

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"/>	
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"/>	
"NOVEMBER 5 th at 12 O'CLOCK MID-NIGHT, 2001"			If not present: Code Dist/Count/Vill <input type="text"/>		If not present: Code Dist/Count/Vill <input type="text"/>		If not present: Code Dist/Count/Vill <input type="text"/>		If not present: Code Dist/Count/Vill <input type="text"/>	
P1	Person number: NAME OF PERSON: (Write name below Person Number)		Person Number: <input type="text"/>		Person Number: <input type="text"/>		Person Number: <input type="text"/>		Person Number: <input type="text"/>	
P2	Gender/Sex: 1. Male 2. Female		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P3	Relationship to the Head of household:		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P4	Date of birth: Write: Day(1-31) Month(1-12) Year(1881-2001)		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P5	Completed Age by November 5, 2001:		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P6	Ethnicity: 1. Samoan 2. Non-Samoan(Foreigner)		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P7	Country of Citizenship:(Samoan citizens code 50, Overseas: refer to Country codes)		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P8	Religious denomination:		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P9	Is own mother still alive? 1. Yes 2. No - Go P11 3. Don't know - Go P11		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P10	Write Person number of mother if living here, if not living here write "00":		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P11	Is own father still alive? 1. Yes 2. No - Go P13 3. Don't know - Go P13		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P12	Write Person number of father if living here, if not living here write "00":		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P13	Please indicate if this person is disabled or not. 1. Disabled 2. Not disabled		<input type="text"/>		<input type="text"/>		<input type="text"/>		<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"/>		Dist/Count <input type="text"/> Vill <input type="text"/>		Dist/Count <input type="text"/> Vill <input type="text"/>		Dist/Count <input type="text"/> Vill <input type="text"/>	
P15	Place of usual residence:		Dist/Count <input type="text"/> Vill <input type="text"/>		Dist/Count <input type="text"/> Vill <input type="text"/>		Dist/Count <input type="text"/> Vill <input type="text"/>		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"/>		Dist/Count <input type="text"/> Vill <input type="text"/>		Dist/Count <input type="text"/> Vill <input type="text"/>		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"/>		Dist/Count <input type="text"/> Vill <input type="text"/>		Dist/Count <input type="text"/> Vill <input type="text"/>		Dist/Count <input type="text"/> Vill <input type="text"/>	
P18	Highest educational level completed:		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P19	School attendance: 1. Yes-full time 2. Yes-part time 3. No - Go P21		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P20	Type of school attending:		<input type="text"/>		<input type="text"/>		<input type="text"/>		<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"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P22	Marital status: 1. Single 2. Married 3. Divorced/Separated 4. Widow		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P23	Main Activity 7days ago: (Code 5, 6, 7, 8, Females 15-49:Go P30, Code 9 Go P29)		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P24	Employment status: 1. Employer 2. Employee 3. Self-employed 4. Unpaid worker		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P25	Principal occupation: (eg Loan Officer at ANZ Bank, Teacher at Primary school)		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P26	Type of Industry: (eg Health, Hotels, Transport, Retail trade)		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P27	Annual income of salary/wage earners only: \$100/week, \$150/fortnight, \$5,000/year.		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P28	Employment sector: (eg Government Department, YAZAKI SAMOA, NGO, Church)		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
P29	Other activities Houseworker did 7 days ago: (circle applicable answers)		1. Agricultural 2. Fishing		1. Agricultural 2. Fishing		1. Agricultural 2. Fishing		1. Agricultural 2. Fishing	
			3. Handicrafts 4. Others		3. Handicrafts 4. Others		3. Handicrafts 4. Others		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"/>		<input type="text"/>		<input type="text"/>		<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"/>	
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"/>	
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"/>	
P34	Date of birth of last born child/children: Write: Day, Month, Year		<input type="text"/>		<input type="text"/>		<input type="text"/>		<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"/>	
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"/> 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"/>	