

NAURU 2002 CENSUS

HOUSE ENUMERATED Yes
 (TICK) No

SUMMARY SHEET TO BE FILLED IN BY ENUMERATOR

PERSON NUMBER	FAMILY AND FIRST NAME	RELATIONSHIP TO HEAD OF HOUSE (Write wife, child, etc.)	SEX		AGE (years)	NAURUAN OR NON-NAURUAN		Residential Status on Census Night* (Tick one appropriate column for each person)				
			(Write male or female)			(Write N or NN)		Resident of House			Visitor to House	
			M	F		N	NN	Present in H	Absent, elsewhere in Nauru	Absent Abroad	Resid. elsewhere in Nauru (Local Visitor)	Visitor from Abroad
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)		
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24												
25												
TOTAL												

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
Q8. What is (name's) family's local tribe? i.e. grandmother's or mother+B96s tribe	01 <input type="checkbox"/> Deiboe					
	02 <input type="checkbox"/> Eamangum					
	03 <input type="checkbox"/> Eamwidamwit					
	04 <input type="checkbox"/> Eamwidara					
	05 <input type="checkbox"/> Eano					
	06 <input type="checkbox"/> Eaoru					
	07 <input type="checkbox"/> Emea					
	08 <input type="checkbox"/> Eamwit					
	09 <input type="checkbox"/> Iruwa					
	10 <input type="checkbox"/> Ranibok					
	11 <input type="checkbox"/> Iwi					
	12 <input type="checkbox"/> Irutsi					
	13 <input type="checkbox"/> Unknown					
	14 <input type="checkbox"/> No Tribe					
Q9. Is (name) married to a Nauruan?	01 <input type="checkbox"/> YES					
	02 <input type="checkbox"/> NO					
Q10. What is (name's) marital status?	01 <input type="checkbox"/> Never Married					
	02 <input type="checkbox"/> Now Married					
	03 <input type="checkbox"/> Now Divorced					
	04 <input type="checkbox"/> Now Separated					
	05 <input type="checkbox"/> Now Widowed					
	06 <input type="checkbox"/> De facto					
Q11. What is (name's) nationality?	01 <input type="checkbox"/> Nauruan (Go to Q15)					
	02 <input type="checkbox"/> Kiribati					
	03 <input type="checkbox"/> Tuvaluan					
	04 <input type="checkbox"/> Australian					
	05 <input type="checkbox"/> New Zealander					
	06 <input type="checkbox"/> Fijian					
	07 <input type="checkbox"/> Solomon Islander					
	08 <input type="checkbox"/> Filipino					
	09 <input type="checkbox"/> Chinese					
	10 <input type="checkbox"/> Taiwanese					
	11 <input type="checkbox"/> Indian					
	12 <input type="checkbox"/> Other (specify)					
Q12. Is (name) a contract worker?	01 <input type="checkbox"/> YES (Go to Q14)					
	02 <input type="checkbox"/> NO					
Q13. Is (name) a dependant of a contract worker?	01 <input type="checkbox"/> YES					
	02 <input type="checkbox"/> NO					

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Q14. Number of months/years spent in Nauru?	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>
Q15. Is (name) a passport ID holder?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO					
Q16. Is (name's) passport(s) ID(s) still valid?	01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO					
Q17. What type of passport does (name) have?	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____	01 <input type="checkbox"/> Nauruan 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (s) (specify) _____ _____
Q18. What is (name's) citizenship	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Nauruan+other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____	01 <input type="checkbox"/> Citizen of Nauru 02 <input type="checkbox"/> Other (specify) _____ 03 <input type="checkbox"/> Other (specify all) _____ _____
	If 'Other' go to next person					
ONLY CONTINUE FOR PERSONS AGED 5 YEARS OR MORE (BORN BEFORE OCTOBER 1997)						
Q19. Is (name) still attending any type of school or educational institution?	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)	01 <input type="checkbox"/> YES, full time student 02 <input type="checkbox"/> YES, part time student 03 <input type="checkbox"/> Left school (Go to Q21) 04 <input type="checkbox"/> Never been to school (go to Q34)
Q20. What type of educational institution is (name) attending now?	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)	01 <input type="checkbox"/> Pre-school (Go to Q57) 02 <input type="checkbox"/> Primary School, Govt (go to Q34) 03 <input type="checkbox"/> Primary School, Non-Govt (go to Q34) 04 <input type="checkbox"/> Secondary, Govt (go to Q34) 05 <input type="checkbox"/> Secondary Non-Govt (go to Q34) 06 <input type="checkbox"/> Tertiary (go to Q25) 07 <input type="checkbox"/> Other institutions (specify) _____ (go to Q25)

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
Q21. What is the highest level of education (name) reached?	01 <input type="checkbox"/> Primary grade 1					
	02 <input type="checkbox"/> Primary grade 2					
	03 <input type="checkbox"/> Primary grade 3					
	04 <input type="checkbox"/> Primary grade 4					
	05 <input type="checkbox"/> Primary grade 5					
	06 <input type="checkbox"/> Primary grade 6					
	07 <input type="checkbox"/> Secondary Form 1					
	08 <input type="checkbox"/> Form 2					
	09 <input type="checkbox"/> Form 3					
	10 <input type="checkbox"/> Form 4					
	11 <input type="checkbox"/> Form 5					
	12 <input type="checkbox"/> Form 6					
	13 <input type="checkbox"/> Tertiary/College					
	14 <input type="checkbox"/> University					
Q22. What is (name's) highest qualification?	01 <input type="checkbox"/> Secondary leavers cert.					
