

CONFIDENTIAL INFORMATION COLLECTED FOR DEPARTMENT OF STATISTICS ONLY

POPULATION INTERVIEW SCHEDULE		FAIPULE DISTRICT: <input type="text"/>	VILLAGE: <input type="text"/>	E/A: <input type="text"/>	ALL MALES: <input type="text"/>	TOTAL HOUSEHOLD
P1-P15: ASK EVERYBODY PRESENT AT CENSUS MOMENT:		HOUSEHOLD NO: <input type="text"/>	HOUSEHOLD TYPE: <input type="text"/>	TOTAL BUILDINGS: <input type="text"/>	ALL FEMALES: <input type="text"/>	<input type="text"/>
"NOVEMBER 5th at 12 O'CLOCK MID-NIGHT, 2001"		<i>If not present: Code Dist/Count/Vill</i>				
P1 Person number: NAME OF PERSON: (Write name below Person Number)	Person Number: <input type="text"/>					
P2 Gender/Sex: 1. Male 2. Female	<input type="text"/>					
P3 Relationship to the Head of household:	<input type="text"/>					
P4 Date of birth: Write: Day(1-31) Month(1-12) Year(1881-2001)	<input type="text"/>					
P5 Completed Age by November 5, 2001:	<input type="text"/>					
P6 Ethnicity: 1. Samoan 2. Non-Samoan(Foreigner)	<input type="text"/>					
P7 Country of Citizenship:(Samoan citizens code 50, Overseas: refer to Country codes)	<input type="text"/>					
P8 Religious denomination:	<input type="text"/>					
P9 Is own mother still alive? 1. Yes 2. No - Go P11 3. Don't know - Go P11	<input type="text"/>					
P10 Write Person number of mother if living here, if not living here write "00":	<input type="text"/>					
P11 Is own father still alive? 1. Yes 2. No - Go P13 3. Don't know - Go P13	<input type="text"/>					
P12 Write Person number of father if living here, if not living here write "00":	<input type="text"/>					
P13 Please indicate if this person is disabled or not. 1. Disabled 2. Not disabled	<input type="text"/>					
P14 Place of birth: (Do not write the Hospital unless person actually resided in that village)	Dist/Count <input type="text"/> Vill <input type="text"/>					
P15 Place of usual residence:	Dist/Count <input type="text"/> Vill <input type="text"/>					
P16-P20: ASK ALL PERSONS 5 YEARS AND OVER		P16-P20: ASK ALL PERSONS 5 YEARS AND OVER				
P16 Place of previous residence 12 months ago (November 2000):	Dist/Count <input type="text"/> Vill <input type="text"/>					
P17 Place of previous residence 5 years ago (November 1996):	Dist/Count <input type="text"/> Vill <input type="text"/>					
P18 Highest educational level completed:	<input type="text"/>					
P19 School attendance: 1. Yes-full time 2. Yes-part time 3. No - Go P21	<input type="text"/>					
P20 Type of school attending:	<input type="text"/>					
P21-P29: ASK ALL PERSONS 10 YEARS AND OVER		P21-P29: ASK ALL PERSONS 10 YEARS AND OVER				
P21 Highest post-secondary qualification completed:	<input type="text"/>					
P22 Marital status: 1. Single 2. Married 3. Divorced/Separated 4. Widow	<input type="text"/>					
P23 Main Activity 7 days ago: (Code 5, 6, 7, 8, Females 15-49: Go P30, Code 9 Go P29)	<input type="text"/>					
P24 Employment status: 1. Employer 2. Employee 3. Self-employed 4. Unpaid worker	<input type="text"/>					
P25 Principal occupation: (eg Loan Officer at ANZ Bank, Teacher at Primary school)	<input type="text"/>					
P26 Type of Industry: (eg Health, Hotels, Transport, Retail trade)	<input type="text"/>					
P27 Annual income of salary/wage earners only: \$100/week, \$150/fortnight, \$5,000/year.	<input type="text"/>					
P28 Employment sector: (eg Government Department, YAZAKI SAMOA, NGO, Church)	<input type="text"/>					
P29 Other activities Houseworker did 7 days ago: (circle applicable answers)	1. Agricultural 2. Fishing 3. Handicrafts 4. Others					
P30-P36 : ASK ALL FEMALES 15 - 49 YEARS		P30-P36 : ASK ALL FEMALES 15 - 49 YEARS				
P30 Have you ever had a livebirth? (exclude stillbirths) 1. Yes - Continue 2. No - End.	<input type="text"/>					
P31 How many livebirths you ever had? (exclude stillbirths, adopted and stepchildren)	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>
P32 How many children you gave birth to have died? (exclude stillbirths)	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>
P33 How many children you gave birth to are still surviving?	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>	M <input type="text"/> F <input type="text"/> T <input type="text"/>
P34 Date of birth of last born child/children: Write: Day, Month, Year	<input type="text"/>					
P35 Sex of last born child/children(write all if twins or more): 1. Male 2. Female	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>
P36 Is that child/children still alive?(write all if twins or more). 1. Yes 2. No	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>