox"/> 4. DVD Camera <input type="checkbox"/> 5. Still camers <input type="checkbox"/> 6. Digital camera <input type="checkbox"/> 7. Playstation / Xbox <input type="checkbox"/> 8. BSB/MP3/MP4/Ipod <input type="checkbox"/> 9. Music keyboard <input type="checkbox"/> 10. Piano Organ <input type="checkbox"/> 11. Guitar Ukulele <input type="checkbox"/> 12. Sky TV <input type="checkbox"/>	<b>H30 Number of chickens Breeding stock and others</b> 1. Free range <input type="checkbox"/> 2. Roosters <input type="checkbox"/> 3. Hens <input type="checkbox"/> 4. Others <input type="checkbox"/>																								
<b>H24 Leisure appliances</b> <span style="float:right">(write actual number)</span> 1. Stereo <input type="checkbox"/> 2. Television Set <input type="checkbox"/> 3. DVD / VCD Player <input type="checkbox"/> 4. DVD Camera <input type="checkbox"/> 5. Still camers <input type="checkbox"/> 6. Digital camera <input type="checkbox"/> 7. Playstation / Xbox <input type="checkbox"/> 8. BSB/MP3/MP4/Ipod <input type="checkbox"/> 9. Music keyboard <input type="checkbox"/> 10. Piano Organ <input type="checkbox"/> 11. Guitar Ukulele <input type="checkbox"/> 12. Sky TV <input type="checkbox"/>	<b>H31 What language is mainly spoken in this household?</b> 1. Niuean <input type="checkbox"/> <span style="float:right">4. Niuean &amp; others</span> 2. English <input type="checkbox"/> <span style="float:right">5. Others</span> 3. Niuean & English <input type="checkbox"/>																								
<b>H25 Leisure appliances</b> <span style="float:right">(write actual number)</span> 1. Stereo <input type="checkbox"/> 2. Television Set <input type="checkbox"/> 3. DVD / VCD Player <input type="checkbox"/> 4. DVD Camera <input type="checkbox"/> 5. Still camers <input type="checkbox"/> 6. Digital camera <input type="checkbox"/> 7. Playstation / Xbox <input type="checkbox"/> 8. BSB/MP3/MP4/Ipod <input type="checkbox"/> 9. Music keyboard <input type="checkbox"/> 10. Piano Organ <input type="checkbox"/> 11. Guitar Ukulele <input type="checkbox"/> 12. Sky TV <input type="checkbox"/>	<b>H32 Does this household has a umu-place (gutu umu) ?</b> 1. Yes >> <b>Go to H33</b> <input type="checkbox"/> 2. No >> <b>Stop and finish</b> <input type="checkbox"/>																								
<b>H26 Leisure appliances</b> <span style="float:right">(write actual number)</span> 1. Stereo <input type="checkbox"/> 2. Television Set <input type="checkbox"/> 3. DVD / VCD Player <input type="checkbox"/> 4. DVD Camera <input type="checkbox"/> 5. Still camers <input type="checkbox"/> 6. Digital camera <input type="checkbox"/> 7. Playstation / Xbox <input type="checkbox"/> 8. BSB/MP3/MP4/Ipod <input type="checkbox"/> 9. Music keyboard <input type="checkbox"/> 10. Piano Organ <input type="checkbox"/> 11. Guitar Ukulele <input type="checkbox"/> 12. Sky TV <input type="checkbox"/>	<b>H33 In the last 4 weeks, how many times have you used it?</b> <input type="checkbox"/>																								

REMEMBER TO CHECK YOUR QUESTIONNAIRE BEFORE LEAVING THE HOUSE