	02 <input type="checkbox"/> Matriculation Certificate					
	03 <input type="checkbox"/> Diploma/Certificate					
	04 <input type="checkbox"/> Degree (Undergraduate)					
	05 <input type="checkbox"/> Post Graduate Degree					
	06 <input type="checkbox"/> Other (specify)					
Q23. At what age did (name) leave school?	07 <input type="checkbox"/> None					
	01 <input type="checkbox"/> 12 years or younger					
	02 <input type="checkbox"/> 13 years					
	03 <input type="checkbox"/> 14 years					
	04 <input type="checkbox"/> 15 years					
	05 <input type="checkbox"/> 16 years					
	06 <input type="checkbox"/> 17 years					
	07 <input type="checkbox"/> 18 years					
	08 <input type="checkbox"/> 19 years					
	09 <input type="checkbox"/> 20 years					
10 <input type="checkbox"/> 21 years or older	10 <input type="checkbox"/> 21 years or older	10 <input type="checkbox"/> 21 years or older	10 <input type="checkbox"/> 21 years or older	10 <input type="checkbox"/> 21 years or older	10 <input type="checkbox"/> 21 years or older	
Q24. What was name of the last school (name) attended?	01 _____	01 _____	01 _____	01 _____	01 _____	01 _____
Q25. Has (name) attended any Technical or Vocational training?	01 <input type="checkbox"/> YES Name of Institution					
	Type of Training					
Q26. Did (name) complete that training?	02 <input type="checkbox"/> NO (Go to Q28)					
	01 <input type="checkbox"/> YES					
	02 <input type="checkbox"/> NO (Go to Q28)					
	03 <input type="checkbox"/> Still studying (Go to Q28)	03 <input type="checkbox"/> Still studying (Go to Q28)	03 <input type="checkbox"/> Still studying (Go to Q28)	03 <input type="checkbox"/> Still studying (Go to Q28)	03 <input type="checkbox"/> Still studying (Go to Q28)	03 <input type="checkbox"/> Still studying (Go to Q28)

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Q27. What certificate/diploma did (name) receive? (specify) eg. Certificate in Auto Engineering.						
Q28. Does (name) hold any other qualification?	01 <input type="checkbox"/> YES (specify)					
	02 <input type="checkbox"/> NO					
Q29. Is (name) currently doing any course leading to a trade, professional or career qualification?	01 <input type="checkbox"/> YES Vocational/Technical (Go to Q34)	01 <input type="checkbox"/> YES Vocational/Technical (Go to Q34)	01 <input type="checkbox"/> YES Vocational/Technical (Go to Q34)	01 <input type="checkbox"/> YES Vocational/Technical (Go to Q34)	01 <input type="checkbox"/> YES Vocational/Technical (Go to Q34)	01 <input type="checkbox"/> YES Vocational/Technical (Go to Q34)
	02 <input type="checkbox"/> YES Tertiary Course (Go to Q34)	02 <input type="checkbox"/> YES Tertiary Course (Go to Q34)	02 <input type="checkbox"/> YES Tertiary Course (Go to Q34)	02 <input type="checkbox"/> YES Tertiary Course (Go to Q34)	02 YES Tertiary Course (Go to Q34)	02 <input type="checkbox"/> YES Tertiary Course (Go to Q34)
	03 <input type="checkbox"/> YES University (Go to Q34)	03 <input type="checkbox"/> YES University (Go to Q34)	03 <input type="checkbox"/> YES University (Go to Q34)	03 <input type="checkbox"/> YES University (Go to Q34)	03 YES University (Go to Q34)	03 <input type="checkbox"/> YES University (Go to Q34)
	04 <input type="checkbox"/> NO, finished it	04 NO, finished it	04 <input type="checkbox"/> NO, finished it			
	05 <input type="checkbox"/> NO/None (go to Q34)	05 NO/None (go to Q34)	05 <input type="checkbox"/> NO/None (go to Q34)			
Q30. What was (name's) field of study at University, Tertiary or Vocational institution?	01 <input type="checkbox"/> Art/Humanities					
	02 <input type="checkbox"/> Education					
	03 <input type="checkbox"/> Natural Science					
	04 <input type="checkbox"/> Social Science					
	05 <input type="checkbox"/> Mathematics					
	06 <input type="checkbox"/> Computer Science					
	07 <input type="checkbox"/> Medical					
	08 <input type="checkbox"/> Accountancy					
	09 <input type="checkbox"/> Engineering					
	10 <input type="checkbox"/> Religion/Theology					
	11 <input type="checkbox"/> Teacher					
	12 <input type="checkbox"/> Health Science					
	13 <input type="checkbox"/> Statistics					
	14 <input type="checkbox"/> Law					
	15 <input type="checkbox"/> Other (specify)					
Q31. Country where name attained highest qualification?	01 <input type="checkbox"/> NAURU Govt/Semi Govt (eg: NSS, Trade school etc)	01 <input type="checkbox"/> NAURU Govt/Semi Govt (eg: NSS, Trade school etc)	01 <input type="checkbox"/> NAURU Govt/Semi Govt (eg: NSS, Trade school etc)	01 <input type="checkbox"/> NAURU Govt/Semi Govt (eg: NSS, Trade school etc)	01 <input type="checkbox"/> NAURU Govt/Semi Govt (eg: NSS, Trade school etc)	01 <input type="checkbox"/> NAURU Govt/Semi Govt (eg: NSS, Trade school etc)
	02 <input type="checkbox"/> NAURU Non-Government (eg: Kayser College, USP etc.)	02 <input type="checkbox"/> NAURU Non-Government (eg: Kayser College, USP etc.)	02 <input type="checkbox"/> NAURU Non-Government (eg: Kayser College, USP etc.)	02 <input type="checkbox"/> NAURU Non-Government (eg: Kayser College, USP etc.)	02 <input type="checkbox"/> NAURU Non-Government (eg: Kayser College, USP etc.)	02 <input type="checkbox"/> NAURU Non-Government (eg: Kayser College, USP etc.)
	03 <input type="checkbox"/> Australia					
	04 <input type="checkbox"/> New Zealand					
	05 <input type="checkbox"/> Fiji					
	06 <input type="checkbox"/> Papua New Guinea					
	07 <input type="checkbox"/> Other (specify)					

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
Q32. Time elapsed between completion of education and (name's) first job:	01 <input type="checkbox"/> Less than 1 month					
	02 <input type="checkbox"/> 1 - 2 months					
	03 <input type="checkbox"/> 3 - 5 months					
	04 <input type="checkbox"/> 6 - 8 months					
	05 <input type="checkbox"/> 9 -11 months					
	06 <input type="checkbox"/> 1 year					
	07 <input type="checkbox"/> 2 years					
	08 <input type="checkbox"/> 3 years					
	09 <input type="checkbox"/> 4 years					
	10 <input type="checkbox"/> 5 years					
	11 <input type="checkbox"/> More than 5 years					
	12 <input type="checkbox"/> No job					
Q33. Did name receive sponsorship for overseas studies?	01 <input type="checkbox"/> YES (lower age)					
	02 <input type="checkbox"/> YES (higher age)					
	03 <input type="checkbox"/> YES, OTHER (specify sponsors)					
	04 <input type="checkbox"/> NO					
Q34. What language(s) does (name) speak? (can tick all)	01 <input type="checkbox"/> Nauruan					
	02 <input type="checkbox"/> English					
	03 <input type="checkbox"/> Others (specify all)	03 <input type="checkbox"/> Others (specify)				
Q35. What language does (name) usually speak at home?	01	01	01	01	01	01
ONLY CONTINUE FOR PERSONS 16 YEARS OR MORE (BORN BEFORE OCTOBER 1986)						
Q36. Did (name) do any work other than housework last week?	01 <input type="checkbox"/> YES					
	02 <input type="checkbox"/> NO (go to Q39)					
Q37. Does (name) receive (or expect) payment for the work done last week?	01 <input type="checkbox"/> YES					
	02 <input type="checkbox"/> NO					
Q38. What type of work did (name) do last week?	01 <input type="checkbox"/> Traditional work only (Go to Q48)	01 <input type="checkbox"/> Traditional work only (Go to Q48)	01 <input type="checkbox"/> Traditional work only (Go to Q48)	01 <input type="checkbox"/> Traditional work only (Go to Q48)	01 <input type="checkbox"/> Traditional work only (Go to Q48)	01 <input type="checkbox"/> Traditional work only (Go to Q48)
	02 <input type="checkbox"/> Paid regular work only (Go to Q42)	02 <input type="checkbox"/> Paid regular work only (Go to Q42)	02 <input type="checkbox"/> Paid regular work only (Go to Q42)	02 <input type="checkbox"/> Paid regular work only (Go to Q42)	02 <input type="checkbox"/> Paid regular work only (Go to Q42)	02 <input type="checkbox"/> Paid regular work only (Go to Q42)
	03 <input type="checkbox"/> Other type of work only (Go to Q42)	03 <input type="checkbox"/> Other type of work only (Go to Q42)	03 <input type="checkbox"/> Other type of work only (Go to Q42)	03 <input type="checkbox"/> Other type of work only (Go to Q42)	03 <input type="checkbox"/> Other type of work only (Go to Q42)	03 <input type="checkbox"/> Other type of work only (Go to Q42)
	04 <input type="checkbox"/> A combination of the above (Go to Q42)	04 <input type="checkbox"/> A combination of the above (Go to Q42)	04 <input type="checkbox"/> A combination of the above (Go to Q42)	04 <input type="checkbox"/> A combination of the above (Go to Q42)	04 <input type="checkbox"/> A combination of the above (Go to Q42)	04 <input type="checkbox"/> A combination of the above (Go to Q42)

	Respondent 01		Respondent 02		Respondent 03		Respondent 04		Respondent 05		Respondent 06	
Q39. Last week was (name) temporarily absent from work through sickness or some other reason?	01	<input type="checkbox"/> YES (Go to Q42)	01	<input type="checkbox"/> YES (Go to Q42)	01	<input type="checkbox"/> YES (Go to Q42)	01	<input type="checkbox"/> YES (Go to Q42)	01	<input type="checkbox"/> YES (Go to Q42)	01	<input type="checkbox"/> YES (Go to Q42)
	02	<input type="checkbox"/> NO										
Q40. What is the main reason why (name) did not work last week?	01	<input type="checkbox"/> Student/At School										
	02	<input type="checkbox"/> On leave										
	03	<input type="checkbox"/> Retired/Too Old										
	04	<input type="checkbox"/> Temporarily sick										
	05	<input type="checkbox"/> Disabled										
	06	<input type="checkbox"/> Looking for work										
	07	<input type="checkbox"/> Do not want to work	07	<input type="checkbox"/> Do not want to work	07	<input type="checkbox"/> Do not want to work	07	<input type="checkbox"/> Do not want to work	07	<input type="checkbox"/> Do not want to work	07	<input type="checkbox"/> Do not want to work
	08	<input type="checkbox"/> Other Reason (specify)										
Q41. Would (name) be available or willing to work if offered a job next week?	01	<input type="checkbox"/> YES										
	02	<input type="checkbox"/> NO IF MALE, GO TO Q57 IF FEMALE GO TO Q50	02	<input type="checkbox"/> NO IF MALE, GO TO Q57 IF FEMALE GO TO Q50	02	<input type="checkbox"/> NO IF MALE, GO TO Q57 IF FEMALE GO TO Q50	02	<input type="checkbox"/> NO IF MALE, GO TO Q57 IF FEMALE GO TO Q50	02	<input type="checkbox"/> NO IF MALE, GO TO Q57 IF FEMALE GO TO Q50	02	<input type="checkbox"/> NO IF MALE, GO TO Q57 IF FEMALE GO TO Q50
Q42. In the main job held last week what was (name's) occupation and type of business?	(specify) Job _____ Dept./type of business _____											
Q43. For whom does (name) work?	01	Government (specify Dept.)										
	02	<input type="checkbox"/> Council (specify Dept.)										
	03	<input type="checkbox"/> N.P.C. (specify Dept.)										
	04	<input type="checkbox"/> Self/Own business										
	05	<input type="checkbox"/> Other (specify)	05	<input type="checkbox"/> Other								
Q44. What is (name's) main occupation? e.g. Lawyer, Administrator, Mechanic												
Q45. What work does (name) do? e.g. Barrister in private firm; Assistant to Secretary of Trade; Repairs cars in private car repair business												

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
Q46. How many hours did (name) work in their regular job last week? (add overtime, subtract time off)	01 <input type="checkbox"/> Less than 1 hour					
	02 <input type="checkbox"/> 1 - 5 hours					
	03 <input type="checkbox"/> 6 - 10 hours					
	04 <input type="checkbox"/> 11 - 15 hours					
	05 <input type="checkbox"/> 16 - 20 hours					
	06 <input type="checkbox"/> 21 - 25 hours					
	07 <input type="checkbox"/> 26 - 30 hours					
	08 <input type="checkbox"/> 31 -35 hours					
	09 <input type="checkbox"/> 36 hours or more					
Q47. Does (name) receive any other income? e.g. Pension, compensation, interest, rent, Ronwan, second job	01 <input type="checkbox"/> YES (please specify)					
	02 <input type="checkbox"/> NO					
Q48. Does (name) normally do traditional work for own family use? (e.g. fishing, gardening, craft)	01 <input type="checkbox"/> YES (specify all)					
	1 _____	1 _____	1 _____	1 _____	1 _____	1 _____
	2 _____	2 _____	2 _____	2 _____	2 _____	2 _____
	3 _____	3 _____	3 _____	3 _____	3 _____	3 _____
4 _____	4 _____	4 _____	4 _____	4 _____	4 _____	
02 <input type="checkbox"/> NO (If male, go to Q57) (If female, go to Q50)	02 <input type="checkbox"/> NO					
Q49. How many hours did (name) do traditional work last week?	01 <input type="checkbox"/> Less than 1 hour					
	02 <input type="checkbox"/> 1 - 5 hours					
	03 <input type="checkbox"/> 6 - 10 hours					
	04 <input type="checkbox"/> 11 - 15 hours					
	05 <input type="checkbox"/> 16 - 20 hours					
	06 <input type="checkbox"/> 21 - 25 hours					
	07 <input type="checkbox"/> 26 - 30 hours					
	08 <input type="checkbox"/> 31 -35 hours					
	09 <input type="checkbox"/> 36 hours or more					
	10 <input type="checkbox"/> None					
ONLY ASK Q50-Q54 FOR FEMALES AGED 15 - 49 YEARS, ALL MALES GO TO Q57						
Q50. Has (name) ever given birth, even if the baby later died?	01 <input type="checkbox"/> YES					
	02 <input type="checkbox"/> NO (go to Q57)					
Q51. How many children that (name) gave birth to are living in this household?	01 <input type="checkbox"/> Males					
	02 <input type="checkbox"/> Females					
Q52. How many children that (name) gave birth to are living elsewhere?	01 <input type="checkbox"/> Males					
	02 <input type="checkbox"/> Females					
Q53. How many children that (name) gave birth to have died?	01 <input type="checkbox"/> Males					
	02 <input type="checkbox"/> Females					
Q54. Am I right, altogether (name) gave birth tobabies?	<input type="checkbox"/> <input type="checkbox"/>					

	Respondent 01	Respondent 02	Respondent 03	Respondent 04	Respondent 05	Respondent 06
Q55. What was the date of birth of the last baby (name) gave birth to?	Day Month Year <input type="text"/>					
Q56. Is that child still alive?	01 YES 02 NO (write the date of death) Day Month Year <input type="text"/>	01 YES 02 NO (write the date of death) Day Month Year <input type="text"/>	01 YES 02 NO (write the date of death) Day Month Year <input type="text"/>	01 YES 02 NO (write the date of death) Day Month Year <input type="text"/>	01 YES 02 NO (write the date of death) Day Month Year <input type="text"/>	01 YES 02 NO (write the date of death) Day Month Year <input type="text"/>
Q57. Are (name's) biological (birth or real) father and mother alive?	01 Father alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer 01 Mother Alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer If alive and living in this household, write mother's and/or father's Person Number from summary sheet <input type="text"/> Mother <input type="text"/> Father	01 Father alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer 01 Mother Alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer If alive and living in this household, write mother's and/or father's Person Number from summary sheet <input type="text"/> Mother <input type="text"/> Father	01 Father alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer 01 Mother Alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer If alive and living in this household, write mother's and/or father's Person Number from summary sheet <input type="text"/> Mother <input type="text"/> Father	01 Father alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer 01 Mother Alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer If alive and living in this household, write mother's and/or father's Person Number from summary sheet <input type="text"/> Mother <input type="text"/> Father	01 Father alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer 01 Mother Alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer If alive and living in this household, write mother's and/or father's Person Number from summary sheet <input type="text"/> Mother <input type="text"/> Father	01 Father alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer 01 Mother Alive? <input type="checkbox"/> YES 02 <input type="checkbox"/> NO 03 <input type="checkbox"/> Unknown <input type="checkbox"/> Not wishing to answer If alive and living in this household, write mother's and/or father's Person Number from summary sheet <input type="text"/> Mother <input type="text"/> Father
	GO TO NEXT PERSON					

<p>H1. Type of building (main building)</p>	<p>01 <input type="checkbox"/> Permanent -single housing unit 02 <input type="checkbox"/> Permanent - more than single unit 03 <input type="checkbox"/> Building with two or more apartments 04 <input type="checkbox"/> Dwelling attached to shop or other non-residential building 05 <input type="checkbox"/> Lodging house 06 <input type="checkbox"/> Traditional 07 <input type="checkbox"/> Improvised 08 <input type="checkbox"/> Institutions 09 <input type="checkbox"/> Other (specify) _____</p>	<p>H8. Main source of lighting</p>	<p>01 <input type="checkbox"/> Electricity 02 <input type="checkbox"/> Gas 03 <input type="checkbox"/> Kerosene 04 <input type="checkbox"/> Other (specify) _____</p>																		
<p>H2. Materials of outer walls</p>	<p>01 <input type="checkbox"/> Concrete (permanent) 02 <input type="checkbox"/> Wood (permanent) 03 <input type="checkbox"/> Tin/corrugated iron/other improvised 04 <input type="checkbox"/> Other materials (specify) 05 <input type="checkbox"/> _____</p>	<p>H9. Main fuel for cooking</p>	<p>01 <input type="checkbox"/> Electricity 02 <input type="checkbox"/> Gas 03 <input type="checkbox"/> Kerosene 04 <input type="checkbox"/> Wood/open fire 05 <input type="checkbox"/> Other (specify) _____</p>																		
<p>H3. Period building first constructed?</p>	<p>01 <input type="checkbox"/> Less than two years ago 02 <input type="checkbox"/> 2-5 years ago 03 <input type="checkbox"/> 6-10 years ago 04 <input type="checkbox"/> 11-20 years ago 05 <input type="checkbox"/> 21 -50 years ago 06 <input type="checkbox"/> More than 50 years ago</p>	<p>H10. Who supplies your electricity?</p>	<p>01 <input type="checkbox"/> Government supplied 02 <input type="checkbox"/> Own generator 03 <input type="checkbox"/> Solar 04 <input type="checkbox"/> No electricity <input type="checkbox"/> Other (specify) _____</p>																		
<p>H4. Do the occupants of this house:</p>	<p>01 <input type="checkbox"/> Own these living quarters 02 <input type="checkbox"/> Rent them from a private landlord 03 <input type="checkbox"/> Rent them from a housing authority/corporation 04 <input type="checkbox"/> Occupy housing belonging to employer 05 <input type="checkbox"/> Occupy government housing 06 <input type="checkbox"/> Live here as squatters 07 <input type="checkbox"/> Occupy living quarters in some other way 08 <input type="checkbox"/> Other (specify) _____</p>	<p>H11. Does this house have access to drinking water?</p>	<p>01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO</p>																		
<p>H5. How many rooms does this house have? (Do not include toilets, bathrooms, storerooms, garage, halls, laundries)</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">No. of rooms</td> <td></td> </tr> <tr> <td>01 <input type="checkbox"/> Bedrooms</td> <td style="text-align: right;">_____</td> <td>--</td> </tr> <tr> <td>02 <input type="checkbox"/> Dining room</td> <td style="text-align: right;">_____</td> <td>--</td> </tr> <tr> <td>03 <input type="checkbox"/> Kitchen</td> <td style="text-align: right;">_____</td> <td>--</td> </tr> <tr> <td>04 <input type="checkbox"/> Other rooms (specify)</td> <td style="text-align: right;">_____</td> <td>--</td> </tr> <tr> <td></td> <td style="text-align: right;">_____</td> <td>_____</td> </tr> </table>		No. of rooms		01 <input type="checkbox"/> Bedrooms	_____	--	02 <input type="checkbox"/> Dining room	_____	--	03 <input type="checkbox"/> Kitchen	_____	--	04 <input type="checkbox"/> Other rooms (specify)	_____	--		_____	_____	<p>H12. Where does drinking water supply from this house come from?</p>	<p>01 <input type="checkbox"/> Water dispatcher/desalination plant 02 <input type="checkbox"/> Well/underground water <input type="checkbox"/> Rain catchment 03 <input type="checkbox"/> Other source (specify) _____</p>
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	_____	_____																			
<p>H6. Does this house have a shared bathroom/shower unit?</p>	<p>01 <input type="checkbox"/> YES, bathroom/shower unit shared by two or more household 02 <input type="checkbox"/> NO, one unit per household 03 <input type="checkbox"/> NO, only one family residing</p>	<p>H13. Where does the main water supply from this house come from?</p>	<p>01 <input type="checkbox"/> Cistern (tank) less than 3,000 gallons 02 <input type="checkbox"/> 3,000 - 5,000 gallon cistern 03 <input type="checkbox"/> 5,000 - 10,000 gallon cistern 04 <input type="checkbox"/> 10,000+ gallon cistern 05 <input type="checkbox"/> Well/Brackish 06 <input type="checkbox"/> Other source (specify) _____</p>																		
<p>H7. Does this house have a shared kitchen unit?</p>	<p>01 <input type="checkbox"/> YES, kitchen is shared by two or more households 02 <input type="checkbox"/> NO, each household has its own kitchen 03 <input type="checkbox"/> NO, only one household residing</p>	<p>H14. Does this house share its main water supply with other households?</p>	<p>01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO</p>																		
		<p>H15. Does this house's main water supply dry up?</p>	<p>01 <input type="checkbox"/> Never 02 <input type="checkbox"/> Sometimes 03 <input type="checkbox"/> Frequently</p>																		

<p>H16. What toilet facilities does this house have?</p>	<p>01 <input type="checkbox"/> Tank Flush - private/inside dwelling 02 <input type="checkbox"/> Tank Flush - private/outside dwelling 03 <input type="checkbox"/> Tank Flush - share with others 04 <input type="checkbox"/> Pour Flush - Private/inside dwelling 05 <input type="checkbox"/> Pour Flush - Private/outside dwelling 06 <input type="checkbox"/> Pour Flush - share with others 07 <input type="checkbox"/> None</p>	<p>H21. Does this house grow crops for sale?</p>	<p>01 <input type="checkbox"/> YES 02 <input type="checkbox"/> NO (Go to H24)</p>																																																																																													
<p>H17. Is the toilet flushed with:</p>	<p>01 <input type="checkbox"/> Fresh water 02 <input type="checkbox"/> Brackish water 03 <input type="checkbox"/> Fresh/well/brackish water 04 <input type="checkbox"/> Other (specify) _____ _____</p>	<p>H22. What type of crop does this household grow for sale? (CAN TICK MORE THAN ONE)</p>	<p>01 <input type="checkbox"/> Pumpkin 02 <input type="checkbox"/> Mangoes 03 <input type="checkbox"/> Paw Paw 04 <input type="checkbox"/> Bread Fruit 05 <input type="checkbox"/> Cabbage (all) 06 <input type="checkbox"/> Other tropical crop 07 <input type="checkbox"/> Other foreign crop 08 <input type="checkbox"/> Other (specify) _____ _____</p>																																																																																													
<p>H18. Is the toilet flushed into:</p>	<p>01 <input type="checkbox"/> Sewerage system 02 <input type="checkbox"/> Septic tank 03 <input type="checkbox"/> Other (specify) _____</p>	<p>H23. Do the occupants of this household catch fish:</p>	<p>01 <input type="checkbox"/> For own use 02 <input type="checkbox"/> For sale 03 <input type="checkbox"/> Do not catch fish</p>																																																																																													
<p>H19. Does this household own any of the following items in working order?</p>	<table border="0"> <thead> <tr> <th></th> <th><i>Tick box if yes</i></th> <th>Number</th> </tr> </thead> <tbody> <tr><td>01</td><td><input type="checkbox"/></td><td>Motor car _____</td></tr> <tr><td>02</td><td><input type="checkbox"/></td><td>Land Rover _____</td></tr> <tr><td>03</td><td><input type="checkbox"/></td><td>Truck/van/minibus _____</td></tr> <tr><td>04</td><td><input type="checkbox"/></td><td>Motor bike _____</td></tr> <tr><td>05</td><td><input type="checkbox"/></td><td>Bicycle _____</td></tr> <tr><td>06</td><td><input type="checkbox"/></td><td>Motor boat - aluminium _____</td></tr> <tr><td>07</td><td><input type="checkbox"/></td><td>Motor boat - fibreglass _____</td></tr> <tr><td>08</td><td><input type="checkbox"/></td><td>Motor boat - wood _____</td></tr> <tr><td>09</td><td><input type="checkbox"/></td><td>Traditional canoe _____</td></tr> <tr><td>10</td><td><input type="checkbox"/></td><td>Outboard motor _____</td></tr> <tr><td>11</td><td><input type="checkbox"/></td><td>Refrigerator _____</td></tr> <tr><td>12</td><td><input type="checkbox"/></td><td>Deep freezer _____</td></tr> <tr><td>13</td><td><input type="checkbox"/></td><td>Microwave oven _____</td></tr> <tr><td>14</td><td><input type="checkbox"/></td><td>Television _____</td></tr> <tr><td>15</td><td><input type="checkbox"/></td><td>Video tape recorder _____</td></tr> <tr><td>16</td><td><input type="checkbox"/></td><td>Radio _____</td></tr> <tr><td>17</td><td><input type="checkbox"/></td><td>Telephone _____</td></tr> <tr><td>18</td><td><input type="checkbox"/></td><td>Air conditioning unit _____</td></tr> <tr><td>19</td><td><input type="checkbox"/></td><td>Ceiling or free standing fans _____</td></tr> <tr><td>20</td><td><input type="checkbox"/></td><td>Solar hot water system _____</td></tr> <tr><td>21</td><td><input type="checkbox"/></td><td>Other hot water system _____</td></tr> <tr><td>22</td><td><input type="checkbox"/></td><td>Garbage collection _____</td></tr> <tr><td>23</td><td><input type="checkbox"/></td><td>Garage _____</td></tr> </tbody> </table>		<i>Tick box if yes</i>	Number	01	<input type="checkbox"/>	Motor car _____	02	<input type="checkbox"/>	Land Rover _____	03	<input type="checkbox"/>	Truck/van/minibus _____	04	<input type="checkbox"/>	Motor bike _____	05	<input type="checkbox"/>	Bicycle _____	06	<input type="checkbox"/>	Motor boat - aluminium _____	07	<input type="checkbox"/>	Motor boat - fibreglass _____	08	<input type="checkbox"/>	Motor boat - wood _____	09	<input type="checkbox"/>	Traditional canoe _____	10	<input type="checkbox"/>	Outboard motor _____	11	<input type="checkbox"/>	Refrigerator _____	12	<input type="checkbox"/>	Deep freezer _____	13	<input type="checkbox"/>	Microwave oven _____	14	<input type="checkbox"/>	Television _____	15	<input type="checkbox"/>	Video tape recorder _____	16	<input type="checkbox"/>	Radio _____	17	<input type="checkbox"/>	Telephone _____	18	<input type="checkbox"/>	Air conditioning unit _____	19	<input type="checkbox"/>	Ceiling or free standing fans _____	20	<input type="checkbox"/>	Solar hot water system _____	21	<input type="checkbox"/>	Other hot water system _____	22	<input type="checkbox"/>	Garbage collection _____	23	<input type="checkbox"/>	Garage _____	<p>H24. What livestock does this household produce/have?</p>	<table border="0"> <thead> <tr> <th></th> <th colspan="2">Number</th> </tr> <tr> <th></th> <th>Penned</th> <th>Other</th> </tr> </thead> <tbody> <tr><td>01</td><td><input type="checkbox"/></td><td>Pigs _____</td></tr> <tr><td>02</td><td><input type="checkbox"/></td><td>Chicken _____</td></tr> <tr><td>03</td><td><input type="checkbox"/></td><td>Ducks _____</td></tr> <tr><td>04</td><td><input type="checkbox"/></td><td>Other (specify) _____</td></tr> <tr><td>05</td><td><input type="checkbox"/></td><td>None _____</td></tr> </tbody> </table>		Number			Penned	Other	01	<input type="checkbox"/>	Pigs _____	02	<input type="checkbox"/>	Chicken _____	03	<input type="checkbox"/>	Ducks _____	04	<input type="checkbox"/>	Other (specify) _____	05	<input type="checkbox"/>	None _____
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